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Global Framework for Action 2024–2030



**Universal water, sanitation, hygiene, waste
and electricity services in all health care facilities
to achieve quality health care services**

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2024–2030

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Universal water, sanitation, hygiene, waste and electricity services in all health care facilities to achieve quality health care services: global framework for action 2024–2030

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A nurse visiting patients in their room,
Institute of Juridicial Medicine, Moscow, Russia.

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Acronyms and abbreviations



AMR	antimicrobial resistance
HMIS	health management information system
IPC	infection prevention and control
JMP	Joint Monitoring Programme for Water Supply, Sanitation and Hygiene
LDC	least developed country
PHC	primary health care
SDG	Sustainable Development Goal
UN	United Nations
UNGA	United Nations General Assembly
UNICEF	United Nations Children’s Fund
WASH	water, sanitation and hygiene
WASH FIT	Water and Sanitation for Health Facility Improvement Tool
WHO	World Health Organization



The Child Welfare Clinic at St. Francis Xavier Hospital in Assin Fosu, Central Region, Ghana.

Introduction

This Global Framework for Action 2024–2030 for water, sanitation, hygiene, waste and electricity services in all health care facilities to achieve essential, climate-resilient, quality health services (the “Framework”) serves to guide collaborative global and national efforts to deliver safe and sustainable water, sanitation and hygiene (WASH), health care waste management and reliable electricity in all health care facilities.

The Framework is the result of a global collaborative process. It reflects data, evidence and recommendations articulated in recent World Health Organization (WHO)/United Nations Children’s Fund (UNICEF) global reports on WASH, waste and electricity in health care facilities (1, 2). It also provides an operational roadmap for implementing the 2023 United Nations General Assembly (UNGA) resolution (3) on WASH, waste and electricity in health care facilities.¹

Vision of the Framework



All health care facilities have safe, sustainable and inclusive water, sanitation, hygiene and health care waste services and reliable electricity for quality care.

The target audiences for this Framework include health leaders and programme managers at the global and national levels; policymakers; WASH, waste and energy leaders and technical experts; development partners and finance institutions; and actors and experts on gender equality, disability and social inclusion and climate; and, more generally, civil society.

The Framework deals with the WASH, waste and electricity elements of the WHO comprehensive approach to build safe, climate-resilient and environmentally sustainable health care facilities. In addition to the elements focused on in this Framework, requirements for safe and quality health care in the context of climate change need to include climate-resilient infrastructures, technologies and supply chains; trained, supported and protected health workforces; and sound management of chemicals and radiation (4).

¹ United Nations (UN) Member States unanimously approved the UNGA resolution in December 2023.

Following this introduction, the Framework has two main parts: Part I comprises the framing and background, and Part II articulates the areas of focus, targets and needed actions. Box 1 outlines the health care facility services covered in this Framework. In addition, Annex 1 gives a snapshot of the global status of WASH, waste and electricity services, and Annex 2 provides details about proposed areas of focus for capacity- and skill-building.

Box 1. Services covered in this Framework

The WASH, waste and electricity services in health care facilities covered in this Framework include those outlined in WHO guidance on drinking-water, sanitation, health care waste, hand hygiene, environmental cleaning services and electricity (5-8). They are services that protect the health of users and the environment, and may be provided through piped utility services, on-site self-supply, private contractors or some combination. They include services for staff, and patients and their carers in health care facilities. Such services should meet the needs of all users, including women, children and those with limited mobility.

Main aims

- Increase political commitment and leadership, and rapidly scale up investments through joint advocacy with major health, WASH, waste management and energy initiatives.
- Support systems strengthening and integration of WASH, waste, electricity and other fundamental requirements for safe and quality health care in the context of climate change with the health sector, including in relevant government policies, programming, financing and regulation.
- Develop, resource and implement costed roadmaps and programmes in line with economic realities, and integrated with national health, WASH and other relevant financing efforts.
- Regularly monitor and review progress in meeting national and global standards and targets at all levels.
- Capacitate the health workforce through training and mentoring to practise good hygiene, carry out safe cleaning and waste practices, and support management and maintenance of safe, gender-responsive, equitable and sustainable WASH, waste and electricity services.
- Assist planning, implementation and monitoring of safe, inclusive and equitable services, including meeting the needs of women, children, Indigenous Peoples, persons with disabilities, older persons, persons with limited mobility and other disadvantaged populations.

Part I. Framing and context

Background

In 2018, the United Nations (UN) Secretary-General issued a global call to action on WASH and waste in health care facilities, noting the huge gaps in WASH services and the urgent need to improve the situation. This was followed by a World Health Assembly resolution (9) in 2019, which articulated actions for governments to take to improve WASH services in health care facilities. In addition, at the regional level, the European protocol on water and health (10) has helped to advance work on conducting situational analyses, setting and meeting national targets, and increasing leadership and investments.

In response, WHO and UNICEF established global monitoring and reporting through the Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP),² developed guidance and implementation tools,³ established a strategic taskforce, and created a platform for tracking country progress, sharing resources and promoting knowledge exchange.⁴ Mobilizing national and subnational leadership and exchange, fostered through global and regional events, training and direct investments, has been at the core of these efforts. Global reports have been published in 2019, 2020 and 2023 (2, 15, 16). Furthermore, in 2023, WHO and partners published *Energizing health: accelerating electricity access in health-care facilities* (17), the first global report to provide a comprehensive update on the status of electricity access in health care facilities and including key gaps and priority actions.

The UNGA resolution (see Box 2) further increases awareness and action among political leaders, national governments and development partners, demanding an accelerated and multisector response to the urgent need to improve the situation.

Box 2. UNGA resolution on sustainable, safe and universal WASH, waste and electricity services in health care facilities

The resolution (3) builds upon commitments made in the World Health Assembly resolution (9), calling on countries to integrate efforts with health policies, planning and financing, to develop and implement costed roadmaps, and to regularly monitor services and user acceptability. It ties directly to existing resolutions and high-level meetings on universal health coverage and antimicrobial resistance (AMR), and requires regular reporting to the UN Secretary-General (see the section below on mechanisms for driving action).

2 The WHO/UNICEF JMP provides official data and reporting to track progress on Sustainable Development Goal (SDG) 6 (on safe water and sanitation) in households, schools and health care facilities (11).

3 The Water and Sanitation for Health Facility Improvement Tool (WASH FIT), which focuses on WASH but also includes elements of electricity and climate resilience, has been used in over 70 countries to help plan, cost and implement better WASH services. The latest version (second edition) of WASH FIT was published in 2022 (12). In addition, the WHO/UNICEF WASH FIT portal includes training slides, fact sheets and a training manual (13).

4 The WHO/UNICEF knowledge platform is available to all interested stakeholders, and includes information on country progress (country tracker), the WASH FIT training package and implementation tools, and over 500 regional and country resources (e.g. standards, training reports and roadmaps) (14).

Criticality for delivering quality, essential care

This Framework marks a new phase in why WASH, waste and electricity services in health care facilities are now so critical. While important progress has been made (in terms of policy and implementation), there are still huge gaps in services, which undermine all health efforts.

An estimated one in five health care facilities (22%) lack basic water services, affecting 1.7 billion people, including 857 million people globally who access health care facilities with no water at all. Hygiene services remain limited: half of health care facilities lack basic hygiene services, and similar gaps exist for sanitation and health care waste management (1). Close to 1 billion people in low- and lower-middle-income countries are estimated to be served by health care facilities that either lack access to electricity (433 million people) or have unreliable electricity supply (478 million people) (17).⁵

This lack of WASH, waste and electricity services has devastating impacts on health. An estimated 8 million people die annually across 137 low- and middle-income countries due to poor-quality care, resulting in US\$ 6 trillion in economic losses (18). Approximately 46% of global newborn deaths occur in sub-Saharan Africa (19, 20), where only half of hospitals have a water source or access to reliable electricity. Without a steady and continuous supply of electricity, health care services like childbirth, emergency care and vaccinations cannot be provided adequately, or indeed at all (17). The gaps in services have a particularly negative impact on women, children and other vulnerable people.

Reliable electricity is also important for laboratories, diagnostic devices, sterilizing medical equipment, powering autoclaves, and ensuring cold chain storage for blood, medicines and vaccines. In addition, a reliable power supply is needed for basic amenities, such as lighting, ventilation and communication, as well as to enable digital health records and devices. WASH, waste and electricity are fundamental for all health efforts, and their integration would have an immediate, measurable benefit to health across several programmes, such as those mentioned in Box 3.

Box 3. Priority health programmes and initiatives for integration

WASH, waste and electricity have been highlighted within several global health initiatives and efforts. Key health efforts to focus on integration and effective joint implementation include implementation with the infection prevention and control (IPC) core components (21) and the IPC global strategy and associated action plan and monitoring framework (22, 23). In addition, WASH is a critical lever within the global primary health care (PHC) framework, which has been identified as the most efficient and effective mechanism to achieve high-quality care (24).

Efforts within maternal and child health, including around safe childbirth, improving maternal and newborn mortality, and child survival, more broadly also recognize the critical role of WASH.

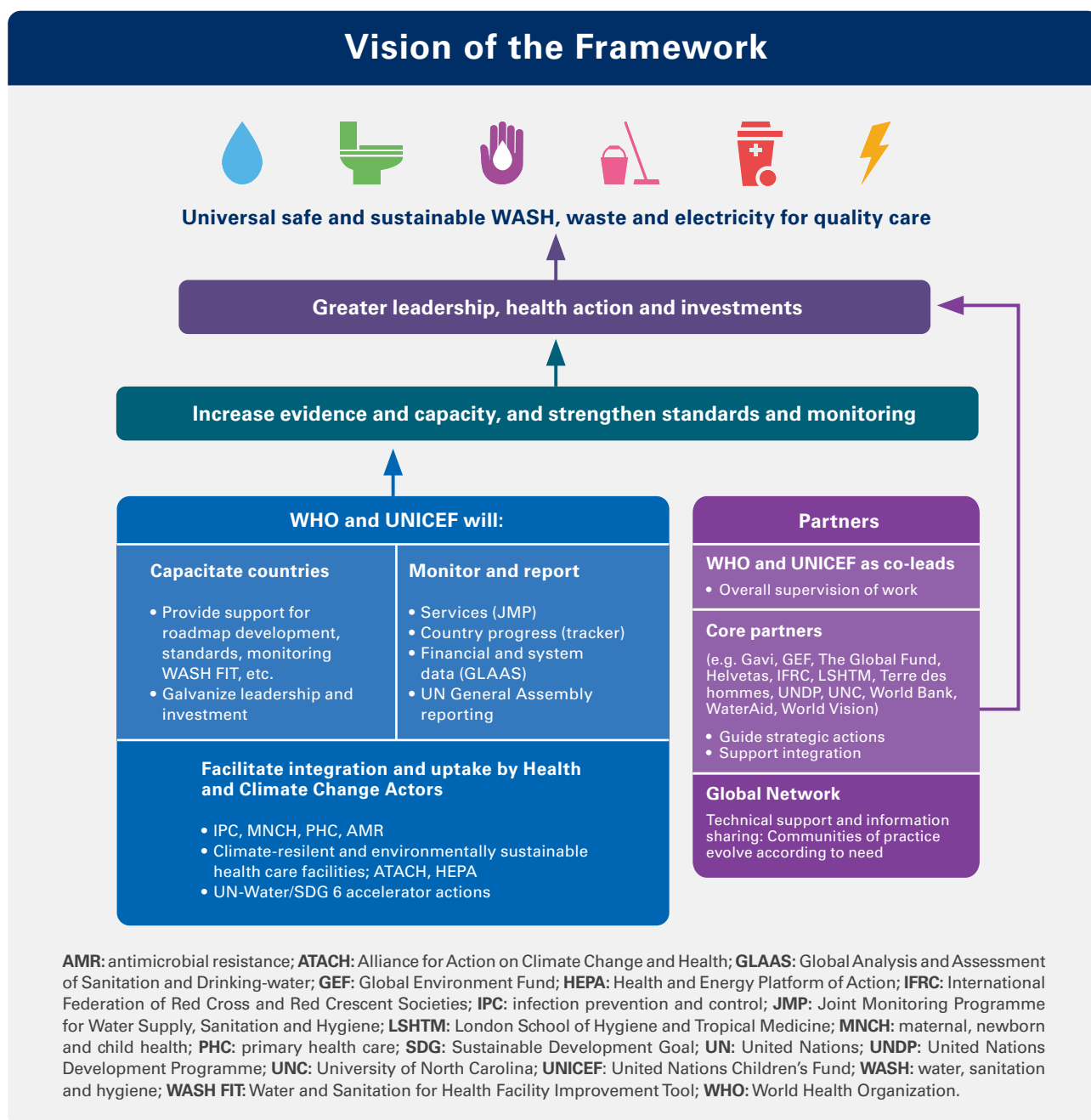
Ensuring safe and sustainable WASH, waste and electricity in health care facilities is also an essential component of preparing for and responding to disease outbreaks (e.g. cholera, Ebola and respiratory diseases) and the growing number of humanitarian health emergencies (25).

⁵ These electricity figures for low- and lower-middle-income countries refer to four developing regions: Latin America and the Caribbean, the Middle East and North Africa, South Asia and sub-Saharan Africa.

Mechanisms for driving action and supporting implementation

Several mechanisms and entities are driving action and supporting implementation of this Framework and the UNGA resolution (3), as illustrated in Figure 1. Countries will drive leadership for implementation and will be supported by WHO and UNICEF as the co-leads of the global effort to accelerate action alongside a core group of partners including UN, nongovernmental and civil society organizations. Regular reporting by WHO/UNICEF will provide updates on services levels (WHO/UNICEF JMP), on electricity access and on national actions (i.e. “practical steps”) to implement the 2023 UNGA resolution.⁶

Figure 1. Schematic of areas of effort and actors to implement the Framework



6 Summary reporting on national actions/UNGA resolution implementation and WASH and electricity service levels will occur in 2025, 2028 and 2030. More detailed reporting on WASH service levels through the WHO/UNICEF JMP will occur in 2024, 2026, 2028 and 2030.

Contributing to and linking with climate change and health efforts

The actions outlined in this Framework on WASH, waste and electricity services in health care facilities should contribute to and link closely with broader efforts on climate and health, including for strengthening the climate resilience and low-carbon sustainability of health systems and facilities (see the figure).

This includes linking closely with the Alliance for Action on Climate Change and Health, in particular its work to support climate-resilient and low-carbon sustainability in health care facilities. It also includes working to implement WASH, waste and electricity efforts in a coordinated manner, with aligned indicators, appropriate sequencing of interventions and through the lens of a broader package to support climate-resilient health systems. At the facility level, this means working with climate experts on aligning tools and approaches,⁷ to provide a comprehensive and consolidated set of safe WASH, waste and electricity services that also contribute towards climate resilience and sustainability in health care facilities.

Achieving quality health care including IPC requires other fundamentals in addition to WASH, waste management and electricity. These include elements of climate-resilient infrastructure, technologies and supply chains, as well as a protected workforce. A comprehensive consideration of all environmental fundamentals benefits health care facilities and their patients and staff. One example is to develop disaster preparedness, management and response plans that can contribute to maintaining quality health care and IPC, and facilitate recovery in the case of extreme weather events such as storms, floods and droughts (4). WASH, waste and electricity services in health care facilities are essential elements of the WHO concept of safe, climate-resilient and environmentally sustainable health care facilities (4).

Looking to the future

Progress is possible with strong leadership, clear national direction and collaborative partnerships and investments. In 2022, countries made important progress in establishing baselines, updating and implementing standards, including with elements of sustainability and climate resilience, compared to in 2020.⁸ Furthermore, over 75 countries are implementing the Water and Sanitation for Health Facility Improvement Tool (WASH FIT), with at least 13 countries having adopted and integrated the tool into national health legislation and institutional bodies.

Furthermore, the availability and affordability of decentralized energy solutions, such as those based on photovoltaic modules coupled with batteries, provide the opportunity to accelerate electrification of health care facilities. Solutions based on renewable energy also increase climate resilience and energy independence of health care facilities, avoiding the risks of fuel shortages or price spikes related to fuel for generators.

Part II next outlines specifically what actions are needed, how progress will be monitored and key operational aspects of implementing this Framework.

7 Refer to the section below on tools to support implementation for a list of key climate guidance, tools and databases that include WASH, waste and electricity elements.

8 Based on data from 73 reporting countries. Water, sanitation, hygiene, waste and electricity services in health care facilities: progress on the fundamentals: 2023 global report (2) provides details including data collection and verification.



At the Paropakar Maternity and Women's Hospital in Kathmandu, Nepal, a young mother washes her hands prior to expressing her breastmilk to donate to the 'Amrit Kosh', the first human milk bank to be established in the country.

Part II. Operational targets and actions

Progress on achieving the Framework’s vision centres on three areas: integration, policy and governance; service improvements; and equity, inclusivity and community engagement. Table 1 details the actions and targets for each of these areas. These align with other targets including those in the WHO monitoring framework for the global action plan for IPC (23)⁹ and the draft fourteenth WHO general programme of work (2025–2028) (26).

Table 1. Actions required to achieve targets for WASH, waste and electricity

	Baseline (2020) % of countries	2022 % of countries	Target by 2026 % of countries	Target by 2030 % of countries
1. Integration, policy and governance				
1.1 Establish baseline service levels	75%	92%	100% of countries have established baselines using harmonized global indicators.	100% of countries regularly update the status of the baseline (every 5 years).
1.2 Update national standards	52%	53% ^a	75% of countries have standards that seek to provide safe and sustainable services.	100% of countries have updated standards that are actively disseminated, implemented, regulated and monitored.
1.3 Develop and implement costed roadmaps for improved WASH, waste and electricity^b	No data	63%	80% of countries are implementing costed roadmaps with regular, dedicated resourcing.	100% of countries are implementing costed roadmaps with regular, dedicated resourcing.
1.4 Establish national leadership coordination mechanisms and strengthen intersectoral governance and action	No data	63%	70% of countries have a national multisectoral taskforce, including a ministry of health, which has a strong focus on IPC, WASH and electricity in health care that meets regularly to review progress and drive intersectoral action. ^c	100% of countries have a national multisectoral taskforce, including a ministry of health, which has a strong focus on IPC, WASH and electricity in health care that meets regularly to review progress and drive intersectoral action.
1.5 Monitor WASH, waste and electricity within health information systems	10%	14% ^d	50% of countries regularly review, disseminate and use data related to WASH, waste and electricity in health management information systems (HMIS) to inform policy and budgeting decisions.	100% of countries regularly review, disseminate and use WASH, waste and electricity related data in HMIS to inform policy and budgeting decisions.
1.6 Secure sufficient financing of services	11%	12%	40% of health care facilities have dedicated and sufficient funding for WASH, waste and reliable electricity. Budget accountability is supported through regular monitoring and reporting.	100% of health care facilities have dedicated and sufficient funding for WASH, waste and reliable electricity. Budget accountability is supported through regular monitoring and reporting.

9 The global monitoring framework was approved by the WHO Executive Board in January 2024 and will be discussed and proposed for adoption by all Member States at the World Health Assembly in May 2024.

	Baseline (2020) % of countries	2022 % of countries	Target by 2026 % of countries	Target by 2030 % of countries
2. Service levels^f				
2.1 Improve services globally	Water: 76% Sanitation: No data Hand hygiene: No data Waste: No data Electricity: No data	Water: 78% Sanitation: No data Hand hygiene: 51% Waste: 61% ^g Electricity: 1 billion health users with unreliable or no electricity	80% of countries have universal basic services and all countries have established national standards and monitoring indicators for higher levels of service. At least 80% of health care facilities in every country have access to reliable electricity.	100% of countries have universal basic and higher levels of service. 100% of health care facilities in all countries have universal access to reliable electricity.
2.2 Improve services in least developed countries (LDCs)	Water: 50% Sanitation: 37% Hand hygiene: No data Waste: 30% Electricity: No data	Water: 53% Sanitation: 21% Hand hygiene: 32% Waste: 34% Electricity: No data	60% of health care facilities in LDCs have basic services. 70% of health care facilities in LDCs have access to reliable electricity.	100% of all health care facilities in LDCs have basic WASH services and 50% have higher levels of service. 100% of all health care facilities in all countries have access to reliable electricity.
3. Equity, inclusivity and community engagement				
3.1 Improve inclusivity of WASH services and processes at national and facility levels	No data ^h	No data	50% of countries have plans that address inclusivity of WASH services and mainstream gender-transformative WASH and rights (equity, disability) in planning, designing and implementing WASH systems.	100% of countries have plans that address inclusivity of WASH services, and these plans are resourced, implemented and monitored.

Notes: The targets build on the global targets and metrics developed in 2018 in response to the UN Secretary-General’s call to action on WASH in health care facilities. The latest progress against these is summarized in *Water, sanitation, hygiene, waste and electricity services in health care facilities: progress on the fundamentals: 2023 global report (2)* which provides details on data collection and verification. All actions apply to WASH, waste management and electrification of health care facilities unless otherwise stated. The percentages are based on data from 73 reporting countries.

- a This reflects the percentage of countries that have finalized and are disseminating updated standards. Nearly 100% are currently working to update standards.
- b Such roadmaps should articulate institutional roles and responsibilities, targets, key actions and needed advocacy and resources for the initial investment and ongoing operation and maintenance. Roadmaps may be comprehensive (e.g. WASH, waste and electricity) or focus on just one element. They ought to be based on fiscal realities, consider specific country costings and service improvement needs, and map out timelines and actions.
- c This target is aligned with, and is reflected in, the IPC global action plan and monitoring framework (23).
- d This refers to the percentage of countries that have integrated indicators and are using them. An additional 21% (35% in total) have integrated indicators but monitoring systems are not yet functional.
- e Based on the 2022 Global Analysis and Assessment of Sanitation and Drinking-water survey and report (27).
- f All service levels refer to “basic service” as defined by the WHO/UNICEF JMP (28). In many cases, such levels are below WHO basic standards (e.g. the water indicator does not consider water quantity, quality or reliability), and thus actual coverage is likely lower.
- g This represents the percentage of hospitals with basic (segregation and safe treatment) waste management. For 2022, there were insufficient data to provide a global estimate for all facilities.
- h Data are not available as they are not collected systematically at national level, thus making them difficult to track.

Recommendations to achieve the targets

As articulated in the 2023 global progress report on WASH, waste and electricity in health care facilities (2), efforts are needed around three main areas: integration with health, regular monitoring and reporting, and developing and supporting the health workforce. The recommendations are described below.



Recommendation 1

Integrate WASH, waste and electricity into health system planning, programming, financing, implementation and monitoring

WASH, waste and electricity standards and policies are increasingly included in global health strategies and platforms (e.g. those on IPC, AMR, child and maternal health, and PHC). However, WASH, waste and electrification activities are not sufficiently operationalized into countries' health systems programming, budgeting, financing, implementation and monitoring mechanisms. Integration is possible and needs to happen through reinforcing mechanisms, such as those illustrated in Box 4.

Box 4. Capitalizing on multifaceted integration with IPC and immunization

WASH efforts are increasingly being integrated into IPC policies and activities, including in the IPC global action plan and monitoring framework (23). The strategy specifically aims to prevent infection in health care, ensure IPC programmes are in place, and coordinate IPC activities with other areas and sectors. It recognizes the need for WASH services and identifies WASH actors as critical to driving action.

For example, at the facility level, in places as diverse as Ghana, Iraq and Ukraine, the WASH FIT 2.0 tool is being implemented alongside the IPC assessment framework (29) to provide a more comprehensive package of WASH and IPC improvements. In emergencies, WASH and IPC indicators and programming are included in the health emergency prevention, preparedness, response and resilience architecture (25).

At the same time, electrification is increasingly being integrated with immunization programmes. For example, WHO, Gavi and UNICEF, with the support of Selco Foundation, are supporting the complete electrification of health care facilities through decentralized solar systems that build on a cold chain equipment optimization platform. This initiative aims to provide power supply for all the needs of a health care facility, including the cold chain, therefore maximizing health impacts through a holistic approach.



National efforts

- Encourage and incentivize strong cross-sectoral collaboration through intersectoral policies and funding, joint sector reviews, and joint planning, funding and implementation.
- WASH, waste and electricity data, standards and budgeting should be incorporated by the health sector from planning through to implementation and monitoring.
- All stakeholders, in particular those focused on IPC, maternal and child health, PHC, AMR, pandemic preparedness and emergencies, use, and refer to data on WASH, waste and electricity in health care facilities in programming.
- Establish and implement, according to national context, standards for safe WASH, health care waste, reliable electricity and IPC in all health care settings, and incorporate standards into accreditation and regulation systems to strengthen accountability.
- Develop, resource and implement costed roadmaps with targets, in line with wider health sector planning, working towards improving the safety, sustainability and inclusivity of all services.
- Dramatically scale up national investments and programme implementation to accelerate provision of WASH, waste management and electricity to all health care facilities, leveraging on the opportunities provided by reliable, affordable and climate-resilient technologies, such as decentralized solar energies. Programme-wide costing and budget decisions should be informed by overall economic constraints to determine a prioritized, sequenced and realistic financing plan at facility, subnational and national levels.
- Funding for WASH, waste and electricity, including for operation and maintenance, is ensured in operational funding plans, and expenditures are monitored for accountability.



Global efforts

- Development partners and financing institutions strengthen international cooperation and scale up funding, support and investments to accelerate provision of safe, climate-resilient and inclusive WASH, waste and reliable electricity access in all health care facilities.
- Within global health strategy (including efforts related to IPC, AMR, PHC, maternal health and immunization) and Sustainable Development Goal (SDG) 3 (on health), SDG 6 (on WASH) and SDG 7 (on energy) reviews, include WASH, waste and electricity data, and facilitate sharing of best practices and scalable solutions.
- All investments in WASH, waste and electricity infrastructure should include funds for regular operation and maintenance and be climate-resilient and inclusive in nature to ensure value for money, equity for users and staff, and sustainability, for example by promoting decentralized photovoltaic systems coupled with batteries. Procurement of medicines, vaccines, medical devices, diagnostics and personal protective equipment must include sustainable waste services, as part of core funding and reporting.
- Advocate for greater investment and support of cost-effective solutions, influence leaders through major global and regional political forums (e.g. the Group of Seven, the Group of Twenty, UNGA sessions, UN Conferences of the Parties and the African Union Summits) and at global health events, and encourage greater multistakeholder collaboration to support the most vulnerable populations.
- Increase technical support to countries, particularly in low-resource settings, to ensure all health care facilities have access to WASH, waste and reliable electricity.



Recommendation 2

Regularly monitor and review progress and strengthen accountability

Regular monitoring of WASH, waste and electricity access should occur in all health care facilities to determine if services meet global indicators and are safe, sustainable and are responsive to diverse user needs.

Monitoring should be done within national health systems monitoring and within major health programmes. Data need to be regularly analysed and disseminated, to enable review of progress at every level (facility, subnational, national, regional and global) and indicate where there are major gaps.



National efforts

- Integrate harmonized WASH, waste and electricity access indicators into national monitoring systems, and regularly collate, analyse, review and disseminate data and findings at the national level.
- Regularly track and report on budgets and expenditure for WASH, waste and electricity in health care facilities.
- Clearly assign accountability through policy and regulatory mechanisms for WASH infrastructure, decentralized energy systems, operations and maintenance, and cleaning and waste.
- Compile and report on user and community input, user satisfaction and experiences of WASH, waste and electricity as part of wider quality of care improvement efforts including disaggregation to assess usability from the perspective of women, girls and marginalized groups equally.
- Adopt WASH, waste and electricity access indicators in quality improvement plans and activities. Use risk-based improvement tools, such as WASH FIT, to sustain operation and maintenance, understand and plan for resource needs, and track local progress.
- Develop and support structures to enable community members to articulate their needs and demands for quality health services, including provision of WASH, waste and electricity.
- Include perspectives of civil society and community into planning, budgeting and review processes, with emphasis on marginalized groups.



Global efforts

- Continue to increase comparable and comprehensive data at the global level through inclusion of global indicators in facility and programme surveys and reporting.
- Support countries to set higher levels of WASH, waste and electricity access and monitoring indicators (e.g. safely managed water and sanitation services, sustainable waste management, inclusive and equitable services for all users).
- All global health, WASH, energy and climate partners and financing institutions track and report on investments, as well as on the status of infrastructure in the medium and long terms, to avoid the “invest and forget” approach and ensure adequate operation and maintenance is taking place.



Recommendation 3

Develop the workforce by training and mentoring for practising good hygiene, carrying out safe cleaning and waste practices, and supporting management and maintenance of safe WASH, waste and electricity services

The capacity of national and local authorities needs to be developed, to support and maintain sufficient human resources and expertise to achieve universal WASH, waste management and electricity for all health care facilities. Clinical and non-clinical staff (e.g. facility managers, clinicians, waste workers, technicians and cleaners) will benefit from greater understanding and knowledge on safe, sustainable and inclusive WASH, waste and electricity services and good hygiene practices. Health care workers need safe, gender-responsive and well-functioning infrastructure services, and they also need to be empowered to demand for and help improve the environments in which they work, in a safe and sustainable way.

This work can complement IPC efforts to build the capacity of the health workforce. In addition, the wider landscape of actors required to monitor, regulate, install, operate and maintain infrastructure and finance WASH, waste and electricity systems also needs to be trained, supported and encouraged to deliver safe and sustainable services.



National efforts

- Develop a cadre of WASH, waste management and energy technical staff, including through national training centres.
- Support pre- and in-service training on WASH and basic IPC for clinicians and cleaners, and integrate this with other relevant training related to the health sector (e.g. on safe childbirth, vaccinations and pandemic preparedness, and quality care). Support basic training for facility staff on proper use and basic maintenance of decentralized energy systems.
- Engage community organizations including gender and disability organizations in the design of safe, inclusive and sustainable WASH, waste and electricity services.
- Provide clear job descriptions, compensation, and a safe and healthy working environment for all workers, including cleaners and waste workers.
- Conduct regular training, behaviour change interventions and mentoring with staff, including on reducing and sustainably managing waste.
- Monitor health workforce satisfaction and impact of WASH, waste and electricity services (and lack of) with disaggregation by gender
- Ensure short-, medium- and long-term operation and maintenance of decentralized systems for WASH and electricity is carried out by trained professionals.



Global efforts

- Develop WASH, waste and electricity curricula and training materials that incorporate concepts of safety, sustainability and inclusivity, pandemic preparedness, emerging contaminants and risks, and sustainability, which can be adapted to local contexts.
- Work to integrate these concepts into IPC and other major health curricula (e.g. on child and maternal health, and pandemic preparedness and response).

Actors for change



National efforts

National governments, health care facility managers and staff and communities are at the core of this effort. Examples exist in every region of how conducting national baselines, strengthening and implementing standards coupled with strong regulations, implementation frameworks (e.g. WASH FIT) and increasing investments will drive improvements and change. Much more is needed to support these actions and leaders. Thus, there will be an even greater focus in the next phase of work to identify, capacitate and document leadership efforts and actions, and spur action on the ground.



Global efforts

WHO and UNICEF will continue to co-lead global efforts, supported by a group of core partners including the World Bank, WaterAid and others. In addition, partnerships with global actors will be expanded to encourage greater collaboration, including with UN-Water and other health agencies/funds and platforms, such as Gavi, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the International Federation of the Red Cross and Red Crescent Societies, the Partnership for Maternal, Newborn and Child Health, the Health and Energy Platform of Action (30), the Alliance for Transformative Action on Climate and Health, and Sanitation and Water for All.

The 2023 UNGA resolution (3) provides an important global mechanism for accountability, engaging national governments, and tracking and reporting on progress. Furthermore, WHO and UNICEF regional and country offices will have an important role in translating global guidance to the country level. The work carried out by implementing partners will be crucial to accelerate action at country level, in coordination with government targets and priorities.

These partners will work to support implementation of specific elements of this Framework, strategically advise health and other actors, and report back on efforts. Communities of practice will focus on specific areas such as health care waste and costing and financing, and will work towards producing tangible products that support achieving the targets in the three main action areas (see Annex 2 for details).

Dedicated leaders and champions (at all levels) will support effective implementation and strategic review of the Framework. They can provide advice regularly and bring in ideas from other initiatives/sectors to identify and accelerate successes and help articulate and unlock critical bottlenecks.

Tools to support implementation

Databases, guidance and tools exist to support implementation of the key actions, efforts and recommendations outlined above. These serve as a mechanism to support smart, collective action and include:

- guidance on key national actions to support improved coverage: eight practical steps for universal access to quality care (31)¹⁰ and associated country tracker (32);
- incremental improvement tool to support facility-based service improvements (WASH FIT) (12);
- global database on WASH, waste and cleaning services in health care facilities (33);
- WHO global database on electrification of health care facilities (34);
- global knowledge portal on WASH in health care facilities (14);
- guidance on key actions for strengthening climate resilience and environmental sustainability (35);
- latest data, solutions and priority actions to accelerate electricity access in health care facilities (17);
- guidance on the health, safety and dignity of sanitation workers (36);
- tool on occupational and environmental hazards in the health care sector (37);
- core components of IPC programmes (21);
- IPC draft global action plan and monitoring framework (23); and
- guidance on gender equality, disability and social inclusion (38, 39, 40).

10 The practical steps are: conduct situation analysis and assessment; set targets and define roadmap; establish national standards and accountability mechanisms; improve and maintain infrastructure; monitor and review data; develop health workforce; strengthen community engagement; and conduct operational research and share learning.

Reporting on progress and status

WHO and UNICEF are required to report back on progress in implementing the UN resolution (3), specifically national actions and service availability in 2025. Additionally, the WHO/UNICEF JMP, as part of SDG reporting, will provide reports every 2 years (2024, 2026, 2028, 2030) on the status of WASH and waste services. WHO and UNICEF will also regularly report on the status of electricity access in health care facilities, in collaboration with relevant partners building on and expanding the WHO database on electrification of health care facilities (34).

Critical to these efforts will be strengthened government engagement, as well as the collection, validation and use of data on national actions and services. Financial support from donors and development partners will also be critical to support the above-mentioned analysis and reporting activities.

Resourcing, ownership and accountability

Each country will have a different financing mix, with LDCs requiring the most external support. Regardless of the situation, public sector investment is essential for sustainability. This includes national and local funding. Private sector delivery capacity will also need to be leveraged to complement public sector prioritization and recurrent financing. Local communities can provide important resources of human capital and local knowledge and skills.

In many lower-middle-income countries, in parallel to prioritizing and increasing domestic financial resourcing for WASH, waste and electricity in health care facilities, there is a need to increase development support from donor countries, development agencies and philanthropic institutions, while also promoting and implementing the most cost-effective and climate-resilient, sustainable technologies. Donors and development partners ought to support action on the ground, in line with government priorities and processes, through grants and catalytic funding, including in emergency situations. How this funding can be accessed, used and leveraged should be analysed and documented through case studies to support improvements and more effective use of resources.

Within the overall envelope of investments needed, a significant proportion is for regular operation and maintenance (along with support for good hygiene practices). Part of the effective and sustainable resourcing for these efforts will be related to the clear ownership of infrastructure assets (and corresponding operation and maintenance responsibilities). For example, ministries of health are generally responsible for services within public facilities, while the delivery of utilities to facilities is often managed by other sectors, including water, sanitation, energy and municipal governments.

Furthermore, the extent to which WHO, UNICEF and other international actors are positioned to provide leadership and coordination, technical and financial support, and monitoring and reporting in the context of this Framework, will depend on resources and financial support. To achieve the ambitious targets in this Framework, an increase in resourcing is required at all levels, nationally and internationally, and among supporting organizations.

11 An analysis of the additional resources needed to implement this Framework, including for the necessary coordination activities, will be conducted to support efforts in increasing catalytic funding and the accelerated effort needed to achieve the stated objectives.



Ramiane Health Center, Itoculo Locality, Monapo District, Nampula Province, Mozambique. The WASH in HCF initiative aims to improve patient dignity and boost the morale of health care workers by enhancing their working environments.

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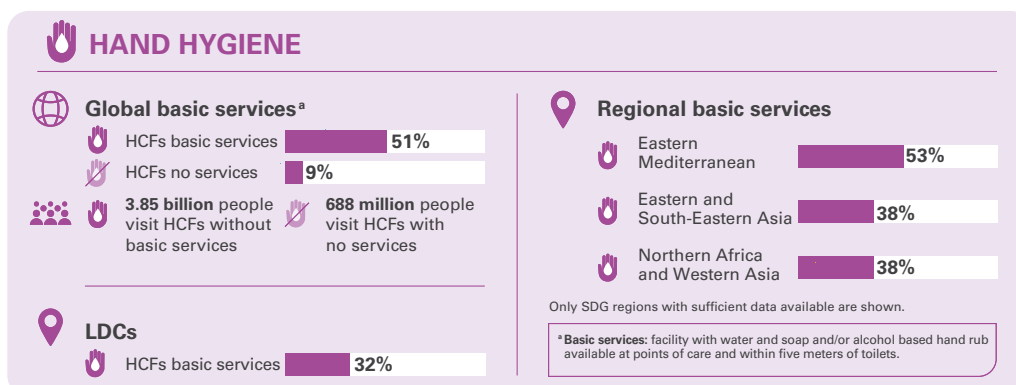
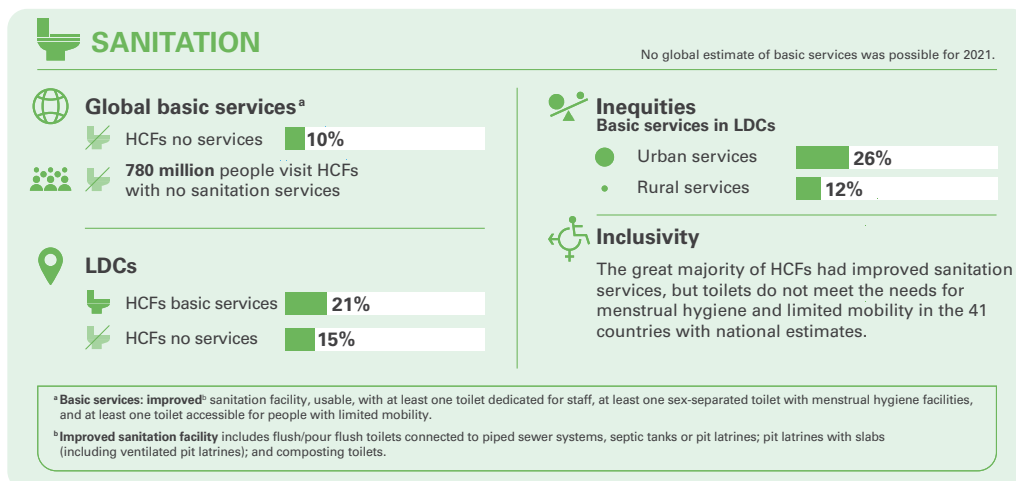
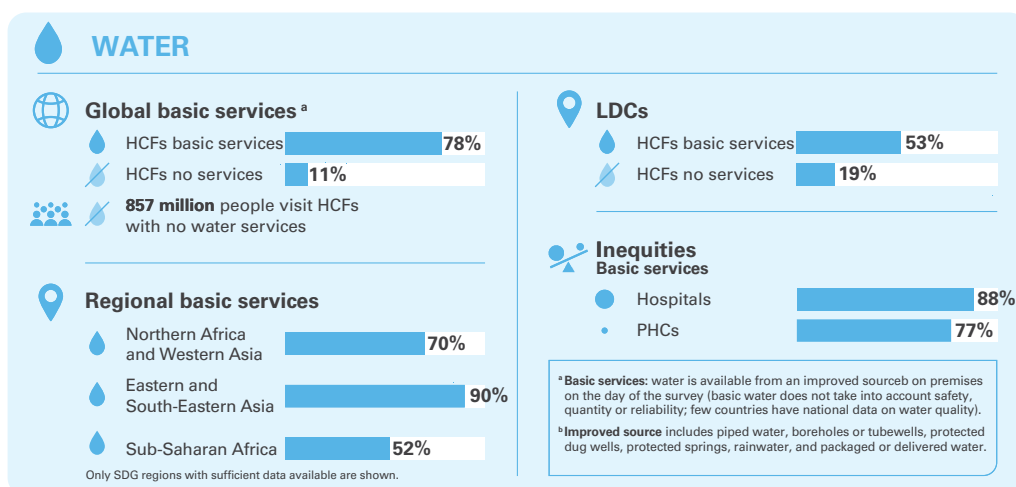
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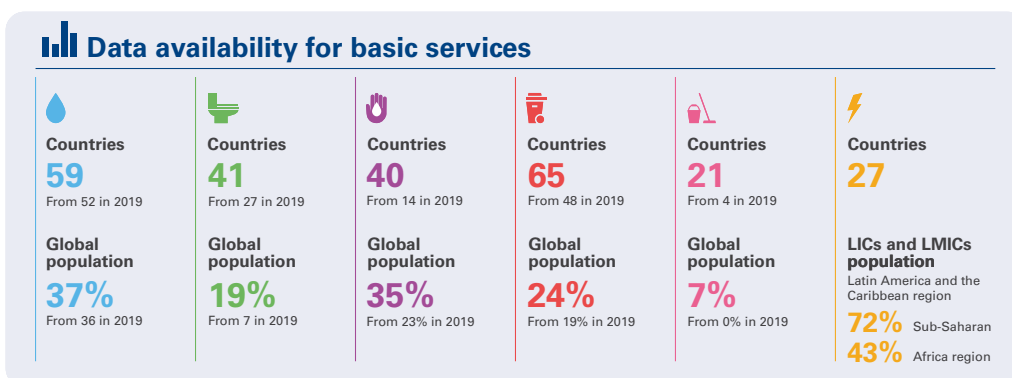
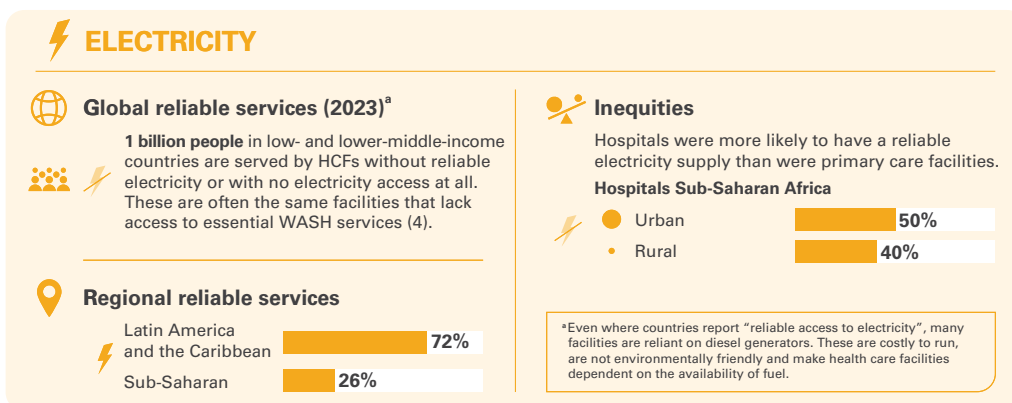
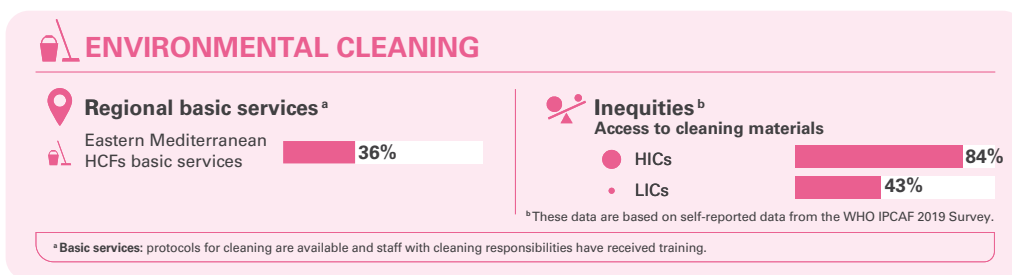
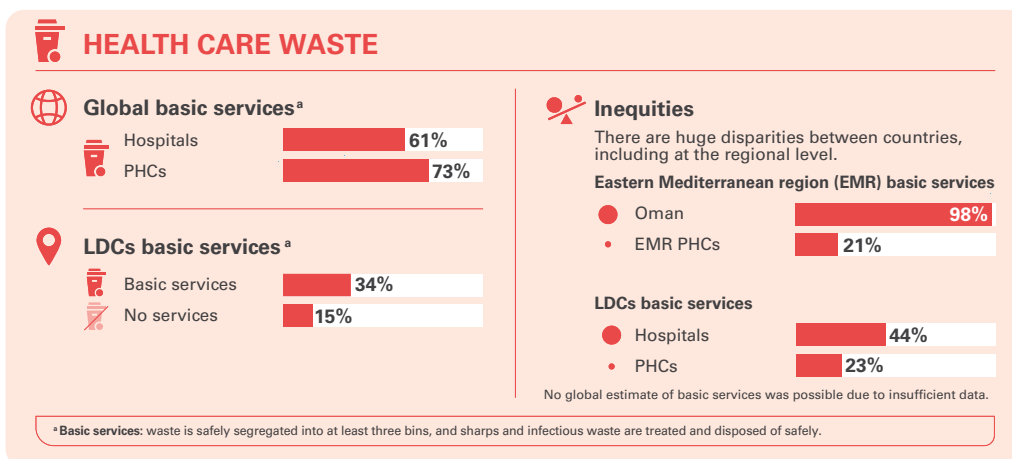
Annex 1:

Global status of water, sanitation, hygiene, waste and electricity services

The following table provides a snapshot of the global status of water, sanitation, hygiene, waste and electricity services. To explore the latest global, regional and national data, please visit the World Health Organization/ United Nations Children's Fund Joint Monitoring Programme for Water Supply, Sanitation and Hygiene webpage (1).

HCFs: Health care facilities; **LDCs:** Least developed countries; **HICs:** High income countries; **LICs:** Low income countries; **LMICs:** Lower-middle income countries; **PHCs:** Primary health care facilities.





Source: Water, sanitation, hygiene, waste and electricity services in health care facilities: progress on the fundamentals: 2023 global report (2).

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Annex 2:

Communities of practice to support implementation of the Framework

At the global summit on water, sanitation and hygiene (WASH), waste and electricity in health care facilities held in Amman, Jordan, in June 2023, there was a strong call for more skill-building and sharing among a community of practice (1). Several focus areas were proposed, and partners demonstrated interest in facilitating discussion and contributing to knowledge products and activities.

Proposed areas of focus for capacity- and skill-building

The following lists some of the potential areas that will be pursued based on country demand, partner interest and evolving priorities.

Water and Sanitation for Health Facility Improvement Tool (WASH FIT) implementation, monitoring and outcomes/impact

- Discuss and document effective models of integrating WASH FIT in the health/local government service provision system and their scale-up.
- Review appropriate and affordable on-site technologies while, where possible, promoting improved and greater access to more sustainable and climate-resilient services (including well-managed, centralized piped services).
- Support use of electronic data collection and analysis (e.g. KoboToolbox, Power BI and mWater).
- Support local government actors and technicians to supervise/monitor the quality of WASH services improvements.

Safe and sustainable health care waste management

- Support transition to safer and more sustainable waste management (e.g. waste reduction/optimal use of personal protective equipment, recycling and non-burn technologies) and management of treated waste.
- Provide latest implementation evidence and options on high temperature burn and non-burn technologies for use in different settings.

Electrification of health care facilities

- Discuss and document needs and gaps.
- Determine standardized indicators and document progress.
- Document and analyse different models and approaches to accelerate electricity access in health care facilities.

Monitoring and review

- Support country review and dissemination of higher-level service-level indicators.
- Develop indicators and disseminate data on user satisfaction, inclusion and quality of care indicators.
- Document case studies on how to integrate indicators within HMISs and other digital platforms (e.g. mWater), and use scenarios to inform policy review, reforms and resourcing.

Costing, budgeting and financing

- Develop methodological notes on national costing (capital expenditure and operational expenditure) and damage cost analyses conducted, in coordination with overall sector costing approaches.
- Document financing options and institutional arrangements in different countries.
- Consider models for broader public sector engagement with the private sector, social enterprises, etc., to invest in and maintain services.

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Annex 3:

Process to develop the Framework

The development of the Framework involved a global consultative process with in-person and virtual meetings and opportunities to provide written inputs between June 2023 and March 2024. The initial elements of the Framework were first discussed and agreed at the WHO/UNICEF Global Summit on WASH, Waste and Electricity in Health Care Facilities which took place in Jordan in June 2023. The Summit had 130 participants, including official representation from 35 countries. This was followed by WHO staff (see [acknowledgements](#)) leading the drafting of the initial document in consultation with UNICEF. Key actions and recommendations were extracted directly from the 2019 World Health Assembly Resolution and 2023 UN General Assembly Resolution as well as the WHO/UNICEF Global Progress Report on WASH, Waste and Electricity in Health Care Facilities. Three virtual roundtables, attended by 150 people, were held in Q4 2023 and provided opportunities to give verbal feedback. The draft document was also circulated through the WHO and UNICEF WASH in health care facilities newsletter and stakeholders were given a month to provide written feedback. All those that reviewed and provided input are listed in the acknowledgements. The Framework includes only recommendations already established and enshrined in the abovementioned resolutions. It relies on existing monitoring frameworks and data and does not provide new evidence or recommendations, therefore external experts were not employed. In short, the Framework provides a comprehensive blueprint for implementation of the UNGA resolution (for more information on this, see Part 1).

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Find out more and get involved

WHO/UNICEF WASH in health care facilities knowledge portal:

www.washinhcf.org

WHO/UNICEF Joint Monitoring Programme:

www.washdata.org

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