





Water, sanitation and hygiene and infection prevention and control: taking action to address the foundation of health

Ministerial Roundtable 30 May 2024

WASH, waste and IPC fundamental to addressing most pressing health challenges

Reduce costs and save lives

8 million die annually from poor quality care resulting in US\$ 6 trillion in losses

Fundamental to ending preventable maternal and newborn deaths 47% of newborn deaths occur in Sub-Saharan Africa, where only 1 in 2 HCF have water

Growing crises & emergencies require cost-effective, sustainable investments

In 2023, 363 million affected by emergencies

Required to meet commitments for low-carbon & sustainable HCF



Links to key issues at WHA 77

UHC/primary health care/quality care/AMR (UHC update; UHC and AMR HLMs)

Maternal, newborn, child mortality (WHA 2024 Resolution)

Health emergency preparedness, readiness and resilience (Revised IHR; Global Pandemic Agreement)

(Climate change and health strategy)

> 82 countries agreed at COP 27

Building on the past, looking ahead

Ongoing country implementation (75+) of standards, regular monitoring, WASH FIT, roadmaps



Global Efforts co-led by WHO and UNICEF

Contributions from 50+ Partners (e.g. World Bank, UNDP, IFRC, Global Fund, Gavi, WaterAid, World Vision, Save the Children, Helvetas)

Strategic Inputs from Core Partners (trailblazer countries+ UN/NGOs + academia + donors e.g. FCDO, USAID, ROK, SIDA, GIZ)



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



• Part 1: Framing & Context

Linkages to key health initiatives
Contribution to climate change efforts
Mechanisms and key actors

• Part 2: Operational Targets & Actions

Areas for action with explicit targets
 National & global recommendations to achieve targets
 Tools for implementation

○ Resourcing, monitoring, accountability



Snapshot of targets; Area 1: Integration, Policy & Governance

	Data		Targets	
Action	2020	2022	2026	2030
1.1 Establish baseline service levels	75%	92%	100% of countries	100% of countries regularly update the status of the baseline (every 5 years).
1.2 Update national standards	52%	53%	75% of countries	100% of countries
1.3 Develop and implement costed roadmaps for improved WASH, waste and electricity.	ND	63%	80% of countries	100% of countries
1.4 Establish national coordination mechanism and strengthen intersectoral governance and action	ND	63%	70% of countries	100% of countries
1.5 Monitor WASH, waste and electricity within health information systems	10%	14%	50% of countries	100% of countries
1.6 Secure sufficient financing of services	11%	12%	40% of health care facilities	100% of health care facilities

Complementarity between IPC & WASH



IPC is central to achieving quality care for all by ensuring that those who access and provide care are safe from infection through evidence-based, timely, efficient and compassionate interventions integrated within clinical pathways.

&

WASH provides the necessary infrastructure, procedures and equipment enabling the implementation of appropriate IPC practices and behavioural change among health workers and the community.

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Storr J, Twyman A, Zingg W, et al. Antimicrob Resist Infect Control 2017;6:6.

IPC 2022-2030: Elevating IPC in the global health and political agenda





Global strategy on infection prevention and control





Eight strategic directions provide the overall guiding framework for country actions to implement the GSIPC



https://www.who.int/publications/m/item/global-strategy-on-infection-prevention-and-control

From Global Strategy to Action Plan and Monitoring Framework



Global Strategy on IPC – 8 Strategic Directions



Theory of Change

WASH in IPC GAP/MF: strategic direction 2 – ACTIVE IPC PROGRAMMES



Action		Indicator(s)		
National level				
Key action 1 Establish a national IPC programme and/or demonstrate evidence of improvement of IPC programmes, including WASH (namely, meet WHO's minimum requirements at national and facility levels)		1. All WHO's minimum requirements for IPC at national level (see document EB154/8 Add.1) met (to be assessed through WHO's Global IPC portal)		
		 Proportion of health facilities meeting all WHO's minimum requirements for IPC at facility level (to be assessed through WHO's IPC portal) 		
		 Proportion of health care facilities with basic water, sanitation, hygiene, and waste services (per each indicator, to be assessed through the definitions of the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene) 		
Strategic direction 2 – Global targ	gets and related indicators			
Core target 6/top 8 global targets	Proportion of countries with basic water, sanitation, hygiene and waste services <u>in all health care facilities</u> (per each indicator as monitored in the definitions of the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene)			
	Increase of the proportion of countries with basic water, sanitation, hygiene and waste services in all health care facilities to:			
	60 % by 2026			
	80% by 2028			
	100% by 2030			
	Baseline (2022) – water: 7	'8%; sanitation: not determined; hand hygiene: 51%; waste services: not determined		

WASH in IPC GAP/MF: additional targets



Strategic direction	on 1 – Global targets and related indicators			
Additional target	Proportion of countries with dedicated and sufficient funding for WASH services and activities			
	Increase of the proportion of countries with dedicated and sufficient funding for WASH services and activities to:			
	40% of countries by 2026			
	80% of countries by 2028			
	100% of countries by 2030			

Strategic direction 2 – Global targets and related indicators				
Additional target	Proportion of countries with costed road maps (namely, national plans) for WASH in health care facilities			
	Increase of the proportion of countries with costed road maps (namely, national plans) for WASH in health care facilities to: 80% countries by 2026 90% countries by 2028 100% countries by 2030			
Strategic direction	on 2 – National targets and related indicators			
Additional target	Proportion of facilities with a dedicated and sufficient funding for WASH services and activities Increase of the proportion of facilities with a dedicated and sufficient funding for WASH services and activities to: 40% of facilities by 2026 80% of facilities by 2028 100% of facilities by 2030			

Consensus Statement: Implementation and Integration

- Integration: Bolster integration with health planning, programming, financing and monitoring
 - What are you doing to integrate WASH/IPC? What more can/should be done? How will you do it?
- Monitoring: Strengthen monitoring of services and dissemination of data as the basis for taking action and investments.
 - Are you monitoring WASH and IPC in HMIS? If not, how and by when will you do this?
- Health workforce: Develop and support the health workforce to deliver and maintain WASH, waste and electricity services and practice good hygiene
 - WASH FIT and IPCAF provide a strong basis for empowering and supporting the health workforce. What are you doing to support them?
- Leadership: Leverage major political opportunities to amplify and take action
 - At which events (e.g. UN AMR HLM, SADC Heads of States Summit, CoP 29, G20) will you speak to and prioritize WASH in HCF/IPC?
- Investments: Increase investments and budgets for WASH, waste and electricity infrastructure and services and track spending as part of financially accountability.
 - Improving WASH in HCF comes at a modest cost 0.60/USD/person/year and results in significant gains. How is your country working to improve and track investments and better allocate existing funding?



Thank you

WHO/UNICEF knowledge portal: www.washinhcf.org

WHO/UNICEF Joint Monitoring Programme:

www.washdata.org

WHO IPC Global Hub

https://www.who.int/teams/integrated-health-services/infectionprevention-control

