World Health Organization

WASH in Health Care Facilities

unicef for every child

Strategic roundtable on WASH, waste and electricity in health care facilities

Geneva

23-24 May 2024

World Health Organization

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Alexandra Machado, IFRC & Ann Thomas, UNICEF

Welcome remarks

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Lindsay Denny, UNICEF

Meeting overview

Objectives

- Provide **overview of climate resilient and sustainable health care facilities and articulate role of WASH, waste and electricity** in wider climate and health agendas
- **Present WHO/UNICEF Global Framework** on WASH, waste and electricity in health care facilities and seek stakeholder engagement and implementation.
- **Share and synthesize insights from trailblazer countries** on overcoming bottlenecks and accelerating progress
- Discuss and articulate key actions for **operationalizing greater integration** with health and climate actors, including strengthening leadership and investments

Agenda – Day 1

9:00-9:20	**Session 1. Introductions and overview**
9:20-9:50	**Session 2. Global Framework on WASH, waste and electricity in health care facilities**
9:50-10:10	Coffee/tea break
10:10-11:10	**Session 3. Priority efforts, successes and challenges to date and implications for the future**
11:10-12:30	**Session 4. High value opportunities to integrate with health** (IPC, MNCH, PHC, Immunization)
12:30-13:00	**Session 5. Driving change-strategic engagement of leaders at national level** (Philippines, Hungary)
13:00-14:00	Lunch
14:00-15:00	**Session 5. Driving change - strategic engagement of leaders at national level** (Nepal, Tanzania)
15:00-15:20	Coffee/tea break
15:20-16:35	**Session 6. Cost of inaction and optimal financing mechanisms and opportunities**
16:35-17:15	**Session 7. Operationalizing and implementing Framework actions**
17:15-17:45	**Distillation of day 1 and next steps with the Framework**
17:45-19:00	Reception

Agenda – Day 2

9:00-9:30	**Session 8. Unlocking leadership to drive progress**
9:30-10:30	**Session 9. Linking the whole package of safe, climate-resilient and environmentally sustainable health care facilities**
10:30-10:45	Coffee/tea break
10:45-11:45	**Session 10. Wider integration emergency, pandemic preparedness and AMR efforts**
11:45–12:40	**Session 11. Rapid fire small group discussions on integration and implementation**
	Track 1: Monitoring
	Track 2: Financing and investments
	Track 3: Advocacy, leadership, civil society, and gender
	Track 4: Integrating WASH and climate efforts at global and country level
	Track 5: Supporting and sustaining facility improvements, including through WASH FIT and other tools
12:40-13:15	**Session 12. Implementing agreed principles, organization and next steps**
13:15-14:15	**Lunch and individual/small one on one discussions**

Expected Outcomes

- **Main outcome**: a **consensus statement** on accelerating efforts to meet SDG targets as well commitments articulated as the new UN Resolution on WASH, waste and electricity in health care facilities.

- This will include greater collaboration and integration with priority health and climate efforts as well as a strengthened leadership element.

- In addition, a meeting report, highlighting lessons from trailblazing countries will be produced and shared.

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Global Framework on WASH, waste and electricity in health care facilities

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Bruce Gordon, WHO &
Ann Thomas, UNICEF

Development and overview of global framework

Growing imperative for better WASH, waste and electricity services

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

> 82 countries agreed at COP 27

Advancing towards *safe, climate-resilient and environmentally sustainable health care facilities*

- Climate change affects the operational capacity of HCFs.
  - Extreme weather events may destroy essential infrastructure and services.
  - Increases disease burden and demand of services.

Safe and reliable **WASH, waste and electricity services** need to be **integrated** with **climate-resilience** of all essential infrastructure, a protected **workforce** and adequate **chemical** & **radiation** management.

Linking to broader climate & sustainability package includes WASH, waste and electricity

Framework informed by Global Summit

- 35 countries; 125 participants; health, WASH, electricity actors
- Stressed need for renewed WASH/Health commitments
- Baseline data and strong monitoring important for engaging leaders and igniting action

- Stressed need for renewed WASH/Health commitments
- Platforms for integration: MCH, PHC, IPC
- Climate smart interventions: “no regrets” investments

(Jordan, June 2023)

2023 Global Progress Report: recommendations

1. **Integrate** WASH, waste and electricity services into **health planning, programming, financing** and **monitoring** at all levels.

2. **Regularly monitor** and **review progress, strengthen accountability.**

3. **Develop** and **empower the health workforce to deliver** and **maintain** WASH, waste and electricity services, and practice good hygiene.

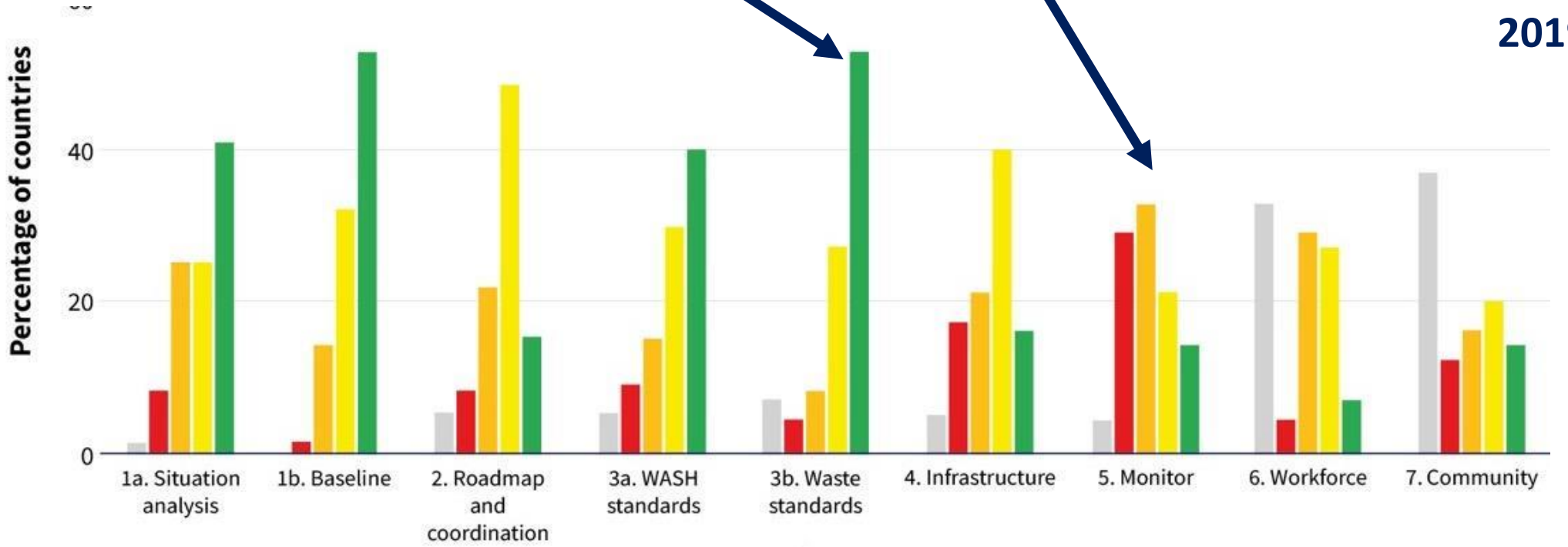
Download the report: ***https://www.who.int/publications/i/item/9789240075085***

Framework informed by 2023 progress report

Most action: 80% finalizing and implementing updated waste standards

Least action: 14% monitoring WASH in HMIS

2019 Practical Steps



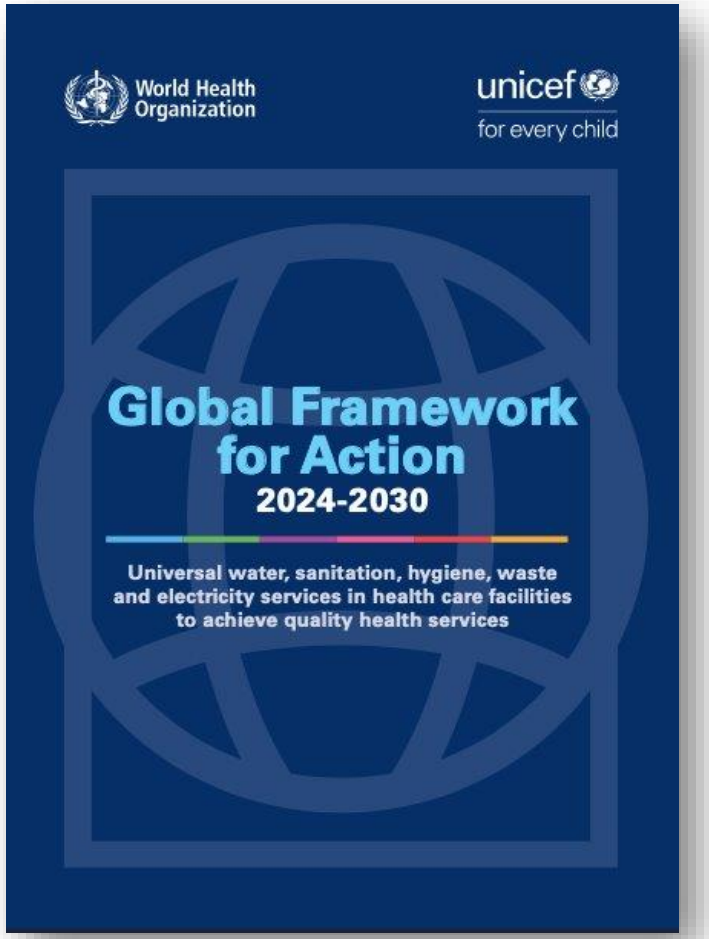
2023 UN Resolution on WASH, waste and electricity in HCFs

Adopted by UN Member States in December 2023

Consultative process

- **June 2023**: Initial draft developed at Global Summit
- **Sep 2023**: Discussion of aims and targets with Global Taskforce
- **Oct 2023**: Initial draft widely shared for written inputs
- **Nov-Dec 2023**: Three virtual roundtables involving 150+ participants from 30+ countries
- **Jan-Apr 2024**: Revisions and additional review
- **May 2024:** Finalization, launch and endorsement at Global Strategic Roundtable

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

Main aims

- Increase political commitment and leadership
- Rapidly scale up investments
- Support systems strengthening and integration of WASH, waste, electricity (in context of climate change) with health sector
- Develop, resource, implement costed roadmaps and programmes
- Regularly monitor and review progress in meeting national and global targets
- Capacitate the health workforce through training and mentoring
- Support inclusive and equitable services

Area 1: Integration, Policy & Governance

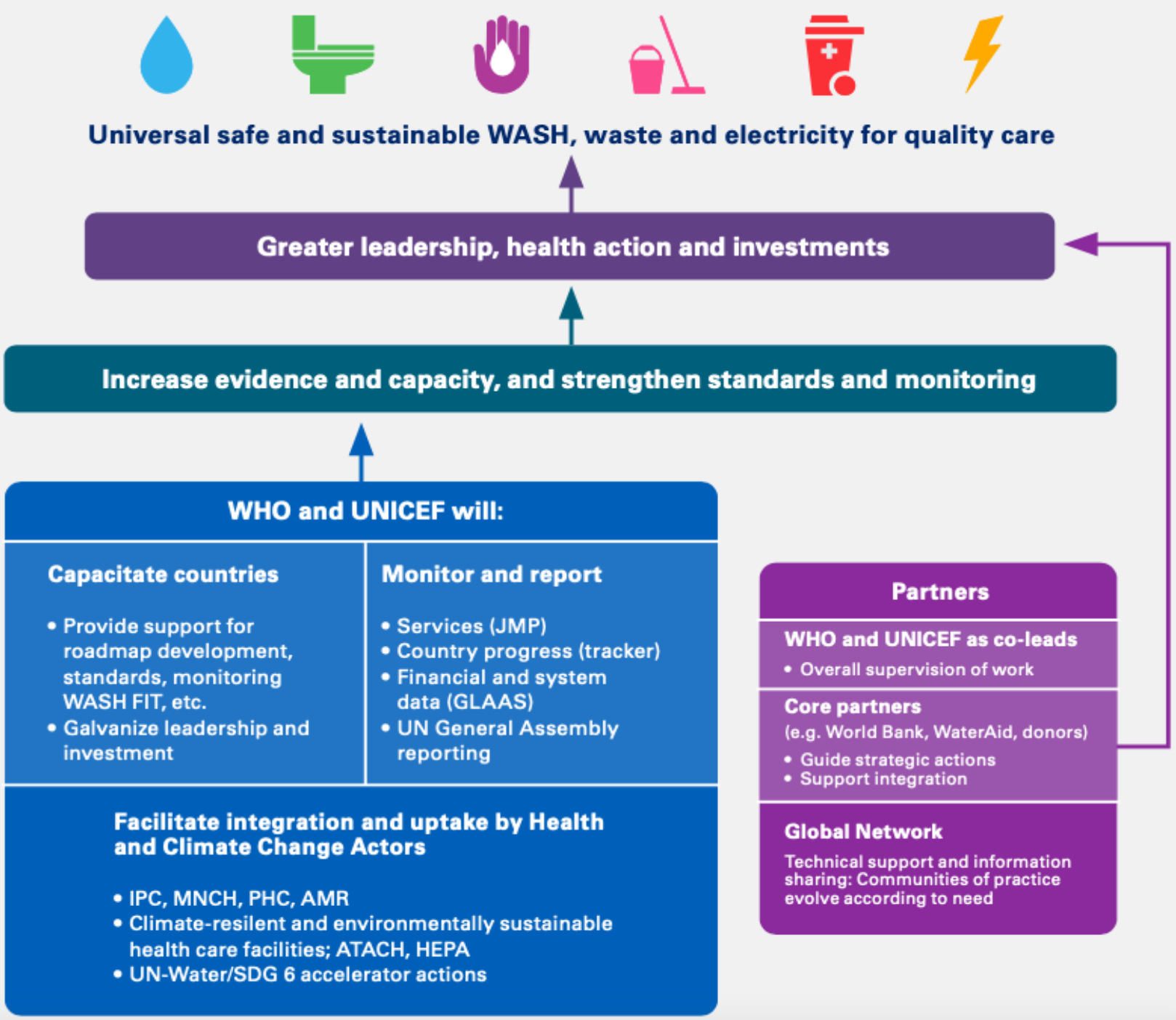
Action	Data		Targets	
	2020	2022	2026	2030
1.1 Establish baseline service levels	75%	92%	**100% of countries**	**100% of countries regularly update** the status of the baseline (every 5 years).
1.2 Update national standards	52%	53%	**75% of countries**	**100% of countries**
1.3 Develop and implement 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**

Area 2: Service Levels

Action	2020	2022	Target by 2026	Target by 2030
2.1 Improve services globally	Water: 76% Sanitation: ND Hand hygiene: ND Waste: ND Electricity: ND	Water: 78% Sanitation: ND Hand hygiene: 51% Waste: 61% Electricity: 1 billion health users with unreliable or no electricity	**80% of countries** have universal basic services and all have established national standards and monitoring indicators for higher levels. **At least 80% of HCF** in every country have access to reliable electricity.	**100% of countries** have universal basic and higher levels of service. **100% of HCF** in all countries have universal access to reliable electricity.
2.2 Improve services in LDCs	Water: 50% Sanitation: 37% Hand hygiene: ND Waste: 30% Electricity: ND	Water: 53% Sanitation: 21% Hand hygiene: 32% Waste: 34% Electricity: ND	**60% of HCF** in LDCs have basic services. **70% of HCF in LDCs** have access to reliable electricity.	**100% of HCF** in LDCs have basic services and **50%** have higher levels of service. **100% of HCF** in all countries have access to reliable electricity.

Area 3: Equity, inclusivity and community engagement

Action	2020	2022	Target by 2026	Target by 2030
3.1 Improve inclusivity of WASH services and processes at national and facility levels	ND	ND	**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.



How do we get there?






Thank you

WHO/UNICEF knowledge portal:
www.washinhcf.org

WHO/UNICEF Joint Monitoring Programme:
www.washdata.org

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Session 2: Priority efforts, successes and challenges to date and implications for the future

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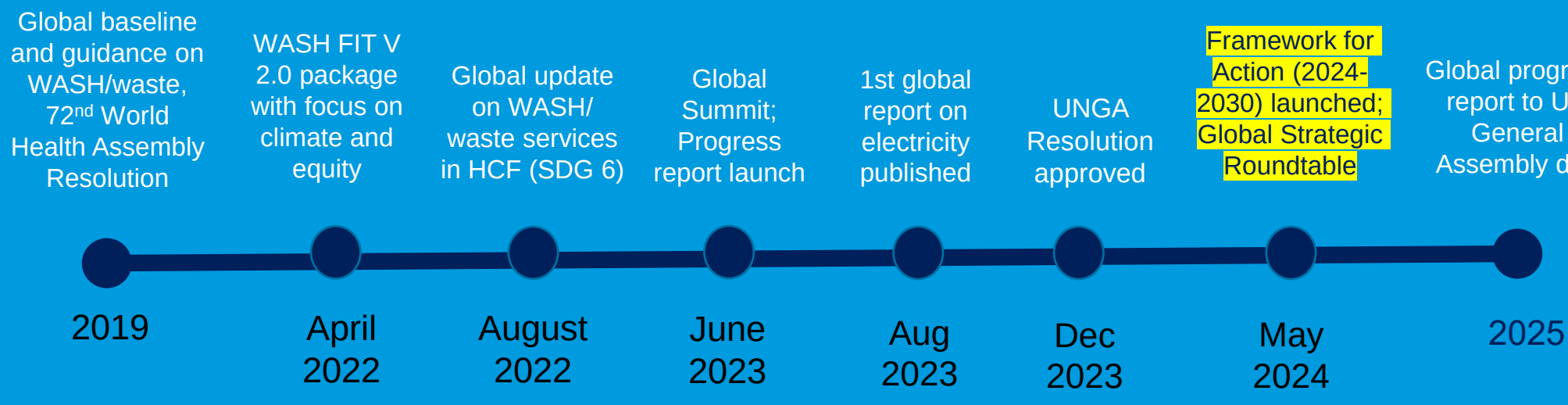
Arabella Hayter & Maggie Montgomery, WHO
Pedro dos Santos, UNICEF

Overview of efforts, reflections and future needs/challenges

Building on the past, looking ahead

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



Ultimate Aim: Every person has quality, essential health care

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)

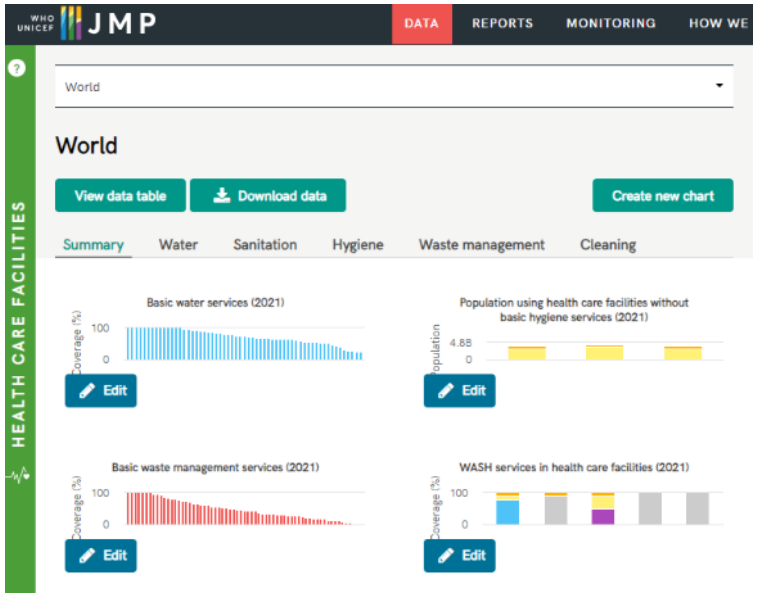
Strategic Inputs from Core Partners (trailblazer countries+ UN/NGOs + academia + donors e.g. FCDO, USAID, ROK, SIDA, GIZ)

Main areas of effort

- **Monitoring**
  - Service levels (WHO/UNICEF Joint Monitoring Programme/SDG 6)
  - Systems: country tracker (“Practical Steps”)
- **Technical support**
  - Systems strengthening including integration with health plans and programmes
  - Service delivery (+ behavior) improvements (WASH FIT framework and tool)
- **Knowledge sharing and exchange**
  - Meetings, workshops, webinars, online portal (www.washinhcf.org)
- **Leadership and global coordination**
  - Agenda setting and direction, WASH in HCF Taskforce, Group of Friends

Monitoring services: Efforts to date

- **Global indicators established in 2018 linked to SDG 6/WASH**
- **Global reports in 2019, 2020, 2022, 2024**
- **Country data availability increasing**
  - 2019: Water 38, San 18, Hyg 14, Cleaning 4, Waste 48
  - 2024: Water 72, San 51, Hyg 47, Cleaning 39, Waste 66
- **Data and indicators incorporated into major health instruments**
  - Quality of Care for Mothers, Newborns and Children Standards (2016; 2018)
  - Primary health care monitoring framework (2022)
  - IPC Global Action Plan and Monitoring Framework (2024)
  - WHO Global Programme of Work (2025-2028)



Monitoring systems: Efforts to date

- **8 "Practical Steps": national actions articulated in 2019, linked to World Health Assembly and UNGA Resolutions**
- **Global reports in 2020, 2023, 2025**
- **Country tracker - data increasing**
  - 2020: 47 countries
  - 2024: 75 countries
- **Data and indicators incorporated into major health instruments**
  - IPC Global Action Plan and Monitoring Framework
  - WHO Global Programme of Work (2025-2028)

Table A4.1. Full country tracker with all countries (n = 73)

	1		2	3		4	5	6	7
	Step 1		Step 2	Step 3		Step 4	Step 5	Step 6	Step 7
Country	1a. Conduct situational analysis	1b. Conduct (baseline) assessment	Set targets and establish coordination mechanism	3a. Establish national WASH standards	3b. Establish national health care waste standards	Improve and maintain infrastructure	Monitor and review data	Develop health workforce	Engage communities
Angola	2	2	1	1	4	1	ND	2	ND
Bangladesh	4	4	4	3	3	4	3	3	3
Benin	1	4	2	2	2	1	4	ND	ND
Bhutan	3	4	3	3	3	3	3	3	3
Bolivia	4	3	4	3	3	1	1	ND	ND
Brazil	4	3	2	ND	ND	3	3	2	3
Burkina Faso	2	4	3	3	4	3	1	ND	ND
Cambodia	4	3	4	4	4	4	2	ND	ND
Cameroon	3	3	ND	ND	ND	ND	ND	ND	ND
Chad	2	1	1	1	3	1	2	2	3
Colombia	2	3	2	4	ND	1	1	2	ND
Democratic Republic of the Congo	2	3	4	4	3	4	3	ND	ND
Equatorial Guinea	3	4	3	3	3	2	1	1	1
Eswatini	2	4	3	3	4	3	2	3	3
Ethiopia	4	4	4	4	4	3	3	3	3

Monitoring

Successes

- Global, publicly available database (www.washdata.org)
- Increased awareness of gaps, more use of harmonized indicators
- First global estimates of electricity services (2023)

Challenges

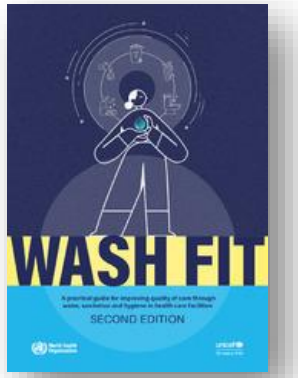
- Data gaps even for basic services
- Limited national monitoring of higher service levels
- Integration in existing health monitoring systems
- Joint monitoring/ reporting WASH, waste, electricity

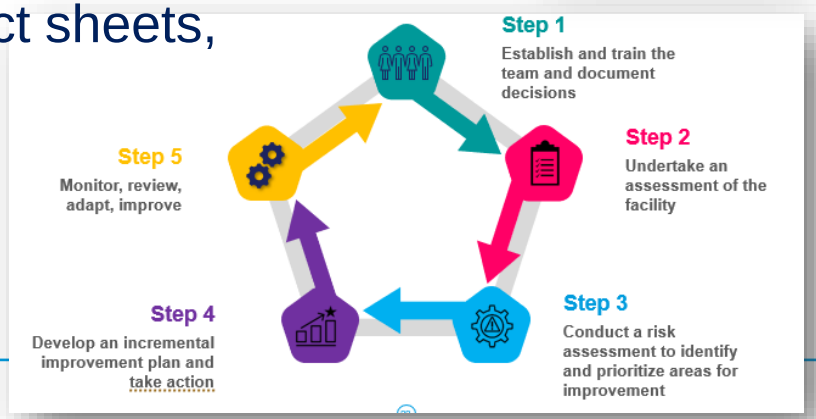
Way forward

- Set indicators and support monitoring of higher-level services (safety, gender, climate)
- Join up databases on WASH, electricity, climate
- Integrate WASH, waste & electricity indicators into health monitoring (e.g. HMIS, Herams)

Technical support: Efforts to date

1. **Systems level model: Practical Steps**
   - 8 critical national actions (e.g. national roadmap, standards)
   - Package of support materials
   - Country review of progress at national and regional workshops/training
2. **Service delivery model: WASH FIT**
   - Supports risk-based incremental improvements – QI approach
   - Water, sanitation, waste, hand hygiene, cleaning, electricity and management
   - Includes basic, advanced and climate related efforts
   - Package: assessment form, training materials, trainers guide, fact sheets, check lists and improvement plan templates
3. **Updating guidance**
   - health care waste, water treatment





Spotlight on WASH FIT: initial data from evaluation

- > **75 countries** implementing; **28 countries** on a national scale
- Many countries using **v2.0** (more focus on safety, sustainability, climate) but have not rigorously evaluated implementation
- **15** countries have integrated WASH FIT into national standards or curriculum
- In **MENA region,** 6,000 facilities have used WASH FIT for assessments
- **Global evaluation** report to be published in Q4 2024

2 8 Practical Steps – MENA Progress

Country	1a	1b	2	3a	3b	4	5	6	7	8
Kuwait	3.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	0.0
Iran	4.0	4.0	3.0	3.0	3.0	2.0	3.0	3.0	4.0	0.0
Iraq	2.0	4.0	4.0	3.0	3.0	3.0	3.0	4.0	2.0	0.0
Jordan	4.0	4.0	3.0	4.0	3.0	3.0	2.0	2.0	3.0	0.0
Sudan	4.0	4.0	3.0	3.0	4.0	3.0	2.0	3.0	1.0	0.0
Lebanon	4.0	4.0	3.0	4.0	4.0	2.0	1.0	2.0	2.0	0.0
Palestine	2.0	4.0	3.0	2.0	4.0	3.0	1.0	3.0	4.0	0.0
Syria	4.0	4.0	2.0	4.0	3.0	3.0	1.0	2.0	1.0	0.0
Morocco	2.0	3.0	2.0	2.0	4.0	1.0	2.0	2.0	4.0	0.0
Algeria	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Bahrain	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Djibouti	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Egypt	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Libya	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Oman	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Qatar	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Saudi Arabia	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Tunisia	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
United Arab Emirates	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Yemen	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
SCORE	1.5	1.8	1.4	1.5	1.6	1.2	1.0	1.3	1.3	0.0

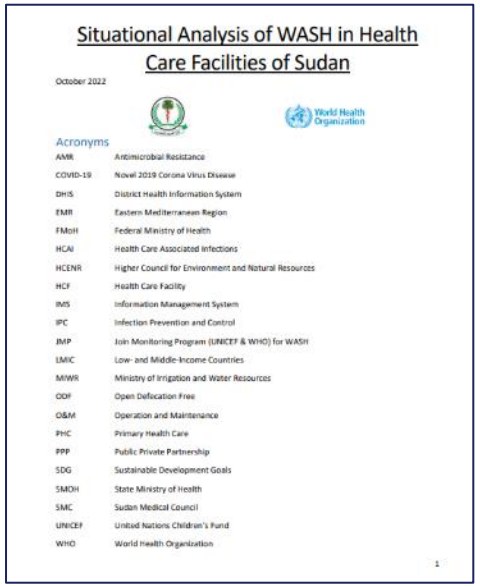
Source: Country Progress Tracker | WASH in Health Care Facilities (washinhcf.org)

Practical Step	Score
1b - Baseline Assessment or Data	1.8
3b - Establish HCW Management standards	1.6
1a - Situation Analysis	1.5
3a - Establish WiHCFs standards	1.5
2 - National Coordination & Roadmaps	1.4
6 - Workforce development	1.3
7 - Community engagement	1.3
4 - Improve and/or maintain iInfrastrcutrure	1.2
5 - WASH indicadors in National monitoring	1.0
8 - Conduct operational research	0.0

Top priorities:

1. WASH indicators in monitoring systems
2. Community engagement and accountability mechanisms
3. UNICEF's role in WASH, waste and energy infrastructure improvements at facility level
4. *(Operational research) – cross learning*

Good examples from the region:

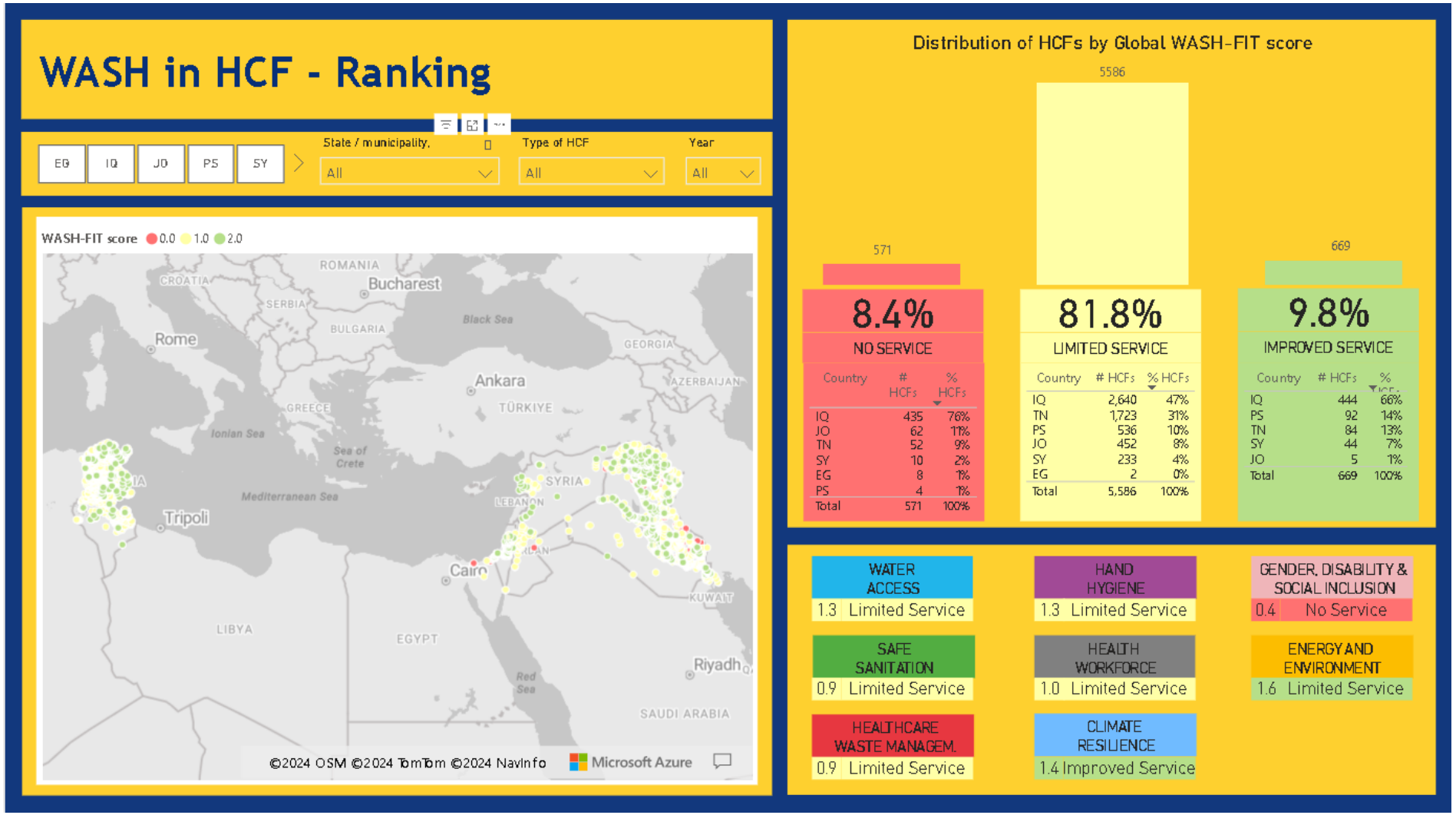

Situational Analysis of WASH in Health Care Facilities of Sudan

October 2022

Acronyms

AMR	Antimicrobial Resistance
COVID-19	Novel 2019 Corona Virus Disease
DHIS	District Health Information System
EMR	Eastern Mediterranean Region
FMoH	Federal Ministry of Health
HCAI	Health Care Associated Infections
HCENR	Higher Council for Environment and Natural Resources
HCF	Health Care Facility
IMS	Information Management System
IPC	Infection Prevention and Control
JMP	Join Monitoring Program (UNICEF & WHO) for WASH
LMIC	Low- and Middle-Income Countries
MWR	Ministry of Irrigation and Water Resources
ODF	Open Defecation Free
O&M	Operation and Maintenance
PHC	Primary Health Care
PPP	Public Private Partnership
SDG	Sustainable Development Goals
SMOH	State Ministry of Health
SMC	Sudan Medical Council
UNICEF	United Nations Children's Fund
WHO	World Health Organization

2 WASH-FIT implementation in MENA region



- 6 countries participate, only 2 countries surveyed with the new WASH-FIT 2.0 (Jordan, Iraq)
- Data sometimes is static and do not show sudden changes (e.g. conflicts, economic crisis)
- Invest in big data, dynamic surveys to measure real-time status and impact

Technical support

Successes

- WASH FIT tool widely used, relevant to range of contexts, motivates action
- Between 2020-2022, 28% countries have new standards
- More integrated efforts: WASH+ IPC; + solar energy, + climate resilience

Challenges

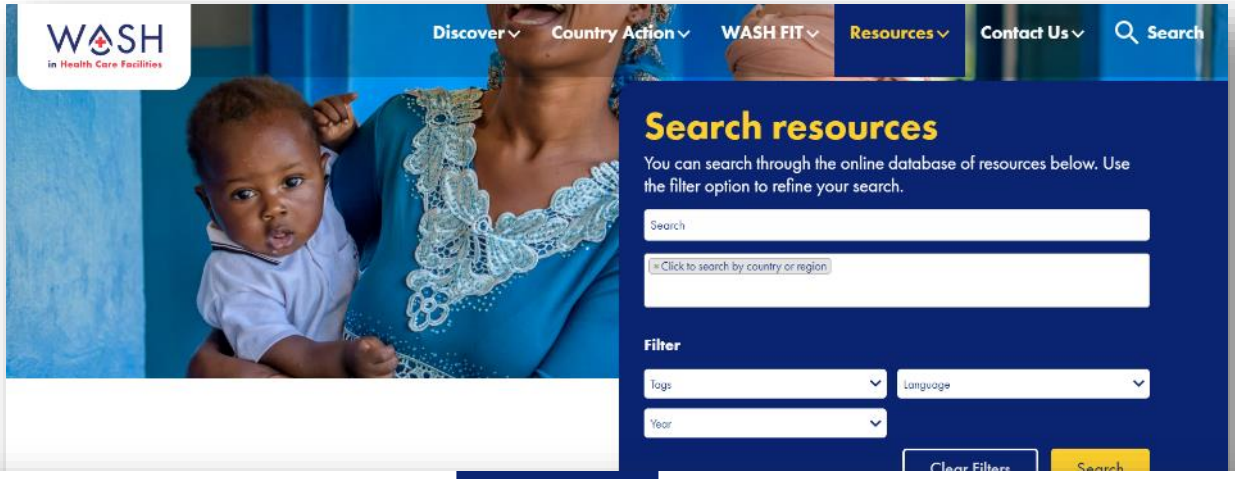
- Scaling up, streamlining with other tools and national institutionalization of WASH FIT
- Limited catalytic and sustained funding; donors/partners not all using same approach

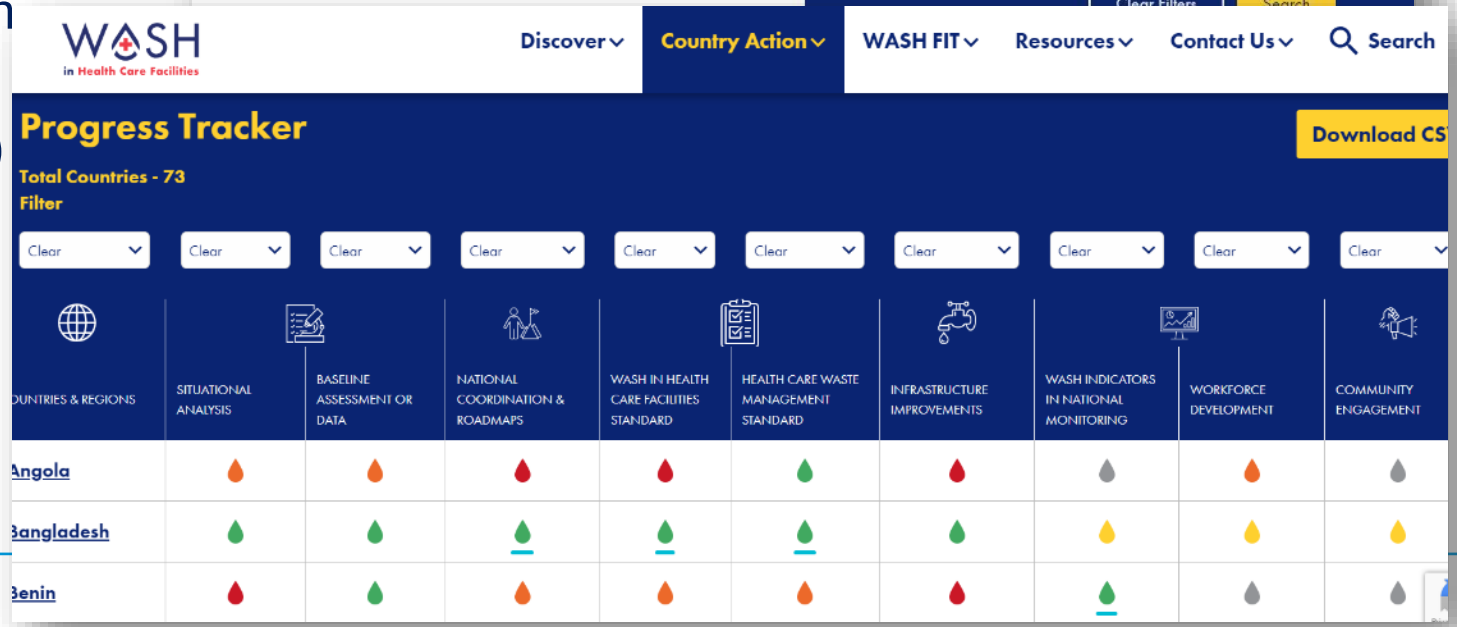
Way forward

- All partners to support government driven WASH FIT and practical steps implementation
- Demonstrate proven financing models including cross-sectoral financing
- Document use of WASH FIT + IPC + Climate tools (e.g. in Philippines, Ukraine, Indonesia) to support consolidated global approach and further roll-out

Knowledge sharing and exchange: Efforts to date

- **Global meetings** (Geneva 2018, Zambia 2019, Jordan 2023) + online think tanks and global meetings during pandemic 2020-2022
- **Regional workshops**: Germany, Bangladesh, Kenya, Jordan, Philippines
- 20+ **global webinars** and 46 **newsletters** since 2019; 1,600 **views** on YouTube Channel
- **Knowledge portal** (www.washinhcf.org) launched in 2016, regularly updated, > 700 resources





Knowledge sharing and exchange

Successes

- More actors aware of resources, using and adapting WASH FIT etc.
- Listserv >1650 members; newsletter 50% open rate
- Global summit energized 35 countries; demand for more experience sharing

Challenges

- In-depth, enriching in-person events (expensive) vs. effective virtual engagement
- Communicating specificity alongside integration (vertical vs. horizontal)
- Active engagement, coordinated contributions and leadership among all partners

Way forward

- Support more regional & national knowledge exchange including with health and climate (virtual and in-person)
- Continue to maintain and improve knowledge portal and cross linkages
- Strengthened, aligned community of practice

Leadership and coordination: Efforts to date

- **WHO and UNICEF Global Coordination**
  - Develop agenda, with inputs from partners, create and implement systems and service delivering models
  - Track and report progress
- **Global Taskforce on WASH in Health Care Facilities (2021-2023)**
  - Reinforce calls for strong health leadership, including at high level events (e.g. G7)
  - Identify and support countries in unlocking bottlenecks
  - Strengthen engagement and work with existing major global health and WASH funds
- **Engage and influence global health events**
  - Midwifery, Quality of Care/Child and Maternal Health, Primary health care
- **Group of Friends on WASH in HCF**
  - UNGA resolution approved in 2023
  - Cross linkage with other UN processes on AMR, UHC, human rights

Leadership and coordination

Successes

- Political commitment (WHA Resolution, 2019; and UNGA Resolution, 2023)
- Diverse group of committed partners from WASH and Health
- Regional instruments drive technical progress and leadership (e.g. European Protocol on Water and Health)

Challenges

- Integrated implementation with health limited
- Limited joint funding and joint monitoring
- Linking high level and local champions with convincing joint advocacy
- Need more active leadership and engagement from partners and countries

Way forward

- Capacitate trailblazer countries to implement model and inspire others
- Dynamic leaders group; different organizations spearheading topics, feeding into targeted joint products and efforts
- Regional and national summits (e.g. Hungary 2025)

Distillation

Global

- All actors to implement **Global Framework** and use data to inform efforts/investments
- **Commit additional resources** to set higher level indicators and combined monitoring and reporting (WASH + waste + electricity+ climate)
- **Integrate indicators and data** into all health, climate and emergency related plans and investments

Regional/ National

- Support **government implementation** of system and service delivery models through aligned funding and advocacy
- **Sensitize and capacitate government actors** (ministries of health, water/sanitation, local government) to drive implementation
- **Document outcomes** to improve model and drive further investments and actions

Local

- **Engage civil society** to inform designs that meet needs of all users, articulate demands
- **Utilize local expertise, funding and ingenuity**, including identifying cross-linkages

Thank you

World Health Organization

WASH in Health Care Facilities

unicef for every child

Francesco Mitis, WHO

WASH in health care facilities – data update

WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene

mitisf@who.int

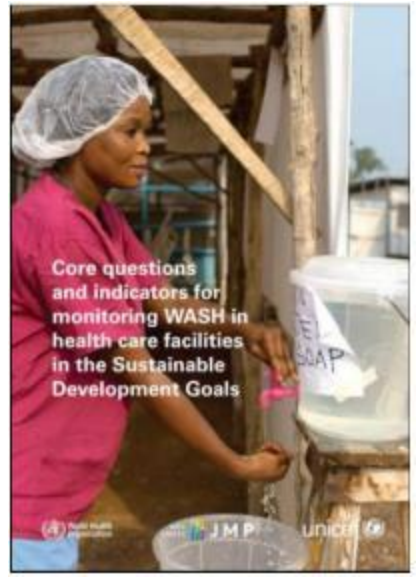
JMP progress report

- Light report (data update)
- Updates and supersedes data in 2022 report
- Draws on data from 700 national sources
- Around 190 country files
- Estimates on water, sanitation, hygiene, waste management and environmental cleaning
  - Total/urban/rural/hospital/non hospital/public/private
- Country consultation process
- Results on www.washdata.org
- Special theme for 2024 report: primary health care
- Use of core questions

JMP service ladders for WASH in health care facilities

SERVICE LEVEL	WATER	SANITATION	HYGIENE	WASTE MANAGEMENT	ENVIRONMENTAL CLEANING
BASIC SERVICE	Water is available from an improved source* on the premises.	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.	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.	Waste is safely segregated into at least three bins, and sharps and infectious waste are treated and disposed of safely.	Protocols for cleaning are available, and staff with cleaning responsibilities have all received training.
LIMITED SERVICE	An improved water source is available within 500 metres of the premises, but not all requirements for a basic service are met.	At least one improved sanitation facility is available, but not all requirements for a basic service are met.	Functional hand hygiene facilities are available either at points of care or toilets but not both.	There is limited separation and/or treatment and disposal of sharps and infectious waste, but not all requirements for a basic service are met.	There are cleaning protocols and/or at least some staff have received training on cleaning.
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.	Toilet facilities are unimproved (e.g. pit latrines without a slab or platform, hanging latrines, bucket latrines) or there are no toilets.	No functional hand hygiene facilities are available either at points of care or toilets.	There are no separate bins for sharps or infectious waste, and sharps and/or infectious waste are not treated/disposed of.	No cleaning protocols are available and no staff have received training on cleaning.

* Improved water sources are those that by nature of their design and construction have the potential to deliver safe water. These include piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water. Improved sanitation facilities are those designed to hygienically separate human excreta from human contact. These include wet sanitation technologies – such as flush and pour-flush toilets connecting to sewers, septic tanks or pit latrines – and dry sanitation technologies – such as dry pit latrines with slabs, and composting toilets.



Core questions document available in five languages here:
https://washdata.org/reports/jmp-2018-core-questions-and-indicators-wash-in-health-care-facilities

World estimates?

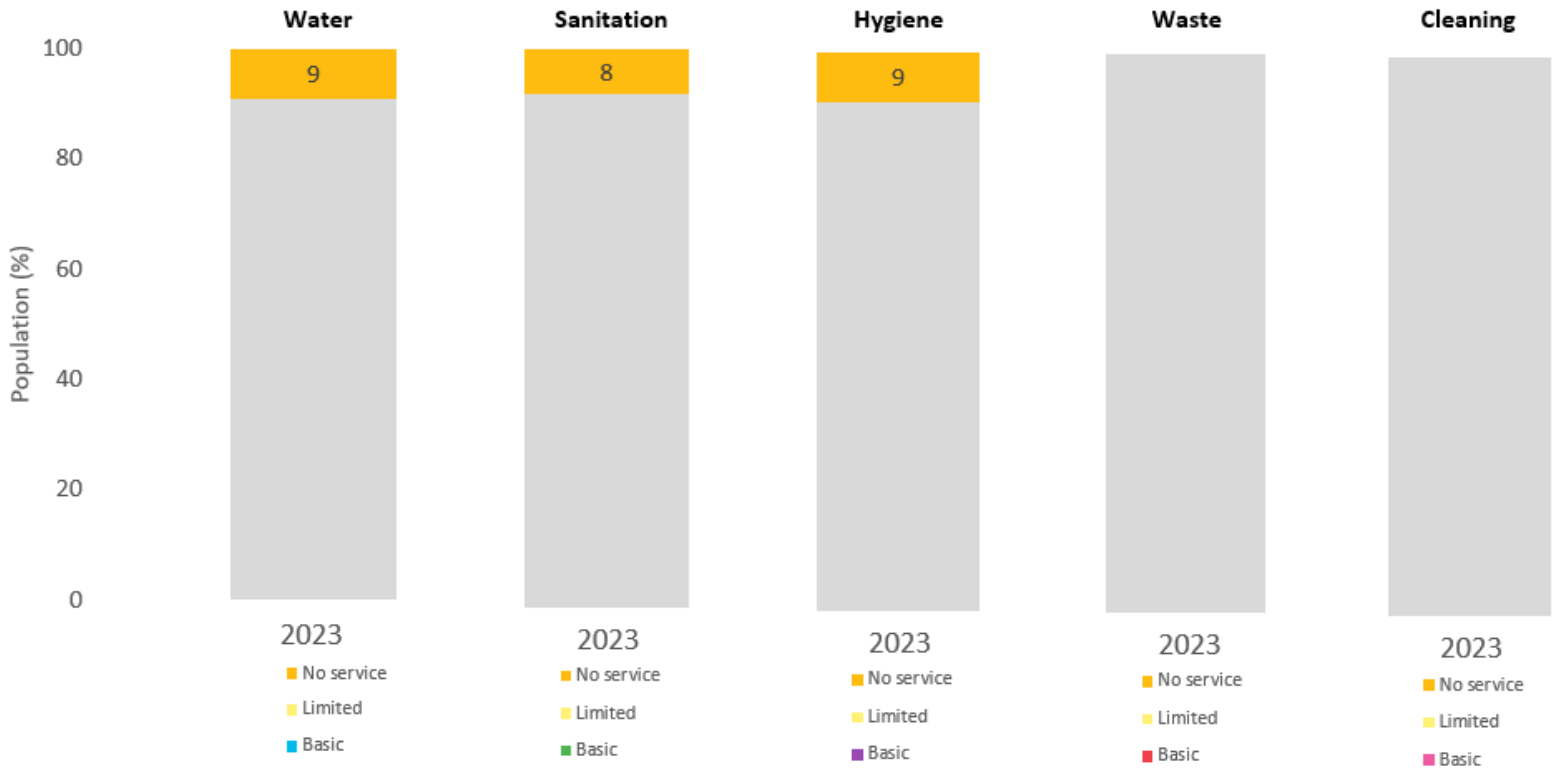


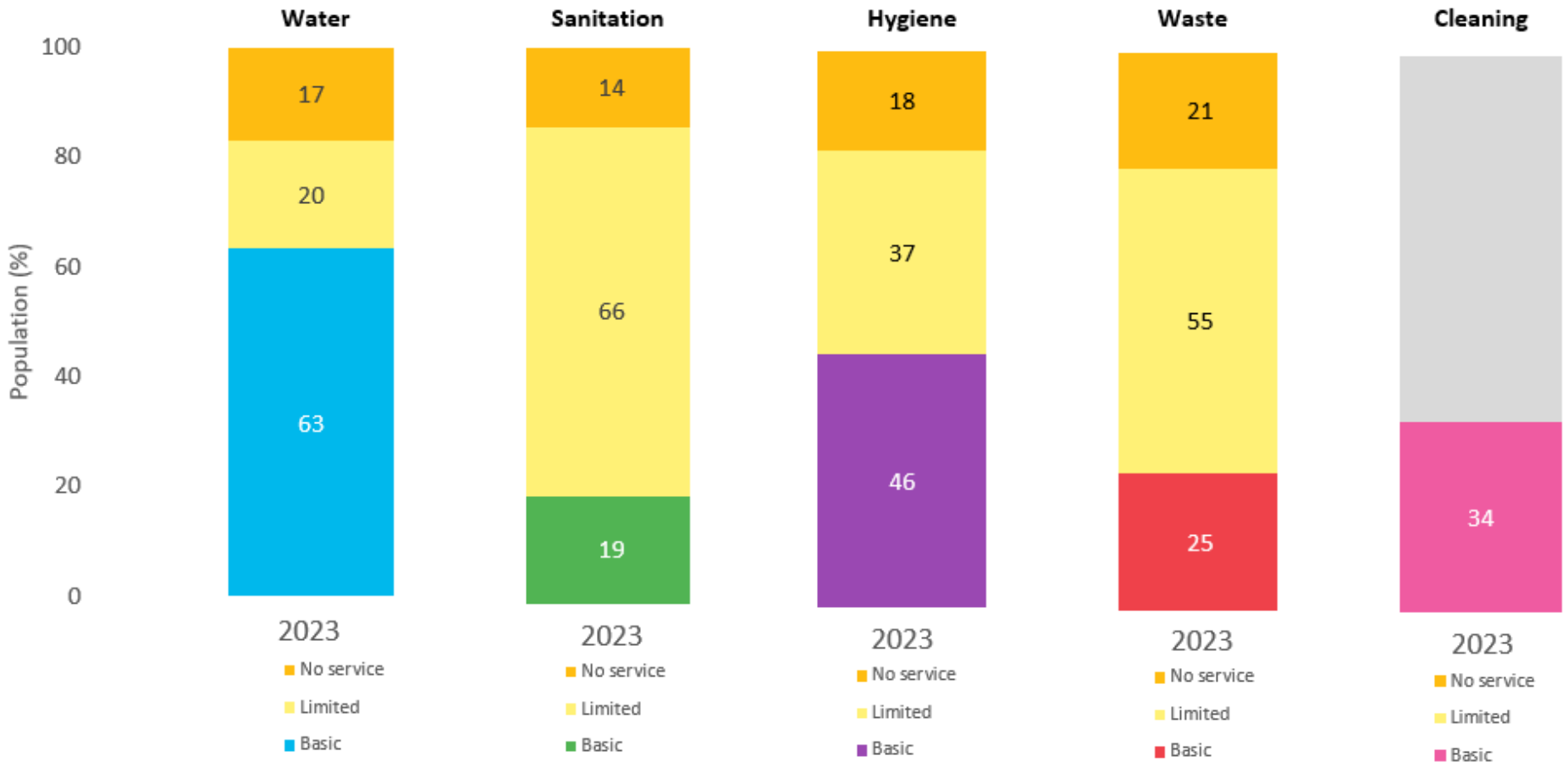
Figure WASH1.1: Global WASH in health care facilities ladders (%), 2023

Source: WHO/UNICEF JMP (2024)

- We had water and hygiene estimates in 2021
- Losing estimates due to China ageing data
  - Only one data source dated 2018
  - JMP rules: extrapolation of max 4 years
- Good news from a couple of SDG regions

Results under embargo until July 2024

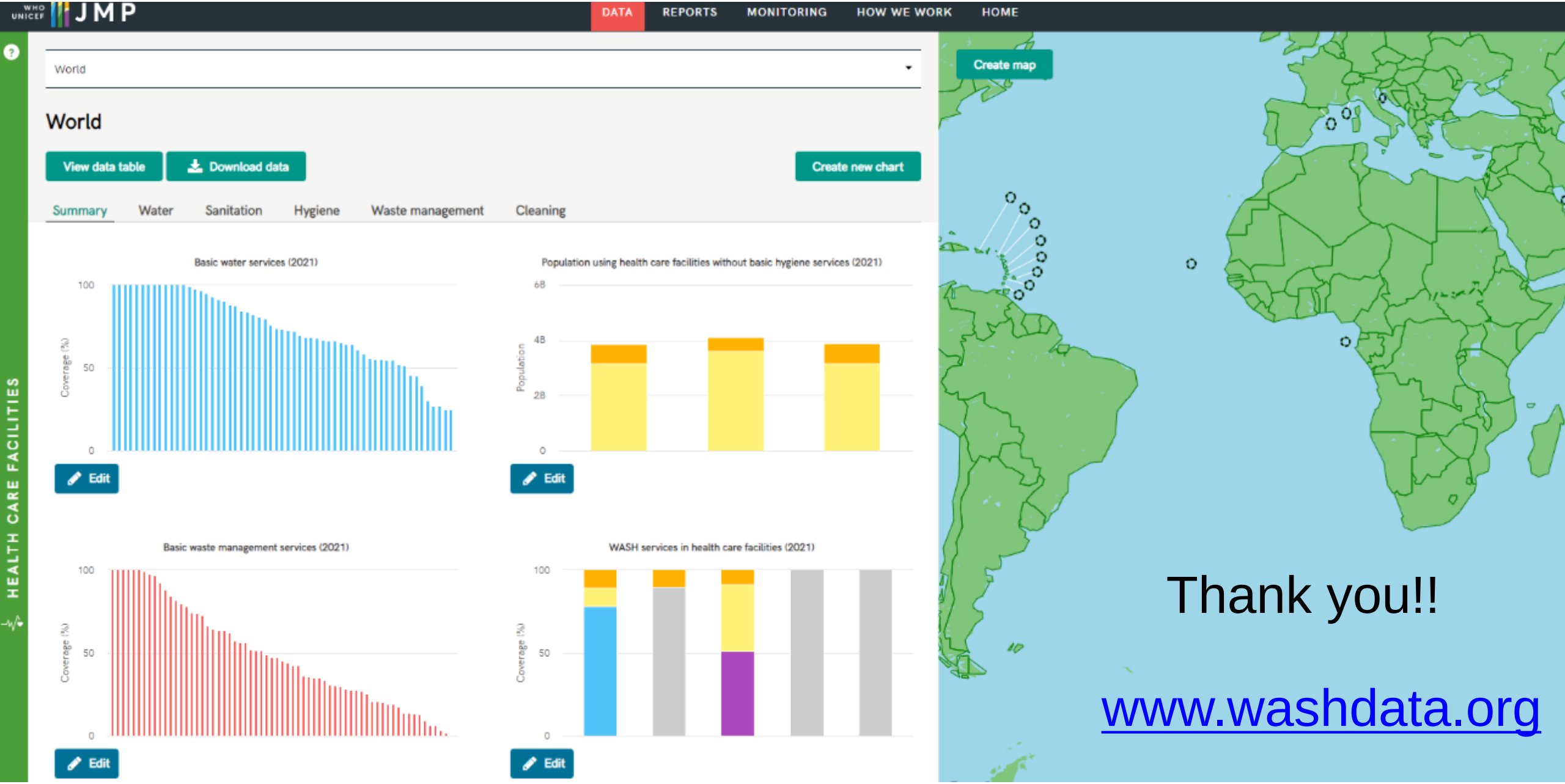
Fragile and extremely fragile countries



Results under embargo until July 2024

Figure WASH1.2: Regional WASH in HCF ladders (%) 2023

Source: WHO/UNICEF JMP (2024)


WHO UNICEF JMP
DATA
REPORTS
MONITORING
HOW WE WORK
HOME
World
World
View data table
Download data
Create new chart
Summary
Water
Sanitation
Hygiene
Waste management
Cleaning
HEALTH CARE FACILITIES
Basic water services (2021)
Coverage (%)
100
50
0
Edit
Population using health care facilities without basic hygiene services (2021)
Population
68
48
28
0
Edit
Basic waste management services (2021)
Coverage (%)
100
50
0
Edit
WASH services in health care facilities (2021)
Coverage (%)
100
50
0
Edit
Create map
Thank you!!
www.washdata.org

World Health Organization

WASH in Health Care Facilities

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Salvatore Vinci & Ranjit Dhiman

Electrification of health care facilities: trends and opportunities

World Health Organization

WASH in Health Care Facilities

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Strategic roundtable on WASH, waste and electricity in health care facilities

High value opportunities to integrate with health

Fundamentals for quality care: Strategic actions to accelerate WASH, waste and electricity services in health care facilities

Session 4. High value opportunities to integrate with health: infection prevention and control

Dr Benedetta Allegranzi
Unit head & technical lead, IPC Unit and Hub, WHO HQ

World Health Organization

23 May 2024

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

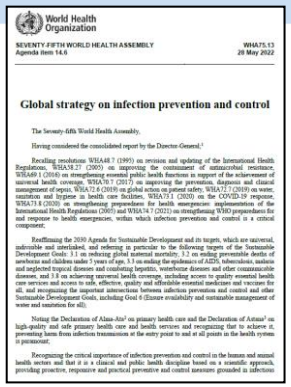
World Health Organization

IPC resolution adoption at 75th WHA

IPC global strategy adoption by EB and WHA 2023

IPC ACTION PLAN BY WHA 2024

MONITORING FRAMEWORK BY WHA 2024


World Health Organization

SEVENTY-FIFTH WORLD HEALTH ASSEMBLY
Agenda item 14.6

WHA75.13
28 May 2022

Global strategy on infection prevention and control

The Seventy-fifth World Health Assembly,

Having considered the consolidated report by the Director-General,[1]

Recalling resolutions WHA48.7 (1995) on revision and updating of the International Health Regulations, WHA58.27 (2005) on improving the containment of antimicrobial resistance, WHA69.1 (2016) on strengthening essential public health functions in support of the achievement of universal health coverage, WHA70.7 (2017) on improving the prevention, diagnosis and clinical management of sepsis, WHA72.6 (2019) on global action on patient safety, WHA72.7 (2019) on water, sanitation and hygiene in health care facilities, WHA73.1 (2020) on the COVID-19 response, WHA73.8 (2020) on strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005) and WHA74.7 (2021) on strengthening WHO preparedness for and response to health emergencies, within which infection prevention and control is a critical component;

Reaffirming the 2030 Agenda for Sustainable Development and its targets, which are universal, indivisible and interlinked, and referring in particular to the following targets of the Sustainable Development Goals: 3.1 on reducing global maternal mortality, 3.2 on ending preventable deaths of newborns and children under 5 years of age, 3.3 on ending the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combating hepatitis, waterborne diseases and other communicable diseases, and 3.8 on achieving universal health coverage, including access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all, and recognizing the important interactions between infection prevention and control and other Sustainable Development Goals, including Goal 6 (Ensure availability and sustainable management of water and sanitation for all);

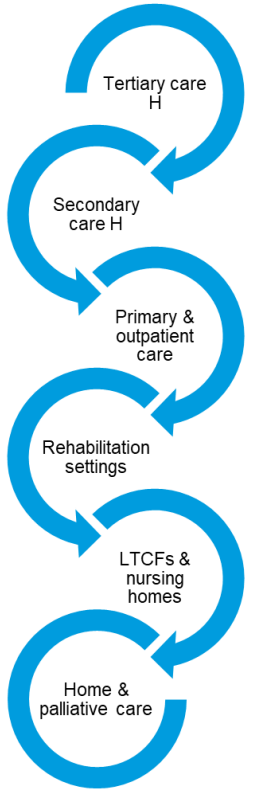
Noting the Declaration of Alma-Ata[2] on primary health care and the Declaration of Astana[3] on high-quality and safe primary health care and health services and recognizing that to achieve it, preventing harm from infection transmission at the entry point to and at all points in the health system is paramount;

Recognizing the critical importance of infection prevention and control in the human and animal health sectors and that it is a clinical and public health discipline based on a scientific approach, providing proactive, responsive and practical preventive and control measures grounded in infectious


Draft global strategy on infection prevention and control

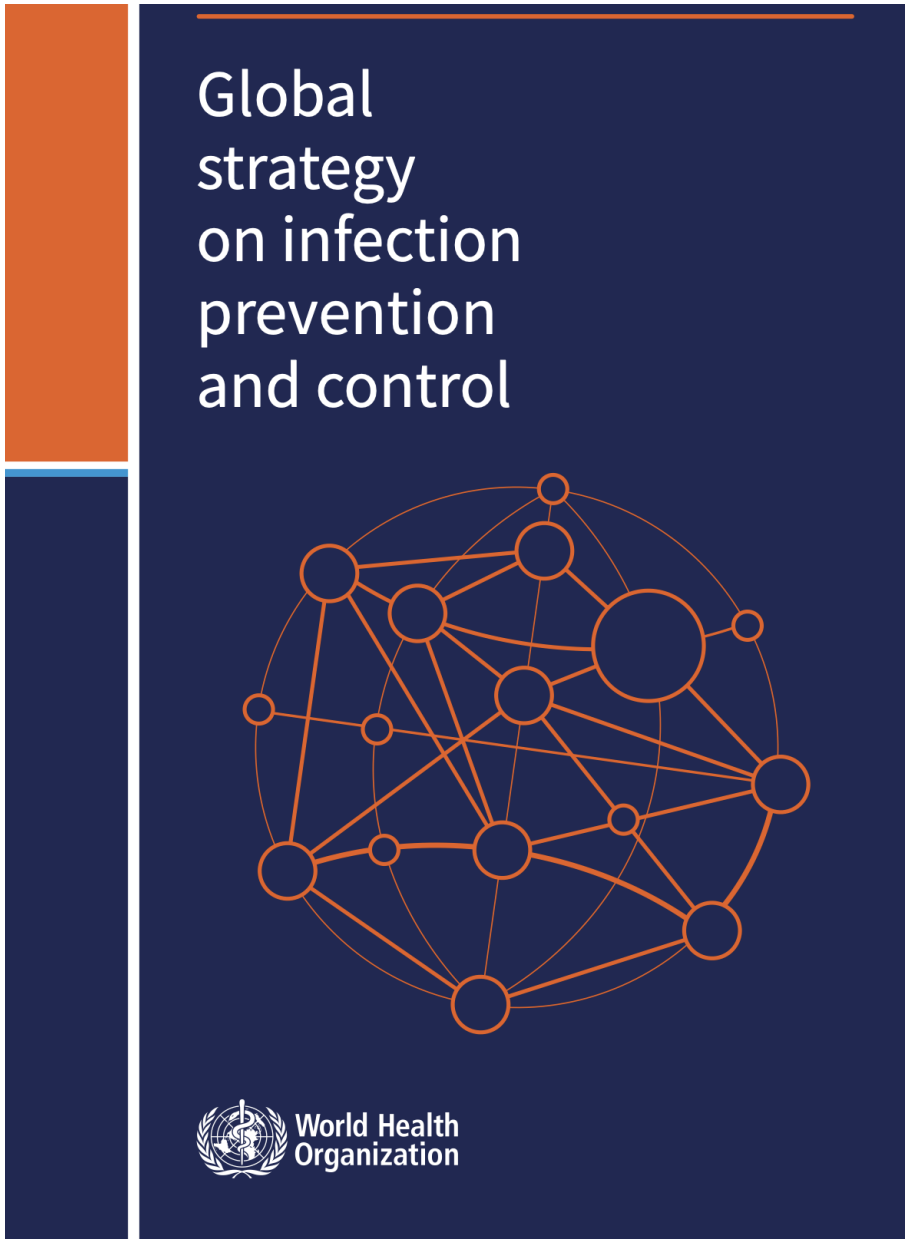
World Health Organization

Version: 28 May 2023



HEALTH CARE WITHOUT AVOIDABLE INFECTIONS

REPORTING ON PROGRESS 2025-2030



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

1 **Political commitment and policies**

2 **Active IPC programmes**

3 **IPC integration and coordination**

4 **IPC knowledge of health and care workers and career pathways for IPC professionals**

5 **Data for action**

6 **Advocacy and communications**

7 **Research and development**

8 **Collaboration and stakeholders' support**

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

From the global strategy to the GAP&MF

World Health Organization

Global Strategy on IPC – 8 Strategic Directions

Global Action Plan & Monitoring Framework

Actions

Indicators

Targets

Global

National

Facility

Theory of Change

WASH in IPC GAP/MF: strategic direction 1 – POLITICAL COMMITMENT AND POLICIES

World Health Organization

Action	Indicator(s)
National level	
Key action 5 **Demonstrate evidence of investment by national authorities in WASH and infrastructure services for health care waste and cleaning and staffing to ensure that all health care facilities have safely managed WASH services to enable IPC practices**	1. Dedicated and sufficient funding allocated at the national level for WASH services and activities

Strategic direction 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** Baseline (2022): 3%

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

World Health Organization

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. 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) 2. Proportion of health facilities meeting all WHO's minimum requirements for IPC at facility level (to be assessed through WHO's IPC portal) 3. 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 targets and related indicators	
***Core target* 6**/top 8 global targets	*Proportion of countries with basic water, sanitation, hygiene and waste services in all health care facilities (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: 78%; sanitation: not determined; hand hygiene: 51%; waste services: not determined

WASH in IPC GAP/MF: strategic direction 3 – IPC INTEGRATION AND COORDINATION

World Health Organization

Action	Indicator(s)
National level	
Action 6 ***Develop and cost national plans for WASH in health care facilities***	1. Costed road maps (that is, national plans) for WASH in health care facilities which include IPC elements available 2. Standards for water, sanitation, hygiene, cleaning and health care waste in health care facilities available

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** Baseline (2022): 63% of countries
Strategic direction 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**

Thank you very much for your attention & thanks to the WHO IPC team

World Health Organization

HEALTH CARE WITHOUT AVOIDABLE INFECTIONS

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

World Health Organization

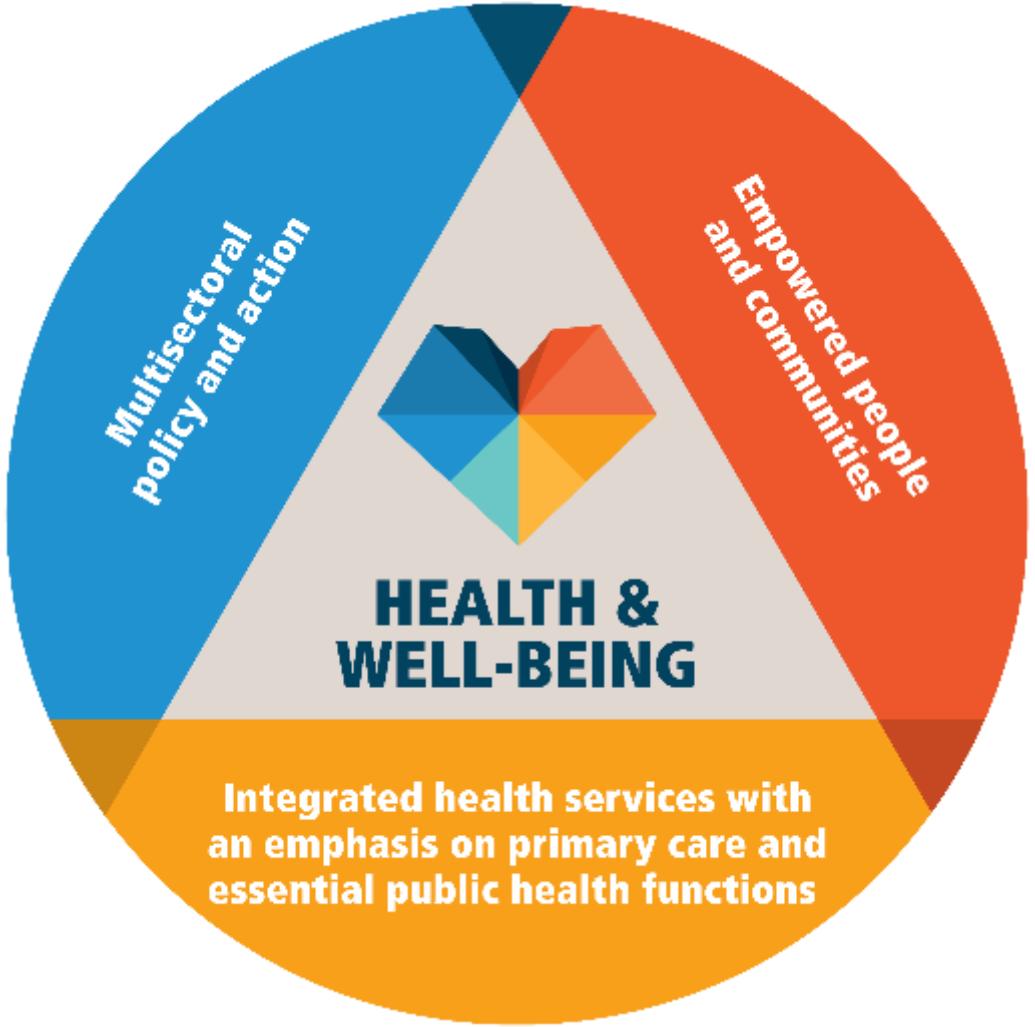
WASH in Health Care Facilities

unicef for every child

Dr Shams Syed

Primary health care

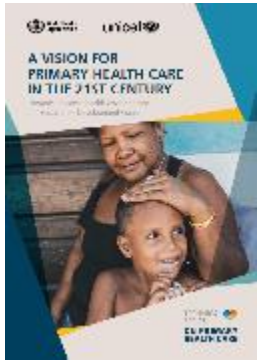
Three components of primary health care



Multisectorality

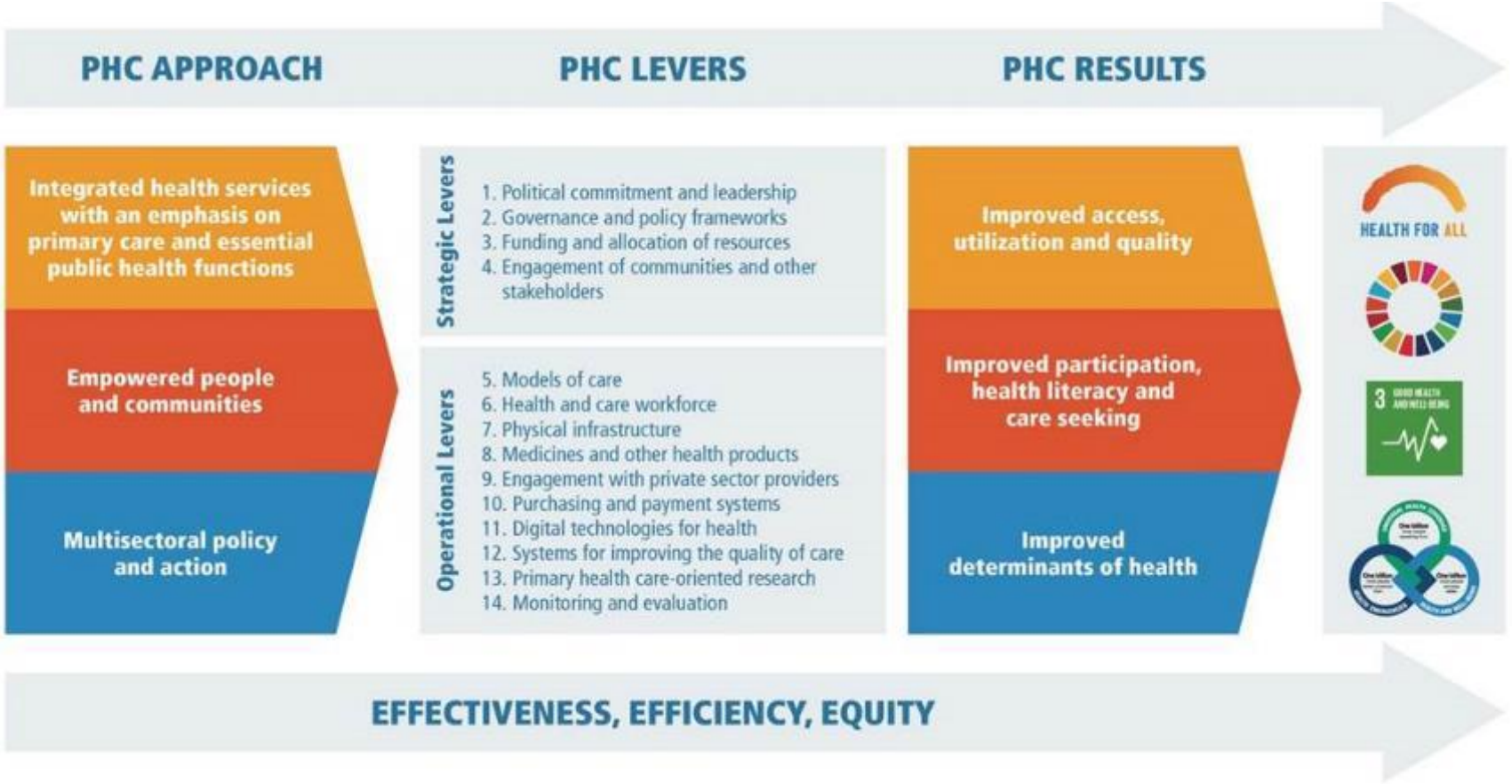
Empowerment

Services



Source: World Health Organization & United Nations Children's Fund (UNICEF). (2018). A vision for primary health care in the 21st century: towards universal health coverage and the Sustainable Development Goals. World Health Organization. https://apps.who.int/iris/handle/10665/328065.

Primary health care presents an important opportunity to drive progress in WASH and energy in health care facilities



Operational Framework for Primary Health Care (who.int)

- Outlines 14 **interdependent** levers needed to translate commitment into **actions and interventions**
- **Lever 7** – physical infrastructure (WASH, energy)
- Can be used **to accelerate progress** into strengthening PHC-oriented systems

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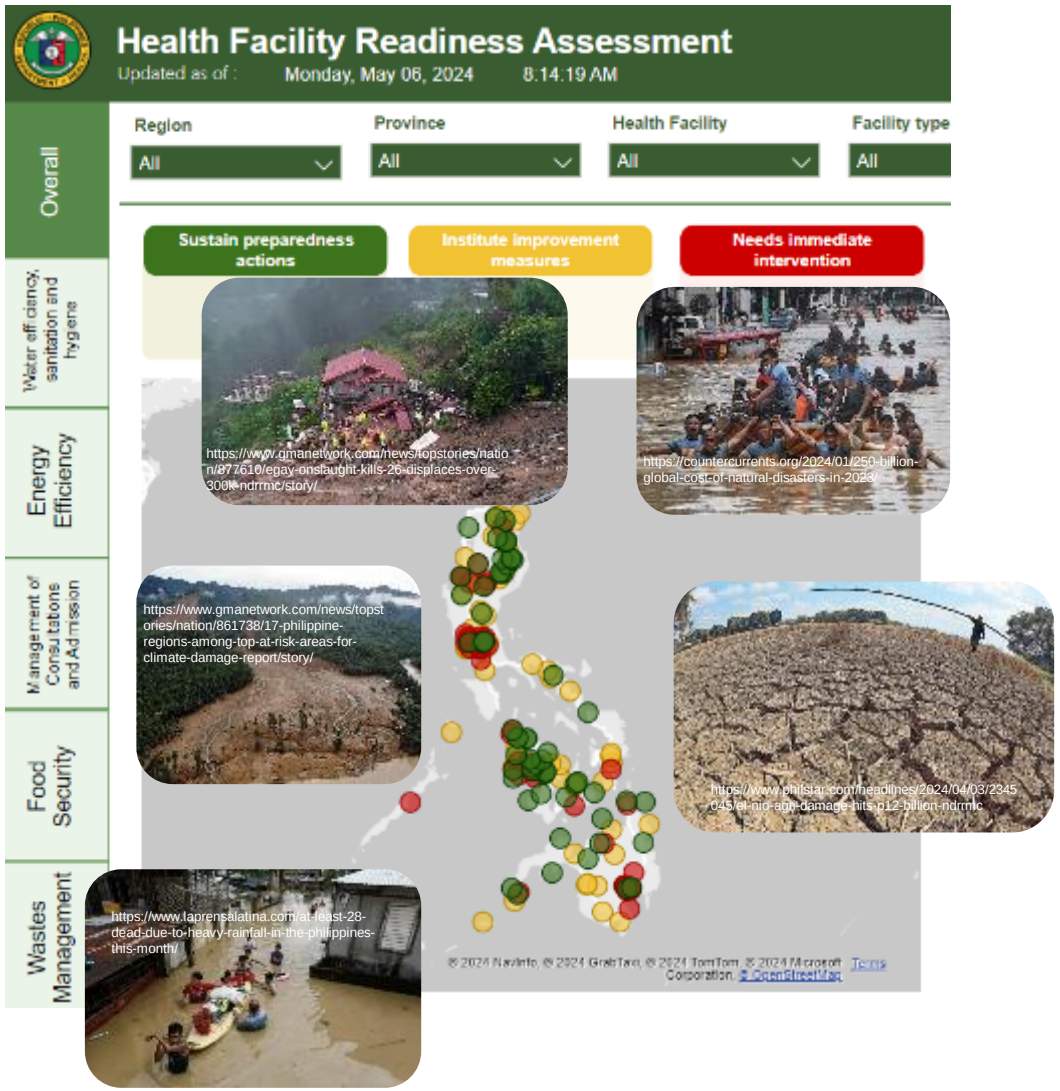
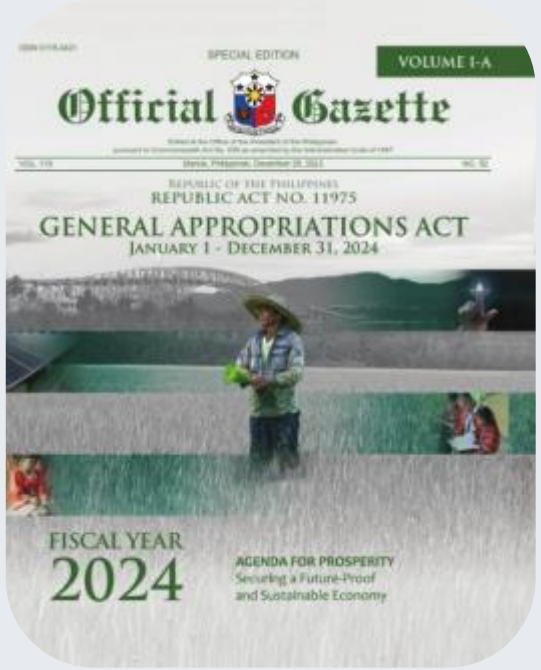
Strengthening Climate Resilient WASH and Electricity for Environmentally Sustainable Health Facilities in the Philippines

Strategic Roundtable on WASH and Waste in Health Care Facilities
23-24 May 2024, WHO HQ, Geneva

Engr. June Philip Ruiz (DOH) &
Engr. Bonifacio Magtibay (WHO)

Green and Safe Health Facilities





Special Provision

Green Health Facilities

The DOH through its Green and Safe Health Facilities Program, shall, as much as possible, promote the greening of hospitals and health facilities

8-Point Action Agenda:

#4 Bawat Komunidad Handa sa Krisis

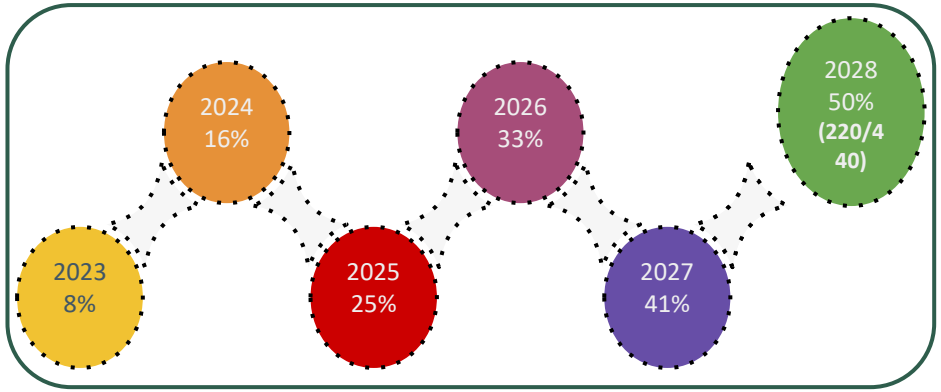
HANDA sa KRISIS

Strategic Objective:

Responsive and Resilient Health System

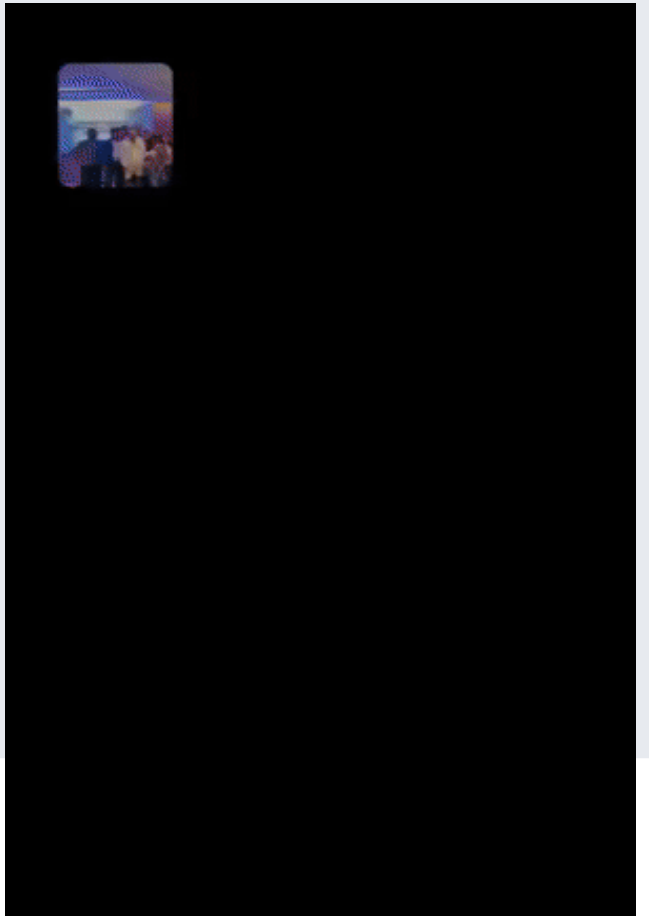
Intervention:

✓ **Climate Resilient and Environmentally Sustainable Health Facilities**



Targets:
Govt hospitals are climate resilient and environmentally sustainable

✓ **Green and Safe Health Facilities Initiatives**



Energy Efficiency and Water, Sanitation and Hygiene

Energy Conservation

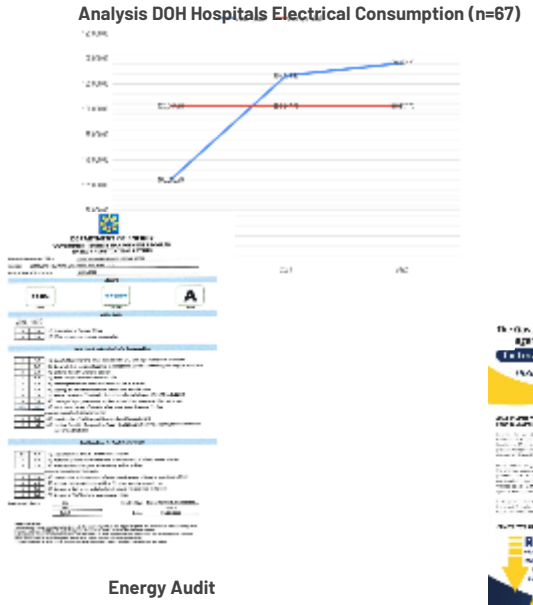
Energy Label and Management

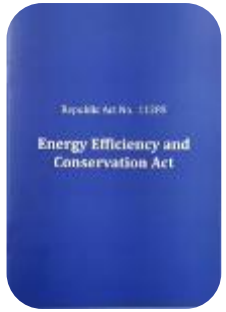
Natural Ventilation and Building Envelop

Water, Sanitation, and Hygiene

Sufficient and Safe Water

Water Management and Discharge





Making Renewable Energy Accessible to Health Facilities

- Compliance to with **Government Energy Management Program**
- **Energy Audit** for Government Hospitals
- **Energy** Efficiency and Conservation **Plan**
- Transition to **Renewable Energy** through Green Energy Option Program

Strengthen Water Efficiency, Sanitation, and Hygiene for HFs

- Location and **Accessibility of water points** within the HFs
- Stable **water supply** over time
- Quality and Quantity of **water available**

WASH → Infection Prevention and Control → Universal Health Care

Investing for Resilience and Sustainability

Solutions in managing climate change to health are constrained by some issues that need to be addressed

Issues	Critical Factors
• Limited Public Awareness • Lack of attention to impacts and solutions • Weak adaptive capacity of health system • Funding gaps	• Policy implementation and sustained commitment • Leadership and governance • Data and evidence • Multisectoral collaboration

In our pursuit to adapt to climate change impacts on our health system, we also need to be cognizant of some critical factors

World Health Organization

unicef

MARAMING SALAMAT!

Healthy Pilipinas, Bawat Buhay Mahalaga!

World Health Organization

unicef

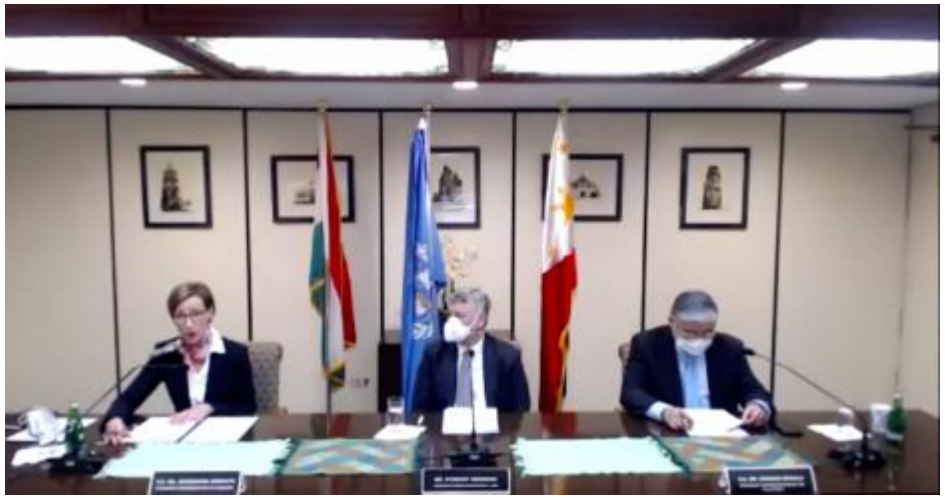
Leadership at the global, regional and national level to strengthen standards and monitoring in Hungary

Márta Vargha
National Center for Public Health and Pharmacy
WHO Collaborating Centre for Environmental Risk Management

Strategic Roundtable on WASH and Waste in Health Care Facilities
23-24 May 2024, WHO HQ, Geneva

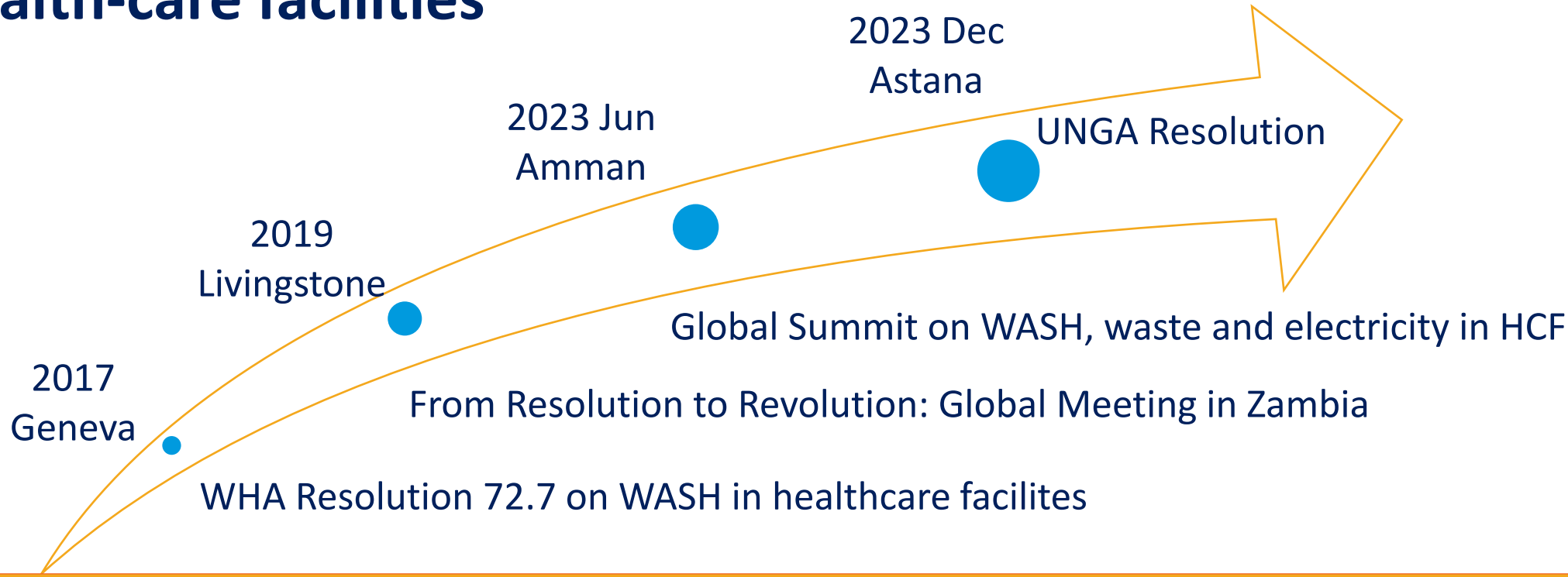
UN Group of Friends on WASH in healthcare facilities

- Co-chaired by the Philippines and Hungary
- Launched in December 2021
- Formed in response to
  - UN Secretary General's Call to Action
  - Resolution of the 72nd WHA
  - Alarming findings of the WHO/UNICEF 2020 Global progress report
- Aims to keep WASH in HCF in the highest political agenda and inspire commitment and accountability in the Member States
- Advocates for WASH in HCF in all political forums
- Initiated the UNGA Resolution



UN 2023 WATER CONFERENCE
NEW YORK 22–24 MARCH 2023

UNGA Resolution on Sustainable, safe and universal water, sanitation, hygiene, waste and electricity services in health-care facilities



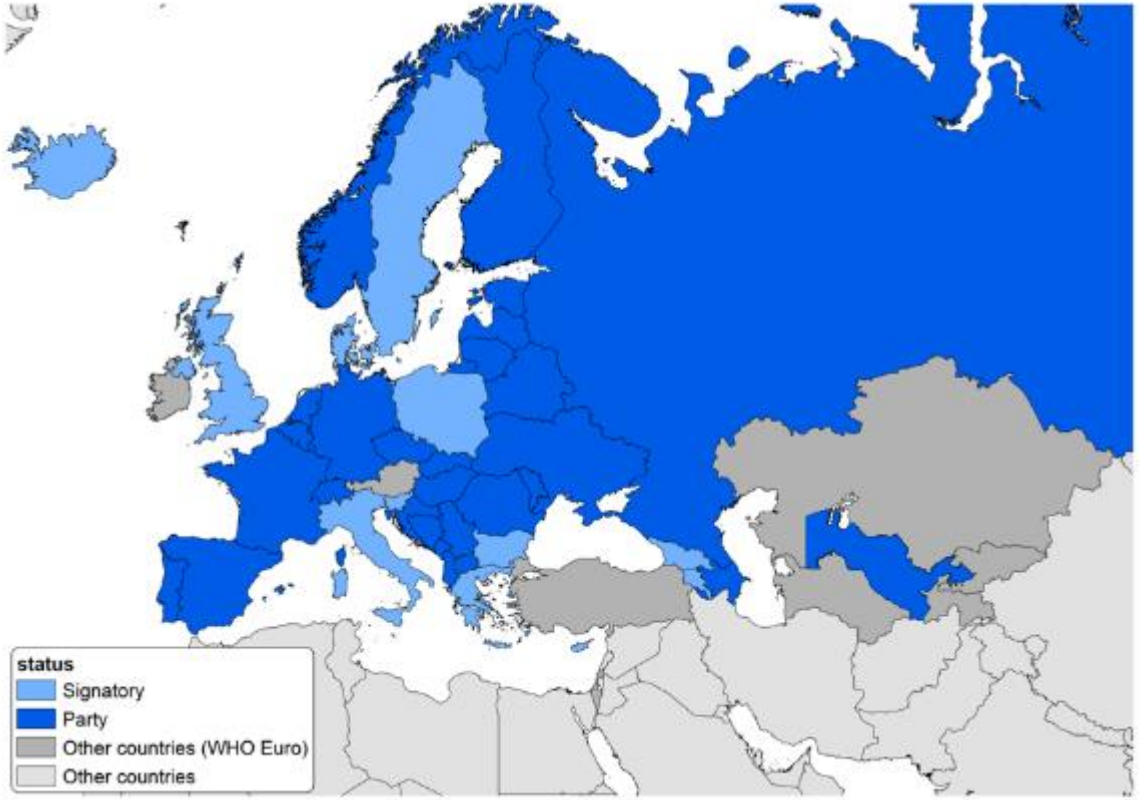
- Integrate WASH, waste and electricity services into health planning, programming, financing and monitoring at all levels
- Regularly monitor and review progress, and strengthen accountability
- Develop and empower the health workforce to deliver and maintain WASH, waste and electricity services, and practice good hygiene

Protocol on Water and Health

- First and only multilateral agreement addressing protection of human health and well-being
- Links sustainable water management with prevention, control and reduction of water-related disease
- 29 parties and 14 signatories in the WHO EURO
- Secratariat: WHO EURO and UNECE
- Programme of work: 9 programme areas

PA 3

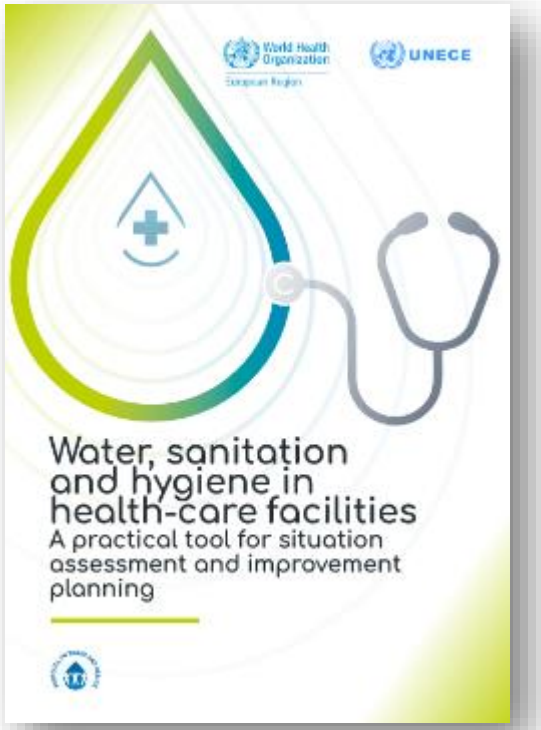
Water, sanitation and hygiene in institutional settings and public places
Lead by GEO, HUN, LTU, MKD, MDA



Tasks related to WASH in HCF

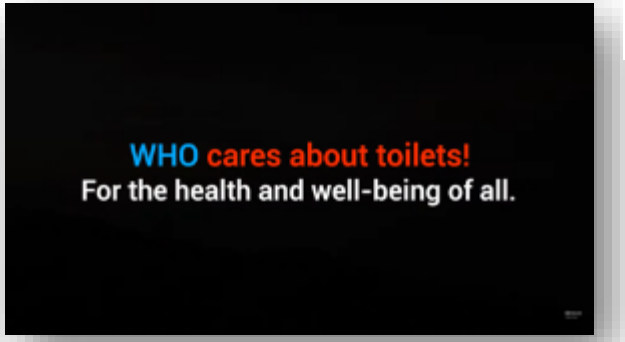
- Facilitate policy dialogue and capacity building through regional or subregional workshops
- Support countries in national baseline assessment and informed action planning, strengthening surveillance and facility-based improvement through the application of the WHO WASH FIT tool

Achievements under the Protocol on Water and Health



- Assessment tool developed under the Protocol (2022)
- Progressive uptake in undertaking comprehensive baseline assessments in Serbia, Montenegro, Hungary, Tajikistan, Georgia, Turkmenistan
- Baseline informs national interventions: infrastructural, behavioral, regulatory, standards, including uptake of the WASH FIT tool

https://www.who.int/europe/multi-media/item/who-cares-about-toilets-in-health-care-facilities



UN 2023 WATER CONFERENCE

SEVENTH MINISTERIAL CONFERENCE ON ENVIRONMENT AND HEALTH

National baseline assessment in Hungary

Enabling environment

Regulations, standards, guidelines

Scientific evidence

Scientific and gray literature, reports

Situation assessment

Questionnaire *survey of secondary and tertiary care institutions*

Key findings

- Regulation covers infrastructural obligations, O&M aspect in guidelines/standards
- Literature focuses on infection control and nosocomial pathogens
- High infrastructural compliance (water, toilets, disinfectant dispensers, electricity saving devices etc.)
- Safe drinking water is available in every facility
- Good waste management practices are in place
- Monitoring and mandatory reporting scheme for nosocomial infections
- Recommendations formulated

Challenges

- Regulation covers most areas, but
  - No requirements on menstrual hygiene management
  - No regulation on HCF WW pre-treatment
- Monitoring: Lack of financing information
- Concerns of Legionella colonisation
- Accessibility and MHM suitable toilets
- Hand hygiene: behaviour change is needed
- Cleaning staff is not available in 24/7 in many HCF

Lessons learnt and way forward

- High level political leadership fosters global action
- Regional instrument provides a platform for knowledge sharing and information exchange
- Survey tool and other resources developed under the Protocol on Water and Health can be also used by countries outside the European Region
- ”Deep dive” national situation analysis provides baseline for action planning on all levels (institutional, local and national)
- Findings were disseminated on various fora to reach different actors (e.g. to public health officers, epidemiologist, infection control staff, healthcare facility higher management)
- Recommendations include development of national advanced level indicators
  - *Legionella* prevention and control
  - Accessible toilets in every ward
  - Environmental cleaning accompanied by efficiency evaluation

Thank you for your attention!

WASH in Health Care Facilities

World Health Organization

unicef for every child

Scaling up climate smart waste solutions in health care facilities in Nepal

Nepal

Upendra Dhungana, Senior Public Health Administrator
Chief, Env. Health &HCWM section
Department of Health Services

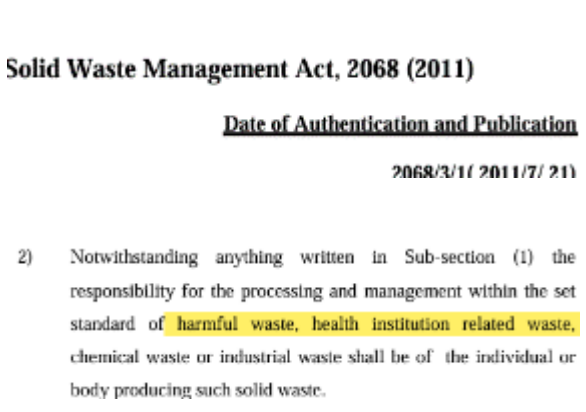
Strategic Roundtable on WASH and Waste in Health Care Facilities
23-24 May 2024, WHO HQ, Geneva

A Missed Opportunity

Source: NHRC conference 2024 paper “An experience on HCWM intervention of 13 hospitals”

What is there?

Legal provisions

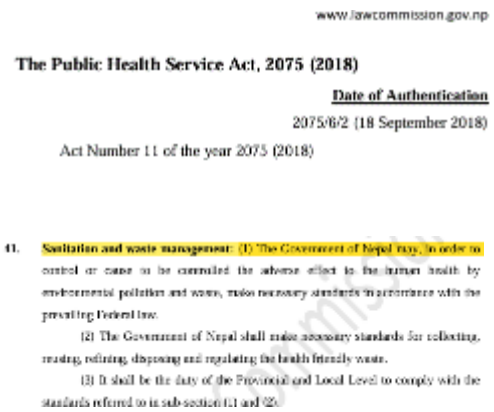


Solid Waste Management Act, 2068 (2011)

Date of Authentication and Publication

2068/3/1(2011/7/ 21)

2) Notwithstanding anything written in Sub-section (1) the responsibility for the processing and management within the set standard of harmful waste, health institution related waste, chemical waste or industrial waste shall be of the individual or body producing such solid waste.



www.lawcommission.gov.np

The Public Health Service Act, 2075 (2018)

Date of Authentication

2075/6/2 (18 September 2018)

Act Number 11 of the year 2075 (2018)

11. Sanitation and waste management: (1) The Government of Nepal may, in order to control or cause to be controlled the adverse effect to the human health by environmental pollution and waste, make necessary standards in accordance with the prevailing Federal law.

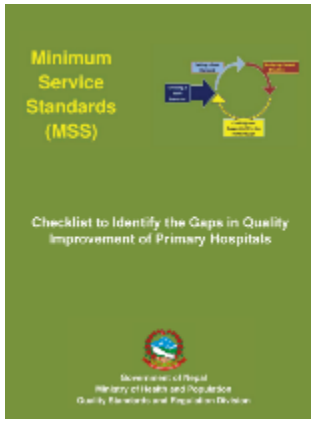
(2) The Government of Nepal shall make necessary standards for collecting, reusing, refining, disposing and regulating the health friendly waste.

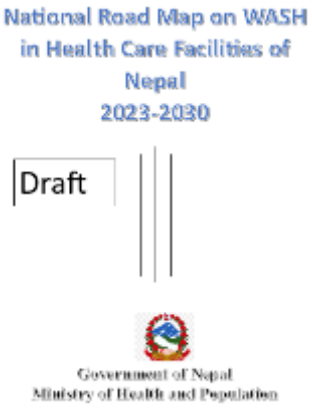
(3) It shall be the duty of the Provincial and Local Level to comply with the standards referred to in sub-section (1) and (2).

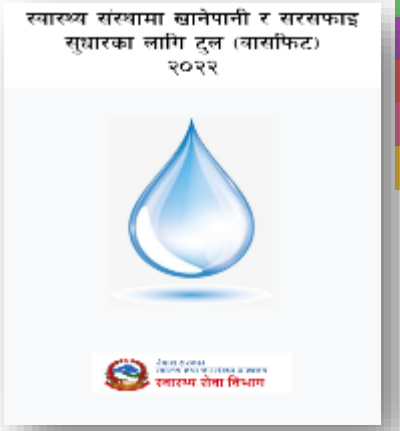
Nepal Gazette

Public Health Service Regulations, 2020

11. Related to management of health related and other waste
12. Related to drinking water, sanitation, electricity supply, gas maintenance







Engaging leaders and stakeholders

First National workshop by MoHP in Dec 2019 - 12 points collaborative actions to work on HCWM.

Utmost level of commitment to prohibit burning of healthcare waste at 1,400 HFs by 2030

Provincial level dissemination of standards and SOPs

- Larger Facilities (Hospitals)
  - ✓ Chair of the Health Facility Operation and Managemen
  - ✓ Chief or Director of the HCF (Chair)
  - ✓ Department Heads
  - ✓ Nursing chief
  - ✓ Waste Management Officer / Trained Focal Person
  - ✓ Head House Keeping
  - ✓ Representative from cleaning staff
- Smaller Facilities (Health Post, clinics and others)
  - ✓ Chair/ Representative from HFOMC
  - ✓ Chief of the HCF
  - ✓ Technical staff / Trained focal person
  - ✓ Support staff (cleaners and workers)

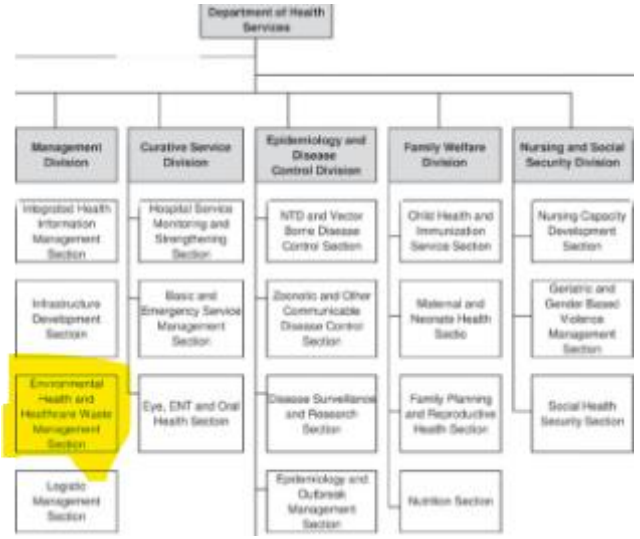
Steering committees and TWGs including members from different Health Development Partners.

Integration of HCW to municipal waste stream for promotion of non-burn technology and reduction of burden for landfill site

Operation and Maintenance policy and matching funds in some Local level.

What have been the key enablers of success?

- **Dedicated section** under Department of Health Services
- Endorsement of the **National SOP** for HCWM 2020
- **Minimum Service Standards (MSS)** by MOHP sets out HCWM indicators
- Development of Integrated **training packages** on HCWM, WASH and Environmental Health
- Focused **onsite coaching, monitoring** and implementation support to the hospitals
- Effective **Leadership** of Hospitals/Health Facilities
- Use of **COVID 19 response funds**
- **TA** from National and International level
- Significant **collaboration among partners**



Approaches

- Assessment of hospital readiness to HCWM, WASH and IPC

Detailed Assessment

Infrastructure development and equipment supply

- Refurbishment/construction of HCWM treatment center
- Supply and installation of equipment and utility (Autoclave, medication trolley, bins, etc.)

HCWM Intervention

- MToT, hospital-based training
- HCWM model ward setup and replication
- Structured data recording and reporting
- Regular validation and maintenance of autoclave
- BCC for good practices

Evaluation and Follow Up

- Monitoring and onsite coaching

STEP-1 Onsite orientation

STEP-2 Bucket cleaning and coding

STEP-3 Waste generation record of 7-consecutive days

STEP-4 Proper waste segregation for 7-consecutive days

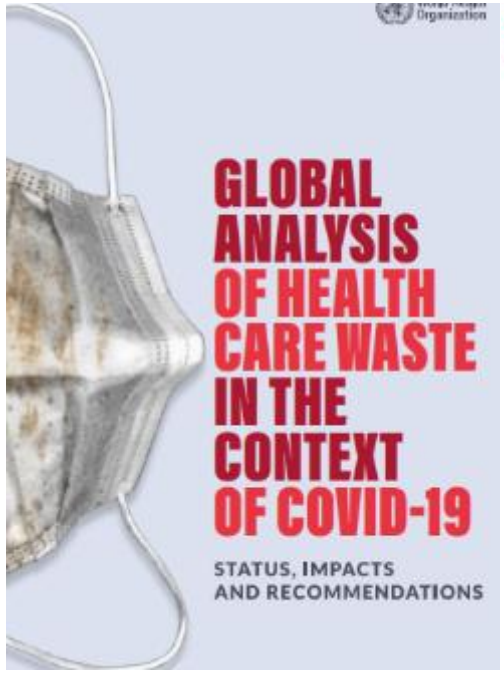
STEP-5 Data Analysis

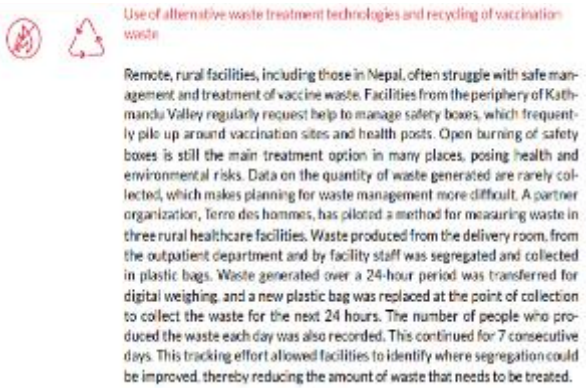
STEP-6 Implementation plan development

Results

NEPAL

Use of alternative waste treatment technologies and recycling of vaccination waste





Use of alternative waste treatment technologies and recycling of vaccination waste

Remote, rural facilities, including those in Nepal, often struggle with safe management and treatment of vaccine waste. Facilities from the periphery of Kathmandu Valley regularly request help to manage safety boxes, which frequently pile up around vaccination sites and health posts. Open burning of safety boxes is still the main treatment option in many places, posing health and environmental risks. Data on the quantity of waste generated are rarely collected, which makes planning for waste management more difficult. A partner organization, Terre des hommes, has piloted a method for measuring waste in three rural healthcare facilities. Waste produced from the delivery room, from the outpatient department and by facility staff was segregated and collected in plastic bags. Waste generated over a 24-hour period was transferred for digital weighing, and a new plastic bag was replaced at the point of collection to collect the waste for the next 24 hours. The number of people who produced the waste each day was also recorded. This continued for 7 consecutive days. This tracking effort allowed facilities to identify where segregation could be improved, thereby reducing the amount of waste that needs to be treated.

Segregation

Transportation

Treatment

Post Rx

Budgeting and advocacy to improve water, sanitation, and hygiene in healthcare facilities: a case study in Nepal

January 2024

January 2024

DOI:10.1101/2024.01.29.24301941

Storage/Resource recovery

Disposal

Data and quality assurance

OSH

Barrier of success/ sustainability

Inadequate tech. knowledge of Health sector/ Lack of Dedicated HR

Insufficient budget for WTC construction, O&M

No budget health WASH/HCWM

Integration of HCW with municipal waste system at scale

No HCW data M&E through HMIS

Scrap tax, expand scope of recycling waste

Replication of HCWM good practices to basic/ rural HFs

What next?

Scale up

01

To basic level health facilities for healthcare waste management

Financing

02

Financing Costed Roadmap to meet SDG for WASH in Healthcare Facilities

Technology

03

Cheaper and climate smart Non-burn techniques for HCWM can be replicated to make the technology more accessible to LMICS

Guidelines

04

Hub cutters at vaccination sites
Expired COVID 19 vaccine management

Evidence/advocacy

05

Comparison of different methods including Non burn in addition to existing WHO guideline and recommendation

Complex Waste Solutions

06

Sustainable management of liquid healthcare waste and pharmaceutical waste with environment friendly technologies..

Three global recommendations/way forward

Recommendation 1: Integrate WASH, waste management, and electricity access into health system planning, programming, financing, implementation and monitoring at all levels.

- Applying WASHFIT and Minimum service standards tools
- Promote non burn technology of healthcare waste at 1,400 HFs by 2030 as per 2nd NDC
- Estimation of Greenhouse gas from health sector and reduction plan

Recommendation 2: Regularly monitor and review progress, and strengthen accountability

- Integration with HMIS, including healthcare waste indicators
- Strengthen leadership of local government

Recommendation 3: Develop the workforce by training and mentoring for practising good hygiene, carrying out safe cleaning and waste practices and support management and maintenance of safe WASH, waste and electricity services.

- Basic training and onsite coaching to health workers
- O and M manual development/ training and hands on coaching to operator for Autoclave and Microwave

Thank You

World Health Organization

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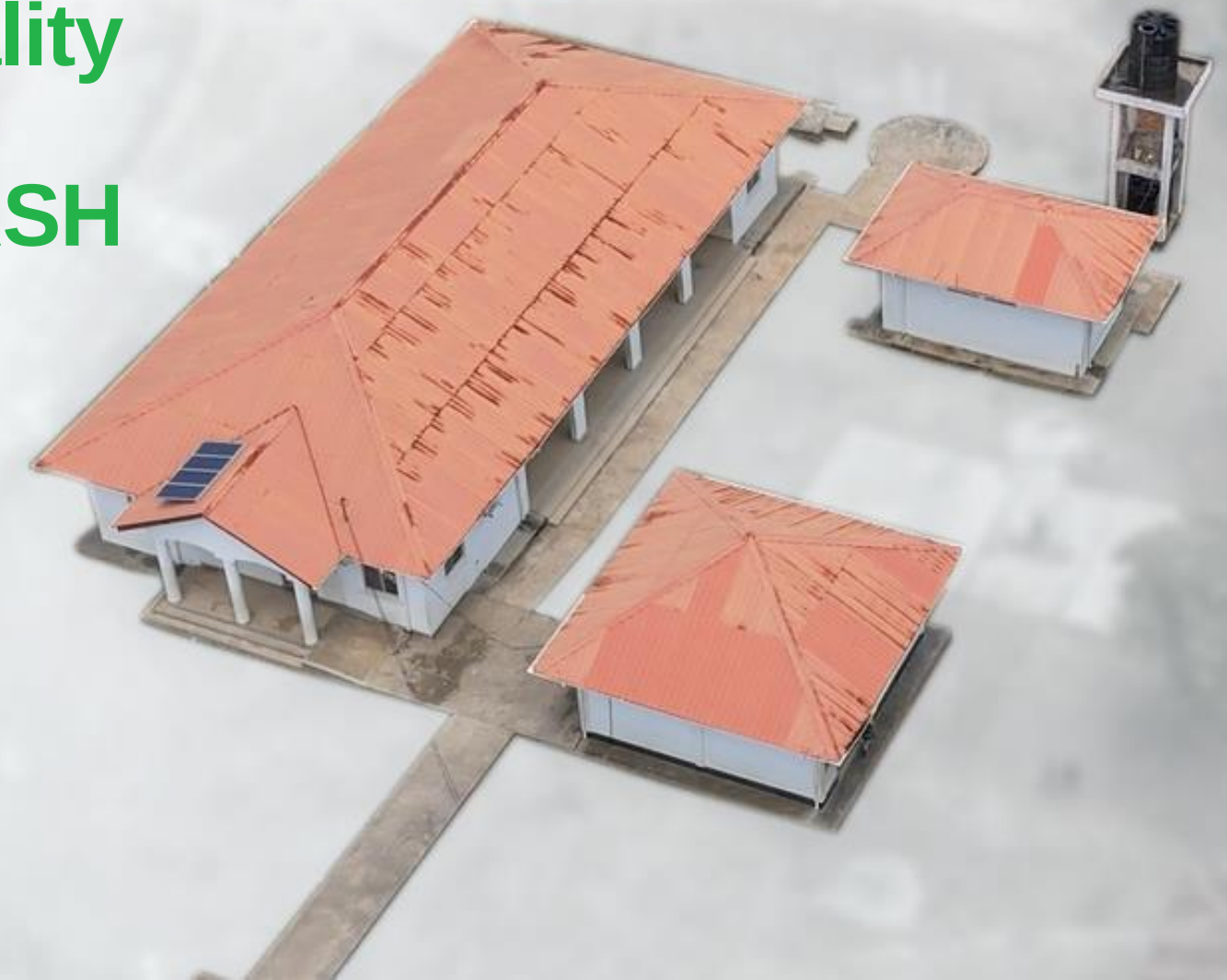
Supporting better quality of care in Tanzania through improved WASH and electricity

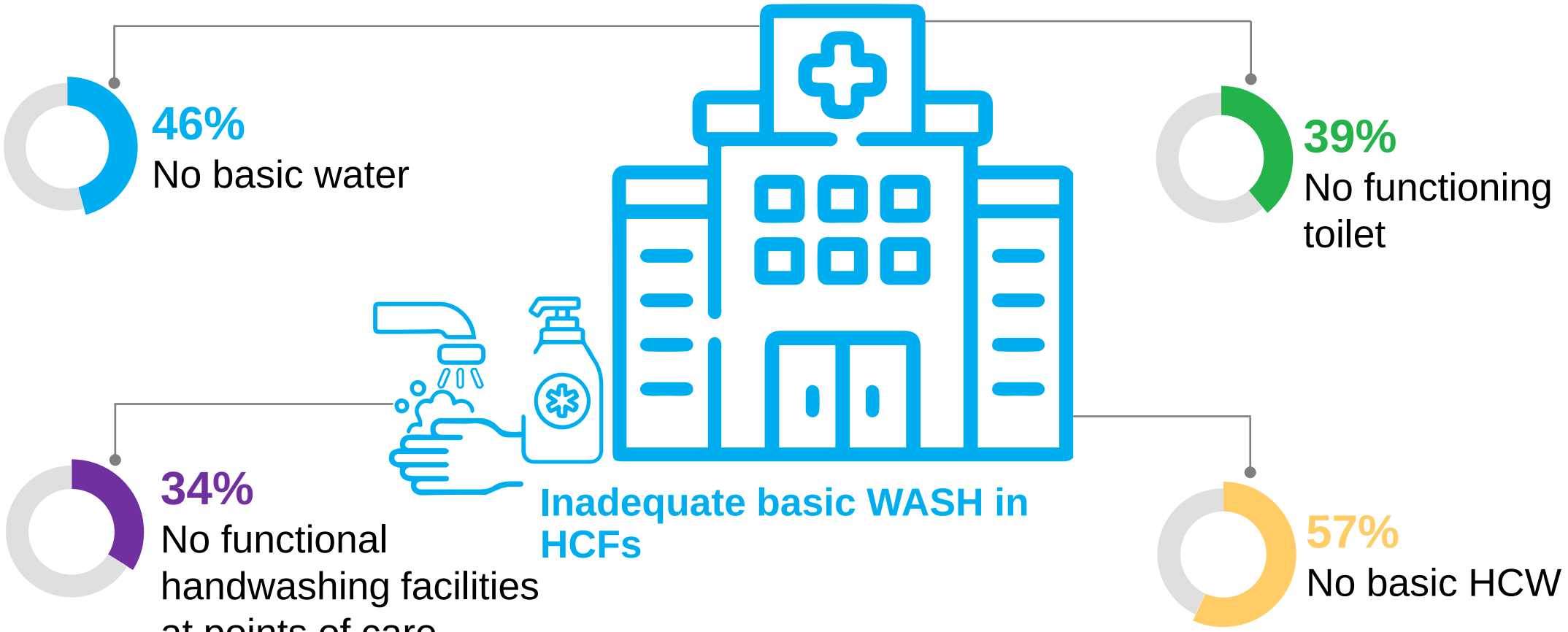
Strategic Roundtable on WASH, Waste and Electricity in Health Care Facilities

23–24 May 2024, WHO HQ, Geneva



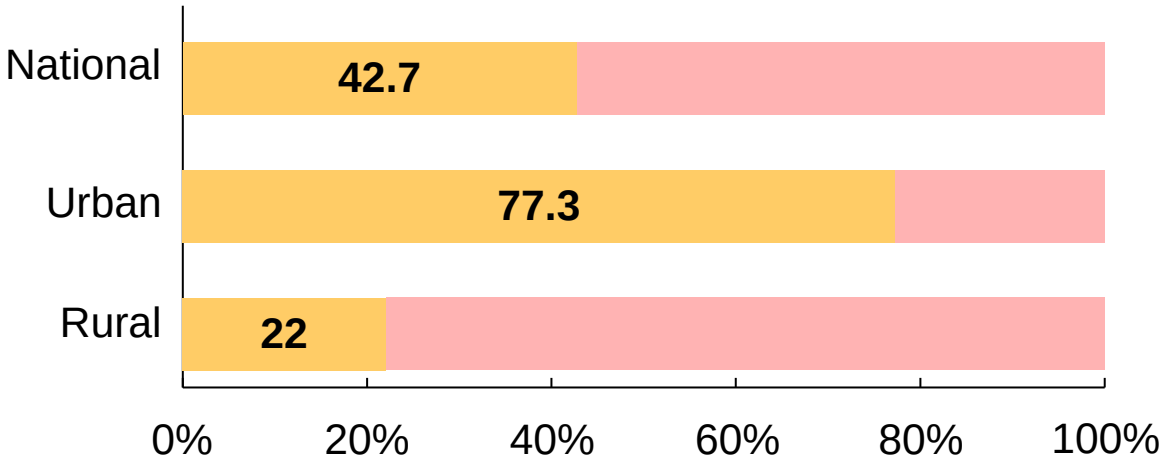
WASH – a fundamental building block, BUT…

Remains shockingly inadequate in most health care facilities (HCFs) in Tanzania

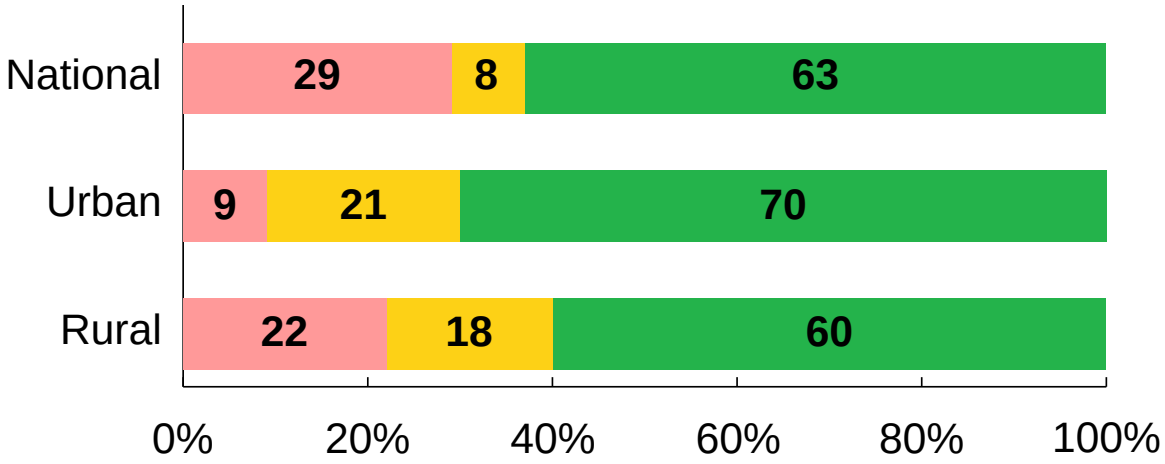


Access to electricity

Population with access to electricity



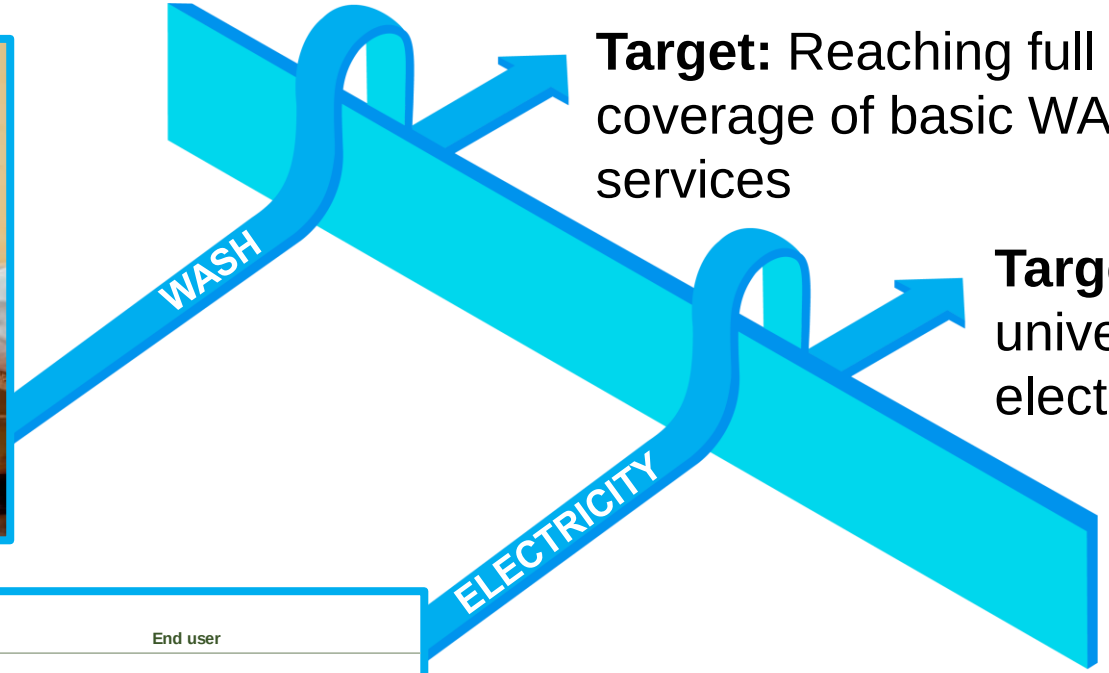
HCFs with access to electricity*



Source: WHO, 2022

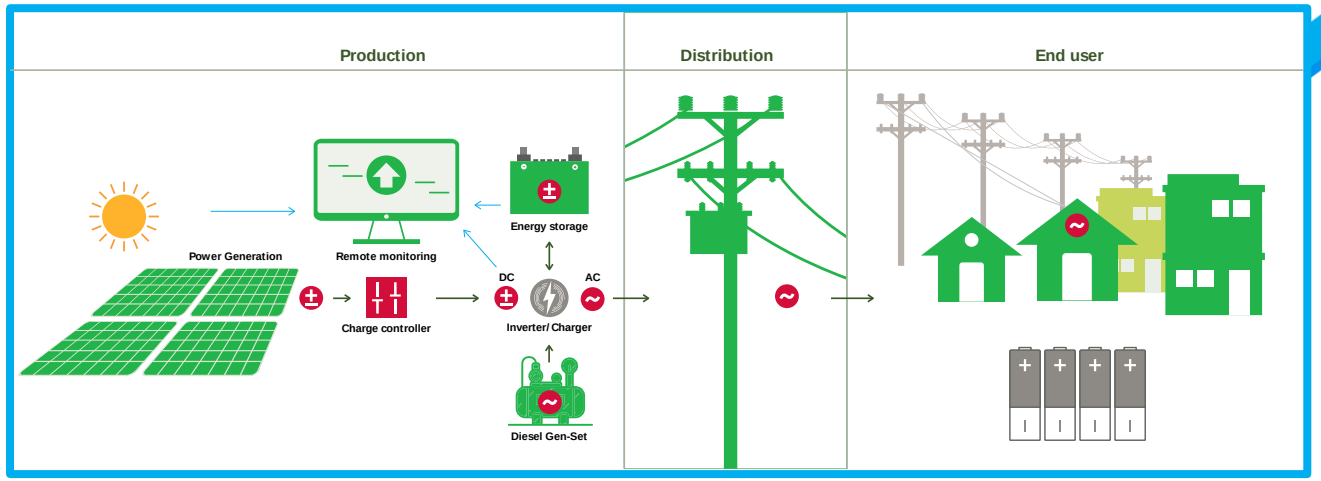
- Connectivity rate: **37.7%**
- Electricity connection: **Half** of the population
- **Significant efforts** ongoing to increase access to electricity

Challenge ahead: Achieving targets in HCFs by 2030



Target: Reaching full coverage of basic WASH services

Target: Accelerating universal access to electricity

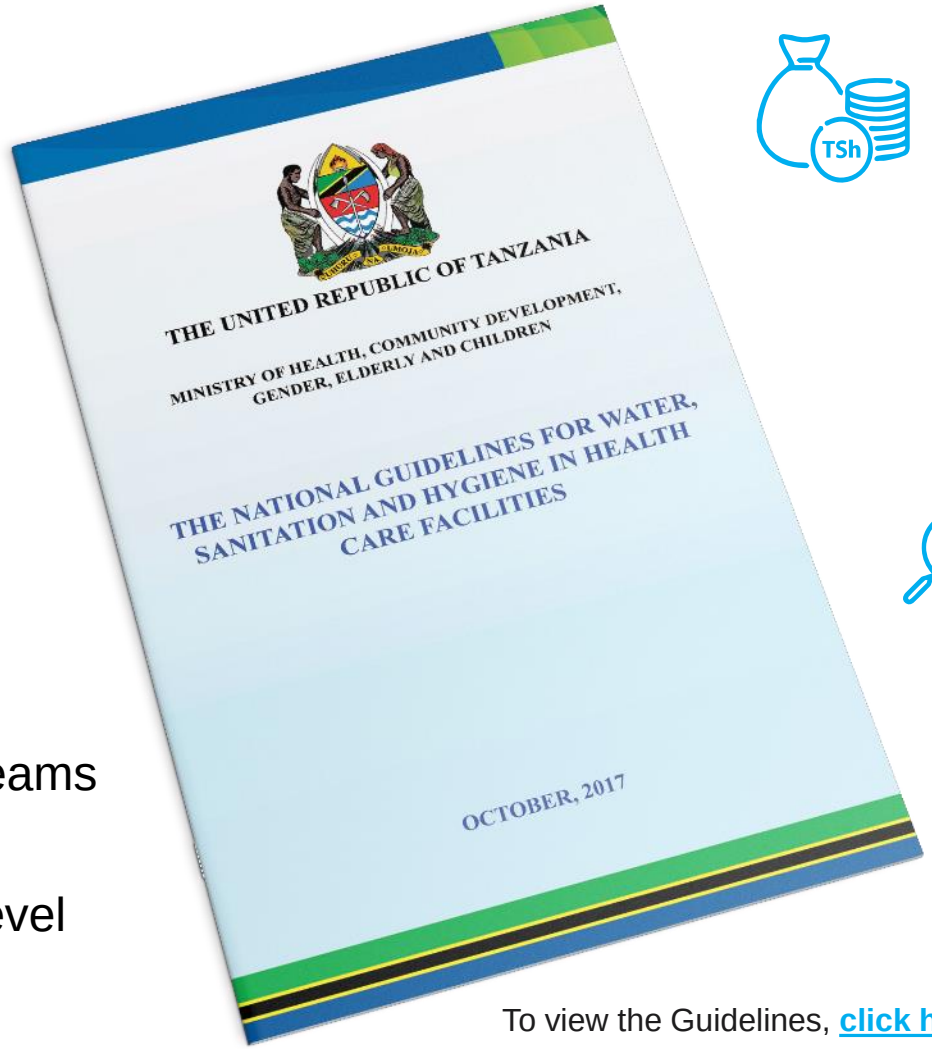


Actions towards better **WASH** and electricity in HCFs

National guidelines and standards for WASH and HCW in HCFs developed and rolled-out

WASH FIT adapted and applied:

- National ToT, 14 regional teams and 43 district teams
- Implementation at facility level



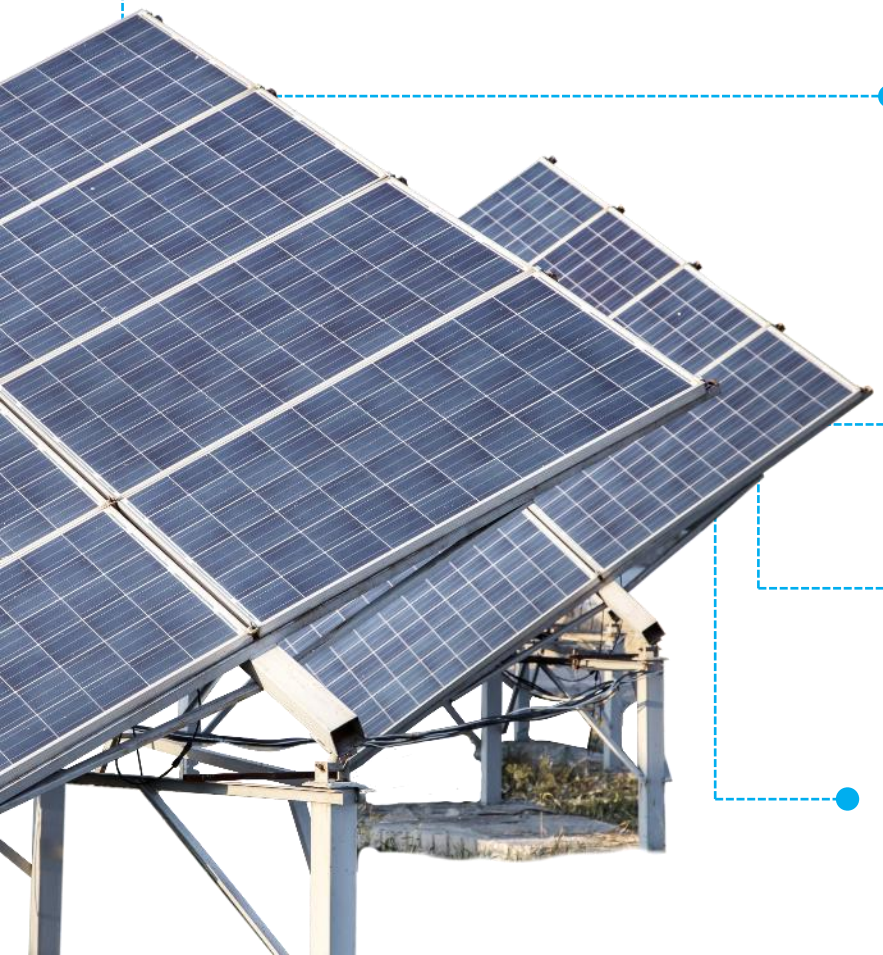
To view the Guidelines, click here

WASH in health care facilities **financed through National WASH Programme (WSDP)**

National assessment of WASH in HCFs underway to inform development of the roadmap and strengthen monitoring

Actions towards better WASH and **electricity** in HCFs

Goal = **universal access to modern energy services by 2030**



Opportunities for private sector in the generation and distribution of electricity

- SPPs below 1MW do not need a licence, but need to register
- SPPs below 100kW can charge approved cost reflective tariffs

Tax exemption on solar & wind products

Establishment of **rural energy fund via rural energy agency** – accelerated electrification of rural institutions

Tanzania Rural Electrification Expansion Program (TREEP) – enabled new connection of over 1,600 HCFs (2018–2023)

Obstacles

Inadequate financing for WASH and electricity in HCFs

Rural–urban disparities in access to electricity and WASH services

Rapid growth in urban population

Lack of reliable data for planning and monitoring

Neglected O&M of the existing infrastructure

Unclear responsibilities and limited coordination among key institutions

Limited availability of grid electricity

Recommendations for WASH

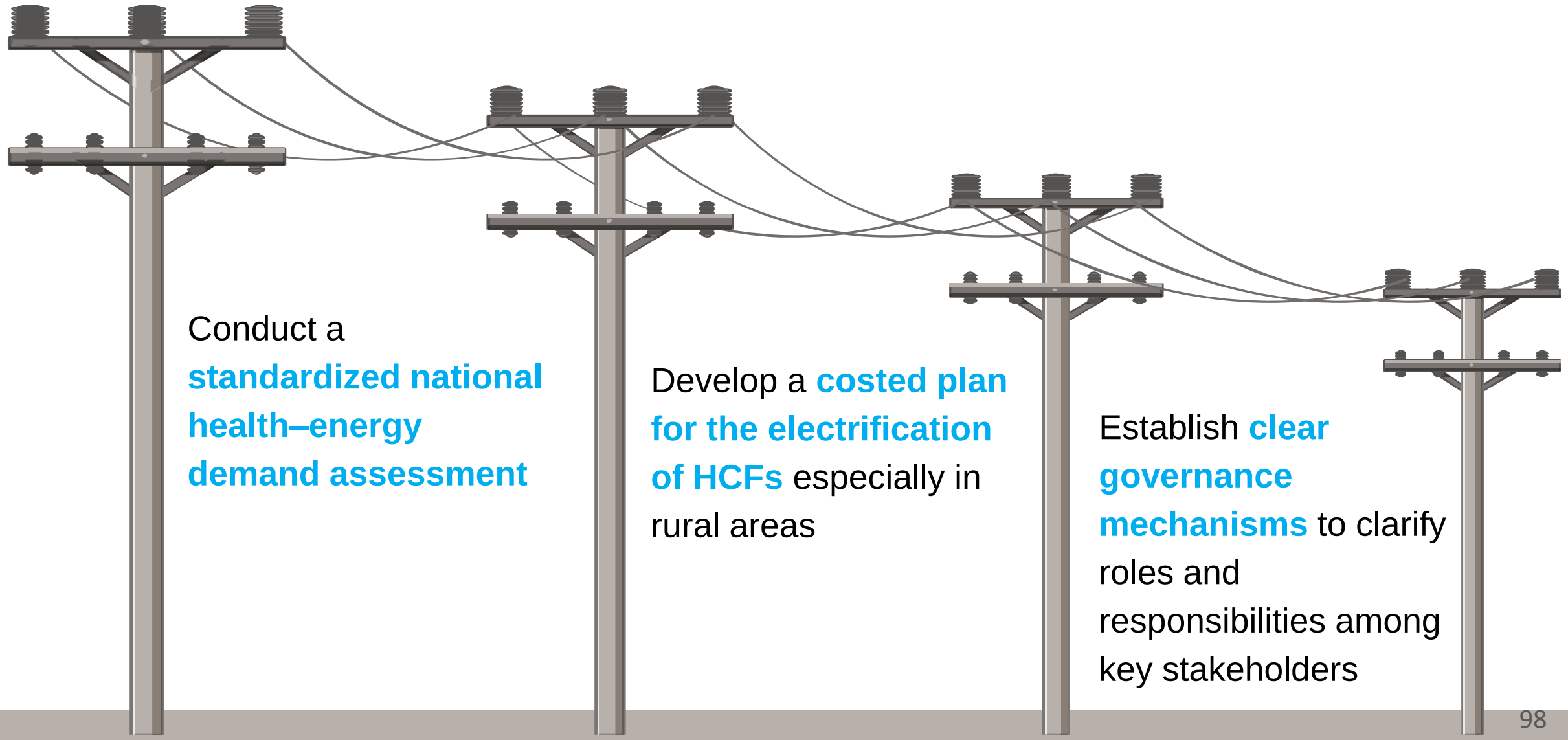
Enhance **monitoring** and generate **evidence** to inform planning and influence targeted resource allocation

Promote **balanced new investments** and **maintenance** of existing facilities

Develop a **national costed roadmap** to accelerate improvement of WASH services

Advocate for **increased financing for WASH in HCFs** and leverage funding to scale up interventions

Recommendations for electricity

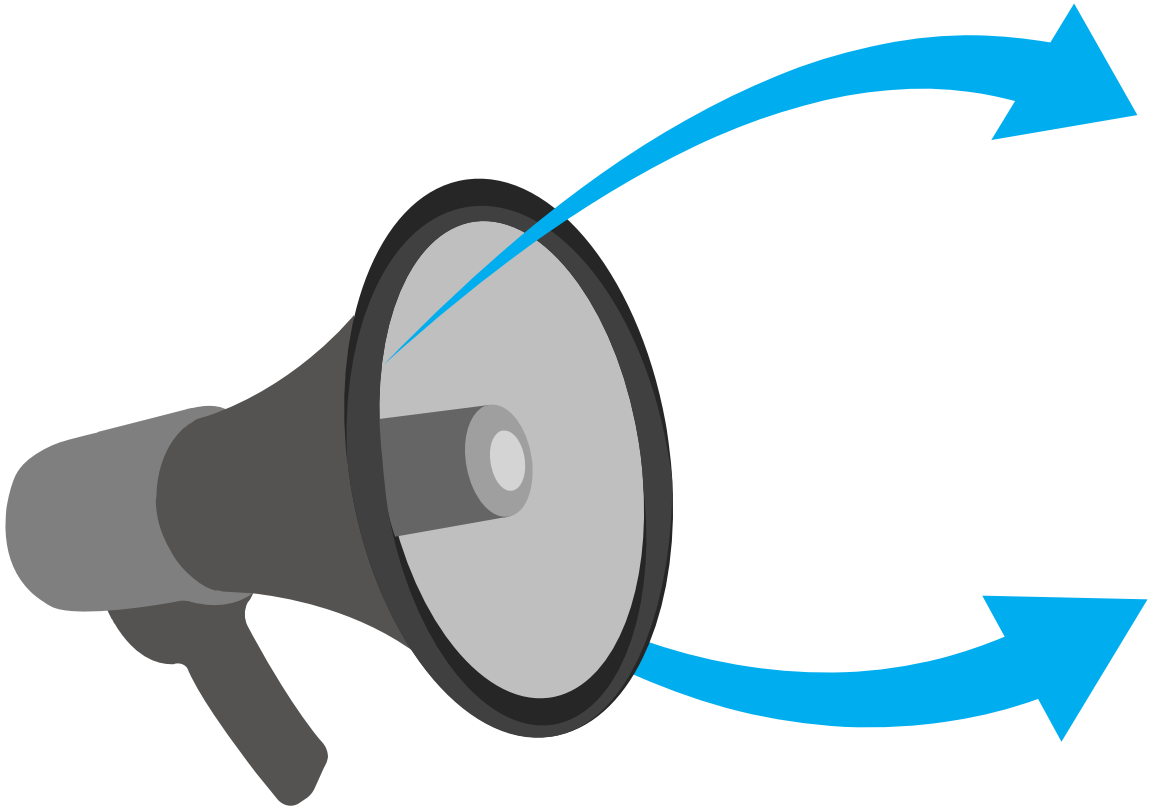


Conduct a **standardized national health–energy demand assessment**

Develop a **costed plan for the electrification of HCFs** especially in rural areas

Establish **clear governance mechanisms** to clarify roles and responsibilities among key stakeholders

Call to action



Ask **national Governments to strengthen integration** between WASH, energy and health sectors to accelerate better WASH and adequate electricity in HCFs

Increase investment in WASH and electricity in HCFs to save lives and resources

Thank you

World Health Organization

WASH in Health Care Facilities

unicef for every child

Strategic roundtable on WASH, waste and electricity in health care facilities

Cost of inaction and optimal financing mechanisms and opportunities

Costs of Health Care Associated Infections from Inadequate Water and Sanitation in Health Care Facilities in Sub-Saharan Africa

Guy Hutton, Claire Chase, Ruth Kennedy Walker, Helen Hamilton, Mary Ashinyo

Presented at Strategic Roundtable Discussion, IFRC Geneva – 23 May 2024

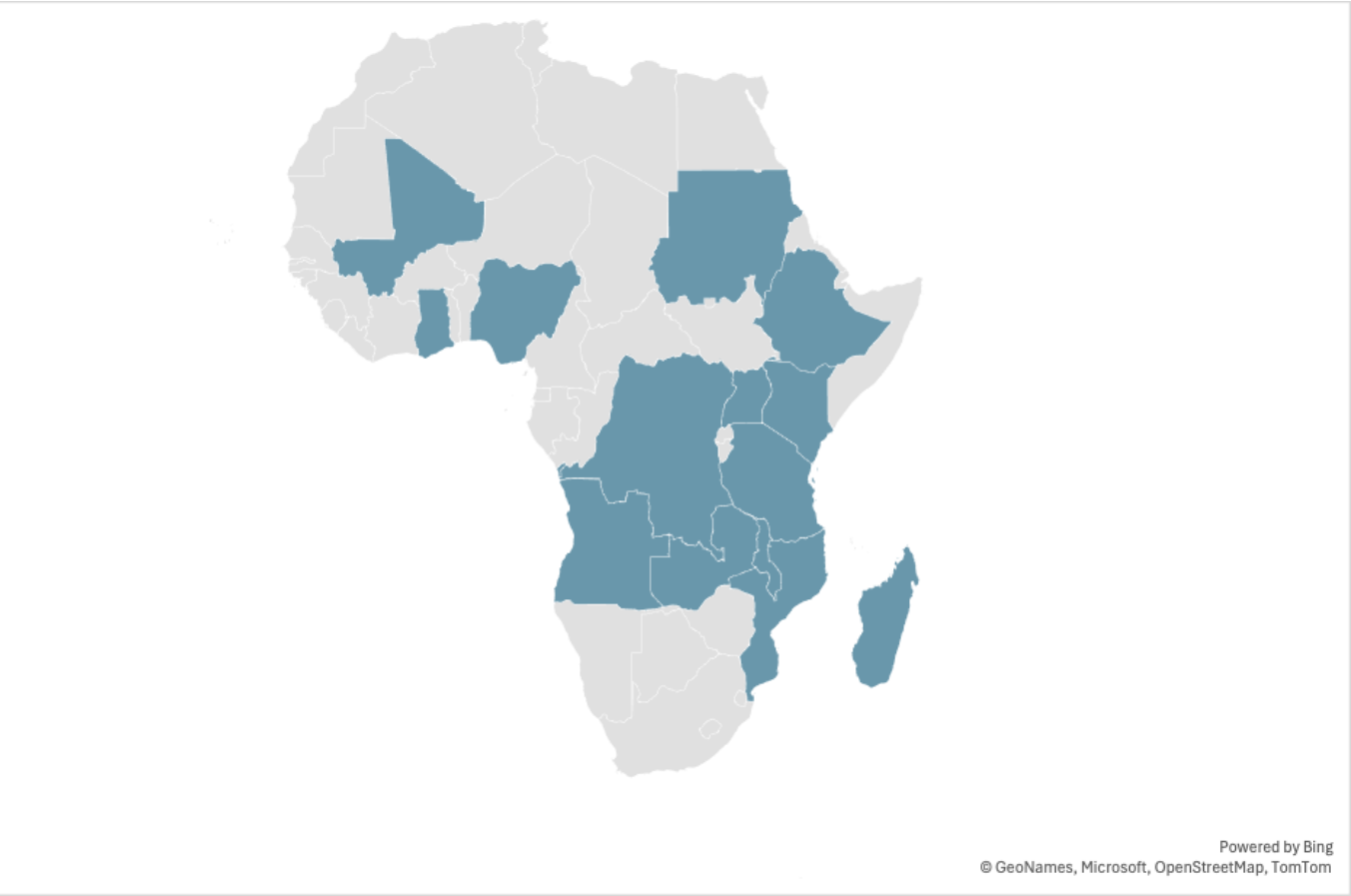
Introduction

- Healthcare-associated infections (HAIs) are a global problem, and in Sub-Saharan Africa (SSA) around 10-20% of inpatients pick up an infection they were not admitted with
- HAIs cause additional illness and impact on quality of life, leading to prolonged hospital stay, excess costs and sometimes death
- HAIs also impact healthcare workers, reducing availability of already stretched staff
- The impacts are exacerbated by the high rates of antimicrobial resistance (AMR), which are 20-80% in SSA, depending on the infection and the drug

Why this study?

- Unclean drinking water, inadequate sanitation, and poor practices of hand washing, infection prevention and control, and waste management are main causes of HAI
- WASH coverage in healthcare facilities in Sub-Saharan Africa below 50% on average
- Most SSA countries have policies and plans for IPC and AMR prevention
- IPC practices are difficult to increase and maintain, made harder by the inadequate staffing numbers and lack of funds for materials and equipment
- Need to quantify the impacts on patients and health systems caused by HAIs

Focus countries



Angola, DRC, Ethiopia, Ghana, Kenya, Madagascar, Malawi, Mali, Mozambique, Nigeria, Sudan, Tanzania, Uganda, and Zambia.

Together, these countries account for 827 million population, which is two-thirds of the SSA population of 1.18 billion in 2021.

Study objectives

Estimate the financial and economic costs of HAIs to healthcare systems and patients in fourteen countries of Sub-Saharan Africa

- Healthcare costs ('hotel', drugs, lab tests)
- Lost productivity costs to the patient
- Premature mortality costs

Compare with the approximate costs of implementing basic WASH, environmental cleaning and healthcare waste management (Chaitkin et al, 2021)

<u>Allowing us to answer:</u>

What is the proportion of healthcare costs caused by HAIs to total health spending?

Do healthcare costs prevented exceed the costs of averting HAIs?

How do total economic costs of HAIs compare with GDP?

What is the benefit-cost ratio?

Methods

Cost-of-illness methodology - model constructed to combine variables to estimate the monetary costs to society of HAIs in 2022.

Healthcare cost: number of inpatients x HAI rate x additional length of stay and treatment cost

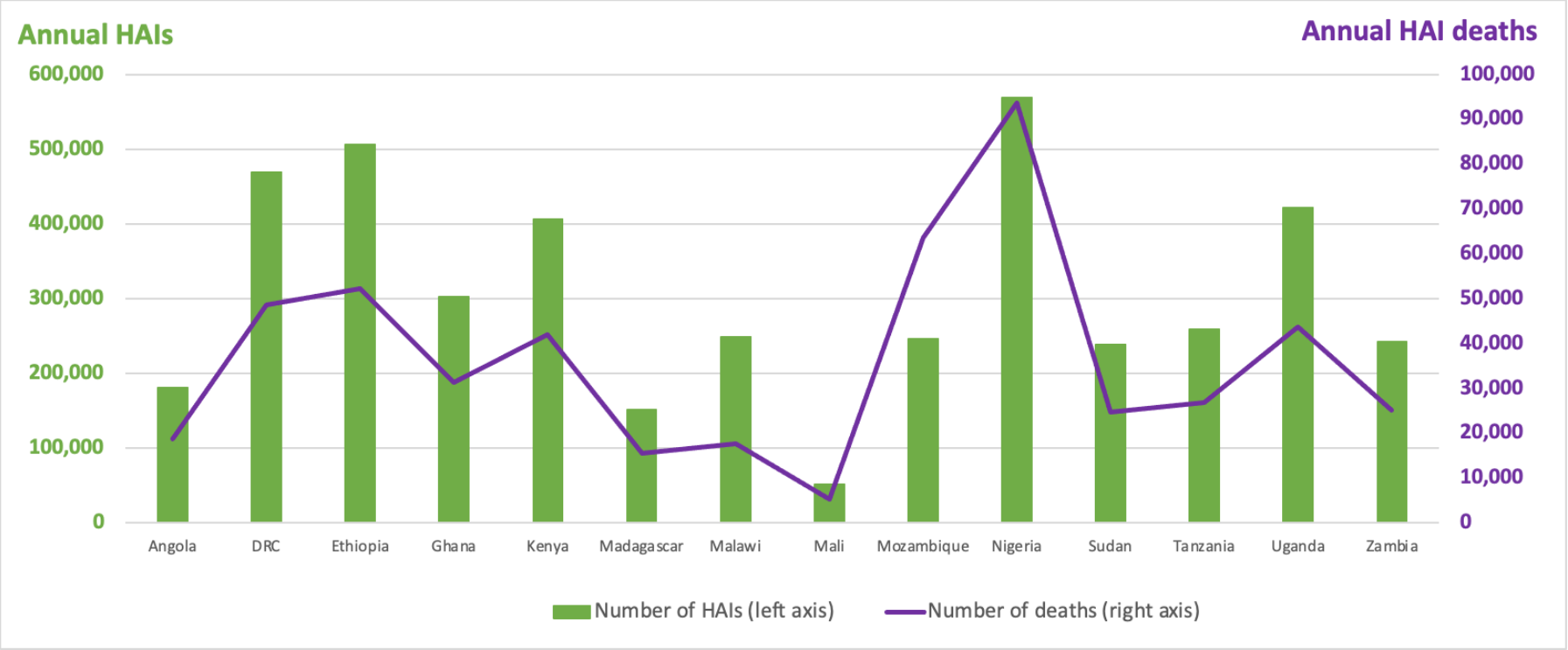
Productivity losses: number of inpatients x HAI rate x additional illness days x daily value of time

Mortality cost: number of inpatients x HAI rate x case fatality rate x value of a life

Results: Number of infections and deaths

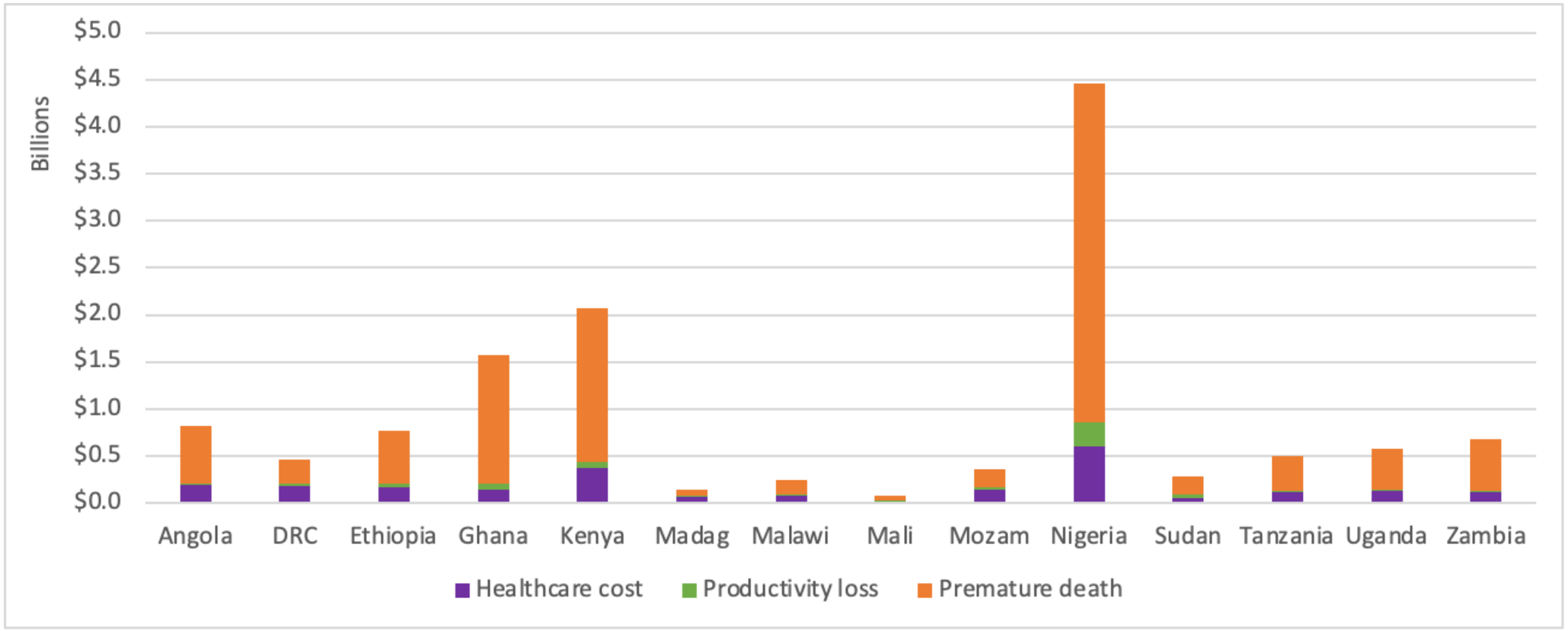
Annual number of healthcare associated infections = 4.8 million cases

Annual number of excess deaths = 500,000 deaths



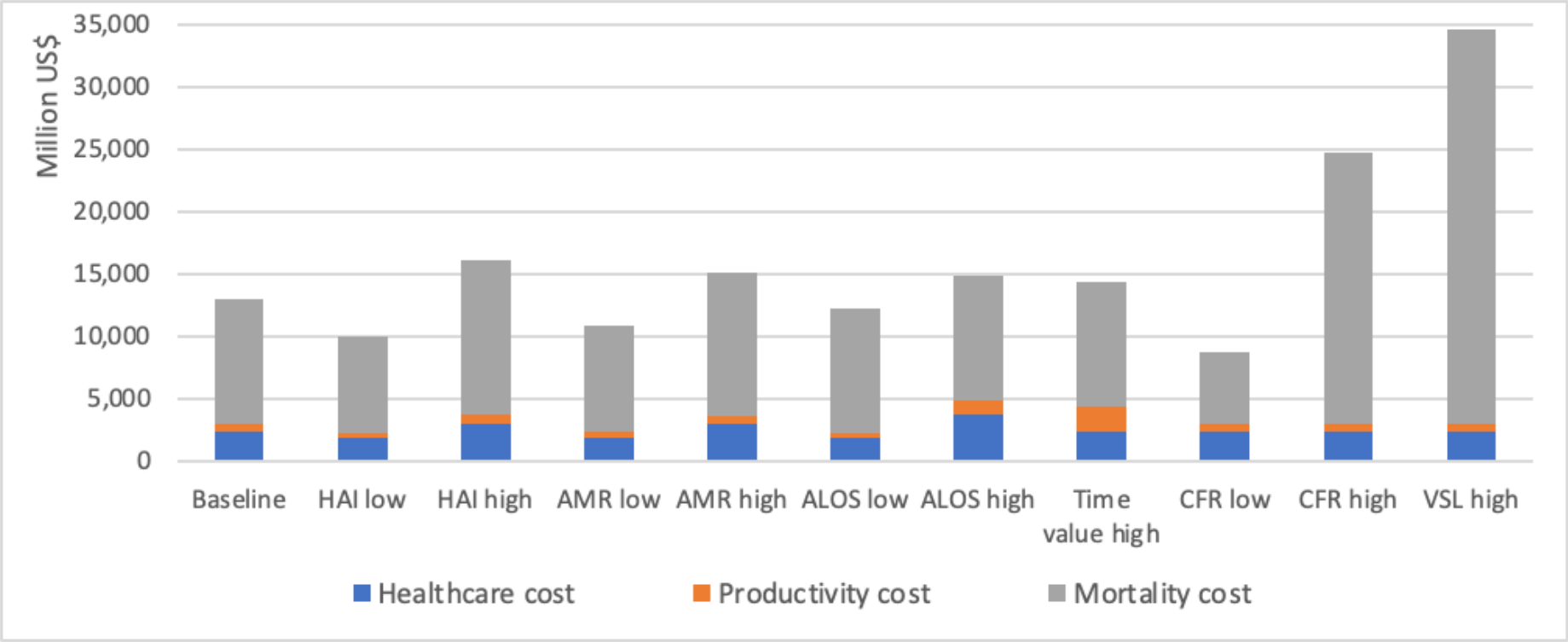
Results: Monetary value of losses

Total valued losses = US$13 billion per year, of which healthcare cost = US$2.4 billion



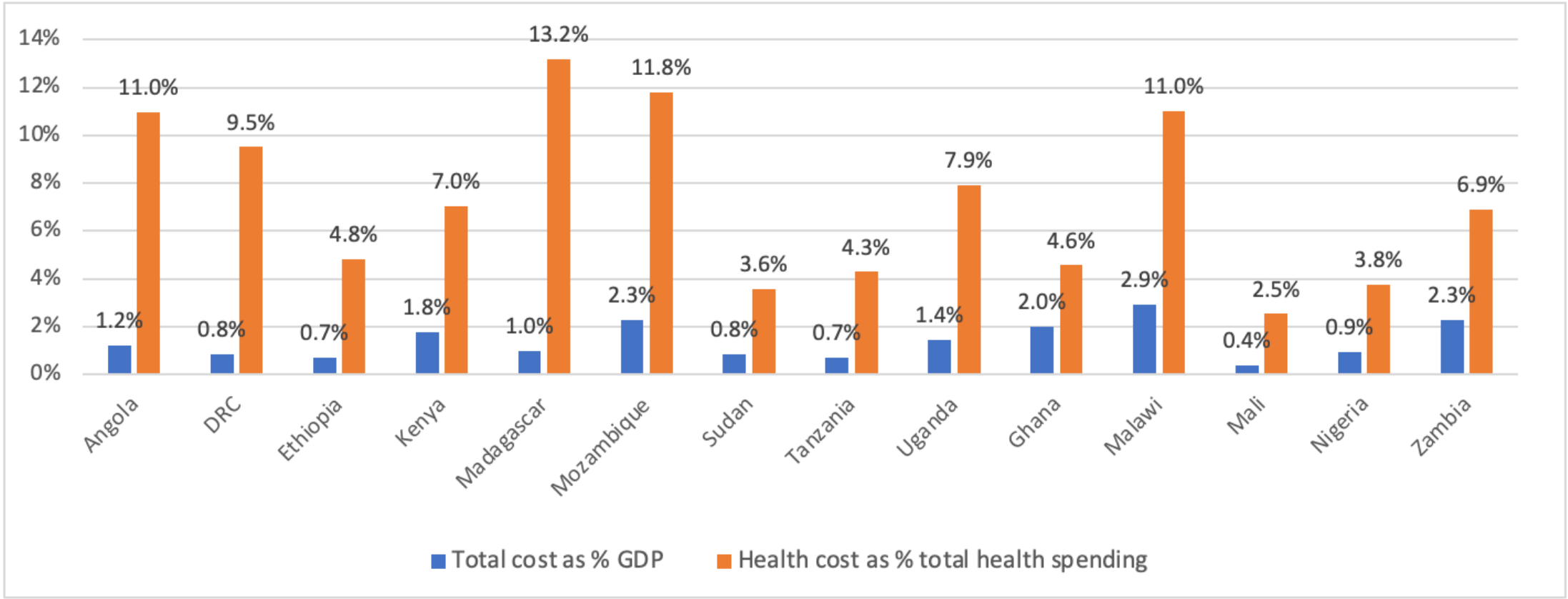
Results: Sensitivity analysis on monetary value of losses

Using high and low values for key variables showed variation from US$9 to US$35 billion per year, around the baseline value of US$13 billion



Results: Comparative losses

Total valued losses = 1.14% of combined GDP. Healthcare cost as a percent of health spending = 5.6%



Results: Cost-benefit analysis

- Overall, the total cost-of-illness per capita (over entire population) is US$15.7
- The healthcare cost per capita is US$2.9 per capita
- If a conservative 50% of HAIs can be prevented with a basic WASH, IPC and HCWM package, it will save US$7.85 per capita in economic costs and US$1.45 per capita in healthcare costs (annually)
- Compared with approximately US$1 per capita annually for a basic WASH, IPC and HCWM package (Chaitkin et al, 2021), healthcare costs can be saved from this intervention

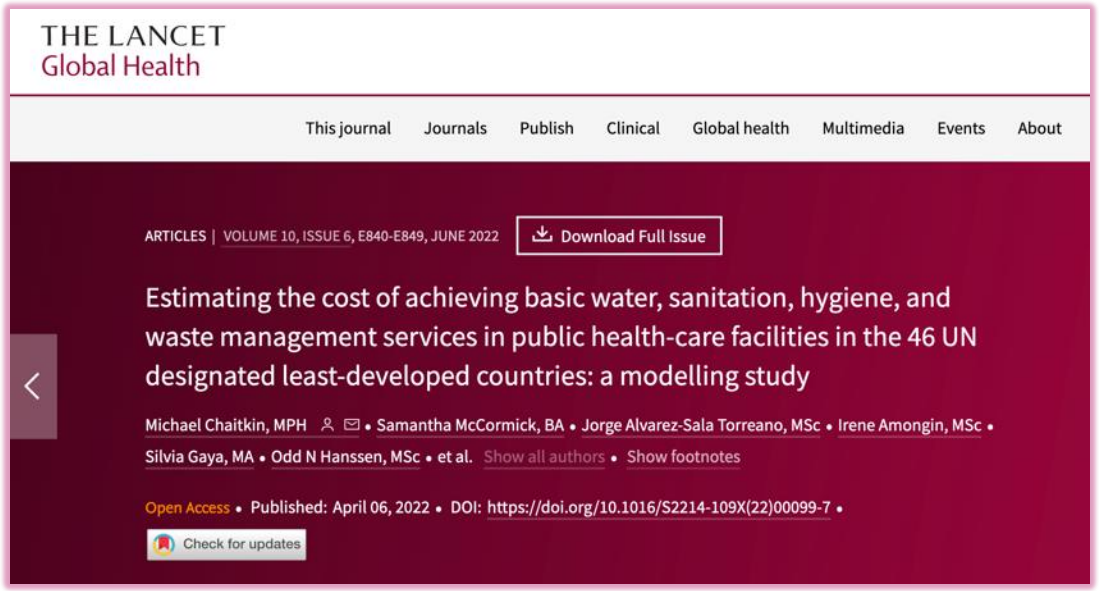

Research

BMJ Global Health

Interventions to improve water supply and quality, sanitation and handwashing facilities in healthcare facilities, and their effect on healthcare-associated infections in low-income and middle-income countries: a systematic review and supplementary scoping review

Julie Watson,[1] Lauren D'Mello-Guyett,[1] Erin Flynn,[2] Jane Falconer,[3] Joanna Esteves-Mills,[1] Alain Prual,[4] Paul Hunter,[5] Benedetta Allegranzi,[6] Maggie Montgomery,[7] Oliver Cumming[1]

To cite: Watson J, D'Mello-Guyett L, Flynn E, *et al.* Interventions to improve water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ARTICLES | VOLUME 10, ISSUE 6, E840-E849, JUNE 2022 Download Full Issue

Estimating the cost of achieving basic water, sanitation, hygiene, and waste management services in public health-care facilities in the 46 UN designated least-developed countries: a modelling study

Michael Chaitkin, MPH • Samantha McCormick, BA • Jorge Alvarez-Sala Torreano, MSc • Irene Amongin, MSc • Silvia Gaya, MA • Odd N Hanssen, MSc • et al. Show all authors • Show footnotes

Open Access • Published: April 06, 2022 • DOI: https://doi.org/10.1016/S2214-109X(22)00099-7 •

Check for updates

Results: Cost-benefit analysis

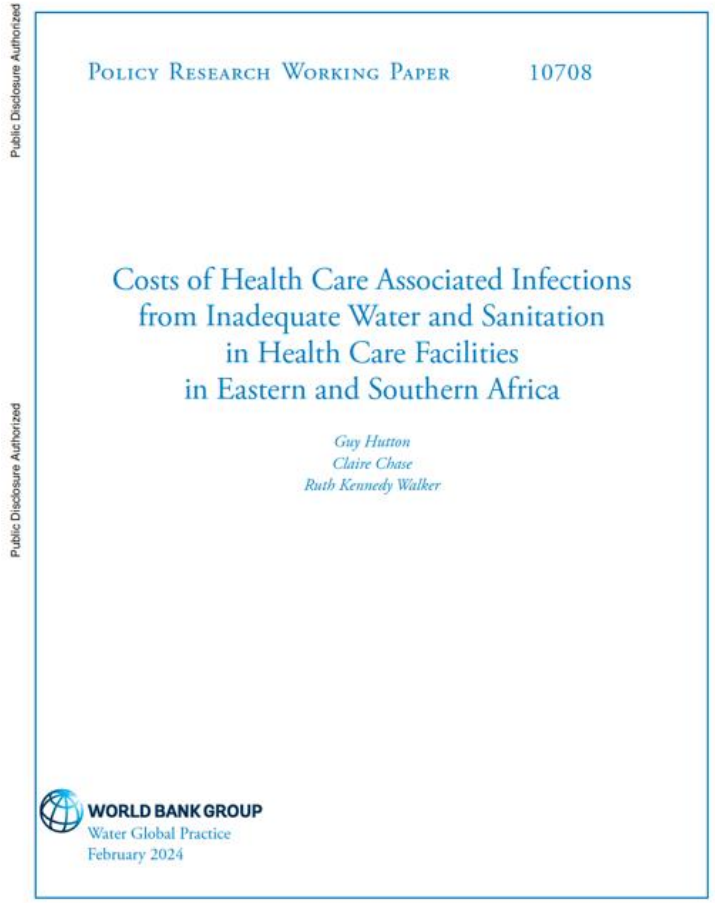
Detailed results, by income category

Income classification	Cost-of-illness per capita		Averted costs (50% reduction) per capita		Intervention costs per capita	Benefit-cost ratio	
	Health care	Total*	Health care	Total*	Health care	Health care	Total*
Low	$2.10	$7.20	$1.05	$3.60	$0.81	1.3	4.4
Lower-middle	$3.60	$23.9	$1.80	$11.95	$1.00	1.8	12.0
All 14 countries	$2.90	$15.7	$1.45	$7.85	$0.91	1.6	8.6

Discussion

- This study has demonstrated that there are major unquantified costs of healthcare associated infections in Sub-Saharan Africa
- A package of WASH interventions can prevent a major proportion of cases, thereby saving costs and lives of patients, and reducing exposure of healthcare workers
- Several weaknesses associated with desk study should be borne in mind
  - Model weaknesses: omitted impacts (leading to conservative results)
  - Method weaknesses: largest share of benefits are lives saved – lack of VSL studies in SSA
  - Data weaknesses: extrapolated cost data, weak case fatality data, lack of HAI rates in some countries
- Methods could be fine-tuned in study countries and other data sources accessed to produce more credible estimates for target audiences
- If the findings have traction, the simple methodology could be used in more countries

Further reading:



Pre-print available:

Thank You!

Contact:

- Guy Hutton, Innate Values Ltd. guy.hutton@innatevalues.com
- Claire Chase, Water Global Practice, World Bank
- Ruth Kennedy Walker, Water Global Practice, World Bank
- Helen Hamilton, WaterAid
- Mary Ashinyo, WaterAid

World Health Organization

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Strategic roundtable on WASH, waste and electricity in health care facilities

Operationalizing and implementing Framework actions

World Health Organization

WASH in Health Care Facilities

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Strategic roundtable on WASH, waste and electricity in health care facilities

Distillation of Day 1

Investing for Resilience and Sustainability

Solutions in managing climate change to health are constrained by some issues that need to be addressed

Issues	Critical Factors
• Limited Public Awareness • Lack of attention to impacts and solutions • Weak adaptive capacity of health system • Funding gaps	• Policy implementation and sustained commitment • Leadership and governance • Data and evidence • Multisectoral collaboration

In our pursuit to adapt to climate change impacts on our health system, we also need to be cognizant of some critical factors

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Unlocking leadership to drive progress

World Health Organization

WASH in Health Care Facilities

unicef for every child

Dr Annette Pruss, Dr Diarmid Campbell-Lendrum, Dr Elena Villalobos Prats

Safe, climate-resilient and environmentally sustainable HCF

World Health Organization

Advancing towards **safe**, **climate-resilient** and **environmentally sustainable** health care facilities

Dr Annette Prüss | Unit Head, Policies and Interventions for Health & Environment
Department of Environment, Climate change and Health

The delivery of high-quality health services requires:

Functional basic infrastructure:

- Safe and reliable **electricity** & **WASH**
- **Waste management** services

But also:

- **Resilience** to **climate change**
- **Environmental sustainability**

And:

- **Sound management** of **chemicals** and **radiation**
- **Trained**, **supported** and **protected health workforce**

World Health Organization

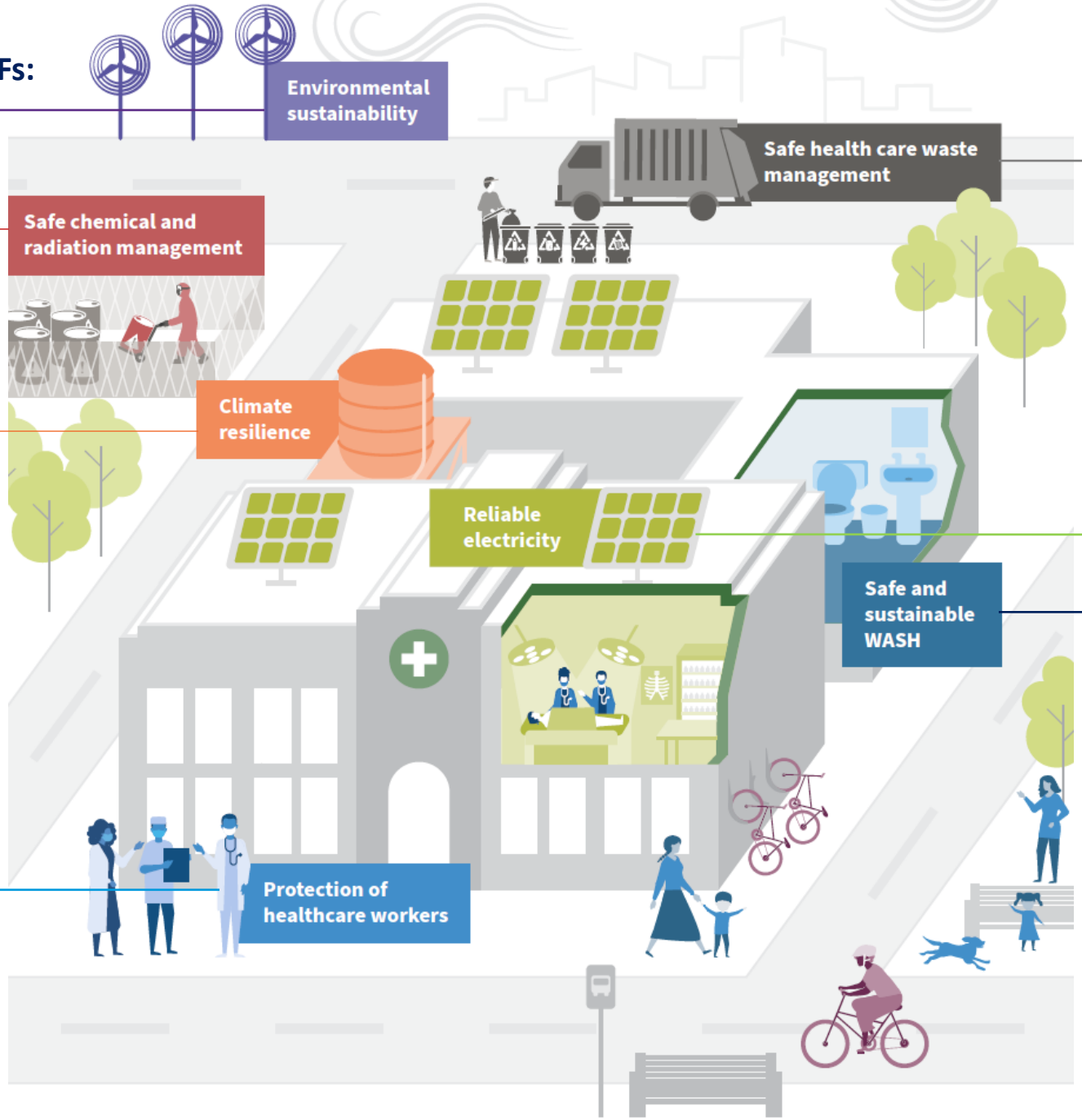
Safe, climate-resilient and environmentally sustainable HCFs:

Maintain **environmental sustainability** and keep **carbon emissions low**

Minimize the **use** of **harmful chemicals**; adopt **proper management practices**; **manage radiation** used in health care

Be **resilient** to the **impacts of climate change**

Provide a **safe** and **healthy environment** for **health workers**



Functional basic infrastructure:

Ensure the provision of safe waste management

Ensure the provision of reliable electricity

Ensure the provision of safe WASH services

Health care facilities threatened by climate change

Health sector responsible for > **5% of global greenhouse gas emissions**

Climate change

affects → **Operational capacity of Health Care Facilities**

Through, for example, **extreme weather events**:

- **destruction** of **infrastructure** and **medical equipment**,
- **disruption** of **essential services**.

results → **Increased demand for their services**

Increased **disease risk**.
E.g., heat-related illnesses, outbreaks & infectious diseases, malnutrition, mental health disorders, etc.

Disadvantaged and vulnerable communities are the most affected

World Health Organization

Climate-resilient and environmentally sustainable HCFs

- **anticipate**, **respond to**, **cope with**, **recover from** and **adapt** to **climate-related shocks and stresses,**
- **minimize** their **negative impacts on the environment** and **leverage opportunities** to **restore** and **improve it.**

Key actions:

- Conduct **assessments** on:
  - **vulnerability** to **climate hazards**,
  - **GHG emissions**.
- Develop and implement a **plan for disaster preparedness, response and recovery management**.
- **Implement environmentally sustainable supply chains**.
- Develop, implement, monitor and evaluate **improvement plans** for **climate resilience, GHG emission reductions**, and **environmental sustainability**.
- Procure and adopt **climate-resilient technologies, products and processes** with **low environmental impact.**

HCFs: Health care facilities
GHG: Greenhouse Gas

World Health Organization

Health workers at risk

Health workers are exposed to **occupational risks & hazards,** such as **chemicals, radiation, health care waste** and **infectious diseases.**

Leads to:

- **occupational illness and injuries**
- **health workforce shortages**
- **poor quality care**
- **unsafe conditions**

Threatens the delivery of high-quality services & care






World Health Organization

Healthy and safe work environments

Health workers (clinical and non-clinical) work for improving health.

Occupational health and safety programmes for health workers, aim to**:**

- **prevent diseases and injuries** arising from, linked with or occurring at work;
- build **healthier and safer working environments**;
- **promote health** and **well-being** of **health workers**.

Sound management of chemicals – chemicals used and produced in ways that minimize their potential adverse effects on human health and the environment.

Radiation protection and safety standards – recommendations and guidance to balance the benefits of medical radiation and radioactive material while minimizing risks for patients, health workers and the public.

Safe chemical and radiation management benefits **health workers**, and **adjacent communities**.

World Health Organization

Healthy and safe work environments

Key actions:

Establish a **programme for occupational health and safety for health care workers at the facility** that:

- Include a **policy** on **safety**, **health** and **working conditions.**
- Identify a **responsible person for occupational health.**
- Create **a joint labour–management health and safety committee.**
- Establish **safe procedures** and provide ongoing **training** on **managing chemicals, health care waste** and **radiation protection.**
- Implements **action plans** to **improve occupational health** and **safety** and a **policy for vaccinations.**
- Establish **procedures** for **identifying** and **reporting hazards**, **accidents** and **diseases.**
- Provide **occupational health services.**

World Health Organization

Thank you

Dr Annette Prüss | Unit Head, Policies and Interventions for Health & Environment
Department of Environment, Climate change and Health
pruessa@who.int

Photo credits: WHO Photo Library

Climate resilient and environmentally sustainable health systems and facilities

Elena Villalobos Prats
Capacity Building and Country Support Lead
Climate Change and Health Unit (CCH), WHO HQ

World Health Organization

Climate change

Health risk

Vulnerability factors
- Demographic
- Geographical
- Biological factors & health status
- Sociopolitical
- Socioeconomic
- Health system capacity
- Gender & equity

Climate-related hazards
- Extreme weather events
- Heat
- Sea level rise
- Air pollution
- Vector distribution & ecology
- Water scarcity
- Reduced food production

Exposure
- People & communities
- Health workforce
- Infrastructure
- Energy systems
- Water systems
- Food systems
- Health systems

Environmental threats and GHG emissions

Health outcomes

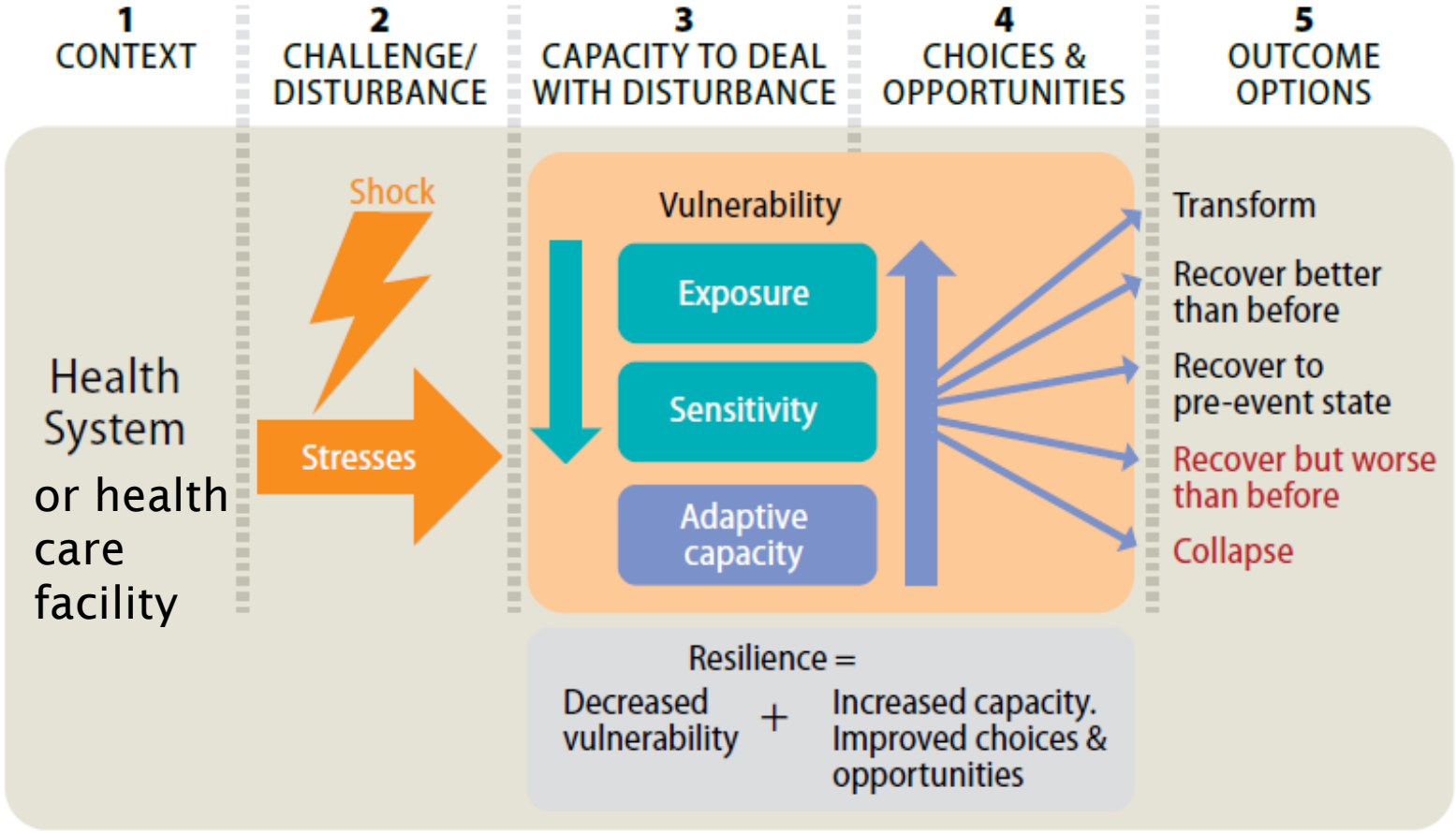
- Injury and mortality from extreme weather events
- Heat-related illness
- Respiratory illness
- Water-borne diseases and other water-related health impacts
- Zoonoses
- Vector-borne diseases
- Malnutrition and food-borne diseases
- Noncommunicable diseases (NCDs)
- Mental and psychosocial health

Health systems & facilities

- Impacts on health care facilities
- Effects on health systems

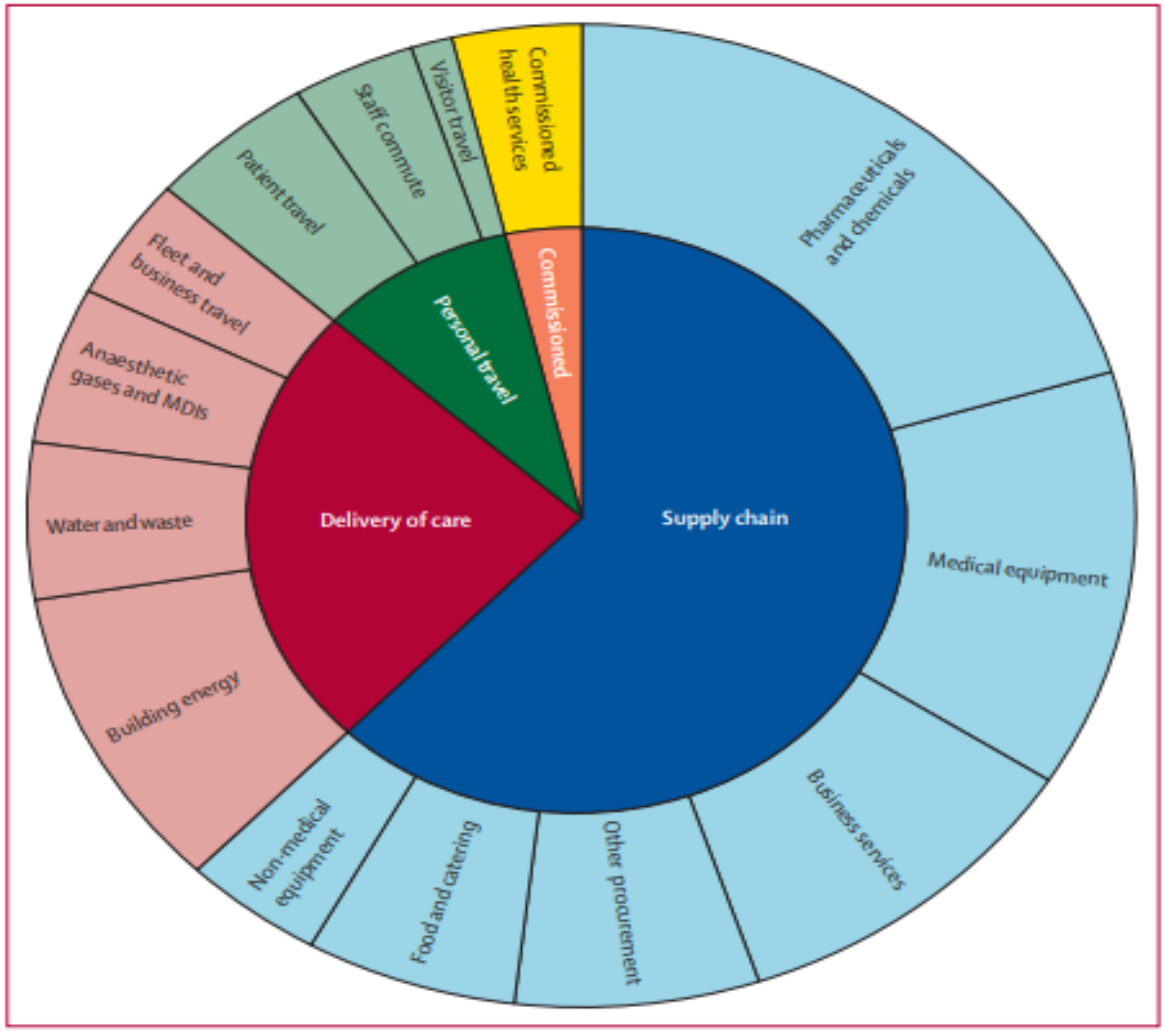
Climate resilient health systems and care facilities

FIGURE 2: Conceptual framework for resilience



Health Care's Climate Footprint

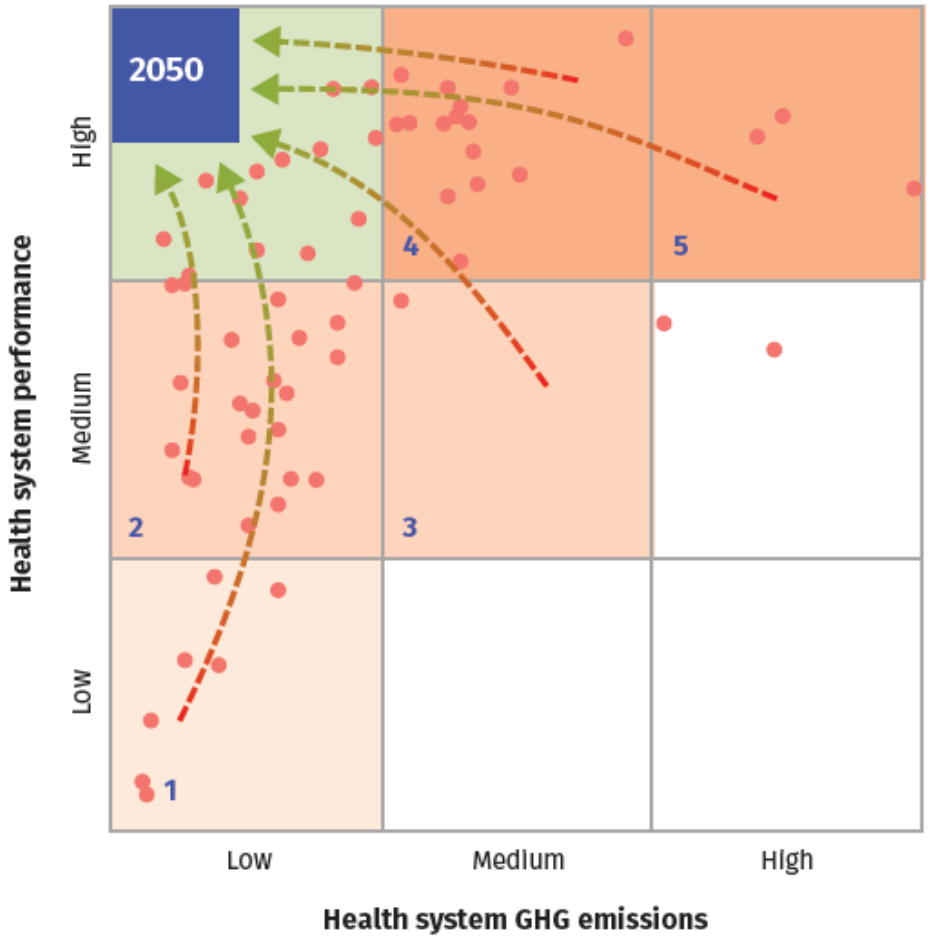
- Between 4.4% to 5.2% of World's GHG emissions are from the Health care sector
- Emissions equal to over 500 coal gas fired thermal power plants
- Over 70% of the global climate footprint is from Supply chain procurement



Contribution of different sectors to the greenhouse gas emissions of the NHS England, 2019

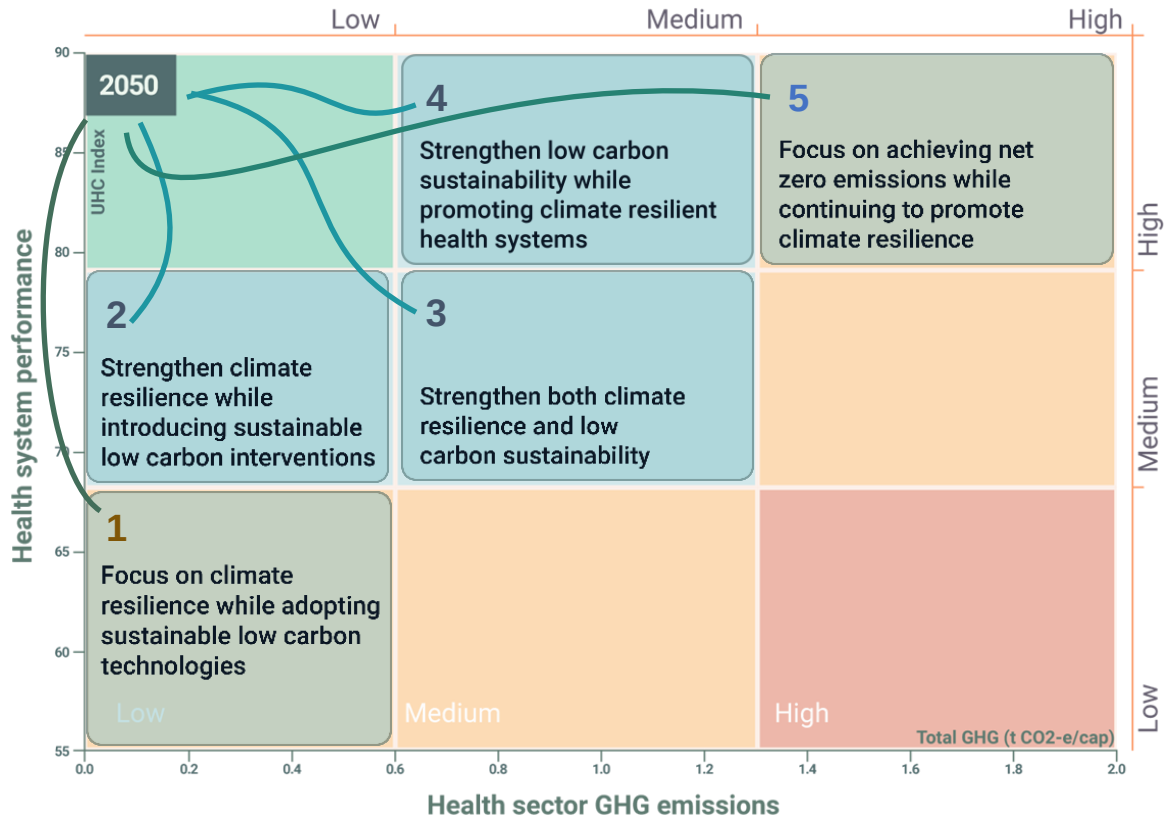
Health systems performance, health sector GHG per capita emissions, and CCH capacity

Fig. 5.4. Different pathways to maximize health systems performance, including climate resilience while minimizing GHG emissions



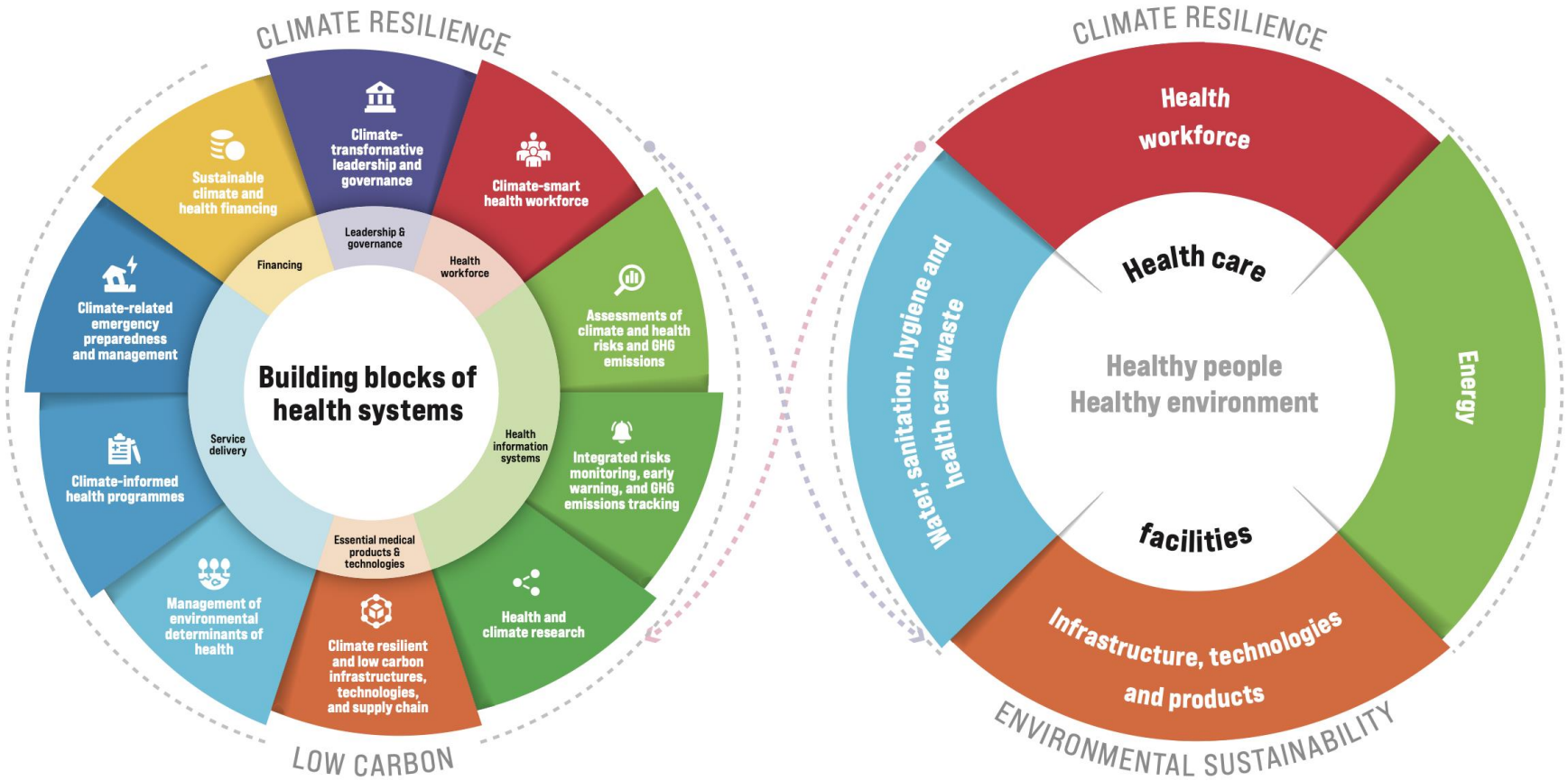
Pathways to strengthen climate resilience and low carbon sustainability :

differences across countries

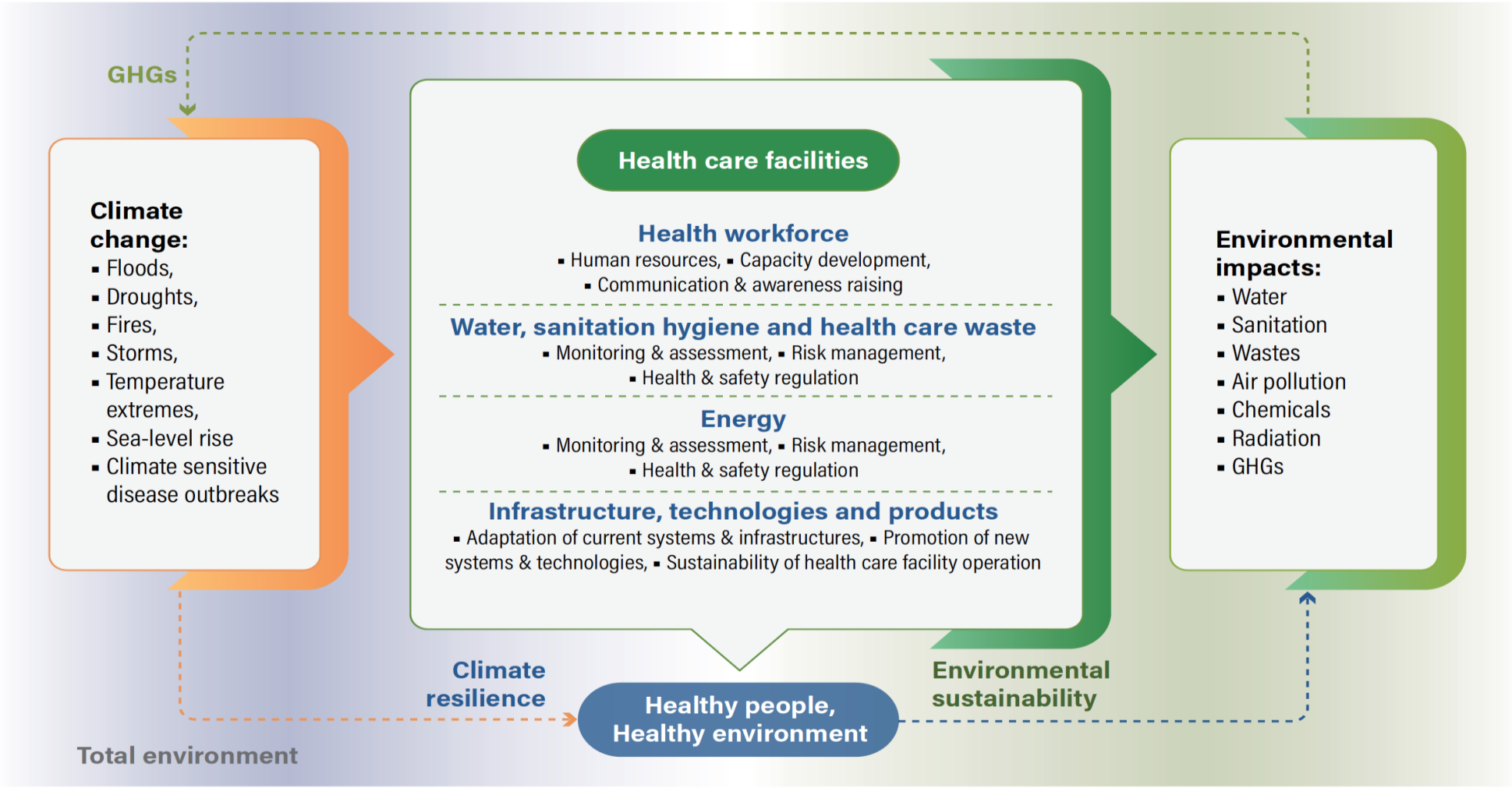


Universal health coverage index by health GHG per capita emissions

Approach to build cliamte resilience and low carbon sustainability in health systems and healthcare facilities

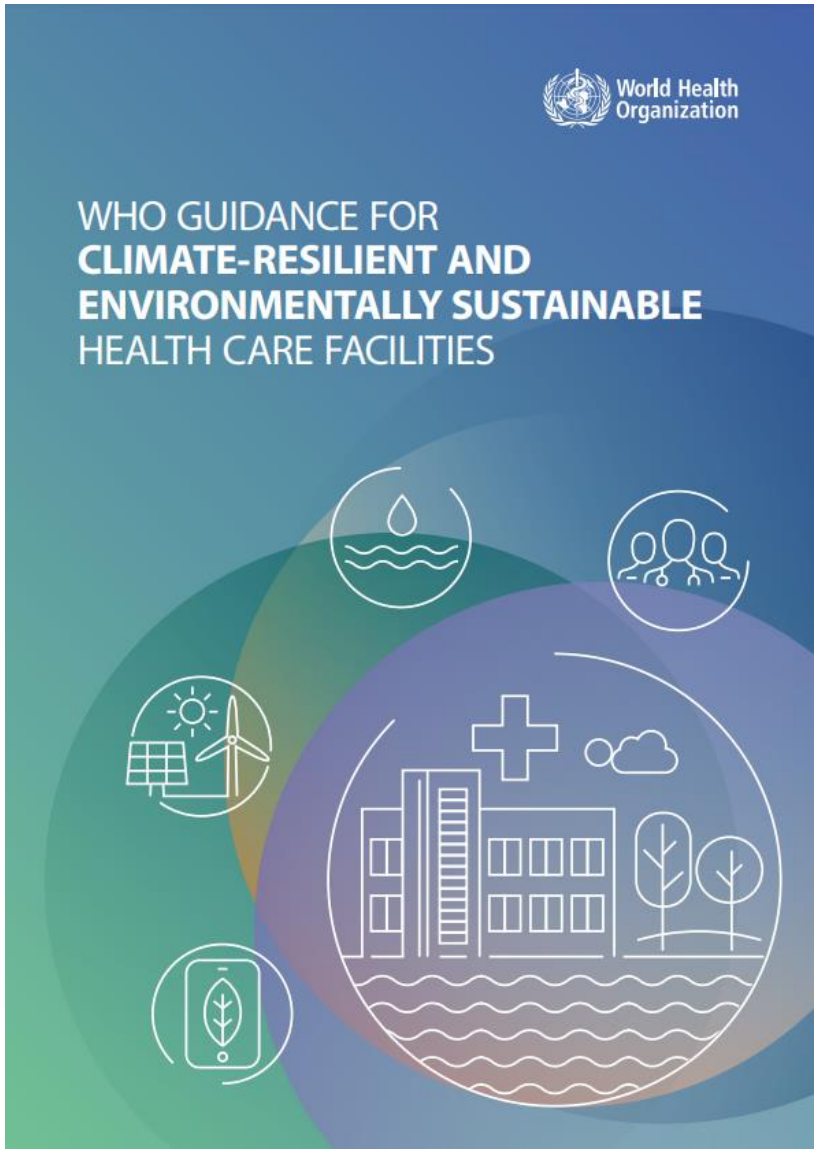


Framework for building CRESHCFs



Goals:

- increase the **climate resilience**
- to **protect and improve** the **health** of their communities in an unstable and changing climate
- **optimizing the use of resources**
- **minimizing** the release of **wastes** by becoming environmentally sustainable.



What are climate resilient and environmentally sustainable health care facilities?

- **Climate resilient and environmentally sustainable health care facilities:**
- anticipate, respond to, cope with, recover from and adapt to climate-related shocks and stresses
- minimize negative impacts on the environment
- restore and improve the environment (where possible)

HEALTH WORKFORCE:
adequate numbers of skilled human resources with decent working conditions, empowered and informed to respond to these environmental challenges.

WATER, SANITATION, HYGIENE AND HEALTH CARE WASTE MANAGEMENT:
sustainable and safe management of water, sanitation and health care waste services.

ENERGY:
sustainable energy services.

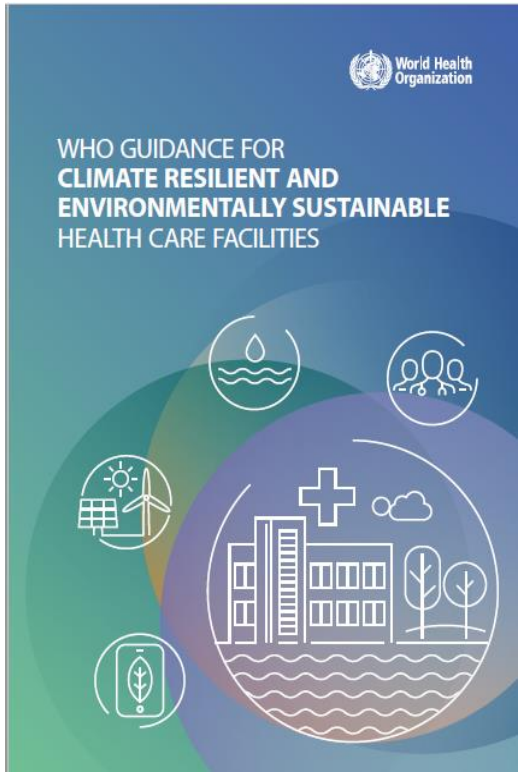
INFRASTRUCTURE, TECHNOLOGIES AND PRODUCTS:
appropriate infrastructure, technologies, products and processes, including all the operations that allow for the efficient functioning of the health care facility.

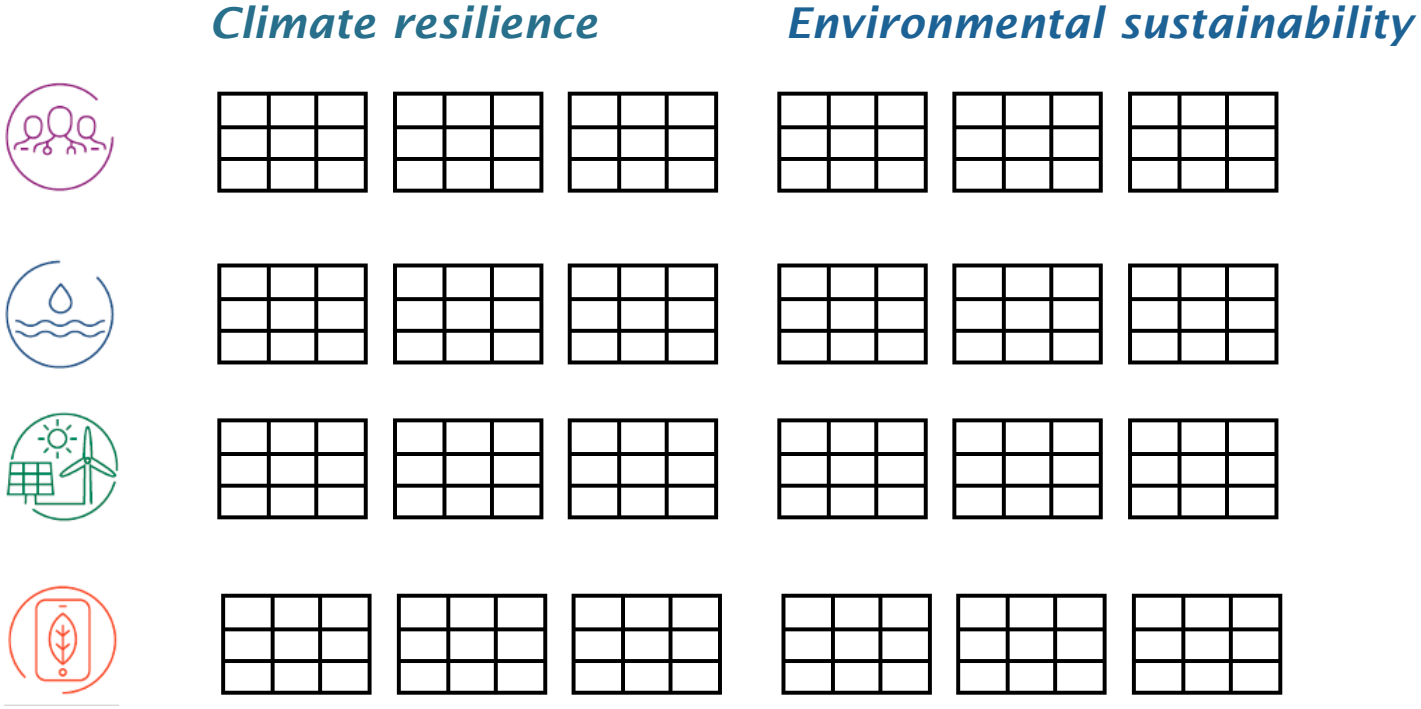
Interventions

X

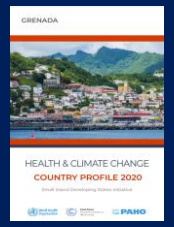
4 areas
3 objectives each
For climate resilience and environmental sustainability

24 tables of interventions





WHO Health and Climate Change Global Survey (2021)



Health and climate change country profiles

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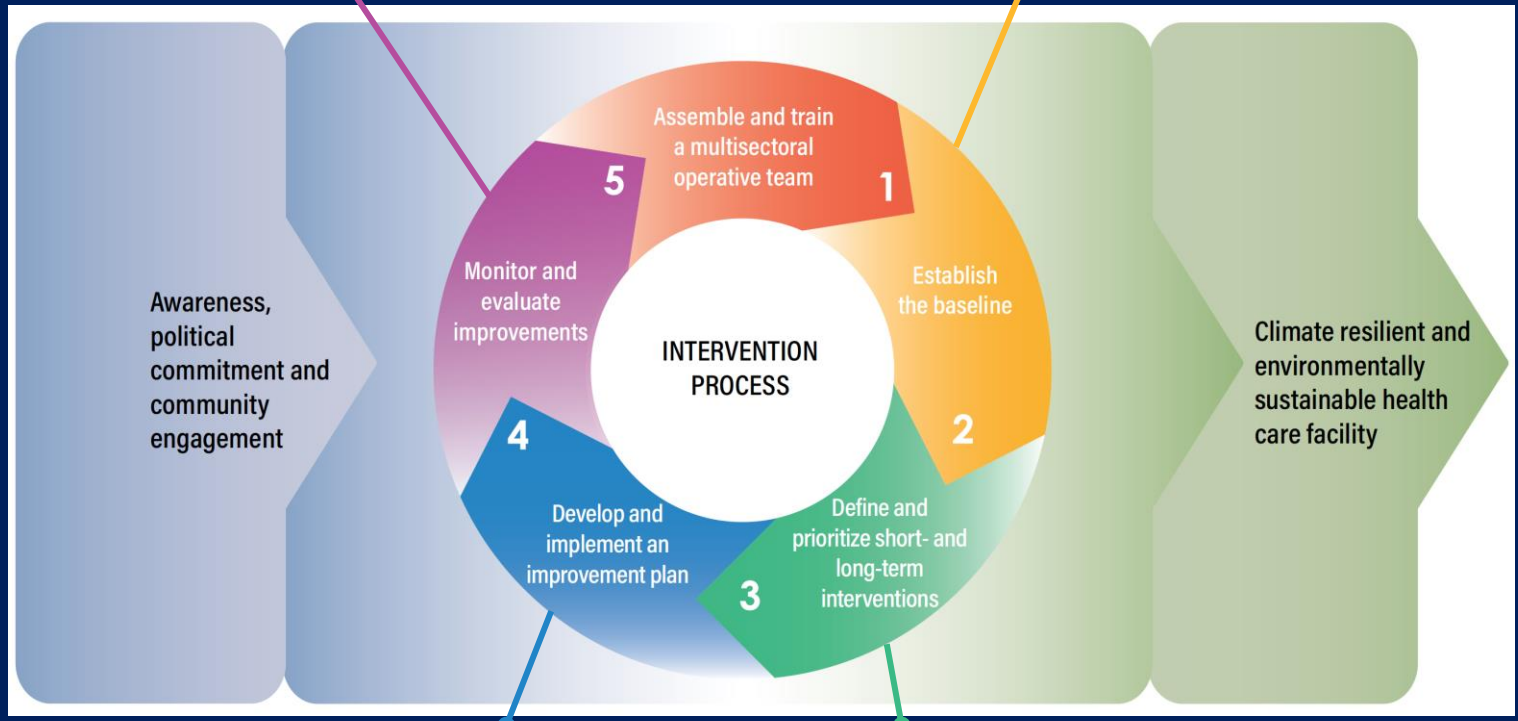
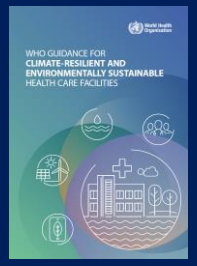
Aga Khan Development Network Carbon Management Tool

Health Care Without Harm Climate Impact Checkup Tool





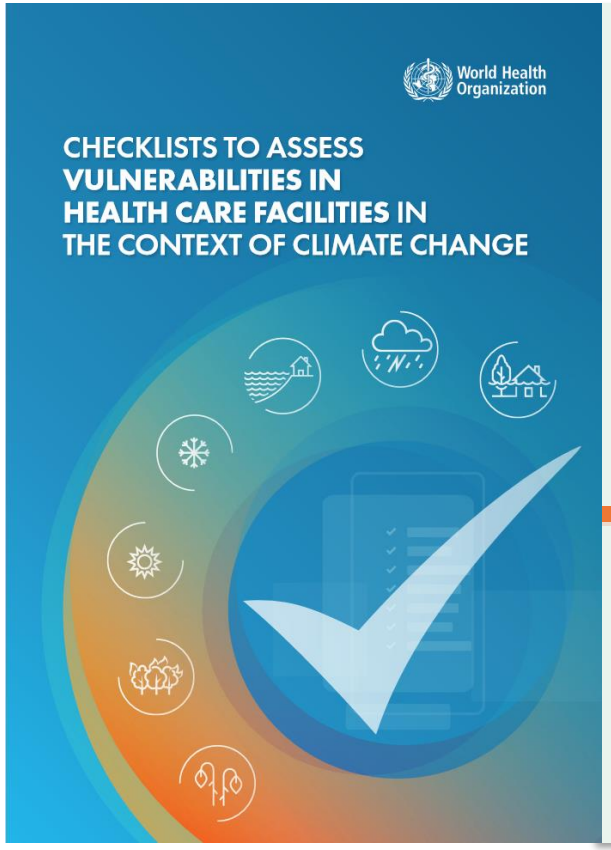
WHO Guidance for Climate Resilient and Environmentally Sustainable Health Care Facilities

WHO Operational Framework for Building Climate Resilient and Low Carbon Health Systems

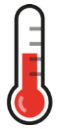
Assessing Vulnerabilities in Health Care Facilities

- **Steps:**

1. Identify climate **hazards** of concern
2. Assess current **vulnerability** for each of the hazards, in each of the key components of health care facilities
3. Understand potential **impacts** posed by climate variability and change in each of the key components of health care facilities

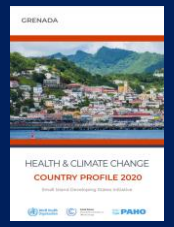


Understand potential impacts

	Health workforce	WASH and healthcare waste	Energy	Technologies, infrastructure, products
 INCREASED TEMPERATURE	• Affecting workers with pre-existing conditions (respiratory and cardiovascular diseases, overweigh)	• Reduced access to freshwater • Water source contamination by pathogens and metals	• Gradual increase in the use of electricity for cooling purposes	• Additional treatment of drinking water • Need insulation, cooling and dehumidification
 FLOOD	• Health workers are not able to arrive at or depart from the health care facility	• Water contamination • Lost sharps containers and hazardous waste bins	• Damage to emergency generator or other sources of energy	• Damage to building access • Damage to medical equipment and devices
 STORM	• Reduced performance capacity, • Deaths, injuries or illness	• Disruption of water supply, wastewater and sewage systems	• Power outages (wind- and lightning-related) • Interruption of acute medical care	• Damage to infrastructure from high winds • Disruption to building access
 SEA-LEVEL RISE	• Impacts on respiratory disease due to indoor mold growth	• Saltwater intrusion in water and wastewater containment systems	• Disruption of internal and external communication and information systems	• Damage to access systems (elevators, ramps, corridors, garage) • Increased costs of building maintenance

	Health workforce	WASH and healthcare waste	Energy	Technologies, infrastructure, products
 DROUGHT	• Increased threat of noncommunicable diseases from poor air quality and higher temperatures to the health workforce	• Insufficient water availability to provide health care services • Low water quality	• Disruption of energy-dependent water pumping and treatment • Intermittent power delivery	• Interruption of water and food supply chains
 HEATWAVE	• Increased heat stress effects (heat exhaustion and heat stroke)	• Increased water demand • Water source contamination	• Power outages • Loss of vaccines, drugs, and other medical supplies	• Damage to medical equipment • Increased demand for cooling and rest areas for staff
 WILDFIRE	• Loss of work capacity due to smoke, ash and high temperature • Effects on mental health of staff	• Shortage of safe water • Reduced capacity to use equipment that require potable water	• Increased demand for energy consumption from air conditioning	• Increasing indoor air contamination from smoke, threatening the health of patients and staff
 COLD WAVE	• Life-threatening risks from exposure to excessive cold • Reduced performance capacity	• Increased likelihood of water pipes bursting and water freezing • Loss of water pressure	• Disruption of internal heating systems • Difficulty in providing thermal comfort	• Increased electricity demand • Damage to water pipes from cold exposure

WHO Health and Climate Change Global Survey (2021)



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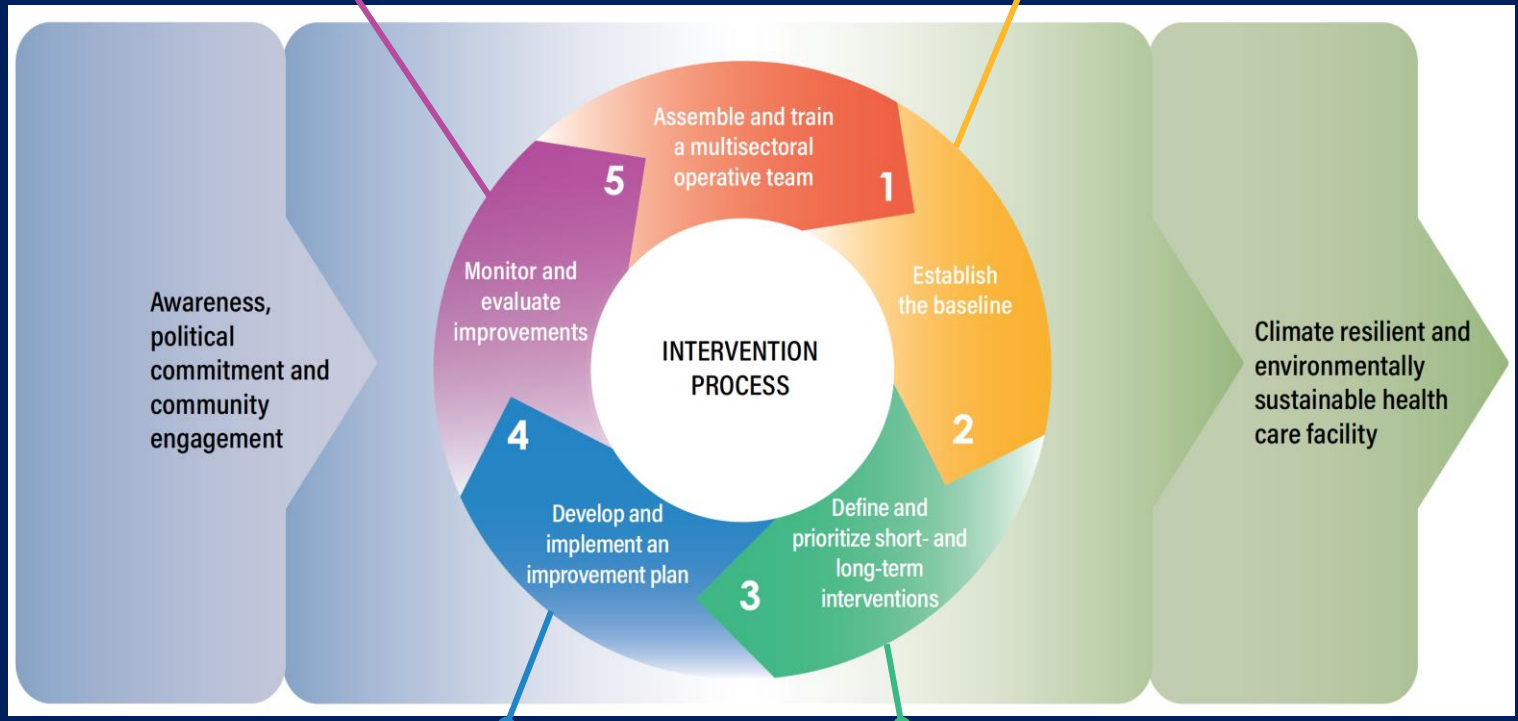

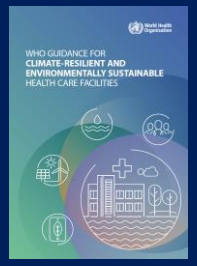

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Interventions table 4.3.1C – Health and safety regulation: Regulations on energy use and access are implemented taking into consideration climate variability and change, and environmental sustainability.

(Energy – climate resilience)

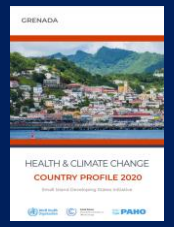
Interventions (level of achievement) **Low, unavailable, unable** **Medium, in progress, incomplete** **High, completed, achieved**	**Action level**			**Observations**
Updated building insulation and windows to comply with energy codes	☐	☐	☐	
Emergency electricity generators available to provide required electrical power if the municipal grid, or if the internal normal electrical system fails*	☐	☐	☐	
Critical back-up power supplies available for building infrastructure (such as electrical power, heating and cooling)*	☐	☐	☐	
Solar water heaters available for health care facility's hot water needs	☐	☐	☐	
Backup energy equipment sufficiently elevated in areas prone to floods and anchored in areas prone to strong winds	☐	☐	☐	
Adequate backup energy source is available if the main source fails during an extreme weather event	☐	☐	☐	
Adequate lighting, communications, refrigeration and sterilization equipment are available during climate related disasters or emergencies	☐	☐	☐	

Interventions table 4.3.2C - Health and safety regulation: Regulations on energy use and access are implemented taking into consideration climate variability and change, and environmental sustainability.

(Energy – environmental sustainability)

Interventions (level of achievement) **Low, unavailable, unable** **Medium, in progress, incomplete** **High, completed, achieved**	**Action level**			**Observations**
Established education and awareness campaigns to reduce energy use with the participation of all staff	☐	☐	☐	
Developed system of good practices of energy use conservation with incentives	☐	☐	☐	
Developed a culture of energy saving by turning off office lights, computers and other equipment, and unplugging electronic devices when not in use	☐	☐	☐	
Established strategies to lower energy use	☐	☐	☐	
Designed features that maximize natural ventilation such as high ceilings, large windows and skylights (without compromising the structural integrity of the building)	☐	☐	☐	
Developed an energy management plan to measure energy consumption*	☐	☐	☐	
Optimized the use of on-site renewable energy	☐	☐	☐	
Renewable energy powers energy efficient				

WHO Health and Climate Change Global Survey (2021)



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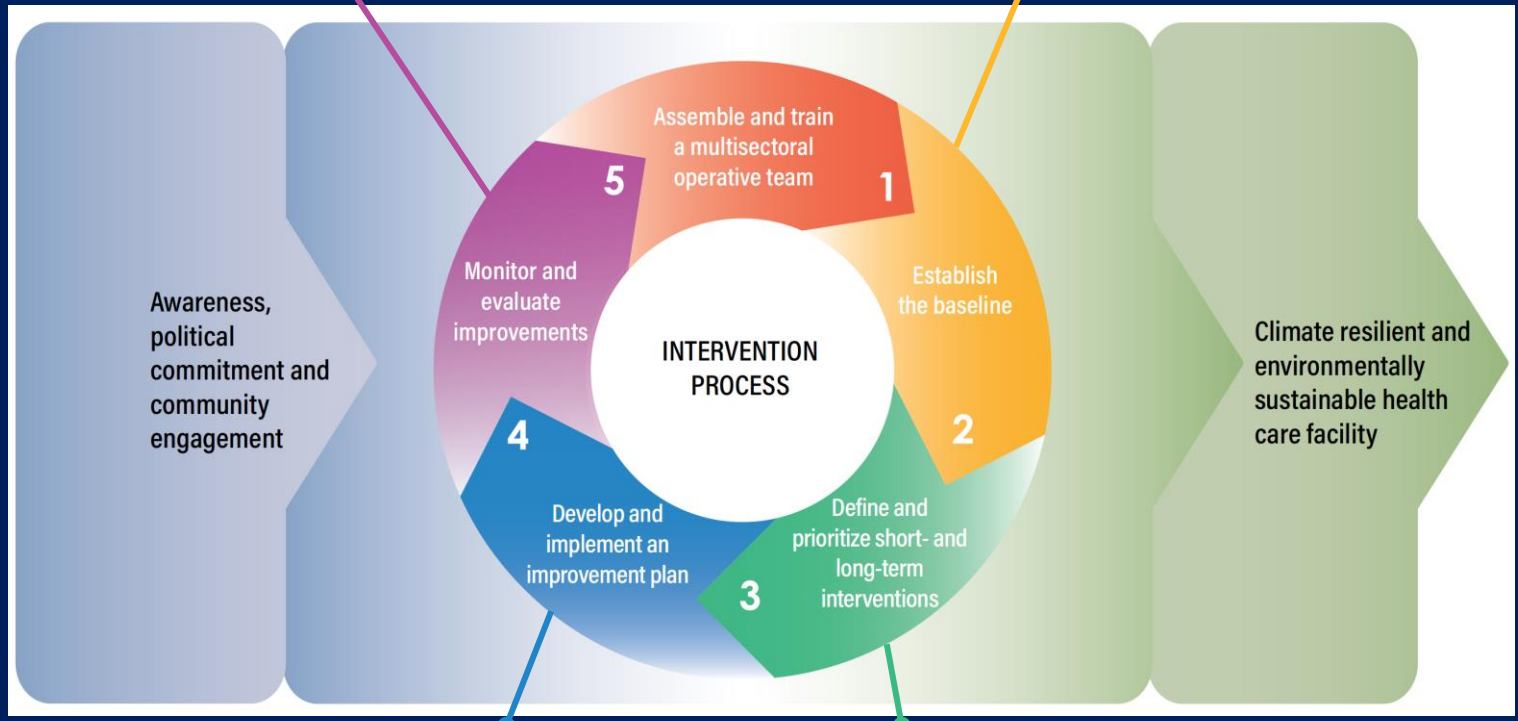

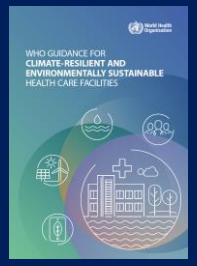

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Evolution of ATACH

UN CLIMATE CHANGE CONFERENCE UK 2021
IN PARTNERSHIP WITH ITALY

COP27 SHARM EL-SHEIKH EGYPT 2022

I-CAN

COP28 UAE

In June 2022:

The Alliance for Transformative Action on Climate and Health (ATACH) was formed to support country-level and global delivery of climate resilient and low-carbon health systems

82 countries
Over 40 partners
5 Working Groups

Objectives

ATACH has 4 main objectives

1 **Advocate for and enable concrete, ambitious commitments and priorities** on climate change and health

2 **Support member states to deliver commitments and priorities**

Commitments and progress

3 **Identify and promote evidence-based best practices, solutions and strategies**

4 **Advocate for and support development of innovative climate change and health solutions**

Solutions

Functions

Advocacy and agenda setting:
Creating an international shift in priority issues

Knowledge sharing:
Creating a platform to share experience, evidence, guidance, tools and technical assistance

ATACH has 5 key functions

through which it achieves its objectives

Monitoring:
Tracking and measuring country progress towards commitments and priorities

Finance: Identifying needs and supporting Member States to access finance for country-level interventions

Solutions and implementation

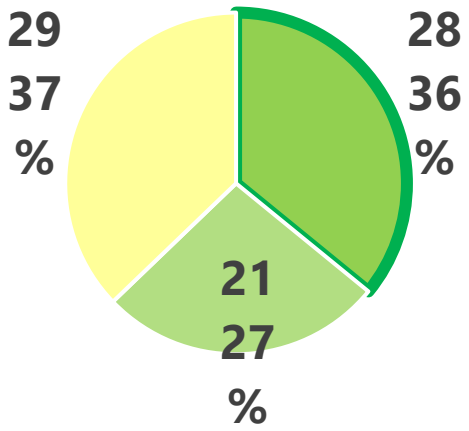
Progress

Monitoring: Country progress on CCH implementation

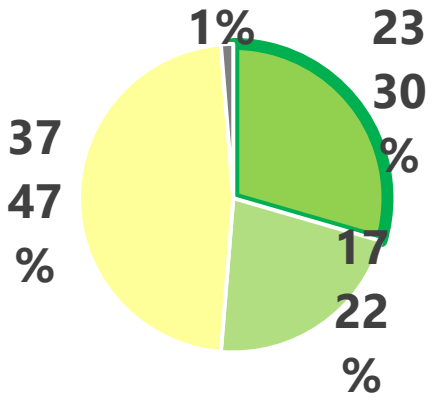
ATACH countries

82 countries committed to climate resilient and/or low-carbon health systems

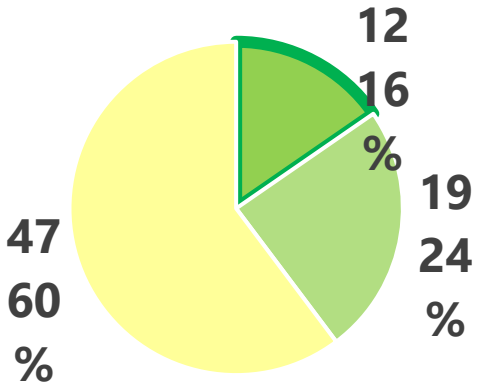
Vulnerability & Adaptation **(V&A) assessment conducted since 2020**



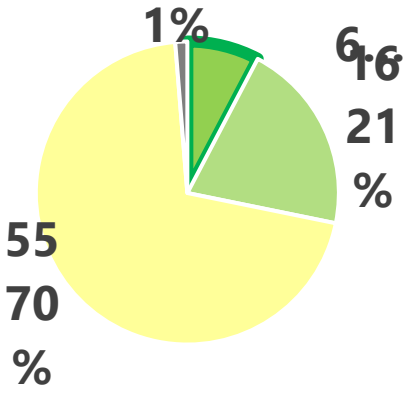
Health National Action Plan **(HNAP) developed/updated since 2020**



GHG emissions assessment for health system conducted



Low-carbon and sustainable health systems action plan developed



Completed | Started | Not yet conducted / developed | Unknown

Reponse provided by 78 countries

Data source: 2023/24 ATACH Baseline Questionnaire

Partner support on CCH implementation

Example 2: Health Care Without Harm

Technical and financial support to CCH country processes

	V&A Assessment	HNAP	GHG Emissions Assessment for Health Systems	GHG Emissions Assessment for Health Facilities	Low-carbon and sustainable health systems action plan*
Belgium			*Technical*		*Technical*
Colombia			*Technical + Financial*		
Ireland			*Technical*		*Technical*
Lao PDR				*Technical*	
Nepal					
Netherlands			*Technical*		*Technical*
Peru				*Technical + Financial*	
Philippines				*Technical*	
Portugal			*Technical*		*Technical*
Timor-Leste	*Technical + Financial*				

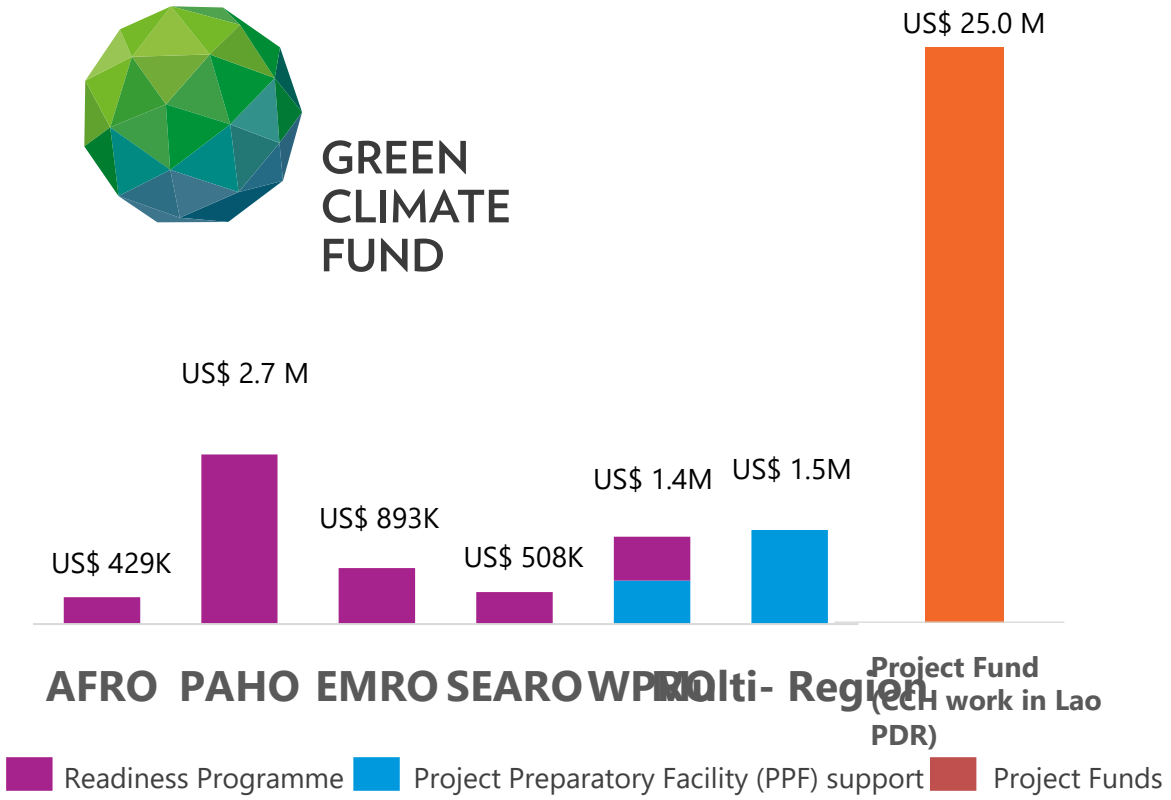
Planned
In Progress
Completed

*In Partnership with Arup

Data source: 2023/24 ATACH Baseline Questionnaire

Example 1: Green Climate Fund

Investments in climate-resilient and low carbon health systems & adaptation projects with potential health benefits



US$ 32M Invested in

Climate Change and Health

US$566 Invested in projects with potential health co-benefits

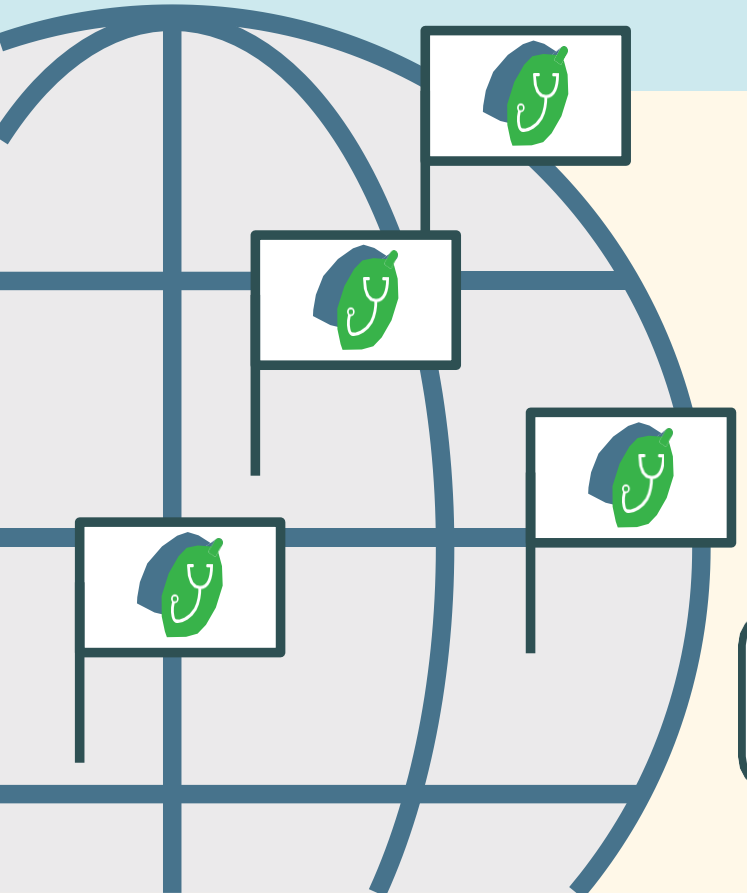
PPF Support	Readiness Programme	Project Funds	Projects with Potential Health Benefits (2022)*
US$ 2.2M	US$ 5.2M	US$ 25M	US$ **566**

*15 projects, with 12 focusing on improved water and food security

Data source: 2023/24 ATACH Baseline Questionnaire, 2023 Lancet Countdown

Path forward: Implementation

ATACH positioned as the global platform bringing together countries and partners around knowledge, finance and interventions for climate change and health.



Enable action and delivery on tasks

Leverage greater involvement and leadership by countries and partners

World Health Organization

WASH in Health Care Facilities

unicef for every child

Strategic roundtable on WASH, waste and electricity in health care facilities

Wider integration with emergency, pandemic preparedness and AMR

World Health Organization

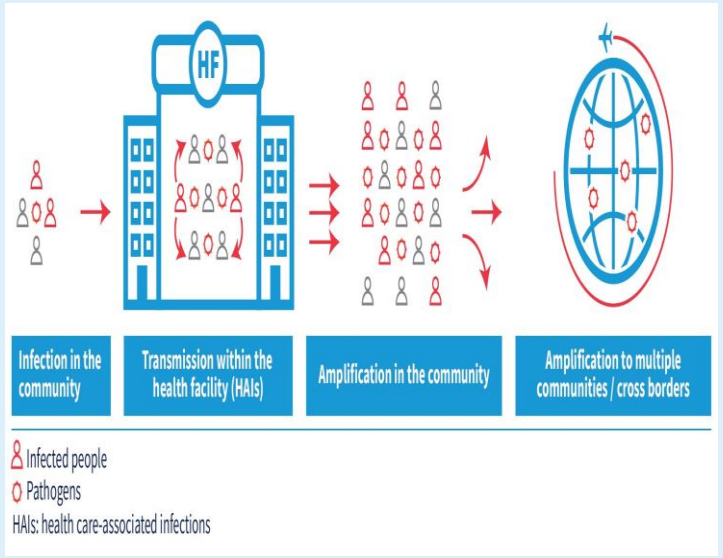
WASH in Health Care Facilities

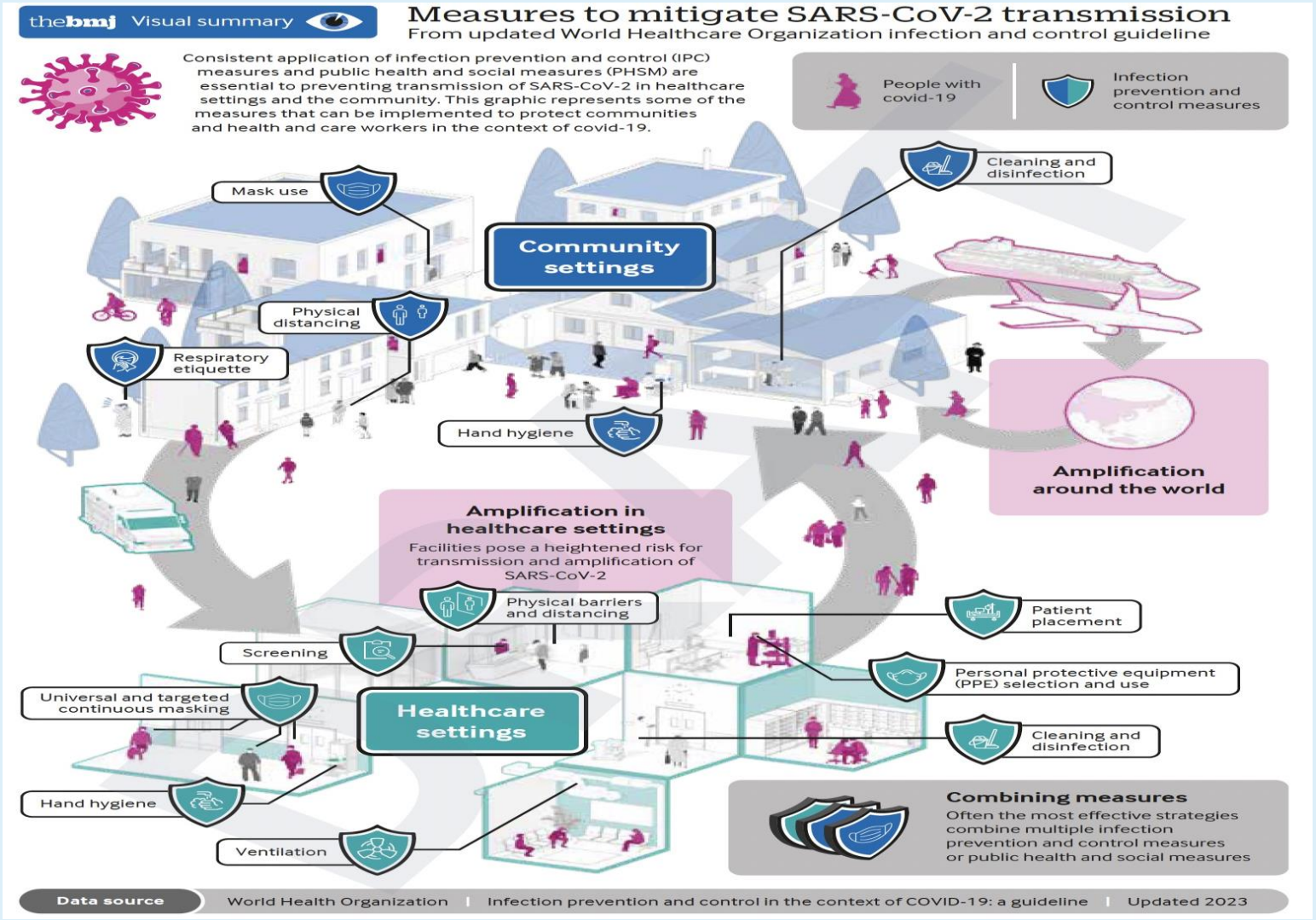
unicef for every child

Dr April Baller, WHO

IPC/WASH opportunities in pandemic preparedness and outbreaks

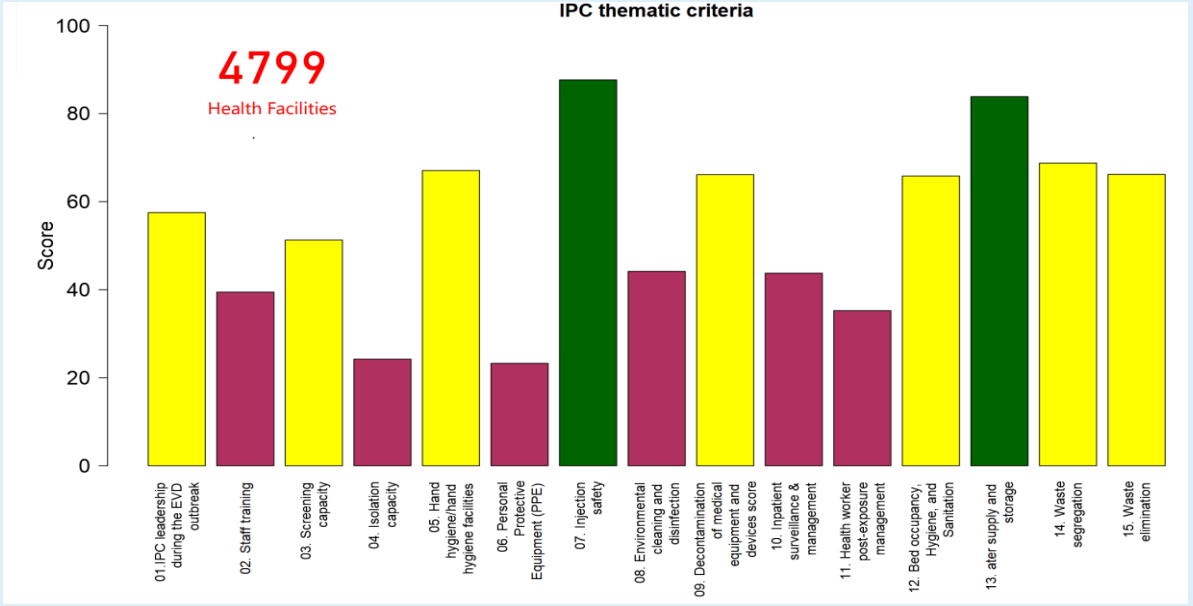
Health emergencies preparedness and response



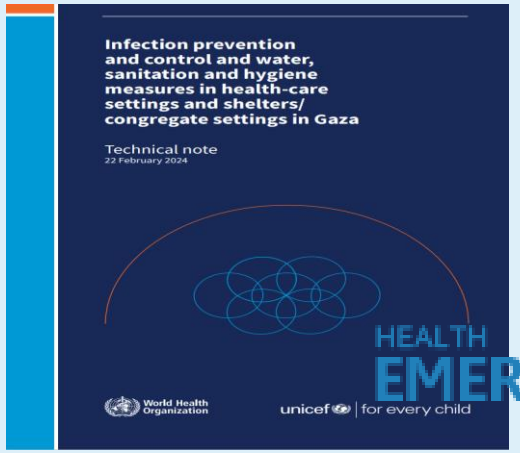


https://www.bmj.com/content/bmj/385/bmj.q645.full.pdf

Limited surge capacity during emergencies – infrastructure, supplies

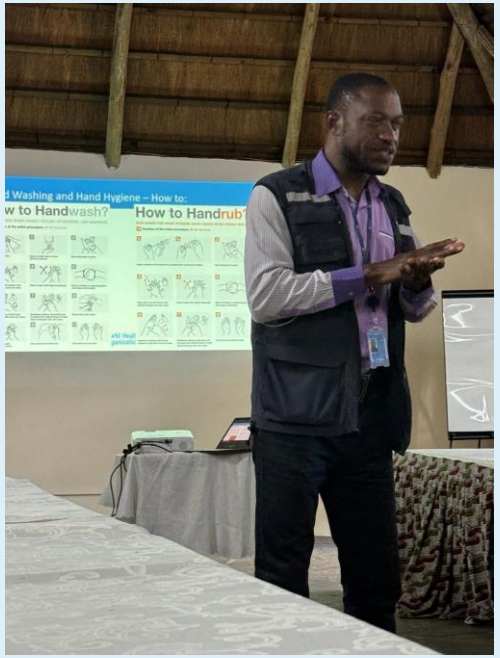


1. Isolation Capacity
2. Availability of PPE
3. Health and care worker post-exposure management



World Health Organization

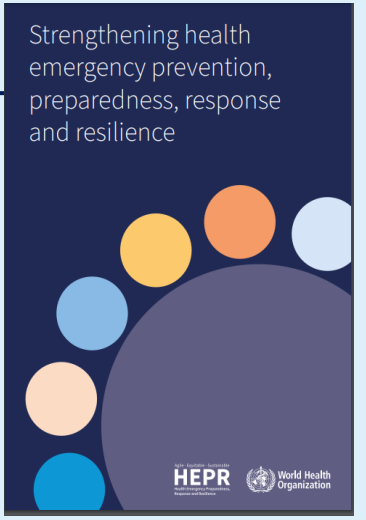
Real-time capacity strengthening



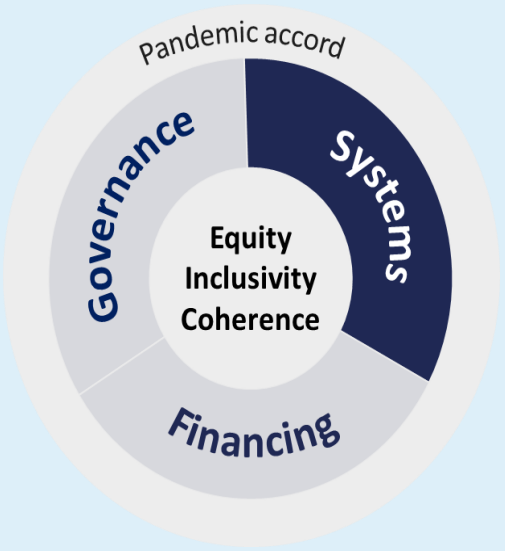
World Health Organization

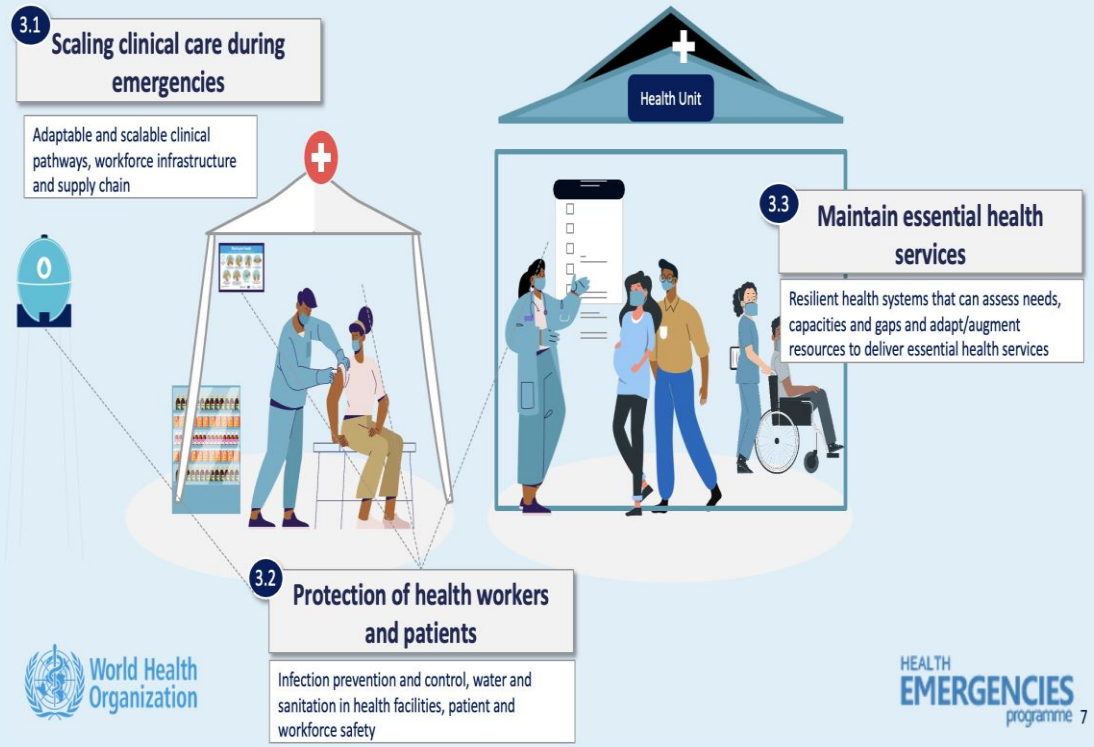
HEALTH EMERGENCIES programme

Opportunities



- Global Architecture for Health Emergency Preparedness, Response, and Resilience: **Systems** strengthen capacity, coordination and collaboration





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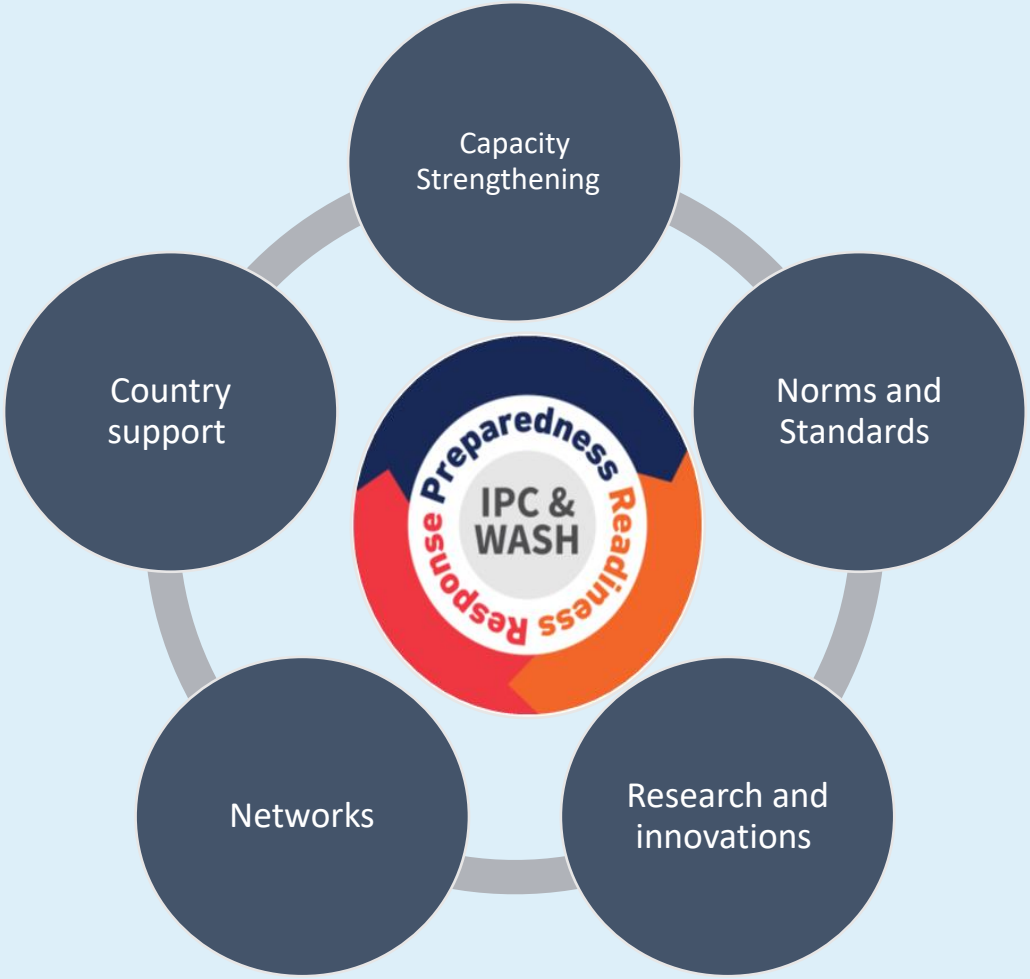
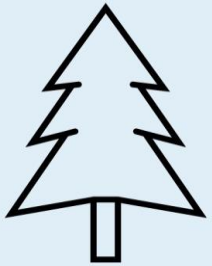
Opportunities

"Integration" of IPC and WASH during emergencies

Strategic and technical lead on IPC and WASH during health emergencies, enabling countries to provide safe and scalable care and community protection through development of norms and standards, partnerships, promoting research and capacity strengthening.




IPC


WASH

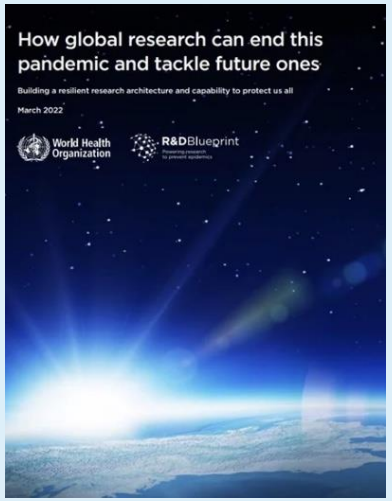
World Health Organization

HEALTH EMERGENCIES programme

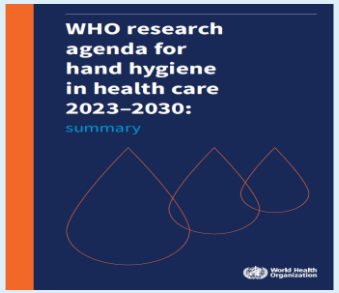
Opportunities

Limited evidence base for IPC/WASH during emergencies - research prioritization

- Environment sampling methods and deactivation
- IPC measures: transmission-based precautions PPE
- Early data management, collection, and interpretation
- Exploring non-toxic measures



- Pre-planned protocols for RCTs ready for outbreaks
- Standarization of wastewater-based surveillance
- Application of artificial intelligence
- Exploring low-cost methods



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WASH in Health Care Facilities

unicef for every child

Strategic roundtable on WASH, waste and electricity in health care facilities

Geneva

23-24 May 2024

Track 1: Monitoring

- **Key Issues**: Electricity data included; Limited available data; WASH indicators not included into HMIS (or other monitoring systems); undefined advanced indicators/differing levels of difficulty to meet existing JMP indicators, limited use of monitoring data in accountability systems, no global monitoring indicators on GEDSI, climate
- **Existing Tools:** JMP indicators (and draft birthing indicators)
- **Successes to-date:** Integration of WASH indicators into key monitoring tools like PHC measurement framework; examples from countries who have already developed higher level indicators; examples of WASH data being integrated into accreditation systems

How do we strengthen monitoring, and by extension, accountability systems? (activities to continue/improve/change, key asks, etc.)

Track 2: financing and investments

Increase investments and budgets for WASH, waste and electricity infrastructure and services, articulate viable budgeting and financing models for different settings and track spending as part of financially accountability. Such models should include workable tools for determining costs, prioritizing expenditures for both capital and recurrent costs, including for operation and maintenance. It also needs to explore viable financing models with a particular focus on public spending. In addition, document cost savings from such investments to increase political support and allocations.

- **Our task**: identify **activities to continue**, **activities to improve/change**, **key asks** for government and donors, ways to strengthen and integrate **climate, gender, human rights**
- **Knowledge**: investment case (costs and cost of inaction); financing gap
- **Tools**: costing tools and exercises, public expenditure review and tracking
- **Sources**: increase efficiencies, tariffs, public funds, private capital, climate finance, donors and development partners
- **Partnerships**: IFIs, Private sector, UN, Govt, academia

Track 3: Advocacy, Leadership, Civil Society, Gender

To continue

- Global and national advocacy
- Integration into climate, energy sectors and continue to work closely with PHC/Mother and Child Health

To improve/change

- Reach out to gender-focused networks
- Include health focused civil society networks
- Invest in mobilisation of direct voices and be intentional about opening spaces for engagement of women and health care workers in decision making platforms
- Build a stronger WASH for health investment case across priority integration areas

Key asks of governments

- Prioritise WASH W&E in planning and budgeting, including O&M costs
- Coordinate investments across sectors under the thematic heading WASH W&E (using budget tracking and M&E)
- Strengthen Information Management and use for decision-making
- Ensure a gender responsive/ GEDSI approach to programming, investments and monitoring

Key asks of partners

- Civil society including budget accountability on WASH in HCF
- Academia – building evidence based to support investment case for WASH in health

Track 5: Supporting and sustaining facility improvements, including through WASH FIT and other tools

State of the evidence

- Systematic review on WASH FIT effectiveness
- WHO/UNICEF evidence synthesis report (forthcoming, July 2024)

Global community of practice and working group on WASH FIT

Potential working group topics/outputs

- Digitization
- Health systems strengthening / integration
- Evidence building
- More sophisticated trainings
- Costing (what does it take to actually do WASH FIT?)
- Sustainability post project-inputs

Session objectives

- Articulate specific actions and needs to support sustaining improvements
- Contribute to consensus for the global framework for action

Linking the WASH System Essential Building Blocks (IRC WASH and WASH FIT (WHO, UNICEF)

WASH FIT supports national strategy rollout and informs discussions on norms & standards; e. g., waste management; patient safety policies / charters.

Policy & legislation:
Sector policy & strategy, legal framework, norms & standards, by-laws

Planning:
planning & budgeting, capacity & frameworks for planning

WASH FIT informs local / national heath system and municipal annual development plans, helping to prioritize interventions in case of limited budgets

WASH FIT gives autonomy to local levels for decision making; identifies capacity building needs for health work force development

Institutions:
coordination, roles, responsibilities, capacity, sector mechanisms

Finance:
flows & responsibilities, clear frameworks including life-cycle costs & source identification

WASH FIT plans can be used to generate costing data to advocate for staff & infrastructure financing

WASH FIT assessments directly address quality and maintenance of climate resilient infrastructure

Infrastructure:
development & maintenance, project cycles, asset management, roles

Regulation & accountability:
accountability mechanism, regulatory framework & capacity

WASH FIT facilitates consultations between community members and duty bearers / GEDSI

WASH FIT data can feed into national monitoring for WASH in HCF; e.g., JMP indicators and WASHFIT in DHIS2 Mali

Monitoring:
framework & routine implementation, service levels, use of data

Water resources management:
allocation & management of resource abstraction, water quality, coordinated efforts

WASH FIT management domain calls for inclusion of climate resilience in HCF improvement plans and strategies

Learning & adaptation:
capacity & frameworks to capture and feedback lessons learned, update & adapt various building blocks

WASH FIT supports operational research and learning for enhancing Infection prevention and control

IRC Supporting water sanitation and hygiene services for life
Swiss Water & Sanitation Consortium
HELVETAS
Terre des hommes Helping children worldwide