

Consensus Statement



2024–2030



Role of policymakers and partners
in implementing the
Global Framework for Action
on water, sanitation, hygiene, waste,
and electricity services in
health care facilities

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This Statement is founded on principles and actions articulated in numerous global agreements including the 2019 World Health Assembly Resolution (WHA)¹ and the 2023 United Nations General Assembly (UNGA) Resolution on water, sanitation, hygiene, health care, waste, and electricity in health care facilities.² It also builds upon the 2024 WHA Resolution on Climate Change and Health³ and the WHO Global Action Plan and Monitoring Framework 2024-2030 on Infection Prevention and Control (IPC).⁴

The commitments and evidence are underpinned by numerous global reports by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF). It also reflects the proceedings of the Global Roundtable *“Fundamentals for quality care: Priority actions to accelerate universal access to water, sanitation, hygiene (WASH), waste and electricity services in health care facilities”*, held in Geneva, Switzerland on 23-24 May 2024.⁵ The Roundtable was convened by WHO and UNICEF with support from partners including World Bank, WaterAid and the International Federation of the Red Cross and Red Crescent Societies (IFRC).

The Global Roundtable provided an opportunity to discuss partner commitments in implementing the WHO/UNICEF Global Framework for Action (2024-2030).⁶ The Global Roundtable was attended by 70 participants over two days, including Ministry of Health representatives from select countries (Hungary, Nepal, the Philippines, United Republic of Tanzania), international organizations, donors, and non-governmental organizations (NGOs). The Roundtable follows from discussions held at the 2023 Global Summit on WASH, waste, and electricity in health care facilities (held in Amman, Jordan on 13–15 June 2023) which included 35 countries and 130 participants.⁷ Several regional processes and instruments support the implementation of the global action agenda, fostering complementary regional policy commitments and promoting sub-regional and national implementation. Examples include the Declaration of the Seventh Ministerial Conference on Environment and Health,⁸ the European Protocol on Water and Health,⁹ which have identified WASH in health care facilities as key priorities for regional action, as well as the Eastern Mediterranean regional framework on climate change, health and environment.¹⁰

In this Consensus Statement the “we” refers to all partners involved in these processes (e.g. UN agencies, financing institutions and funds, NGOs, civil society). Countries are at the core of efforts and their commitments and actions are articulated in the aforementioned UNGA resolution.

This Statement, and the supporting Global Framework for Action and UNGA Resolution, marks a new phase in why WASH, electricity, and waste management in health care facilities are more critical than ever. While progress has been made in strengthening standards, implementing incremental improvements and developing national plans,¹ there are still huge gaps in services, which undermine all health efforts. Based on 2023 data, 742 million people were served by facilities with no water source and 660 million people had no sanitation and 772 million had no hand hygiene facilities at their health care facility.¹² Close to 1 billion people in low- and lower-middle-income countries are estimated to be served by health care facilities that either lack access to electricity (433 million people) or have an unreliable electricity supply (478 million people).¹³

¹ These actions are monitored and supported by WHO/UNICEF and partners. Latest progress can be found online at the “country tracker” and in regular global progress reports. <https://www.washinhcf.org/country-progress-tracker/>

SANITÁRIO DO PESSOAL TÉCNICO



1. Endorsement and Commitment

1.1 We embrace and will work to implement the vision of the Global Framework for Action 2024-2030 where “all health care facilitiesⁱⁱ have safe, sustainable, and inclusive water, sanitation, hygiene and health care waste services and reliable electricity for quality care” by 2030.

1.2 We recognize that such services and hygiene practices are non-negotiable for effective infection prevention and control, delivering primary health care, quality of care and achieving universal health coverage. They are essential for ending preventable maternal and newborn deaths, reducing harm and costs due to health care-associated infections, and stopping the spread of antimicrobial resistance (AMR), and for emergency preparedness and effective response. In addition to that, institutions like health care facilities have a unique role in reaching communities that are marginalized, hard to reach, or otherwise unserved.



1.3 We believe it is unacceptable that more than 1 billion people visit health care facilities with inadequate or no WASH, unreliable or no electricity, or waste management services. Lack of services undermines all health efforts, is an affront to human rights and dignity, deters health seeking behaviour, puts health workers and community members at risk of preventable infections, demotivates and undermines health worker performance and job retention, and undermines efforts to prepare and respond to health emergencies. Furthermore, we emphasize that the huge gaps in such services are a huge barrier to achieving several Sustainable Development Goals (SDGs), primarily on water and sanitation (SDG 6), but also the SDGs for health (SDG 3), gender equality (SDG 5), affordable and clean energy (SDG 7) and climate change (13). We welcome efforts to support countries in driving progress on these issues.

1.4 We highlight the large costs of inaction and the reasonable costs of improving services. Investing in hand hygiene in health care facilities results in up to US\$11 savings in health care expenditure for every US\$1 invested.¹⁵ In the least developed countries, improving WASH services would cost just US\$0.60/person/year.¹⁶ Furthermore, a study in Eastern and Southern Africa found that health care-associated infections have an economic cost of US\$6 billion and investing in basic WASH and waste services would result in a 4.2 benefit/cost ratio.¹⁷

ⁱⁱ A health care facility includes all major types of facilities that provide care including hospital at the highest level to first level primary care facilities. They may be public, private or managed by non-governmental or faith-based organizations. (ref: Harmonized health facility assessment: comprehensive guide, WHO 2023, <https://www.who.int/publications/i/item/9789240060302>)

2. Priority Actions for Implementation

2.1 Government

- 2.1.1** Governments will work to fulfil commitments articulated and agreed upon in the UNGA resolution including facilitating cross-sectoral engagement, updating and implementing standards, developing and financing national roadmaps, ensuring adequate budgets and integrating WASH, electricity access and waste management into health systems planning, programming, monitoring and financing.
- 2.1.2** Governments from high resource countries will commit to strengthen international cooperation, to support efforts to finance, build, strengthen and maintain capacity in developing countries to improve water, sanitation, hygiene, waste management and reliable electricity in health care facilities.
- 2.1.3** Governments recognize the fundamental role of WASH, waste management and reliable electricity services in health care facilities for upholding human rights, providing universal health coverage and meeting the commitments of the Global Action Plan on IPC. Governments will take leadership actions to ensure effective integration and coordination with priority health, climate, human rights and humanitarian efforts.

2.2 WHO, UNICEF and other UN agencies

- 2.2.1** We will continue to support strengthening monitoring of services and dissemination of data. We will support countries to integrate WASH, waste, and electricity indicators into health monitoring information systems and share data to inform regional and global analyses and reporting. We consider this critical to the joint WHO-UNICEF emphasis on reorienting health systems towards primary health care. The WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) will continue to report on basic services, work to align with and integrate electricity data, and work to align with climate data and reporting, as well as with the Global Action Plan and Monitoring Framework on IPC.
- 2.2.2** We will work to strengthen systems and national reporting on the eight practical steps, including on undertaking baseline assessments, strengthening standards, improving cross-sectoral coordination, and developing resourced, realistic costed plans. The UN-Water Global Analysis and Assessment of Sanitation and Drinking Water (GLAAS) will complement this monitoring and support with a focus on financing. We will also foster co-synergies and integration of systems strengthening efforts, with for example, electricity access and vaccination, laboratory surveillance and water quality testing and safe management of pharmaceutical waste and antimicrobial resistance.
- 2.2.3** We will regularly report on global progress in implementing the eight practical steps and improving services including through global progress reports, including to the UN General Assembly in 2025 for the aforementioned resolution.



- 2.2.4** We will make use of existing regional instruments, frameworks, platforms, and tools to leverage implementation of critical national actions, including improved standards, roadmaps and monitoring.
- 2.2.5** We will work with partners to streamline existing tools and approaches, such as aligning the WHO/UNICEF Water and Sanitation for Health Facility Improvement tool (WASH FIT)¹⁸ with tools on climate resilience and environmental sustainability and with broader efforts for strengthening climate resilience and low-carbon and sustainable health systems and facilities.

2.3 Global health programmes and partners

- 2.3.1** We, who work on child and maternal health, IPC, primary health care, quality of care, AMR, immunizations, vector borne disease and health emergencies, will include WASH, waste and electricity partners in strategy-making, planning and implementation. We will include WASH, waste, and electricity indicators and data in reporting. We will avail funding for relevant WASH, waste and electricity activities, and work to integrate concepts and learnings on these topics into training and implementation.
- 2.3.2** We will develop and support the health workforce to deliver and maintain WASH, waste management, and electricity services and practice good infection prevention and control by building capacity of national training institutions, health and WASH professional societies and government entities tasked with delivering health care and WASH, waste and electricity services.
- 2.3.3** All emergency health actors, including the Health and WASH Clusters and those working on outbreak prevention and control will assess and report on WASH, waste, and electricity access using existing global indicators (e.g. through WHO HeRAMS¹⁹), implement and invest in priority improvements identified through existing toolsⁱⁱⁱ (e.g. WASH FIT) alongside IPC efforts and regularly report on gaps and advocate for greater investments including those that provider safer, more sustainable services in order to better prevent and prepare for outbreaks and other emergencies.

ⁱⁱⁱ Adaptation and use of common existing tools is expected. Such tools include the Water and Sanitation for Health Facility Improvement Tool (WASH FIT) or the Facility Evaluation Tool for WASH in Institutions (FACET).

2.4 NGOs and implementing partners

- 2.4.1** We will continue to support development and implementation of country-led roadmaps and align with national direction including use of existing tools and frameworks^{iv} on WASH, IPC, climate resilience and sustainability. We will report on outcomes and share learnings to accelerate delivery of WASH, waste management and electricity access in health care facilities according to global and national standards.
- 2.4.2** We will work with public institutions and governments in incorporating WASH, waste, and electricity access elements into professional training programmes, supporting regular mentoring, and on-site training, and working with national professional institutions to strengthen career pathways.
- 2.4.3** We will support governments to design, invest in, monitor and maintain inclusive services^v which meet the needs of all users, including women, children, ethnic and minority populations, elderly, and those with limited mobility and other disabilities. Improving inclusivity will require greater engagement of users and civil society to identify gaps, co-designs services that meet the needs of all users, regular monitoring, and increasing financing and regular budgeting. We will support local authorities to strengthen water access, uses, community benefits, etc. so they become allies in advocacy and will develop relationships and agreements with stakeholders (engineers, plumbers, cleaners, government officials, etc.) who will be needed to maintain the system.
- 2.4.4** We will promote climate resilience and sustainability, including through commitments made in COP 26^{vi} by working with and supporting implementation of WASH, waste management and electricity based on information generated by climate forecasting and surveillance.

^{iv} Such tools and frameworks include WASH FIT, institutional WASH insecurity experience (InWISE), safe, climate resilient and environmentally sustainable health care facilities and the WHO Infection Prevention and Control Assessment Framework (IPCAF).

^v Such services include safely managed water, including water availability and water quality, safely managed sanitation, including providing facilities for menstrual hygiene management, safe management of health care waste, hand hygiene facilities and support for behavior and safe management of health care waste, including waste reduction, recycling and non-burn treatment options.

^{vi} At the Conference of Parties 26 countries committed to climate resilient, low carbon and sustainable health systems. The Alliance for Transformative Action on Climate Change and Health (ATACH) is working to support countries to implement and track these commitments.
<https://www.who.int/initiatives/alliance-fortransformative-action-on-climate-and-health/cop26-health-programme>

3. Leadership and Investments

3.1 Financing institutions (e.g., World Bank Group and other Multilateral Development Banks, Regional Investment Banks), bilateral donors and philanthropic organizations

3.1.1 We will raise awareness and support in doubling the number of people benefitting annually from domestic and external investments in WASH, waste, electricity and IPC in health care facilities, including, as part of comprehensive strategies to achieve quality care and universal health coverage (SDG 3). This includes focused attention to effectively deliver primary health care, reduce maternal, newborn and child mortality, strengthen outbreak prevention, preparedness and response, and effectively integrate with IPC and AMR efforts.

3.1.2 We will work to develop the sustainability and climate resilience of health care facilities as part of a comprehensive approach. In addition, financing to support universal access to safely managed water and sanitation services (SDG 6) and energy (SDG 7) will target improvements to, and extension of, utility services to health care facilities.

3.1.3 We will ensure investments will be aligned with national strategies and plans and government programmes and priorities and will include mechanisms to make sure that adequate operation and maintenance is financed and supported.

3.1.4 We will regularly publicly report on funding amounts and in what areas and programme funds are invested. We will seek to invest in government systems and strengthen cross-sectoral opportunities to leverage both public and private funds and investments in connecting health care facilities to utility water, sanitation and energy services.



3.1.5 We will articulate viable budgeting and financing models across a range of settings. Such models will require close coordination with health financing, be rooted in public spending and should include workable tools for determining costs and prioritizing expenditures for capital and recurrent costs. In addition, such analyses should identify models for cross-sectoral collaboration and investment efficiencies across different sectors that contribute to WASH, waste, electricity and IPC in health care facilities.

3.1.6 We will invest in research that supports the case for investment, articulates and demonstrates the impact of safe and sustainable WASH, waste and electricity integration models and demonstrates health and other outcomes, including economic outcomes. We will also support integrated health, climate and WASH research that demonstrate viable sustainable technologies for WASH, waste, and electricity in health care facilities.



3.2 All partners and Global Strategic Network

- 3.2.1** We will raise awareness among health, WASH, climate, and energy partners and colleagues and include indicators and specific actions, as detailed in the Global Framework for Action, in major global and regional agreements and discussions, including those on AMR, IPC, universal health coverage, PHC, maternal, newborn and child health, emergency preparedness, cholera prevention and control, as well as leverage partnership platforms such as the SDG 3 Global Action Plan for Healthy Lives and Wellbeing for All, through G7 and G20 discussions and annual meetings.
- 3.2.2** We support adaptive leadership and will work to capacitate national and local advocacy efforts and civil society to effect change, including by providing concrete and longstanding social, political, and budgetary commitments and actions. We recognize that contexts and leadership evolve and adaptations in strategies and approaches are required. We support advocates who can identify emerging opportunities and take advantage of change while maintaining a cohesive strategy.
- 3.2.4** Partners will support countries in working more collaboratively with health and care workers and civil society to advocate for change, document needs and solutions and hold leaders to account. National, regional, and global channels of engagement will be strengthened, including through www.washinhcf.org to listen to and mobilize civil society voices to better understand and meet all user needs and advocate for change.

4. Conclusion

We commit to widespread adoption of and implementation of the actions articulated in this consensus statement amongst our fellow policymakers and health care leaders around the world.

- 4.1** All 193 UN Member States have committed to the key actions articulated in the UNGA resolution (as highlighted in Section 2.1). In addition, a number of early adopter countries have committed to sharing lessons learned to support wider scaling up including through participating in the Global Strategic Network (GSN) and in the European Water and Health Protocol.
- 4.2** The following organizations support WHO and UNICEF in this effort and commit to the above actions. The partners include Catholic Relief Services, Gavi, Global Fund for HIV, Malaria and TB, IFRC, London School of Hygiene and Tropical Medicine, Malteser International, Save the Children, Swiss Water and Sanitation Consortium, WaterAid, White Ribbon Alliance, World Bank, World Vision, University of North Carolina, US Centers for Disease Control and Prevention. Interested additional organizations and actors who would like to commit and take action should email washinhcf@who.int.



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www.washinhcf.org

WHO/UNICEF Joint Monitoring Programme:

www.washdata.org

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