

Water, sanitation and hygiene (WASH) in health care facilities

Joint action for universal access and improved quality of care

The sustainable development goals (SDGs) have been agreed and it is the ambition of the global community to ensure the availability and sustainable management of water and sanitation for all by 2030. This includes ensuring access to safe and adequate WASH in health care facilities. Without such services, the global community will not reach the goal of universal access to WASH, neither will it achieve any of the global health-related goals, including those to reduce maternal mortality and end preventable newborn deaths, to strengthen capacity to prevent and better manage global health risks, and to provide quality, affordable, people-centered health care for all. These important goals will only be achieved if water, sanitation and hygiene (WASH) and health actors work collaboratively and effectively together.

WHO STANDARDS FOR WASH SERVICES IN HEALTH CARE FACILITIES

The WHO document *Essential Environmental Health Standards in Health Care* describes essential environmental health standards for health care in low-resource settings (WHO, 2008). These standards cover availability of on-site safe, sufficient and reliable water, adequate numbers of improved, accessible and gender segregated sanitation facilities for patients, staff, and visitors, safe hygiene practices (e.g. handwashing), hygiene promotion to patients and caregivers, and safe management and disposal of health care waste.

WASH IN HEALTH CARE FACILITIES IS FUNDAMENTAL FOR QUALITY CARE

Ensuring adequate WASH at healthcare facilities minimizes the risk of infection for patients and their families, health workers and surrounding communities. Clean and safe healthcare facilities can increase demand for and trust in services, reinforce the role of healthcare services and staff in setting societal hygiene norms, increase the motivation and retention of health workers, and result in cost savings from infections averted and more efficient service delivery.

A LARGE NUMBER OF HEALTH CARE FACILITIES HAVE NO OR VERY LIMITED WASH SERVICES

Despite the fundamental need of WASH for quality health service delivery, access to WASH in healthcare facilities is alarmingly poor. A 2015 WHO/UNICEF global report reveals that 38% of health care facilities have no source of water. Water coverage estimates reduce by half when factors such as reliability and functionality are taken into consideration. Furthermore, the provision of water and soap or alcohol-based hand rubs for handwashing was absent in over one third of facilities, and almost one fifth of facilities did not have improved sanitation.

GREAT OPPORTUNITIES TO MAKE A DIFFERENCE: GLOBAL ACTION PLAN

To address these challenges, WHO, UNICEF and partners, including WaterAid, committed at a global meeting in March 2015 to immediately address the situation with the aim to **ensure that all health care facilities in all settings have adequate water, sanitation and hygiene services by 2030.**

The responsibility of WASH provision and compliance in health care facilities lies primarily with health authorities and within health systems. However, both WASH and health actors play a critical role in ensuring that WASH services and practices in facilities are sustainably met and financed.

THE GLOBAL ACTION PLAN

Vision: To ensure that by 2030, every health care facility, in every setting, has safely managed, reliable water, sanitation and hygiene facilities and practices to meet staff and patient needs in order to provide quality, safe people-centered care, with particular attention to the needs of women, girls and children.

A Global Action Plan has been developed, with five change objectives, to drive progress towards achieving this vision. Under each objective are suggested approaches that WASH and health actors can take to collaboratively realize the Action Plan's vision and greater global WASH and Health goals.

JOINT ACTION WITH WASH AND HEALTH SECTORS

CO1. WASH in health care facilities is prioritized as a necessary input to achieving global and national health goals, especially those linked to Universal Health Coverage. Key decision makers and leaders champion WASH in health care facilities.

The global WASH and health communities must advocate for action to improve access to and investment in WASH in health care facilities. This includes to embedding WASH in health care facilities as a key component of quality Universal Health Coverage, maternal and newborn health targets, infection prevention and control activities and, outbreak prevention and response.

WASH Expertise WASH advocacy efforts should broaden to engage with health partnerships, institutions and movements, and to encourage cross- sectoral collaboration within development agencies and partners.

Health expertise Health advocacy efforts should ensure that all relevant health priorities and activities, particularly those relating to quality Universal Health Coverage and health systems strengthening, include targets and plans to ensure access to and behaviours related to WASH in health care facilities.

CO2. All countries implement national standards and policies on WASH in health care facilities and have dedicated budgets and human resources to improve and maintain WASH services in health care facilities.

It is important to ensure that all infrastructure and behavioural WASH-related work undertaken in health care facilities aligns with WHO and national standards. These standards should be adapted for each context and type of health care facility. All actors should support adherence to and implementation of national standards if they exist, or work with health authorities to develop, update and implement them if they do not.

WASH Expertise WASH actors should support the development and improvement of WASH standards in health care facilities building on their existing experience working with communities and institutions.

Health expertise All existing quality of care and infection prevention control policies and standards and related training materials should reflect the standards and include WASH related modules/sections.

CO3. Global and national monitoring efforts include harmonized core and extended indicators to measure WASH in health care facilities.

As part of global monitoring commitments for the SDG on Water and Sanitation, the WHO/UNICEF Joint Monitoring Program on Drinking Water and Sanitation will continue to report on access to WASH in homes and also reporter access in health care facilities and schools. To facilitate this, JMP is developing a set of core and extended indicators for WASH in health care facilities. These should be incorporated into all relevant WASH and Health sector programmes and accountability mechanisms.

WASH Expertise Ensure all WASH activities include core and extended indicators on WASH in health care facilities. Building on existing WASH monitoring expertise, work with health actors to support quality and reliable monitoring of WASH in health care facilities.

Health expertise Embed the core and extended indicators into health systems accountability and monitoring frameworks including those on Universal Health Coverage, quality of care for maternal and newborn health, national health system readiness surveys monitoring, and outbreak preparedness, response and resilience frameworks. Building on existing health monitoring expertise, work with WASH actors to support quality and reliable monitoring of WASH in health care facilities as part of health information systems (HMIS).

CO4. A strong evidence base exists to inform advocacy and support implementation of WASH in health care facilities.

Existing and newly generated evidence should be analysed, developed and used as a catalyst for advocacy, for driving investments and supporting evidence-informed action. Attention should be given to burden of disease estimates associated with poor WASH and on generating operational research on how to most effectively and sustainably improve WASH services and practices to inform effective implementation, scale up and further understand what drives and sustains change.

WASH Expertise Collaboratively undertake operational research of how to most effectively improve WASH services and practices within larger health systems structures. Develop costing tools to assess trade-offs of various WASH options. Support implementation of locally appropriate and environmentally sound technologies as well as develop and test new ones.

Health expertise With WASH actors, collaboratively undertake operational research in areas relating to quality improvements, health systems resilience and strengthening, burden of disease, cost effectiveness and cost benefits of effective WASH solutions and, demand and supply side health service delivery improvements.

CO5. Health care facility staff, management and patients advocate for improved WASH services and risk-based facility plans support continuous WASH improvements.

Building infrastructure and engaging in behavior change are important but not enough. Facilities must have management and quality improvement structures to identify and address critical risks, and to ensure processes exist to support operation and maintenance. WASH and health actors should support mechanisms for health staff and users to voice demands to duty bearers for improved WASH services.

WASH Expertise Utilize lessons learned and expertise from WASH risk-based approaches, such as Water Safety Plans and Sanitation Safety Planning, to develop appropriate tools for health care facilities. Draw on experience from rights-based WASH activities to support healthcare facility users and staff to advocate for improvements, maintenance and ongoing investments in WASH.

Health expertise Ensure that existing health facility audit tools and assessments, particularly those related to financing for facilities and quality of care, include WASH in health care facilities as a core element and have mechanisms to act and respond to the WASH needs as required.

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