

The background image shows a close-up of a white plastic water tap on a wall. In the blurred background, a person in a white nurse's uniform is walking away from the camera. The image is framed by blue borders on the left and right sides.

WASH in Health Care Facilities: Global action and health sector collaboration

Water, Sanitation and Hygiene in Health Care Facilities Session
Water and Health Conference, UNC, 2015

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Photo credit: WaterAid/Eliza Deacon

Globally, access to WASH in health care facilities is limited



38% do not have an improved water source



19% do not have improved sanitation



35% do not have water and soap for handwashing

Water, sanitation and hygiene in health care facilities

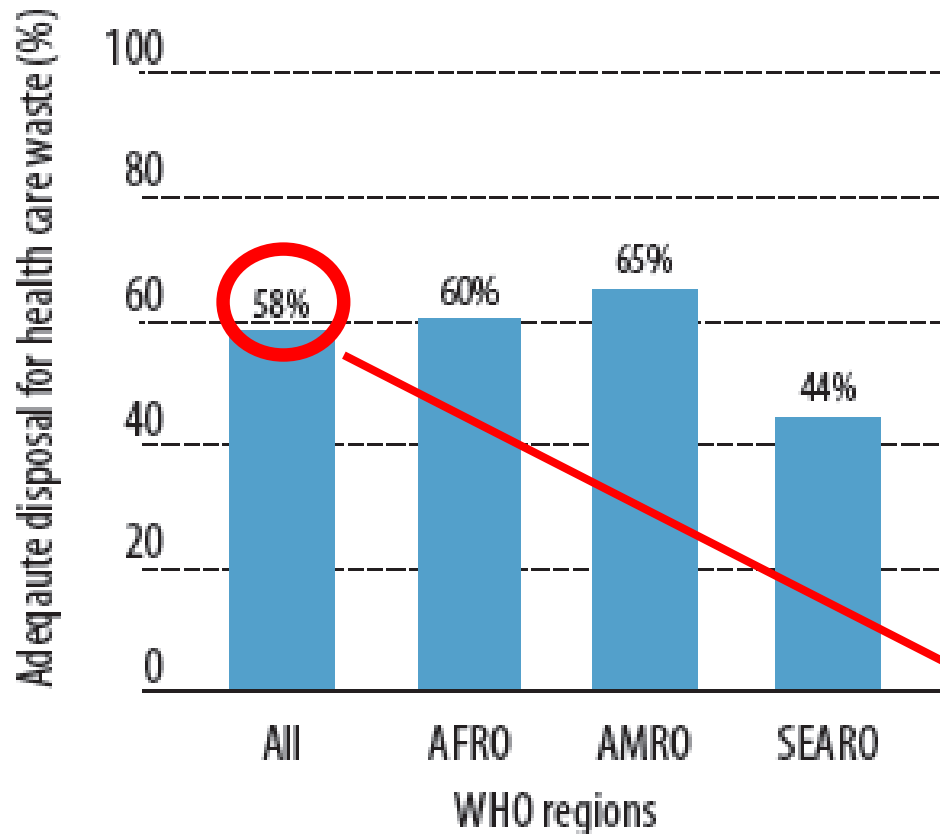
Status in low- and middle-income countries and way forward

WASH IN HEALTH CARE FACILITIES

FOR BETTER HEALTH CARE SERVICES



Safe health care waste management is also lacking

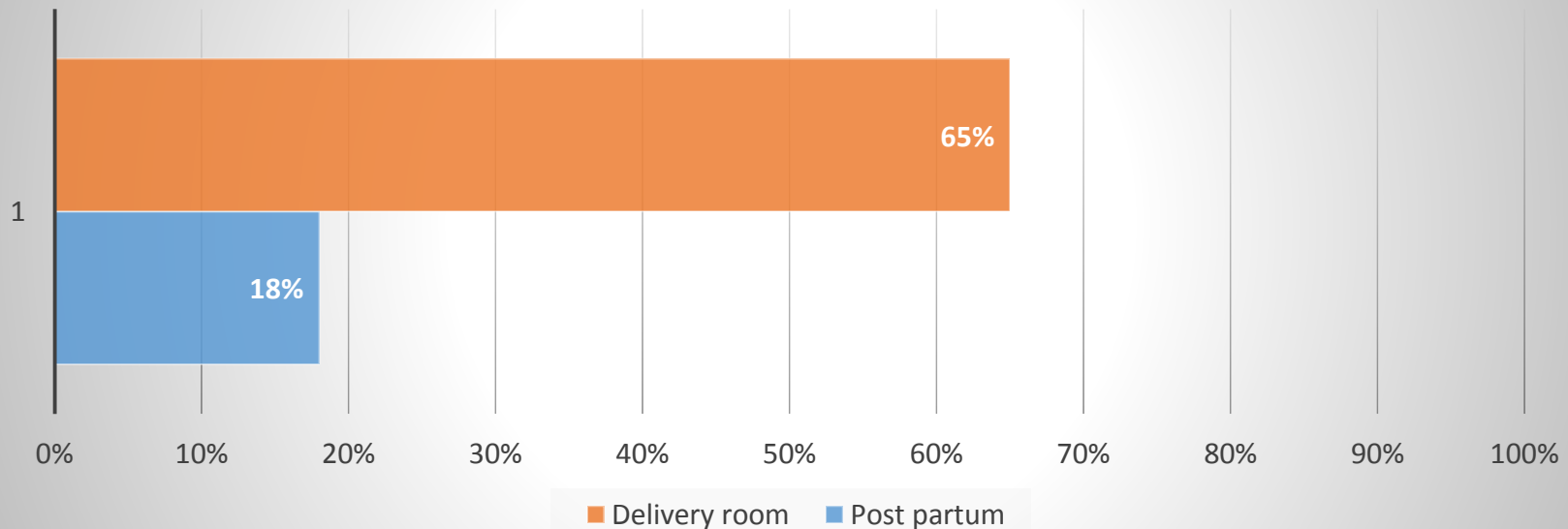


Nearly 2/3rds of facilities lack adequate waste disposal.

Conditions even worse in maternity wards

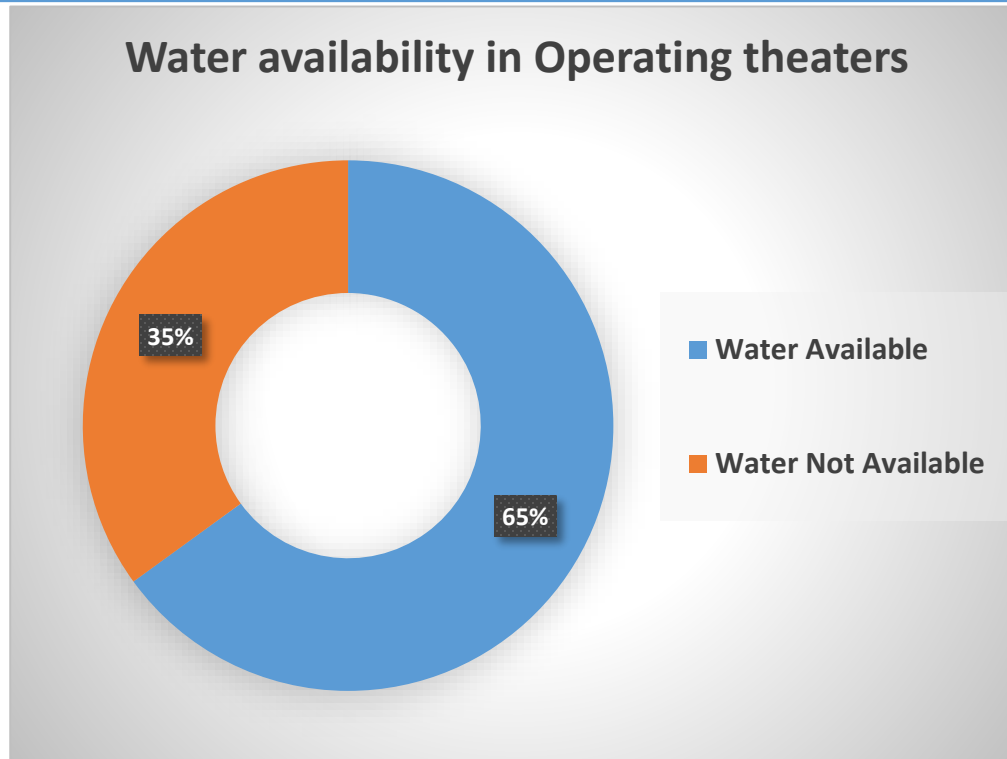
Data from 7 countries (4,087 maternities with 1,265,980 deliveries)

Water availability in Maternity units



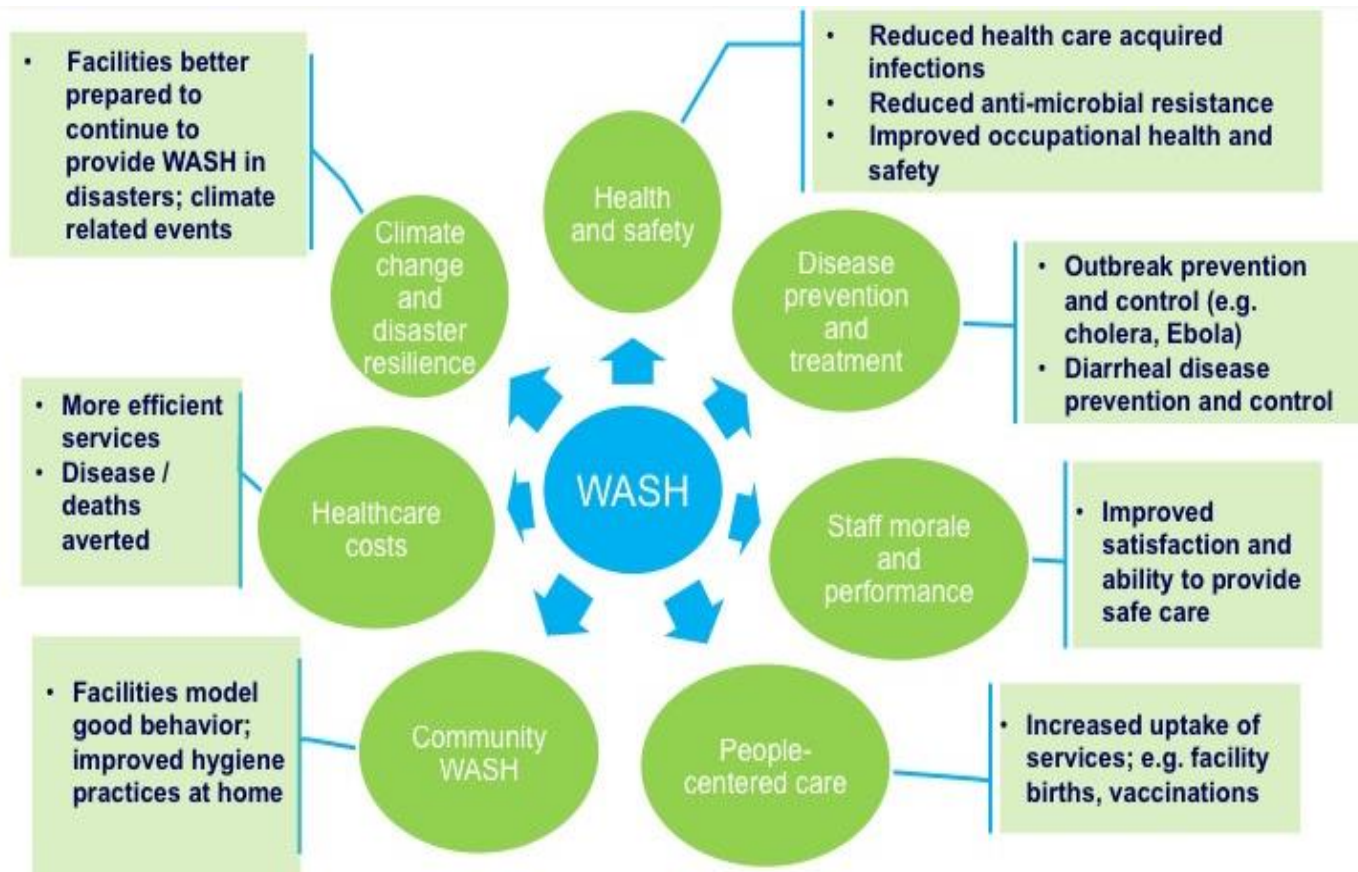
Water availability in operating theaters is better; but still less than optimal

Data from six countries (3 223 maternities with 1,132,881 deliveries)



Data was not available regarding the situation in ANC Rooms and Intensive care unit.

Benefits from improving WASH in health care facilities are many



Adapted from: WHO/UNICEF, 2015. Water, sanitation and hygiene in health care facilities: status in low- and middle-income countries and way forward.

WHO Standards provide a basis for improving and monitoring access

- Water quantity
- Water quality
- Handwashing facilities
- Excreta and wastewater disposal
- Health care waste disposal
- Cleaning
- Control of vector borne diseases
- Information and hygiene promotion



Global Action Plan

Vision (2030)

To ensure that 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.

Task Teams

**1. Advocacy
Leadership and
Action**

2. Monitoring

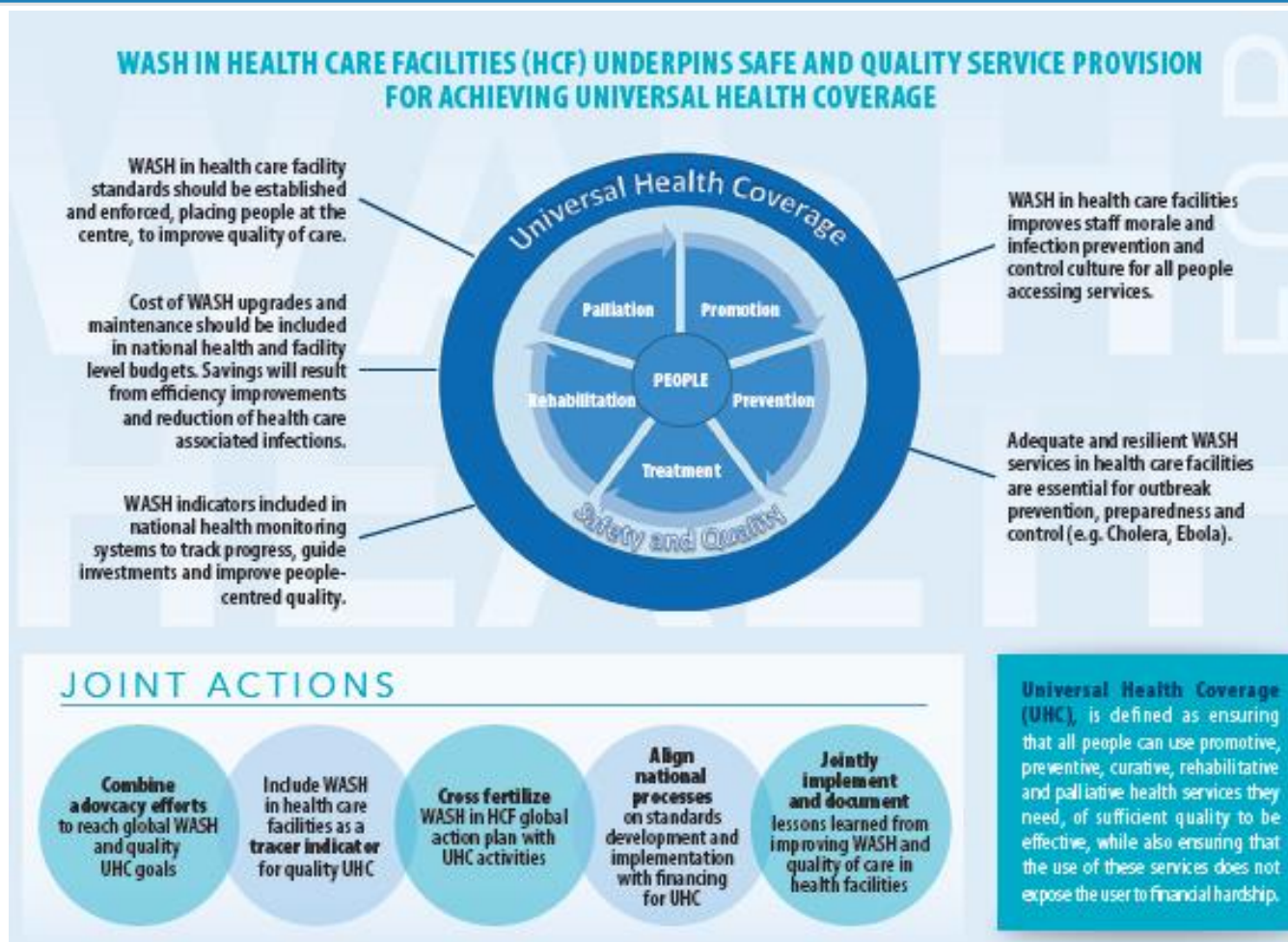
**3. Evidence and
Operational
Research**

**4. Policy,
Standards and
Facility
Improvements**

Snapshot of initial task team work



Advocacy and Action Team



Monitoring and Research Teams

Monitoring

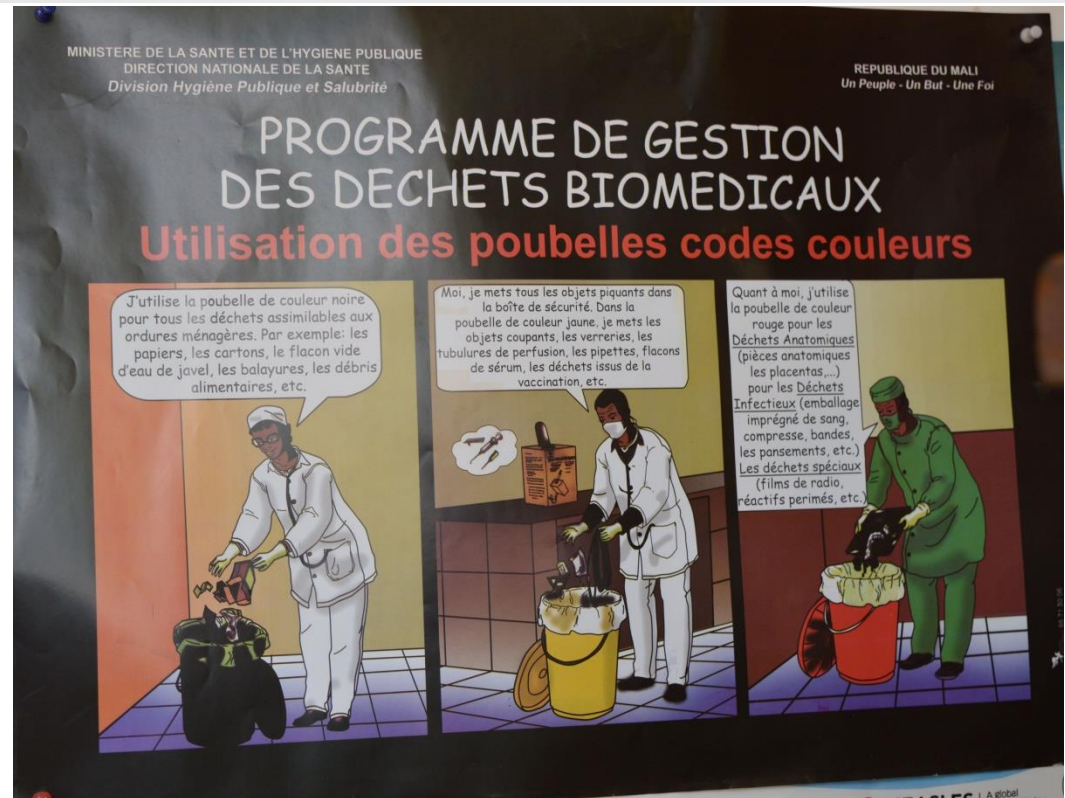
- **Core** and **expanded** indicators in five key areas (water supply, sanitation, handwashing, cleaning and health care waste)
- Discussion with key assessments for inclusion in national surveys (SARA, SPA, SDI, PHPCHI)

Research

- Development of framework for assessing burden of disease associated with lack of WASH in health care facilities

Facility based improvement team

- Compilation and review of existing facility improvement tools
- Development of WASH safety plan and piloting in Chad, Mali and adaption in Liberia



Health Sector Collaboration

Quality Universal Health Coverage

- Advocacy for WASH as tracer element
- Country work to examine bottlenecks and solutions

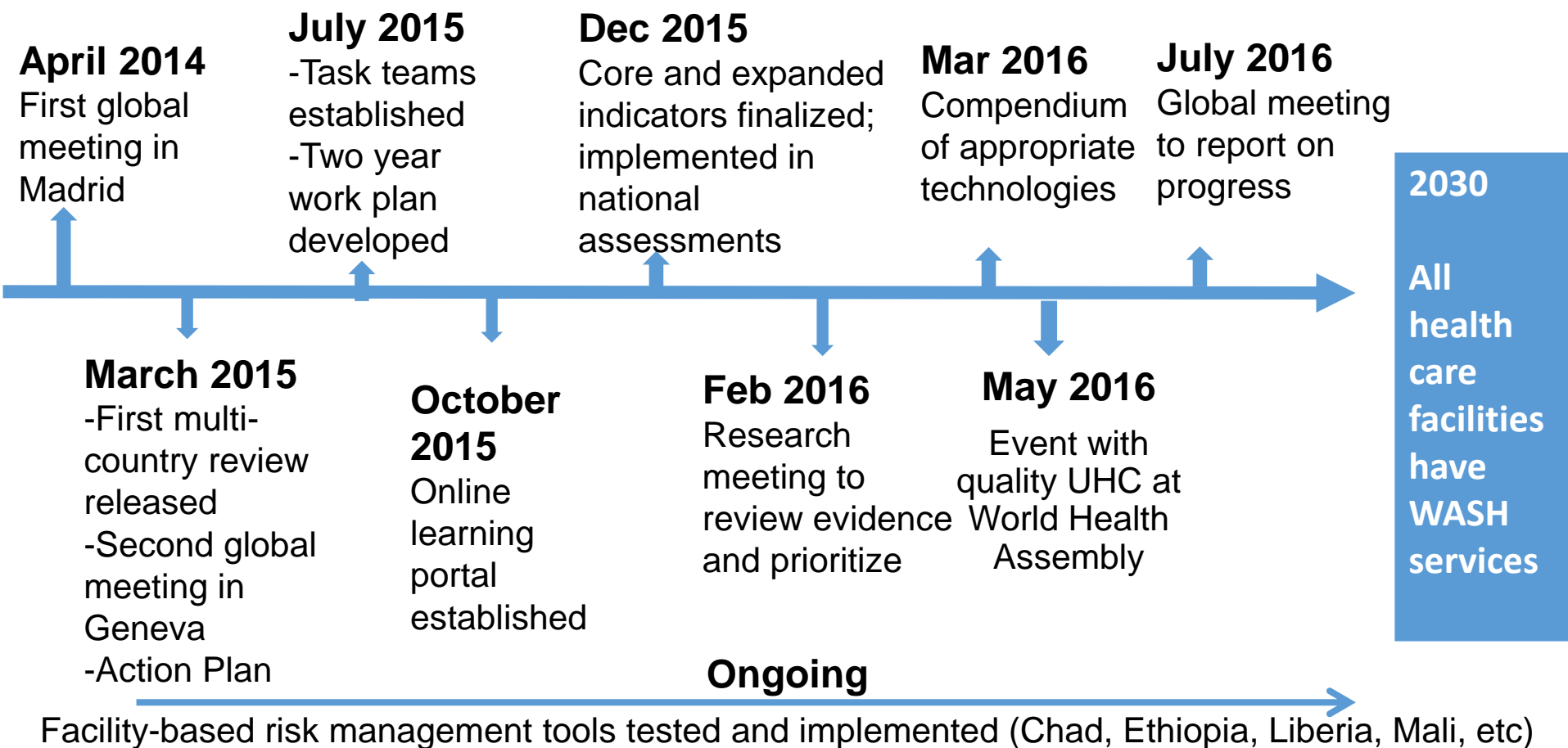
Child and maternal health

- Inclusion in quality of care packages

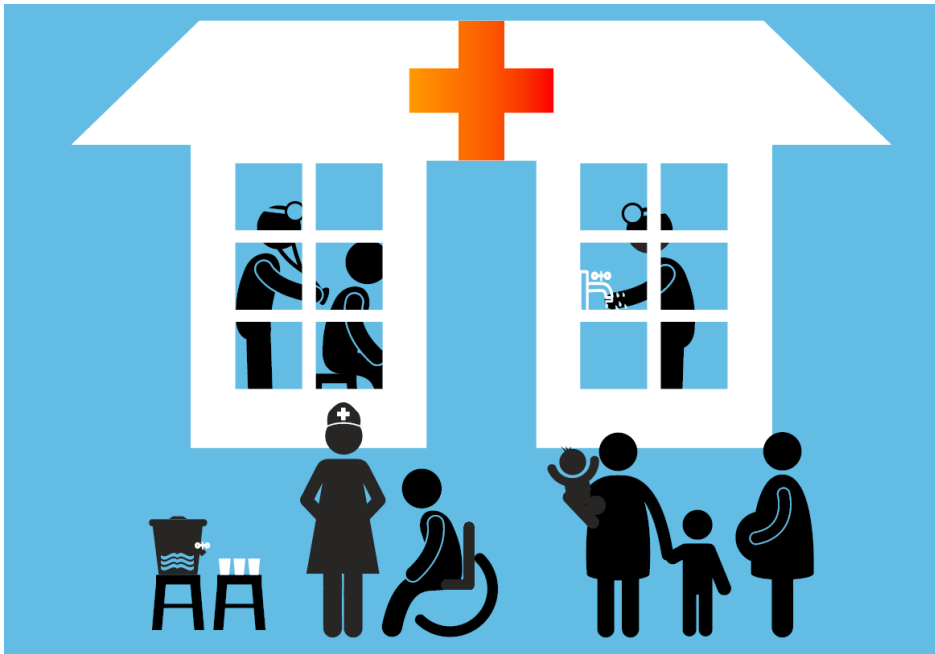
Early Recovery (Ebola)

- Joint WASH and infection prevention control indicators, monitoring and training

Timeline of action



Thank You



For more information and to get involved visit the new knowledge portal:

www.washinhcf.org

washinhcf@who.int

Presentation References:

- Bartram J, Cronk R, Montgomery M, Gordon B, Neira M, Kelley E, Velleman Y. 2015. *Lack of toilets and safe water in health care facilities*. Bulletin of the World Health Organization.
- WHO/UNICEF. 2015. *Water, Sanitation and Hygiene in Health Care Facilities: status in low and middle income countries and way forward*. World Health Organization, Geneva.
- WHO. 2008. *Essential Environmental Health Standards in Health Care*. World Health Organization, Geneva.
- National Emergency and Neonatal Care (EmONC) needs assessments reports