**WASH IN HEALTHCARE: A NEW GLOBAL HEALTH MOVEMENT**

**10 REASONS WHY**

1. **Every person needs and deserves access to safe and dignified healthcare.**
2. **The foundation for safe and dignified care is absent in healthcare facilities around the world.**
3. **Mothers and newborns are among the most vulnerable.**
4. **The lack of WASH endangers healthcare workers.**
5. **The lack of WASH endangers all patients.**
6. **The lack of WASH discriminates against women and girls.**
7. **Global health threats know no borders: The lack of WASH endangers all of us.**
8. **The crisis is as serious as it is solvable. Sustainability is key to success.**
9. **Getting WASH into healthcare facilities is a no-regrets investment.**
10. **A global movement has taken root.**

**1. Every person needs and deserves access to safe and dignified healthcare.**

Not one of us seeks out healthcare in a hospital or clinic without clean water, a toilet and soap, the foundation for safe and dignified care. Yet the absence of Water, Sanitation and Hygiene (WASH) in healthcare facilities (HCFs) is itself a global pandemic. An [MIT survey](https://covidsurvey.mit.edu/dashboard.html) asked what precautions would determine if patients would visit a healthcare setting with no COVID-19 safeguards. Handwashing facilities ranked #1. With the scarcity of personal protective equipment (PPE), soap and water are the line of defense against the spread of COVID-19 for millions of healthcare workers and patients. Though every disease prevented is one that needs no treatment and causes no suffering, long before COVID-19, and long after, healthcare staff on the frontlines of curing and preventing illnesses and diseases will not be able to adequately wash their hands or much else.

From maternal and child health (MCH) and safe surgery, to preventing pandemics, antibiotic resistance and healthcare-associated infections (HAIs), getting WASH into HCFs is the bedrock of global health. It’s critical for Universal Health Care (UHC) and Infection Prevention and Control (IPC), preventing healthcare-acquired infections (HAIs) and leads to greater economic productivity and helps break the cycle of poverty.

**2. The foundation for safe and dignified care is absent in healthcare facilities around the world.**

WASH is an essential service and without it, hundreds of thousands of HCFs are not centers of healing, but centers of infection across Africa, Asia and Latin America. Pathogens are not contained, and disease is spread through human and medical waste. In 2015, WHO/UNICEF first highlighted the widespread absence of WASH in HCFs in low- and middle-income countries (LMIC). In 2020, WHO/UNICEF issued its most recent [Global Progress Report](https://www.washinhcf.org/wp-content/uploads/2020/12/9789240017542-eng-1.pdf) based on data from 794,000 facilities in 165 countries. Poor conditions are widespread due to the lack of WASH. In the world’s 47 least developed countries:

* 1.8 billion people must rely on HCFs that lack basic water services
* 800 million people must rely on HCFs without sanitation facilities
* 50% of HCFs do not have basic water services
* 63% of HCFs do not have basic sanitation services
* 26% of HCFs do not have hand hygiene facilities at point of patient care

**3. Mothers and newborns are among the most vulnerable.**

In some places, newborns are not named because early death is so commonplace. Healthcare-associated infections in fragile newborns are [three to 20 times higher](https://pubmed.ncbi.nlm.nih.gov/15794973/) in resource-limited settings compared to more high-income contexts. Every year, millions of women in Least Developed Countries give birth in a facility without adequate WASH. Infections are transmitted by unwashed hands, contaminated beds, unsafe water, and dirty instruments used to cut umbilical cords. Day One is when more than [40% of maternal and newborn deaths](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4867834/) occur, although the majority of these deaths are preventable. More than [one million deaths](https://www.unwater.org/water-facts/water-sanitation-and-hygiene/) each year are associated with unclean births, while [infections account for 26% of neonatal deaths and 11% of maternal mortality](https://apps.who.int/iris/bitstream/handle/10665/311618/9789241515511-eng.pdf). When handwashing and clean birthing practices are in place in the healthcare setting, newborn survival rates increase up to [44%](https://jhu.pure.elsevier.com/en/publications/maternal-and-birth-attendant-hand-washing-and-neonatal-mortality--4). Moreover, poor WASH stops pregnant women from [seeking maternity services](https://gh.bmj.com/content/3/3/e000648) in HCFs with trained staff, further compromising their health and the health of the child.

**4. The lack of WASH endangers healthcare workers.**

The extent to which healthcare workers have died due to the lack of WASH during the COVID-19-10 pandemic may never be fully known. But consider the 2014 Ebola outbreak. Ebola not only killed some 11,000 people, it was [103-fold higher in healthcare workers in Sierra Leone](https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6349a6.htm?s_cid=mm6349a6_w) than in the general population, [42-fold higher in Guinea health workers](https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6438a6.htm), and Liberia lost [eight percent of its health workforce](https://www.cdc.gov/vhf/ebola/pdf/impact-ebola-healthcare.pdf), in part because they did not have access to adequate WASH. The situation has not improved. In the Democratic Republic of the Congo (DRC) where Ebola is killed thousands, 50% of HCFs have no water, 59% have no sanitation facilities, and just 62% have soap and water or hand sanitizer at points of care. Global healthcare staff addressing COVID-19 face similar challenges and threats.

**5. The lack of WASH endangers all patients.**Nearly [1 in 6 patients](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)61458-4/fulltext) acquires an infection inside an HCF that they didn’t have on arrival. [Handwashing alone can cut deadly diarrheal disease by 45%](https://www.ncbi.nlm.nih.gov/pubmed/12726975), but not if hands cannot be washed due to inadequate soap and water, or if hygiene behaviors are not fully adopted. Hospital staff in wealthy nations also neglect hand hygiene, contributing to [1 in 25 patients](https://www.cdc.gov/winnablebattles/report/hais.html) acquiring a hospital infection. Some [61% of health workers](https://apps.who.int/iris/bitstream/handle/10665/246235/WHO-HIS-SDS-2016.10-eng.pdf;jsessionid=2A54D558338E001E98C553DACC296368?sequence=1) do not adhere to recommended hand hygiene practices. Hygiene behavior change is needed. As is soap and water.

Overall, between [5.7 and 8.4 million deaths](https://www.ncbi.nlm.nih.gov/books/NBK535654/) are attributed to poor-quality care each year in low- and middle-income countries (LMICs) with poor-quality care is responsible for up to 15 percent of overall deaths in LMICs.

**6. The lack of WASH discriminates against women and girls.**

The findings of the landmark White Ribbon Alliance [‘What Women Want’](https://static1.squarespace.com/static/5aa813dd3917ee6dd2a0e09e/t/5d1120ccdf7cbc0001b99c57/1561403606693/What-Women-Want_Global-Findings.pdf) survey, yielded surprising results. 1.2 million women and girls from 114 countries were surveyed on their priorities for quality of reproductive and maternal health services. WASH in HCF was the second ranking demand in healthcare behind dignity. In many countries, it ranked #1. Given the majority of midwives, nurses and cleaners, and those utilizing health services are women, the lack WASH disproportionately affects women.

**7. Global health threats know no borders: The lack of WASH endangers all of us.**

In early 2018, WHO published its annual [top 10 list of prioritized diseases](http://www.who.int/blueprint/priority-diseases/en/) that pose the greatest public health risks to accelerate prevention measures. That summer, the world experienced the unprecedented and simultaneous outbreak of 6 of those 10 diseases, including the deadly Ebola outbreak in the DRC which threatened its neighbors. January 2020, [WHO cited](https://www.who.int/news-room/photo-story/photo-story-detail/urgent-health-challenges-for-the-next-decade) the absence of water, toilets, soap and waste management in HCFs among the most urgent global health challenges in the coming decade. That same month, an unidentified deadly virus struck Wuhan, China. With no cure, handwashing became central to prevention and containment. 2020 will be defined by COVID-19 and the many ill-equipped healthcare workers who lacked PPE and could not adequately wash their hands.Like Ebola, COVID-19 is a harsh reminder that from the smallest village to multi-country regions, when it comes to global health, there is no “over there”.

WASH in HCFs is also fundamental to reducing the need for — and misuse of — antibiotics. [WHO’s warning](https://www.who.int/campaigns/world-antibiotic-awareness-week/Toolkit2016.pdf?ua=1) is catastrophic: “Without urgent action, the world is headed for a ‘post-antibiotic era’ in which common infections and minor injuries which have been treatable for decades can once again kill, and the benefits of advanced medical treatments such as chemotherapy and major surgery will be lost.” WHO’s 2018 Global Antimicrobial Surveillance System (GLASS) revealed widespread antibiotic resistance to many diseases across 22 countries. Globally, 500,000 people are suspected of suffering antibiotic resistant bacterial infections. In addition to Tuberculosis, common resistant infections include E.coli, staph, pneumonia and salmonella. In the U.S. alone, [an estimated 2.8 million drug resistance cases](https://www.healio.com/infectious-disease/antimicrobials/news/online/%7Bf30ac0ff-2016-47dc-8fd1-0cd729f0a3e8%7D/cdc-antibiotic-resistance-causes-1-death-every-15-minutes-in-us?page=2) per year result in some 35,000 annual deaths and costs an additional [$2.2 billion annually](https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.1153).

**8. The crisis is as serious as it is solvable. Sustainability is key to success.**

Improving access to water, toilets and soap hinges not on scientific or technological breakthroughs, but on integrated and sustainable WASH and health systems strengthening. People, institutions and resources in health, water and finance sectors need to de-silo and better coordinate at local, national and international levels. Frontline workers, including cleaners, midwives, nurses, doctors and administrators, need to demand that WASH needs be met. In some countries and regions, upwards of 50% of HCFs are run by faith-based organizations (FBOs); they must be part of the solution.

New or improved infrastructure alone will not create long-term improvements to healthcare operations and outcomes. Sustainability is the key. On-going training, maintenance, monitoring systems and budgets for facility operations are a prerequisite for success. Otherwise, broken wells, pumps, pipes and faucets will continue to rollback progress.

**9. Getting WASH into healthcare facilities is a no-regrets investment.**

The economics are compelling. The evidence shows that WASH returns substantial benefits to health and the integrity of health systems. Poor-quality care in LMICs imposes costs of [US$1.4 to $1.6 trillion per year](https://www.ncbi.nlm.nih.gov/books/NBK535654/) in lost productivity. In addition, avoidable HAIs are a major burden on the health system, costing the U.S. health system alone an estimated [$6.5 billion per year](https://www.who.int/gpsc/country_work/gpsc_ccisc_fact_sheet_en.pdf).

WASH is necessary to achieve a wide range of healthcare priorities including disease prevention, pandemic preparedness, effective health systems, healthier and more productive communities, increased gender equality. Its centrality makes it a force multiplier, offering immediate and tangible progress; systems strengthening including still evolving systems; the opportunity to make grants and loans for innovative and affordable design solutions and implementation of sustainable infrastructure. Costs are not trivial nor excessive given the benefits, and costs are expected to drop as WASH hardware and software are integrated into facility design, plans and operations, and as HCFs are better connected to community WASH systems.

**10. A global movement has taken root.**

Dignitaries and leaders are speaking out and taking action, including UN Secretary General Guterres, WHO Director General Dr. Tedros, UNICEF Executive Director Henrietta Fore, heads of state and First Ladies, Vatican officials and even the Dalai Lama; with increased interest by USAID and a new Congressional Water Caucus. UNSG Guterres issued a global Call-to-Action in 2018 to get WASH into HCFs, unanimously adopted in a 2019 World Health Assembly [Resolution](https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R7-en.pdf) that includes 8 practical steps towards successful global implementation by 2030. WHO and UNICEF responded with metrics to chart progress and dozens of national governments are developing concrete plans and exploring resource requirements. More than 100 private sector entities have made specific [commitments](https://www.washinhcf.org/resource/summary-of-stakeholder-commitments-on-wash-in-health-care-facilities-june-2019/) to funding, technical assistance, research, training, maintenance and advocacy to get WASH into HCFs in low- and middle-income countries and the new [Sanitation and Hygiene Fund](https://www.shfund.org/) includes raising funds for HCF sanitation.

Metrics for success: By 2021: all WHA Member States have completed and reported baseline WASH in health care facility assessments, set national targets that identify and address sub-national disparities, and developed and are implementing national standards. By 2023: WHA all Member States have included improved WASH services in plans, budgets, and implementation efforts for improving quality of care, strengthening infection prevention and control, preventing antimicrobial resistance, and supporting the commitment to universal health coverage. By 2025: at least 50 WHA Member States that did not have universal access in 2016 have met or exceeded their own national targets.

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