

Taking action on water, sanitation and hygiene in health facilities - Challenges and opportunities

International Workshop on Infection
Prevention and Control 2017



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#washforhealth

#WASHinHCF

www.washinhcf.org

Photo credit WaterAid

unicef

Imagine delivering a baby with no water,



...preventing infections from spreading



Or trying to provide quality care when basic services are lacking...

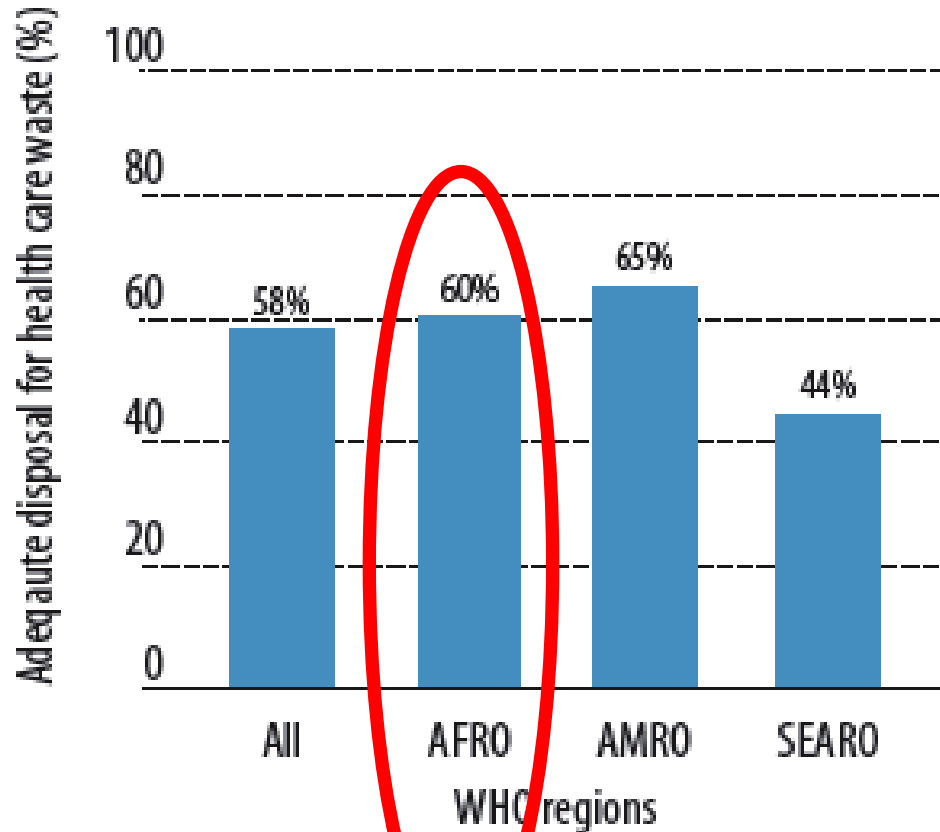


Globally, access to WASH in health care facilities is limited

WHO Regions	Access to an improved water source within 500 m			Access to improved sanitation facilities			Access to soap for handwashing		
	Number of facilities*	Number of countries	Coverage (mean)	Number of facilities	Number of countries	Coverage (mean)	Number of facilities	Number of countries	Coverage (mean)
All	66,101	54	62%	62,524	36	81%	40,536	35	65%
AFRO	52,674	23	58%	51,715	16	84%	31,984	14	64%
AMRO	3,026	16	78%	1,425	11	57%	1,442	11	65%
EMRO	5,778	3	—	5,510	2	—	5,510	2	—
EURO	527	3	—	527	3	—	420	2	—
SEARO	3,596	6	78%	3,347	4	—	1,180	4	—
WPRO	500	3	—	0	0	—	0	0	—

- 38% globally **do not have access to an improved water source at or near the facility.**
- When reliability and safety is considered, water coverage **drops by half.**
- **35% lack soap for handwashing** and 19% are without sanitation
- Data from 2015 WHO/UNICEF Global Assessment of WASH in HCF

Safe health care waste management is also lacking



Taking action: Global Action Plan

Vision

By **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 with particular attention to the needs of **women, girls and children**.

Advocacy from all partners

Technical
inputs from
tasks teams

Government
commitments

External
support

Facility
improvements
and community
engagement

Embedding WASH in key health initiatives and frameworks

Catalyzing action through the Sustainable Development Goals





WASH = health

Maternal child health

Antimicrobial resistance

Infection prevention and
control

Quality universal health
coverage



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Maternal and child health

Situation

Hospital-born babies in low-income settings are at a higher risk of being affected by neonatal sepsis, with infection rates **3** to **20** times higher than in high-income settings



Action

WASH is a core component of WHO Standards for improving quality of maternal and newborn care (2016)

Development and implementation of indicators

WASH element strengthened in training materials, advocacy and country-focused efforts

Antimicrobial resistance

The consequences of poor water, sanitation and hygiene (WASH) and compromised infection prevention and control (IPC)

Lack of WASH, including inadequate toilets, in health care facilities

- 1 Increased risk of healthcare-associated infections (HAI)
- 2 Increased risk of spread of HAI
- 3 Increased burden of expensive, hard-to-treat and life-threatening resistant infections
- 4 Decrease in patient confidence in health care

Overreliance on preventive use of antibiotics

High health care costs and poor health outcomes

Increased use of antibiotics to treat preventable infections

Action

Prevention through WASH is a core component of WHO Global Action Plan on AMR

National action plans include WASH and prevention elements

GLOBAL ACTION PLAN
ON ANTIMICROBIAL
RESISTANCE



Global
Sepsis
Alliance

Infection Prevention and Control

Situation

7% of patients in developed and 10% in developing acquire a health care associated infection

In Africa, up to 20% of women get a wound infection after a caesarean section

Action

WASH is a core component in new IPC Guidelines (2016)

139 Member States have pledged to reduce health care associated infection

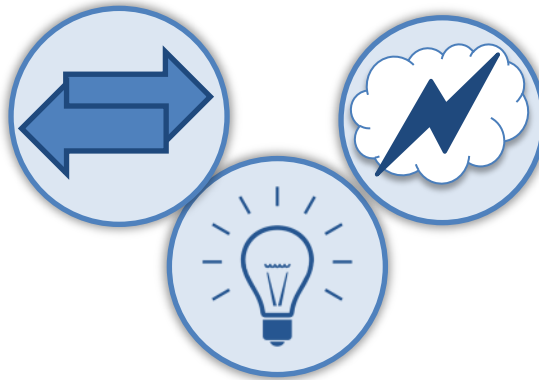


Join the WHO Global Learning Laboratory for qUHC – WASH-IPC pod

*To create a safe space to **share** knowledge, experiences & ideas; **challenge** those ideas & approaches; and **spark** innovation for quality UHC.*

Share

Members share experiences, knowledge and ideas from the country level - lessons learned are disseminated across the globe.



Challenge

Members challenge experiences, knowledge and ideas – driving new and different ideas and understanding.

Spark

Members generate innovative ideas to support a collaborative task, activity or programme to be further developed in-country.

www.integratedcare4people.org

Click on **Communities**

Scroll down to click on
**Global Learning Laboratory for
Quality Universal Health Coverage**

What we know works for improving WASH in HCF

Global

- High level advocacy and support
- Embedding within health efforts

National

- Strong political commitment, implementation of national policies and budget lines
- Monitoring: use of harmonized indicators in surveys and HMIS



TABLE 2: WASH IN HEALTH CARE FACILITIES

Indicator	Definition	Target
1. Access to water	Access to water for hand hygiene	80%
2. Access to sanitation	Access to sanitation facilities	80%
3. Access to hygiene	Access to hygiene facilities	80%

WASH IN HEALTH CARE FACILITIES

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What we know works for improving WASH in HCF

Facility level

- Accountability mechanisms and incentives
- Engagement and empowerment of leaders, communities and users
- Small incremental improvements (WASH FIT)



Improving quality of care

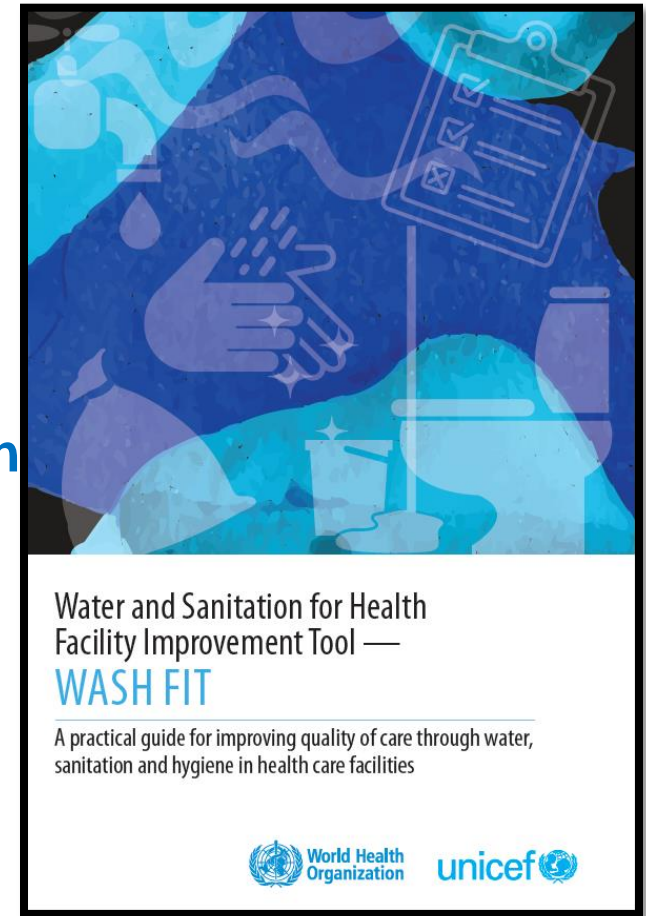
Water and Sanitation for Health Improvement Tool

A risk-based management tool for improving WASH services in HCF

To ensure health care facilities

- are clean and safe
- have staff and mechanisms to maintain and improve WASH
- can provide quality, people-centred care

Adapted from Water Safety Plan and Quality Improvement approaches



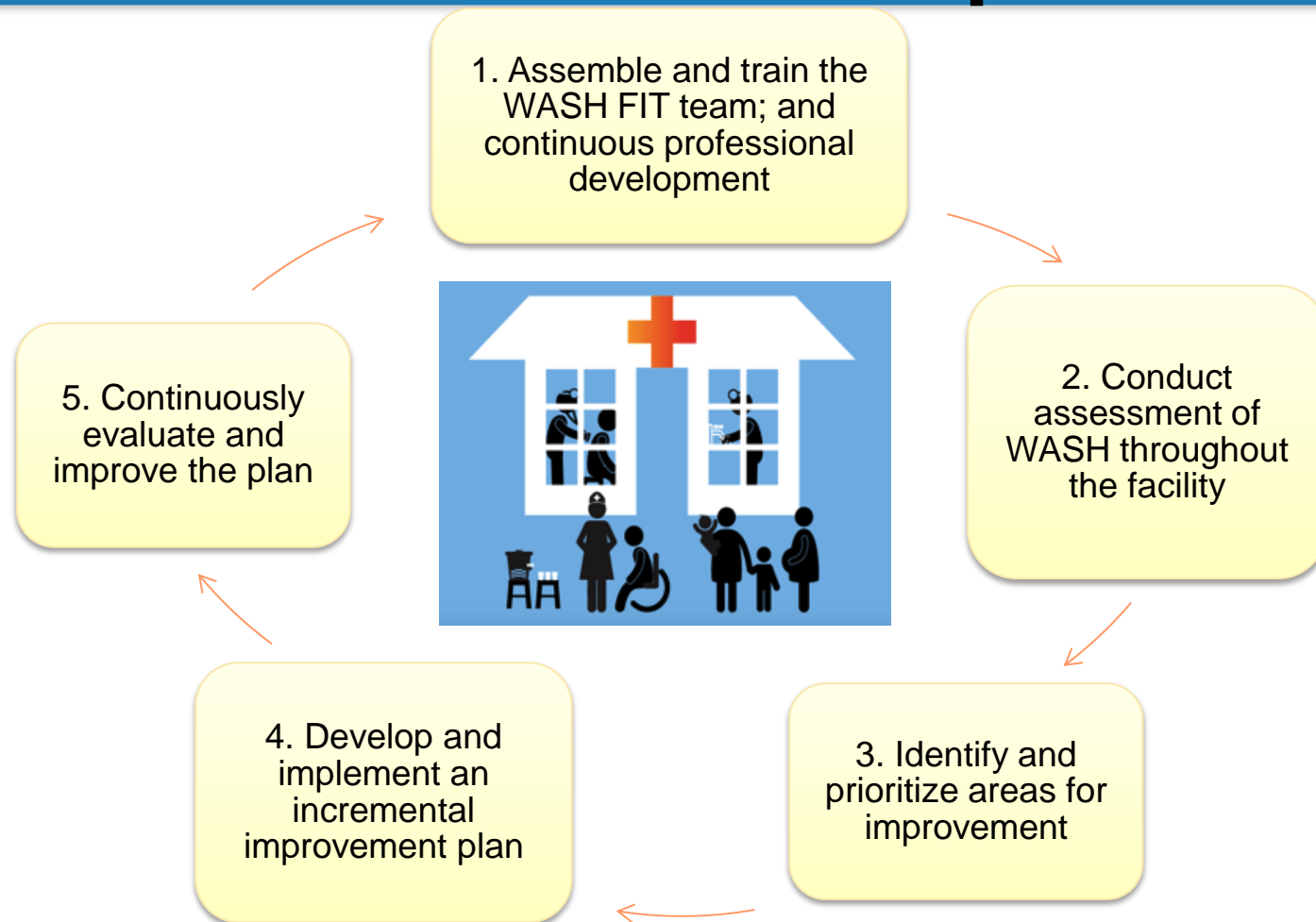
WHO WASH standards provide a basis for WASH FIT

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



Standards available in English, French, Spanish, Russian

5-step approach requiring commitment and leadership



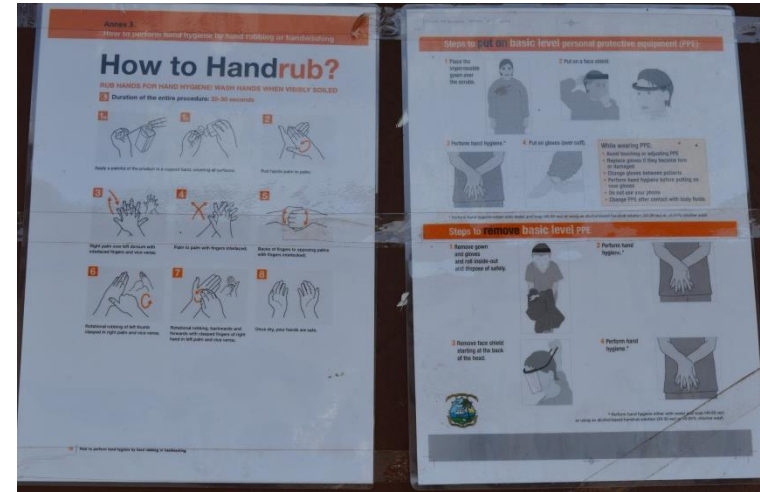
Early adopters

- Implemented in *over 15 countries* with different core focus (overall quality of care, maternal/newborn services, cholera hotspot, outbreaks, health care waste)
- Demand exceeds supply; several self-initiated efforts
- Monitoring and follow-up by government, in certain places with support by NGOs, WHO and partners
- Rigorous M&E being developed



Examples of WASH FIT improvements in Liberia

- Range of immediate to longer-term solutions
- Includes cleanliness and hygiene of grounds
- Reminders of hygiene behaviour
- Safe waste destruction-improved incinerators



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Lessons from implementation

- Conduct hands-on training in facilities
- Leadership needed from senior facility staff
- Link training to policy and financing strengthening mechanisms
- Peer-to-peer exchanges, competitions and auditing supports ongoing improvements
- Dedicated WASH budget **critical**

Looking ahead – global opportunities and strategic considerations

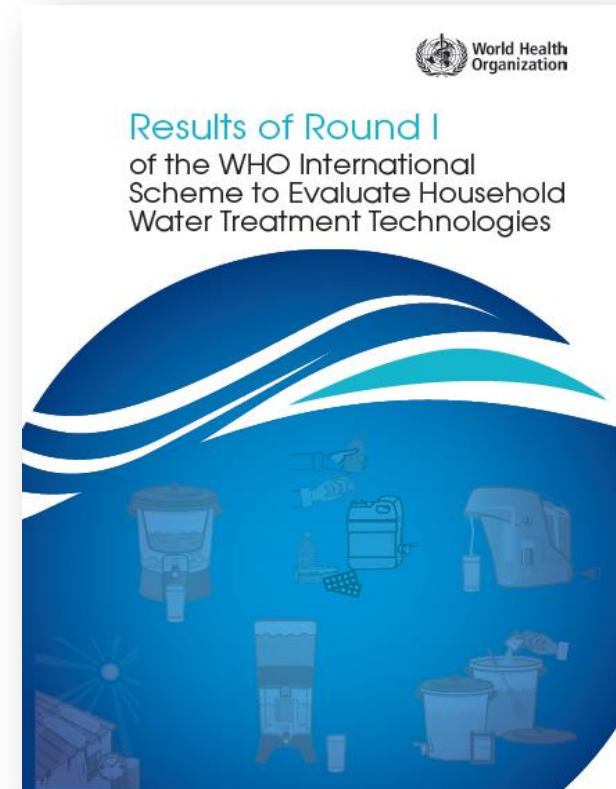
- Elevate urgency and profile
- Demonstrate proof of concept and scale-up
- Implement tools and empower health staff
- Develop innovating financing
- Monitor and hold accountable
- Strengthen and share evidence
- Foster partnerships



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Other areas of WHO WASH support

- Developing and implementing national drinking-water guidelines and surveillance systems
- Advice on performance of household water treatment technologies and support for national testing
- Training and implementation of water safety plans and sanitation safety planning in communities
- Monitoring of inputs into WASH (GLAAS) and access in households HCF and schools (JMP)



Thank you!

For more information: visit www.washinhcf.org or email washinhcf@who.int



Credit: WaterAid 2016



Relevant Resources

WHO, 2008. *Essential environmental health standards in health care.*

http://www.who.int/water_sanitation_health/hygiene/settings/ehs_hc/en/

WHO, 2011. *Guidelines for drinking-water quality, 4th edition.*

http://www.who.int/water_sanitation_health/publications/2011/dwq_guidelines/en/

WHO, 2014. *Safe management of wastes from health-care activities.*

http://www.who.int/water_sanitation_health/publications/wastemanag/en/

WHO/UNICEF, 2014. *Ebola: Key questions and answers concerning WASH.*

http://www.who.int/water_sanitation_health/WASH_and_Ebola.pdf

WHO/UNICEF, 2014. *Ebola: Key questions and answers concerning health care waste.*

http://apps.who.int/iris/bitstream/10665/144730/1/WHO_EVD_WSH_14.2_eng.pdf

WHO/UNICEF. 2015. *Water, Sanitation and Hygiene in Health Care Facilities: status in low and middle income countries and way forward.*

http://www.who.int/water_sanitation_health/publications/wash-health-care-facilities/en/

WHO/UNICEF, 2017-forthcoming. *Water and sanitation for health facility improvement tool.* <http://www.washinhcf.org/resources/tools/>