



# Hungary

# 1. Establish baseline



**What:** Conduct comprehensive assessments according to the national context and, where appropriate, to quantify: the availability and quality of, and needs for safe water, sanitation and hygiene (WASH) in health care facilities; and infection prevention and control (IPC) using existing regional and global protocols or tools and in collaboration with the global effort to improve WASH in health care.

## **Trigger questions on WASH baseline data**

**Q1.** Does your country have a baseline for WASH in HCF? If yes, share information below on the status of water, sanitation, health care waste, hygiene and cleaning. If not, share information on your plans for establishing such a baseline.

**Q2.** Have underserved areas been identified? If yes, share information below on what/where these are and how they are being targeted for improvement.

## **Baseline data/plans for establishing baseline data:**

Pilot assessment (country level, but a limited number of healthcare facilities) was performed in 2016. Outcomes of the pilot assessment and WHO core indicators were used to develop a final questionnaire for self-reporting full scale national baseline assessment. The survey is conducted as part of the Biannual Cooperation Agreement (BCA) 2018/2019 between the Hungarian Ministry of Human Capacities and WHO Regional Office of Europe and expected to be concluded by the end of the year

## **Information on underserved areas:**

Basic services are available everywhere in the country. Differences in advanced level will be assessed after the survey.

## 2. Develop and implement roadmap



**What:** Develop and implement a road map according to national context so that every health care facility in every setting has, commensurate with its needs: safely managed and reliable water supplies; sufficient, safely managed and accessible toilets or latrines for patients, caregivers and staff of all sexes, ages and abilities; appropriate core components of infection prevention and control (IPC) programmes, including good hand hygiene infrastructure and practices; routine, effective cleaning; safe waste management systems, including for excreta and medical waste disposal; and, whenever possible, sustainable and clean energy.

### **Trigger questions on national roadmaps**

**Q1.** Has your country started the process of developing a national roadmap? If yes, what are the key elements included and what is the plan to finalize and implement?

**Q2.** What specific targets are included and how do the activities map to sustainable development goals (SDG) efforts, especially those on WASH and health?

### **Process, key elements & finalization/implementation plans of national roadmap:**

The ongoing situation assessment (policy analysis and hospital survey) will feed into the definition of the advanced level service, revision of the existing national standards, and recommendations for improving guidance on safe WASH services and other

**Targets and linkages to SDGs:** Targets were proposed under the Protocol on Water and Health:

1. The establishment of the national baseline of WASH in healthcare facilities and the definition of national advanced indicators;
2. the reduction of water related nosocomial infections through the development of guidance on WASH in healthcare facilities. Targets support achieving SDG 3 and 6.

# 3. Establish and implement standards



**What:** Establish and implement, according to national context, minimum standards for safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) in all health care settings and build WASH and IPC standards into accreditation and regulation systems; and establish accountability mechanisms to reinforce standards and practice.

## Trigger questions on standards

**Q1.** Does your country have standards for WASH in health care facilities?

**Q2.** What are the key elements in the standards and when were they last updated?

**Q3.** Are there any gaps in these standards and if so, what are these gaps and how will they be addressed?

**Q4.** How are these standards regulated, if at all?

**The status of national standards including gaps and plans to address:** Infrastructural WASH requirements, waste management and infection prevention and control (mainly staffing aspects and hand hygiene) are well regulated. Environmental health aspects are less well defined in law and addressed only in a guidance documents. Most regulations are recent. Linkages between AMR and the environment will be addressed in the National AMR Strategy (under development). More focus is needed on accessibility.

**Regulation of standards process or plan:** Most national standards are included in legislation, either in specific laws on HCF (e.g. on infection prevention and control, or the minimum requirements of HCF, ), or general legislation (e.g. Building Code, drinking water quality). Guidance documents published by the National Public Health Centre obligatory through legal reference.

## 4. Set targets and monitor progress



**What:** Set targets within health policies and integrate indicators for safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) into national monitoring mechanisms to establish baselines, track progress and track health system performance on a regular basis.

### **Trigger questions on targets and monitoring**

**Q1.** What are your targets for WASH in HCF?

**Q2.** Are high risk settings prioritized (e.g. maternity wards)?

**Q3.** What is the process for assessing progress towards achieving these targets?

**Q4.** How is progress incentivized?

**Overview of targets and prioritization:** Most requirements are legal obligations and therefore call for immediate compliance (even if it is not met by all facilities). The recently formulated targets under the Protocol on Water and Health only extend to baseline assessment and the definition of advanced level indicators.

### **Assessing progress and use of incentives process/plan:**

Numerical targets and monitoring progress will be introduced following the definition of advanced indicators.

# 5. Integrate WASH into health programming



**What:** Integrate safe water, sanitation and hygiene (WASH) into health programming, including into nutrition and maternal, child and newborn health within the context of safe, quality and integrated people-centred health services, effective universal health coverage, infection prevention and control (IPC) and antimicrobial resistance.

## **Trigger questions on integrating WASH into health programming**

- Q1.** What are the key opportunities in specific national health programmes for WASH in health care facilities?
- Q2.** In what ways has WASH in health care facilities been included (e.g. in training, in monitoring, etc)?
- Q3.** What further integration needs to happen and what is the plan for doing so?

## **Key opportunities for integration & examples:**

Environmental aspects (including WASH) were addressed in the on-going development of the National AMR Strategy. Within the National Public Health Centre, epidemiological and environmental health departments liaise in developing IPC guidelines for specific settings (e.g. dentistry or dialysis units) or specific pathogens (*Legionella*)

## **Opportunities and plans for further integration:**

General environmental hygiene aspects are planned to be integrated better into the IPC practice

## 6. Allocate regular funding



**What:** Have procedures and funding in place to operate and maintain safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) services in health facilities, and to make continuous upgrades and improvements based on needs so that infrastructure continues to operate and resources are made available to help facilities access other sources of safe water in the event of failures in the normal water supply, so that environmental and other impacts are minimized and in order to maintain hygiene practices.

### **Trigger questions on regular funding**

- Q1.** Have capital and operation and maintenance expenditures for WASH in health care facilities been costed?
- Q2.** Is there a budget line within Ministry of Health? Is so, what is it, and what is the gap?
- Q3.** What plans are in place to fill in, any gaps around costs and financing?

### **Country funding/current budget lines:**

Due to the complexity of responsibilities and the budgets of the institutions, WASH in HCF does not have an allocated budget line. However, under the recent IPC regulation, IPC requirements are being costed.

### **Plans to address gaps:**

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# 7. Establish a multisectoral coordination mechanism



**What:** Establish strong multisectoral coordination mechanisms with the active involvement of all relevant ministries, particularly those responsible for health, finance, water, and energy; to align and strengthen collaborative efforts and ensure adequate financing to support the delivery of all aspects of safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) across the health system.

## **Trigger questions on multisectoral coordination mechanisms**

**Q1.** Is there a national multisectoral committee that coordinates, advocates and plans for efforts on WASH in health care facilities? If so, what are the key responsibilities and what has been accomplished to date?

**Q2.** How can such a committee be strengthened?

## **Country multisectoral coordination mechanism, responsibilities & accomplishments:**

There is no dedicated committee for WASH in HCF. The Expert Group on Water and Health (the implementing body for the Protocol on Water and Health forms a (now informal) multisectoral platform for all water and health related coordination.

## **Process/plan for strengthening the committee:**

The Expert Group was formerly a formalized committee with a legal mandate. It is proposed to be renewed.



# 8. Develop a health workforce

**What:** Invest in a sufficient and well-trained health workforce, including health care workers, cleaners and engineers to manage WASH services, provide ongoing maintenance and operations and perform appropriate WASH and IPC practices, including strong pre-service and ongoing in-service education and training programmes for all levels of staff; educate and raise awareness, in line with regional agreements, on water, sanitation and hygiene, with a particular focus on maternity, hospital facilities, and settings used by mothers and children

## Trigger questions on developing a health workforce

**Q1.** What kind of training, mentoring and/or investments in health workforce have taken place to support the safe use and maintenance of WASH in health care facilities services?

**Q2.** Has the WASH FIT or other similar tools been used and adapted? If so, in how many facilities and what has been the key results?



## Training, mentoring and/or investments in process or planned:

After the revision of the guidance on environmental hygiene (including WASH aspects) in HCF will be completed, training sessions are planned for hospital staff (key audience: hospital hygienists, technical workforce, head nurses)

## Use/adaptation of WASH FIT (or other tools) including numbers of facilities and key results:

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