



WASH
in Health Care Facilities

Global Meeting on WASH in Health Care Facilities:

From Resolution to Revolution

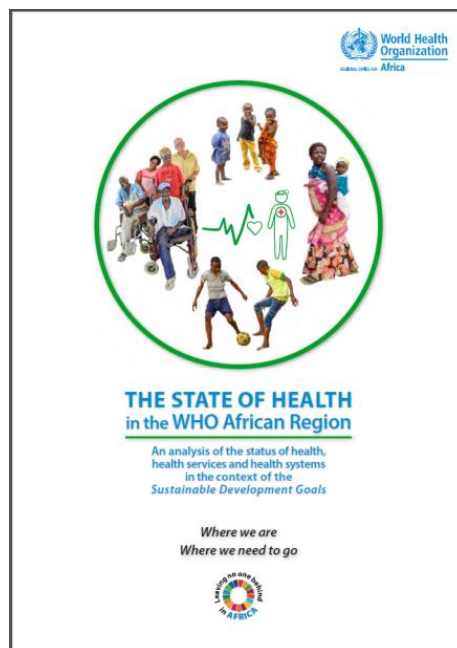
Livingstone, Zambia

9-11 September 2019

unicef
for every child



Figure 50. Quality of care index ranges across countries in the African Region

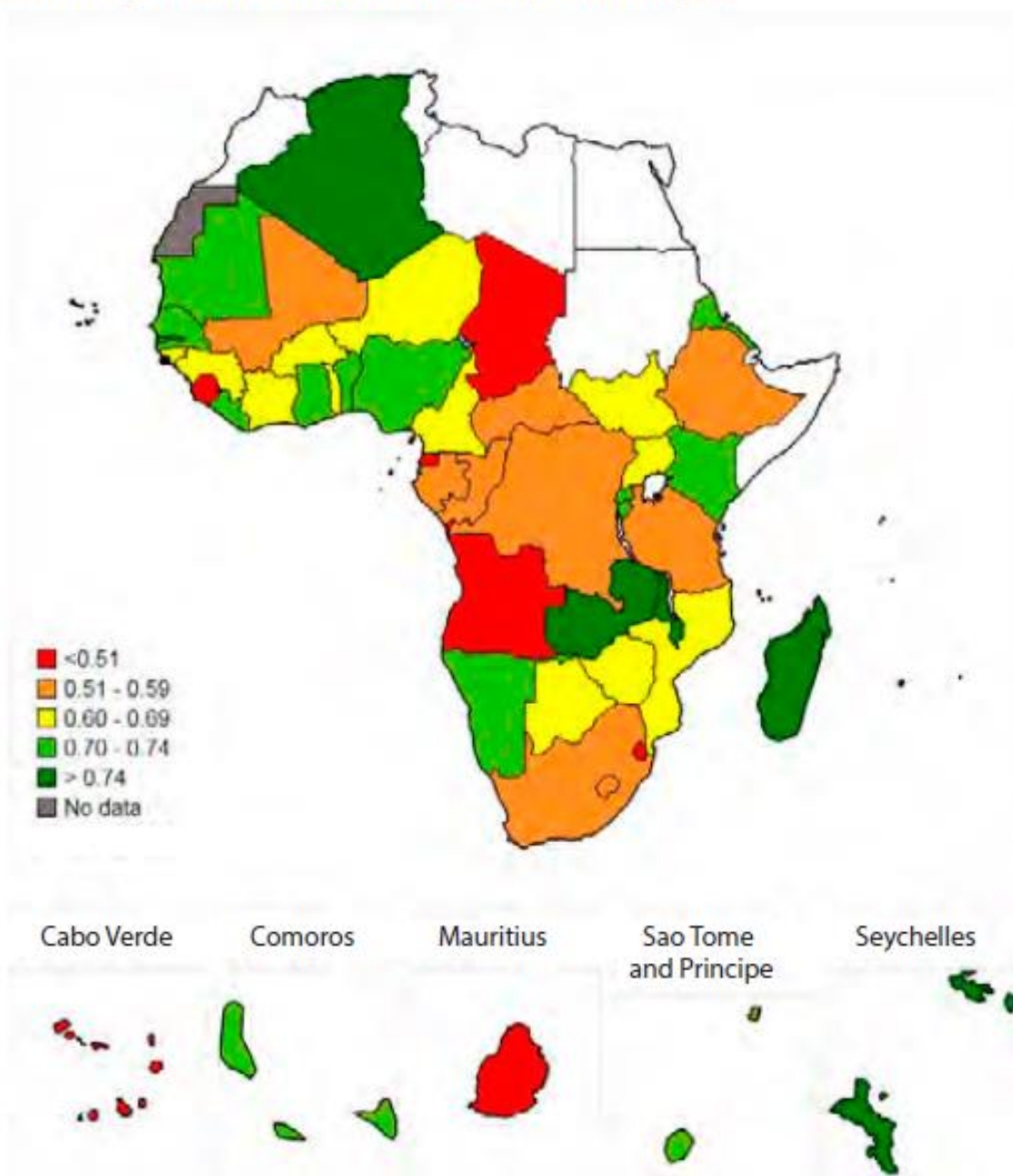


Leave no one behind

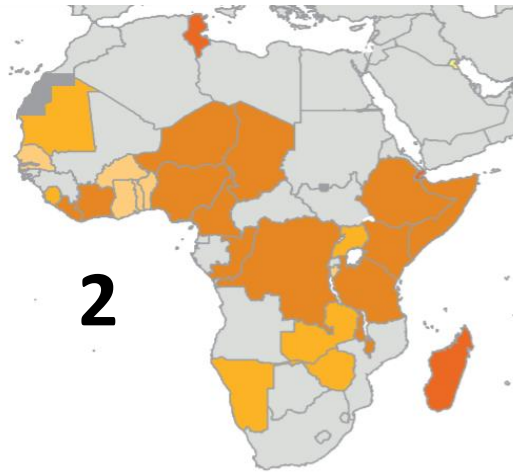
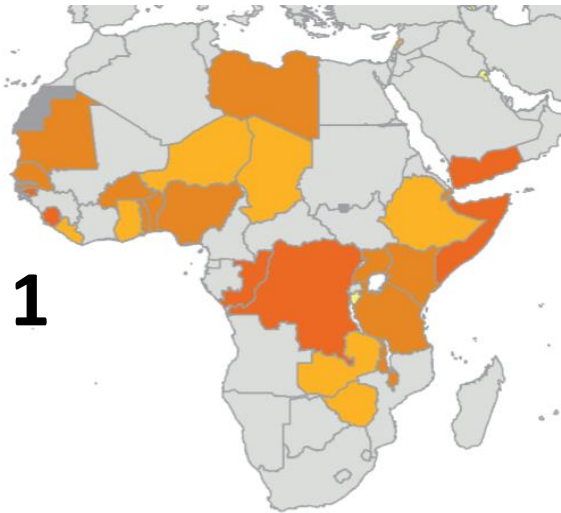
Strengthening health systems for UHC and the SDGs in Africa



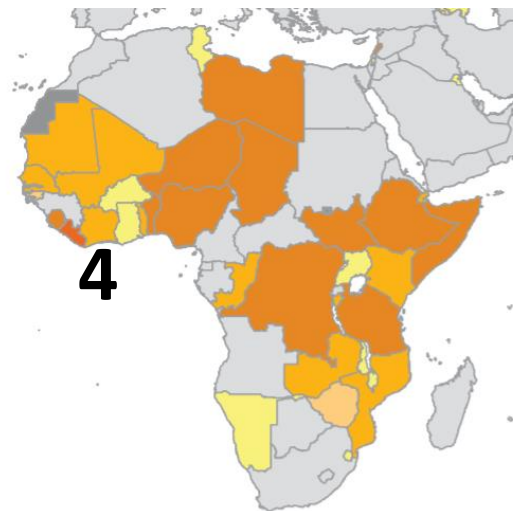
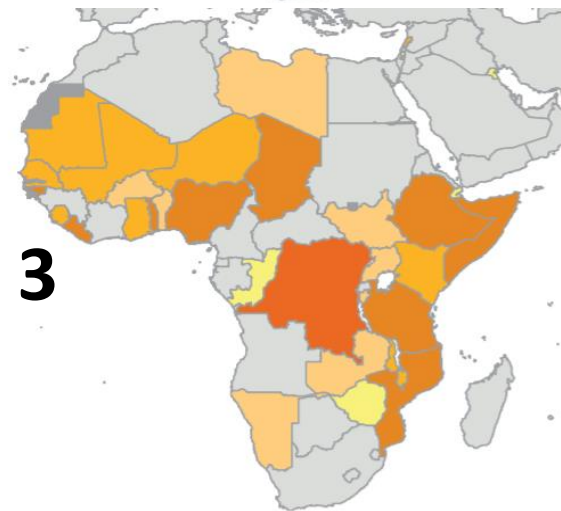
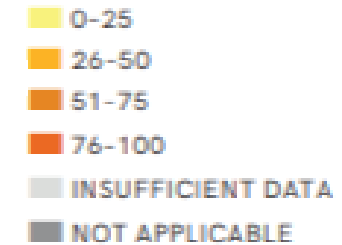
framework
of actions



WASH in HCF Baseline 2019: The issue



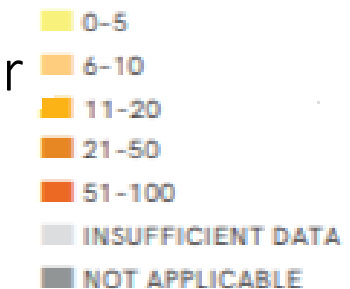
1. Lacking Basic Waste Management



2. Lacking Hand Hygiene

3. No Sanitation

4. No Water



WASH in HCF Achievements (1)

- **Various ongoing programmes as attempt to fulfil AFRICASAN commitments on sanitation**
- **Servicing other African regional commitments such as The Ngor Declaration, commitment 6 on safely managed sanitation services and functional hand-washing facilities in public institutions and spaces**
- **Agenda item at 144th WHO Executive board meeting on WASH in HCF.**
- **As a resolution at WHA72, co-sponsored by Australia, Brazil, European Union, Eswatini, Ethiopia, Kenya, Indonesia, Zambia, Tanzania, United States: under Patient Safety**
- **Development of minimum standards for IPC (including WASH in HCF) in resource-limited settings (April 2019)**

WASH in HCF Achievements (2)

- **Quality of care report 2019 – African Regional Index as baseline: dissemination in AFRO**
- **WASH in HCF report 2019 – baseline report: dissemination in AFRO**
- **Quality and WASH deep dives (evaluations) in Ghana and Rwanda (2019). Ethiopia was covered twice in 2018 and 2019.**
- **Global response to UNSG's call to action on WASH in HCF: dissemination in AFRO**
- **Ongoing implementation of WASH in HCF activities in at least 11 countries (COD, GHA, KEN, LIB, MDG, NGA, SEN, SL, TZN, UGA and ZBA).**



WASH in HCFs in UNICEF West and Central Africa (WCAR)

UNICEF Programmes

- Focuses primarily on construction/rehabilitation of WASH facilities (infrastructure)
- Efforts started on strengthening national policies/strategies/standards

Key challenges

- Limited WASH in HCF awareness, knowledge, and capacities in ministries
- Coordination across ministries
- Joint programming, in part for lack of common objectives and indicators (process vs outcome/impact)
- Data availability and quality, integration of data into existing information systems
- Lack of or insufficient dedicated budget for WASH in HCF

GUINEA BISSAU: large programme established following Ebola -> **construction of WASH facilities** in HCFs & **monitoring system** for tracking WHCF

MALI: WASH included in AMR/IPC & QoC policy; WASHFit implementation; construction of facilities.

SIERRA LEONE: **Construction** of sanitation facilities, laundry and shower blocks & waste management facilities; installation of hand washing basin and **extension of WASH in labor rooms** in 175 health care facilities in 13 districts

GUINEA: in partnership with the NGO ASAMA, **improvement of shared water points** in the context of the child-friendly hospital (Akurenam district)

GAMBIA: supported the development of a national WHCF strategy

LIBERIA: **construction and improvements** of water supply, gender-sensitive sanitation and hygiene (handwashing) facilities in three HCF in Montserrado county

COTE D'IVOIRE: Institutional support; joint Health/WASH project to **improve access to WASH in 110 health/nutrition centers**; cost estimate for scale up in all healthcare facilities based on the results

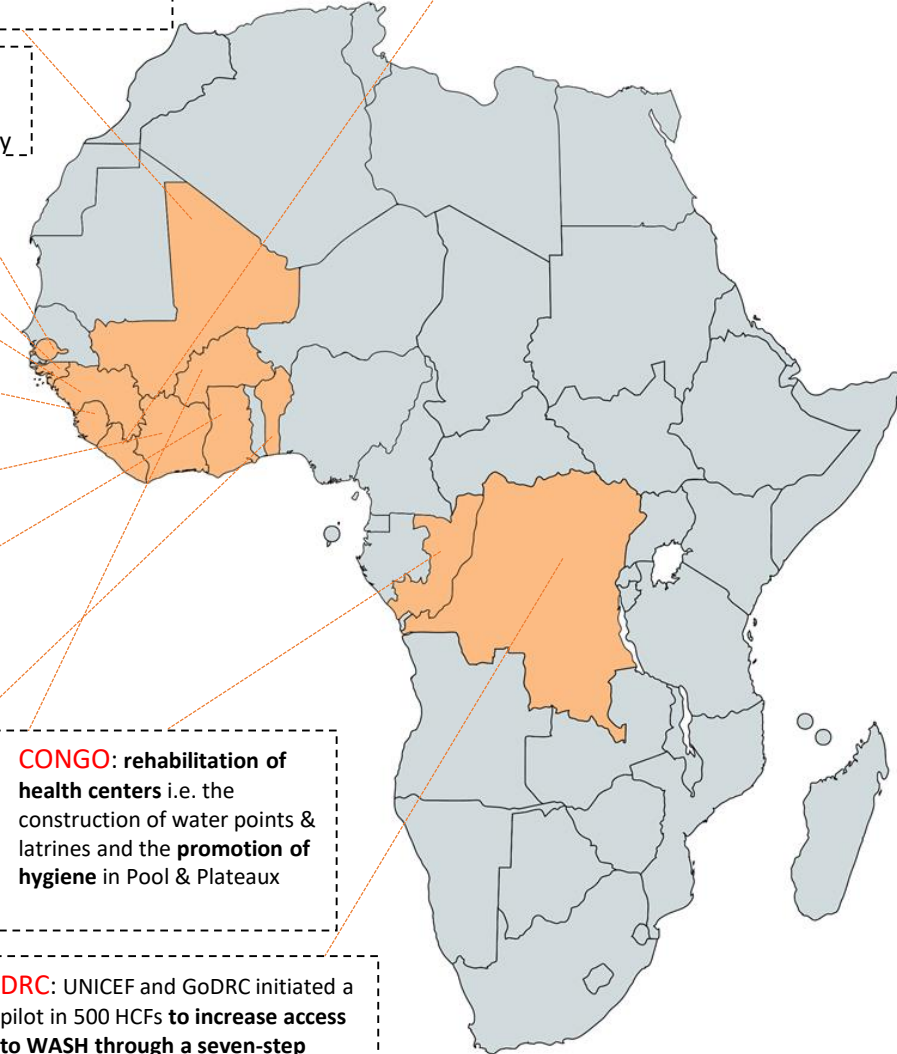
GHANA: WASH included in AMR/IPC & QoC policy; WASHFit implementation; construction of facilities.

BENIN: Improved access to drinking water and sanitation in 150 HCFs

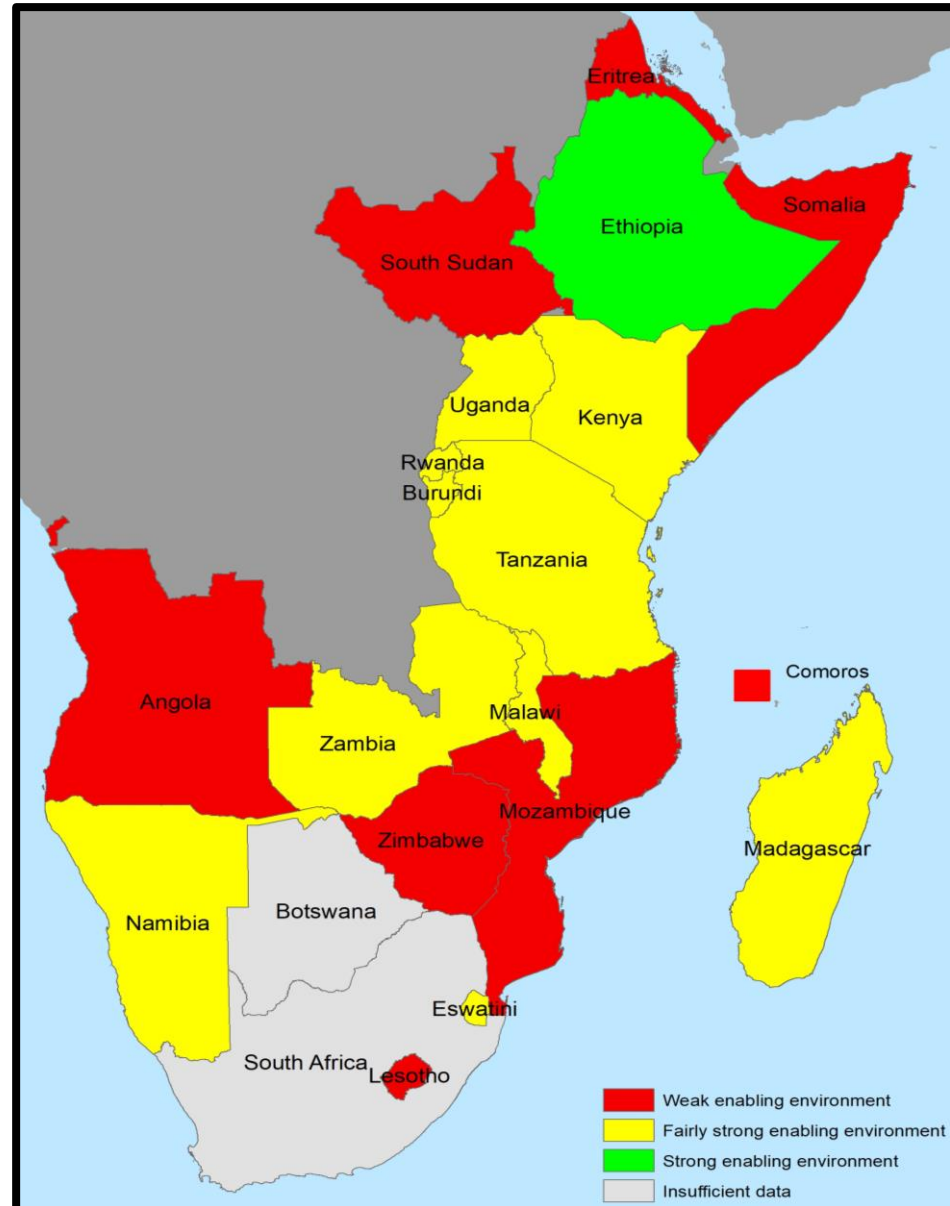
CONGO: rehabilitation of health centers i.e. the construction of water points & latrines and the **promotion of hygiene** in Pool & Plateaux

BURKINA FASO: **Construction of WASH facilities & hygiene promotion** mainly in rural areas in collaboration with national bodies in charge of water and sanitation) and NGOs

DRC: UNICEF and GoDRC initiated a pilot in 500 HCFs to **increase access to WASH through a seven-step certification process**. So far **2500 health workers** have been trained & **national standards for WASH in HCFs** adopted by MoH in 2019



WASH in HCFs in UNICEF East and Southern Africa (ESAR)



Enabling Environment for WASH programming in HCFs

Overall

- Good policy environment for WASH in HCF programming
- WASH in HCFs programming not at scale in ESAR, mainly because of poor financing and institutional arrangements, particularly operations and maintenance
- In ESAR, UNICEF reached close to 10,000 HCFs with WASH services. Considerable efforts were made in Malawi, Burundi and Somalia.

Recent Progress

- Regional scoping study on WASH in HCFs to understand enablers and barriers to at scale WASH in HCF programming
- Increased advocacy to governments and sub-sector stakeholders on WASH in HCFs
- National Antimicrobial Resistance plans developed in Eritrea, Eswatini, Madagascar, Malawi and Tanzania

Key Challenges

- Low WASH in HCF programming capacities in the region
- Lack of dedicated budget for WinHCFs
- Data unavailability, poor data quality and difficulties in integration data into existing information system

WASH in health care facilities: highlights from the WHO European region

Global meeting on WASH in health care facilities:
from resolution to revolution

Livingstone, 9-11 September 2019

Enkhtsetseg Shinee

Water and Climate Programme

WHO European Centre for Environment and Health



A policy priority in the Region

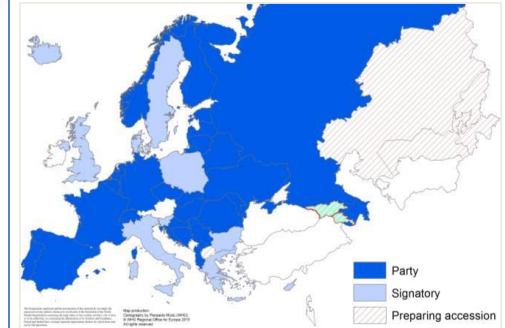


Parma (2010) and Ostrava (2017) Declarations on E&H

- Safeguard universal, equitable and sustainable **WASH services** in schools and **health care facilities**
- **AMR action plans** address safe water and sanitation in HCFs and reduce discharge of untreated waste water

Protocol on Water and Health - multilateral agreement

- Protect human health and well-being through sustainable water management and prevention, control and reduction of **water-related disease**
- Provide safe drinking-water and sanitation **for everyone**



WASH in HCFs and schools is a priority area of work
Systematic situation assessments
Setting and implementing national targets and action plans

Progress, challenges and opportunities

Challenge: data gap across the Region

Progress:

- Regional workshop (2017)
- Support to implementation of WHA resolution

Support to Member States:

- National target setting (AZE, GEO, MDA, SRB, TJK)
- In-depth baseline analyses:
 - Systematic country-wide facility assessments (HUN, MDA, SRB, TKM)
 - Evidence-based policy interventions (SRB, TJK)
 - Country-tailored definitions of an advanced service level (HUN, SRB)
- Pilot application of WASHFIT (TJK)

Outlook for future action:

- Establish regional landscape/overview and track progress
- Develop a practical tool for surveillance of WASH in HCFs

Support to Member States:

- Promote WASH in health system policies and programmes (qUHC, IPC, AMR etc.)
- Support national road map development
- Integrate JMP indicators into existing national surveillance mechanisms
- Build sub-regional & national capacities



PAHO & UNICEF perspectives from LAC region

2017 in Bolivia, Colombia, Guatemala, Guyana, Haiti, Honduras, and Peru:

- data are scarce and regular national monitoring mechanisms for WASH in health care facilities were not identified in any of the case study countries
- Health national assessment of WASH in HCF in Bolivia is a promising indication of national interest and capacities to collect WASH data in health care settings



PAHO & AIDIS used WASH-FIT to develop protocol for WASH diagnostic in HCF.

Extra focus on Vector Borne diseases, drainage and solid waste

1200 HCF in 6 countries

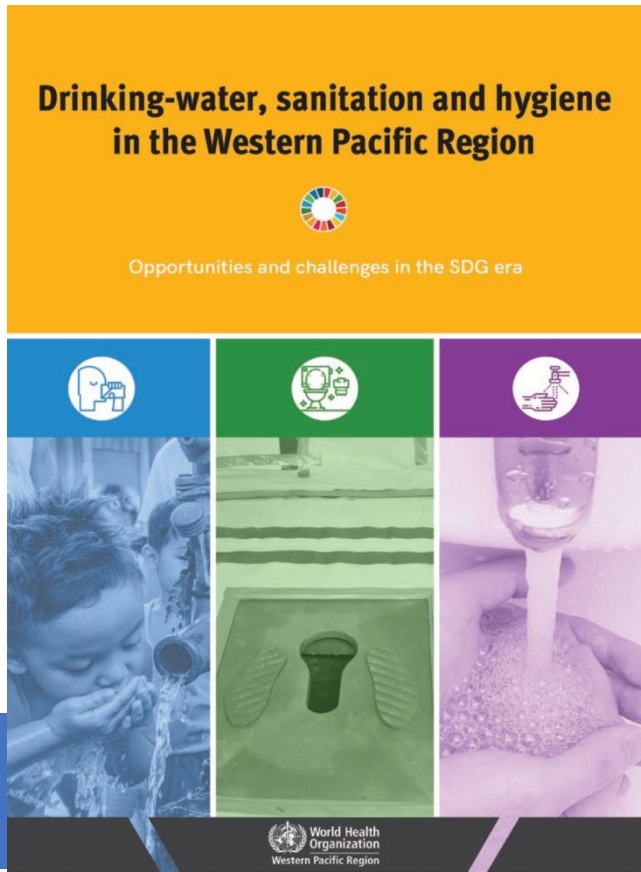
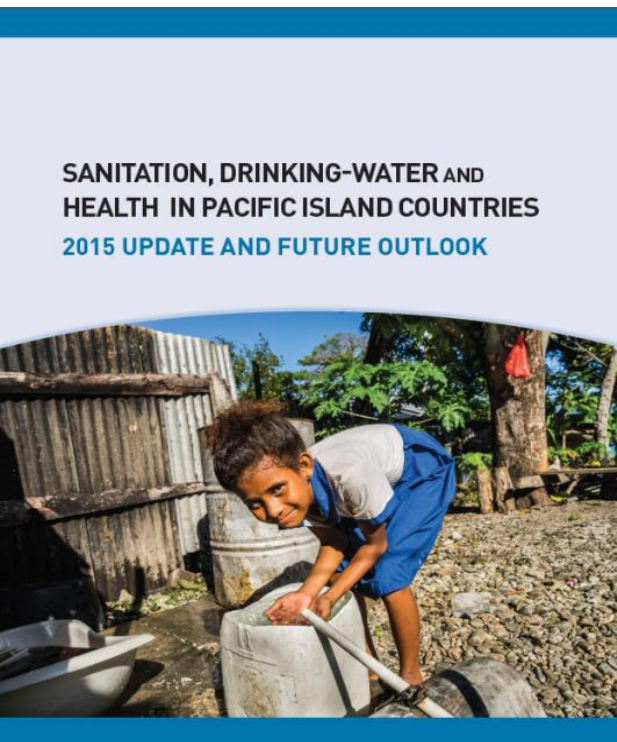
Protocol results for use by sector to influence policies

PAHO-UNICEF Next steps for LAC region

- Train staff on the protocol/WASH FIT to generate demand
- Increase use of WASH in HCF protocol (México, Brazil, El Salvador + 3 more)
- Influencing national policies by disseminating the results of the protocol
- Prepare guidance for national policies to integrate WASH in HCF
- Regional workshop to share protocol's results and guide countries to design their national plans for WASH in HCFs
- Finalize and launch early 2020 virtual Course on WASH in HCF
- Support country piloting from use of protocol to policy design and implementation
- Support HMIS/National HCF surveys alignment to SDG6
- Strengthen WASH in HCFs' interventions within the regional "Environmentally responsible and resilient HCFs" initiative

Regional Update: Drinking-Water, Sanitation and Hygiene in the Western Pacific Region

Rokho Kim and Boni Magtibay
Health and Environment (HAE),
WHO, Regional Office for the Western Pacific
(WPRO)



Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet (2016)

- VISION: Healthier people and healthier environments on a changing planet.
- OBJECTIVE: To accelerate action on health and the environment to achieve the Sustainable Development Goals.
- STRATEGIC OBJECTIVES - Governance and leadership, Networking, Communication, Resources mobilization - contribute to **four priority regional outcomes** by 2030:...
 - Greening of health-care facilities reflected in national, local and facility-based policies, including 100% access to safe water and sanitation;...
 - Indicator: Number of countries and areas that have adopted principles for greening of health-care facilities, including 100% access to safe water and sanitation.



WESTERN PACIFIC REGIONAL FRAMEWORK FOR ACTION on

Health and Environment
on a Changing Planet



WPRO Activities and Plan

WHA Resolution 72.7
-WASH in HCF

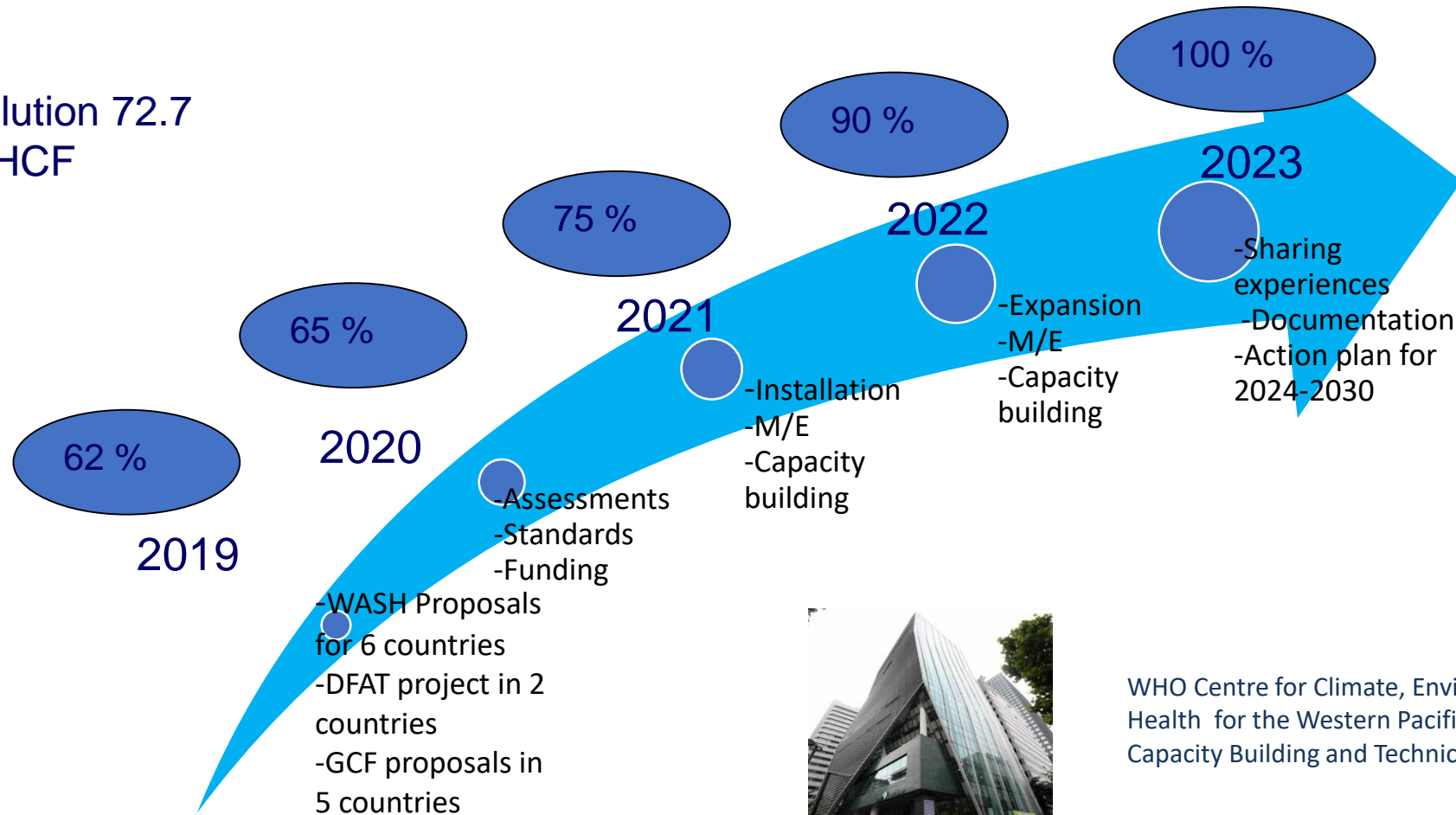
WPR/RC67.R2
16 October 2016, Manila



WESTERN PACIFIC REGIONAL FRAMEWORK FOR ACTION on
Health and Environment
on a Changing Planet



2016




WHO Centre for Climate, Environment and Health for the Western Pacific in South Korea for Capacity Building and Technical Backstopping


Phase 1 – 2018-2023
Phase 2- 2024-2030

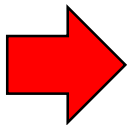
Roadmap for full coverage of water supply in HCFs, 2019-2023

2019	2020	2021	2022	2023
Water on site 62%	65%	75%	90%	100%
Priorities <ul style="list-style-type: none"> - Assessment - Standards - Action Plans - Financing 	<ul style="list-style-type: none"> - Assessment - Standards - Action Plans - Financing 	<ul style="list-style-type: none"> - Governance - Enforcement - Installations - Monitoring 	<ul style="list-style-type: none"> - Enforcement - Installations - Monitoring - Empowering 	<ul style="list-style-type: none"> - R&M capacity - Monitoring - Evaluation - Reporting
Activities <ul style="list-style-type: none"> - Regional program development - Set up country teams - Budget 	<ul style="list-style-type: none"> - Backcasting - Set up norms - Grounds-up solutions - Strategic communication - Budget 	<ul style="list-style-type: none"> - Select areas of intervention - Capacity build - Inspections per standards - Follow-up grounds-up solutions 	<ul style="list-style-type: none"> - Expansion - Share experience - Inspections/standards - Follow-up grounds-up solutions 	<ul style="list-style-type: none"> - Review and share results - Reporting and communicat'n - Develop long-term plan 2024—2030

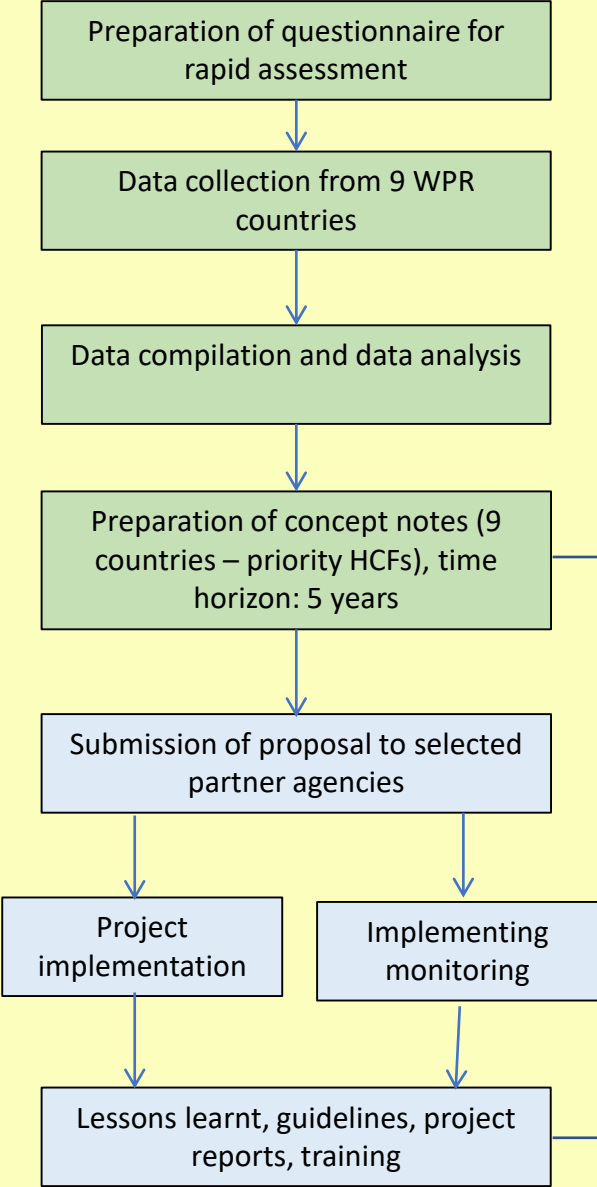
Regional Programme on WASH in HCF

 Achieved

 Planned



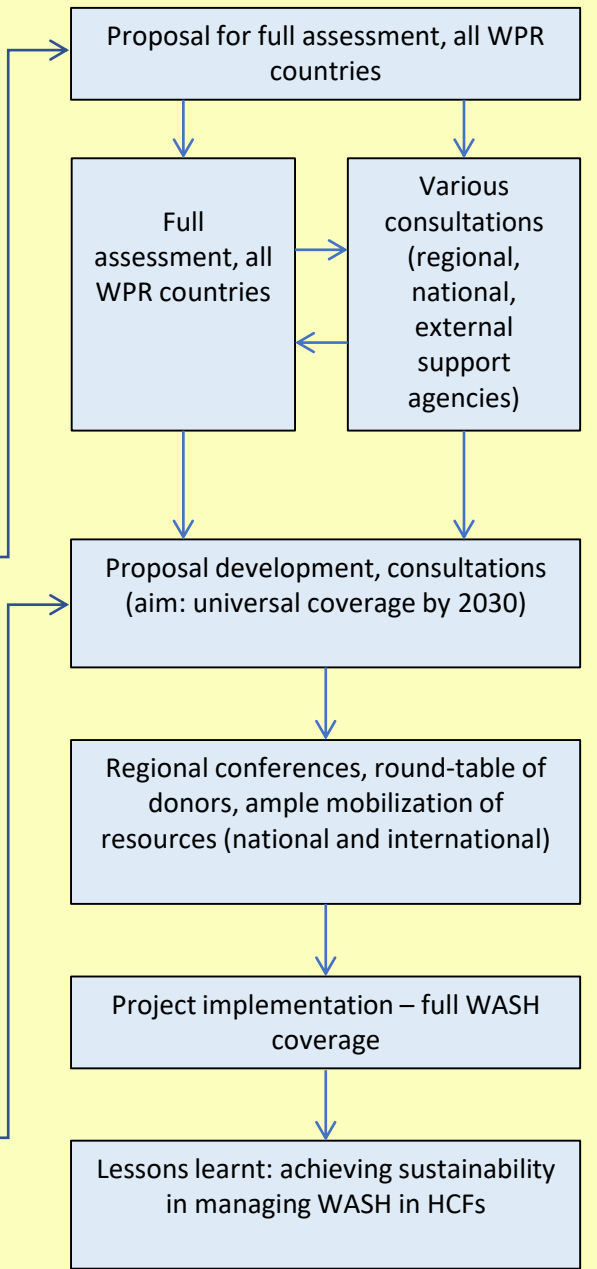
First phase Short and medium-term activities



Agreement among different partner agencies and national governments on the need for coordination and cooperation



Second phase Medium- and longer -term activities



Regional Level Embedding WASH and UHC – frontline services

(through WHO SEARO Health Systems Dept)

WHO SEARO Strengthening frontline services for universal health coverage by 2030

Regional consultation

23-25 July 2019, New
Delhi, India



Effective services

More is better

Percentage	Service Description
?	Healthcare associated infection rate ²
30%	children prescribed antibiotics for common cough ³
85%	Antenatal care coverage (4 visits) ⁴
81%	children with diabetes received ORS or equivalent advice ⁵
95%	TB treatment success rate for new and relapse cases ⁶
3%	hypertensives are treated and controlled ¹¹

Less is better

Effective services

More is better

Percentage	Service Description
?	Healthcare associated infection rate?
87%	children prescribed antibiotics for common cold?
59%	Antenatal care coverage (4 visits)?
63%	children with diabetes received ORS or equivalent advice?
88%	TB treatment success rate for new and relapse cases?
11%	hypertensives are treated and controlled?

Less is better

Effective services			
Less is better		More is better	
<p>? %</p> <p>Healthcare associated infection rate¹</p>	<p>? %</p> <p>children prescribed antibiotics for common cold²</p>	<p>94 %</p> <p>Antenatal care coverage (4 visits)³</p>	<p>82 %</p> <p>children with diarrhea received ORS or equivalent advice⁴</p>
		<p>? %</p> <p>TB treatment success rate for new and relapse cases⁵</p>	<p>? %</p> <p>hypertensioners are treated and controlled¹¹</p>

Effective services

More is better

Service	Percentage
Healthcare associated infection rate?	0%
children prescribed antibiotics for common cold?	73%
Antenatal care coverage (4 visits)?	69%
children with diarrhoea received ORS or equivalent advice?	61%
TB treatment success rate for new and relapse cases?	91%
hypertensives are treated and controlled?	4%

Less is better

Effective services

More is better

Service	Current Performance (%)	Target (%)
Healthcare associated infection rate ²	? %	95 %
children prescribed antibiotics for common cold ³	? %	95 %
Antenatal care coverage (4 visits) ⁴	51 %	95 %
children with diarrhoea received ORS or equivalent advice ⁵	60 %	95 %
TB treatment success rate for new and relapse cases ⁶	69 %	95 %
hypertensives are treated and controlled ⁷	6 %	95 %

Less is better

Effective services

More is better

Percentage	Service Description
0%	Healthcare associated infection rate ¹
73%	children prescribed antibiotics for common cold ²
93%	Antenatal care coverage (4 visits) ³
63%	children with diarrhoea received CRR or equivalent advice ⁴
85%	TB treatment success rate for new and relapse cases ⁵
11%	hypertensives are treated and controlled ⁶

Less is better

Effective services

Less is better		More is better		
7 %	? %	84 %	44 %	86 %
Healthcare-associated infection rate ¹	children prescribed antibiotics for common cold ²	Arterial care coverage (4 visits) ³	children with diarrhea received ORS or equivalent advice ⁴	TB treatment success rate for new and relapse cases ⁵
				hyperlipidaemia are treated and controlled ⁶

Effective services

More is better					
7%	43%	91%	76%	83%	30%
Healthcare associated infection rate ⁷	children prescribed antibiotics for common cold ⁸	Antenatal care coverage (4 visits) ⁹	children with diarrhoea received ORS or equivalent advice ⁶	TB treatment success rate for new and relapse cases ¹⁰	hypertensives are treated and controlled ¹¹

Less is better

Effective services

More is better

? % Healthcare associated infection rate ¹	49 % children prescribed antibiotics for common cold ²	85 % Antenatal care coverage (4 visits) ³	84 % children with diarrhoea received ORS or equivalent advice ⁴	83 % TB treatment success rate for new and relapse cases ⁵	9 % hypernatremias are treated and controlled ⁶
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Less is better

Effective services

Condition	Percentage
Healthcare associated infection rate ⁷	2%
children prescribed antibiotics for common cold ⁸	56%
Antenatal care coverage (4 visits) ⁹	77%
children with diarrhoea received ORS or equivalent advice ¹⁰	77%
TB treatment success rate for new and relapsed cases ¹¹	89%
hyperlipidaemias are treated and controlled ¹²	2%

More is better

Less is better

Drivers in the region for increased health sector interest in WASH in HCFs


- SDGs
- AMR (including HAIs and IPC)
- Climate change
- Dashboards are work in progress
- How to include all 5 WASH indicators/GLAAS?



Regional Level Embedding - WASH and IPC (through WHO SEARO Health Systems Dept)

WHO SEARO Regional
Workshop on IPC
Nonthaburi, Thailand,
20-22 August 2019



 <h1>Thailand</h1>						<p>Joint assessments Office of the Permanent Secretary Department of Medical Services Ministry of University Ministry of Defence Private organizations etc.</p>		<p>58 hospitals 44 hospitals 1 hospitals 2 hospitals 1 hospitals 9 hospitals 1 hospitals</p>	
Population ¹ (000s)	GDP per capita ² Current US\$	Current health expenditure as share of GDP ³	Health workers doctor, nurse, midwife ⁴	Hypertensives treated and controlled ⁵	Health facilities with improved water ⁶	Hand hygiene materials at points of care ⁶	TB treatment success rate ⁷	AMR NAP implementation progress ⁸	National policy on safety and quality
69 626	7274	3.7%	38.2/ _{10 000}	30%			83%	Initial Implementation phase	

Current status of IPC

Please describe the activities existing in your country at the NATIONAL level and when possible, at the FACILITY level by referring to the 2015 WHO "Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level" (<https://www.who.int/infection-prevention/tools/core-components/en/>) and the related Implementation Manuals and assessment tools (<https://www.who.int/infection-prevention/tools/core-components/en/>)

1. IPC programmes (at national and facility level)

[illegible]

2. National IPC guidelines

[illegible]

3. IPC education and training (at national and facility level)

Question	Average Score	Item	Item Score
2. Are there persons with the HC capacities or HC nature (selective domain) to be HC training?	6.87	1. Are we health workers and other professionals trained?	7.28
3. Are there additional needs or persons with adequate skills to be HC training?	7.58	4. Are there policies, regulations and the effectiveness of training programs? For example, hand hygiene, other infection control	6.96
4. Are there additional needs or persons with adequate skills to be HC training? For example, hand hygiene, other infection control, changes?	7.58	5. HC training impacts on the health system and training of other personnel for example, HC training of HC training	6.86
5. Are there additional needs or persons with adequate skills to be HC training? For example, hand hygiene, other infection control, changes?	7.58	6. Is there a need for training for people or health workers to enhance the health care system (clinical, for example, nursing, management education)	7.42
6. Are there additional needs or persons with adequate skills to be HC training? For example, hand hygiene, other infection control, changes?	7.58	7. Is ongoing development essential for HC staff? For example, he regularly attending conferences, courses?	7.42

4. Health care-associated infection surveillance (at national and facility level)

[illegible]

5. Multimodal strategies to implement IPC interventions (at national and facility level)

Questions	Average Score
1. Do you use multimodal strategies to implement EC interventions?	13.71
2. Do you multimodal strategies include any of the following elements: Classroom or online self-paced accurate part delivery	1.52
System design	1.52
Education and training	1.27
Monitoring and feedback	1.43
Communications and resources	1.43
Self-paced and online design	1.43
3. Is multimodal learning used to implement EC multimodal strategies?	12.84
4. Do you regularly take in colleagues from quality improvement and patient safety to develop and promote EC multimodal strategies?	1.52
5. Do these strategies include teacher or students?	0.57
Subtotal score	19.19

6. Monitoring/audit of IPC practices and feedback (national and facility level systems)

Question	Average Score	Comments
1. Do you have direct personnel responsible for monitoring and/or PC practices and/or policies?	5.02	
2. Do you have a well defined information security policy that covers all major areas, types and activities including tools used to enforce it or systems used?	7.02	
3. Do you have a well defined information security policy in your facility? Is it well kept up to date?	58.68	
4. Do you have the ISO 9001:2015 Lead Regulator Self Assessment Questionnaire Survey undertaken? Choose answer	3.02	
5. Do you conduct regular audits for example, based on top highest compliance data or other, based on the result of the PC activities performed?	5.02	
6. Do you have a well defined information security policy in your facility?	5.02	
7. Are monitoring and handling of all processes and activities in your facility well defined and controlled and integrated with the business?	6.02	
8. Do you have a well defined information security policy, for example, by using other standards such as ISO/IEC 24790, ISO/IEC 27001, ISO/IEC 27002	5.02	
9. Do you have a well defined information security policy in your facility?	70.78	

7. Workload, staffing and bed occupancy at facility level

Question	Average Score
1. Do appropriate staffing levels exist in your facility according to patient workload using national models as a standard (staffing needs meeting or exceeding the 2007 WHO/World Federation of nursing staffing model)?	3.71
2. Is an agreed that a WHO or national ratio of health care workers to patients maintained across your facility?	4.67
3. Is a system in place in your facility to act on the results of the staffing audit?	4.31
4. Is a system in place in your facility to monitor and respond where adequate staff capacity is exceeded?	4.50
Subtotal score	49.14

8. Built environment, materials and equipment for IPC at facility level

Question	Average Score	Model answer	Score
1. Do you consider evolution as one of the pillars of scientific inquiry for us? Discuss your answer	4.24	Yes, we have frequent water pollution problems in our country, which, if not checked, will cause death and disease to our water consumers. This is a good example of evolution.	4.27
2. Do you consider evolution as one of the pillars of scientific inquiry for us? Justify your answer	4.24	Yes, evolution is a process of change over time. It is a natural process that occurs in all living organisms. It is a process of change over time that is driven by natural selection. It is a process of change over time that is driven by natural selection. It is a process of change over time that is driven by natural selection.	4.26
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10. Do you consider evolution as one of the pillars of scientific inquiry for us? Justify your answer	4.24	Yes, evolution is a process of change over time. It is a natural process that occurs in all living organisms. It is a process of change over time that is driven by natural selection. It is a process of change over time that is driven by natural selection. It is a process of change over time that is driven by natural selection.	4.26

key elements of your plans regarding improving IPC for 2019-20

* Developing Infection Control Program (IC Surveillance Program)

* Development Practical Guidelines for Infection Prevention and Control

* Human Resource Development in Infection Prevention and Control
 Berlin Level Intermediate Level

- Basic Level
- Intermediate Level
- Advanced Level
- Refresher Course

- Advanced Level
- Refresher Course
- Training for the trainer
- IC Supervision Course

Partners

- SNV – learning event Bhutan
- Water for Women and WaterAid
<https://www.waterforwomenfund.org/en/index.aspx>
 - 15 countries across Asia Pacific
 - WASH in HCFs driven by quality of maternal and newborn care – especially in Myanmar and Timor-Leste
- UNICEF - Indonesia
 - WASH facilities need to be part of Puskesmas accreditation agenda.
 - Strengthening existing monitoring systems: Aplikasi Sarana Prasarana dan Alat Kesehatan (ASPAK) as an entry point for a SDG tracking mechanism.
- PATH – HCWM Myanmar
- Private sector – International Solid Waste Association. HCWM working group very interested in market opportunities. Keen on WHO data.

