



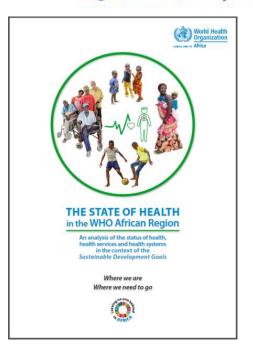
From Resolution to Revolution

Livingstone, Zambia 9-11 September 2019





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



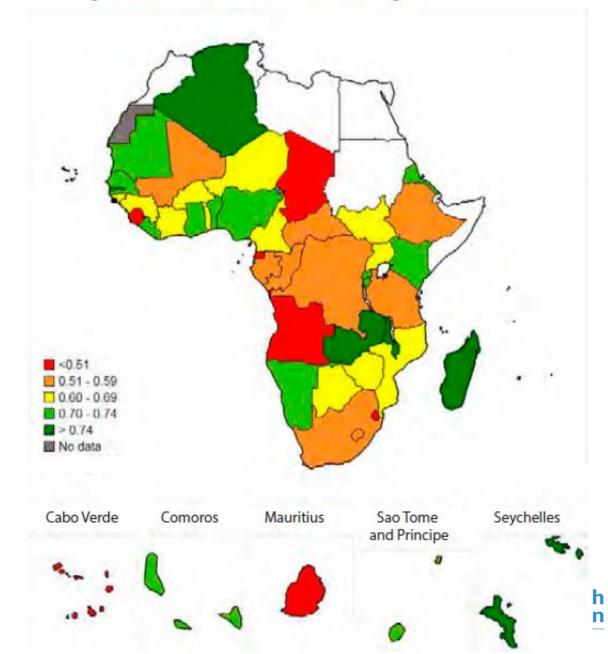


Leave no one behind

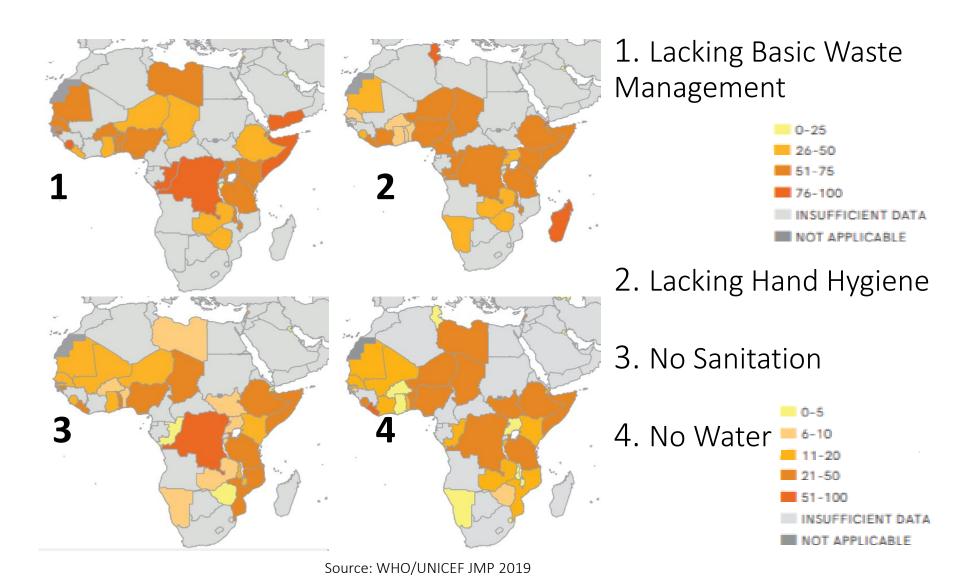
Strengthening health systems for UHC and the SDGs in Africa







WASH in HCF Baseline 2019: The issue

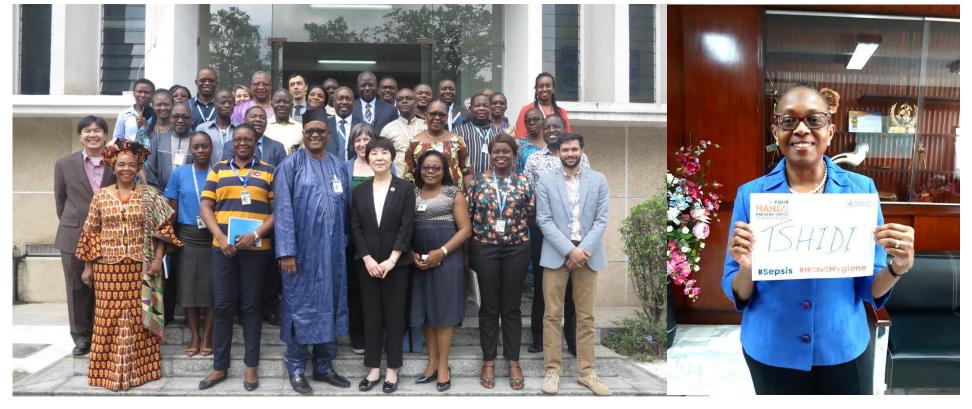


WASH in HCF Achievements (1)

- 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

nonitoring system for tracking WHCF

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

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

MALI: WASH included in AMR/IPC & QoC

policy; WASHFit implementation;

construction of facilities.

GAMBIA: supported

the development of a

national WHCF strategy

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

CONGO: rehabilitation of health centers i.e. the construction of water points & latrines and the promotion of

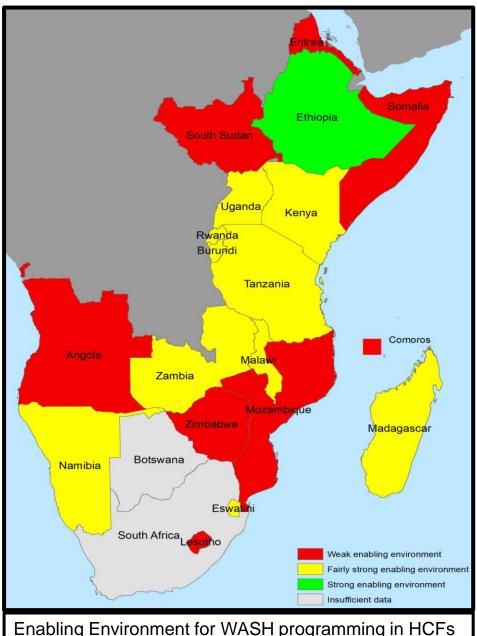
hygiene in Pool & Plateaux

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

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



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



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 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 (тук)

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







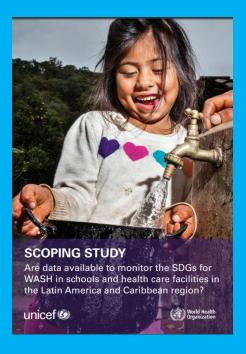




PAHO & UNICEF perspectives from LAC region

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

- data are scarce and <u>regular</u> <u>national monitoring</u> <u>mechanisms for WASH in</u> <u>health care facilities were</u> <u>not identified</u> 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

SANITATION, DRINKING-WATER AND **HEALTH IN PACIFIC ISLAND COUNTRIES** 2015 UPDATE AND FUTURE OUTLOOK



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.

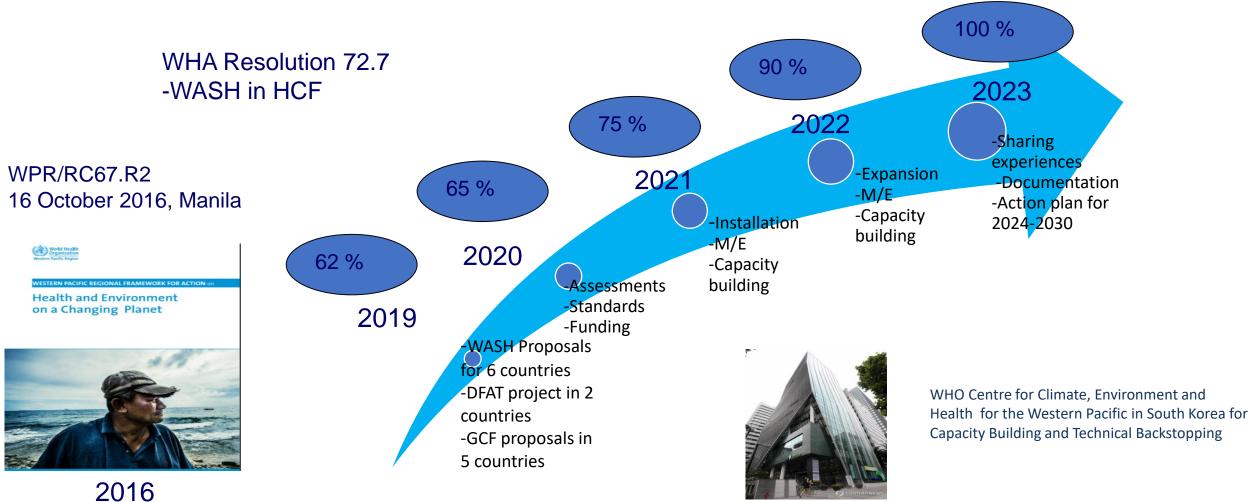


WESTERN PACIFIC REGIONAL FRAMEWORK FOR ACTION
Health and Environment
on a Changing Planet





WPRO Activities and Plan





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

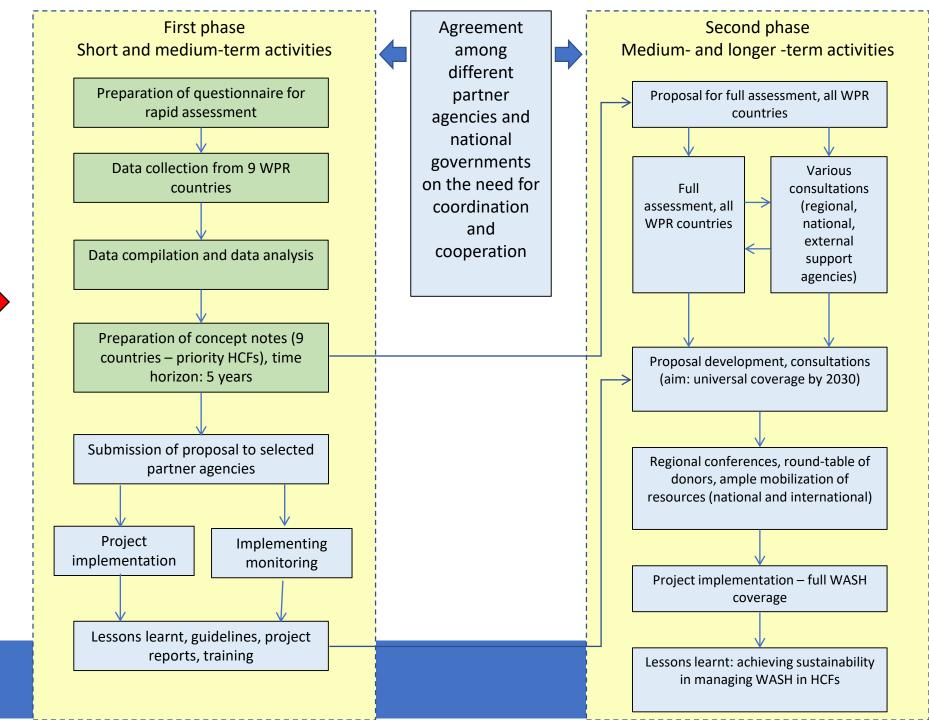
| 2019 | 2020 | 2021 | 2022 | 2023 |
|---|--|---|---|---|
| Water on site 62% | 65% | 75% | 90% | 100% |
| Priorities - Assessment - Standards - Action Plans - Financing | AssessmentStandardsAction PlansFinancing | GovernanceEnforcementInstallationsMonitoring | EnforcementInstallationsMonitoringEmpowering | R&M capacityMonitoringEvaluationReporting |
| Activities - Regional program development - Set up country teams - Budget | Backcasting Set up norms Grounds-up solutions Strategic communication Budget | Select areas of intervention Capacity build Inspections per standards Follow-up grounds-up solutions | Expansion Share experience Inspections/ standards Follow-up grounds-up solutions | Review and share results Reporting and communicat'n Develop longterm plan 2024—2030 |
| | | | | |



Regional Programme on WASH in HCF



- Achieved
- Planned



Ongoing efforts and opportunities to embed in health initiatives and support national efforts and investments in **South East Asia Region**

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





Fit-for-service dashboard

Cleaner safer health care facilities
Bangladesh Draft version 1



Poor quality care remains common and extracts a heavy toll in the South-East Asia Region. Some real basics at health care facilities - water, electricity, and medicines are missing at different levels. It's time that we came back to the real basics.

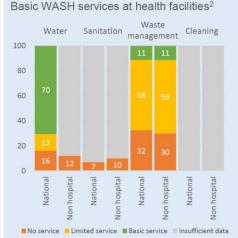
Progress towards universal health coverage (UHC) will be seriously constrained without improvement in the quality of both frontline services and inpatient care. Adequate quality and safety, especially in frontline services, can improve the public's trust in and increase the use of needed health services, reducing the pressure on secondary and tertiary care.

"60% of deaths from conditions amenable to health care are due to poor-quality care, whereas the remaining deaths result from non-utilization of the health system"

Lancet commission

Clean facility

roun raomey

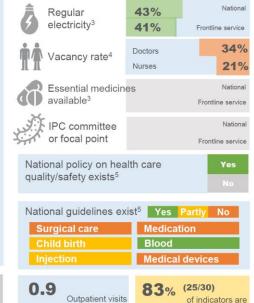


National HMIS routinely collects data on WASH and IPC in health care facilities

Detailed definition of each service ladder in JMP2 is on the backside

Yes Partly No

Safe facility



Effective services



60% children prescribed antibiotics for

common cold8

31 %

Antenatal care coverage (4 visits)⁹

More is better **84**% **9**

children with diarrhoea received ORS or equivalent advice⁹ 94_%

TB treatment success rate for new and relapse cases¹⁰ hypertensives are treated

and

controlled¹¹

Less is better

Poor quality care remains common and extracts a heavy tall in the South-East Asia Region. Some wall basics at health care budders - water, destroictly, and mediones are missing at different levels. It some tall was care to be to the real basics.

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Safe facility Clean facility Basic WASH services at health facilities2 electricity³ Vacancy rate⁴ Doctors Essential medicines available³ J. IPC committee or focal point National policy on health care National guidelines exist⁵ Yes Partly No Blood National HMIS routinely collects data Outpatient visits /person/year* 50% (15/30) of indicators are monitored and reported on WASH and IPC in health care





about at heads care facilities - water, electricity, and medicines an instance of the femilies of the medical from conditional annihilation of the medical from the medical from the medical for the first medical from the medical

| | | Cle | an f | ac | illi | ty | | Safe facility |
|----------|-------------------|--------------|--------------------------|------------|----------------|----------|---------------------|---|
| Ba | | | ervices | | aste | | es ² | Regular electricity3 29% routine sentre Doctors Nurses |
| 60 40 20 | | | | | | | | Essential medicines 60% National available 40% Prortine service National of focal point |
| 0 | National National | Von hospital | National Von hospital | National 6 | Non hospital 6 | National | Von hospital | National policy on health care quality/safety exists ⁵ |
| | | e II Limite | d service III | | rvice | | _ | National guidelines exist ^{\$\\$} Yes Partty No Surgical care Medication Child birth Blood Injection Medical devices |
| 01 | | H and I | outinely PC in he | | | а | Yes Partly No | 0.64 Cutpatient visits //person/year* 70% (21/30) of indicators are monitored and reported |



Less is better



For gading corresponds common and exclusion, alternal folia for Social S

| Clean facility | Safe facility |
|---|--|
| Basic WASH services at health facilities ² Waste Waste Geaning Cleaning | Regular National electricity ³ Prontine service |
| 100 | Vacancy rate ⁴ Doctors Nurses |
| 60 | Essential medicines National available ³ Frontine service |
| 40 | IPC committee National or focal point Frontine service |
| 20 2 2 2 2 2 2 2 2 2 2 | National policy on health care quality/safety exists ⁵ |
| Non hospital Non hospital Non hospital Non hospital Non hospital | National guidelines exist ⁵ Yes Partly No Surgical care Medication |
| No service Limited service Basic service II noufficient data Detailed definition of each service ledder in JMP ² is on the beclaide | Child birth Blood Injection Medical devices |
| National HMIS routinely collects data on WASH and IPC in health care facilities | ? Outpatient visits /person/year* 7% (2/30) of indicators are monitored and reported |

Effective services More is hetter 82 ?. relapse cases¹⁰ Less is better



Figs. gailing varies remains common and instrains. A leavy fail in the South-East Asia Region Science and a least of a failed from collisions—state electricity, and medicines are innising at different levels. It is the failed with collisions and a second of the second of the collisions of the second of the second of the second of the second of the collisions of the second of t

| Ba | sic W | ASH s | ervice | es at I | healt | th fac | cilities | 5 ² | Regular 49% Nation |
|----------|----------|--------------|----------|--------------|----------|--------------|----------|----------------|--|
| | Wa | iter | Sanitat | ion m | Was | | Clean | ing | electricity ³ 42% Frontine service |
| 80 | | | | | Ì | | | | Vacancy rate ⁴ Doctors Nurses |
| 60 | | | | | | | | | Essential medicines 43% Nation available 3 39% Frontine servi |
| 40 20 | | | | | 36 | 26 | | | IPC committee Nation or focal point Frontine servi |
| 0 | /ational | Von hospital | National | Von hospital | National | Von hospital | Vational | You hospital | National policy on health care quality/safety exists ⁵ |
| | z | Nonh | z | Nonh | z | Nonh | z | Non h | National guidelines exist ⁵ Yes Partly No |
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Fit-for-service dashboard Cleaner safer health care facilities World Health Care facilities Five using one mention common and criments a heavy still in the South East Add Region Come real basics at the filter. The filters—where feel forcing, and medicines are included as the contraction of the medicines are included as the contraction of the medicines are included as the contraction of the medicines. The projects trained unship an ability owners, or included as the contraction of the contraction of







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Less is better

Fit-for-service dashboard

Cleaner safer health care facilities

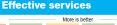
non-utilization of the health

Poor quality care remains common and extracts a heavy toll in the South-East Asia Region. Some real basics at health care facilities - water, electricity, and medicines are missing at different levels. It's time at menable in the real hasis.

Progress towards universal health coverage (UHC) will be seriously constrained without improvement the meaning deaths or the meanin in the quality of both frontline services and inpatient care. Adequate quality and safety, especially in frontline services, can improve the public's trust in and increase the use of needed health services, reducing the pressure on secondary and lethiny care.

Safe facility









Poor quality care remains common and extracts a heavy toll in the South-East Asia Region. Some real basics at health care facilities - saler, electricity, and medicines are missing at different levels. It's time think w that we came back to the real basics.

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interest in the quality of the forming services and inguiser care. Adequate quality and safety, especially in
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system.

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Less is better









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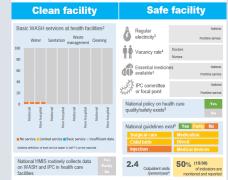








For earlier care remain common and estables a heavy fail in the Qualificant Anal Report. Owner and Wasser (Ambition and Ambition and Am







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?



Fit-for-service dashboard

Cleaner safer health care facilities Draft version 1

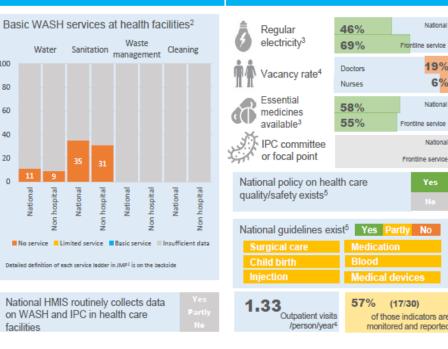


Regional average for reference

This is for reference purposes only. Regional averages for numerical indicators are calculated by weighing the size of population of Member States, and are based on the availability of national-level indicators.

Clean facility

Safe facility



Effective services



Antenatal care coverage

(4 visits)9

children with diarrhea received ORS or equivalent advice9

More is better

success rate for new and

relapse

cases¹⁰

are treated and controlled11

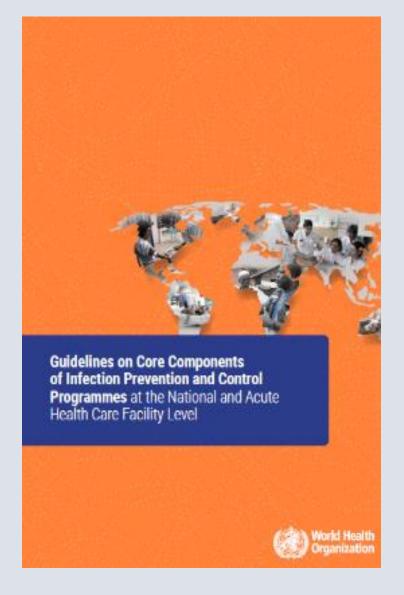
Less is better

Regional Level Embedding -WASH and IPC

(through WHO SEARO Health Systems Dept)

WHO SEARO Regional Workshop on IPC

Nonthaburi, Thailand, 20-22 August 2019







Current status of IPC

1. IPC programmes (at national and facility level)

| Question | Average Score | 7. Are any of the following professional groups represented included in the | PConniber* |
|--|---------------|---|------------|
| 1 Dayouhaie an PC programme? Choose one arower | 1.4 | Senior facility leadership flar example, administrative director, chief executive officer (SD), medical director; | 259 |
| 2 is the PC programme supported by an PC team comprising of PC professionals? | 9.66 | Serior cinical staff for example, physician, nurse | 233 |
| Change one prover | | Facility management for example, bloodiety, waste, and those tabled with addressing water, sanitation, and hydrone (WSDI): | 237 |
| 3 Deep the IPC team have or least one full time IPC professional or equivalent must or declar working 38%. In IPC available? | 7.63 | So you have dearly defined PC objectives that it, in specific critical areas? Choose one around | 630 |
| Crease one snower | | 9 Sees the serior facility leadership show dear commitment and apport for the IPC programme | |
| 4 Dec the IK team or focul person have dedicated time. | 8.97 | By an allocated budget specifically for the PC programme shat is, covering PC sathleties, including solaries? | 4.05 |
| 5 Deep the IPC team include both doctors and number? | 9.54 | Sydemontrolle support for IX objectives and indicators within the Solity for example, at eventure level meetings, eventure rounds, participation in morbidity and morbidity meetings? | 4.40 |
| E Dayou have an PC committee actively supporting the PC texts? | 2.55 | 25 Dec your facility have microbiological aboratory support either present on or off site, for marine day-to-day use? | 7.67 |
| | | Substal some | \$4.22 |
| | | | |

2. National IPC guidelines

| Question | Average | Prevention of catheter-associated urinary tract infections? | 2.41 |
|--|---------|--|-------|
| | Score | Presention of transmission of multidrug-resistant MOR) perhagons? | 2.37 |
| 1 Does your facility have the expendite in PK and/or | 470 | Disinfection and sterilization? | 2.46 |
| infectious diseases for developing or salasting quidelines? | 4.76 | Realth care worker protection and safety | 2.33 |
| | | Injection safety? | 1.55 |
| Does your facility have guidelines available for: | | Wate management? | 237 |
| Product manuface? | 250 | Setbiotic stewardship? | 190 |
| fard hygiere? | 2.50 | 3 Are the guidelines in your holity consistent with national international guidelines (# they exist? | 14 |
| 'aronisier-basel presuriers' | 250 | 4 is implementation of the guidelines adapted according to the local needs and monuton while maintaining key IPC standards? | 10.00 |
| Addresis management and preparedness? | 2.07 | 5 Are frontine health care workers involved in both planning and executing the | 1.45 |
| hevention of surgical site infection? | 2.67 | implementation of PC guidelines in addition to IPC personnel? 6 Are relevant stakeholders for example, lead doctors and numes, hospital managers. | 634 |
| Prevention of vaccular catheter associated bloodstream infections? | 1.77 | quality management invalued in the development and adoptation of the PC guidelines in addition to PC personnel? | - |
| heverdon of hospital-acquired preumonia (HRP; all types of HLP, including but not exclusively vertilator associated | 216 | Do health care workers receive specific training related to new or updated PC guidelines introduced in the facility? | 1.79 |
| neurona? | | If Do you regularly monitor the implementation of at least some of the PK guidelines in your facility? | 9.46 |
| | | Salested source | 88.28 |

3. IPC education and training (at national and facility

| Question | Average Score | 6 How are health care workers and other personnel trained? Choose one | 7.55 | | |
|---|---------------|--|-------|--|--|
| | | srewer | | | |
| Are there personnel with the IPC expertise in IPC and/or | 8.97 | : Are there periodic evaluations of the effectiveness of training | 7.85 | | |
| flectious diseases to lead IPC training? | | programmes for example, hand hypiene sudits, other checks on | | | |
| Are there additional non-IPC personnel with adequate | 7.58 | Invaledge? Choose one prower | | | |
| kills to serve as trainers and mentors for example, link | | I is PC training integrated in the closed practice and training of other | 4.80 | | |
| nurses or doctors, champions? Choose one answer | | specialties for example, training of surgeons involves expects of IPC? | | | |
| 5 Now frequently do health care workers receive training | 12.16 | Owner menumer | | | |
| opering PC in your facility? | | 1 to there specific PC training for settents or family members to minimize | 10 | | |
| Doose one wower | | the potential for health care associated infections for example. | 43/ | | |
| I. You frequently do cleaners and other personnel | 12.24 | immunocuppressed patients, patients with invasive devices, patients with | | | |
| fractly involved in patient care receive training regarding | | multidramentant infections? | | | |
| PC in your facility? Choose one snower | | | | | |
| Dues administrative and managerial staff receive | 224 | 20 to ongoing development education offered for IPC staff for example, by | 7.45 | | |
| peneral training regarding IPC in your facility? Occors one | | regularly attending conferences, courses? | | | |
| MOVE | | Subtotal score | 74.83 | | |

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

| Question | Average Son |
|--|-------------|
| Organization of surveillance | |
| 1 is surveillance a defined component of your IPC programme? | 4.83 |
| 2 So you have personnel responsible for surveillance activities? | 4.91 |
| 3. Have the professionals responsible for surveillance activities been trained in basic | 4.40 |
| epidemiology, surveillance and PC shat is, rapadity to oversee surveillance methods, | |
| data management and interpretation?* | |
| 4 Dryou have informatics if support to conduct your same liance for example, | 3.10 |
| equipment, mubile technologies, electronic health records? | |
| Priorities for surveillance - defined according to the scape of care | |
| 5 Do you go through a prioritization exercise to determine the MAIs to be targeted for | 4.22 |
| surveillance according to the local content that is, identifying infections that are major | |
| cases of morbidity and mortality in the facility? | |
| 6 in your facility is surveillance conducted for | |
| Surgical site infections? | 2.11 |
| Devices oxisted infections for example, orthotor especiated uriners trect infections. | 2.41 |
| pertral line equalated bloodstream infestions, peripheralities equalated bloodstream | |
| infections, ventilator-associated oneumonias? | |
| Cinically defined infections for example, definitions based only on clinical signs or | 2.02 |
| symptoms in the absence of microbiological testing? | |
| Colonization or infections caused by multiphus-resistant aethogens according to your | 2.74 |
| loal exideniological stration? | |
| Local priority epidemic-prone infections for example, recovinus, influenza, tuberculosis | 2.25 |
| (18), source soute respiratory syndrome (SAIS), Books, Lasse fever ? | 1.00 |
| Infections in valuerable populations for example, recordes, intensive care unit, | 2.41 |
| immunocompronised, burn patients;* | |
| infections that may affect health care workers in clinical, laboratory, or other settings | 2.33 |
| for example, hepatitis 5 or C, human immunodeficiency virus (1974, influenza)* | |
| 7 Do you regularly evaluate if your surveillance is in line with the current needs and | 4.05 |
| priorities of your health? | |
| Methods of surveillance | - |
| \$ Do you use reliable surveillance case definitions defined numerator and denominator | 4.91 |
| according to international definitions less CDC NPSNECDCSS or if adapted, through an | |
| evidence based adaptation process and expert consultation? | |
| 9 Do you use standardized data collection methods for example, active prospective | 4.05 |
| smellance according to international samellance protocols for example, CDC | 1 |
| MSVECOC or 7 adapted, through an evidence based adaptation process and expert | |
| mentaliza? | I |
| 10 Do you have processes in alsos to regularly review data quality for example. | 3.6 |
| assessment of one report forms, review of microbiology results, denominator | |
| description, etc.? | |
| 11 Do you have adequate microbiology and laboratory aspectly to support surveillance? | 512 |
| Outre one answer | 1 |

7. Workload, staffing and bed occupancy at facility level

6. Monitoring/audit of IPC practices and feedback

(national and facility level systems)

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

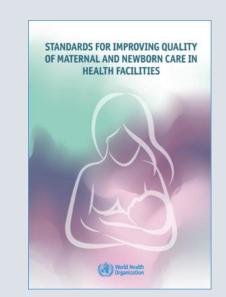
| Question | Average Score | | |
|---|---------------|--|-------|
| Staffing | _ | 5 is bed occupancy in your facility kept to one patient per bed? | 14.66 |
| 1. Are appropriate staffing levels assessed in your facility according to patient workload using national standards or a standard staffing needs assessment tool such as the WHO Workload indicators of staffing need | 3.71 | 6. Are patients in your facility placed in beds standing in the corridor outside of the room including beds in the emergency department,? | 931 |
| method? | 140 | 7. Is adequate spacing of > 1 meter between patient beds ensured in user facility? | 7.50 |
| 2. Is an agreed that is, 1810 or national ratio of lealth care workers to patients maintained across your facility? | 150 | E is a system in place in your facility to assess and respond when adequate hell opposity is exceeded? | 6.98 |
| 5 is a cystem in place in your facility to act on the results of the staffing needs assessments when staffing levels are deemed to be too low? | 9.31 | Subtotal surre | 69.34 |
| | | | |

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

| Neter | | 11 Do you have functional waste collection containers for non- |
|---|------|--|
| Are water services available at all times and of sufficient quantity for all | 7.55 | infectious general waste, infectious waste and, sharps waste in dose |
| ses? Choose one snower | | proximity to all waste governous points? |
| | | Choose one mover |
| is a reliable rafe drinking water station present and accessible for staff, | 434 | |
| patients and families at all times and in all locations wards? Occurs one | | 12 is a functional burief pit ferced waste dump or municipal pidrup |
| stower | | melable for discoal of non-infectious inon-hazardous general wester? |
| Tend hydron and political facilities | | Owner or separate to the control of |
| Are functioning hand hugiene stations that is, sloshed based hand rub | 6.55 | COMMON CO |
| plation or uses and water and dear single-use towels; available at all points | | 13 is an incinentar or alternative treatment technology for the |
| riore? | | 13 it an accounter or attention treatment sectioning for the treatment of infectious and sharp waste, functional and of a sufficient |
| Dance are some | | bestnert of infectious and sharp waite, functional and of a sufficient capacity? Classes one assurer |
| | | obecuts, corose one automic |
| I in your facility, are > 4 to lists or improved latrines realistic for outpatient | 29.2 | 14 is a westewater treatment system and functioning reliable? Doose |
| ettings or > 1 per 20 uses for inpetient settings? | | OTH MICHIEF |
| Doors one stower | | Securitarization and sterifestion |
| Tower supply, ventilation and dearning | | 25 Dog your health care healthy provide a dedicated decontamination |
| I in your health care facility is sufficient energy power supply available at | 448 | are solar thrile such desertment for the description and |
| In your health care facility, is sufficient energy-power supply available at less and night for all uses? Onoise one answer | 4.46 | sterilization of medical devices and other itemperaturent? Choose |
| lay and might for all uses? Choose one answer | | or your |
| is functioning environmental ventilation natural or mechanical available | 10 | across. |
| autient care areas? | | 16 Do you reliably have strolly and districted equipment reads for |
| 7 For floor, and horizontal work surfaces, is there an accessible record of | 2.20 | 28. Do you readily have derive and dounteded equipment ready for una? Occasions server |
| femine, signed by the descent each dry? | | |
| Door on second | | 17 Are disposable items available when necessary? |
| | | Occur one stower |
| Life spongriets and well resintained materials for dearing available? | 434 | Salestel core |
| Dasse are assure | | |
| Patient placement and personal protective equipment PPT, in health care setting | ings | |
| 1 Do you have single patient rooms or mores for solverting patients with | 69 | |
| similar pathogens if the number of solution rooms is insufficient? Quose | 0.39 | |
| me senior | | |
| It is PPC excitable at all times and in sufficient quantity for all uses for all | 5.65 | |
| institutes under 2 Chains one answer | 335 | |
| | | |

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.



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