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**WASH in health care facilities  
From Resolution to Revolution**  
2019 Global Meeting

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Livingstone, Zambia  
9 – 11 September 2019

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**Meeting Report  
DRAFT**

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## Abbreviations

AMR	Antimicrobial resistance
DRC	Democratic Republic of Congo
GLAAS	UN-Water/WHO Global Analysis and Assessment of Sanitation and Drinking-Water
HCF	Health care facilities
IPC	Infection prevention and control
JMP	WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene
MCH	Maternal and child health
QOC	Quality of care
SDG	Sustainable Development Goal(s)
UHC	Universal Health Coverage
UNICEF	United Nations Children’s Fund
UNSG	United Nations’ Secretary General
CDC	United States Centers for Disease Control and Prevention
WASH FIT	Water and Sanitation for Health Facility Improvement Tool
WASH	Water, Sanitation and Hygiene
WHA	World Health Assembly
WHO	World Health Organization
WSH	Water, Sanitation, Health and Hygiene Unit

## 1. SUMMARY AND KEY OUTCOMES

*“Everyone, everywhere has the potential to become a patient: this is an issue that affects us all”.*

From 9-11 September 2019, WHO and UNICEF, with the Government of the Republic of Zambia, co-hosted a global meeting in Livingstone, Zambia on water, sanitation and hygiene (WASH) in health care facilities (HCF). The three-day meeting built upon previous annual global meetings on WASH in health care facilities (2015-2018), the response to the UN Secretary General’s Call to Action<sup>1,2]</sup> and the Resolution on WASH in health care facilities<sup>3</sup>, recently passed at the 72<sup>nd</sup> World Health Assembly (WHA) in May 2019.

The overall purpose of the meeting was to:

- strengthen understanding on how to advance national efforts to improve WASH in health care facilities, including developing national roadmaps and setting targets, monitoring and investments, and
- to elaborate country responses to the WHA Resolution and secure further support for resource commitment to ensure effective implementation.

The meeting was attended by over one hundred people made up of the following participants (for a full list, refer to Annex 2):

<i>Government representatives</i>	Bhutan, Ethiopia, Ghana, Haiti, Hungary, Malawi, Mali, Mozambique, Nicaragua, Philippines, United Republic of Tanzania, Viet Nam, Zambia, Zimbabwe.
<i>WHO and UNICEF staff from regional, global and country offices</i>	Regional offices: UNICEF – LACRO, ESARO, WCARO; WHO – EURO, AFRO, SEARO, WPRO. Country offices: Democratic Republic of Congo, Guinea-Bissau, Indonesia, Rwanda, Tajikistan, Yemen, in addition to representatives from countries listed above.
<i>NGOs and implementing partners</i>	<a href="#">African Christian Health Association Platform (ACHAP)</a> ; <a href="#">Africa Health Budget Network (AHBN)</a> ; <a href="#">Catholic Medical Mission Board Zambia</a> ; <a href="#">Catholic Relief Services (CRS)</a> ; <a href="#">Global Water 2020</a> ; <a href="#">Health Care Without Harm</a> ; <a href="#">International Association of Plumbing and Mechanical Officials (IAPMO)</a> ; <a href="#">Infection Control African Network</a> ; <a href="#">Save the Children</a> ; <a href="#">Water4</a> ; <a href="#">WaterAid</a> ; <a href="#">World Vision</a> .
<i>International organizations</i>	<a href="#">CDC</a> , <a href="#">One Drop Foundation</a> , <a href="#">World Bank</a> .
<i>Donors</i>	<a href="#">Conrad N. Hilton Foundation</a>
<i>Academia and researchers</i>	<a href="#">Emory University</a> , <a href="#">Indian Institute of Public Health</a> , Southampton University.

*Table 1 Participating countries and organizations*

This report documents the meeting discussions and outcomes. Appendices to this report include the meeting agenda (Annex 1), list of participants (Annex 2) and country progress update (Annex 3). All

<sup>1</sup> WHO/UNICEF, 2018. Meeting the challenge: responding to the global call to action on WASH in health care facilities [https://www.who.int/water\\_sanitation\\_health/facilities/wash-in-hcf-strategy-meeting-may2018.pdf?ua=1](https://www.who.int/water_sanitation_health/facilities/wash-in-hcf-strategy-meeting-may2018.pdf?ua=1)

<sup>2</sup> Press release, 22 March 2018: <https://www.un.org/press/en/2018/sgsm18951.doc.htm>

<sup>3</sup> [http://apps.who.int/gb/ebwha/pdf\\_files/WHA72/A72\\_R7-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R7-en.pdf)

presentations from the meeting and the meeting report are available on the [WASH in health care facilities knowledge portal](#) (search “global meeting”)<sup>4</sup>.

## **2. VIVE LA REVOLUTION: MEETING OUTCOMES AND AGREED NEXT STEPS FOR ADVANCING PROGRESS**

The following priority areas were identified and agreed at the end of the meeting:

### **i. Track progress and hold countries and partners accountable**

Nineteen countries and nine partners made commitments at the meeting. Country commitments included development of national roadmaps (six countries), monitoring (8), standards and accreditation (8), WASH FIT implementation (5) and workforce development (3) (refer to Table 2 for more details). Partners committed financial resources, to work on sustainable procurement, training and to support financing and implementation (refer to Table 3 for more details).

WHO and UNICEF will publish a country and partner tracker snapshot at the next World Health Assembly, to mark one year of progress since the Resolution was passed. WHO and UNICEF, through the Joint Monitoring Programme will also produce an update of the global data in 2020. A more detailed update will be published for the 2021 WHA and every two years subsequently.

Anyone wishing to make a further commitment (as a country, organization or individual) is invited to do so on the WASH in health care facilities knowledge portal at [www.washinhcf.org/commitments](http://www.washinhcf.org/commitments).

### **ii. Build a “movement” on WASH in health care facilities that involves the health sector**

Following the UNSG’s Call to Action (2018) and the 2019 WHA Resolution, there was consensus that this is an opportune time to build a “movement” on WASH in health care facilities. The global meeting provided a much needed space to come together to discuss and share tools and approaches. To increase impact, WASH should build on the momentum of health initiatives that resonate in each country or region, for example emergency nutrition in Yemen and AMR and quality of care in the South East Asian Region. Maternal and newborn health and vaccines provide two other opportunities for integration. Everyone has a duty to be an ambassador for WASH in health care facilities.

Other opportunities to raise awareness and spark action include participation at major health events (including on quality health systems, infection prevention control, midwifery, antimicrobial resistance, climate), regional events (e.g. the European Protocol on Water and Health Conference of Parties [Serbia November 2019] South East Asian Region [SEAR] Regional Training on WASH FIT [India, February 2020]), the 73<sup>rd</sup> World Health Assembly (May 2020), national workshops and learning events which involve clinical and non-clinical staff, and hosting and participating in online discussions, podcasts and webinars where possible.

### **iii. Finalise products from learning laboratories**

Eleven partner organizations helped develop and run the learning labs with 1-3 countries presenting their experiences in each one<sup>5</sup>. The labs provided a forum for participants to discuss, share and learn and many did not have enough time to cover all their subject matter. A number of expert groups will be formed to work on the products from the learning laboratories, including one to develop a

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<sup>4</sup> [www.washinhcf.org/resources](http://www.washinhcf.org/resources)

<sup>5</sup> In addition, four lunchtime seminars were held during the meeting, led by CDC, Health Care Without Harm, UNICEF and Infection Control Africa Network. Refer to the meeting agenda (Annex 1) for more information.

methodology paper for situational analyses and an operational research group. Anyone wishing to participate in these groups, or to form another group around a product, should contact [washinhcf@who.int](mailto:washinhcf@who.int). For more details of the learning labs, including objectives, discussion points and outputs which will be created in the coming months, refer to Table 5.

#### iv. Provide technical and country support

WHO and UNICEF will continue to provide technical and country support in the following areas:

**WASH FIT:** A climate addendum to WASH FIT will be developed and published in January 2020 in advance of a regional training in SEARO in February 2020. Additional global trainers will be trained who can respond to requests for technical support for WASH FIT.

**National roundtables:** countries will be supported to host national roundtables to develop, elaborate and implement costed plans for WASH in health care facilities.

**Online training course:** UNICEF and WHO are in the process of developing an online course on WASH in health care facilities that will be released in 2020.

**Investment case:** UNICEF plans to lead the development, in 2020, of an investment case on the cost of “inaction” for WASH in health care facilities, costing estimates and some analysis of cost benefit. More details will be shared soon.

#### v. Secure more investments and high level advocacy among health leaders

A donor roundtable with health and WASH leaders and donors will be held in 2020. Ministries of Finance will be engaged through Sanitation and Water for All (SWA) at the 2020 meeting. Lastly, new donors (e.g. Global Fund, GAVI) will be engaged through the lens of health care waste to try to increase investments and action.

#### vi. Formalize Advisory Group

In 2018, an Interim Advisory Group (IAG) was established to guide the global work on WASH in health care facilities. To date, the group has met on an informal and bi-monthly basis. The terms of reference for the group, including its role and membership will be reviewed and formalized into an Advisory Group. Participation is sought from countries representatives and health partners who are influential, passionate and knowledgeable about the issue<sup>6</sup>.

#### vii. Everyone to document experiences and share information

The WHO UNICEF knowledge portal ([www.washinhcf.org](http://www.washinhcf.org)) includes a library of over 300 resources, including examples of standards, assessment tools, training materials and publications, stories of implementation, news and events. Everyone is invited and encouraged to contribute materials to ensure the website stays up to date and relevant. This can be done directly at the bottom of the [Resources page](#).

### 3. COUNTRY COMMITMENTS

Country representatives came to the meeting ready to make commitments relating to the resolution. Eighteen Ministry of Health representatives<sup>7</sup> (or an appointee) gave statements of how their country would respond to the resolution. These commitments included to:

<i>Conduct a situational analysis</i>	Hungary, Mali
<i>Establish a baseline</i>	Hungary, Mali, Nicaragua, Tanzania, Viet Nam

<sup>6</sup> Anyone who wishes to express interest to become a member of the AG should contact [washinhcf@who.int](mailto:washinhcf@who.int). Note, this group is different to working groups which are formed to work on a specific product or topic (e.g. research).

<sup>7</sup> Statements were made by Bhutan, Democratic Republic of Congo (DRC), Ethiopia, Ghana, Haiti, Hungary, Indonesia, Malawi, Mali, Mozambique, Nicaragua, Philippines, Rwanda, Tajikistan, United Republic of Tanzania, Viet Nam, Zambia and Zimbabwe.

<i>Develop a national roadmap or action plan</i>	Bhutan, DRC, Ethiopia, Viet Nam, Zambia, Zimbabwe
<i>Advocate for increased budget allocation</i>	Indonesia, Malawi
<i>Coordination - develop or strengthen an existing group</i>	Bhutan, Haiti, Nicaragua, Philippines, Tajikistan
<i>Develop, finalize and implement standards</i>	DRC, Haiti, Tajikistan, Mozambique, Viet Nam, Zimbabwe
<i>Integrate WASH and IPC into facility accreditation</i>	Ghana, Rwanda, Tajikistan
<i>Integrate WASH indicators into HMIS (or similar system)</i>	Bhutan, Mali, Rwanda, Tanzania
<i>Define and monitor advanced level of water and sanitation services</i>	Hungary
<i>WASH FIT implementation</i>	Bhutan, Indonesia, Philippines, Rwanda, Viet Nam
<i>Green/climate resilient health care facilities</i>	Philippines
<i>Improve integration of WASH and quality</i>	Ethiopia, Malawi
<i>Strengthen the health workforce</i>	Indonesia, Philippines, Rwanda

Table 2: Country commitments

WHO and UNICEF will track these commitments and an update will be prepared in advance of the 2020 World Health Assembly. Additional commitments can also be made via the knowledge portal ([www.washinhcf.org/commitments](http://www.washinhcf.org/commitments)). A simple tracker using a traffic light system, which gives an indication of country progress, can be found in Annex 3.

#### **Country commitments: spotlight on Zambia**

As the host country, Zambia gave a presentation detailing their progress to date, priorities and commitments. Zambia was one of the initial co-sponsors of the 2019 WHA Resolution and reinforced their strong commitment to taking action on all elements of the resolution. The Government of Zambia has set targets for WASH in health care facilities: by 2022, 90% of facilities should have basic water and basic sanitation and 80% should have adequate health care waste management and hand washing at critical areas. The government will focus on strengthening key health systems, implementing the National Health Strategic Plan (2017-2021) by increasing the number of health workers with WASH competencies and rolling out the national health insurance scheme and ensuring that WASH is integrated into all programs (including malaria, TB/HIV/AIDS, maternal and neonatal health and cholera). A national coordination mechanism will also be established. The Ministry of Health committed to ensuring that WASH in health care facilities is incorporated into the national budget in order to allocate more funds. Work is also development with the European Investment Bank (EIB), Italian Development Cooperation, World Bank, WHO, UNICEF, UNDP and the Global Environment Facility (GEF).

#### **4. PARTNER COMMITMENTS**

Global Water 2020 gave an update of the commitments meeting held in Washington D.C. on 19 June 2019. Seventy-six organisations made 52 commitments related to advocacy, 25 to investments and funding, 43 to implementation, 35 to research and learning and 44 to technical support. Most focused on sub-Saharan Africa reflecting the geographical focus of organisations in attendance.

Global Water 2020 will be holding a commitments gathering event at PAHO (Washington D.C.) in 2020 which will seek commitments from Latin American countries.

Nine partners made commitment statements in Zambia and these are summarised below:

<i>CDC</i>	<p>Conducts IPC training, baseline assessments, infrastructure improvements (largely in west and east Africa), sustainability strategies.</p> <p>Will continue to provide technical assistance, guidance and training</p> <p>Will continue to work with make partners to make efforts more efficient and effective.</p> <p>Will continue to work with other technical areas, for example CDC's antimicrobial resistance (AMR) challenge.</p>
<i>Conrad N. Hilton Foundation</i>	<p>Commits to supporting partner organisations to accelerate access to affordable WASH in HCF. US\$ 13.5 million is allocated to support 250 HCFs in 6 countries in Africa (Burkina Faso, Ethiopia, Ghana, Mali, Niger, Uganda) as part of district-based, applied research approach.</p> <p>Working on the development of a chlorine generator (Safi Station) with new investments being made to bring it to market.</p>
<i>Health Care Without Harm</i>	<p>Working upstream to strengthen sustainable procurement of technologies for health care waste. The Global Green and Healthy Hospitals Network has a 10 goal framework of which the one on waste is the most popular.</p> <p>The health care waste training institute has 200 trainers who are committed to support safe and sustainable health care waste management.</p>
<i>One Drop Foundation</i>	<p>A donor agency committed to work on WASH in health care facilities, currently funding US\$8 million in 4 countries, with an additional US\$4 million invested in social art for behaviour change initiatives. Commits to continue to scale up activities.</p>
<i>Save the Children</i>	<p>Will generate US\$25 million in the next 5 years for WASH in health care facilities and will continue to work in Guatemala and DRC.</p> <p>Will produce a series of research articles on hand hygiene and quality of care improvements through WASH.</p>
<i>WaterAid</i>	<p>Will continue to work in 18 countries on plans, financing and implementation.</p> <p>Will focus on holding governments accountable to the resolution and work in partnership with WHO, especially on AMR and quality care</p>
<i>World Bank</i>	<p>Leverages existing platforms to increase visibility and scale up (e.g. performance-based financing in the health sector) and programme for results (ties loans to national standards as in Tanzania), loans tied to sustainable operation of WASH services (Viet Nam, Burkina Faso).</p> <p>Through a multi-donor trust fund, will look at institutional bottlenecks and evidence of effective solutions, and use WASH poverty diagnostics to better understand WASH in HCF. Will fund programmes that achieve outcomes in education, health <u>and</u> stunting</p> <p>Will seek to get more investment from other banks for critical co-financing.</p>
<i>IAPMO</i>	<p>Plays a convening role, working with industry stakeholders to improve the construction, maintenance, and implementation of WASH infrastructure in HCF.</p> <p>Will carry out a demonstration project facilitating the development of WASH services in a HCF and will work in Indonesia and India on the Community Plumbing Challenge (CPC) (2020-2022).</p> <p>Will explore support for WASH FIT, including developing a module on safe plumbing.</p>

<i>World Vision</i>	Will continue to make infrastructural improvements in 800 rural health care facilities, serving a population of 7.2 million people, committing US\$100 million over two years.
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Table 3 Partner commitments

## 5. REGIONAL PROGRESS AND PRIORITIES

Each of the WHO and UNICEF regions in attendance shared an update of ongoing activities and priorities. These were as follows:

<i>UNICEF Western and Central African Region (WCAR)</i>	Investing primarily in policies and infrastructure construction and rehabilitation. Need to increase awareness of the importance of WASH and capacity within ministries. Quality improvement programmes exist throughout the region but there is often no power to implement them.
<i>UNICEF Eastern and Southern African Region (ESAR)</i>	Recently conducted a regional scoping study and deep dive on the enabling environment in 21 programming countries, the <a href="#">results</a> of which were presented in more detail during a lunchtime seminar on Day 2. Regional efforts are hampered by low programming capacities, a lack of dedicated budgets and poor data availability on WASH in health care facilities.
<i>WHO African Region (AFRO)</i>	A 2018 analysis of the <a href="#">state of health in Africa</a> <sup>8</sup> found a big range in the quality of care provided across African countries. Although access to care has increased, maternal mortality remains the same. WHO is supporting implementation of WASH efforts through the Quality of Care Network <sup>9</sup> , which is currently being implemented in 9 African countries with a further 11 countries engaging with the network to learn from pathfinder countries.
<i>WHO Pan-American (PAHO) &amp; UNICEF Latin America and the Caribbean Region (LACR)</i>	Conducted a scoping study in seven countries which found that data were particularly scarce - no regular national monitoring systems were identified. Regional priorities include: - strengthening monitoring systems, supporting HMIS and national survey alignment, - increasing WASH interventions within the regional “Environmentally responsible and resilient HCFs” initiative - conducting WASH FIT trainings - launching a virtual course in 2020.
<i>WHO Western Pacific Region (WPR)</i>	Regional target to achieve 100% basic access by 2023 has been set (currently 62% according to 2019 scoping study). Work is ongoing to support policies, training, national and sub-national assessments and capacity building. There is a strong focus on greening and environmentally friendly WASH services, supported by the 2016 Western Pacific Framework for Action on Health and Environment in a Changing Planet.
<i>WHO South East Asian Region (SEAR)</i>	Health systems strengthening, embedding WASH into universal health coverage (UHC) policies and frameworks, AMR (including health care associated infections and infection prevention control (IPC)) and climate change are the major drivers for increasing health sector awareness of the issue.

<sup>8</sup> WHO 2018. The state of health in the African Region. An analysis of the status of health, health services and health systems in the context of the Sustainable Development Goals. <https://www.afro.who.int/publications/state-health-who-african-region>

<sup>9</sup> To learn more about the Quality of Care Network, visit <http://www.qualityofcarenetwork.org/>



	Coordination between these issues could be further strengthened across SEAR.
<i>WHO European Region (EUR)</i>	EUR is unique in having the UNECE/WHO Protocol on Water and Health, the only legally-binding multilateral agreement of its kind. This, along with the Parma (2010) and Ostrava (2017) Declarations on Environment and Health promote provision of safe drinking-water and sanitation for everyone, thus making improvement of WASH in health care facilities a policy priority for the region. EUR are supporting countries to conduct in-depth baseline assessments (Hungary, Moldova, Serbia), setting and implementing national targets, evidence-based policy interventions (Serbia, Tajikistan) and plan to conduct a regional landscaping and develop a practical tool for surveillance of WASH in health care facilities.

*WHO Eastern Mediterranean Region & UNICEF Middle Eastern and North African Region (MENAR), UNICEF East Asia and Pacific Region (ESAR), UNICEF Europe and Central Asian Region (ECAR):* unfortunately no one was able to participate from these regional offices and therefore no updates are included here.

*Table 4 Regional priorities and ongoing challenges*

## **6. LEARNING LABORATORIES**

Eight ninety-minute learning laboratories were held on day two. The interactive sessions focused on each of the eight practical steps and core elements of the WHA Resolution and were developed and led by partner organisations, with country examples. The table below provides a summary of the main objectives, discussion points and outputs from each learning laboratory.

Learning lab	Session content	Key discussion points	Output(s)
<b>Conduct a situation analysis and assessment and define a roadmap</b>			
<b>Practical Steps 1, 2 &amp; 3</b>  <i>Co-leads: Rob Quick (CDC), Maggie Montgomery and Arabella Hayter (WHO)</i>	<ul style="list-style-type: none"> <li>The purpose of situation analysis and baseline assessment;</li> <li>How analyses and assessments can be applied to target setting and defining a roadmap;</li> <li>Which human and other resources are needed to complete these tasks.</li> </ul>	<p>The underlying aim of a situational analysis is to develop a national roadmap to help reach full WASH coverage in HCF and resulting data are important for writing funding proposals and planning procurement. Ministries of health, water, local government and finance, local utilities, NGOs and private partners should be involved. Developing a pitch (e.g. being a leader and good example to other countries, identifying bottlenecks to implementation, linkages to UHC and AMR) can motivate stakeholders to participate. A sub-national assessment (e.g. 2 districts) is sufficient to obtain an understanding of the situation and will save valuable resources for implementation. There is no “right” way of doing a situational assessment and most activities (e.g. developing a protocol, obtaining funds, field work, policy review) can be done sequentially in various ways or in parallel.</p>	<p>The facilitator’s guide from the session, with details on how to conduct a situational analysis, can be downloaded <a href="#">here</a>.</p> <p>A more detailed methodology paper for conducting a situational analysis with examples from Ghana, Ethiopia, Rwanda and Tajikistan, informed by feedback from the group, is being written and will be published by the end of 2019.</p>
<b>Costing national roadmaps</b>			
<b>Practical Step 2</b> <i>Co-leads: Claire Chase (World Bank), Aminu Garba (African Health Budget Network) and Guy Hutton (UNICEF)</i>	<ul style="list-style-type: none"> <li>Fundamentals of costing and financing a national strategy for WASH in HCF, using a life-cycle costing approach</li> <li>Standard tools and methodologies for costing and role of community engagement</li> <li>Experiences and perspectives on costing and financing of WASH in HCF.</li> </ul>	<p>There are 3 main WASH services in HCF that need to be costed for (1) water supply, (2) sanitation and (3) hygiene services. A simplified matrix of cost type can be used: capital, operation and maintenance (O&amp;M), capital maintenance and hardware vs. software. Costs include development of technical manuals, training and communication, water resource mapping and feasibility studies, engineering designs, materials and infrastructure components, treatment system, monitoring, energy, etc.</p>	<p>A list of costing resources (e.g. IRC life cycle costs project, Economics of Sanitation Toolkit) and key terms (fixed, recurrent, capital etc.) which country teams can adapt will be made available by the end of 2019.</p>

### Establish national standards and accountability mechanisms

<p><b>Practical Step 3</b> Co-lead: Lindsay Denny (Global Water 2020) and Lloyd Mtalimanja, (WaterAid Malawi)</p>	<ul style="list-style-type: none"> <li>• National standards and accountability mechanisms for WASH in HCF and why they are needed;</li> <li>• The process for developing standards and accountability mechanisms, including contextualization and resources required;</li> <li>• Opportunities for establishing standards and accountability mechanisms;</li> <li>• Linkages between standards and accountability mechanisms and the other seven steps.</li> </ul>	<p>Developing standards is not difficult however implementing them is. Standards are often not adequately disseminated (i.e. no sensitization workshops). This process should be accounted for (and importantly budgeted) prior to developing the standards.</p> <p>Standards should be linked to accountability mechanisms for adequate implementation. This process is challenging and will require working with other governmental departments. Standards should also be harmonized and integrated with other initiatives (e.g. IPC and quality of care) to reduce competing and conflicting documents and mechanisms.</p>	<p>A “cheat sheet” which provides simple guidance for developing standards and accountability mechanisms can be downloaded <a href="#">here</a>.</p>
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### Improve and maintain infrastructure

<p><b>Practical Step 4</b> Co-leads: Emmanuel Opong and Maybin Ng’ambi (World Vision) and Molly Patrick (CDC)</p>	<ul style="list-style-type: none"> <li>• Concrete examples of efforts to improve and maintain WASH infrastructure in healthcare from the Government of Zambia which highlight both the challenges and successes;</li> <li>• The main reasons why infrastructure fail and what steps can be taken to mitigate this;</li> <li>• Key considerations/criteria for infrastructure selection and planning.</li> </ul>	<p>Key considerations for infrastructure fit into 10 categories: 1) Environmental, 2) Safety and Security, 3) Social and cultural, 4) Economic, 5) Technological, 6) Maintenance and Repair, 7) Human Resources/Institutional (facility-level), 8) Regulatory, 9) Emergency and Contingency, 10) Political (impacts on sustainability and designation/allocation of funds).</p> <p>Three considerations came out as most important:  <u>Safety and security</u> (infrastructure for the safety and dignity of patients, operators and caretakers)  <u>Emergency and contingency</u> (particularly climate resilient infrastructure)  <u>Economic</u> (build and strengthen sustainable markets to enhance cost-recovery mechanisms and improve supply chains systems).</p>	<p>The full list of considerations has been collated into a checklist and is available <a href="#">here</a>.</p>
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Monitor and review data			
<b>Practical Step 5</b> <i>Co-leads: Stephen Sara (Maternal and Child Survival Program, Save the Children) and Rick Johnston (WHO)</i>	<ul style="list-style-type: none"> <li>Country examples of how data are being collected and/or used systematically;</li> <li>Resources that are useful when collecting, analysing and/or applying WASH in HCF data to make improvements;</li> <li>Strategies for analysing and applying WASH in HCF data to make improvements.</li> </ul>	<p>Country examples of systematic data collection systems include Indonesia's ASPAK survey, Ghana's DHIS2 and integrated WASH/IPC monitoring tools, and India's <a href="#">Central Pollution Board data</a> on HCF waste management. Other useful data collection tools include the <a href="#">JMP Core questions</a>, <a href="#">WASH FIT tool/app</a><sup>10</sup>, the <a href="#">mWater database</a> and data collection system (as used in Guinea-Bissau), and <a href="#">DHIS2</a>.</p> <p>Proven and promising data collection and use strategies include annual performance agreements and reviews (Bhutan), applying performance-based incentives (Bhutan) and recurring certification programs (India &amp; Ghana), publishing data on public government websites (Philippines) and tying WASH in HCF performance to healthcare insurance licenses (Philippines).</p>	<p>A list of resources that are useful when collecting, analysing and/or applying WASH in HCF data to make improvements can be downloaded <a href="#">here</a>.</p>
Develop the health workforce (for WASH competence)			
<b>Practical Step 6</b> <i>Co-leads: Victoria Willet and Claire Kilpatrick (WHO), Molly Patrick (CDC) and Jacob Nkwan Gobte (Infection Control Africa Network)</i>	<ul style="list-style-type: none"> <li>Practical lessons from national and facility level initiatives to strengthen the health workforce to be WASH-competent</li> <li>How to link national-level work on quality health care/quality improvement, IPC and AMR in the content of the SDGs and UHC;</li> <li>Existing resources to help build and develop a WASH-competent workforce;</li> <li>Quality improvement actions to strengthen the health workforce and suggestions for how progress can be tracked.</li> </ul>	<p>Education resources from the WHO IPC Global unit for education were briefly reviewed, examples of implementation in other low-middle resource countries were shared, followed by a brief review of Soapbox's <a href="#">TEACH CLEAN</a> project. Strategies to develop and implement a national education plan for IPC/WASH focal persons as well as front line cleaners were discussed. Suggested methods for strengthening the workforce included:</p> <ol style="list-style-type: none"> <li>1. Establish a career profile for IPC/WASH staff as well as housekeepers</li> <li>2. Develop job descriptions for IPC/WASH staff and house keepers</li> </ol>	<p>An Aide Memoire titled "Towards a WASH-competent workforce" can be downloaded <a href="#">here</a>. It builds upon WASH FIT and the <a href="#">WHO Core Components for IPC</a>, focused primarily on competencies for IPC focal points and those who clean.</p>

<sup>10</sup> Note: FIT's primary use is for internal, facility-level monitoring and prioritization of improvements rather than as a national or sub-national survey tool.

		3. Certify training for IPC/WASH and environmental cleaning.	
<b>Engage communities</b>			
<b>Practical Step 7</b> <i>Co-leads: Veronique Doyon and Lauren Alcorn (OneDrop), Mamadou Diallo (WaterAid)</i>	<ul style="list-style-type: none"> <li>The relationship between health care facilities and the community in different contexts;</li> <li>Examples of methods to improve community engagement, including Mali where they have been applied.</li> </ul>	<p>Community engagement is not a prescriptive concept and it may vary from country to country. In Mali, the 4 aims of engagement were to engage for 1) inclusive and sustainable services, 2) improved accountability, 3) learning and social change and 4) patient satisfaction and experience of care. A systems mapping exercise established an “ideal” system of community engagement. Barriers to community engagement included donor timelines, political interference, government restrictions, patient privacy, social norms and incentives.</p>	<p>Two products will follow in December 2019: a guide to stakeholder mapping and a guide on how communities can be involved in each of the practical steps.</p>
<b>Conduct operational research and share learning</b>			
<b>Practical Step 8</b> <i>Co-leads: Christine Moe and Habib Yakubu (Emory University), Pavani Ram (USAID) and Irene Amongin, Alain Prual, Jolly Ann Maulit (UNICEF)</i>	<ul style="list-style-type: none"> <li>Example of a water treatment system intervention in a healthcare facility, including system performance and sustainability (Ghana case study);</li> <li>How to undertake data collection and how data can be communicated to healthcare facility directors (India case study);</li> <li>How data can be used to improve performance, use, and sustainability of a water intervention.</li> </ul>	<p>Participants identified many information gaps and research needs, including:</p> <p>Best WASH infrastructure designs and practices; WASH behaviour and behaviour change strategies; patient expectations; HCF leadership and management; HCF workforce size, capacity building for WASH and IPC and incentive structures; financial management and procurement mechanisms/ strategies; determinants of WASH sustainability, enabling factors and barriers; the role of community context, participation and priorities; how to identify and coordinate stakeholders.</p>	<p>A summary of existing evidence and research has been compiled and can be downloaded <a href="#">here</a>.</p> <p>A “Core Expert Group on Operational Research in WASH in HCF” will be formed. Those interested to join should contact <a href="mailto:Idenny@emory.edu">Idenny@emory.edu</a>. As part of its remit, the group will provide support for countries conducting operational research and will organize webinars and share resources on <a href="http://www.washinhcf.org">www.washinhcf.org</a>. It also aims to identify sources of funding available for WASH in HCF research.</p>

Table 5 Summary of learning lab discussions and outputs

## **Conclusion**

Most events end with a resolution - this meeting started with one. Countries and partners came to the meeting having reviewed their own progress and ready to make commitments. While the first global baseline shows many countries are off-track to reach the 2030 target of universal access, countries in every region of the world are taking action, working on one or more of the eight practical steps and making progress. The priority going forward will be to sustain and elevate the energy and momentum generated during the meeting. Adequate financing, engagement and integration with health, leadership, governance and holding all actors accountable will be key to these efforts. Every country, partner and individual should consider what actions they can take to build a global movement on WASH in health care facilities: “a group of people with a shared purpose who create change together”.



## Annex 1: Agenda

### Global meeting on WASH in health care facilities: from Resolution to Revolution

9-11 September 2019  
David Livingstone Lodge  
Livingstone, Zambia

Sunday, 8 September: pre-meeting		
Time	Agenda items	Details
15.00-17.00	Meeting organizers internal meeting	WHO and UNICEF HQ and Zambia teams, Govt of Zambia
17.00-19.00	Early Registration	Precious Kalubula, WHO; Patrick Sijenye, UNICEF
Monday, 9 September: Commitments and leadership – building on the 2019 Resolution		
Time	Agenda items	Details
07.30-08.30	Registration	Precious Kalubula, WHO; Patrick Sijenye, UNICEF
08.30-09.30	<b>Opening plenary session</b> <ul style="list-style-type: none"> <li>National Anthem &amp; Prayer</li> <li>Welcome remarks by Permanent Secretary, Ministry of Health</li> <li>UN Resident Coordinator</li> <li>WHO Representative</li> <li>UNICEF Representative</li> <li>Minister of Water, Development, Sanitation and Environmental Protection GRZ</li> <li>Minister of Health, GRZ</li> </ul>	Moderator: Ministry of Health, Zambia All participants Dr. Kennedy Malama Dr. Coumba Mar Gadio Dr Nathan Bakyaia Noala Skinner Hon. Dr Dennis Wanchinga, MP Hon. Dr Chitalu Chilufya, MP
09.30-09.45	<b>Meeting overview</b> <ul style="list-style-type: none"> <li>Meeting objectives, agenda outline, and overview of participants (introductions in small groups)</li> </ul>	Irene Amongin, UNICEF
09.45-10.45	<b>Addressing the global crisis: status and practical WASH actions to improve quality care</b>	Moderator: Bruce Gordon, WHO
09.45-10.05	<ul style="list-style-type: none"> <li>Global baseline data, practical steps and commitments</li> </ul>	Rick Johnston and Maggie Montgomery, WHO
10.05-10.42	<ul style="list-style-type: none"> <li>A conversation: igniting a movement on WASH in HCFs – translating the resolution into action, including WHO/UNICEF commitments</li> </ul>	Kelly Naylor, UNICEF & Bruce Gordon, WHO with all participants
10.42-10.45	<ul style="list-style-type: none"> <li>Commitment Video</li> </ul>	
10.45-11.15	Group Photo and Coffee/Tea Break	
11.15-13.00	<b>Country commitments, part I</b>	Moderator: Silvia Gaya, UNICEF
11.15-11.30	<ul style="list-style-type: none"> <li>Status and commitment to universal WASH in HCF in Zambia</li> </ul>	Ministry of Health Zambia
11.30-13.00		Democratic Republic of Congo, Ghana, Hungary, Indonesia, Malawi,

	<ul style="list-style-type: none"> <li>Ministries of Health highlight their planned commitments/action to improve WASH in health care facilities</li> </ul> <p><i>(Panel discussion followed by Q&amp;A)</i></p>	Mali, Philippines, Rwanda, Tanzania, Zimbabwe
<b>13.00-14.30</b> 13.45	<p>Lunch</p> <p><b>Optional mini-seminars</b></p> <p>A: Sneak preview of cleaning best practices toolkit</p> <p>B: Climate smart health care waste solutions</p>	<p>A: Molly Patrick, CDC <i>Moderator:</i> Nino Dayanghirang, WHO</p> <p>B: Ruth Stringer, Health Care Without Harm <i>Moderator:</i> David Sutherland, WHO</p>
<b>14.30-15.45</b>	<b>Partner commitments and future plans</b>	<i>Moderator:</i> Alban Nouvellon, UNICEF
14.30-14.40	<ul style="list-style-type: none"> <li>Update from June 19<sup>th</sup> commitments</li> </ul>	Lindsay Denny, Water2020
14.40-15.20	<ul style="list-style-type: none"> <li>Partners elaborate current and planned commitments to WASH in HCFs</li> </ul>	Rick Gelting, CDC; Claire Chase, World Bank; Mamadou Diallo, WaterAid; Emmanuel Opong, World Vision; Stephen Sara, Save the Children; Veronique Doyon, One Drop; Sean Kearny, World Plumbing Council; Ruth Stringer, Health Care Without Harm; Chris Dunston, Hilton Foundation.
15.20-15.45	<ul style="list-style-type: none"> <li>Questions and Answers</li> </ul>	
15.45-16.15	Coffee/Tea Break	
<b>16.15-17.15</b>	<b>Regional perspectives</b>	<i>Moderator:</i> Rick Johnston, WHO
	<ul style="list-style-type: none"> <li>Regions highlight ongoing efforts and opportunities to embed in health initiatives and support national efforts and investments (15 min for African region as a whole and 5 min for all other regions).</li> </ul>	WHO and UNICEF Africa Region; Enkhtsetseg Shinee, WHO (European Region); Alban Nouvellon (Americas); David Sutherland, WHO (Southeast Asia); Bonifacio Magtibay, WHO (Western Pacific).
<b>17.15-17.30</b>	<b>Day 1 summary and introduction to learning laboratories</b>	<i>Moderator:</i> Silvia Gaya, UNICEF
	<ul style="list-style-type: none"> <li>Wrap-up from Day 1 and introduction to learning laboratories for Day 2</li> </ul>	Arabella Hayter, WHO
<b>18.00-19.30</b>	<b>Evening reception</b>	
	<ul style="list-style-type: none"> <li>Inspirational remarks on commitments</li> <li>Commitments “signing wall”</li> </ul>	Ministry of Health, Zambia All



Day 2: learning exchange and networking – from what to how		
Timings	Agenda item	Details
8.30-9:55	<b>Country commitments, part 2</b> <ul style="list-style-type: none"> <li>Ministries of Health highlight their planned commitments/action to improve WASH in HCF</li> </ul>	<i>Moderator:</i> Enkhtsetseg Shinee, WHO Bhutan, Haiti, Ethiopia, Mozambique, Nicaragua, Tajikistan, Viet Nam, Yemen Arabella Hayter, WHO
9:55-10:00	<ul style="list-style-type: none"> <li>Learning lab assignments</li> </ul>	
10.00-10.15	<b>Break</b>	
10.15-11.45	<b>Learning Labs</b> <b>LL 1: Conduct a situation analysis and assessment &amp; set targets and define a roadmap</b> <b>LL 2: Establish national standards and accountability mechanisms</b> <b>LL 3: Improve and maintain infrastructure</b> <ul style="list-style-type: none"> <li>Moderated skill building session with output shared in plenary</li> <li>Participants are assigned to specific sessions</li> </ul>	See details on learning laboratory worksheet; length of workshop includes time for moving between workshops – workshops should finish 5-10 minutes before stated end time.
11.45-13.15	<b>Learning Labs</b>  <b>LL 4: Monitor and review data</b> <b>LL 5: Engage Communities</b>	See details on learning laboratory worksheet
13.15-14.30	Lunch Optional mini seminars A: Launch of the 2019 Regional Report: WASH in Health Care Facilities: UNICEF Scoping Study in Eastern and Southern Africa  B: From Outbreak to Hand Rub Production, the Cameroon Experience	A: MoH Zambia, Kelly Naylor UNICEF, Bruce Gordon WHO <i>Moderator:</i> Noala Skinner, UNICEF B: Jacob Nkwan Gobte, Infection Control Africa Network <i>Moderator:</i> Guy Mbayo, WHO
14.30-16.00	<b>Learning Labs</b>  <b>LL6: Develop the health workforce</b> <b>LL 7: Conduct operational research and share learning</b> <b>LL 8: Costing national roadmaps</b>	See details on learning laboratory worksheet
16.00-16.30	<b>Break</b>	
16.30-17.00	<b>Feedback from learning labs closing day 2</b> <ul style="list-style-type: none"> <li>Quick reflections from learning labs</li> <li>Close day 2</li> </ul>	<i>Moderator:</i> Alain Prual, UNICEF All
17.15-18.30	<b>Meeting with International Advisory Group and key partners</b>	Closed, invite only meeting; see specific agenda

Day 3: learning exchange and networking - from consolidation to revolution		
Timings	Agenda item	Planning notes/details
6.30-7.30	Optional morning walk/run/stretch	Meet outside lobby of David Livingston
<b>09.00-09.45</b>	<b>Reality check-addressing challenges on the ground</b>	<i>Moderator:</i> Gabriele Fontana, UNICEF
09.00-09.15	• Panel	Kaveri Mayra, Indian midwife
09.15-09.45	• Q&A/Plenary	Peter Yeboah, African Christian Health Association Francois Kangela, Catholic Relief Services
<b>09.45-10.45</b>	<b>Vive la revolution; transforming the eight practical steps into national strategy</b>	<i>Moderator:</i> Kelly Naylor, UNICEF
	• Outcomes from each learning laboratory	One person from each learning lab
	• Q&A	
10.45-11.15	Tea/Coffee Break	
<b>11.15-12.30</b>	<b>Vive la revolution; transforming the eight practical steps into national roadmaps-continued</b>	<i>Moderator:</i> Bruce Gordon, WHO
	• What next? national actions towards a comprehensive strategy	
	• Tracking progress and commitments	
	• Plenary discussion	
<b>12.30-13.00</b>	<b>Plenary, formalities and official close of meeting</b>	<i>Moderator:</i> Ministry of Health Zambia Ministry of Health, Zambia WHO and UNICEF
13.00-14.00	Lunch and Goodbyes	
<b>14.00-15.30</b>	<b>Internal meeting for all WHO/UNICEF staff on next steps and follow-up</b>	Closed, see specific agenda

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### Annex 3: Country progress and commitment tracker

The information provided here will provide the basis for an update on country progress which will be presented at next year's World Health Assembly (May 2020). Anyone wishing to provide further updates or add other countries to the list, should contact [washinhcf@who.int](mailto:washinhcf@who.int).

	Commitments from Ministry of Health	Further details	Baseline	Roadmap & Targets	Monitoring	Standards	Financing	Health workforce <sup>11</sup>	Partners
<b>Bhutan</b>	Finalise national standards and adaptation of WASH FIT to national context. Integrate WASH indicators to HMIS.	Supported resolution; planning on piloting WASH FIT in 2020 as part of DFAT work. Roadmap to be developed Q4 2019.							WHO, UNICEF, SNV, ADB
<b>Democratic Republic of Congo</b>	Develop national roadmap with incremental implementation Standardized work of govt and partners	New standards adopted and validated in 2018							WHO, UNICEF, CRS
<b>Ethiopia</b>	Implementation plan exists; to be developed into national roadmap Analyze WASH data in HMIS	Have rolled out Clean and Safe Health Care Facilities (CASH) and now CATCH-IT, have done WASH FIT training; more needs to be done to streamline into quality efforts							WHO, UNICEF, CDC WaterAid, World Vision, IRC, Water for People
<b>Ghana</b>	Revise and implement national strategy Train national cohort on WASH/IPC	Have a draft, costed national strategy, which is largely financed domestically; national WASH/IPC focal point, and integrated into QoC ; standards regulated by HEFRA							WHO, UNICEF, WaterAid, IRC, Water for People
<b>Guinea-Bissau</b>		Baseline of 133 HCF (2018). National Health Development Plan references ensuring water supply in HCF as one of the priorities for the sector infrastructure upgrade but with no specific targets. National budget line exists but not funded.							UNICEF, IMVF

<sup>11</sup> Health workforce includes use of WASH FIT (or other tool)



	Commitments from Ministry of Health	Further details	Baseline	Roadmap & Targets	Monitoring	Standards	Financing	Health workforce <sup>11</sup>	Partners
<b>Haiti</b>	Develop roadmap Q4 2019 Update standards	Address gaps in national standards (e.g. water), scale-up clean clinic approach, explore funding and financing options							WHO, UNICEF, CDC, One Drop
<b>Hungary</b>	Define and monitor advanced services Complete situational analysis Embed WASH into AMR national strategy	Working to define and monitor higher levels of service, conducting a situational assessment, regulation exists and working to embed in AMR national strategy, through IPC a regular budget is being established							WHO
<b>Indonesia</b>	Update national health monitoring with WASH Develop IPC guidelines for AMR and WASH	Planning to pilot WASH FIT in 2020; no baseline but WASH in included in national primary health care monitoring; need to analyze data							WHO, UNICEF
<b>Liberia</b>	National implementation of WASH FIT and IPC mentoring Disseminate new health care waste standards to all facilities	WASH FIT adopted as national tool in 2016; currently embedded in national mentoring and IPC efforts; also working on health care waste; baseline missing some elements of water, hygiene							WHO, UNICEF, GIZ, CDC
<b>Malawi</b>	Incorporate WASH into Quality Improvement Tools Implement national standards	Working to increase budget allocation to WASH/IPC; establishing national coordination mechanism							WHO, UNICEF, Save the Children, WaterAid, One Drop
<b>Mali</b>	Finalize and operationalize national strategy on WASH in HCF Implement WASH FIT nationally	National training of WASH FIT conducted; rolled out in 3 provinces in approximately 400 out of 1,200 PHCs; WaSH in HMIS but need to analyze and disseminate data							WaterAid, Word Vision, Save the Children, OneDrop, CDC, Red Cross
<b>Mozambique</b>	Analyze recent SARA data and establish baseline Finalize and implement standards	Multisectoral coordination group established in 2018; group will map current activities and develop a sustainability strategy; will scale up current trainings							WHO, UNICEF
<b>Nicaragua</b>	Conduct assessment to establish baseline in 2019 Implement WASH activities through AMR National Action Plan	Rural areas are underserved and are targeted through current policies: will work to adapt WASH FIT and use to prioritize needs and improvements,							WHO, UNICEF, World Bank, InterAmerica Bank

	<b>Commitments from Ministry of Health</b>	<b>Further details</b>	<b>Baseline</b>	<b>Roadmap &amp; Targets</b>	<b>Monitoring</b>	<b>Standards</b>	<b>Financing</b>	<b>Health workforce<sup>11</sup></b>	<b>Partners</b>
<b>Philippines</b>	Conduct and establish baseline Update and implement national standards, including on climate resilience	Have started piloting climate resilient WASH FIT; climate resilient standards; lacking hospital data; will develop and implement national roadmap through joint administrative order							WHO, UNICEF Health Care Without Harm
<b>Rwanda</b>	Target of 0% facilities with no water by 2021 Improve water quality	National health sector strategic plan includes specific targets on WASH in HCF; maintenance for WASH included in national budget but not sufficient in all cases							WHO, UNICEF, CDC, WaterAid, World Vision
<b>Tajikistan</b>	Pilot WASH FIT Review and update standards	Have started WASH FIT piloting including in children's tertiary hospital, include WASH in HCF in new national health strategy (2020-2030), regularly report on progress through European Water and Health Protocol							WHO, UNICEF, Oxfam, Red Cross
<b>United Republic of Tanzania</b>	Develop national roadmap Improve WASH in 1,000 facilities Integrate WASH into new health sector policy	Have national strategy but not financed; also Soapbox supported cleaning efforts; health care waste UNDP project							UNICEF, WHO, UNDP, WaterAid
<b>Viet Nam</b>	Conduct baseline assessment Complete and implement roadmap Update standards	Missing data from PHC for baseline; working on implementing plan for "Green, Clean and Beautiful health care facilities"							WHO, World Bank
<b>Yemen</b>	Integrate WASH in HCF into national emergency nutrition fund	Financing difficult as are not sufficient funds to pay health workers; implementing WASH through national emergency nutrition fund							UNICEF, WHO, World Bank
<b>Zambia</b>	90% of facilities have basic water by 2022 Incorporate WASH into national budget	Roadmap being developed and standards updated; piloting of zero-emission health care waste technologies							WHO, UNICEF, WaterAid, World Vision, UNDP, Health Care Without Harm, Water4
<b>Zimbabwe</b>	Develop national roadmap Develop national standards	UNICEF supported assessment and determining national baseline; possibility to establish national taskforce as part of Health Development Fund							UNICEF, WHO