



Vietnam

1. Establish baseline



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

Trigger questions on WASH baseline data

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

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

Baseline data/plans for establishing baseline data:

Vietnam has not had a baseline data on WASH in HCFs. Vietnam plans to conduct a baseline assessment in early 2020. Therefore, underserved areas have not been identified nationwide. However, a small survey in 32 hospitals gave a rough picture in which remote rural areas in the northern mountainous areas and Mekong and Red river basins are considered underserved areas.

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Baseline data/plans for establishing baseline data:

Vietnam has had data based on a small survey/assessment conducted at 32 hospitals. National survey/assessment has not been conducted yet.

Information on underserved areas:

Lack of information on underserved areas, in general, remote and poor rural areas in mountainous areas in the North and both Mekong and Red river delta basins.

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Baseline data/plans for establishing baseline data:

Vietnam plans to conduct national survey in early 2020

Information on underserved areas: (Conti.)

MoH issued Plan for Implementing Green-Clean-Beautiful Healthcare Facilities; however, it's not clearly mentioned in the plan on how to target the underserved areas.

2. Develop and implement roadmap



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

Trigger questions on national roadmaps

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

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

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

Vietnam has not started the process of developing a national roadmap yet, but Plan for Implementing G-C-B HFCs (2018) tends to focus on some key elements: water supply, toilet accessibility, hand washing, waste management and green approaches (e.g. clean, renewable energy, sustainable procurement, waste recycling, ...).

Targets and linkages to SDGs:

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Process, key elements & finalization/implementation plans of national roadmap: After conducting baseline assessment, Vietnam will develop a national roadmap in 2020.

Targets and linkages to SDGs: Targets have not been set up specifically, but according to Plan for Implementing G-C-B HCFs, for 2030

- Water supply: **100** % of HCFs (availability, quality, saving)
- Toilet accessibility: **100** % (hygienic, clean, separated for sexes, safe)
- Hand washing: **100** % (available, soap, comfortable/convenient, ...)
- Waste management: **95** % (generation, classification, storage, treatment, ...)
- Green approaches: encourage HCFs to do.

Linked to SDG 3.6 and SDG 6

3. Establish and implement standards



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

Trigger questions on standards

- Q1.** Does your country have standards for WASH in health care facilities?
- Q2.** What are the key elements in the standards and when were they last updated?
- Q3.** Are there any gaps in these standards and if so, what are these gaps and how will they be addressed?
- Q4.** How are these standards regulated, if at all?

The status of national standards including gaps and plans to address:

- So far, Vietnam hasn't had a set of specific national standards for WASH in HCFs yet. But in annual hospital quality evaluation program, evaluation criteria include some standards related to sanitation, hygiene and waste management in HCFs.
- However, these standards are not sufficient for WASH in HCFs.

Regulation of standards process or plan:

- It's planned to develop standards on WASH in HCFs in 2020.-2021

4. Set targets and monitor progress



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

Trigger questions on targets and monitoring

Q1. What are your targets for WASH in HCF?

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

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

Q4. How is progress incentivized?

Overview of targets and prioritization:

- Objective: Ensuring HCFs' environment is clean and healthy; healthcare services are properly served; health care staff works in safe environment; patients safety are secured at basic conditions and higher.

- Priorities:

+ Components: Water supply, toilets, hand washing; waste management; disinfection procedures.

+ Areas: operation room, delivery room, maternal care room, child care room, infectious diseases treatment unit, intensive care unit; waste collection area, waste storage and treatment areas; personal hygiene areas.

Assessing progress and use of incentives process/plan:

Annual evaluation of the Plan for Implementing G-C-B HCFs will be conducted and awards will be given.

5. Integrate WASH into health programming



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

Trigger questions on integrating WASH into health programming

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

Key opportunities for integration & examples:

- Pilots of good WASH services have been built for replication based on WHO WASH-FIT guidelines to be trained to HCFs nationwide.
- National Plan for implementing Green-Clean-Beautiful HCFs has been put into effect based on WASH in HCFs services.
- Hospital quality evaluation is conducted annually based on national criteria.

Opportunities and plans for further integration:

- Conducting national assessment/survey to collect data and build database
- Developing a national plan/roadmap for WASH in HCFs.
- Developing standards on WASH in HCFs.
- Integrating WASH in HCFs into national health programming such as G-C-B HCF, hospital quality evaluation and other national health programmes

6. Allocate regular funding



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

Trigger questions on regular funding

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

Country funding/current budget lines:

- Vietnam does not have any specific funds for WASH in HCFs. There is just a small amount of state budget for implementing the Plan for Implementing G-C-B HCFs each year.
- It is necessary to allocate regular fund for WASH in HCFs.

Plans to address gaps:

- Gaps in funding needs to be identified through national survey/assessment to be addressed.
- Mobilizing funds from different development partners is needed. Collaboration with Seoul National University is a good example of it.

7. Establish a multisectoral coordination mechanism



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

Trigger questions on multisectoral coordination mechanisms

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

Q2. How can such a committee be strengthened?

Country multisectoral coordination mechanism, responsibilities & accomplishments:

- Vietnam hasn't yet had a national multi-sectoral committee on WASH in HCFs.
- Key responsibilities: co-ordinating activities in WASH in HCFs, maximizing the use of fund and effects of projects and programs

Process/plan for strengthening the committee:

- MOH should take a leading role.
- A TWG of multi-sectoral needs to be established and put into effects
- This TWG meeting should be based on regular basis to share progress of implementation and vision for the future

8. Develop a health workforce

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

Trigger questions on developing a health workforce

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

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



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

- Training programmes based on WASH-FIT guidelines of WHO have been conducted for piloting WASH in HCFs

-- Vietnam plans to set up training center for WASH in HCFs at NIOEH

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

- WASH FIT guideline was updated into Vietnamese context and used for training on implementation of WASH in HCFs.

- 6 HCFs have already piloted in Vietnam at different level of hospitals