
Meeting the challenge: responding to the global call to action on WASH in health care facilities

Strategic Discussions

**Geneva, Switzerland
8-9 May 2018**

Meeting Report

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Abbreviations

AMR	Antimicrobial resistance
GLAAS	UN-Water/WHO Global Analysis and Assessment of Sanitation and Drinking-Water
HCF	Health care facilities
HMIS	Health Management Information System
IPC	Infection prevention and control
JMP	WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene
MCH	Maternal and child health
MCSP	USAID Maternal and Child Survival Program
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
WHO	World Health Organization
WSH	Water, Sanitation, Health and Hygiene Unit

1. Summary and key outcomes

“A health care facility without WASH is not a health care facility” Dr Maria Neira

On 8 and 9 May 2018, WHO and UNICEF co-hosted a strategic meeting in Geneva on water, sanitation and hygiene (WASH) in health care facilities (HCF). The two-day strategic meeting built upon previous global meetings on WASH in health care facilities (2015 [Geneva, Switzerland¹], 2016 [London, UK²], 2017 [Kathmandu, Nepal³]) and meetings of the WHO Network for Improving Quality of care for Maternal and Newborn Health (Malawi, 2017⁴), and followed the recent call to action by the UN Secretary General on WASH in HCF (March 2018)⁵.

The overall purpose of the meeting was to reflect on progress to date of the WHO/UNICEF action plan for WASH in HCF and to develop a coordinated response to the call to action. Specific objectives were to:

- draft a multi-stakeholder response to the call to action for further consultation and develop elements of a multi-stakeholder campaign as part of the response;
- revise the WASH in HCF global action plan with a clear management structure, milestones, targets and deliverables, with a focus on realizing change at the national level;
- articulate how to elevate and operationalize aspects of WASH in HCF within existing global and national plans on universal health coverage (UHC), quality care for mothers and newborns, infection prevention and control (IPC), antimicrobial resistance (AMR), and health security; and, to
- develop a roadmap on WASH in HCF and more broadly WASH and health, including interim milestones.

Forty-five WASH and health experts attended the meeting, including clinicians and frontline health care workers (Ghana, DRC), donors (Hilton Foundation), implementing partners (WaterAid, MSF, Save the Children, Jhpiego, Catholic Relief Services, IRC), international organizations (CDC) and academia (Emory, LSHTM, Stanford University, University of East Anglia). WHO staff from the departments of Service Delivery and Safety, Maternal, Newborn, Child and Adolescent Health, and Environmental and Social Determinants of Health, and UNICEF staff (WASH and health) also participated.

This report documents the meeting discussions and outcomes. Appendices to this report include the meeting agenda (Appendix 1) and list of participants (Appendix 2). All presentations from the meeting and the meeting report are available on the WASH in health care facilities knowledge portal⁶.

1.1 Key outcomes

The following were the key outcomes of the meeting:

- **Establish priority action areas**

The four “task teams” of the existing global action plan (advocacy and policy; monitoring; evidence and operational research; facility-based improvements) will be reorganised into the following five key action areas, as listed below:

Leadership and systems understanding

- Understanding health systems, systems change and bottlenecks
- Identifying actors, influence and roles and responsibilities

Technical support

- Policies and standards
- Technologies and sustainability
- Financing and costing
- Humanitarian settings

Evidence and knowledge

- Documenting success stories
- Directing research to address policy and practice challenges

¹ WHO/UNICEF, 2015. *Water, sanitation and hygiene in health care facilities: urgent needs and actions*. Meeting Report.

http://www.who.int/entity/water_sanitation_health/facilities/wash-in-hcf-geneva.pdf?ua=1

² WHO/UNICEF, 2016. *Global strategy, burden of disease and evidence and action priorities*.

http://www.who.int/water_sanitation_health/healthcare_waste/wash-in-hcf-london.pdf

³ WHO/UNICEF, 2017. *Global Learning Event: WASH in HCF action-oriented solutions and learning*.

https://www.washinhcf.org/documents/GLE-Meeting_Report_FINAL_Nov2017.pdf

⁴ http://www.who.int/maternal_child_adolescent/topics/quality-of-care/malawi-network/en/

⁵ Press coverage of the call to action: <https://www.un.org/press/en/2018/sgsm18951.doc.htm>

⁶ www.washinhcf.org/resources

- Incentives to drive change

Community engagement and Social and Behaviour Change

- Capacity building for qualitative research and including women's voices as users
- Developing behaviour change strategies for managers, providers and communities
- Defining "dignity" for mothers and newborns.

Monitoring and accountability

- National monitoring, analyses and accountability
- Monitoring as part of Quality Improvement Cycles
- Regulation

These priority areas are accompanied by a set of guiding principles, which include adopting a country-centric approach, harmonizing and aligning partner efforts and framing actions within the WHO health systems building blocks. The guiding principles are listed in full on page 7.

- **Establish a Secretariat and Advisory Group**

A Secretariat, consisting of members of WHO and UNICEF will be established to coordinate existing, and engage new partners and establish effective communication channels. It should facilitate work around each of the five action areas and cross-link and coordinate efforts and liaise with the advisory group. A smaller Advisory Group (e.g. eight-ten members) will be established with sub-national, national and international WASH and health actors, who can bring creativity and new insights to what was anticipated to be an emerging movement. The final composition and frequency of meeting of both groups was not fully decided during the meeting.

- **Launch a global campaign on WASH in HCF**

The recent call to action has increased political momentum for the issue of WASH in HCF and created a renewed sense of "outrage" and a need to address the issue from a human rights perspective. A campaign to build on this political will and help increase financial support and donor commitment should be developed and launched. It should be linked to existing campaigns (for example UNICEF Every Child Alive⁷, WHO's Save Lives Clean Your Hands⁸) rather than be entirely new and independent, and should have a country focus with national targets linked to global targets and aligned with the guiding principles and five priority action areas. The 11 Quality of Care network countries provide an immediate opportunity to strengthen WASH in HCF. The campaign would need creative marketing expertise to develop an effective, impact driven approach including appropriate communication materials and could include a slogan and/or commitment, for example "no new HCFs built without WASH" or "don't call it a health care facility if there is no water, sanitation and hygiene". The campaign timeline, key milestones and events, products and activities need to be further scoped and defined.

- **Suggested timeline of activities**

- Small group to further develop and draft a response to the call to action, based on meeting discussions (June-July)
- Seek consultation on draft response with wide stakeholder group and select focus countries (July-Oct)
- Establish Advisory Group (September)
- Global meeting to launch response and SDG baselines (Nov-Dec, location to be confirmed)
- Continue to work with SG's office and Global Water 2020 to make key leaders aware of this work

2. Introduction

2.1 Welcome and opening remarks

Opening remarks were given by Dr Maria Neira (Public Health and the Environment, WHO), Dr Ed Kelley (Service Delivery and Safety, WHO) and Ms Lizette Burgers (UNICEF). Dr Neira welcomed participants to the meeting. The 70th anniversary of Alma Ata provides an opportunity to revisit the role of WASH and Dr Kelley emphasised that strong health systems were essential to achieving results for WASH in HCF and encouraged participants to bring a country-lens to the meeting and the work more generally. Ms Burgers followed by saying that UNICEF is

⁷ <https://www.unicef.org/every-child-alive/>

⁸ <http://www.who.int/infection-prevention/campaigns/clean-hands/en>

adopting a health systems approach to their work on WASH in HCF, which is a joint priority in the strategic plan of both the WASH and health teams.

2.2 Achievements to date and future vision for global work on WASH in health care facilities

Mr Bruce Gordon (Water, Sanitation, Hygiene and Health, WHO) presented an overview of WHO and UNICEF-led activities related to the global action plan on WASH in HCF, beginning with the launch of the global action plan in March 2015 through to the Secretary General's call to action in March 2018⁵. WHO's "package of work" in countries includes undertaking systems analyses, standards and policy strengthening, monitoring access to services, use of the Water and Sanitation for Health Facility Improvement Tool (WASH FIT), and work to improve intersectoral leadership and coordination. The future vision is for greater synergy of efforts, to strengthen policy development, generate better evidence and understanding of the problem.

3. Opportunities to address the global call to action

3.1 Global and national level (panel 1)

Shams Syed, Liz Tayler, Blerta Maliqi (WHO), Nabila Zaka (UNICEF) and Mamadou Diallo (WaterAid) participated in a panel discussion, each sharing one example of global or national level action to address WASH in HCF. Topics covered included the need to use a bottom-up approach (taking learnings from the facility level up to the national level to create a global exchange of knowledge/learning) and to flip strategy making so that implementation informs policy, rather than the other way around; using AMR as an entry point for WASH, with a clear statement that HCFs should "do no harm", instead of the current situation where there is some evidence that clinicians use antibiotics to counter the problems of poor hygiene; and ensuring that WASH is present in the dialogue of maternal and child health (MCH) decision makers and embedded in an essential package of health services. Finally, an example was presented from Mali, where there are few data available on the status of WASH in HCF, and little evidence on what interventions work. A national taskforce has been established to share information and address these gaps and a national strategy on WASH in HCF has recently been developed.

3.2 Local level (panel 2)

A second panel focusing on local level actions, consisted of brief presentations by Benedetta Allegranzi (WHO IPC), Rick Gelting and Rob Quick (CDC), Francois Kangelwa (MCSP DRC), Chris Dunston (Hilton Foundation), Fredrik Asplund (UNICEF Guinea-Bissau) and Alain Prual (UNICEF). While WASH should be everyone's business at every level of the health system, it is health workers who can really drive change at the facility level. More training and resources must be dedicated to increase motivation and the political and personal will to improve care.

WHO has recently released a practical manual to support the implementation of the infection prevention and control (IPC) core components at the facility level⁹. WASH forms one of the eight core components. The manual is accompanied by a new IPC assessment framework (IPCAF) to establish a baseline assessment to drive improvement at the facility level. IPCAF has been tested in over 100 countries. WASH and IPC cannot exist without the other: WASH addresses the system and infrastructure that is essential to enable IPC-related behaviour change. CDC and WHO have been working in Liberia, where national WASH and IPC guidelines have been developed under the direction of the Ministry of Health and WASH FIT piloted under the umbrella of global health security. Low-cost, locally available materials have been critical to success, as well as obtaining feedback from patients and providers about the care they received. In Guinea-Bissau, UNICEF has been working on rehabilitation of health services. The Ministry of Health did not have a comprehensive master facility list, and operation and maintenance of services was severely lacking. A new system has been introduced where water supplies were locked with three keys, held by the community, health centre and fountain keeper. This approach is not sufficiently well-established to allow for a proper evaluation yet, but initial feedback seems positive. In DRC, USAID MCSP has been implementing the Clean Clinic Approach (CCA), which integrates cleanliness and IPC into the quality of care framework to improve infrastructure, supplies, training and motivation, as well as protocols, standards and management systems. The results of these facility-based interventions are being used to help design policies and standards at the national level: the model has been appropriated by the National Division of Hygiene and Sanitation. Quality is now at the forefront of the new DRC National Health Strategic Plan 2016-2020. UNICEF is developing a regional strategy for WASH in HCF in Africa based on learning from DRC, Guinea-Bissau and others. The strategy will link with professional organisations including midwives, obstetricians and medical associations as well as the Infection Control Africa Network (ICAN). Hilton are working on a new

⁹ WHO Core components for IPC – Implementation tools and resources <http://www.who.int/infection-prevention/tools/core-components/en/>

organisational strategy and will shift their work from infrastructural outputs to a systems strengthening approach, particularly looking at how to build multidisciplinary mechanisms at the subnational level.

4. Defining the global plan of work to drive national change

4.1 Global monitoring of WASH in HCF

Dr Rick Johnston, Joint Monitoring Programme, WHO

The Joint Monitoring Programme's (JMP) report on WASH in HCF will be published in December 2018. To prepare the report, a global call for data will take place in June/July 2018, followed by country consultations in August/September. Currently, available data are from 311 facility assessments covering 64 countries, of which only 45 countries have data since 2012. Very few assessments have elements of basic service, therefore there is unlikely to be enough data to produce a global assessment. The JMP has developed a set of indicators for monitoring WASH in the delivery room¹⁰ and there are plans to develop indicators for paediatric settings or postnatal areas.

4.2 Working through health systems for national level change

Ms Alison Macintyre, WaterAid

Alison Macintyre gave an overview of the WHO health systems building blocks¹¹, how they could be used to drive national level change and shared an example of this process from Cambodia. Identifying which part of the system is broken (for example, budgets, human resources and skills, social norms) should be the starting point. Strong coordination systems at the national and local level are then needed to set priorities, mobilize resources and take action. In Cambodia, a national WASH in HCF coordination group was established and undertook a health systems scoping, analysis and needs assessment. Costing and resource allocation, private sector engagement, regulation and accountability and WASH-health joint systems strengthening were among the factors identified that needed continued efforts.

4.3 Health systems strengthening: an example from Ghana

Dr Gilbert Buckle, Public Health Physician/Independent Consultant, Health Systems Strengthening, Ghana

There is unequivocal, empirical evidence on the impact of WASH on health outcomes, yet it remains a challenge to find ways to institutionalise WASH in HCF. WASH in HCF must involve a transformation of the health system: WASH should be an integral part of the work culture of a HCF and country quality of care standards should include WASH. The 2008 *Ouagadougou Declaration on Primary Health Care and Health Systems in Africa*¹² focuses on nine major priority areas or blocks (the six WHO building blocks and an additional three blocks) which must be designed to be WASH-sensitive (i.e. to identify the WASH needs of the population [users of and workers in the facility]) and WASH-responsive (able to resource and continuously execute WASH practices carried out in the facility). WASH principles and concepts must find their way into the planning, organization and delivery of health care services across the continuum of care (preventive, promotive, curative, rehabilitation and palliative).

4.4 Highlights from Day 1 and reflections from two regions

Mr Oliver Schmoll (European WHO Regional Office) and Dr Teofilo Monteiro (Pan-American Health Office)

Mr Schmoll and Dr Monteiro began the day with a summary of the first day's proceedings and gave reflections from the EURO and PAHO. In Europe, countries are setting targets through the European Protocol on Water and Health which is helping to drive action and track progress and countries are considering the environmental sustainability of services as well as access. Dr Monteiro presented an overview of results from assessments in Honduras, Paraguay and Peru.

4.5 Global multi-stakeholder campaigns: learnings from WHO's SAVE LIVES: Clean Your Hands

Ms Julie Storr (Global Infection Prevention and Control unit, WHO)

It has been suggested that a campaign should be launched as part of the response to the call to action, to raise the profile of, and political interest in, the issue. The campaign could link to existing campaigns within the health sector (for example UNICEF's Every Child Alive campaign). Ms Storr gave an overview of the WHO "SAVE LIVES: Clean Your Hands"¹³ campaign, which every year, on and around May 5, aims to maintain the global profile of

¹⁰ These are still under review and will be available soon on the WASH in HCF knowledge portal.

¹¹ WHO (2010) Monitoring the building blocks of the health system: a handbook of indicators and their measurement strategies <http://www.who.int/workforcealliance/knowledge/toolkit/26.pdf>

¹² <http://www.who.int/management/OuagadougouDeclarationEN.pdf>

¹³ SAVE LIVES: Clean your hands <http://www.who.int/infection-prevention/campaigns/clean-hands/en/>

the importance of hand hygiene in health care and to bring people together in support of improvement globally. The decade-long campaign has been shown to generate significant social pressure, participation and action and help build collective will, energy and momentum for hand hygiene improvement. As of April 2018, over 180 countries have pledged their support to the campaign. The following suggestions were made to increase the success of a campaign: have a clear goal and stick to it, use communications expertise to synergise marketing with technical messaging, keep messaging consistent but also be prepared to change and adapt as needed, use social media to generate awareness and keep people engaged, and focus on results and impact.

There has been a lot of momentum on WASH in HCF since 2015 and launching a campaign as part of the response to the call to action, and leveraging the new political momentum, provides a tremendous opportunity to capitalise on this. However, launching a campaign automatically raises expectations and participants expressed concerns about whether there are sufficient, or indeed any, resources behind the call to action to make a campaign a success. The campaign should have clearly defined actions and objectives or there is a danger that momentum will be lost.

5. Developing the global plan of work: roadmap and way forward

There were two group work sessions over the two days. For the first session, participants were asked to come up with ideas for possible action areas, some key activities within each area and how the health systems building blocks could be used to frame the areas. In the second session, these action areas were further refined and a set of guiding principles discussed. The outcomes from both sessions are summarised together below.

The work of the global action plan should be led by the following guiding principles:

1. Adopt a **rights-based**, multi-sectoral approach focusing on equity and inclusion, under the umbrella of universal health coverage
2. Use **country-centric approaches** for scalable and sustainable programming, based on national and sub-national situations, needs and priorities.
 - a. Ensure a good local understanding of the situation (coverage, policies, political economy, “what matters to whom”, financing and accountability), determinants and underlying causes of existing gaps.
 - b. Define an appropriate WASH in HCF package within quality of care (i.e. a minimum set of interventions linking IPC, AMR, energy and other priorities).
3. **Engage influential leaders** from the start, and at every level, to drive efforts.
4. **Harmonize and align** partner efforts with global and national plans including humanitarian settings.
5. Frame actions within **health systems building blocks** and harmonize within priority health programmes
6. Establish and use nationally and locally relevant **metrics to track progress**
 - a. Use JMP indicators as a point of departure, which should be embedded in HMIS and UHC monitoring
 - b. Use performance-based financing where relevant
7. Apply **interventions which meet established standards**, with efforts to support incremental, sustainable improvements in services
 - a. Create simple checklists for the key elements of providing WASH for different levels of facilities (primary, secondary, tertiary).
 - b. Engage facility quality improvement teams to undertake stepwise improvements
8. **Engage communities**, civil society, care givers and facility managers to create demand
 - a. Recognise that all voices and perspectives matter.
9. Employ **multiple and appropriate financing** for different types of investments
 - a. Use domestic financing for operation and maintenance (i.e. extending supplies to communities and generating revenue, from MoH budgets, linked to performance based financing, capitation—social health insurance, revolving funds)
 - b. Use investments from banks, donors, the private sector and Ministry of Finance for infrastructure.

Emerging themes

WASH should be integrated within quality of care and/or universal health coverage strategies, indicators and budgeting to ensure joint intersectoral action. WASH in HCF needs to be institutionalized, creating demand for improvements and accountability mechanisms for when services are lacking. While Ministries of Health should take responsibility for the problem, they are not necessarily responsible for *implementing* better WASH services,

nor should they be the sole funders. It is an issue of *governance*, not just *government*. Health leadership at all levels must take responsibility for coordinating inputs from other ministries and sectors.

The action areas should be framed around health (rather than WASH), using quality of care as the overall frame, and the objectives linked to morbidity and mortality. Costing and financing, community engagement, and accountability (with a clear definition of what this means) were missing in the existing task teams. Based on this, the following five areas of work were suggested: leadership and systems understanding; technical support; evidence and knowledge; community engagement and social and behaviour change; and monitoring.

Additional activities for consideration

Some suggestions of additional activities to be undertaken included:

- Development of a checklist of essential items (i.e. the minimum standards) and associated impact indicators to help drive and track action;
- Generation of strong evidence demonstrating the impact on mortality and morbidity of improving (or neglecting) WASH in HCF;
- Improvement in country-country information sharing, particularly countries that have made clear progress on WASH in HCF (i.e. peer learning between and within countries)
- Development of “report cards” for countries, providing a clear overview of a country’s WASH in HCF status (e.g. policy landscape, access and financing);
- Positioning WASH as a central part of health workforce capacity development, to support behaviour change in relation to WASH in HCF amongst facility staff, health managers, patients and communities and demand for quality health services.

Governance and leadership

There was general agreement that an oversight board and secretariat for the work is needed; membership and frequency of meeting will be further discussed by WHO and UNICEF following the meeting.

6. Conclusions and next steps

Dr Joy St John, Assistant-Director General, Climate and other Determinants of Health, WHO

Dr St John gave the closing remarks of the meeting. She stressed the need for a strong political response to the call to action and a stop to the “false separation” between WASH and health. What is needed, what it will cost and what needs to be done in the short, medium and long term must be articulated and aligned with the WHO 13th General Programme of Work (GPW)¹⁴ and the Global Strategy on Health, Environment and Climate Change. She suggested leveraging political support through entry points such as the World Health Assembly, the High Level Political Forum, the UN-General Assembly and UHC high level meeting in 2019. She closed by saying that it cannot continue as “business as usual” and that research is needed on *how* the work should be done, not *why* the work should be done.

¹⁴ <http://www.who.int/about/what-we-do/gpw-thirteen-consultation/en/>

Appendix 1: Agenda



**Meeting the challenge: responding to the Secretary General's Call to Action on WASH in
Health Care Facilities
Strategic Discussions
8-9 May 2018
Chateau des Penthes, Pavillon Albert Gallatin
Geneva, Switzerland**

Aims and objectives

- Develop elements of a multi-stakeholder campaign, building upon work to date, to respond to the SG's Call to Action on WASH in HCF
- Draft broad set of global goals, targets and actions

Expected outputs

- Draft multi-stakeholder response to SG's Call to Action for further consultation
- Short meeting summary and action points

Day 1, 8 May		
Time	Session and Topics	Details
0900-0945	1. Introductions and context <ul style="list-style-type: none">• Opening remarks -successes and relevance to global agendas on universal health coverage, environmental health and WASH• Meeting objectives• Introductions	Directors Maria Neira, Ed Kelley, WHO and Lizette Burgers, UNICEF Maggie Montgomery, WHO Irene Amongin, UNICEF <i>Moderation: Maria Neira, WHO</i>
0945-1100	2. Building on collaboration: opportunities to address global Call to Action <ul style="list-style-type: none">• WASH in HCF efforts: achievements to date and future vision• <i>Panel 1:</i> Opportunities to address Call to Action within health at global and national level• Plenary discussion (30 min)	Bruce Gordon, WHO Shams Syed, Liz Tayler, Blerta Maliqi, WHO; Nabila Zaka, UNICEF; Mamadou Diallo, WaterAid <i>Moderation: Bruce Gordon, WHO</i>
1100-1115	Coffee break	
1115-1230	3. Opportunities to address global Call to action (continued) <ul style="list-style-type: none">• <i>Panel 2:</i> sustainable and scalable WASH initiatives at the local level• Plenary discussion	Benedetta Allegranzi, WHO; Rick Gelting and Rob Quick, CDC; Francois Kangela, MCSP; Chris Dunston, Hilton Foundation; Fredrik Asplund, UNICEF; Alain Prual, UNICEF. <i>Moderation: Lizette Burgers, UNICEF</i>
1230-1345	Lunch and stretch	

1345-1530	4. Defining global plan of work to drive national change <ul style="list-style-type: none"> Action areas, targets and stakeholders Global monitoring of WASH in HCF Working through health systems for national level change Embedding the response in health systems strengthening: example from Ghana Plenary discussion (45 min) 	Lindsay Denny, Global Water 2020 Rick Johnston, WHO Alison Macintyre, WaterAid Gilbert Buckle, Ghana <i>Moderation: Patrick Moriarty, IRC</i>
1530-1545	Coffee break	
1545-1645	5. Breakout group discussions to develop global plan of work <ul style="list-style-type: none"> Introduction 	Arabella Hayter, WHO <i>Refer to group work sheet for details</i>
1645-1730	Initial feedback from group work and Day 1 Feedback from group work (5 min per group) Plenary discussion Day 1 close	<i>Moderation: Dan Jones, WaterAid</i>
1730	Cocktail at Chateau des Penthes	All

Day 2, 9 May		
Session	Topics	Details
0830-0900	Optional: “Espresso shot” energizers Informal discussions to learn about experiences in improving WASH in HCF from the front line.	Josephine Okine, Ghana; Joos Van Den Noorgate, MSF; Veronique Doyon, One Drop; Christine Moe, Emory
0900-0915	Highlights from Day 1 and reflections from Regions	Oliver Schmoll and Teofilo Monteiro, WHO
0915-1015	5. Breakout group discussions to further develop global plan of work: Continued	Group work
1015-1030	Coffee break	
1030-1200	5. Feedback from groups: Global plan of work <ul style="list-style-type: none"> Action areas and targets Stakeholder actions 	Plenary <i>Moderation: Ian Moise, CRS</i>
1200-1300	6. Putting it all together: global multi-stakeholder campaign <ul style="list-style-type: none"> Country champions and commitments -learning from Save Lives Clean Your Hands Plenary discussion 	Julie Storr, WHO <i>Moderation: Nabila Zaka, UNICEF</i>
1300-1415	Lunch and stretch	
1415-1500	6. Global multi-stakeholder campaign: Continued	<i>Moderation: Nabila Zaka, UNICEF</i>
1500-1520	Coffee break	
1520-1630	7. Roadmap and way forward <ul style="list-style-type: none"> Finalizing and implementing global work plan Leadership 	<i>Moderation: Lizette Burgers, UNICEF and Bruce Gordon, WHO</i>

	<ul style="list-style-type: none">• Oversight and accountability	
1630-1700	8. Wrap up and meeting close	<i>Moderation: Joy St John and Maria Neira, WHO</i>

Appendix 2: List of participants

Water, Sanitation and Hygiene (WASH) in Health Care Facilities (HCF): the basis for quality care, global strategic discussion

Domaine de Penthes, Geneva, Switzerland
8-9 May 2018

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