

WASH in health care facilities
A summary of WHO HQ country support, updated January 2021

Since 2015, WHO has been working in a number of countries to strengthen national standards, training, monitoring and functionality of WASH in health care facilities (HCF). These efforts are to support the 2018 [call to action](#) by the UN Secretary General and the 2019 [Resolution on WASH in HCF](#). While specific activities depend on country needs and available funding, the overall aim is to support countries to implement the [eight practical steps](#), take action on the Resolution and advance towards universal access. The eight actions are listed below. This document provides a summary of major activities and support to countries to advance progress in one or more of the 8 areas.

1. Conduct situational analysis and assessment
2. Set targets and define roadmap
3. Establish national standards and accountability mechanisms
4. Improve infrastructure and maintenance
5. Monitor and review data
6. Develop health workforce
7. Engage communities
8. Conduct operational research & share learning

2020 Regional leadership and training

All regions have had or are planning regional meetings. These meetings provide a forum to discuss country roadmaps, progress in implementing the Resolution and practical steps and identify and strategize on how to overcome barriers. In some cases, a focused WASH FIT regional training may also be conducted as a supplementary endeavour. The meetings are as follows:

- **AFRO** (May? 2021) – Leaders Summit, possible WASH FIT mini training, First Lady’s Initiative (Kenya “virtual” host and will support country efforts as well
- **EURO** - Implementation of national targets through Water and Health Protocol ongoing-follow-up with colleagues on key events
- **SEARO and WPRO** (Q3? 2020) - Initial discussions on a Leaders Summit held in both (or jointly) focusing on implementing resolution, investments and integration with health
- **Bhutan, Indonesia, Philippines, Viet Nam (April 2021)**; Mid-term meeting on water quality surveillance and WASH in HCF; focus on climate and gender
- **PAHO** (Oct 2020) – Leaders Summit held in October 2020; strong engagement from AMR and quality of care colleagues and countries; focused on a number of follow-up activities

Overview of past/current work and support by WHO (table updated 26 Jan 2021)

Country	Standards	Situational analysis	Monitoring	WASH FIT	Climate resilience	Notes
Bangladesh				✓ (Cox's Bazaar)		Need to follow-up on current activities and needs; could send 10 K USD; important overlap with HHfA
Bhutan	✓	✓	✓	✓	✓	Part of a 4-yr project focusing on WASH in HCF; working on innovative water treating/HH stations and WASH FIT roll-out receive approx. 100 K USD/year
Ethiopia		✓	✓	✓		Situational analysis 2016 & 2018; Supporting roll out of WASH FIT and follow-up on facilities fast tracked for WASH through COVID funds (sent 10 K USD)
Ghana	✓ (HCF strategy)	✓ (2019)		✓		Focus on strengthening understanding of budgeting and financing (linked with TrackFin), ongoing health care waste and WASH FIT roll-out (sent 15 K USD)
Kenya	✓			✓		Have recently conducted WASH FIT; important links with national AMR and quality efforts; virtual host of regional event (sent 15 K USD)
Indonesia	✓	✓	✓	✓	✓	Part of a 4-yr project focusing on WASH in HCF; working on strengthening national monitoring, implementing WASH FIT, and request for budgetary/financing support for WASH in HCF; receive approximately 100 K USD/year
Laos	✓		✓	✓ (2017-)	✓	Increasingly, a strong climate focus. WASH FIT implementation is expanding (will send 10 K USD)
Liberia	✓ (WASH, IPC & HCWM)		✓	✓		WASH FIT long established and regular mentoring in facilities; will work to strengthen health care waste and integration with health (sent 20 K USD)
Madagascar				✓		Rolling out WASH FIT and supporting innovative health care waste efforts; will send 10 K USD
Mozambique	✓			✓	✓	Working on WASH FIT roll-out, national leadership and following up on rapid improvements made with COVID-19 funds; sent 10 K USD
Mali	✓	✓		✓		Continuing to build national leadership, integrated WASH into HMIS and working to support WASH FIT (sent 15 K USD)
Niger	(✓)	(✓)	(✓)	(✓)	(✓)	Collaborating with CDC and World Vision; WHO focused on national taskforce, WASH FIT and monitoring; 20 K USD/year for 4 years
Nepal	✓					Developed WASH in HCF standards; focus on WASH FIT and standards implementation; sending 10 K USD

Philippines	✓	✓	✓	✓	✓	Part of a 4-yr project focusing on WASH in HCF, strong climate focus and new standards now being rolled out to all PHCs (receive approximately 100 K USD/year)
Serbia		(✓)	✓			EURO priority country working to implement new higher standards for WASH and support improvements in rural facilities; supported through EURO with some funds form HQ
Tajikistan	✓	✓ (2018)		✓		AMR focus country, integrated WASH into AMR NAP and into national health policy; support for WASH FIT follow-up and roll out (sent 15 K USD)
Vietnam	✓	✓	✓	✓	✓	Part of a 4-yr project focusing on WASH in HCF, strong climate focus including rain water harvesting; receive approximately 100 K USD/year

Table 1: Overview of WHO country support

Leadership, governance and systems analysis

Understanding the health system is critical in order to understand the context in which WASH services are provided in health facilities. WHO has conducted a number of country situational analyses (“deep dives”) that seek to understand the status of WASH in HCF, how it operates within the wider health system, policies, financing and costs, influential stakeholders and incentives to drive change. These deep dives have been done in [Ethiopia](#) (2016), [Cambodia](#) (2017), an update to [Ethiopia](#) (2018), **Ghana** and **Rwanda** ([3-country summary](#)) and [Serbia](#) (2019, led by EURO). WHO will shortly publish a situational analyses methodology document.

Intersectoral coordination

WHO has been working in **Mali** since 2015 with the Government of Mali, CDC, WaterAid and World Vision to improve WASH in a selection of facilities in three districts. In 2016, a national taskforce on WASH in HCF was formed to bring together all partners working on WASH in HCF. The taskforce meets quarterly and provides a forum for sharing updates and coordinating approaches for prioritizing improvements and empowering existing community groups and voices to strengthen local accountability on WASH in HCF. More work is needed to bring health actors into the group and better integrate WASH and health activities, especially those on child and maternal health and antimicrobial resistance. A similar project funded by Hilton with the same partners started in Niger in January 2020.

Other countries to establish a taskforce or other coordination mechanism, include **Bhutan, Madagascar, Papua New Guinea** and **Philippines**.

Monitoring and coverage assessments

In April 2019, the WHO/UNICEF Joint Monitoring Programme (JMP) published the [first global baseline on WASH in health care facilities](#), with data from over 560,000 facilities. An [update of the numbers](#) was published at the end of 2020 (full data are available at <https://washdata.org/data/healthcare#!/>).

Monitoring coverage and establishing baselines is an important starting point for driving action. **Bhutan** completed a national assessment but it being a small country makes this more feasible; for many countries a national assessment is too expensive and time consuming. Countries are recommended to conduct a sub-national assessment (e.g. a few representative districts) as a starting point, thus saving valuable funds for implementation. **Nicaragua, Philippines** and **Viet Nam** have identified this need.

A set of indicators for monitoring [WASH in delivery rooms](#) has been made available. These are a “final draft” and anyone using the indicators is invited [to share their feedback](#). The eleven countries in the Network for Quality of Care should use harmonised indicators to measure progress in network facilities.

WHO provides support to countries to strengthen WASH elements of existing national systems for accessing coverage, through national health management information systems (HMIS) or equivalent. It is important that data are actually analysed and reported – this remains the challenge in many places and of the five practical steps tracked in 2020, is the one showing least progress. **Ghana, Lao PDR, Liberia** and **Mali** have made progress in updating their HMIS to incorporate the core questions, but data collection remains a challenge.

Standards development

Most progress has been seen in developing national standards for WASH in HCF or health care waste management (HCWM) however there remains limited financing or action to drive implementation. WHO has provided technical support to a number of countries to develop new, or update existing national

standards. These include **Bhutan, Cambodia, Ghana, Laos, Liberia, [Madagascar](#), Mali, Nepal, Tajikistan, Tanzania and Zambia**. The WHO 2008 Environmental Health Standards¹ provide a basic set of requirements which countries can adapt to establish standards to suit the national context. Some elements of the standards are not aspirational for middle income countries and therefore countries are encouraged to set higher criteria where appropriate. The national standards in [Cambodia](#) (2018) and [Madagascar](#) (2017) specifically reference WASH FIT as the approach facilities should take to make improvements and reach the standards. In both countries, development of the national guidelines took place at the same time as WASH FIT was being implemented, an example of how different practical steps can be done in tandem.

Facility improvements: WASH FIT

WASH FIT has been implemented in over thirty-five countries since its inception in 2015. These have ranged in scale and duration, ranging from small-scale (3 facilities in Tajikistan) to larger efforts (over 30 facilities in two districts in Mali). The majority of these efforts have been WHO-led but partners have also used and adapted the tool independently in a range of regions and settings (e.g. **West Timor, Iraq, Malawi**). Demand for WASH FIT continues to outstrip WHO capacity to provide support (both in terms of finances and human resources to provide training). Countries which are using or plan to use the tool include **Bangladesh, Bhutan, Cambodia, Chad, Comoros, DRC, Ecuador, Ethiopia** (modified version integrated with an existing national programme – CASH), **Ghana, Guinea, Guinea-Bissau, India, Indonesia, Lao PDR, Liberia, Madagascar, Mozambique, Myanmar, Nepal, Nicaragua, Philippines, South Sudan, Tajikistan, Togo, Viet Nam and Zambia**. The WASH FIT guide is published in [English](#), [Russian](#), [French](#), [Spanish](#) and [Arabic](#). An updated version of the guide will be released in 2021. A training package, updated in 2020 with new technical guidance, and more appropriate for a virtual audience is available [here](#).

Partner Support and Engagement

WHO efforts at the country level are supported by a wide range of partners. NGOs including WaterAid, World Vision, Terre des hommes and IRC are critical for installing infrastructure improvements and engaging community actors to manage and maintain systems. US CDC has helped support implementation and evaluation of WASH FIT and UNDP and Health Care Without Harm have worked to procure “green” health care waste technologies and improve overall safe health care waste management in-line with WHO standards.

Since 2015, over 4 million USD has been raised for country and related global technical support and advocacy activities from a number of donors including: AFD, DFID, DGIS, DFAT, Health Canada, Hilton Foundation, Japan, Luxembourg, New Venture Fund, SIDA, USAID and UNDP.

¹ WHO, 2008. Essential environmental health standards in health care. World Health Organization, Geneva.

	1		2	3 NATIONAL STANDARDS		4	5
	SITUATIONAL ANALYSIS	BASELINE ASSESSMENT OR DATA		NATIONAL COORDINATION & ROADMAPS	WASH IN HEALTH CARE FACILITIES		
Bangladesh	●	●	●	●	●	●	●
Benin	●	●	●	●	●	●	●
Bhutan	●	●	●	●	●	●	●
Bolivia	●	●	●	●	●	●	●
Cambodia	●	●	●	●	●	●	●
Chad	●	●	●	●	●	●	●
Democratic Republic of Congo	●	●	●	●	●	●	●
Ethiopia	●	●	●	●	●	●	●
The Gambia	●	●	●	●	●	●	●
Ghana	●	●	●	●	●	●	●
Guinea-Bissau	●	●	●	●	●	●	●
Guatemala	●	●	●	●	●	●	●
Honduras	●	●	●	●	●	●	●
Hungary	●	●	●	●	●	●	●
India	●	●	●	●	●	●	●
Indonesia	●	●	●	●	●	●	●
Iraq	●	●	●	●	●	●	●
Lao People's Democratic Republic	●	●	●	●	●	●	●
Lebanon	●	●	●	●	●	●	●
Liberia	●	●	●	●	●	●	●
Madagascar	●	●	●	●	●	●	●
Malawi	●	●	●	●	●	●	●
Maldives	●	●	●	●	●	●	●
Mali	●	●	●	●	●	●	●
Mongolia	●	●	●	●	●	●	●
Mozambique	●	●	●	●	●	●	●
Myanmar	●	●	●	●	●	●	●
Nepal	●	●	●	●	●	●	●

	1		2	3 NATIONAL STANDARDS		4	5
	SITUATIONAL ANALYSIS	BASELINE ASSESSMENT OR DATA		NATIONAL COORDINATION & ROADMAPS	WASH IN HEALTH CARE FACILITIES		
Nicaragua	●	●	●	●	●	●	●
Niger	●	●	●	●	●	●	●
Nigeria	●	●	●	●	●	●	●
occupied Palestinian territory*	●	●	●	●	●	●	●
Panama	●	●	●	●	●	●	●
Papua New Guinea	●	●	●	●	●	●	●
Paraguay	●	●	●	●	●	●	●
Peru	●	●	●	●	●	●	●
Philippines	●	●	●	●	●	●	●
Rwanda	●	●	●	●	●	●	●
Serbia	●	●	●	●	●	●	●
Tajikistan	●	●	●	●	●	●	●
United Republic of Tanzania	●	●	●	●	●	●	●
Thailand	●	●	●	●	●	●	●
Timor Leste	●	●	●	●	●	●	●
Uganda	●	●	●	●	●	●	●
Viet Nam	●	●	●	●	●	●	●
Zambia	●	●	●	●	●	●	●
Zimbabwe	●	●	●	●	●	●	●



*Occupied Palestinian territory includes east Jerusalem.

Country tracker, as published in *Global progress report on WASH in health care facilities: Fundamentals First*.