Accelerating the provision of WASH services in health care facilities: Global taskforce role, responsibilities and outputs

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Background

Although water, sanitation, hygiene and health care waste (WASH) services are essential for providing safe, quality care, 1 in 4 health care facilities lack basic water, exposing 1.8 billion people to greater risk of infection. The 2018 Global Call to Action on WASH in health care facilities issued by the UN Secretary General has elevated this issue among all UN agencies, partners and among Member States. Building upon this Global Call, all 194 WHO Member States unanimously approved a resolution on WASH in health care facilities[1] at the 2019 World Health Assembly. The resolution, calls on countries to establish baselines and set targets, embed WASH in key health programmes and budgets and to regularly report on progress.

The launch of the WHO / UNICEF Global Report on WASH in Health Care Facilities[2] on 14 December 2020 and associated 'think-tanks'[3] organised by WHO and UNICEF focused additional attention on this important but overlooked issue. After the launch, key partners including WHO, UNICEF, WaterAid, SIDA, and FCDO reconfirmed that there is significant appetite for like-minded development organisations to work together to build on the momentum established by global data and reports.

This note makes the case for establishing a Global Taskforce on water, sanitation, hygiene and waste (WASH) in health care facilities, what it would achieve, and how it would function.

Need for a Global Taskforce

Covid-19 has reminded us of the critical importance of effective health care systems. Whilst health care facilities are a fundamental element of this system, those lacking WASH do not provide patients and health staff with a safe environment. Instead, inadequate, poorly maintained WASH facilities and unhygienic practices in health care facilities contribute to avoidable infections and accelerate the spread of anti-microbial resistance. Poor WASH and limited infection prevention and control practices also discourage health care seeking and undermine health worker productivity and morale. In short, without WASH, quality care suffers, large costs are incurred and lives are lost.

[1] World Health Assembly (WHA 72). 2019. Agenda Item 6.6, Patient Safety. Resolution on Water, Sanitation and Hygiene in Health Care Facilities. http://apps.who.int/gb/ebwha/pdf_files/EB144/B144_R5-en.pdf

[2] Global report on WASH in Health Care Facilities – Fundamentals First https://www.who.int/publications/i/item/9789240017542

[3] The slides from the think tank on costing can be found here: https://www.washinhcf.org/resource/cost-of-basic-wash-preliminary-findings/ and the recordings from the two think tanks can be found here: https://youtu.be/tyikoqYVqRI; https://youtu.be/tvqQvNOiyNY

The 2020 Global Progress on Report on WASH in Heath Care Facilities highlights that nearly 50 member states from all regions have initiated actions to achieve universal coverage of WASH in Health Care Facilities, in line with the World Health Assembly (WHA) resolution 72/7 and associated WHO/UNICEF guidance[4] and standards[5]. However, progress is not being achieved at the pace needed to achieve universal access by 2030 as envisaged by the WHA resolution and by SDG 6 targets. Most member states still need to fully integrate the provision of WASH in health care facilities into national health sector planning, budgeting, monitoring and review. Significant progress requires, above all, strong health sector leadership coupled with increased investments, supported by well-coordinated, multi-sectoral action. Coordinated action is also needed at global level to catalyse and reinforce progress at national level. Such collaboration would address three related issues that together impede progress:

- Profile: Whilst the Global Report and numerous previous studies and calls to action have helped raise the profile of WASH in health care facilities, further dissemination among health and financial actors and discussion on addressing the four main recommendations (integration with health, national plans and budgets, health workforce empowerment, monitoring and review) needs to occur to stimulate and sustain national action.

- Ownership: WASH in Health Care Facilities has not received the attention it needs for several reasons. It is a "common good" that requires government investment and effective coordination. Domestic resource mobilization must be a national priority. Concerted efforts are also needed to ensure that the health facility managers, health workers, health policy planners recognize, prioritize and budget WASH services and IPC practices in health care facilities, especially in middle- and low-income countries where basic WASH services are lacking. These health actors should be held accountable for implementing the WHA resolution, fully supported by collaborating sectors and partners, public and private.

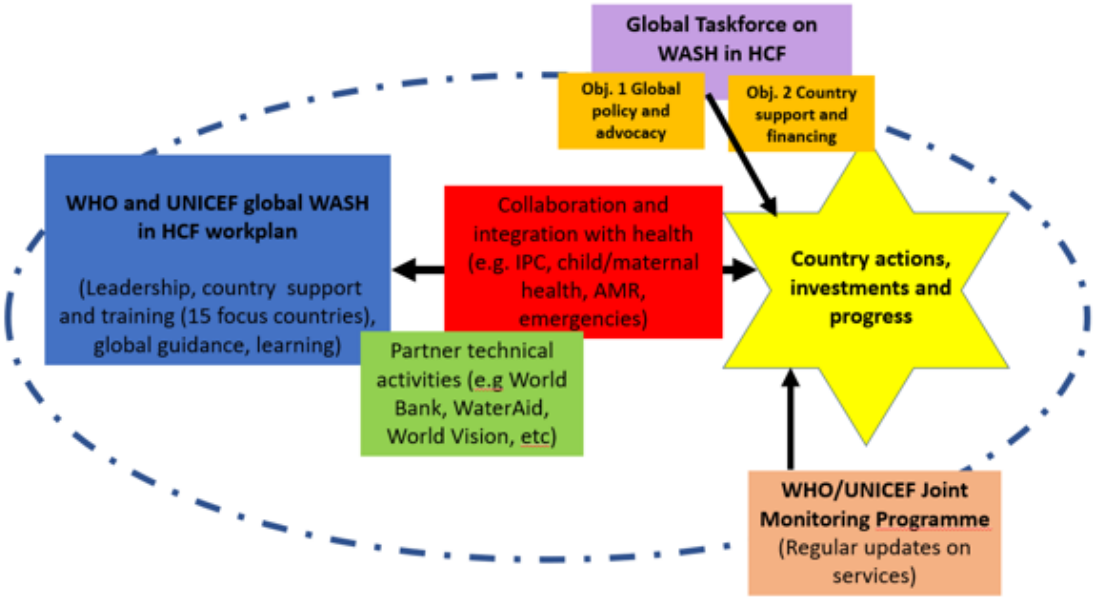
- Demonstration: Despite the rhetoric, few countries have scaled up all of the eight practical steps proposed by WHO and UNICEF to accelerate and sustain progress. Countries, partners and health funds such as COVAX, GAVI, Global Fund and the Global Financing Facility (GFF) need compelling examples of how they can adopt and finance a coherent approach to suit their health programme needs and national context.

While WHO and UNICEF have acted over the last years to monitor global access to WASH in HCF, develop and support implementation of standards, lead trainings, and raise awareness of the need for WASH in HCF within health programming, this effort could be boosted by a dedicated coalition of external partners supporting improved coordination, thought leadership, awareness-raising, and mobilizing resources as described below. A schematic of the existing key actors and proposed role of the Taskforce within the WASH in health care facilities work is illustrated in Figure 1 below.

[4] WHO/ UNICEF guidance can be summarised as 8 practical steps: (i) situation analysis and assessment (ii) national coordination mechanism and costed roadmap; (iii) national standards and accountability mechanism; (iv) install, maintain and improve infrastructure; (v) monitor and review data; (vi) strengthen health workforce; (vii) engage communities; (viii): operational research. The steps can be downloaded here: https://www.who.int/water_sanitation_health/publications/wash-in-health-care-facilities/en/

[5] WHO, 2008. Essential environmental health standards for health care facilities. https://www.who.int/water_sanitation_health/publications/ehs_hc/en/

Figure 1. Key elements of WASH in health care facility global effort



Purpose of scope of Global Taskforce

The Taskforce will complement the existing technical global workplan of WHO and UNICEF on WASH in health care facilities. The taskforce would combine the resources and influence of a relatively small group of development and humanitarian organisations, including UN organisations, multi-lateral and bilateral donors, development banks and development funds, civil society organisations, private sector partners and research and learning organisations.

The primary objectives of the Taskforce are to:

- Work with national governments to achieve the objectives established by WHA 72/7, based on the targets and metrics of the implementation plan, and supported by national and facility guidance and frameworks provided by WHO and UNICEF;
- Reinforce calls for strong health leadership and government accountability. This includes mobilising political leaders at global events (e.g., G7 and/or G-20, the UN High Level Political Forum and WHA) to amplify the need for strong national health leadership supported by coordinated collaborative action;
- Explore and refine key insights into bottlenecks and levers that will impact countries' ability to achieve the eight practical steps and provide recommendations for countries and partners to scale up WASH in health care facilities action in the short-, medium-, and long-term;
- Identify and work with existing major global health and WASH funds, including Global Fund, the access to COVID-19 Tools (ACT Accelerator), Global Financing Facility, Sanitation and Hygiene Fund, to streamline WASH in health care facilities into funding applications, country proposals and reporting.

The Global Taskforce would initially be established as an informal coalition with a timeframe of two years, culminating in the 2023 WHA review of progress against Resolution 72/7. Taskforce members would work on and/or contribute to these insights, while also responding to advocacy needs and

country requests for support. The first publication informed by the task force, reflecting on the recommendations from the 2020 Global Progress Report and providing key insights on scale up, will be released in Q1 2022.

Functioning of Taskforce

An informal approach is proposed, initially involving a relatively small group of 20-25 like-minded development partners coordinated by WHO and UNICEF. The group could be expanded after it has been established. A small secretariat would be needed albeit on a part-time basis, drawn from one or more of its members.

Initially Taskforce members will be selected from organisations that demonstrated their interest in the recent 'think tanks' organised on 14 and 15 December by WHO, which include: representatives of national ministries of health, international organisations (e.g. WHO, UNICEF), development banks (e,g, the World Bank's Water Global Practice and the Global Financing Facility as well as Regional Banks), health funds (e.g. GFF), bilateral donors (FCDO, USAID, SIDA); civil society (e,g. WaterAid, Water 2020, White Ribbon Alliance); private sector organisations e.g. Unilever; research and learning organisations (e.g. Wellcome Trust, London School of Hygiene and Tropical Medicine). If necessary, the Global Taskforce could include other partners nominated by its members to fill specific gaps. The Taskforce is co-chaired by Dr. Maria Neira, Director of Environment, Climate and Health and Dr. Anshu Banerjee, Director of Maternal, Newborn, Child and Adolescent Health and Aging, WHO.

At the first meeting of the Taskforce in March 2021 a ToR was confirmed (see Annex). Subsequent meetings of the entire Taskforce would occur every 2—3 months where specific topics are discussed to gather insights and taskforce members provide updates of progress. Smaller, agile sub-groups will meet focused on specific advocacy and leadership events and/or specific products. The existing global targets and metrics for success, along with the country tracker on implementation of the WHA resolution serve as the basis for measuring progress although more specific targets may need to be established. Regular updates will be posted on the knowledge portal (www.washinhcf.org). The existing metrics include:

- By 2021, all countries have completed situational analyses
- By 2021, all countries have standards for WASH in health care facilities
- By 2023, all countries have included WASH in health plans, monitoring systems and implementation efforts
- By 2023, all countries have included WASH in health care facilities in domestic health budgets

Annex: Terms of Reference for the Taskforce

1. Introduction and background

The 2018 Global Call to Action on WASH in health care facilities by the UN Secretary-General elevated this issue among all UN agencies, partners and Member States. Building upon this Global Call, all 194 WHO Member States unanimously approved a resolution on WASH in health care facilities[6] at the 2019 World Health Assembly. The resolution calls on countries to establish baselines and set targets, embed WASH in key health programmes and budgets and regularly report on progress.

A year after the resolution, the COVID-19 pandemic, has highlighted both the importance of basic WASH in health care facilities, and how quickly improvements can be made with dedicated funding, multi-sectoral collaboration and sound monitoring, standards and regulation. The price-tag is modest and the benefits will far outlast the current pandemic.

WHO and UNICEF, along with over 100 partners have committed to support countries in implementing the resolution and to work with health partners to achieve universal WASH services in all health care facilities. The global guidance on practical actions for achieving universal access[7] provides an important overall framework for taking action at the national level and WHO and UNICEF have established a global portal (www.washinhcf.org) to share tools, elaborate commitments and stimulate further action. Regular updates on WASH service levels are provided by the WHO/UNICEF Joint Monitoring Programme as part of broader monitoring on progress in achieving Sustainable Development Goal 6 (safe water and sanitation).

However, progress in improving services is slow, many health programmes and systems have not integrated WASH and investments are lacking. In 2019, at the global meeting in Zambia there was a renewed appetite and support to establish a group for global action. The idea for a Global Taskforce on WASH in Health Facilities was further solidified at a strategic think tank held in December 2020 around the margins of launch of the WHO/UNICEF Global Progress Report. This outlines the terms of reference for a Taskforce on WASH in Health Care Facilities (Taskforce).

2. Supporting global WASH in health care facility efforts – vision, targets and metrics

The Taskforce will play an important role in achieving the WASH in HCFs vision (box 2). The targets associated with this vision are ambitious but achievable: 100% of facilities will achieve basic WASH services by 2030 and of those, 80% will achieve higher levels of WASH services.

Box 2: The Vision

Every health care facility has the necessary and functional WASH services and practices in order to provide essential, quality health services for everyone, everywhere.

3. Functions and responsibilities of the Taskforce

Members of the Taskforce are expected to:

- Review progress against milestones related to targets and metrics and provide insights into overcoming bottlenecks and harnessing opportunities such as integration with health, financing and strategic alignment.

[6] World Health Assembly (WHA 72). 2019. Agenda Item 6.6, Patient Safety. Resolution on Water, Sanitation and Hygiene in Health Care Facilities. http://apps.who.int/gb/ebwha/pdf_files/EB144/B144_R5-en.pdf

[7] WHO/UNICEF, 2019. WASH in health care facilities: practical steps to achieve universal access to quality care. World Health Organization. https://www.who.int/water_sanitation_health/publications/wash-in-health-care-facilities/en/

- Based on capacity and resources:
    - Provide strategic support to countries regarding specific bottlenecks (e.g. integration with health programming, scaling-up, regular budgeting for WASH in health care faciltiies)
    - Identify and support advocacy efforts that arise at the global and national levels to elevate WASH in health care facilities, while continuing to advocate internally within their own organizations for greater prioritization, alignment and funding with health sector initiatives.
- As individuals, work collaboratively with other synergistic efforts, including Hand Hygiene for All, Quality of Care Network for Mothers, Newborns and Children, Global Financing Facility, COVAX, etc.

4. Membership

The Taskforce membership is diverse, considering geographical distribution and gender balance as well as incorporating perspectives from government and non-government organizations. Since meetings will be conducted in English, fluency in the English language is a requirement. Members include experts from health, water, sanitation, and financial fields, with a track record in strategic thinking and planning and/or technical expertise. Additional members may be engaged as the work evolves.

On joining the Group, members will be expected to declare potential conflicts of interest and to provide a brief profile/biography for posting on the WASH in health care facilities (www.washinhcf.org) knowledge portal.

5. Lifespan & frequency of meetings

Initially, commitment will be requested for two years. Members are expected to regularly participate in Taskforce meetings, while also providing input into time-sensitive advocacy opportunities. They are also expected to engage internally within their own organization to sensitize and catalyse increased resources, monitoring and programming for WASH in health care facilities. If the member fails to attend two consecutive meetings and/or indicates he/she does not have sufficient time to contribute to deliverables an alternative member should be nominated. The Group will function through virtual meetings (and in-person when travel permits).

Two co-chairs will be appointed within the Group and will serve for two years. The Chairs will work with the Secretariat in setting the agenda and preparing for meetings, reviewing progress on the deliverable(s) and issuing prompts/questions for strategic discussions in advance of meetings. Administrative support for the Group will be provided by the Secretariat, who will arrange calls, circulate discussion notes and track progress in achieving tasks defined by each of the streams.

6. Resource requirements

The Taskforce will function as a voluntary informal entity and each member will be requested to provide their time with no financial remuneration. In addition to regular discussions, members will be expected to contribute 20 hours, annually, to the deliverable and an additional 20 hours to discussions and meetings. In addition, members will also be requested to champion the issue at global meetings and events, linked to their existing professional role.