

# FACE

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## COMPASSION, WASH & QUALITY OF CARE

### Welcome & Opening

*David Addiss, Director, Focus Area for Compassion & Ethics*



Those of you who are familiar with WASH (water, sanitation, and hygiene) understand why it is essential for quality health services. But you may be wondering what WASH has to do with compassion—the desire to alleviate suffering. The absence of water, sanitation, and hygiene is the source of incredible suffering around the world. To provide access to WASH in communities that don't have it is a profound act of compassion. Today we'll explore this topic with some of the world's experts in WASH.

### The Triangulation of Compassion, WASH & Quality

*Shams Syed, Unit Head, Quality of Care, World Health Organization*

We're here today to explore the triangulation of compassion, WASH, and quality of care. We recognize the drive for WASH as foundational to quality of care has been clearly articulated in recent global and local publications, and more importantly in the lived experiences of people around the world, particularly in the current COVID-19 context. There are several technical documents recently released by WHO and UNICEF. For example, *Global Progress Report on WASH in Healthcare Facilities: Fundamentals First*. What might happen if we ignite that connection between WASH and quality of care with an injection of compassion? That's the subject that we're focusing on today.



### Why Should the WASH Community be Focused on Compassion?

*Bruce Gordon, Unit Head of WASH, World Health Organization*



As we prepared for this meeting, I reflected about how I think many of our WASH colleagues need a healing process. There's a lot of pressure now on all of us, working in this COVID-19 context, and I'm worried about burnout. WASH professionals are compassionate by their nature, and the act of providing water is an act of providing health and dignity, but I think we need to refresh this.

David, when I read some of your work, you talked about the need to reach out to others with compassion. When we go to the field and look at WASH in healthcare facilities, we are working in unfamiliar environments, sometimes with unfamiliar colleagues, and I think there can be a little bit of fear. I think it is so important now, with the challenges that we face, to be able to draw that circle of compassion bigger. When you're feeling slightly disoriented in a new place with new people, compassion is what gives you the courage to come back down to earth and to be effective.

I wanted to share with you an experience I had when I was young. I worked in a maternity ward hospital as a cleaner, trying to make some money at university. We were fortunate enough to have all the WASH supplies needed to provide a safe and comfortable environment for the women that were giving birth. Sometimes the nights were very busy, and the days, too. But the motivation always came from being face-to-face with these these amazing yet vulnerable women coming in and giving birth. We were in this team atmosphere with physicians and nurses, and it was easy to get the work done.

In the global health arena, I feel like it's slightly different, particularly because of this virtual world in which we now work. We have to work in a different way, get our motivation from a different perspective. It's not easy to be vulnerable in these settings where we're stepping into new territory and trying to innovate and make a change. But I feel like compassion, for me anyway, has been a centering force. It enables me to speak from the heart, to simplify, to build trust, and do all those things we need to do to make an impact in this crazy, global health world. It would be tremendous for the field of WASH to be reinvigorated by thinking about compassion.

### **WASH Tools as Vectors for Compassion: A Panel Conversation**



*Sheillah Simiyu,  
Associate Research Scientist,  
African Population & Health  
Research Center*



*Omar El Hattah,  
WASH Regional Advisor,  
UNICEF Middle East & North  
Africa Region*



*Stephanie Ogden,  
Water Team Director,  
CARE*

**Moderated by Shams Syed**

**Shams Syed:** Can you offer us a specific example of a WASH tool or intervention that you have been involved with that embodies compassion?

**Sheillah Simiyu:** I'm going to give you an example of what I've done in Kenya and in Ghana. We are talking about low-income countries and communities where WASH services are really missing, including sanitation facilities. Today I want to zero in on toilets. In low-income communities in both Kenya and Ghana, more often than not, we find we do not have sanitation facilities. When they are there, they are often shared amongst communities and households. A lot of people use the shared facilities, but not in a way that facilitates others to use them. Therefore, these shared toilets may end up being dirty, but the need for toilets is very real. Both men and women from the community express their need for cleaner, hygienic shared toilets. For communities to continue using the facilities, they need to be clean.

Community members also desire to have everybody participate in ensuring the shared toilets are clean for men, women, and even more so for children. At that time, little was being done to jointly discuss how to solve this problem. So for this particular project, we aimed at just driving the community to solve their own problem using what they already have—the solution was within the communities themselves. So we initiated discussions amongst households and compounds.

In as much as they were sharing the problems, we also helped them understand that these problems can be turned into opportunities for solutions. We asked them to come up with something that would enable them to move from a toilet that is shared but dirty to a toilet that is shared and clean. They realized they can actually work together and come up with a solution towards their own problems and have cleaner, more usable toilets.

Community members decided they were going to come up with initiatives unique to their own compound that could be implemented by their own members. One compound decided they needed a proper cleaning plan. So they decided amongst themselves that every household would participate and contribute in one way or the other towards the solution. In another compound, we found households contributing money, cleaning agents, or brooms—eventually there was always somebody who was cleaning and resources provided so these toilets could be kept clean.

Eventually, the communities' shared sanitation facilities were clean. But what is most important for us to realize is that these initiatives were driven by the community themselves. The users felt there was a problem, but they also had the desire to help each other out. What this project demonstrated is that compassion can be a tool to show concern for others, but it can also be a tool that initiates community action towards something that has common benefit.

**Stephanie Ogden:** So the question was about a specific WASH tool or intervention that embodies compassion. When we think of WASH, we often think of the infrastructure itself—the tap or the toilet. One distinction I want to make is that infrastructure is really only a small part of ensuring people have sustainable and equitable access and services. In order to ensure people have equitable access to services, it requires finance, governance, accountability, and cost recovery. In the case of behaviors, it requires addressing social norms that govern and regulate those behaviors.

I can think of two examples. The first is that the infrastructure itself can really reflect compassion. To build on Sheillah's example, I think toilets are a really good example of this. When we in the wealthiest countries ask ourselves why we focus so much on having nice bathrooms, or why we might have more than one bathroom in our own households, the answer is probably not health. We are probably not motivated by health to have three bathrooms in our home. But comfort and privacy and hospitality, for example, might be some of those motivations. And I think that resonates all over the world.

The motivations to have a working toilet or a comfortable place to use the bathroom is largely motivated by feelings of privacy and comfort and a recognition that we're at our most vulnerable at that moment. I think that's where this embodies compassion—a latrine is not just a tool for public health, but it is a tool that allows people to feel that privacy, comfort, dignity, and safety. And if we can make latrines that are comfortable, usable, and desirable, then I think we will increase the adoption of latrines and better protect public health.

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Other tools that CARE uses in our WASH approaches that embody compassion are some of the participatory tools we use to strengthen accountability. For example, CARE uses a tool called the Community Scorecard. It is a participatory dialogue meant to facilitate citizen-driven accountability for public services. The idea is to gather stakeholders and provide a formal mechanism by which citizens can evaluate public services and identify areas for improvement. What it does is really strengthen that link between communities and public services and reestablish the fact that they are in service to the community, as well as between communities, services, and local government.

CARE has most often used this tool in the health sector to strengthen health facilities, but we use it a lot in the WASH sector to strengthen water services. I think this is a tool that embodies compassion in the sense that it is participatory, it is driven from the community, and the needs and improvements are identified specifically within the community such that service providers can improve those services.

**Omar El Hattab:** I have served and spent prolonged time in many conflict-affected countries, including Syria, Pakistan, Iraq, as well as the Middle East and North Africa (MENA). In preparing for today's session, I couldn't help but use some examples from beautiful Syria, a country that is extremely close to my heart. I can't forget my memories in Aleppo and what we were able to achieve, lifting part of the burden off the shoulders of children and women.



© UNICEF/UN046880/Al-Issa. In east Aleppo City in the Syrian Arab Republic, boys and a man collect water from UNICEF-supported a water point in Shakoor neighbourhood.

Quite frankly, some of us never made it out of Syria, may God rest their souls in peace. And others who did go out paid a very heavy price during the infamous water cut off in Aleppo, which started in August 2015 and lasted for over one year.

We were doing really great work, massive work there, and literally saving over 1.5 million people, nearly half of whom were children. I still remember the night of August 14 at exactly 10 pm, as children were gathering to collect water from a water point in Saha Square, which is the clock roundabout, opposite the government building. A mortar landed from eastern Aleppo. It claimed the lives of 12 children. Twelve children died with

a flick of a coin. Why did that happen? What did those kids do to deserve this fate? It appeared that water itself had become a deadly weapon. I burst into tears, and I don't shy away from admitting that I do cry. It was a life changing experience, and unfortunately, those kids never had their last drink of water before they died. I struggle every day as to whether I am responsible for this or not.

Of course, we immediately changed our water supply strategy in order to protect children and prevent them from collecting water on the streets. We decided to pump water into the water supply system. It might seem like the most normal thing on Earth, but doing that was never heard of. It was very complex. When we started pumping water into the system, I went there to witness the first trial in a place called New Aleppo district, a very prestigious district in Aleppo. After hopping off the armored vehicle, I looked upwards and saw people lined up in their balconies praying that this thing will be successful. Looking up, I saw my daughters, I saw my late mother, and I saw my grandmother. They're normal people, just like the rest of us, just human beings. Finally, it worked, and the people in the balcony started cheering. Then all of a sudden, a gentleman descended from his apartment and offered us tea, which we accepted and drank happily.

I was then approached for a TV interview, and as I was doing it, I fell in love at first sight. I hope you don't misunderstand what I'm saying. I was approached by a 10-year-old girl, and she introduced herself as Zizi. She told me I spoke like her father, and that's when I realized we were country fellows. She was very outspoken, very outgoing, remarkable. She reminded me of my two daughters. We took several pictures, which I shared later with my wife and daughters.

The following day, I visited a housing complex for internally displaced persons (IDPs) in Aleppo. I cannot forget the sight of children carrying jerrycans who weren't able to walk with their back straight. I can't forget how they started with a full jerrycan of water and continued to spill the load as they climbed their way up the stories until they ultimately reached their apartments with virtually nothing in those jerrycans. I can't forget the sight of those children who ended up with serious back injuries which may have resulted in permanent deformations.



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delivering results,  
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with love.**



I can't forget a lady around the age of my late mother who I met in that apartment complex. She was collecting water and, jerrycans in hand, heading up to her apartment floor. I asked myself, why does she put up with this? How is she capable of carrying this load? I simply started shedding tears, and I immediately asked for permission to help her.

I carried a couple of jerrycans and walked with her up to her apartment. On the way, she told me a bit of her story—her husband was handicapped so she was taking care of the household. When we finally made it up to the fifth story, I was out of breath, hardly able to move my hands, and my back really hurt. How did she endure all of this? Certainly pumping the water in the system resolved this issue.

On one of my cross-line missions in Syria into the opposition-controlled areas I met with local communities, allegedly armed opposition groups. Following lengthy discussions, I came to know that they haven't had power supply, electrical power supply, or drinking water for the past four years. When inquiring about their drinking water supply, they showed me a funny steel structure which I had never seen before. This thing

turned out to be a locally manufactured hand pump. He started operating it and offered me a drink of water. When I drank it, I realized I was drinking sewage. The groundwater aquifer was collecting all of the sewage and the agricultural drainage, and that's what those people had been drinking.

In another example, I spent over one month in Yemen in 2016 at the outset of the infamous cholera outbreak. One day I was fed up being stuck behind the desk and preparing the response strategy not knowing the ground realities. I decided to go to the field, so I went to the fish market in Sanaa city. I visited several households to better understand the behaviors and so forth. After finishing, as I was walking back to the armored vehicle, I saw an old lady sitting on her porch. I approached her and inquired about her health and well-being. She responded, "We lost our livelihoods, we lost family, and now water is causing cholera. I am waiting for death." I was stunned and could do nothing but tap her on the shoulder, kiss her forehead, and pray for her.

I'm full of stories, so in the interest of time, I'll leave it there. Thanks for your attention.

**Shams Syed: How do you see your work on WASH being a vehicle for compassion and quality of care?**

**Sheillah Simiyu:** I would answer that by reiterating what one of the panelists talked about. Whenever we are working with communities and trying to increase coverage of WASH services, oftentimes, it is not about health—it's about privacy and comfort. In the example that I shared, there wasn't much I mentioned about health. Even though it is an end goal, the driving factor was about women wanting to be comfortable in the toilet. It was about women wanting to have someplace they can have their visitors go when they visit. It was about wanting your home to be welcoming. So it's sometimes more social than it is about health. I feel like from that example we can use compassion as a driving factor towards increasing coverage of WASH services.

This example is one that really made me continue working in WASH: I was in a community and a person did not have a toilet so they snuck into the neighbors' toilet to use it. But the neighbors knew this, so they would often keep the toilets locked—and this person who snuck into his neighbor's toilet ran away because he was found out. It was almost funny, but it was so heartbreaking to realize that someone is sneaking into something as basic as a toilet.

Many times we don't think about the fact that somebody somewhere doesn't even have the privilege to have water, to have a toilet, to have hygiene facilities. So I guess the main thing is using compassion and working with communities to realize this is not just a need, but communities can also drive their access to services.

**Stephanie Ogden:** Going back to David's opening remarks, which is that the absence of WASH causes suffering, therefore, the provision of equitable, fair, and reliable WASH is an act of compassion. It is also true that WASH is a foundation for health, and, therefore, we can't achieve health without it. So as we talk about quality of care and health as an outcome, we must talk about WASH as a foundation first. I think we all believe that.

To build even further on Sheillah's point, WASH is a public health intervention in the sense that it is essential for health. But water, in particular, is essential for everything. It's essential for income generation, for agriculture, and for building shelter. So in many ways, we as practitioners tend to see WASH from a sectoral lens, as if it's only a public health intervention, when that doesn't reflect the lived experience of communities.

In the WASH or the health sector, we distinguish between access to water for domestic use from water for productive use, such as water for irrigation. But from the perspective of communities, the water for domestic use and the water for health and hygiene is the same as the water for irrigation, or water for building shelter, or water for income generating activities. So when we come back to implementation of WASH or public health, the way that we use it as a vehicle for compassion is to remember that water and sanitation goes so far beyond health. Though we may see it from a public health lens, we must address those other needs and motivations. Communities see it from so many other lenses, and each of those must be addressed in order to truly meet those needs and alleviate suffering as a result.

**Omar El Hattab:** I can only echo the voices of Sheillah and Stephanie. While WASH is a human right, from an emergency response vantage point, WASH is a critical public good necessary for preventing disease. I am not talking about delivering results in the field, I am talking about serving with love. Those are two different things. You can deliver results that may be meaningful to people, whereas you do much more serving with love.

We've seen, for example, the infamous cholera outbreak in Yemen that goes on today is caused by waterborne pathogens. And the interventions that UNICEF and everybody have been doing is reducing the lack of WASH. The examples are numerous where we did not have such outbreaks, such as the case in Syria, Iraq, Libya, and elsewhere.

There is this saying: you don't know what I'm doing unless I stop doing it. So, in terms of the quality of care, we cannot underestimate the contribution WASH has been contributing to avert the possibility of WASH-borne diseases. I'll keep it very simple: it's not about delivering results, it's not about delivering a service, it's about serving with love.

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## Making the Case: Compassion in WASH to Improve Quality

Maggie Montgomery, Technical Officer, World Health Organization

I have been really inspired by all the thoughts from Sheillah, Stephanie, Omar, and Bruce, so hopefully I can add to that. I have four slides to share with you. The first is a photo from a "maternity ward." I put it in quotes because I stepped into this maternity ward soon after I'd had my first child in a place that looked nowhere near like this place. In Geneva, Switzerland things were gleaming, and it was still scary because any new mother knows it is almost an out-of-body experience. So when I saw this ward, I came to tears thinking that women were expected to come to this dirty, scary, awful

looking place. And then I read the statistics on quality of care in low- and middle-income countries that came out two or three years ago. These statistics showed that more people die from poor quality care than from not accessing care. Five million died from showing up to a health care facility and not getting the services they need. I thought, how can this be? We work in global health, and our whole aim is to make sure people have at least the basics. Certainly, this was an inspiration for myself.

We've heard a lot from the panelists about listening to and working with communities. The White Ribbon Alliance conducted a survey two years ago called [What Women Want](#). They asked 1.2 million women around the world the one thing they most desired for quality reproductive and maternal healthcare services. The top request was respectful and dignified care. The number two demand was WASH—ahead of medicines and other technical solutions.

I thought this was really telling because women weren't asked about WASH, they were asked about reproductive services. But WASH was so critical for women. And it goes so far beyond not having you or your baby die of sepsis because you're giving birth in an unclean environment. It's about being clean, feeling safe, being comfortable, and about being able to use the toilet. It's also about trusting that your health providers and any family members who visit and help you care for your baby can also wash their hands and have a safe environment.



Photo credit: Maggie Montgomery. A maternity ward in West Africa

So the lack of WASH services is not because there's lack of demand—there's something else going on. I think there are a lot of reasons—certainly there's a gender element. When we think about health care facilities, we know that maternity wards, in particular, often have worse WASH services than other wards in a hospital. For some reason, even though giving birth to the miracle of new life—which should be the most important moment—is devalued and not considered to be as important as other clinical services.

There are three things I wanted to highlight. When I lived in rural Tanzania, I initially intended to do water, sanitation, and public health research, but very quickly I realized that my narrow focus was going to have to become much broader. These communities were much more dynamic and had many more needs than just WASH. Even though WASH was quite central to it, they also had dynamic cultures, religious and spiritual needs, and issues around education. It really required identifying and celebrating the strengths of communities.

We heard from Omar some really tragic examples of what happens when communities are faced with war. Yet even there, we see resilience, creativity, and an ability to come together and work through whatever challenges are at hand. Often with WASH I see that we have our specific agenda. Even within WASH, sometimes we're arguing amongst ourselves, and it becomes splintered—hand hygiene versus safe water versus sanitation. But I think it's helpful to take a step back and acknowledge the simplicity. I love how Omar and Bruce were talking about the simplicity of our ultimate aim—I think it goes much beyond WASH and even beyond health. It's about allowing people to fulfill their potential and to be human.

My second point is around listening, engaging, and planning. We heard some great examples of tools from Stephanie. At WHO and UNICEF, we've also used a number of tools. One is the WASH toolkit, which helps healthcare facilities and communities come together to identify WASH risks and to develop and implement improvement plans. We've also implemented tools around WASH quality to understand things from the policy perspective—the different mechanisms, governments, and institutions that may or may not be trying to fulfill these WASH and quality of care goals. We've gone all the way down to the very local level, doing key informant interviews to really understand the drivers, motivations, and the different incentives.

The last thing I wanted to highlight is about implementing sustainable WASH technologies and hygiene behaviors. This may seem obvious, but often there are a lot more local innovations and solutions. An example from Mali is a solar panel used to pump water to a raised tank. Then there's the very simple of a bar of soap. We found that soap can be one of the most challenging commodities to keep in place in a healthcare facility. But once there's a sense of ownership and a sense of agency within the facility among both providers and patients, all of a sudden, the soap doesn't disappear. You don't have to chain it down or try to think of all these workarounds about how to make sure there's soap.

It's great for us to come in with our ideas from the outside, but many of these ideas and much of this ingenuity already exists. Anyone who has spent time in resource-poor places realizes that everyone is an engineer by birth. They are constantly building things, fixing things, and innovating because they don't have a shop they can go to when something breaks.

To wrap up, the panelists we've already heard from have explained that WASH is dignity. It's about respect, it's about life. And I really appreciate Omar emphasizing that it's about love. That theme came up very strongly in a WASH session we had last week with the midwifery community. When talking about WASH in birth, it's about making sure that wherever you are, it feels like home. And home is a place where you feel safe, where you can welcome others. But there's also lots of real risk that goes beyond infectious disease when WASH isn't there—in particular for women who may have to use unlighted toilets, who may have to walk long distances to find water. They really risk all kinds of physical and sexual abuse, which is completely unnecessary and most certainly can be prevented.

“ It goes beyond WASH and even beyond health. It's about allowing people to fulfill their potential and to be human. ”

## DISCUSSION

*Moderated by Shams Syed*

**Shams Syed:** We've heard very interesting perspectives from all of the panelists and a lot of the perspectives have gravitated towards a frame of reference on awareness, empathy, and action. The Task Force for Global Health has often highlighted this as an equation that needs attention at all levels of our thinking. So I would challenge us now to move to the next part of this discussion, to ask each of our panelists to reflect on that third element—action.

Thinking about the wonderful examples we have had today about how we need to be aware collectively, empathize with our fellow human beings, and then take the necessary action to move beyond empathy to compassion, what action might we take immediately based on our discussion today?

**Omar El Hattab:** Emergency WASH response is not a job, it's a mission. You have to believe in what you're doing, you have to relate to the people, you have to love the people. Otherwise you will not deliver. You will just do a job, and that's not what it takes to be successful and to really make a difference on the ground. While I stand to be corrected, you either have empathy or you don't. You're either compassionate or you're not. Of course, psychologists are in a better position to determine this, but I don't think you can develop it. You either have it, or you don't have it. So I think a psychological examination of all humanitarian WASH staff to determine whether they have it or not is a real necessity. Perhaps that is something that can be taken up by OCHA (UN Officer for the Coordination of Humanitarian Affairs) as part of the qualification to become a humanitarian WASH professional.

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**Classical WASH deals with objects and things. They never taught us these objects are meant to serve human beings.**

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Unfortunately, classical WASH deals with objects and things, not human beings. It's about a building, it's about a pipeline, it's about a facility. At university they taught us that engineering is one of the best things to happen since chocolate. But they never taught us that these objects are meant to serve human beings. I think we need to teach the engineering students at university that engineering is a means to an end, it's not an end on its own. The end is human beings. Perhaps we need to introduce a course to that effect.

Finally, as an immediate action, I think we need to engage more female WASH humanitarian colleagues. Again, perhaps I'm shooting myself in the foot, but usually female colleagues are a bit more compassionate than male colleagues. And the likelihood to have a more compassionate workforce can perhaps be advanced by employing and engaging more female colleagues in a mostly male-dominated humanitarian sector.

**Sheillah Simiyu:** I think awareness, empathy, and action have to go together—it's not one after the other. Some people or communities may be aware, others may not be aware. So it depends on different contexts, it depends on what they really know. For example, there are people who know that lack of good quality water leads to diarrhea, but they do not know how. So the awareness is different. The empathy may be there, but it is probably not amplified. So maybe we just need to understand what exists, and then use empathy to drive communities into action. So I would really say the three of them need to work together, depending on where everybody is at the time.

**Stephanie Ogden:** I feel like I have so many recommendations and so many things I'd love to see. Maggie, in your presentation, listening came out really clearly. So a question we can ask ourselves is how can we incorporate much deeper listening into our tools and approaches, from needs identification to implementation. If we put that kind of deep listening at the center, that's one way that we can increase compassion in WASH. That means listening deeply to communities and the needs they identify, listening deeply to the solutions they propose, and to the ingenuity with which they are solving those problems.

Sheillah, to your point, I also come back to that kind of awareness, empathy, and action triangulation. I think we have awareness. We certainly have the level of data and the level of theoretical knowledge. I think we need to focus on action in essence. And I think that action is big, I think it requires large investments, and so it requires significant activation energy to take that action. But I think that's where we need to focus.

I think we need to change the narrative within WASH from this focus on infrastructure to a focus on mechanisms for good governance and accountability—accountability to users themselves and to communities. Having a greater focus on that might change who we hire into WASH positions, and it would change what approaches we invest in.

From an immediate and practical level, I think about how we can each practice compassion within our workplaces on a daily basis. What are the spaces in which we can open up that practice? Omar really highlighted this point, which is that many of us in the WASH sector are motivated by the desire to serve, so how do we center ourselves on a daily basis back to that idea of service? How can we practice compassion on a daily basis, such that we are well practiced at it, and it becomes a natural element of our work?



Photo credit: Maggie Montgomery. Handwashing demonstration.

interesting insights when we stop and just pause, when we're not just extracting data or information from them and have a really honest conversation with them. Sometimes it can be a conversation that's not about WASH, but it still gives you insights into your work.

The third thing is quality over quantity. We have to figure out how we can better measure quality. We will continue to have to measure the number of people served, the number of pipes put in, but I do see a shift towards better measurement of quality and better articulation of quality, and I think we can do that more in our work. I appreciated Omar's example about education and engineering and how we have people who can see the human face of it. I think it's also about having more multi-disciplinary teams—anthropologists, nutritionists, and psychologists working with the engineers and putting that all together.

My last point is about females and compassion, because Omar, I think you're probably one of the most compassionate people I know, and you are male. Many other males on this webinar are also quite compassionate. So I think it's about how do we reward compassion in the professional workplace.

Because I think we see that the feminist movement failed because women just stepped into men's shoes and men's suits and tried to do everything the men were doing while still doing everything at home. So maybe we need to shift the whole model of our professional workplace. And within global health and the UN, we have more latitude to do so. It's fortunate we're not in the private sector, so we're not just focused on the bottom line. As such, we should be at the forefront in how we reward compassion, how we mentor compassion, and how we make sure that compassion is a part of every performance review.

**Shams Syed:** A range of thoughts have been put forward, and hopefully this is building our case and energy for compassion. A couple of points really jump out: Omar very clearly articulated the need for workforce development. Sheillah emphasized the interdependence of awareness, empathy, and action.

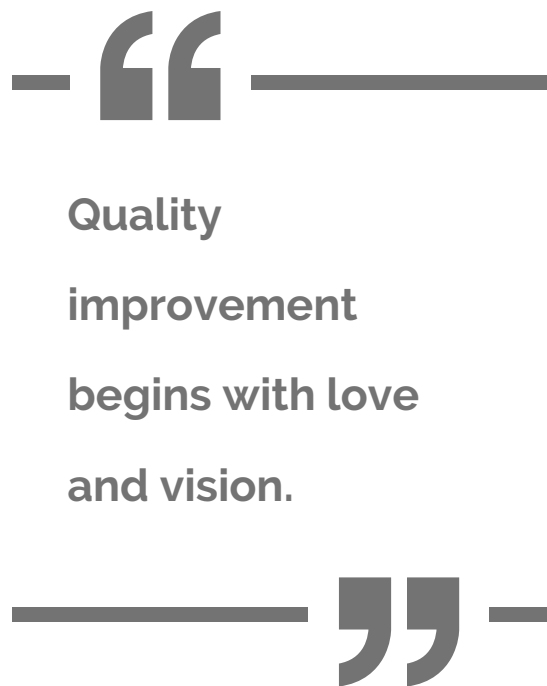
**Maggie Montgomery:** I am going to build upon the points that others have already said, because they all really resonated. I think the idea of bringing compassion to the forefront and doing that through the social justice movements we see everywhere—I'm so inspired by what's happening with the climate social justice movement, Black Lives Matters, Me Too. This energy of what individuals can do when they come together is palpable. So I think we need to bring the issue of compassion and WASH more to the forefront.

I liked the point Stephanie made about awareness, reaching out, and listening. I'm always amazed when I talk to my country colleagues and my Ministry of Health colleagues. They have such

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Stephanie insists on the community side, and also is asking us to think about significant activation energy for this, which is a really critical point. Maggie made a really important point about social mobilization, social movements, and mobilizing that voice. And your last point on measurement is the one that we can't forget, because we have to be able to hold our ground in discussions which are "technical."

Finally, I wanted to mention one point inspired by Omar when he mentioned the word "love." One of the forefathers of quality improvement that many of you know is Avedis Donabedian. His words on quality improvement are worth remembering: "Quality improvement begins with love and vision. Love of your patients, love of your work. If you begin with technique, improvement won't be achieved." So for him, ultimately the secret of quality is love.

Now I'll hand it over to David for the questions and answers that are emerging from the audience.

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## QUESTIONS & ANSWERS

*Moderated by David Addiss*

**David Addiss:** We've received lots of comments and questions in the chat that address many of the points the panelists have raised. Several of them cluster around this tension that Omar raised—what matters is service that comes from love. When you peel off the veneer of the technical and ask people, "Why are you doing this," many people realize compassion and even love is really what is underneath this work.

One of the things that's so impressive to me about the WASH sector is that your circle of compassion, your circle of concern, really extends to all human beings, perhaps all sentient beings, at the same time. As Stephanie has argued, we have an awareness of this need. We have a lot of action, but maybe not enough, as the need remains so great.

So the question is: Why does WASH not receive greater attention from the governments and implementing partners? What's the problem here, since, as you have alluded to, there's already a lot of awareness? What's the missing ingredient? How do we connect your desire to serve and to address the needs for dignity, safety, and comfort that we all have in a world where for many, and maybe for many leaders, the circle of compassion may be quite small? How do we break through that to enable WASH to really fulfill its mission as a tool of social justice and equity?

In a sense, you've been asked this question already; I'm putting a little different spin on it, based on some of your suggestions. How can we build on this power of love, this power of compassion that is so evident, to convince others who can open the gates, who can change paradigms, who can make things happen, to realize a world in which WASH has its rightful place, as you envision it?

**Bruce Gordon:** The question about why governments are not necessarily prioritizing WASH is interesting. The immediate answer is, "Oh, there's lots of competition, these are very complex decisions, there's not much money." But think about the countries that have made a push on WASH. There's a well known report by WaterAid describing four East Asian countries—Singapore, South Korea, Malaysia, and Thailand—that promoted WASH through firm government leadership when their economies were still quite struggling. They did that because they wanted a clean, proud environment—there was a bit of national pride. But I do think there was a compassionate lens they looked through. The latest star is India with its "Clean India" campaign. So the barrier doesn't necessarily seem to be money. Sometimes in these cases the motivation seems to be, "Let's have a society that is safe and clean where we can be proud." I think if governments thought a little bit more along those lines we'd be making a new start.

**Omar El Hattab:** I'd like to jump in about why WASH isn't prioritized. I first think of WASH as an extremely expensive public good. It's highly invisible. I mean, you walk in the street, you see a school, you see a healthcare facility, but WASH is buried underneath the ground. You only see it when you open the tap—somebody else is dealing with it, so we don't have to. Many governments, especially in the developing world, prefer painkillers to addressing root causes. They are more than happy to go for an oral cholera vaccine campaign, thinking it will prevent cholera, as opposed to doing proper WASH services. This is just delaying the problem. The political will is not necessarily always there to change these realities.

In the emergency sphere, I think there is love and compassion. I remember in Syria, I mobilized tens of millions of dollars because you share things transparently, you share things with feelings, you portray the picture from the ground. Literally, I used to mobilize tens of millions over a phone call when I explained the situation and explained the human face to the problems we are facing. At the end of the day, we are all human beings; we are all simply human beings.

**Maggie Montgomery:** To build on Omar's point, I think this empowerment and kind of listening and engaging with local leaders is really powerful. We have the example from Nigeria when they devolved their giant health fund at the national level to the sub-national level. All of a sudden, there were faces. If you were the district health manager and the facility wasn't working, people knew who you were. They don't know the person in the capital. So I think the more we can try to make sure the local level is empowered and funded the better, because there are strong accountability mechanisms.

The second thing, and hopefully we're realizing this with COVID, is if we don't address inequity, it's costly. It pulls apart our societies. And WASH is a really tangible way to address inequity—it's a wonderful starting point. There are so many other inequitable things that are much harder to address, but WASH can be used as a powerful lever to open up all kinds of other issues around equity that also need to be addressed.

**Sheillah Simiyu:** My two points have been raised by Bruce and Omar. I would have said there's a lot of competition from other ministries or other sectors, and then secondly, the invisibility of WASH. I like using an example of somebody who asked me why they should invest in a toilet when they need that money to buy cooking oil. This example really makes you understand what people are thinking. Often WASH is considered third, fourth, or fifth most important, because for communities, it doesn't meet the most urgent need at the time. The benefits of WASH may not be evident now, but we see the importance one, two, or three years down the line.

**Stephanie Ogden:** Building on the point that WASH is hidden, traditionally humans are poor at decision-making around short-term versus long-term benefits. From a public health perspective, WASH is an intervention with medium- and long-term outcomes. So I think we often struggle and governments struggle with acute response versus preventive response. And, as Maggie said, hopefully COVID has taught us again about the power of prevention, as well as the role of inequities in long term health impacts.

One way to get ourselves out of that dilemma of long-term versus short-term investments is to shift the narrative to one of justice. Shift it away from health outcomes, which may be only in the medium- or long-term, to say this is a matter of equity, this is a matter of ensuring everyone has the conditions in which to thrive. Then perhaps there would be greater urgency to make those investments.

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**We need to shift the narrative away from health outcomes to one of justice. Then perhaps there would be greater urgency to invest in WASH.**



**David Addiss:** Thank you very much for all of your comments. We're close to the end of our time, and I just would like to make a few final comments. One, Omar, there's some scientific or neuroscience evidence that challenges your statement that you're either compassionate or you're not. There are randomized clinical trials that suggest if we want to become more compassionate, there are practices we can do to achieve that. However, we don't know how to make people compassionate who don't want to be compassionate; we've not cracked that nut, so we have some work to do.

This has been so rich, and we've covered some wonderful ground. Bruce started out by saying compassion gives us courage to do what's needed, to do right. We talked about compassion really valuing what's best for the other. We care about the others' dignity, about their safety and comfort—things that we care about for ourselves. So there's this human element that has been raised several times. The preciousness of water—without it, you can't live. Without sanitation, we have a lot of challenges and problems. So there's the individual level you've spoken to of the need for each of us as individual beings to have water, sanitation, and hygiene. And the WASH field addresses that deep need and concern of individuals.

There's also a community or collective dimension Sheillah talked about—the shared interest of the community and how compassion fosters deep listening and development of community solutions. So compassion acts both at the individual level and also at the community and collective level. This is where it starts to blend and merge, inspire and inform justice.

Stephanie is urging us to frame some of our arguments in terms of justice and not just health. And yet, Omar reminds us that the foundation of this is love. Bill Foege, who's a hero for many of us in public health, encourages us to see the faces of the people who comprise the populations whose health we are trying to improve. So there's this deep internal element of love, and there are the technical tools that enable the expression of that love to address real human needs. Somehow we need to cultivate the inner resources so we can mobilize our external resources to alleviate suffering and promote flourishing.

There's so much more to be said. You've really inspired me. Sheillah, Stephanie, Maggie, Bruce, Omar: Thank you so much for your contributions, we deeply appreciate all the wisdom and insights that you shared with us today. And I'd like to thank all of you who joined us today.

**Shams Syed:** Thanks very much, David. This has been an absolutely fascinating Global Health Compassion Rounds and just a wonderful conversation. Most importantly, it's given us nuggets we can use for action. I took away three from this conversation. The first one is related to invisibility. I think we've heard from all the panelists that there is an invisibility related to certain public health interventions. We could make the case for the invisible power of compassion—that's a question we will need to continue to think about.

The second is related to the science of compassion. We need to focus on this in order to persuade those who are perhaps not convinced of the driving force of compassion. And the third piece, borrowing from Stephanie's words, is the concept of activation energy that is going to actually activate energy for change across the world. Thinking about what Omar mentioned—serving humans rather than projects—that's a challenge for us at all levels. The local level all the way to the global.

I really enjoyed listening to you all. Thank you.

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