Investing in water, sanitation, hygiene and waste in health care facilities: modest costs, high returns

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WASH services are fundamental, but new WHO/UNICEF data indicates huge gaps.

Globally

Half of health care facilities had a basic hygiene service in 2021

- 9% had no service
- 40% had limited service
- 51% had basic service

3.8 billion people visit health care facilities WITHOUT basic hand hygiene facilities

46 Least Developed Countries

- 19% lack basic water
- 17% lack basic sanitation
- 12% lack basic hygiene
- 15% lack basic waste management

- 1 in 2 facilities lack basic water
- 8 in 10 facilities lack basic sanitation

View report and data at: https://washdata.org/
All countries committed to greater investments and action for WASH in health care facilities: 
*World Health Assembly Resolution 72.7 (2019)*

Calls for ALL Member States to:

- Establish national roadmap, targets and implement **WASH in HCF and infection prevention and control (IPC) standards**
- Integrate **WASH and IPC standards** and indicators into health programming and monitoring
- Address inequities, especially in primary health care facilities and facilities where births occur
- **Increase domestic funding** for WASH in HCF

Calls for the WHO Director General to:

- Provide leadership, technical guidance and regularly report on status
- Mobilize partners and investments

What resources are needed? Pricetag analysis on achieving universal WASH in HCFs by 2030

The study focused on the 46 LDCs, home to 1.1 billion people

<table>
<thead>
<tr>
<th>Study attribute</th>
<th>Description</th>
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<tr>
<td>Scope</td>
<td>Existing publicly managed health care facilities lacking basic service levels</td>
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<tr>
<td>Costs (financial)</td>
<td>Upfront investment (capital) and annual operations and maintenance (recurrent) estimated from the provider perspective (i.e., public sector)</td>
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<tr>
<td>WASH services</td>
<td>Water, sanitation, hygiene, and waste management (Environmental cleaning excluded due to lack of coverage data)</td>
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| Main data sources | • Baseline coverage: JMP ([www.washdata.org](http://www.washdata.org))  
|                  | • Costs: country survey  
|                  | • Health facilities (number, type): government and partner sources |
| Modeling approach | • Assumed linear scale-up of service availability over 10 years  
|                  | • Varied assumptions to generate base, lower, and upper estimates  
|                  | • Discounted future costs to present value terms |
| Benchmarking    | Compared estimates to health and WASH expenditure levels |

Citation: Chaitkin, et al., 2022. Estimating the cost of achieving basic water, sanitation, hygiene and waste management services in health care facilities in the 46 UN designated least-developed countries. *Lancet Global Health.* [https://www.thelancet.com/journals/lango/article/PIIS2214-109X(22)00099-7/fulltext](https://www.thelancet.com/journals/lango/article/PIIS2214-109X(22)00099-7/fulltext)
Achieving basic services by 2030 in the LDCs’ existing public facilities will cost an additional US$ 6.5–9.6 billion

**US$ 2.9–4.8B**
more in capital investment, equal to **US$ 2.43–3.99** per capita

**US$ 3.6–4.8B**
more in recurrent spending, equal to **US$ 2.99–3.89** per capita
Incremental capital investment drives mounting recurrent costs

Total capital (Capex) and recurrent (O&M) costs, 2021–2030 (US$ millions), all LDCs*

*Figure reflects base estimates
Costs are modest compared to WASH and health resource flows...  

...and they only represent a small fraction of needed investment to provide universal basic WASH to all people in LDCs by 2030

**US$ 0.54-0.79**  
(Cap: US$ 0.24-0.40, O&M: US$ 0.30-0.39)

**Annual investment needed per capita for WASH in HCFs in LDCs (2021–2030)**

- **US$ 0.80**  
  (range: US$ < 0.01–2.55)

- **US$ 3.01**

- **US$ 3.09**  
  (range: US$ 0.01–15.72)

- **US$ 10**  
  (range: US$ 3–553)

- **US$ 11.59**

**Capital health spending per capita by 23 LDC governments**  
(Global Health Expenditure Database)

**ODA per capita for WASH in LDCs in 2018**  
(OECD CRS 2020)

**Annual spending per capita on WASH by 22 LDC governments**  
(GLAAS 2019 Report)

**Recurrent health spending per capita by 44 LDC governments in 2018**  
(Global Health Expenditure Database)

**Annual investment needed per capita for universal basic WASH in LDCs (2015–2029)**  
(Hutton & Varughese 2016)
Most of the investment should be channeled to rural health facilities and non-hospitals

Costs by rural urban* (US$ millions)

- Urban
- Rural

Costs by facility type* (US$ millions)

- Hospital
- Non-hospital

The rural poor stand to benefit the most from improved WASH in health care facilities.

The PHC and UHC movements cannot succeed without a strong WASH foundation.

*Figures reflect base estimates
Key takeaways from the analysis

- The cost of providing universal WASH in health care facilities from 2021 to 2030 is US$ 6.5–9.6 billion (US$ 0.54–0.79 per capita). These costs are modest compared to overall levels of health and WASH spending.

- Needs are greatest for facilities in rural areas and in non-hospital facilities, meaning efforts to meet WASH needs in health care facilities will contribute to the equity- and primary care–centered principles.

- Increasing resourcing to WASH is possible and strengthens pandemic preparedness: Ghana, Philippines, Indonesia have strengthened monitoring and budgeting; Global Fund including health care waste budgeting in country grants.

- All new WASH should be climate-resilient and sustainable and old WASH retrofitted (aligns with COP 26 Health Commitments).
Looking ahead, 2023 – a renewed impetus & opportunity for action

Global baseline and guidance form basis for strategic action, 72nd World Health Assembly Resolution

April, May 2019

September 2019

21 countries met in Zambia to strengthen & catalyze further action

December 2022

Expanded WASH FIT V 2.0 package with focus on climate and equity

April 2022

Global Health Assembly; last reporting

August 2022

World Health Assembly; last reporting

Global WASH in HCF Summit; new strategic direction set

March 2023

Global Progress Report/Country tracker

May 2023

JMP Global update on WASH services in HCF

Sept 2023

WASH in HCF Taskforce

Global baseline and guidance form basis for strategic action, 72nd World Health Assembly Resolution

Country implementation (75+) of standards, regular monitoring, WASH FIT, roadmaps

Aim: Every user has quality care and universal WASH
Four main global recommendations for action: ALLhealth actors have a role

- Implement targeted plans with dedicated budget
- Develop capacities of health workforce to promote and practice good hygiene and improve the quality of services
- Monitor and review progress in improving services, practices and the whole health care environment
- Integrate water, sanitation and hygiene into regular health care sector planning, budgeting and programming

Why has it taken so long?
Why not act now.
Learn more at: www.washinhcf.org