WASH
in Health Care Facilities

Global Summit on WASH and Waste in Health Care Facilities

Realizing Safe and Sustainable Infrastructure for Improved Quality of Care

Amman, Jordan
13-15 June 2023

World Health Organization

unicef
for every child

High level plenary session

H.E. Prof. Feras Ibrahim Hawari, Jordan Minister of Health

H.E. Dr Salih Al Hasnawi, Iraq Minister of Health

H.E. Dr Ali Haji Adam Abubakar, Somalia Minister of Health

Jamela Alraiby, WHO Representative, Jordan

Ann Thomas, UNICEF Representative, UNICEF HQ

WASH in Health Care Facilities

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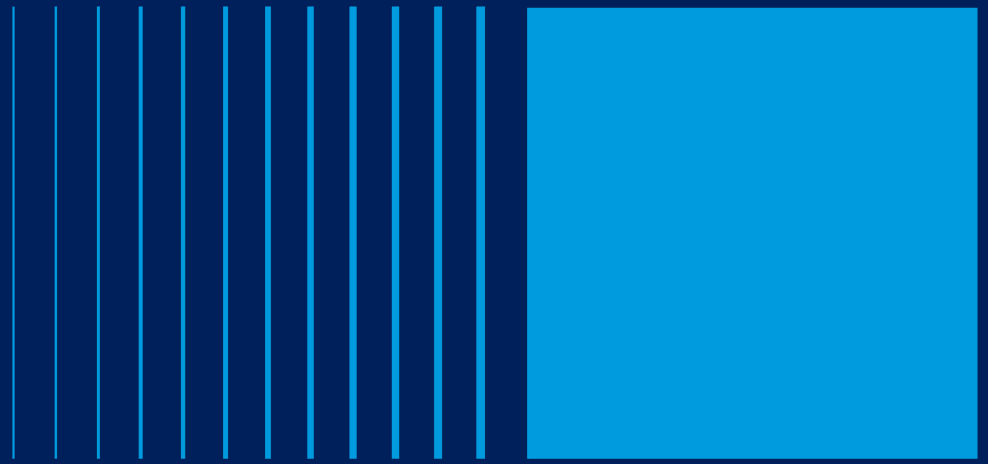
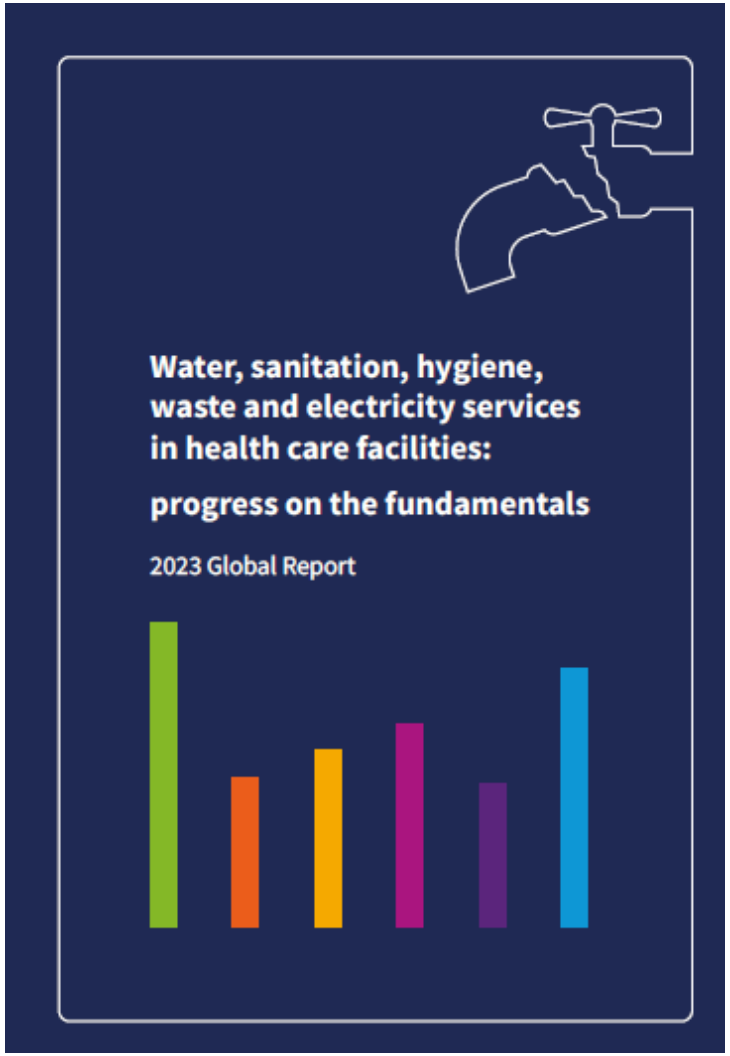
Key findings from Global Progress Report on water, sanitation, hygiene, waste and electricity in health care facilities

Maggie Montgomery, WHO



About the report

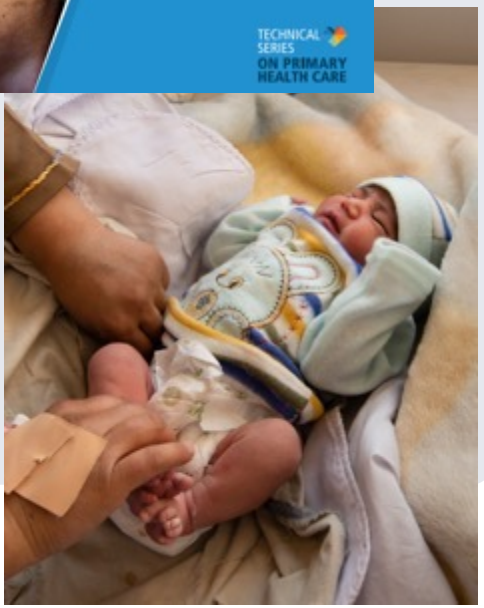
- Chapter 1: Why now?
- Chapter 2: Global status
- Chapter 3: National progress
- Chapter 4: Budget and financing
- Chapter 5: Needed actions and the way forward
- Chapter 6: Voices



Hot off the press! https://apps.who.int/iris/bitstream/handle/10665/368975/9789240075085-eng.pdf

Growing imperative for better WASH and waste services

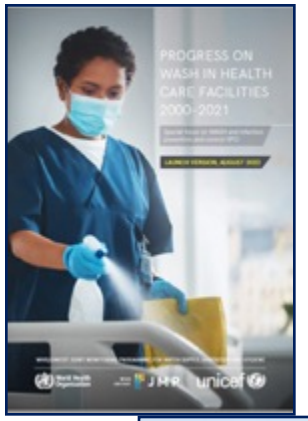
- **Reduce costs and save lives**: 8 million individuals die annually from poor quality care resulting in US$ 6 trillion in losses; WASH fundamental for delivering quality care
- **Fundamental to ending preventable maternal and newborn deaths:** approximately 43% of newborn deaths occur in Sub-Saharan Africa where only 1 in 2 health care facilities have water
- **Critical lever for delivering primary care, patient and worker safety** and stopping spread of anti-microbial resistance
- **Growing crises and emergencies require more cost-effective and sustainable investments**: in 2022 274 million affected by emergencies; WASH critical for prevention and good treatment
- **Required to meet commitments for low-carbon and sustainable health care facilites**: > 50 countries agreed at COP 27
- **Supports gender equity and human rights**: and trailblazer for addressing other human rights challenges

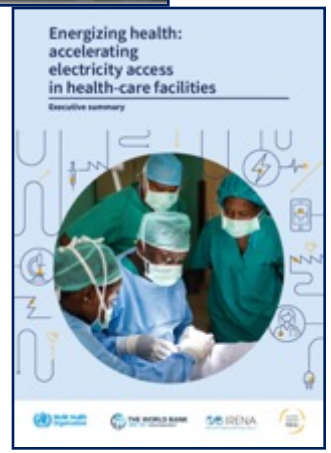


Globally, major coverage gaps persist

"Do not call it a health care facility if there is no water, sanitation, hygiene or electricity."

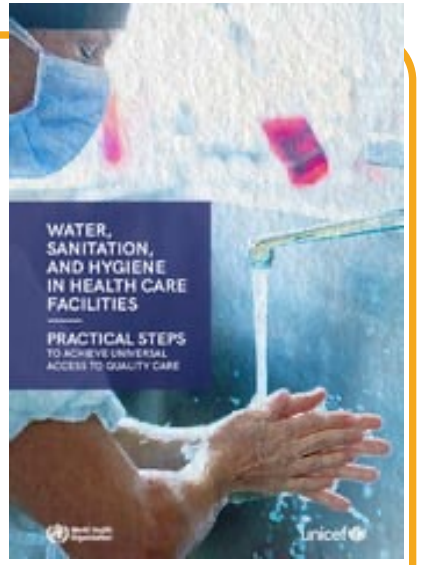
WATER	**1 in 4** HCFs lacks basic water—facilities serving 1.7 billion people; **in LCDs 1 out of 2 lack basic services**
SANITATION	**1 in 10** has no sanitation—780 million people use facilities without toilets; **in LCDs 8 out of 10 lack basic services**
HAND HYGIENE	**1 in 2** lacks basic hand hygiene (at points of care and toilets); **in LCDs 2 out of 3 lack basic services**
HEALTH CARE WASTE	**2 in 5** lack basic waste services (segregation + treatment); **in LCDs 2 out of 3 lack basic services**
ELECTRICITY	**1 billion** served by facilities without reliable energy





Source: *Progress on WASH in Health Care Facilities 2000-2021: Focus on WASH and IPC* (WHO/UNICEF, 2022); Energizing health: accelerating electricity access in health-care facilities (WHO, 2023)

Addressing the gaps-practical steps for action



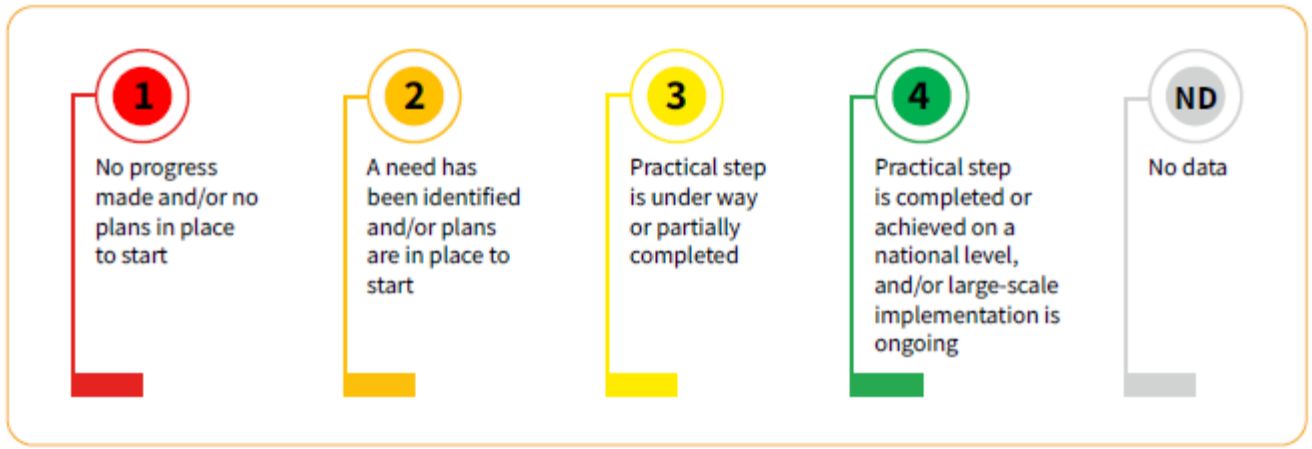
Progress on practical steps-country tracker (n=73)

Table A4.1. Full country tracker with all countries (n = 73)

Country	Step 1		Step 2	Step 3		Step 4	Step 5	Step 6	Step 7
	1a. Conduct situational analysis	1b. Conduct (baseline) assessment	Set targets and establish coordination mechanism	3a. Establish national WASH standards	3b. Establish national health care waste standards	Improve and maintain infrastructure	Monitor and review data	Develop health workforce	Engage communities
Angola	2	2	1	1	4	1	ND	2	ND
Bangladesh	4	4	4	3	3	4	3	3	3
Benin	1	4	2	2	2	1	4	ND	ND
Bhutan	3	4	3	3	3	3	3	3	3
Bolivia	4	3	4	3	3	1	1	ND	ND
Brazil	4	3	2	ND	ND	3	3	2	3
Burkina Faso	2	4	3	3	4	3	1	ND	ND
Cambodia	4	3	4	4	4	4	2	ND	ND
Cameroon	3	3	ND	ND	ND	ND	ND	ND	ND
Chad	2	1	1	1	3	1	2	2	3
Colombia	2	3	2	4	ND	1	1	2	ND
Democratic Republic of the Congo	2	3	4	4	3	4	3	ND	ND
Equatorial Guinea	3	4	3	3	3	2	1	1	1
Eswatini	2	4	3	3	4	3	2	3	3
Ethiopia	4	4	4	4	4	3	3	3	3
Gabon	4	2	ND	3	3	1	4	ND	ND
Gambia	1	2	1	4	4	1	1	ND	ND
Ghana	4	4	3	4	4	4	4	4	4
Guatemala	4	3	3	3	4	1	1	2	2
Guinea	ND	2	3	1	4	3	1	ND	ND
Guinea-Bissau	4	4	3	2	2	3	4	2	2
Honduras	4	3	3	3	4	1	1	ND	ND
Hungary	4	4	3	4	4	3	3	4	4
India	3	2	3	4	4	4	3	ND	ND

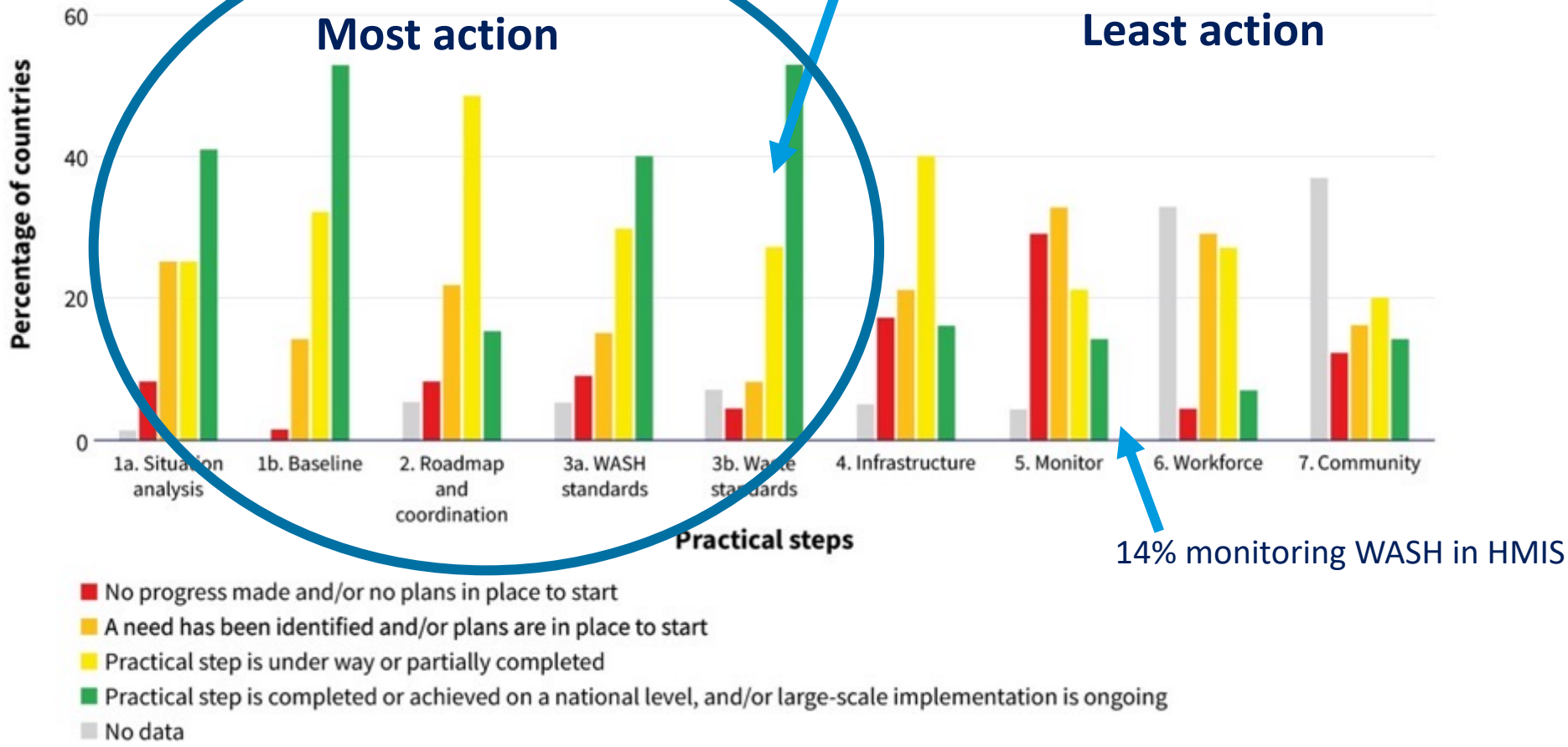
- Data collected in 2020; again in 2022 through WHO/UNICEF regional/country offices and MoH focal points
- Where possible scoring verified by published documents (e.g. standards, roadmaps, etc)
- Scoring validated by Govt before published
- Visit real-time tracker here: www.washinhcf.org/country_tracker

Fig. 2. Country tracker scoring system



Snapshot of country status on practical steps (n=73)

80% finalizing and implementing updated waste standards

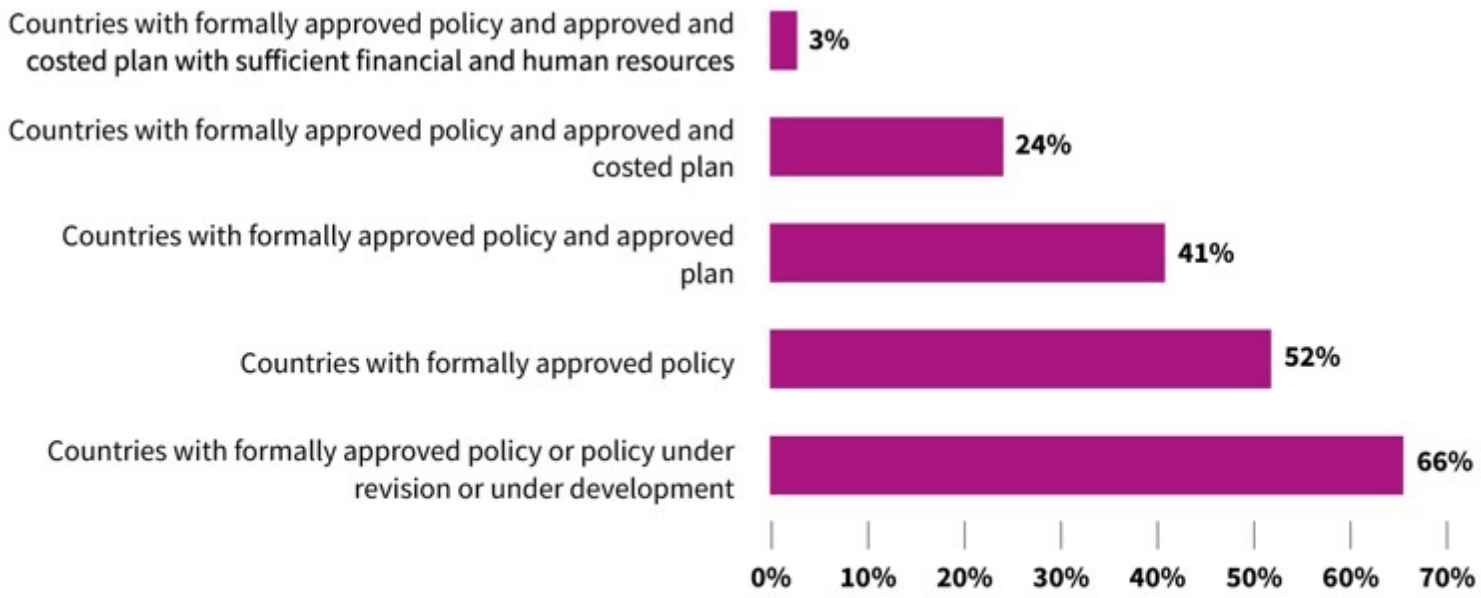


14% monitoring WASH in HMIS

Insights from progress and actions on specific steps

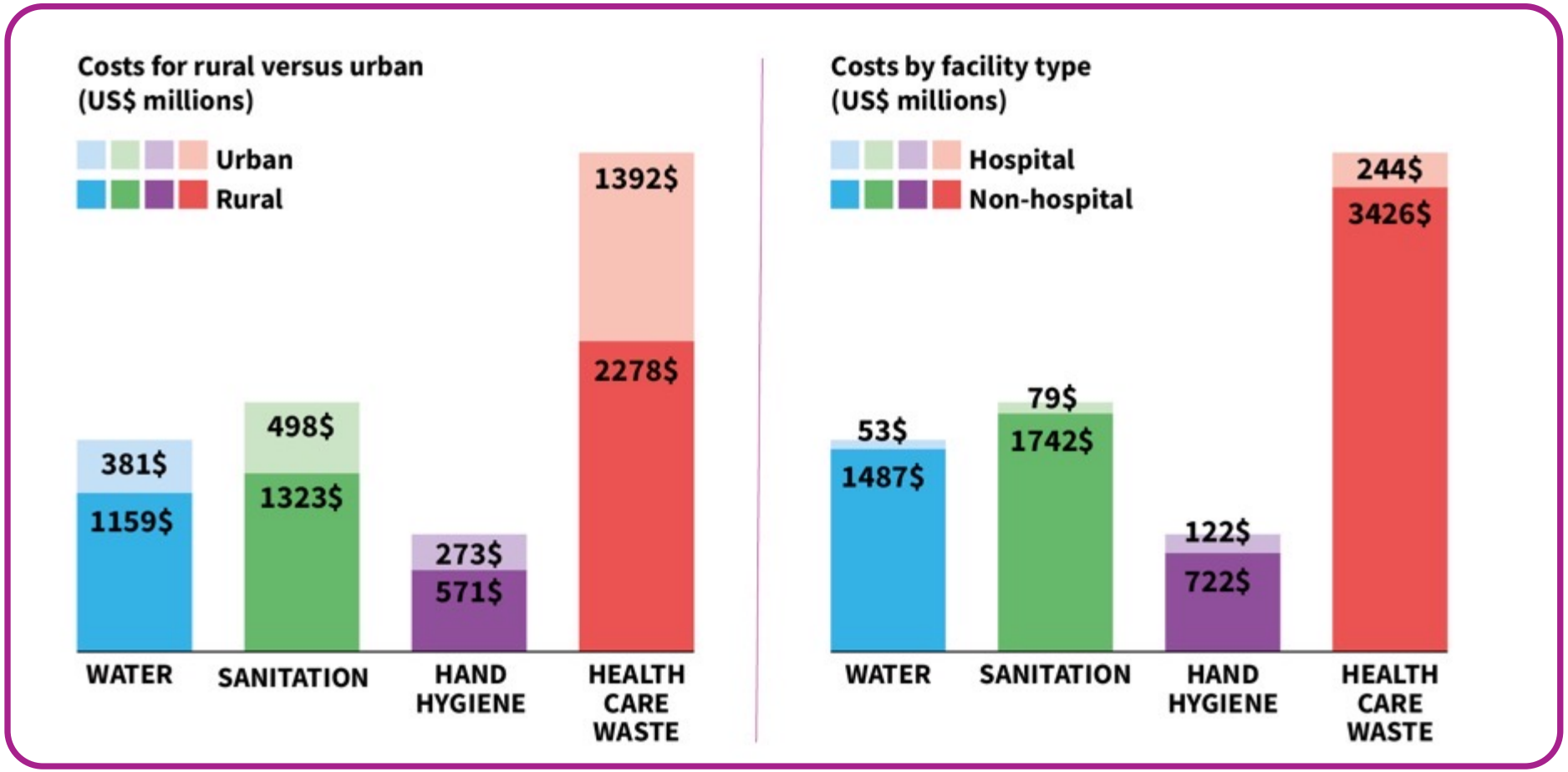
Baseline assessments (step 1) are increasing awareness among leaders, and guiding planning and actions	Progress status: Improvement
National plans and roadmaps (step 2) require viable implementation mechanisms, funding and sustained intersectoral coordinations	Progress status: Little change
Strengthened health care waste standards and implementation (step 3) can drive sustainability efforts	Progress status: Improvement
Sustainably and incrementally improving infrastructure (step 4) requires more investment and use of proven, scalable approaches	Progress status: Little change
Integration of WASH indicators into government monitoring (step 5) is slowly improving, but data are often not disseminated or applied	Progress status: Little change

Majority of countries have plans; very few have resourced them



Note: "Sufficient financial and human resources" is defined as having more than 75% of what is needed to implement plans.
Source: GLAAS 2021/2022 country survey.

Overall cost (6.5-9.6 US$ Billion=0.60 USD/capita/year); most needed for waste and primary care facilities



Voices: Human rights, dignity, worker and patient safety

"We now have child- and disability-friendly toilets which have helped us to keep the environment clean and hygienic. These toilets have proved to be a blessing to all staff, patients, and their families." ***Nepal***

"Having clean water and sanitation facilities here at the hospital has given us confidence and moral to work extra hard." ***Malawi***

"An accessibility audit, particularly focused on needs of women and children, highlighted major and often "invisible" gaps in water, sanitation and hand hygiene services. Improvements were prioritized and many more women now give birth in the clinic." ***Bangladesh***

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Key insights

- Measured against the global targets, **progress is far off track** and efforts need to be significantly **scaled-up and accelerated.**
- **National and sub-national actors are taking action but largely in technical areas** (baselines, standards, training) but not achieving **implementation at meaningful scale.**
- Tools like the **Water and Sanitation for Health Facility Improvement Tool (WASH FIT)** are increasingly used (> 60 countries) to drive incremental change but need to be supported by leadership and regular budgets.
- The **cost of providing WASH and waste services is modest (0.60 USD/capita/year)** and offer considerable cost savings; an estimated **6,000,000,000,000 USD** lost annually from poor quality care.
- Increased government **spending on prevention (since COVID-19)** and greater **attention on primary health care, quality, pandemic preparedness**, and **stopping spread of antimicrobial resistance** present an opportunity to increase regular budgets.

Needed actions and way forward

1 **Integrate WASH, waste and electricity services into health planning, programming, financing and monitoring at all levels.**

e.g. Include in global health strategy monitoring and procurement; joint sector review and planning

2 **Regularly monitor and review progress, and strengthen accountability.**

e.g. UN General Assembly Resolution; monitoring and review within health systems monitoring

3 **Develop and empower the health workforce to deliver and maintain WASH, waste and electricity services, and practise good hygiene.**

e.g. Develop cadre of WASH, waste and electricity workforce; clear job descriptions, responsibility and compensation

WASH
in Health Care Facilities

There is no time to waste.

Let’s accelerate the revolution-together.

www.washinhcf.org

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Jordan

Progressing the WASH in HCFs agenda in Jordan

Dr Ayman Maqableh

Country tracker snapshot

Situational Analysis	Baseline assessment	National coordination and roadmap	WASH in HCFs standards	Health care waste management standards	Infrastructure improvement	WASH indicators in national monitoring	Workforce development	Community Engagement
🟢	🟢	🟢	🟡	🟡	🟡	🔴	🔴	🟡

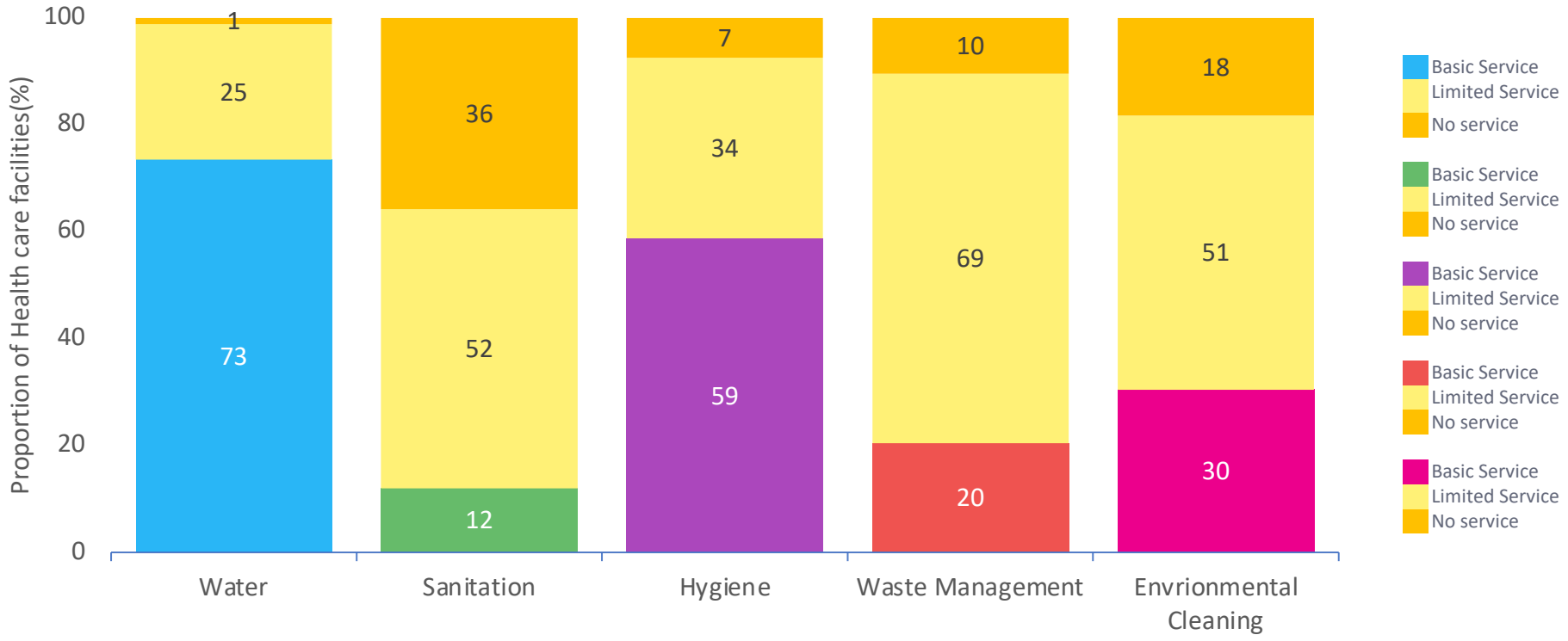
- 🟢 Practical step completed or achieved on a national level and/or large-scale implementation ongoing
- 🟡 Practical step underway or partially completed
- 🔴 A need has been identified to and/or plans are in place to start

Overview of progress

- Developed situational analysis in **2022** 
- Carried out a baseline assessment of different types in **2023** 
- Developed a roadmap and a costed short-term strategy in **2023** 
- Updated HCWM instructions in **2023** 
- Updated IPC guidelines in **2022**
- Accreditation of 98 PHCs in **2022**
- Developing national CRES WASH standards in **2023** 

Baseline assessment

- In collaboration with UNICEF, a WASH FIT assessment was conducted in **494** HCFs of different types, including **21** hospitals, **116** comprehensive centers, **371** PHCs in 2023



Roadmap (2023-2035) and costed short-term strategy

- In collaboration with WHO, short-, mid- and long-term strategies were developed

Thematic Area	Strategy		
	Short-term (2023-2025)	Mid-term (2026-2030)	Long-term (2031-2035)
Build and sustain political will and commitment to improve WASH services in HCFs	Strengthen the enabling environment of WASH towards climate resilient and environmentally sustainable (CRES) HCFs	• Strengthen multi sectoral platform on WASH in HCFs. • Strengthen the commitment, advocacy capacities and accountability of WASH focal points • Seek and mobilize financial resources to fund improvements in WASH in HCFs	• Reduce inequalities towards ensuring no one is left behind • Establish partnerships with donors, development agencies and private sector to sustain WASH service improvements
Improve and maintain CRES infrastructure	Improve and maintain WASH infrastructure and supplies	• Build capacity of responsible staff on CRES WASH infrastructure • Develop and implement CRES systems in HCFs as per the updated the vulnerability and adaptation assessment of HCFs (e.g., update engineering drawings)	Reduce carbon footprint of HCFs
Health Workforce Development	Establish health workforce development programmes on WASH in HCFs	• Support advocacy on WASH in HCFs through operational research by academia • Empower health workers to practice safe WASH in HCFs	Integrate WASH in HCFs into health education curricula (schools and universities)
Monitoring and Evaluation	Establish monitoring and evaluation system for WASH in HCFs	• Develop an obligatory regulation on routine monitoring of WASH services in HCFs • Develop a platform to portray and disseminate WASH services in HCFs to all concerned stakeholders	Utilize generated data to inform decision-making improvement plans and budgeting

Roadmap with national targets

	Baseline*	Short-term target (2023-2025)*	Mid-term target (2026-2030)*	Long-term target (2031-2035)*
Water	73%	80%	100%	100%
Sanitation	12%	35%	55%	80%
Hygiene	59%	75%	80%	90%
Healthcare Waste Management	20%	35%	60%	90%
Environmental Cleaning	30%	50%	70%	90%

*Basic service as per the JMP definitions

A **self-reporting platform** was developed (M&E short-term strategy)

Conclusions and recommendations

- Streamline WASH within MOH programmes; establish a steering committee is key
- Updating relevant guidelines/regulations to ensure integration and proper implementation of WASH in HCFs activities 
- Coordinate and integrate various funding streams for WASH in HCFs activities
- Develop and integrate national WASH indicators within MOH quality control health information systems 
- Utilize data to inform decision-making improvement plans and budgeting 
- Disseminate and train on CRES national WASH standards 
- Integrate WASH in HCFs into health education curricula 

Further reading & additional resources

- Ministry of Health of Jordan. (2022). National Situational Analysis of Water, Sanitation and Hygiene in Health Care Facilities in Jordan. Available here

Reactions and responses from health leaders

Israel Ataro, Ministry of Health Ethiopia
Martin Dohlsten, WHO MCA
Sowmya Kadandale, UNICEF
Benedetta Allegranzi, WHO IPC
Lisa Rudge, FCDO

WASH in Health Care Facilities

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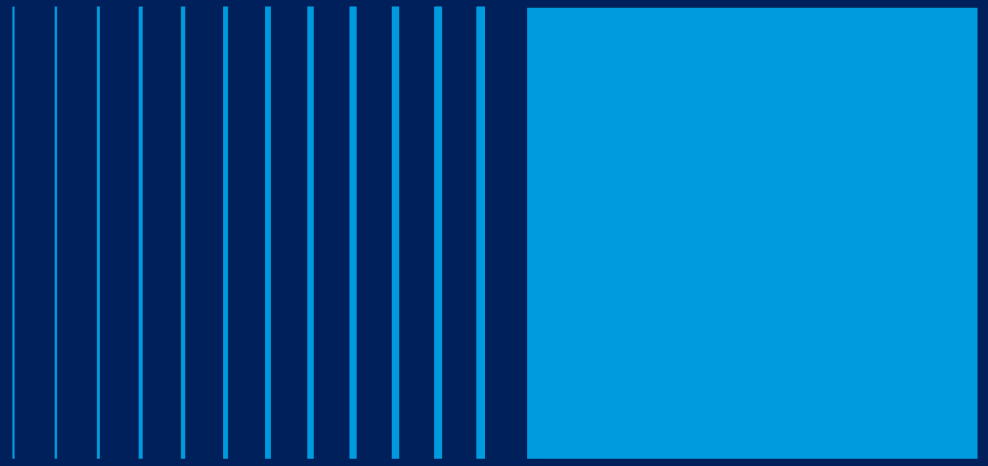
Meeting objectives and overview



Meeting Objectives

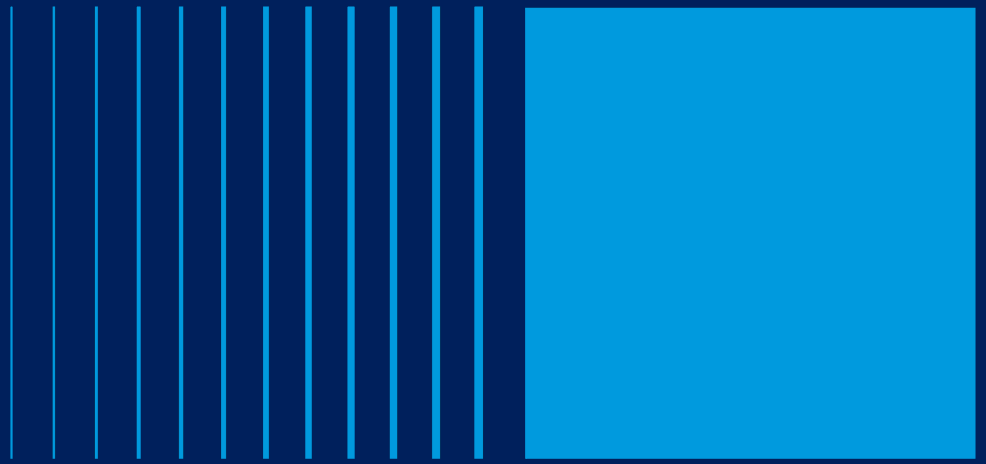
- Initiate **Global Plan for the next phase of work on WASH in Health Care Facilities** (2023-2030) connecting to joint vision with health, energy, and climate
- Provide a **forum for country exchange** on effective approaches and actions for addressing the practical steps and scaling up WASH, waste and energy in health care facilities
- Equip actors with **new knowledge and tools** for working collaboratively

“Action Wall”

Throughout the next three days, participants are encouraged to think critically about key takeaways and next steps.

On the wall in the hallway, there are four posters with questions for you to respond to during coffee breaks:

1. What is one key insight from this summit?
2. What is one new partnership you want to explore after this week?
3. What is one area you think requires greater focus in the coming year?
4. What do you want to see included in the Global Action Plan 2023-2030?



WASH
in Health Care Facilities

Country insights – part 1

Moderator: Bruce Gordon, WHO

Ghana
The Philippines
Serbia
Iran
Uganda

World Health Organization

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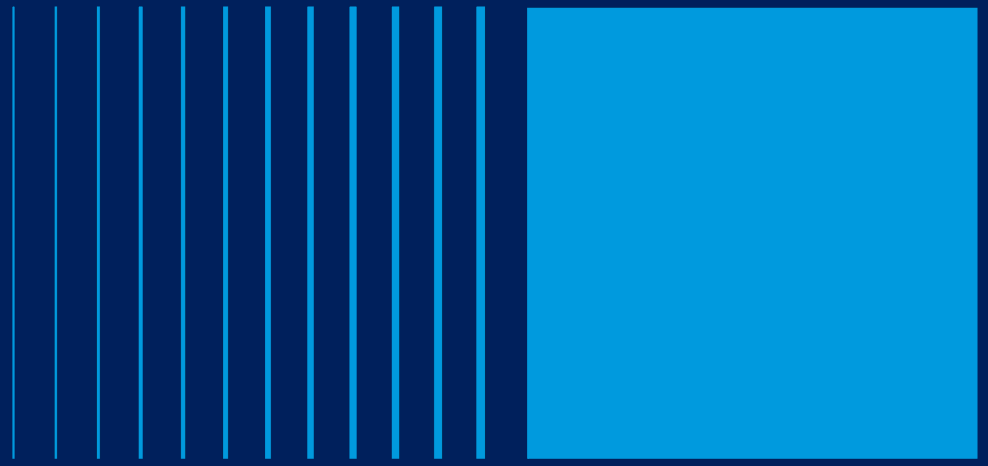
Ghana

Developing a national Strategy on WASH in HCFs

Mary Eyram Ashinyo
Quality Lead -Ghana Health Service



8 Practical steps implementation in Ghana

- **Situational analysis and baseline assessment**
- **National roadmap and coordination**
- National WASH and waste standards
- Improve and maintain infrastructure
- **Monitor and review data**
- Community engagement
- Develop health workforce
- Operational research

1. Integrate WASH, waste and electricity services into health planning, programming, financing and monitoring at all levels

Costed national strategy:

- Aligned to major national strategies example; UHC roadmap, NHQS, etc
- Objectives are intentionally carved for integration across programs and institutions
- Content:
  I. Minimum standards for WASH in HCF
  II. Infrastructure costing
  III. Human resources for WASH
  IV. Funding and sustainability for WASH
- Infra-structure Improvement: Integration of minimum standards into national HCFs regulatory mechanism; HeFRA accreditation
- Integration of minimum standards into funding mechanisms - NHIA credentialing system
- Emphasized the need to introduce WASH datasets into national database DHIMS
- Peer reviews and national holistic assessments have WASH indicators
- However, electricity is a mandate of the Electricity Company of Ghana per existing governance arrangements
- More effort needed to align electricity with the WASH in HCF program in Ghana

The process: National WASH costed strategy

- Agenda setting at 2017 National Health Summit
- Increased recognition of the importance of WASH in HCFs
- The Ministry of Health brought together a multidisciplinary TWG
- Process facilitated by consultant
- Review of relevant national policies and strategies
- Desk Review and primary data collection in 2 districts for baseline
- Stakeholder consultations
- TWG meetings
- Validation workshop held

2. Regularly monitor and review progress

WASH IN HCFs

PREVIOUS INDICATORS

- ✓ Availability of focal person
- ✓ Availability of assistant focal person
- ✓ Availability of action plans
- ✓ Proportion of facilities with basic, limited or no water services
- ✓ Proportion of health facilities with basic, limited or no sanitation services.
- ✓ Proportion of health facilities with basic, limited or no hygiene services
- ✓ Proportion of health facilities with basic, limited or no waste management services. .

NEW ADDITIONAL INDICATORS

- ✓ Urban /Rural distribution
- ✓ Proportion of all staff trained
- ✓ Proportion of doctors trained
- ✓ Proportion of cleaners and waste management staff trained
- ✓ Budget allocated
- ✓ Budget approved
- ✓ Budget spent
- ✓ Gender in WASH- menstrual hygiene, governance & function
- ✓ WASH/IPC committees
- ✓ Availability of PPEs for all categories of staff
- ✓ Healthcare associated infections- 4 areas
- ✓ Environmental cleaning
- ✓ Antimicrobial resistance and Stewardship .

3. Develop and empower the health workforce to deliver and maintain WASH, waste and electricity services, and practice good hygiene

- **POLICY:** National WASH/IPC Policy and technical guidelines | National costed strategy | AMR/patient safety HAIs all related programs
- **GOVERNANCE:** WASH focal points in all HCFs and WASH action plans
- **TRAINING CONTENT**: Tailor-made modules for clinical staff, non-clinical, mortuary workers and administrative staff
- **TOOLS:** Adapted WASH-FIT, standardized job aids & protocols.
- **MONITORING:** Quarterly reporting in DHIMS on JMP indicators, field assessments, surveys, compliance assessments, operational research; used for monitoring, equitable allocation of resources , training needs etc
- **CAPACITY BUILDING:** Public and Private healthcare facilities
- **INTEGRATION ACROSS PROGRAMS:** eg. Neglected tropical diseases (Schistosomiasis) | WHO Quality of care Network, MNCH | Nutrition program in COVID response | AMR One Health | Cholera Eradication plan etc

Bottlenecks

- Funding for operationalizing costed strategy
- Behavior change gaps
- Multiple tools and duplication
- Poor donor coordination – inefficiency
- Mal-aligned stakeholder interests
- Leadership understanding

Conclusions & recommendations

- National Costed WASH strategy;
  - ✓ provides a rallying point for all stakeholders
  - ✓ Operationalization key for full implementation
  - ✓ Implementation is multi-sectorial & multi-disciplinary
  - ✓ Economic gains must not only be monetary but health gains e.g. QALYs
  - ✓ Private sector role needs appropriate framework
  - ✓ Effort to bridge funding gaps must be intentional
  - ✓ Address inequities in WASH services – PHC
  - ✓ Stakeholder mapping and roles is endless
  - ✓ Harnessing community contribution to WASH services

Implementing Climate-Smart Policies through the National Health Facility Development Programme

Philippines

Engr. June Philip Ruiz (DOH) &
Engr. Bonifacio Magtibay (WHO)

PROGRESS ON THE 8 PRACTICAL STEPS

	Step 1	**Situation Analysis** HFs analysis included in PHFDP 2020-2040 (2020)	
		Baseline Data or Assessment Partial data assessment in WASH in HFs (2019); HCWM audit and compliance monitoring (2020); GSHF parameters (2021)	
	Step 2	**National Roadmap and Targets** Draft Roadmap for WASH in HFs (2021)	
	Step 3	**WASH in Health Facilities Standard** Guidelines on WASH FIT in HFs including WSP and SSP for HFs (2023)	
		Health Care Waste Management Standard Issued HCWM Manual 4th edition (2020) and Green and Safe HFs (2023)	
	Step 4	**Infrastructure Improvements** Health Facility Enhancement Projects, Special Provision on General Appropriation Act	
	Step 5	**Monitor and Review Data** Partial WASH, HCWM and Green HFs data analyzed	
	Step 6	**Develop Workforce** Partial WASH FIT training and Capacity conducted in HCWM and Green for HFs(2019-present); Training of Trainers for HCWM and HCWM audit(2022-2023); Certified Green Building Professional (2022)	
	Step 7	Engage Communities Coordination with other National Government Agencies, NGOs and LGUs (2018-present)	
	Step 8	**Conduct Operational Research and Share Learning** HFs sharing Best Practices to other HFs on Green Conference (2022)	

Legend

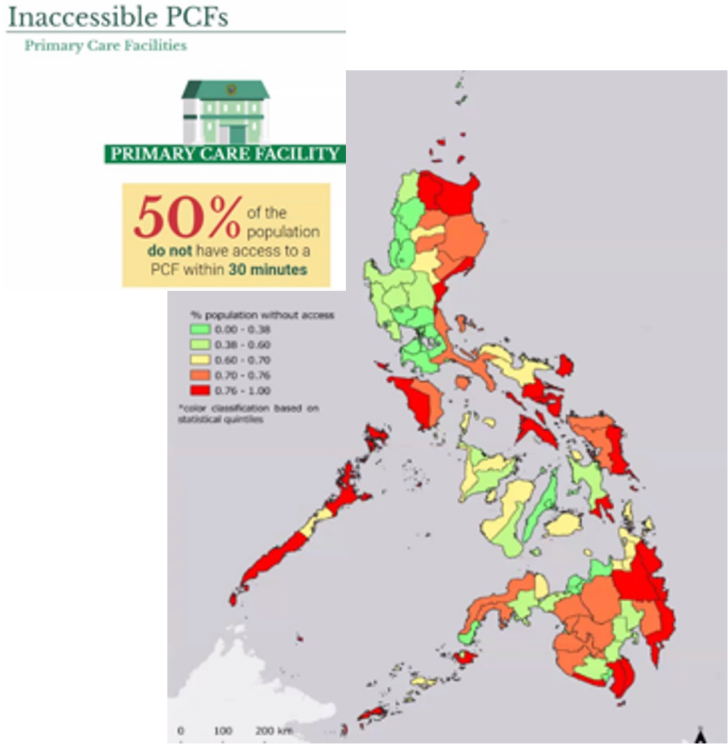
- Practical step completed or achieved on a national level and/or large-scale implementation ongoing
- Practical step underway or partially completed
- A need has been identified to and/or plans are in place to start
- No progress made and/or no plans in place to start
- No data

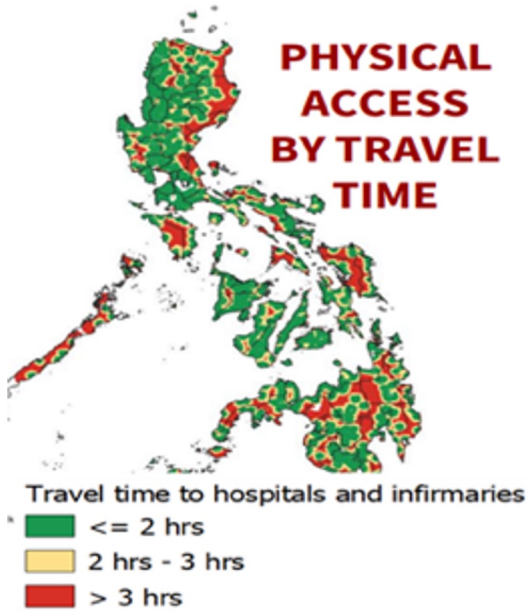
Philippines

What Works:PHILIPPINE HEALTH FACILITY DEVELOPMENT PLAN (2020-2040)

Philippine Health Facility Status

Health Facility Type	Total Facilities	Government	Private	No License	Licensed
Barangay Health Station	25,324	25,324	0	943	39
Birthing Home	2,957	1,232	1,725	8	2,926
Rural Health Unit	2,605	2,605	0	106	172
Hospital	1,352	464	888	31	1,318
Infirmary	649	356	293	9	639
City Health Office	42	42	0	12	3

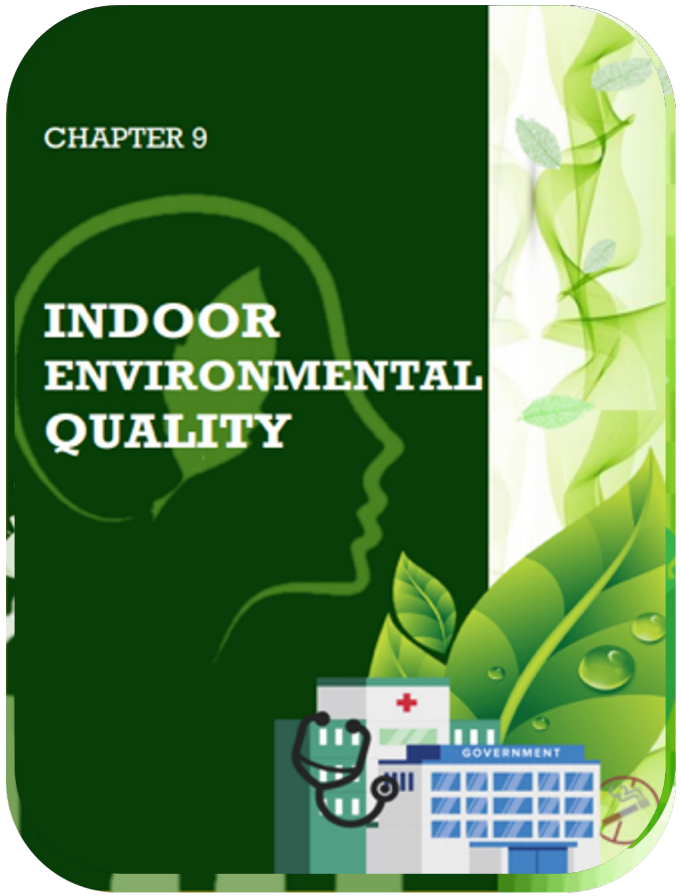




GOALS:

(1) improve climate resilience
(2) environmental sustainability

What Works: Technical Standard and Guidelines



Green and Safe HF Manual:
https://bit.ly/DOHGreenManual

Manual of Standards for PCF
http://bit.ly/PCFManualofStandards

HCWM Manual
https://bit.ly/HCWMmanual4thed

WASH FIT Guidelines:
https://bit.ly/WASHFITguide

Water Safety Plan for HF:https://bit.ly/PLANwater
Sanitation Safety Plan for HF:https://bit.ly/SSPplanHF

Philippines

KEY ENABLERS OF SUCCESS

UHC LAW

Partnership

WHO, UNICEF, ADB, USAID, WB, World Bank, JVC, KDCA, KOICA , HCWH, NGOs and other NGAs

Key outputs

HFD Plan, Guidelines, Standards, Trained staff on WASH and Greening, Green Building professionals, Energy and Waste Audit, Special Provision on General Appropriation Acts, Assessment and Recognition of Green Hospitals

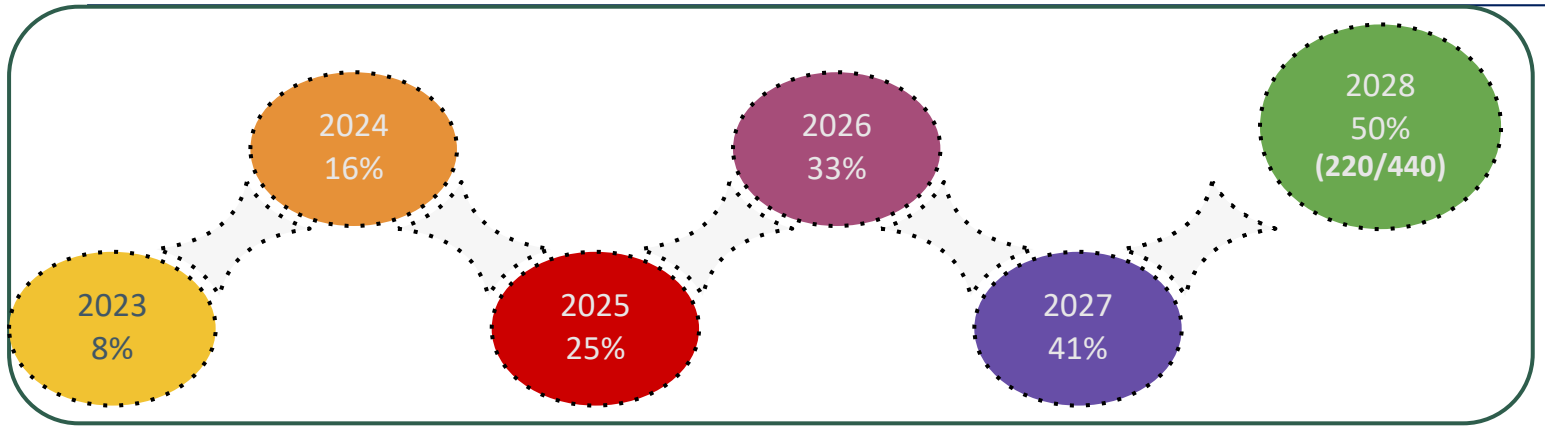
MAJOR OBSTACLES

- Lack of expertise in developing Green, Safe and Climate Resilient HFs including the WASH in HFs technical guidelines and standards
- Lack of capacity to implement the Green and WASH guidelines

UNLOCKING THE BOTTLENECKS

- Requesting WHO support in providing Technical Assistance for developing Green and WASH Technical Guidelines and Standards
- Coordinating with other government agencies and stakeholders in providing inputs for the Green and WASH guidelines and standards
- Capacitating the technical staff of DOH Center for Health Development and DOH-retained hospitals on implementing Green and WASH guidelines

NEXT STEPS



Targets:
Govt hospitals are climate resilient and environmentally sustainable

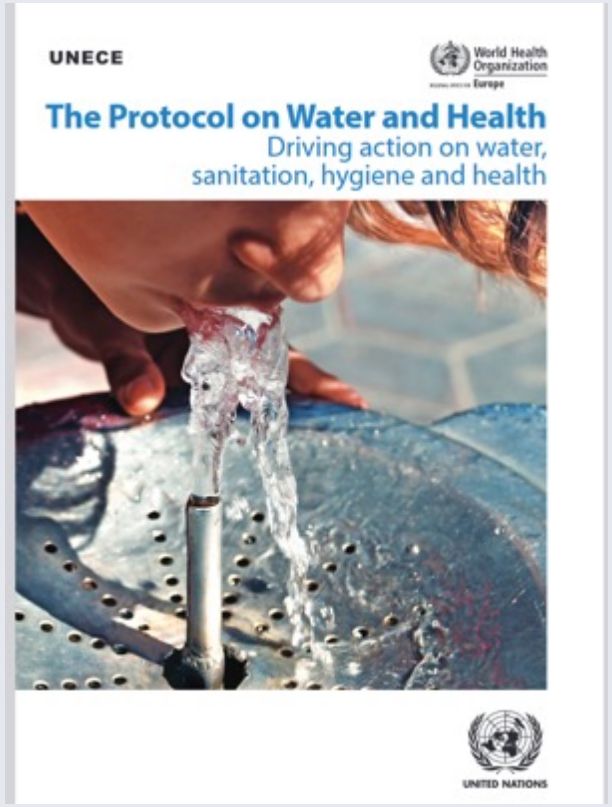
Short Term Plan	• Green viability assessment of HCF • Nationwide capacity building on Greening and WASH in HCF • Inclusion of Green standards in DOH licensing requirements for HCF • Mobilizing donors to support improvement plans
Medium Term Plan	• Improvement of health facilities based on Green and WASH standards • Community involvement in Green and WASH in HCF improvements
lLong Term Plan	• Compliance of all health facilities to Green and WASH standards

Serbia

Engaging leaders and igniting action though a national assessment and plan Serbia

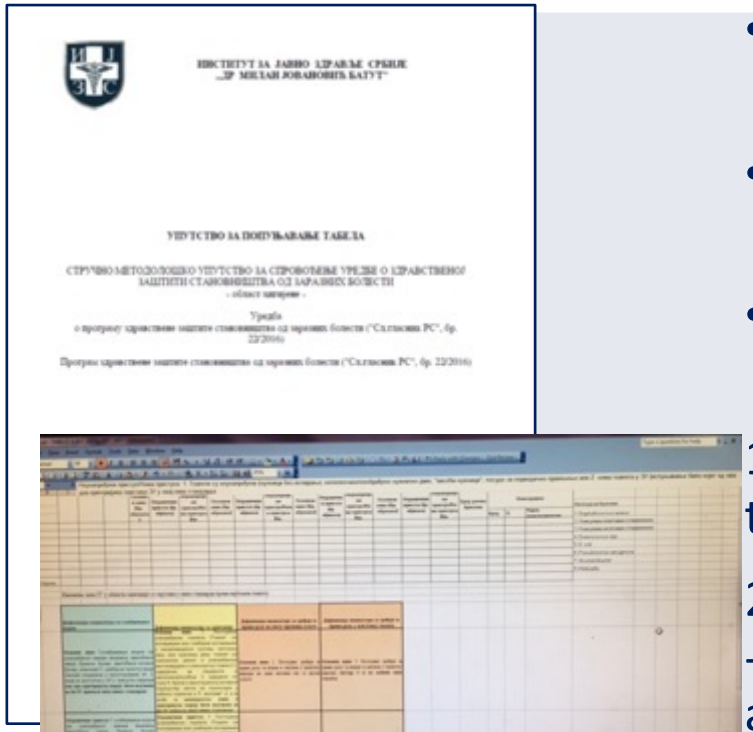
Dragana Jovanovic

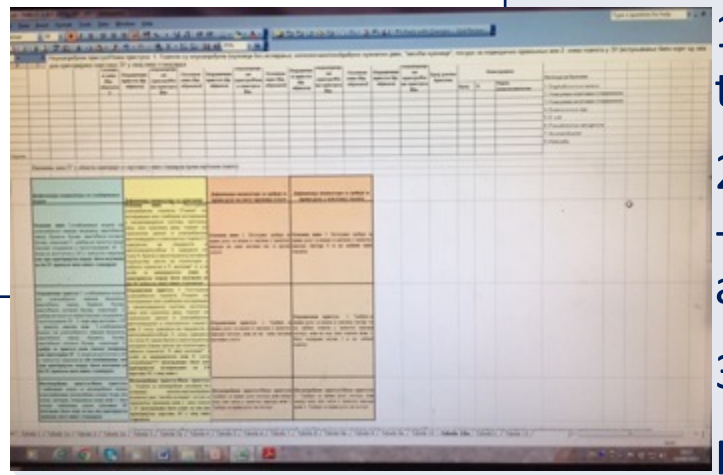
The Protocol of water and health as a driving force for improvement action in WASH in Serbia



- The first and unique International agreement and instrument that focuses on water, sanitation, hygiene and health
- It prioritizes actions on WASH in health care facilities
- Serbia is very active in implementing the Protocol on water and health, since its ratification in 2013
- Followed Protocol's programme of work on WASH in HCFs, in spite of not set specific target

National assessment in Serbia





- Aligning with SDG goals, Serbia integrated SDG indicators for WASH in HCFs in the National monitoring programme in 2017
- Knowledge gaps (drinking water quality; access to WASH in HFC, especially in rural areas; incomplete coverage)
- Triggered: Comprehensive national survey on WASH in HCFs in 2019, followed by:

1. Policy improvement – mandatory DW quality testing and training on WASH for HCF personnel

2. National Action plan for improving the WASH situation in HCFs - focus on operation and maintenance of WASH infrastructure and capacity of the staff

3. Training material for cleaning staff in 2022

Financially supported by UNICEF Belgrade Office

Situational analysis and baseline assessment of WASH in HCFs

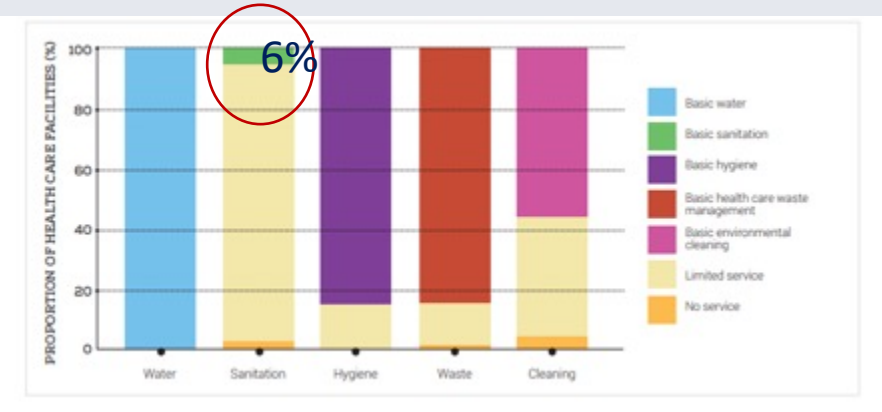
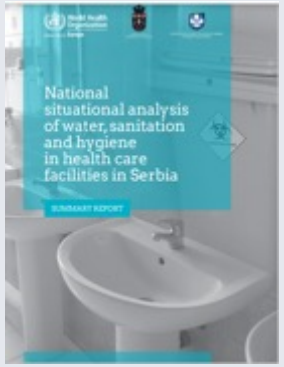


Fig 1. Basic WASH services in health care facilities in Serbia



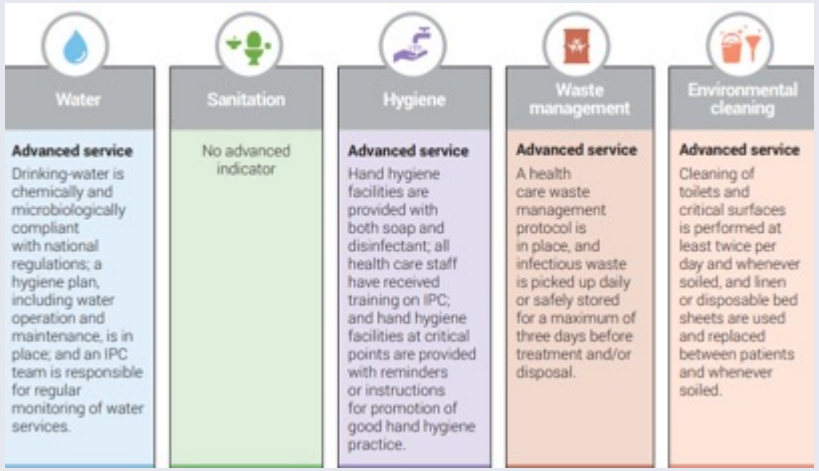


Fig. 2 Advanced levels of WASH services in health care facilities defined in Serbia

- Significant shortcoming related to sanitation infrastructure – very low accessibility for patients with impaired mobility
- Lack of detailed protocols for cleaning procedures or a lack of structured training.
- Defining of advanced indicators at national level for four dimensions

Key enablers and obstacles

Enablers: Leadership

- Important and powerful role of the INPH of Serbia through the National focal point
- Bring together partners and donors
- Engagement of relevant sectors in the national assessment and action plan development – MoE for waste water and different medical disciplines and health institutions

Obstacles:

- Limited financial resources, lack of personnel

Overcoming: strong leadership, focus on feasible action in limited resource capacities – structural action plan and empowerment of HCFs staff

Conclusion and take away massages

Under **limited financial resources** and **exciting infrastructural level of standards**

↓

Improvements of the WASH situation in HCFs are possible, taking **step wise approach** starting from **situation assessment** and building on the **results and recommendations.**

↓

Developing of National road map or action plan, prioritizing feasible action (empowerment of HCF staff that will be skilled and capable to adequately maintain WASH conditions in HCFs)

↓

Engaging with and bring together different stakeholders, partners and donors

↓

Through strong and diligent individual leadership

↓

Can ignite the action!

Less is more!

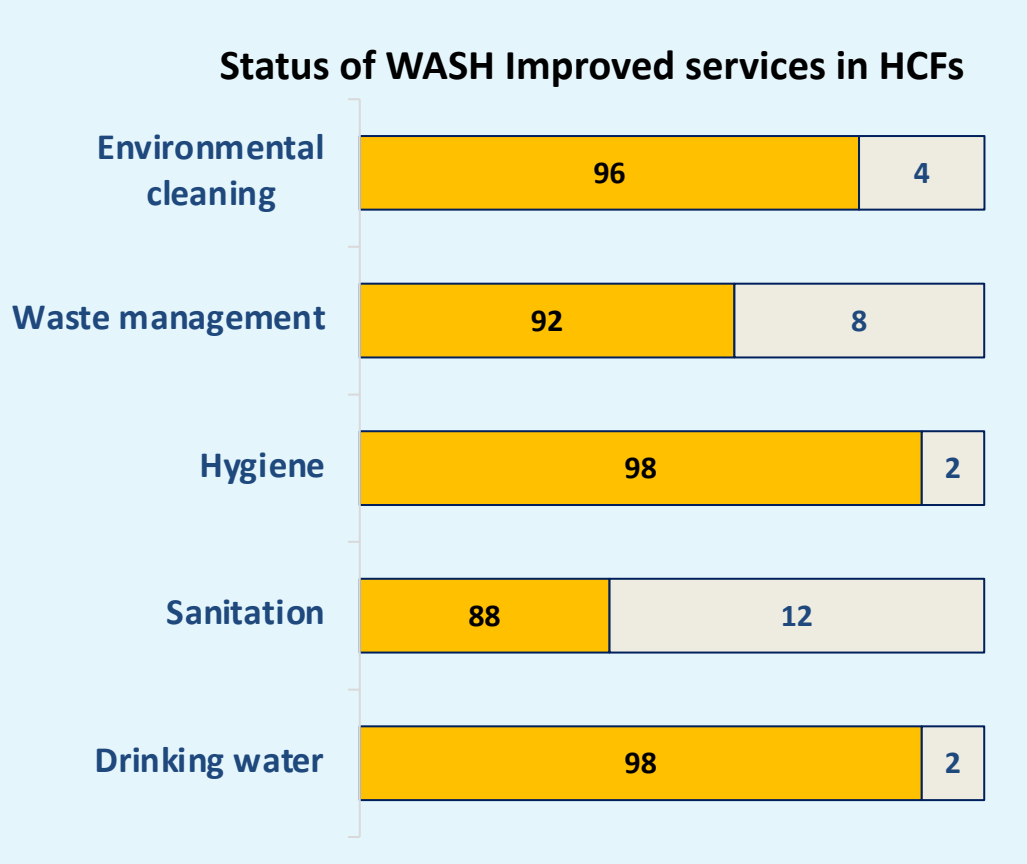
Reflections

Islamic Republic of Iran

Dr. Jafar Jandaghi

General Director of Center for Environmental and Occupational Health, Ministry of Health and Medical Education

I.R IRAN's status of WASH in Healthcare facilities



- With more than 33,000 HCFs, Iran has one of the most integrated health service delivery systems in the region. The situational analysis and baseline assessment of WASH in HCFs was carried out in more than 720 HCFs located in 20 provinces of the country. The results showed that more than 90% of the centers are in basic or improved status in WASH elements. A diverse set of WASH rules and regulations are available to promote WASH elements in HCFs.

Progress of activities regarding WASH in HCFs

The baseline assessment of WASH in HCFs

- **Establishing a national coordination mechanism and developing a costed roadmap for WASH in HCFs**
  - ✓ **Step 1. Forming a Technical Working Group (TWG)**
  - ✓ **Step 2. Implementation and analysis of current strategies and frameworks**
  - ✓ **Step 3. WASH strategic program roadmap**
  - ✓ **Step 4. Create SWOT matrices**
  - ✓ **Step 5. Determining the main objective, quantitative objectives, and results attributed to the elements of WASH**
  - ✓ **Step 6. Costing of environmental health services in health facilities**
- **Situation analysis of 267 HCFs in 6 climate-representative provinces of Iran, using localized WHO guide on climate resilience and environmental sustainability, in terms of Water, Sanitation, and healthcare waste management; Health workforce; Energy; Infrastructure, technology, and products**
- **A detailed set of national strategic directions for improvement of climate resilience and environmental sustainability of HCFs developed**

Islamic Republic of Iran

Recommendations:

- Continuous national surveillance and monitoring of WASH and climate resilience elements in HCFs
- Considering the evidences from continuous assessments into the health system policy making
- Increasing intersectoral interactions for effective implementation
- Differentiating WASH standards in small health care centers, including clinics , especially in private sectors, from the big healthcare centers, including hospitals and comprehensive health centers

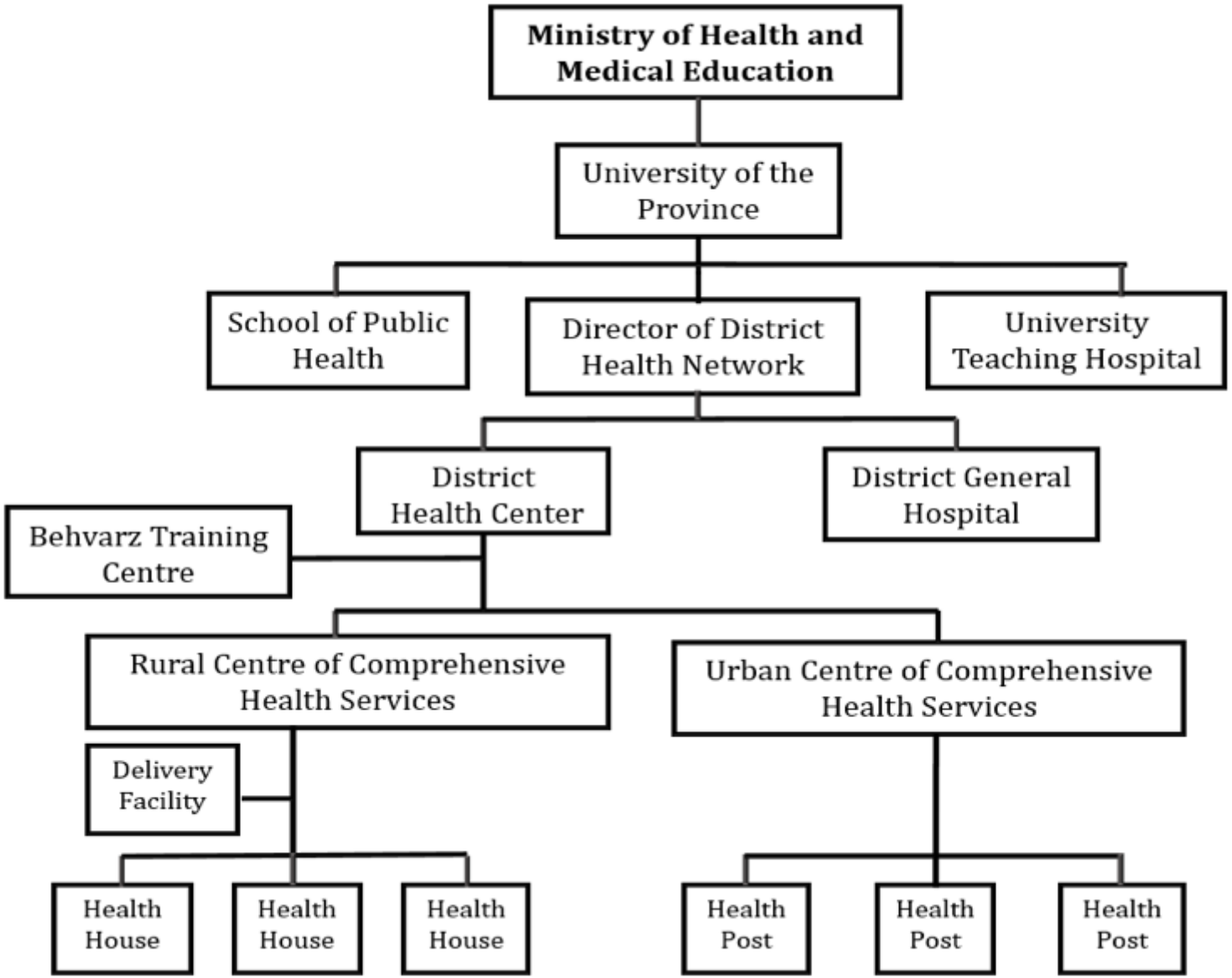
Highlights

Strengthening the WASH and climate resilience activities in the countries according to the relevant SDG goals and their indicators is necessary.

Distribution of HCFs in I.R. Iran

No.	Region (Province)	Population (×1000)[1]	Urban Population(%)[1]	HCFs						
				National[2]	Urban[2]	Rural[2]	Hospital (Active)[1]	Non-Hospital[2]	Government[2]	Non-Government[2]
	Nationwide	84,926	0.74	33854	13498	20356	899	32955	31567	2287

Organogram of tl
health network i
I.R. Iran



The nationwide geographical distribution of the surveyed HCFs (Green points; N=730)

Main national regulations/laws related to WASH program in HCFs

WASH element	Related regulation/law/standard
Drinking Water	Drinking water – physical and chemical characteristics (No. 1053)[27]. Standards for Planning and Design of Safe Hospitals [28]. Sixth five-year plan law [29], National Hospitals Accreditation Standards [30, 31]; NHAS: A.6.3.1
Sanitation	National Building Construction Regulations (Chapter 16.: Sanitary engineering, Equipment and supplies, Standards) [32]. Standards for Planning and Design of Safe Hospitals [28]. Guideline of Building's Sewer Connections [21], National Hospitals Accreditation Standards [30, 31]; NHAS: A.6.3.2
Hygiene	National Hospitals Accreditation Standards [30, 31]; NHAS: B.5.4, B.5.5, B.5.7
Solid Waste Management	Comprehensive law on solid waste management [33]. Regulations on the management of healthcare and other related wastes [34], National Hospitals Accreditation Standards [30, 31]; NHAS: A.6.4
Environmental Cleaning	National Hospitals Accreditation Standards [30, 31].
WASH-related budgeting and costing	Iranian National Budget (2023-24) - Single article and macro tables of budget sources and expenditures [35]. Iranian National Budget (2023-24)- Appendix 1: The budget of capital asset acquisition plans [36]; NHAS: A.6.1

Highlights

- The effects of climate change on the decrease in the quantity of water resources and creating a threat through the reduction of access to drinking water sources for the consumption of HCFs, especially in the low rainfall areas of the country
- Hosting several million refugees, especially from Afghanistan, which affects the country's infrastructure, including HCFs, beyond their designed capacity and affects the quality of the WASH program
- The possibility of floods and landslides in many parts of the country, which will cause the quality of water resources to deteriorate and disrupt WASH services in HCFs
- High probability of earthquake occurrence in most parts of the country and interruption of water supply services through the distribution network and other WASH services during the crisis and establishment of temporary places for HCFs

Uganda

Reflections

DR. HERBERT NABAASA

Country tracker snapshot

Step 1: Situation Analysis & Assessment

Step 1: Baseline assessment

Step 2: National Roadmap &Targets

Step 3: WASH Standards in HCF

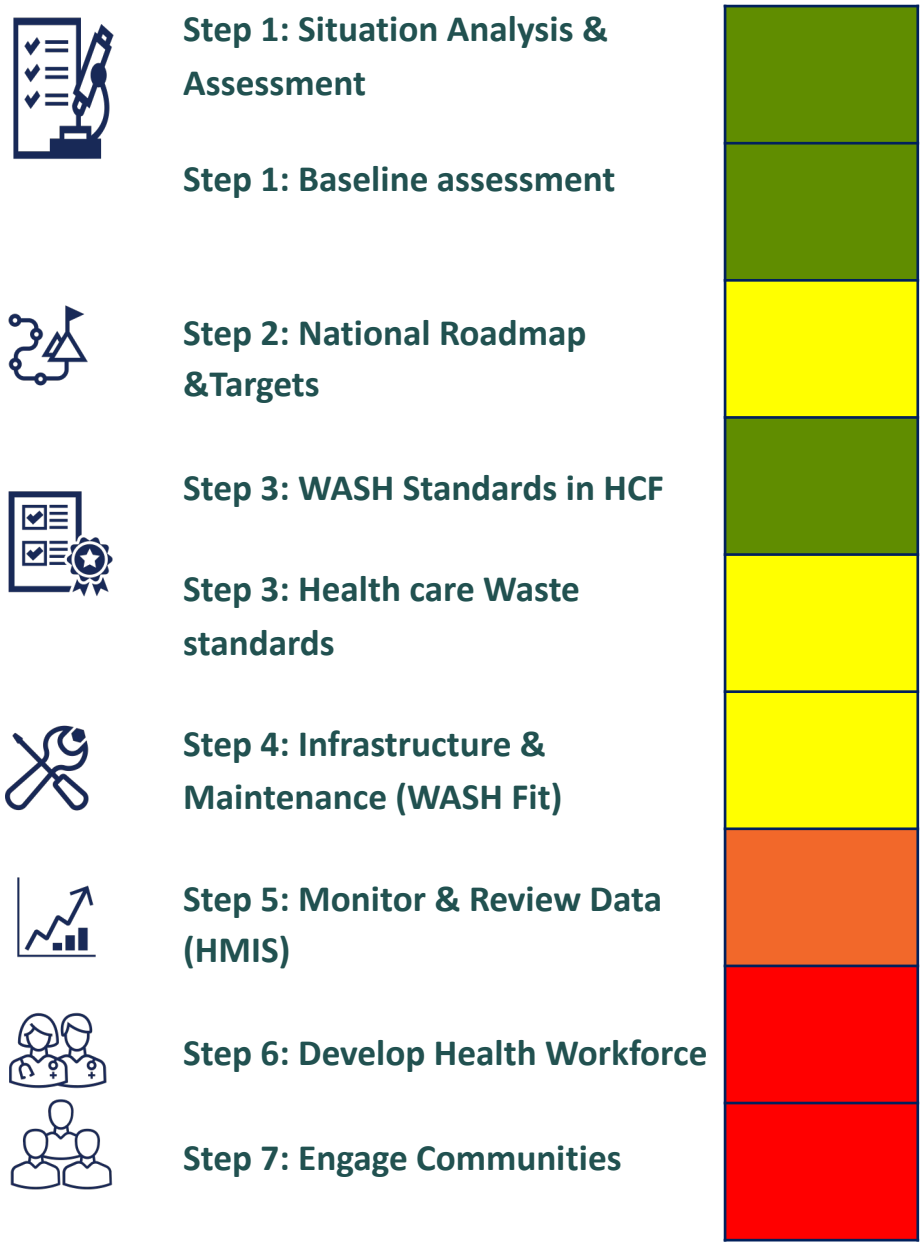
Step 3: Health care Waste standards

Step 4: Infrastructure & Maintenance (WASH Fit)

Step 5: Monitor & Review Data (HMIS)

Step 6: Develop Health Workforce

Step 7: Engage Communities



61% have basic water service

5% have basic sanitation service

47% have basic hand hygiene service

8% have basic Env't cleanliness

56% have basic waste mgt service

28% have reliable electricity

UGANDA

Quick reflections on progress

1.Conducted National WASH assessments in 4,272 HCFs
2.Developed WASH in HCFs Guidelines
3.Developed WASH in HCFs micro-planning hand book
4.Disseminated WASH in HCFs Guidelines & micro-planning handbook to 89/136 districts
5.Supported 89 districts to develop own costed action plans
6.Developed O&M guidelines

How and why have you had success?

- Integration of supportive supervision of other district-based activities with training of WASH/IPC focal persons as a contribute to the WASH-FIT process
- Encourage district/ health facility exchange visits for best practices and experience sharing
- Engaging decision makers (e.g. through breakfast meetings) for critical thinking and provision of WASH in HCF infrastructure
- Partners are encouraged and committed to support WASH-FIT capacity building in their project areas

Three global recommendations/way forward

Integrate WASH, waste and electricity services into health planning, programming, financing and monitoring at all levels

- Securing senior management engagement & prioritization of WASH in HCFs gaps
- Wide dissemination of the WASH in health care facilities micro plan and costed plan
- Development of the WASH in HCF strategic plan
- Engagement of district local governments to prioritize WASH in HCFs in their planning

Regularly monitor and review progress, and strengthen accountability

1. Integrated Community health and WASH MIS will be launched WASH in HCFs data collected
2. WASH MIS capacity building at local govts will be conducted
3. Advocate for inclusion of WASH in HCF indicators in health system monitoring for instance HMIS, DHIS-2

Develop and empower the health workforce to deliver and maintain WASH, waste and electricity services, and practice good hygiene

- Stakeholder/ partner mapping for local capacity building of the health workers on WASH-FIT
- Continue integrating WASH-FIT capacity building in all support supervision activities

Conclusions/recommendations

What is your strategy/approach to further engaging and raising profile of this issue at the national level?

1. Hold partner engaging meetings on regular basis
2. Advocacy with key decision makers/budget holders in government (MoH, MoWE, Parliament)
3. Encourage Public Private partnerships for WASH in HCFs
4. Digitalizing WASH MIS and advocacy for inclusion into the ministry's HMIS

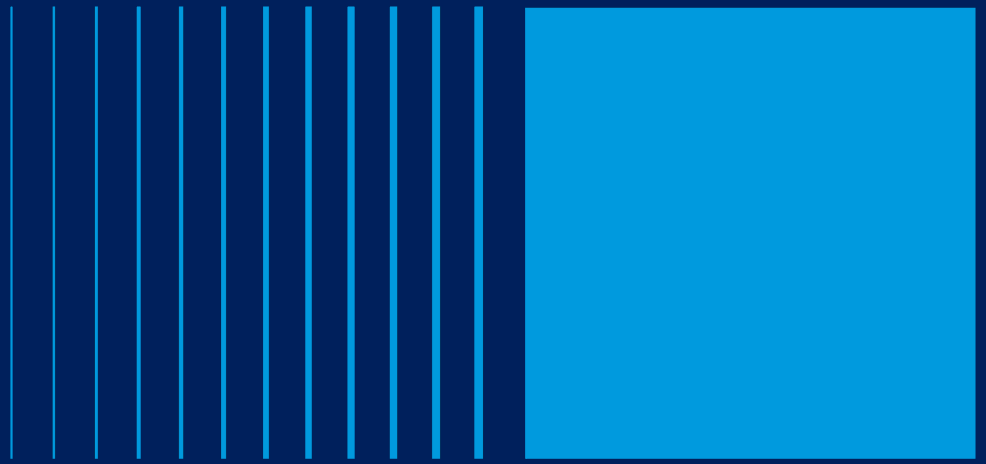
What would you recommend for the next global plan of work?

- Push for policy inclusions of WASH in HCFs development
- Lobby for funding at global level

What is your advice to other countries in the room?

1. Establish national coordination mechanism for WASH in HCFs
2. Integration of WASH in HCFs activities

Discussion



WASH
in Health Care Facilities

Global Summit on WASH and Waste in Health Care Facilities

Realizing Safe and Sustainable Infrastructure for Improved Quality of Care

World Health Organization

unicef
for every child

WASH
in Health Care Facilities

Country insights – part 2

Moderator: Rola Al-Emam, WHO EMRO

Georgia
Pakistan
Democratic Republic of Congo
Egypt
Bangladesh

World Health Organization

unicef
for every child

GEORGIA

Integrating WASH in environment, health and AMR action plans

Nana Gabriadze, MD, PhD.

Head of the Department of Environmental Health, National Center for Disease Control & Public Health of Georgia

Georgia has committed to WASH in health care at the national and international level

- **Protocol on Water and Health**: co-leading party of priority area 3 for WASH in institutions, including healthcare facilities (since 2019)

- **Ostrava Declaration for Environment and Health** (2017): ensuring and sustaining the provision of adequate WASH services in health care facilities through systematic situation assessments and by setting national targets and action plans.

- **World Health Assembly Resolution 72.7 (2019)**

- Upcoming **Budapest Declaration for Environment and Health** (July, 2023)

Georgia has committed on WASH in health care at the national and international level

- Recent data from the country:
  - A legal framework is in place addressing all WASH dimensions for healthcare facilities.
  - Action is needed to fill the gaps in legal provisions regulating water quality and sanitation.
  - Coverage of basic service provision of drinking water and hand hygiene in healthcare facilities reached high levels, especially in hospitals.
  - Improvements are needed in waste management and environmental cleaning and sanitation.
  - Many facilities provide services beyond basic service provision.

Drivers for progress at the national level

•International commitments raised the priority at the national level (lead by MOH and the National Center for Disease Control & Public Health)

–>WASH in HCF is a priority in the National action plan for environment and health (in line with priorities under Protocol on Water and Health)

•WHA resolution 73.1 (2020) on COVID-19 response calls for measures to support access to safe WASH and IPC, in particular in health facilities.

–> Georgia prioritized the conduction of a situational analysis on WASH in health-care facilities as a critical step for planning Covid-19 response.

Drivers for progress at the national level

•Through early engagement of cross-sectoral teams in WASH work , there has been a strengthened collaboration across health sectors

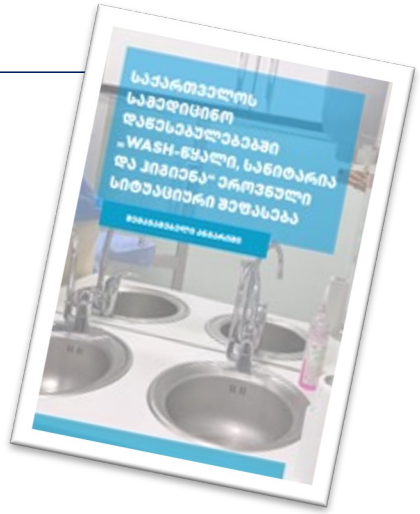
•Recognition of the need for improving WASH for prevention and control of AMR led to the integration of WASH into the regional roadmap AMR control

–>Recommendations from the situational analysis on WASH in HCF is reflected in the roadmap

- National targets set:
  - **Publication of national report** on the situational analysis of WASH in HCF.
  - Develop a dedicated **national plan for IPC and WASH** by the end of 2023.
  - Development and **standardization of IPC and WASH education** for both IPC professionals and healthcare workers by the end of 2023.

GEORGIA

The way ahead



- National priorities
  - Advocacy for implementation of strategies adopted and provide monitoring of progress and assessment
  - Awareness raising of all staff and health professionals on WASH
- Important lessons learned from the experience in Georgia
  - Early engagement of other stakeholders in the health sectors (IPC, AMR, professional networks, etc.)
  - Identification of local priorities and development of appropriate indicators and consequent use of these indicators to monitor progress
  - Important to have a target-setting process, focusing on prioritization and step-wise implementation
  - Put the right considerations on operation and maintenance

Improving WASH Services in Healthcare Facilities with focus of integration and climate resilience

PAKISTAN

Dr. Rabail Javed

Deputy Director, WASH Focal Point

Ministry of Health

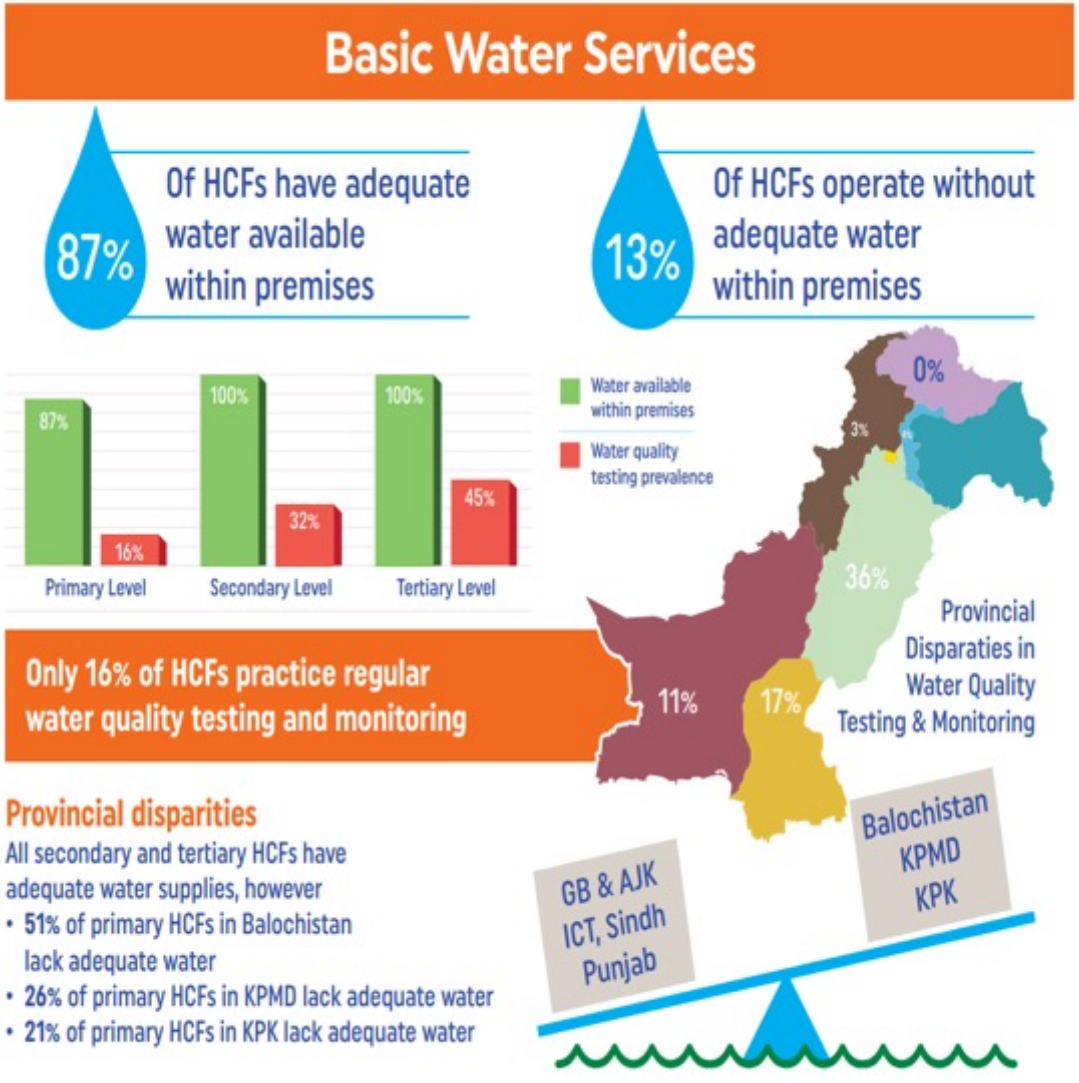
Improving WASH Services in Healthcare Facilities with focus of integration and climate resilience

unicef

World Health Organization

Background

- Pakistan – 5th Populous Country
- Among the Top 10 Countries Hardest Hit by Global Climate Change
- Threat to Severe Water Scarcity, Food Insecurity, and Lives
- Extensive Health Services for Over 1.4 Million Refugees
- WASH services are Critical in Hospitals and schools
- Only 36% Utilize Safe Drinking Water Sources
- 40% of Pakistani Children Under 5 are stunted
- Considerable level of malnutrition, and water borne health issues



- Customized Water Filtration Plants
- Solarized Water Filtration Plants
  - Carbon Emission Reduction
  - Reduced Grid Dependency
  - Energy Efficient Technology
  - 24/7 provision of Electricity
  - Promoting Sustainability

Sanitation

- Sanitation Crises: 41 Million People in Pakistan without Adequate Toilets
- Open Defecation: 11.5% of the Population Lacks Proper Sanitation
- Sanitation Gap in Schools: 1 in 3 Lacks Toilet Facility
- Limited Sanitation Access: Only 58% of the Population Covered
- Handwashing Gap: 46% Lack Access to Soap and Water Facilities
  - Neglected Hand Hygiene: Lack of Handwashing before Meals and after Defecation
  - Heightened Disease Vulnerability: Increases Risk of Diarrhea and Other Illnesses

Water Quality Surveillance

- Inadequate Monitoring & Management of Drinking Water Quality in Pakistan
- Lack of Inter-Organizational Linkages
- Skill, Knowledge, and Equipment Deficiencies: Impeding Progress

Regular water testing

Proper disposal of hazardous material

Protecting watersheds

Proper waste disposal

Maintain water infrastruture

Water treatment

Education & awareress

Efforts made for Water Quality Surveillance

- **Capacity Development (WHO)**
  - Water Quality Surveillance by Water Specialist
    - Water Quality Standards
  - Hands on Practice Sessions
  - Water Quality Checks at Inflows and Outflows
  - Handed Over Water Quality Testing Equipment
  - Water Quality Surveillance Mechanism in Place

Assessments, Strategies and Policies

- The WHO/UNICEF Joint Monitoring Program (JMP) is the custodian of global data on Water Supply, Sanitation and Hygiene (WASH)
- Pakistan is reporting on different cycles of Global analysis and assessment of sanitation and safely managed drinking water (GLASS) for last many years
- Baseline assessment for WASH in Health care facilities for Pakistan (2022)
- WASH Strategy for Pakistan and adapted by provinces in place

CHALLENGES FACED DURING THE PROGRESS

Limited infrastructure

High level of Advocacy required

Aligning stakeholder interests

Inadequate sanitation facilities

Poor Hygiene Practices

Staff and Capacity Training

Basic Sanitation Service

100% facilities have toilets available

24% of the toilet units are non-functional

33% of HCFs have gender segregated toilets

18 % of HCFs have toilets dedicated for people with limited mobility/physical disabilities

Challenges in accessing sanitation facilities in HCFs

Availability of toilets for different groups

Basic Health Care Waste Management Services

- A significant proportion of secondary and tertiary level facilities practice autoclaving and incineration 21%, 25% and 18% , 35% respectively.
- Training of cleaning staff is not common in the HCFs in Pakistan. Surprisingly, the situation goes from bad to worse from primary (33%) to secondary (28%) and tertiary (10%) levels.
- Availability of colour coded bins varies across level of care, 41% in primary level, 78% in secondary level and 95% in tertiary level

Waste Disposal Practices at facility level

Way Forward

Enabling Environment (EE)

- WASH in HCF with gender lens and special consideration for the needs of women, girls and people with vulnerabilities to be included in the existing Health policy and strategy.
- Development of minimum standards for WASH in HCF in Pakistan and making it part of minimum service delivery standards for quality of care.
- Strengthening the health care commission at national and federal level to ensure strict compliance of HCF to hospital waste management rules 2005, NEQS 2000 and national drinking water quality standards 2008.
- WASH and IPC indicators in line with SDG requirement need to be identified and integrated in the existing DHIS/ HMIS with all provincial and stakeholders.
- A plan should be in place for training of the HCF management /paramedical staff/ sanitary workers on WASHFIT for healthcare facility improvement and strictly following a roster for cleaning and reporting.

Service Delivery

- A medium (5 years) to long term (10 years) integrated WASH & IPC plan for HCFs, with measurable targets and costing needs to be developed on a high priority basis with a focus on primary HCF.

MINISTÈRE
DE LA SANTÉ PUBLIQUE,
HYGIÈNE ET PRÉVENTION

WASH and Outbreak/Pandemic Preparedness in Equateur Province

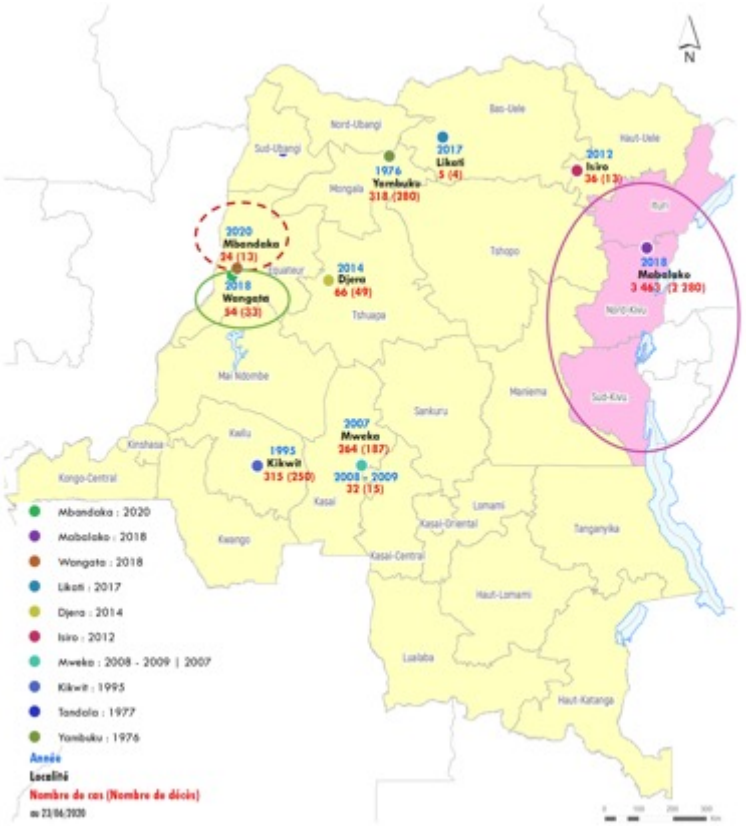
Democratic Republic of the Congo

Global summit of WASH in health care facilities
Jordan
13-15 June 2023

Speaker: Benjamin BYENDA WALONDO , MD

Context of Ebola virus disease outbreaks in Democratic Republic of Congo

- Historically, DRC has had the highest number of Ebola virus disease (EVD) outbreaks since its discovery in 1976 (14 outbreaks in over 40 years)
- **Risk Factors**:
  - High population density (North Kivu) and displacement (refugees and internally displaced)
  - Weakened health system (HR strikes, low level of IPC in Healthcare facilities, weak WASH infrastructure)
  - Displacement of populations across borders leading to increased transmission
  - Presence of vast Equatorial rainforest and frequent interaction with wildlife (including animal consumption)



Regional Disease Surveillance Systems Enhancement (REDISSE) IV Post Ebola project in Equateur Province

- As part of the 90-days of heightened surveillance, the MOH and partners developed preparedness interventions, of which I**PC and WASH were an integral part**
  - **Preventing, managing epidemics and strengthening the health system**
    - ✓ Early outbreak detection and Integrated Disease Surveillance and Response training
    - ✓ Community-based surveillance
    - ✓ Strengthening infection prevention and control (IPC)
    - ✓ Plans to rehabilitate a BSL-2 type provincial public health laboratory
  - **Respond sustainably to the health systems' and the communities' basic needs**
    - ✓ Improve access and quality of basic services including water, hygiene and sanitation (WASH) in healthcare facilities and surrounding communities
    - ✓ Access to water at the community level
    - ✓ Institutional strengthening

Democratic Republic of Congo tracker snapshot

- Overview of latest DRC status from country tracker

COUNTRIES & REGIONS	SITUATIONAL ANALYSIS	BASELINE ASSESSMENT OR DATA	NATIONAL COORDINATION & ROADMAPS	WASH IN HEALTH CARE FACILITIES STANDARD	HEALTH CARE WASTE MANAGEMENT STANDARD	INFRASTRUCTURE IMPROVEMENTS	WASH INDICATORS IN NATIONAL MONITORING	WORKFORCE DEVELOPMENT	COMMUNITY ENGAGEMENT
Democratic Republic of Congo	🔴	🟡	🟢	🟢	🟡	🟢	🟡	⚫	⚫

onal level / large-scale ongoing implementation, DRC has considerably
ved in 3 practical steps:

- ional coordination & roadmaps
- SH in healthcare facilities Standard
- Infrastructure improvements

- 🟢 Practical step completed or achieved on a national level and/or large-scale implementation ongoing
- 🟡 Practical step underway or partially completed
- 🔴 A need has been identified to and/or plans are in place to start
- 🔴 No progress made and/or no plans in place to start
- ⚫ No data

Infrastructure improvements

- 11 reference general hospital equipped with water drilling solar pumping system
- Implementation of fenced biomedical waste areas including incinerator, grinders, sharps pit, ash pit, placenta pit, waterpoint in all 18 General Reference Hospitals
- Installation of lighting with solar system in priority departments (maternity, surgery, etc.) of General Reference Hospitals and in-patient health centers.
- Setting up triage and isolation centers standardized for infectious diseases such as Ebola and COVID-19 in all 18 General Reference Hospitals.

WASH in healthcare facilities: Standards of Practice

- Documents being disseminated
  - ✓ Manual of Infection Prevention and Control Procedures
  - ✓ Guide to biomedical waste management
  - ✓ WASH standards and guidelines in health care facilities
  - ✓ The standards and guidelines of the organization and operation of the healthiness and hygiene brigade
- Documents in validation process
  - ✓ National IPC Strategy;
  - ✓ IPC Strategic Plan;
  - ✓ The drinking water quality control procedures manual.
  - ✓ The standards and guidelines for waterworks hygiene and sanitation in health care facilities.

The guidelines cover all the pathologies encountered and are adapted to the local context

Conclusions

✓ These interventions have shown that investing in IPC and WASH interventions for Outbreak and Pandemic preparedness can improve the quality future responses to Ebola and IPC/WASH best practices

✓Following implementation of a multisectoral program focused on readiness, including IPC/WASH activities, a subsequent outbreak was easier to control (11th compared to the 13th outbreak occurring in the Equateur Province), likely due to investments in preparedness

✓Important lessons were dawn for both IPC and WASH. For example, community engagement and appropriation of IPC/WASH interventions at both the community level and health facility level are critical.

✓Improvement of WASH infrastructure at health care facilities in high-risk provinces for Ebola transmission can lead to important results such as reduction of nosocomial transmission, better control of outbreaks and community transmission of Ebola.

✓Access to water remains critical in the response to Epidemics and Pandemics, especially with regards to One Health (transmission of zoonotic diseases).

Recommendations

✓Strengthen multisectoral coordination for Pandemic Preparedness and Response, prioritizing IPC/WASH. This is needed for Development partners post-outbreak in the recovery phase.

✓Mobilize funds for the implementation for IPC and WASH for Epidemic and Pandemic Preparedness and Response. Budgeting of IPC/WASH interventions at HCFs and communities is critical and needs to be sustained in the National health budget

✓It is important to support the implementation of priorities of national IPC strategy: data management, monitoring of healthcare-associated infections in HCF

✓Develop a clear and comprehensive IPC framework related to IPC and WASH activities in health care facilities and the community (outside and during emergencies)

✓Assessment of WASH infrastructure at HCFs in countries is needed for Epidemic/Pandemic Preparedness

Some photos

Llatrines in healthcare facilities

Biomedical waste areas

Community meeting with UG-PDSS Experts

Solar pumping water system

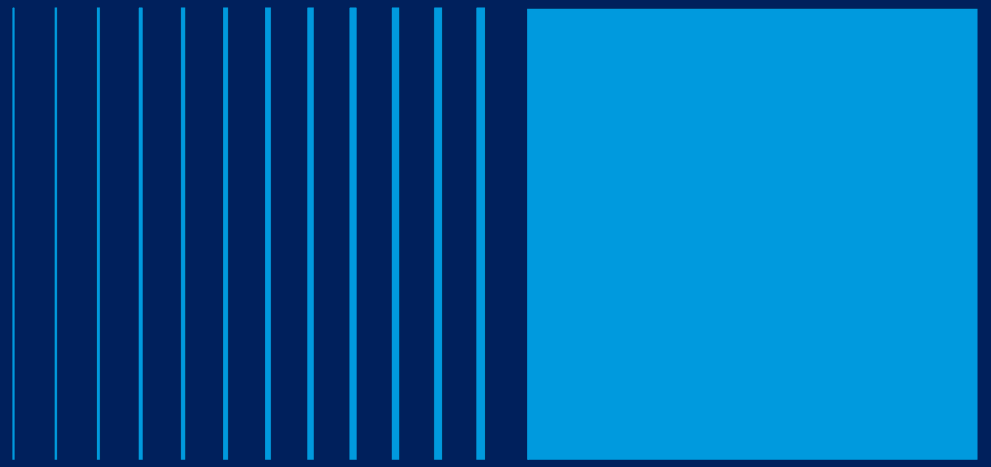
Solar kit for lighting general hospital

Workshop to draw up the DRC IPC-WASH strategy

Bangladesh

Reflections

Dr Md Ferdous Rahman Sarker

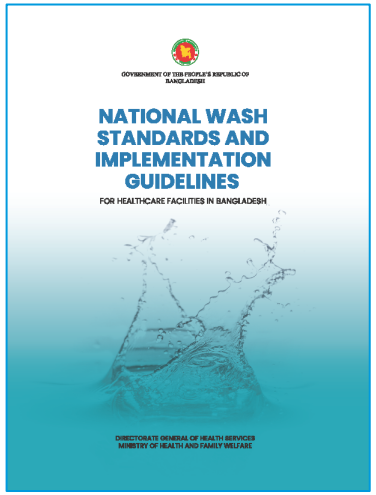


Country tracker snapshot

	Situation Analysis and Assessment		Conducted in 2019 by UNICEF, WHO
	National roadmap and Targets		Completed and Published in 2019
	WASH standards in HCF		Completed and Published in 2022
	Infrastructure and Maintenance		Ongoing: PWD, HED and Hospital Services
	Monitor and Review Data		• WASH indicator integrated in HMIS in 2022. • MIS start active monitoring and reporting
	Develop Health Workforce		On going
	Engage communities		On going
	Operational Research		On going

Summary of progress

- WASH strategy-2019 and Road map developed and published in collaboration of UNICEF, WHO and other stakeholders
- WASH standards published 2022 with technical support from WHO,
- Integration of WASH indicators with HMIS (all 5 components of WASH); Piloting of Climate Resilient HCF in 8 hospitals



How and why have you had success?

- High level commitment
  - The previous ADG was very passionate about WASH in HCF
  - She took the leadership and Formed a national technical committee (NTC) to implement the 8 practical steps

How and why have you had success?

Continue..

- Effective collaboration and coordination: Engage key partners including WHO and UNICEF and WaterAid
  - NTC has engaged a range of key partners like UNICEF, WHO, JICA, NGOs, Governments, Public Works Department.
- **Lesson: Select one champion, she/he can make the change**

Three global recommendations: Bangladesh's position

How is your country currently working to address these or how do they plan to in the future?

1. Health sector planning document is called Health Population and Nutrition Sector Plan (HPNSP), it is 5 years planning cycle.

- Next planning cycle (2024-29) is under preparation
- Liaison with MoH to have dedicated OP with adequate budget to develop and maintain WASH, Energy and Healthcare waste

2. Indicators on WASH, Energy and HCW have been integrated in HMIS. We expect that active monitoring and evaluation of WASH indicators will contribute to advance the WASH system in the country.

3. Dedicated Department of Health Education Bureau to develop skills of healthcare staff with regard to WASH

Conclusions/Recommendations

- **Institutionalization:** Strengthen National Technical Committee for WASH service institutionalized through Ops

- **Sustainable Support:** Enhance advocacy for allocation of adequate budget for Integrate WASH program in HPNSP

- **Collaboration and coordination**:
  - Among MOH, Ministry of local government, LGIs, development partners, and healthcare providers for effective implementation of WASH interventions and resource mobilization

  - Establish mechanism to review the monitoring outcomes and carryout the corrective interventions.

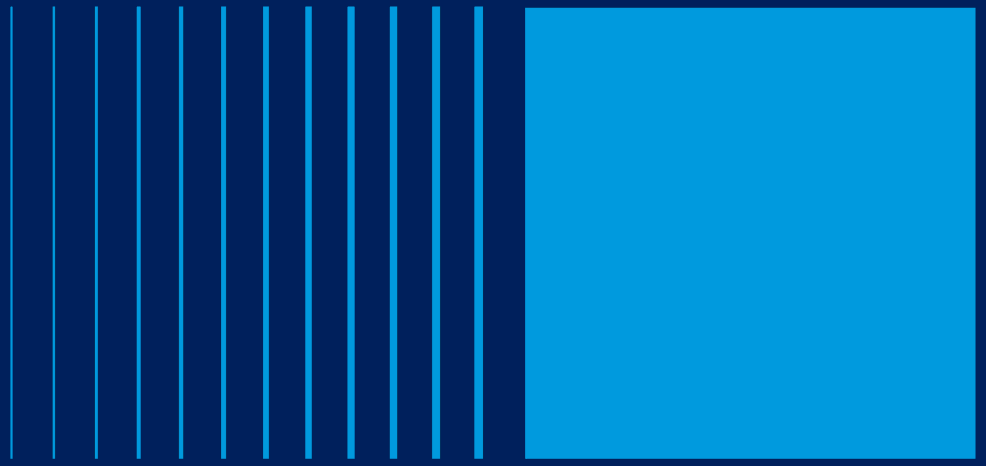
  - Preventive maintenance of facilities through coordination among HED, PWD, and HSs

- **Training and capacity building**: Conduct regular training programs for healthcare staff on WASH practices, IPC protocols, and waste management

Egypt

Reflections

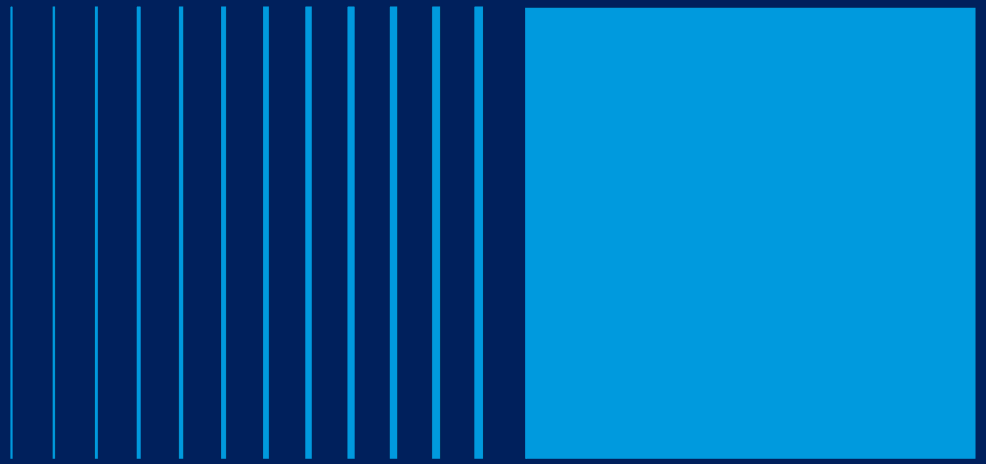
Dr Amira El Hanafy



Country overview, recommendations and next step

- The strong collaboration between MOHP, MOWI and UNICEF was key for the improvement interventions through raising awareness of hygiene practices and improvement of sanitation services
- Recommendations
  - Establish national standards and accountability mechanisms.
  - National standards and policies for WASH in health care facilities are necessary for implementing, monitoring, and regulating health services. Standards should be comprehensive (including items such as safe health care waste management), specific enough to provide actionable technical guidance, and relevant to the local context.
  - Continuous evaluation and adjusting any plan of improvement
- Next step
  - **Short-term plan**: Installing **solar panels** in **primary** health care facilities towards adopting climate resilient and environmentally sustainable WASH services in HCFs
  - **Long term plan: Develop** and implement a policy/protocol for operation and maintenance, to assure compliance with technical and institutional aspects relevant to water, sanitation and hygiene (WASH) services in Primary Health Care Units including procurement of supplies.

Discussion



WASH
in Health Care Facilities

Effective cross-sectoral action to contribute to safe, quality care for all

Moderator: Claire Chase, World Bank

Climate change
Electrification
Infection prevention & control
Quality of care
Immunization and energy

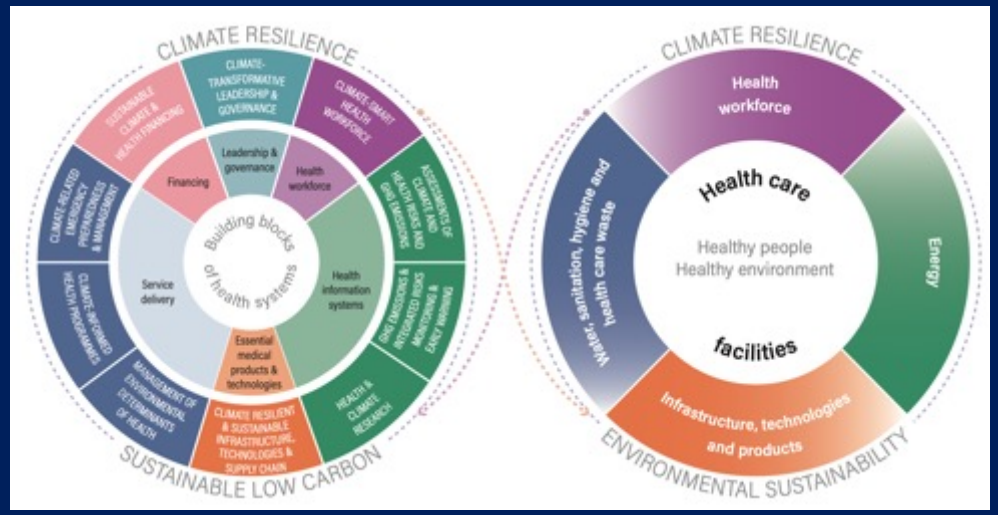
World Health Organization

unicef
for every child

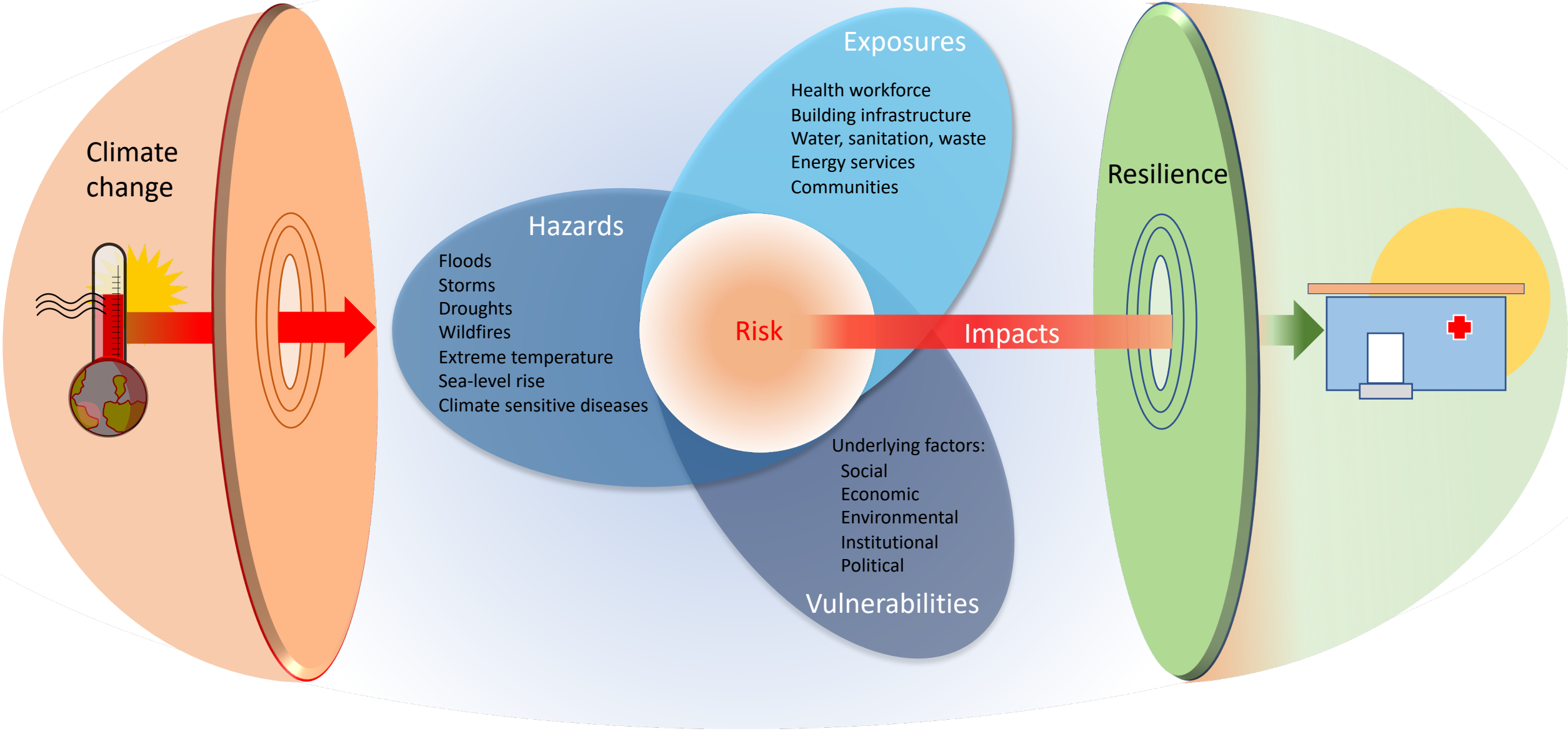
WHO HQ & EMRO

Climate resilient health systems and facilities

Carlos Corvalan & Mazen Malkawi



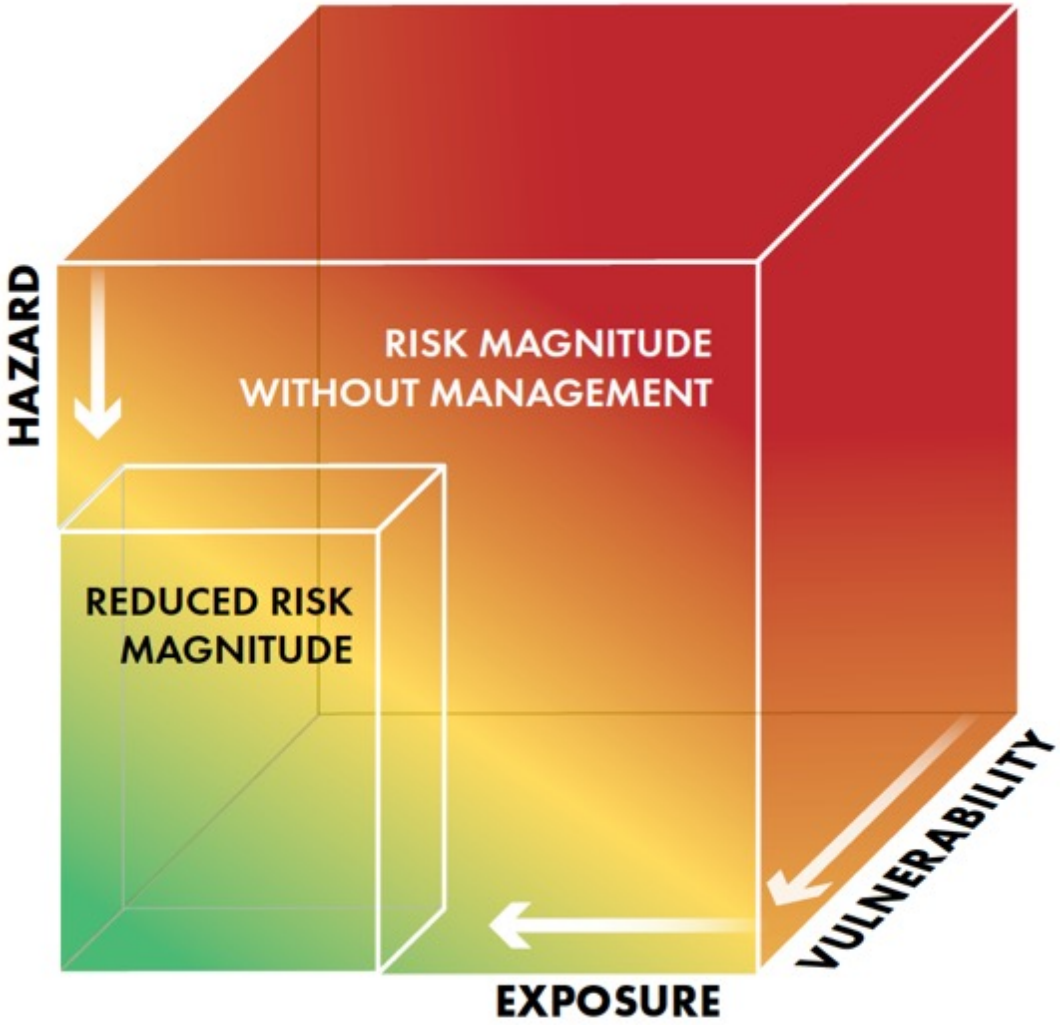
Climate change increases risks to health systems and facilities



https://www.who.int/publications/i/item/9789240022904

How can we reduce Health Risk?

To reduce the overall risk magnitude, actions to reduce **hazards**, **exposures** and **vulnerabilities** must be implemented.



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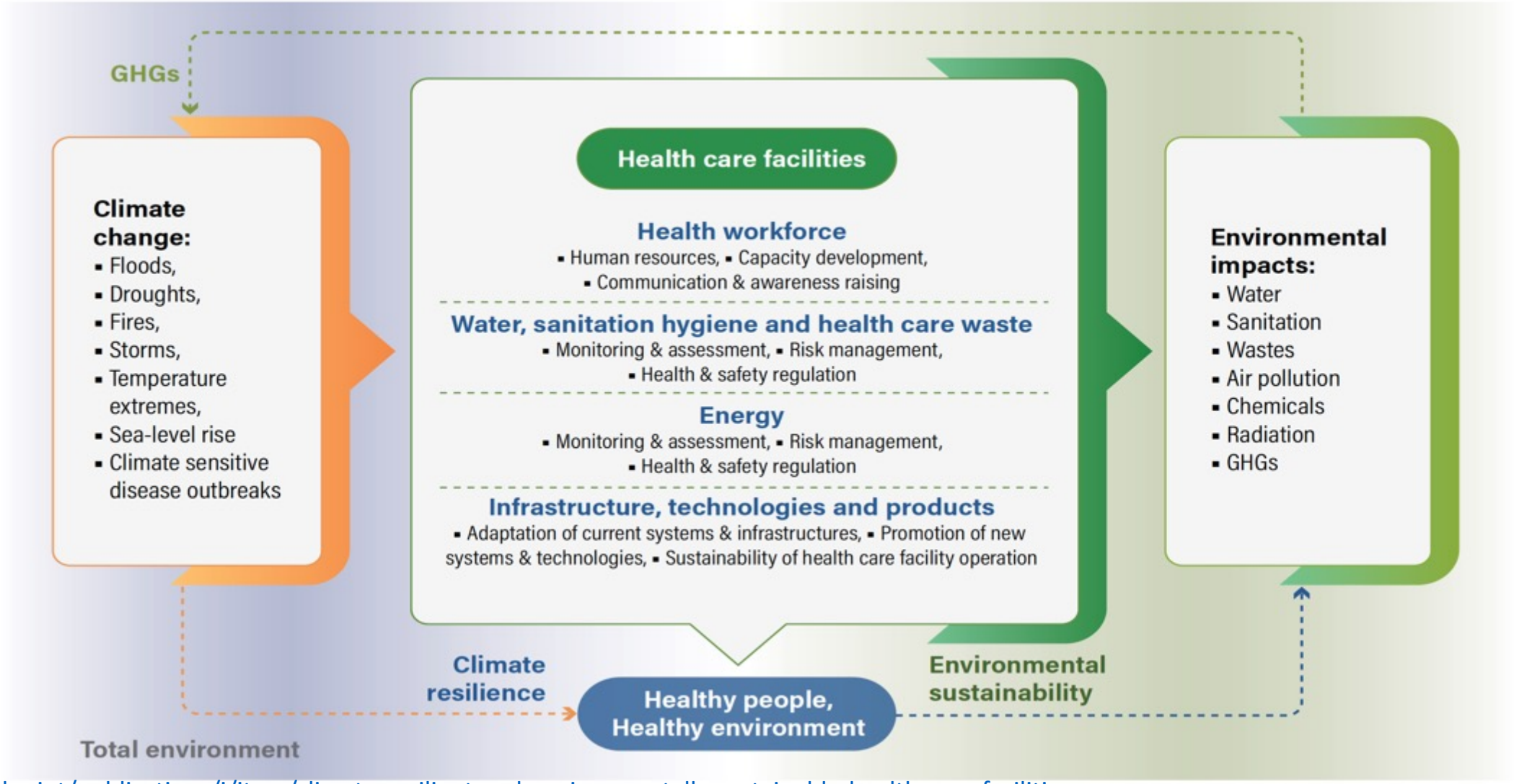
Building climate resilient and environmentally sustainable health care facilities



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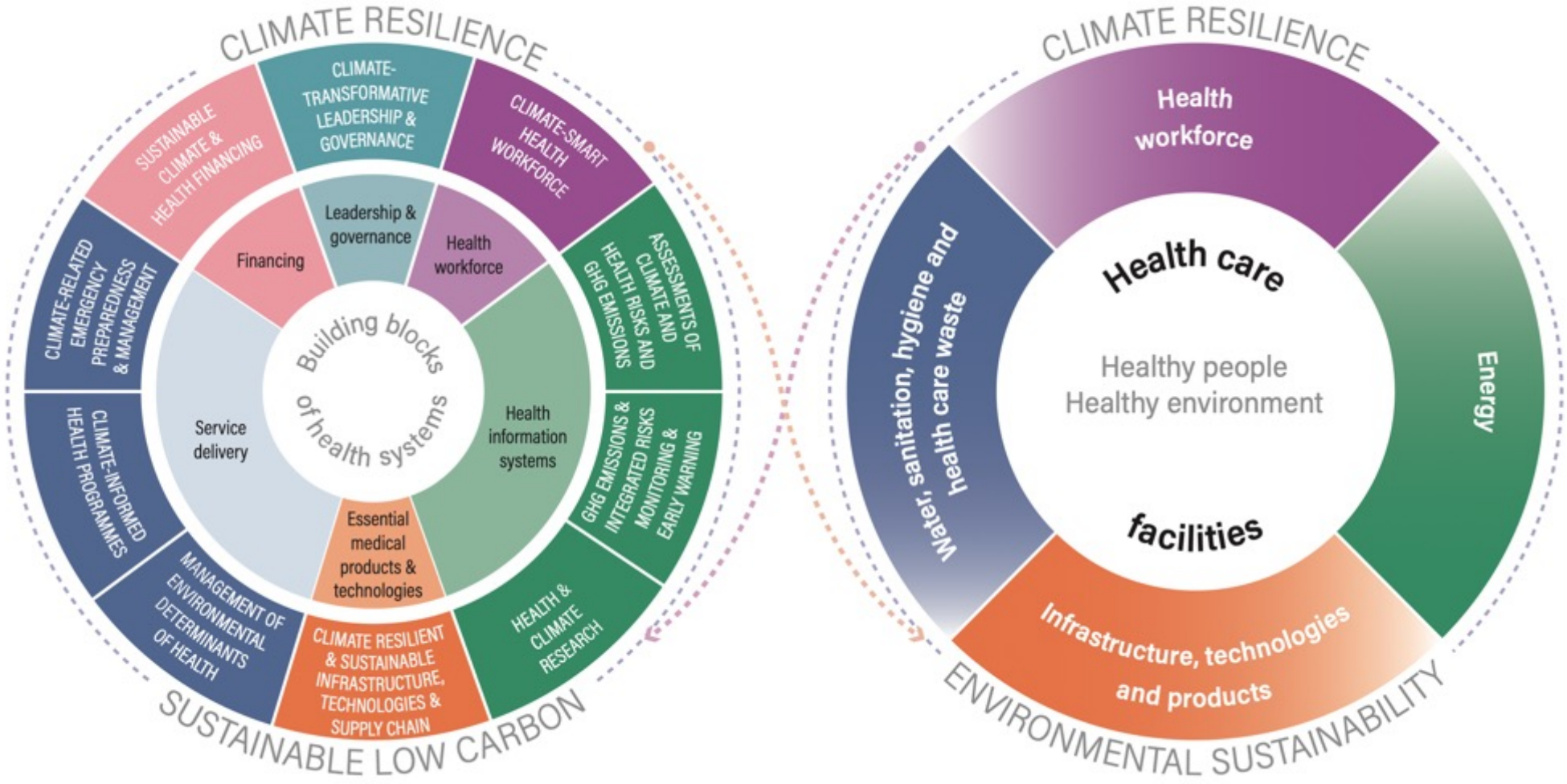
Framework for climate resilience and environmental sustainability in health systems and health care facilities



https://www.who.int/publications/i/item/climate-resilient-and-environmentally-sustainable-health-care-facilities

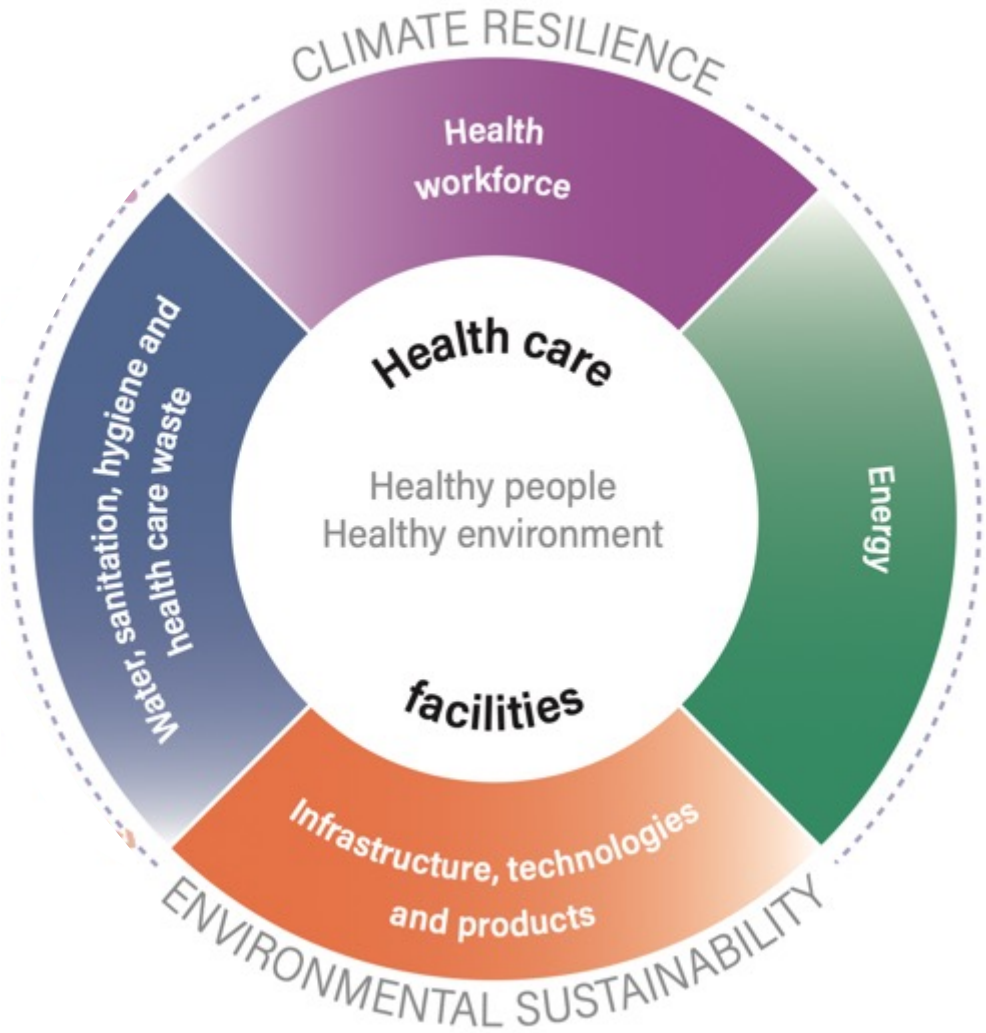
Requirements for providing safe and quality care in the context of climate change

Water, sanitation, hygiene (WASH) and health care waste

Sustainable and safe WASH and health care waste services

Infrastructure, technologies, products and processes

Appropriate infrastructure, technologies, products and processes, and all operations for efficient functioning of the health care facility



Health workforce

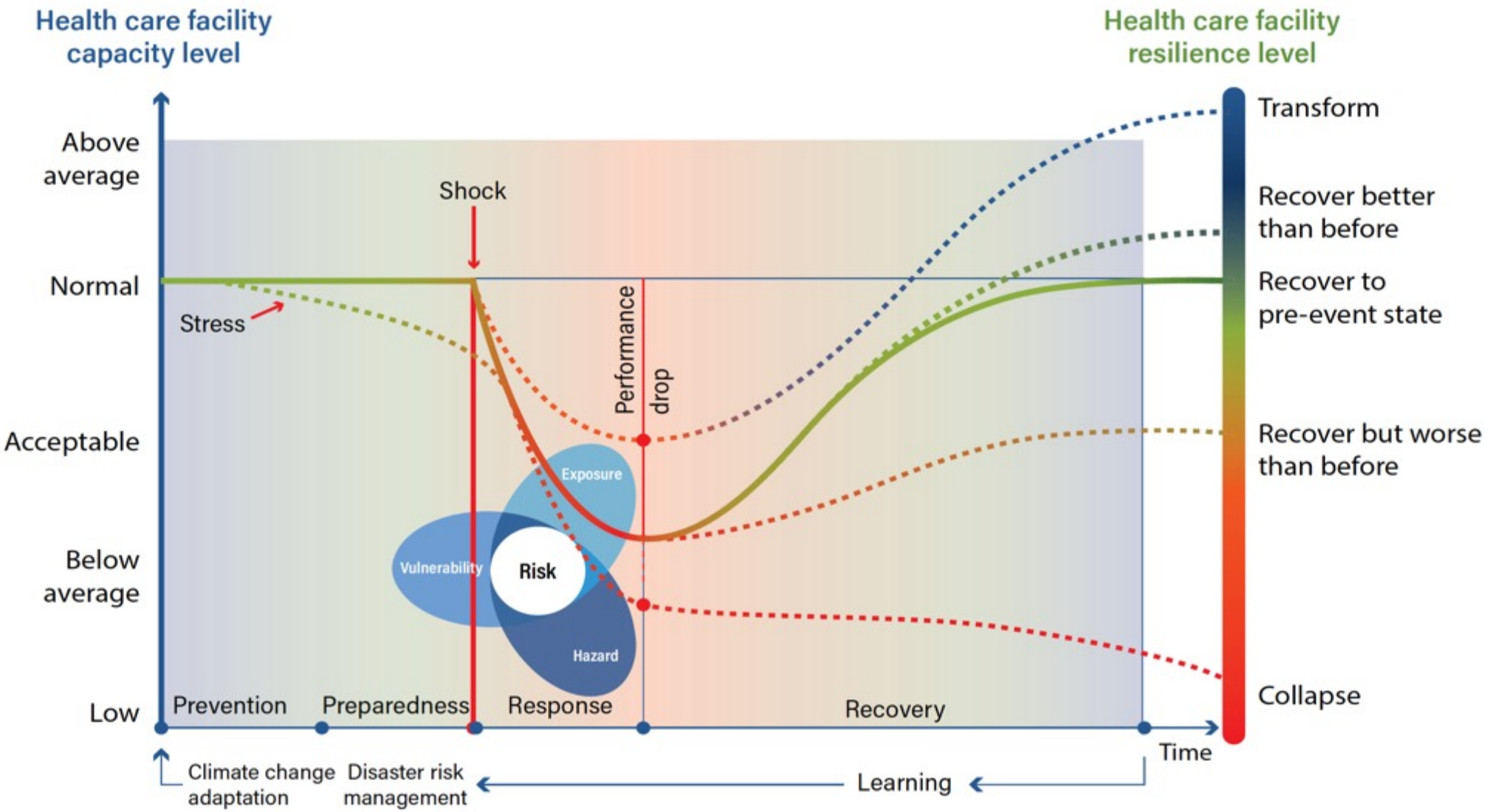
Adequate numbers of skilled human resources with safe, healthy and decent working conditions, empowered and informed to respond to climate challenges

Energy

Sustainable energy services

https://www.who.int/publications/i/item/climate-resilient-and-environmentally-sustainable-health-care-facilities

Climate resilience in health systems and facilities



https://www.who.int/publications/i/item/climate-resilient-and-environmentally-sustainable-health-care-facilities

Actions to reduce Greenhouse gas emissions in health systems and facilities

Carbon footprint of the Health System:
"Top-down assessments"

What fraction of all GHG emissions are from the health sector?
Where do these emissions originate (Scopes)?

	Scope 1 (Direct, controlled)	Scope 2 (Indirect, purchased energy)	Scope 3 (Indirect, supply chain)
Health workforce 	Staff active travel; Virtual meetings; Telehealth	Reduced energy use by staff actions	Staff commuting; Business travel
Water, sanitation, hygiene and health care waste 	Waste reduction and recycling	Water heating and cooling	Waste disposal; Water use
Energy 	Fossil fuel use; Reduced unnecessary travel	Electricity needs; Space heating and cooling	Energy used in other areas of the supply chain
Infrastructure, technologies, products and processes 	Anesthetic products Reusable medical devices	Reduced energy from energy efficient technologies and products; Electrification of transport fleet	Metered dose inhalers; Medicines; Medical devices; Food procurement; Construction

"Bottom-up assessments"

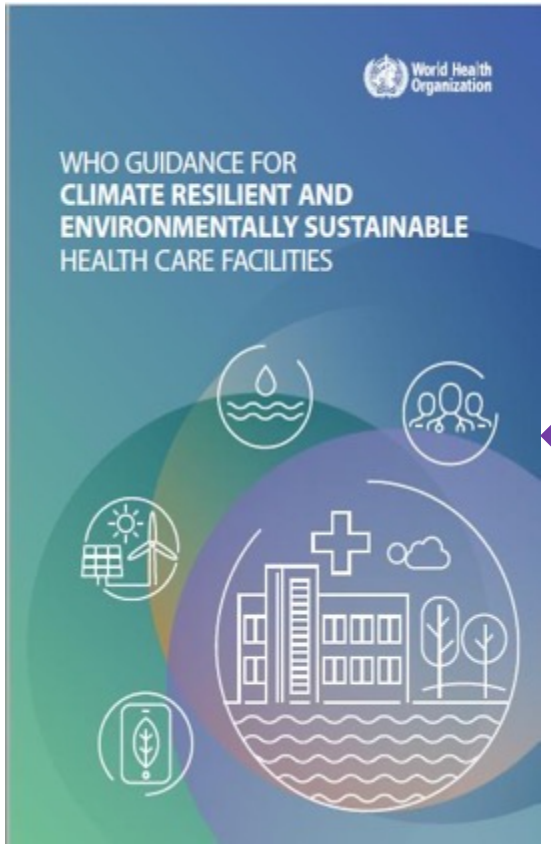
Carbon footprint of Health Care Facilities:

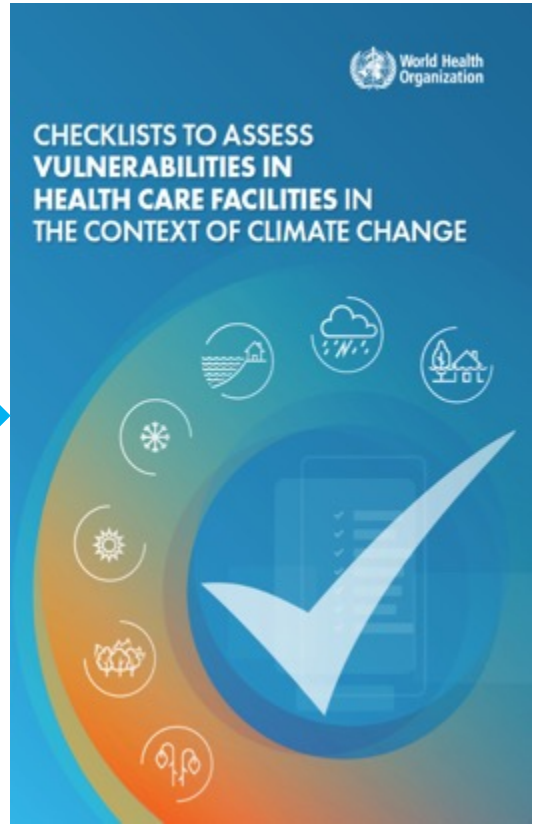
How much GHGs does each facility generate?
Where are the best opportunities to reduce emissions?

https://cdn.who.int/media/docs/default-source/climate-change/ghg-meeting-report-01.04.21.pdf?sfvrsn=e0c03c41_7&download=true

Responding to the challenges in the context of climate change

Integrated guidance to building climate-resilient, low carbon and environmentally sustainable health facilities





https://www.who.int/publications/i/item/climate-resilient-and-environmentally-sustainable-health-care-facilities

https://www.who.int/publications/i/item/9789240022904

WHO tools to:

- Establish baselines for climate resilience;
- Plan interventions for both resilience and environmental sustainability

Climate Change and Health in the Eastern Mediterranean Region

Global Summit on WASH and Waste in Health Care Facilities

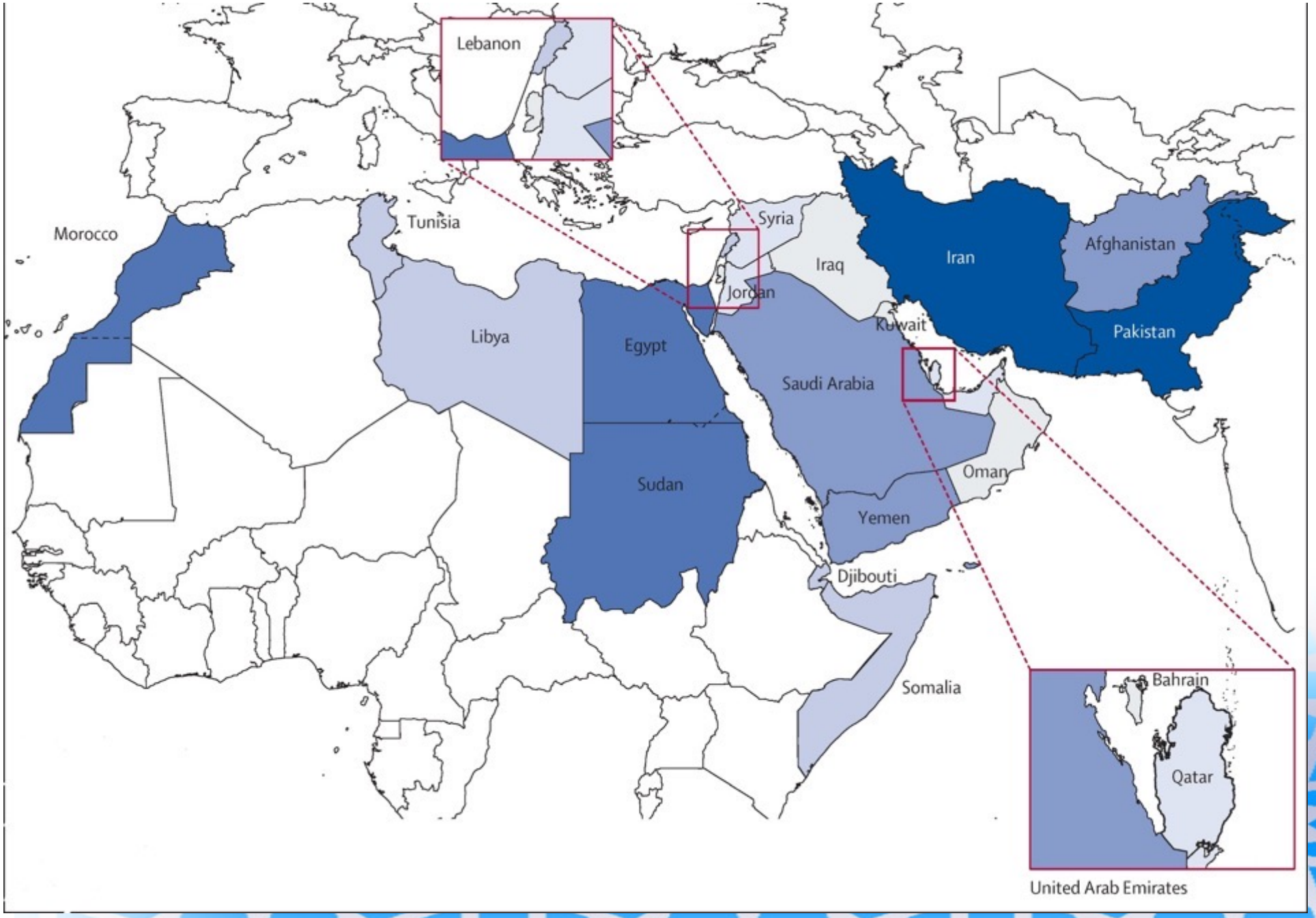
13-15 June 2023 Amman, Jordan

Mazen Malkawi, WHO/EMRO/CEHA

World Health Organization
Regional Office for the Eastern Mediterranean

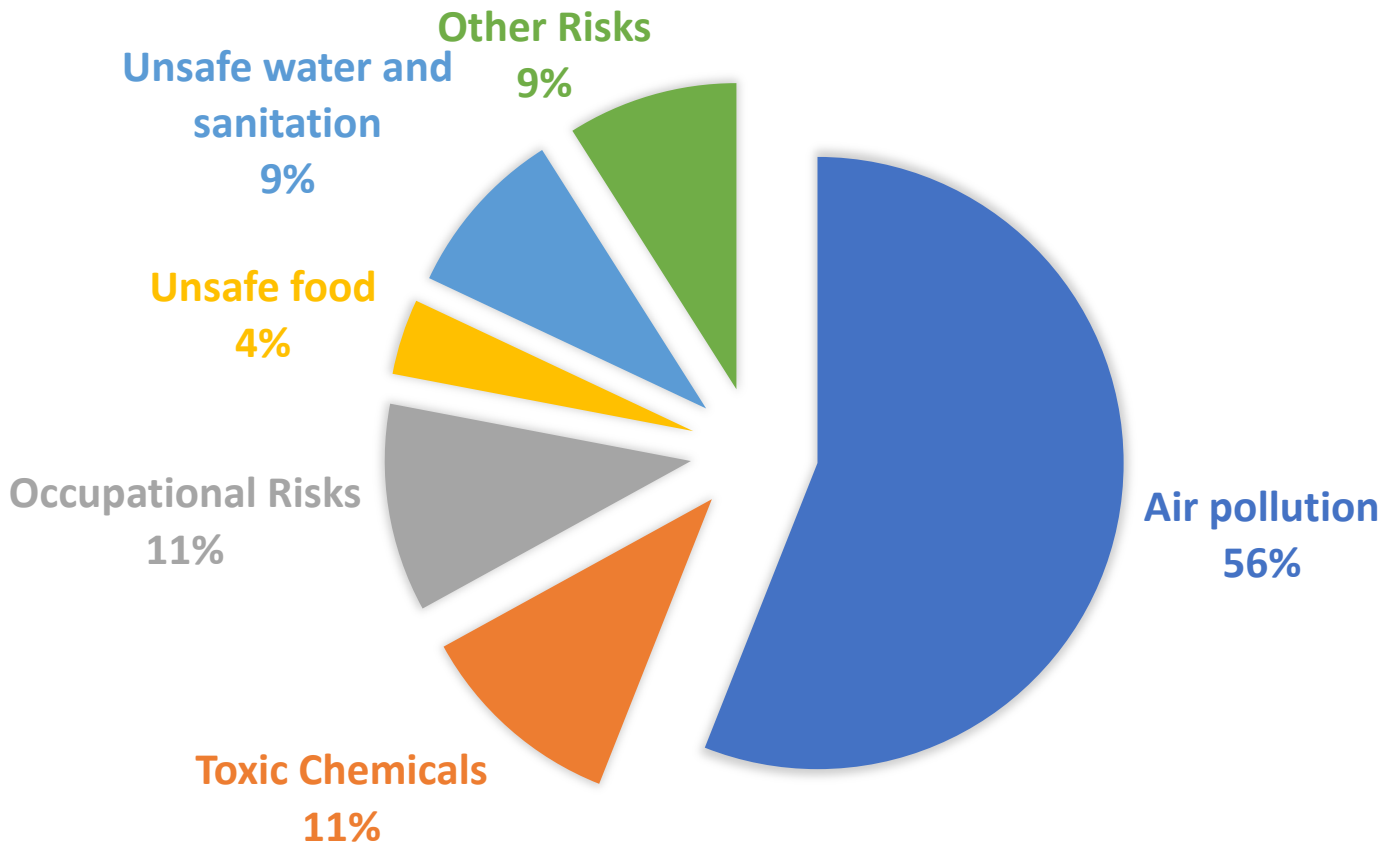
More than 717 million people live in the 22 countries of the Eastern Mediterranean Region (EMR)

Environmental risks are responsible for the premature death of more than 1 million people annually



World Health Organization
Regional Office for the Eastern Mediterranean

WHO estimates that more than 13 million deaths around the world each year (**including one million in our region**) are due to avoidable environmental causes. This includes the climate crisis which is the **single biggest health threat facing humanity**

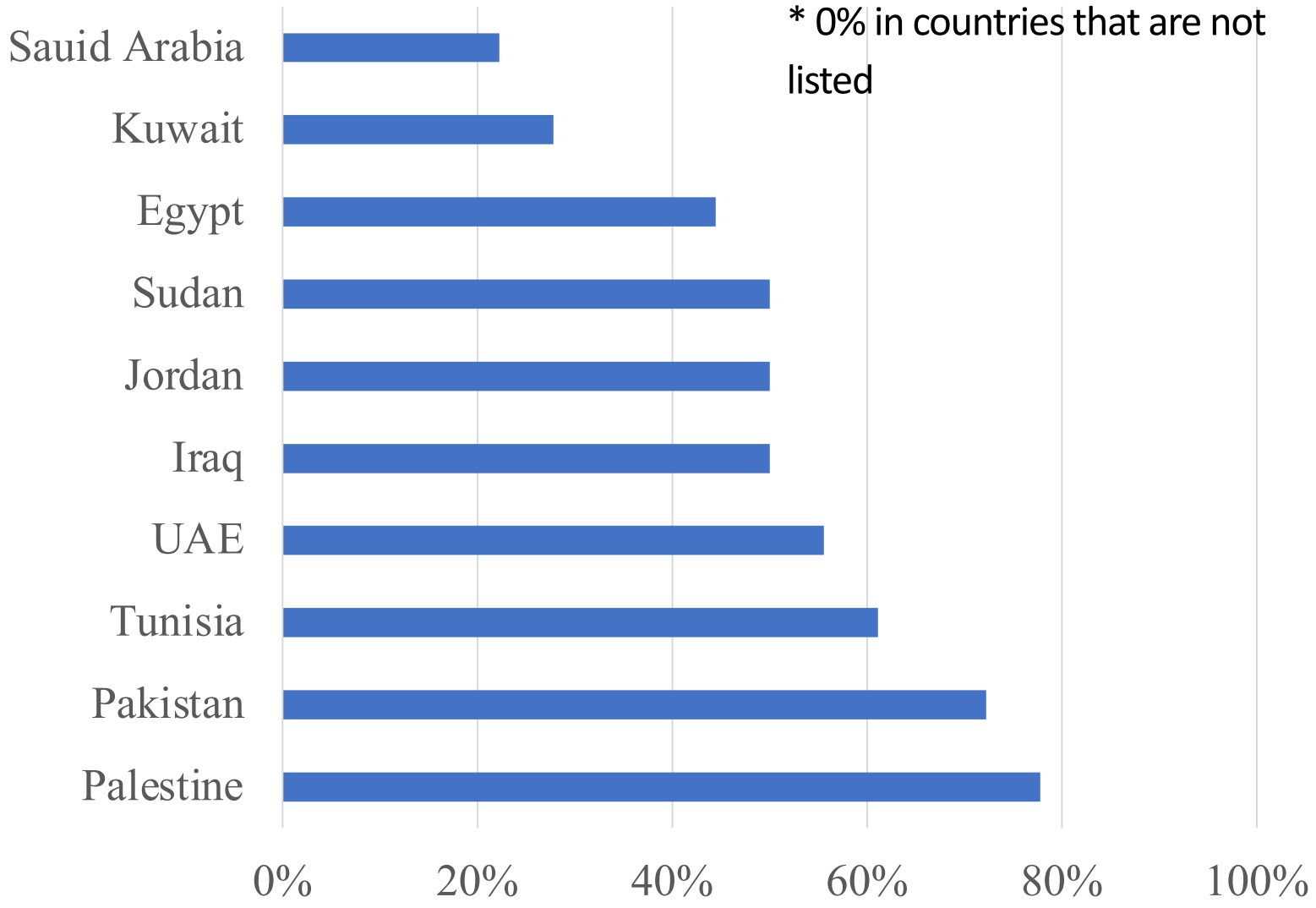


Climate Hazard Projections in the Region (Worse case Scenario)

Change forecasted by end of Century	Health Impacts
Mean temperature will increase by 4.3-6.1 °C, 49-95% of the days of the year will be hot	The increase in heat-related deaths among the elderly will range from 6 to 50 folds in the region
Increase in number days with heavy rain causing flash floods by 6-7%	Increase in injuries, increase in water, food and vector borne diseases, damage to health infrastructure, etc.
More frequent and longer drought events	Malnutrition, Immigration, etc.
More frequent and longer dust storms	Increase in air pollution leading to increase in communicable and non-communicable diseases
Water scarcity will intensify by 4% decrease in precipitation	Water borne diseases, malnutrition, etc.,
Extreme weather conditions will increase	Injuries will increase, Health infrastructure will be damaged, health services will be interrupted, and social determinants of health will be affected
Sea level will rise by 0.1-0.6 m	Injuries, damage of infrastructures, floods, etc

Are national climate commitments enough to protect our health? *

Data extracted from the Healthy NDC Scorecard published in May 2023



COP26 Health Program

COMMITMENT 1: CLIMATE RESILIENT HEALTH SYSTEMS

- Climate change and health vulnerability and adaptation assessment (V&A)
- Health national adaptation plan (HNAP)
- Commit to use the V&A and HNAP to facilitate access to climate change funding for health

COMMITMENT 2: LOW CARBON HEALTH SYSTEMS

- Baseline assessment of greenhouse gas emissions of the health system
- Action plan or roadmap to deliver a low carbon, sustainable health system
- High ambition: net zero emissions

RC 69

Commitments made by 13 EMR Countries (out of 65 worldwide)

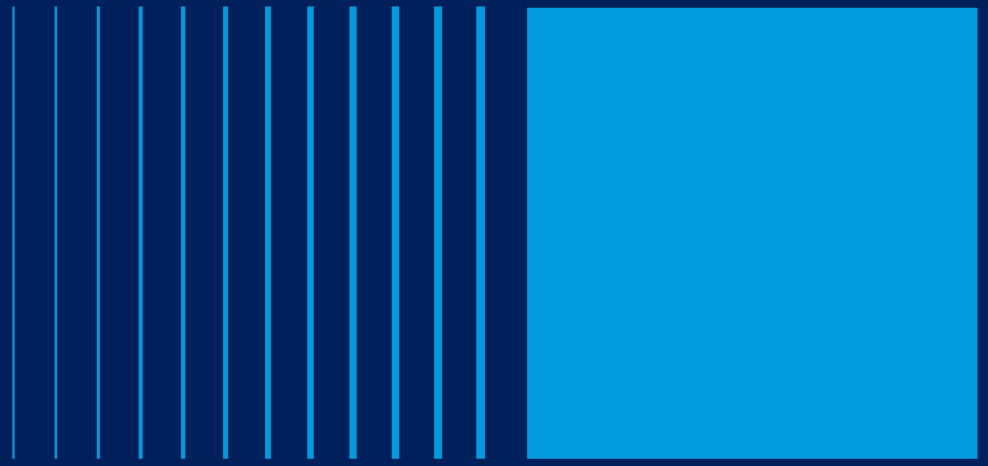
Country	Committed to build climate resilient health system	Committed to build low carbon health system	Net Zero Targeted date
Bahrain	***		
Egypt	***		
Iran	***	***	
Jordan	***	***	2050
Kuwait	***		
Lebanon	***	***	
Oman	***	***	
Morocco	***	***	2050
Palestine	***	***	
Pakistan	***	***	
Tunisia	***		
UAE	***	***	
Yemen	***	***	2050

Linking up with health electrification

Salvatore Vinci

Technical Officer

WHO HQ



Benedetta Allegranzi

Technical Lead, Infection Prevention and Control Hub and Task Force

WHO HQ, Integrated Health Services, UHC/Life Course

WHO HQ

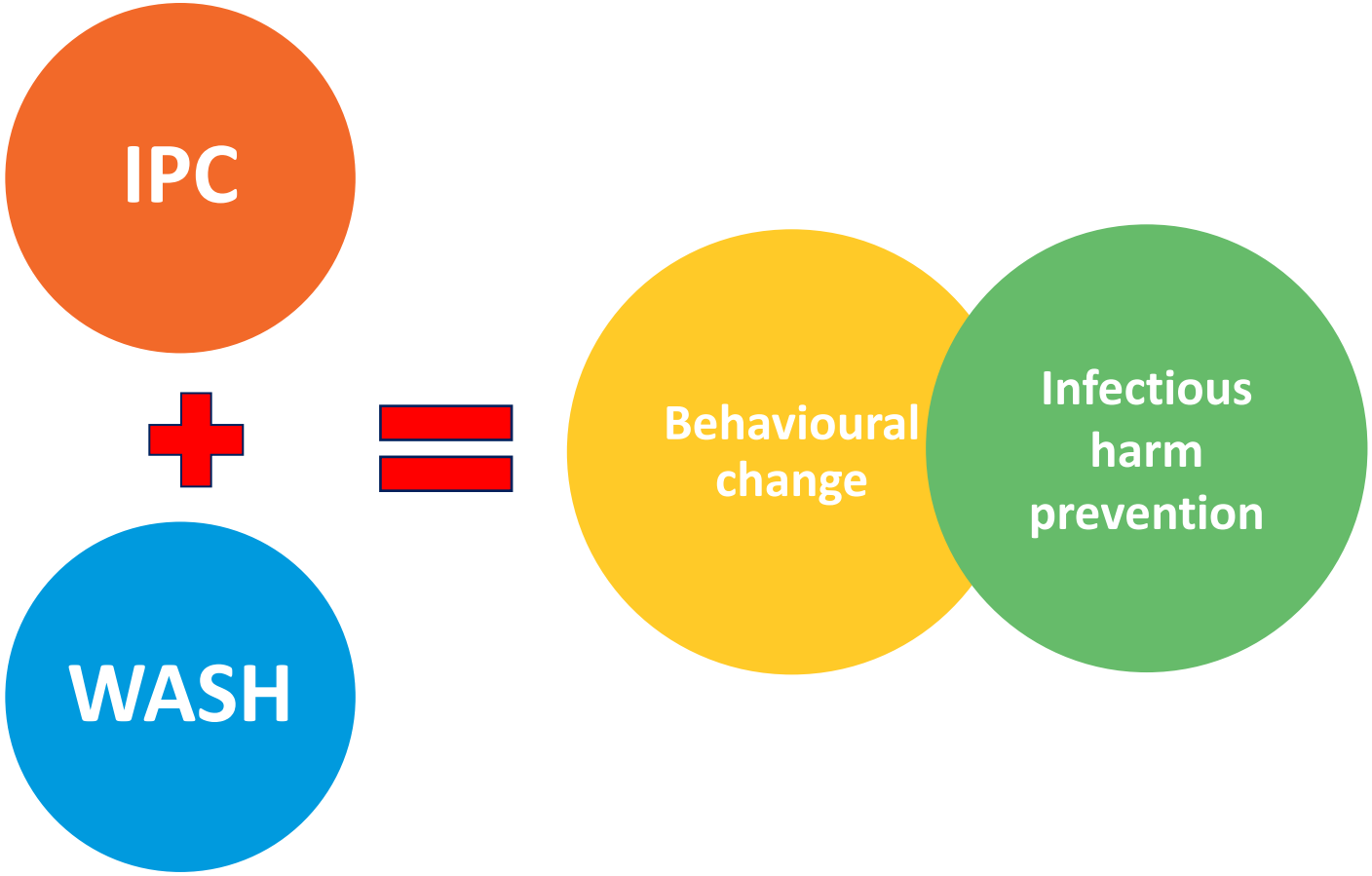
Effective cross-sectoral action to contribute to safe, quality care for all

Complementarity between IPC & WASH

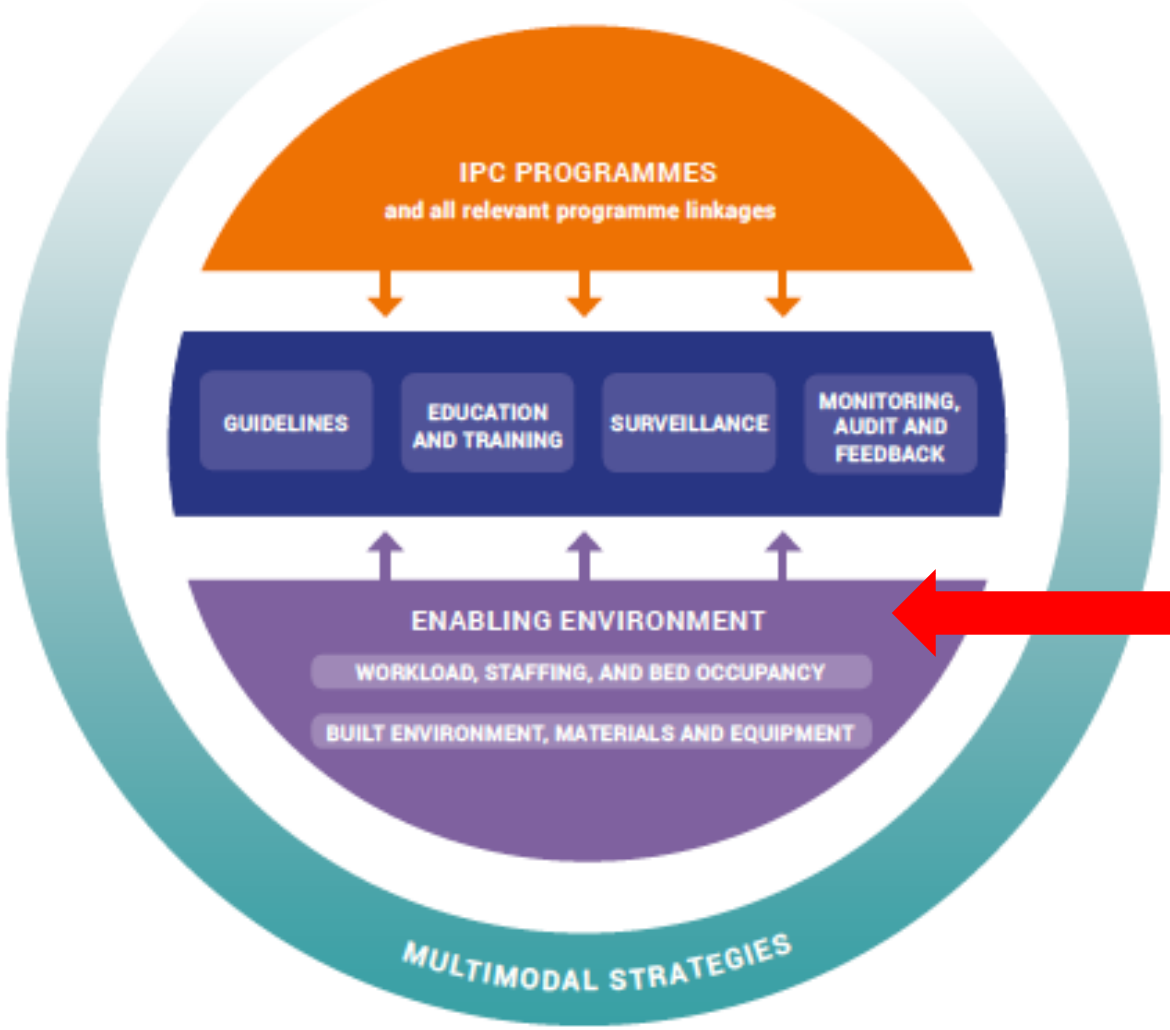
IPC is central to achieving quality care for all by ensuring that those who access and provide care are safe from infection through evidence-based, timely, efficient and compassionate interventions integrated within clinical pathways.

&

WASH provides the necessary infrastructure, procedures and equipment enabling the implementation of appropriate IPC practices and behavioural change among health workers and the community.



Core Components of effective IPC programmes



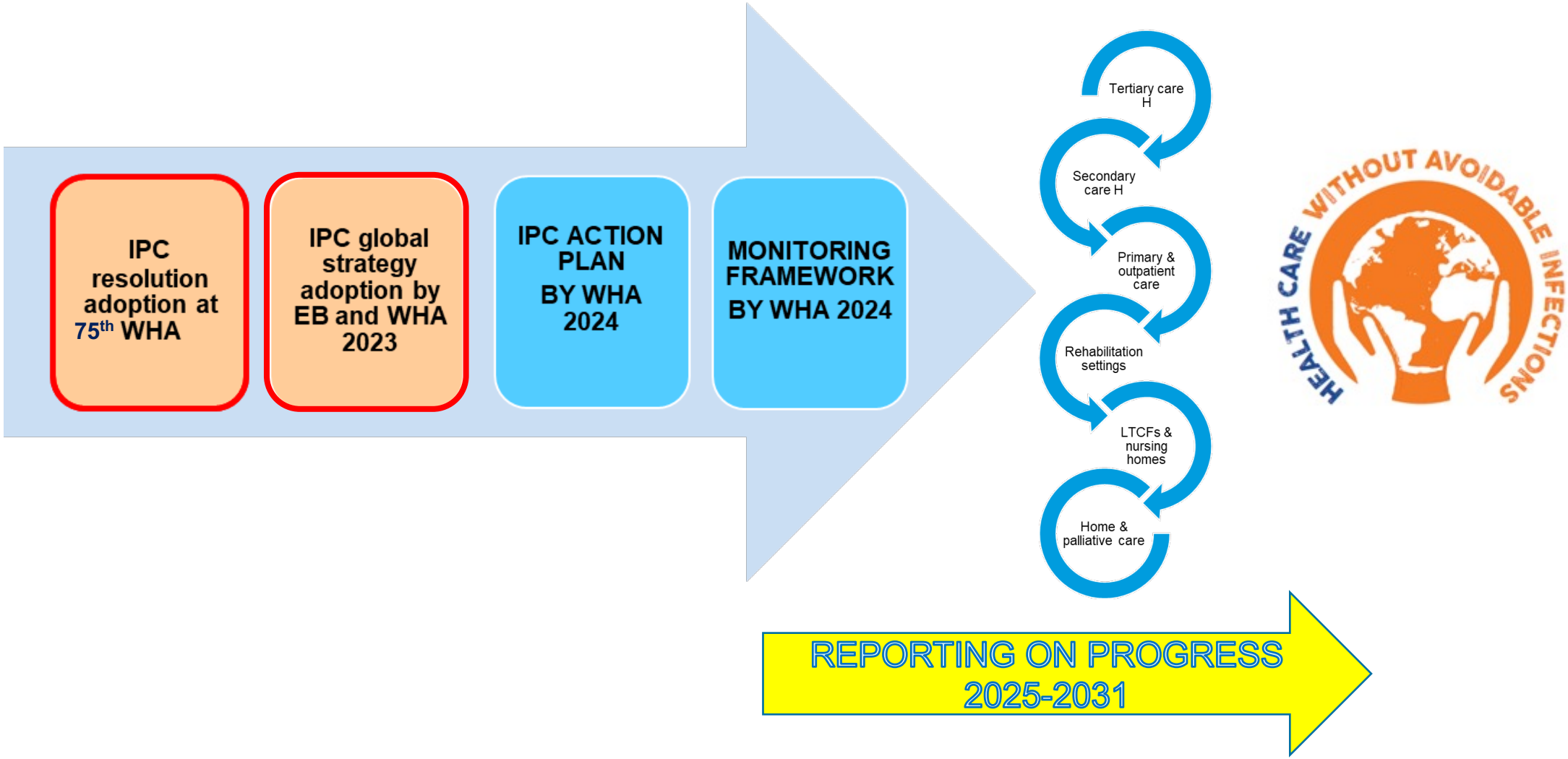
Core component 8 includes WASH

Minimum requirements: CC8 (facility level)

Minimum requirements for IPC Core component 8 - Built environment, materials & equipment for IPC.

FACILITY LEVEL	WATER	HAND HYGIENE	SANITATION	OTHER INFRASTRUCTURE
PRIMARY CARE	• Water always available from a source on the premises.	• Hand hygiene facilities always available at the point of care/toilets (alcohol-based hand rub and/or water, soap and towels)	• Minimum 2 toilets, one for patients and one for staff, equipped with menstrual hygiene products. • Waste management, including waste bins, storage and treatment.	• Space for cohorting/isolation • Adequate natural ventilation • Space for decontamination of reusable medical devices • Sufficient and appropriate IPC supplies (that is, personal protective equipment, mops, detergent, etc.).
SECONDARY AND TERTIARY CARE	• Water always available on the premises and piped, at a minimum to high risk wards.		• Min 2 improved sanitation facilities for outpatients and 1:20 for inpatients • All equipped with menstrual hygiene products	• Adequate single isolation rooms • Adequate natural or mechanical ventilation. • Reliable power and electricity, at a minimum to high-risk areas • Adequate space for decontamination of medical devices • Sufficient IPC supplies.

Infection prevention and control 2022-2031



Global Strategy on IPC (GSIPC) – Objectives

World Health Organization

GSIPC Objectives

1. Prevent infection in health care
2. Act to ensure IPC programmes are in place and implemented
3. Coordinate IPC activities with other areas & vice-versa

Prevent, Act, Coordinate

IPC global strategy: strategic directions

1. Political commitment and policies
2. Active IPC programmes
3. IPC integration and coordination
4. IPC knowledge of health and care workers and career pathways for IPC professionals
5. Data for action
6. Advocacy and communications
7. Research and development
8. Collaboration and stakeholders' support

Conclusions/recommendations

- Enable mechanisms for integration of IPC and WASH actions and plans at national and facility level
- Ensure achievement the minimum requirements for IPC core component 8 (built environment) in all public and private health care facilities
- Conduct implementation projects and research to assess the impact of WASH improvements on health workers` behavioural change in IPC practices (e.g. HH compliance)
- Ensure accurate completion of IPC/WASH section of SPAR and alignment with data submitted through JMP, WASH-FIT and/or WHO IPC surveys
- Include WASH indicators among the priority targets for measuring the impact of the new IPC global strategy and action plan

Thank you

WASH in Health Care Facilities

World Health Organization

unicef
for every child

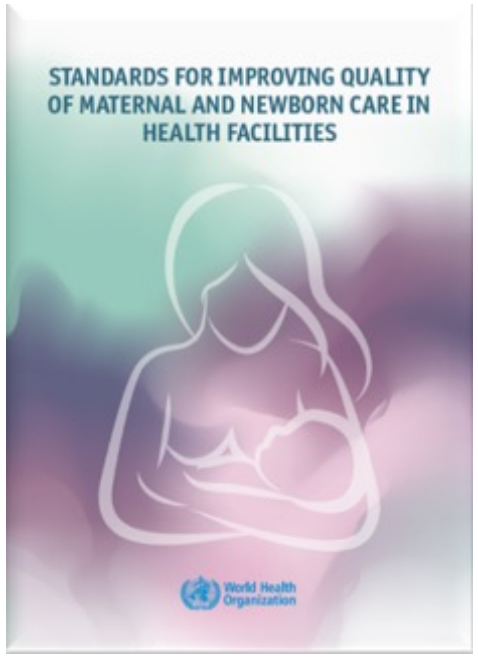
WHO HQ

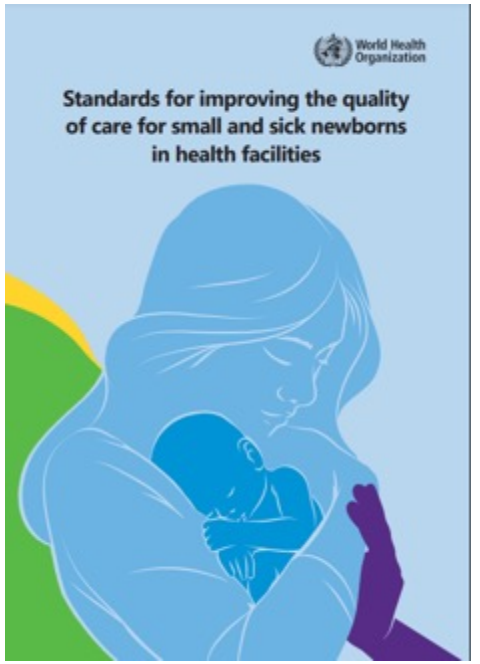
Integration with better quality care for mothers, newborns and children

Martin Dohlsten

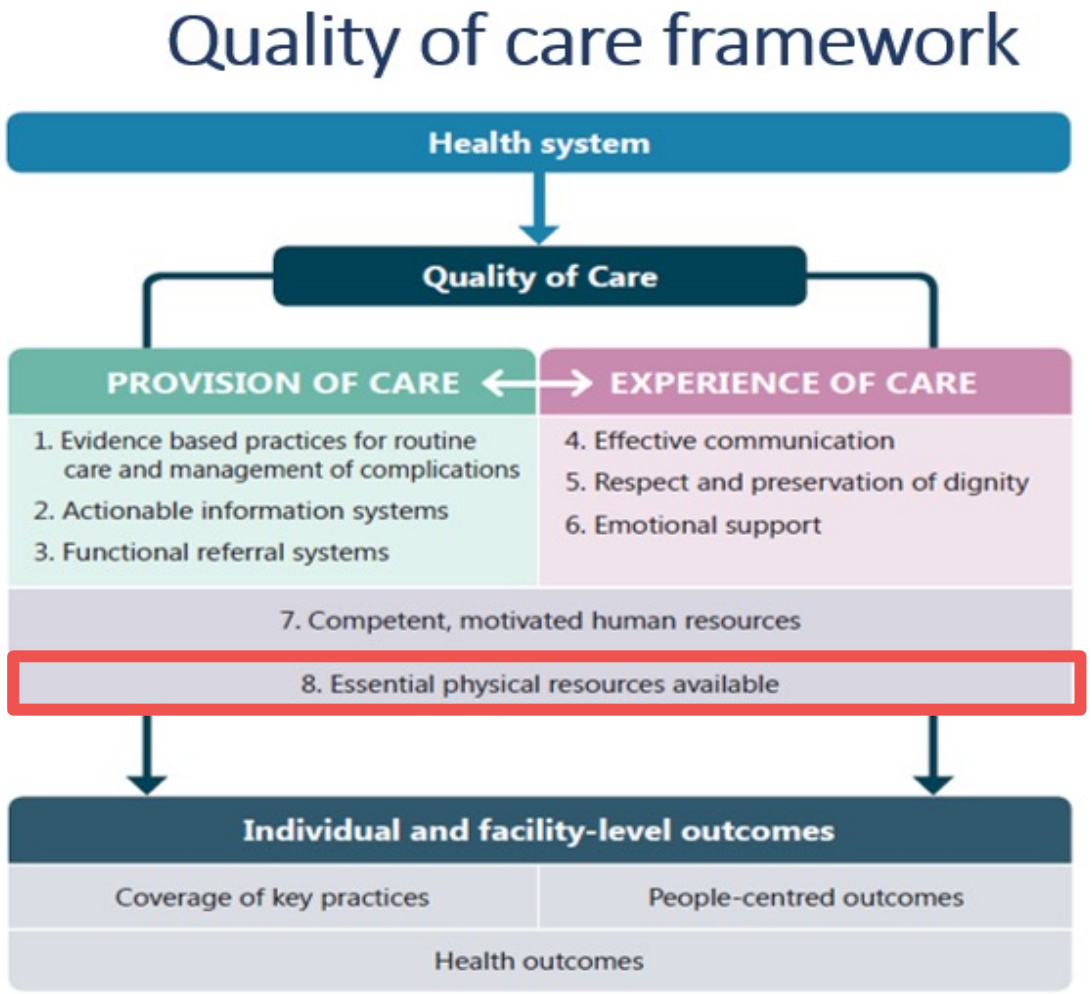
Technical Officer, Maternal, newborn and child health

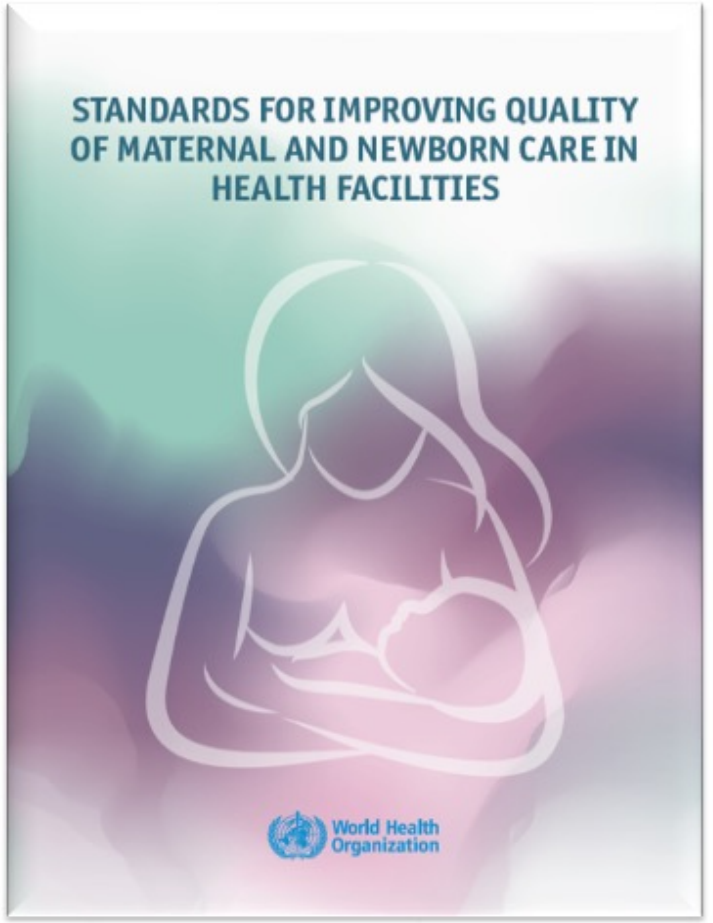
WHO Quality of Care Standards





WHO Quality of Care Standards for Maternal and newborn care





QoC standard related to WASH

Standard 8: The health facility has an appropriate physical environment, with adequate water, sanitation and energy supplies, medicines, supplies and equipment for routine maternal and newborn care and management of complications.

Quality statements

8.1: Water, energy, sanitation, hand hygiene and waste disposal facilities are functional, reliable, safe and sufficient to meet the needs of staff, women and their families.

Quality measures
Input
1. *The health facility has a functioning source of safe water located on the premises that is adequate to meet all demands for drinking, personal hygiene, medical interventions, cleaning, laundry and cooking for use by staff, women, newborns and their families*. (90.90)*
2. *The health facility has leak-proof, covered, labelled waste bins and impermeable sharps containers available in every treatment area, to allow segregation of waste into four categories: sharps, non-sharps infectious waste, general non-infectious waste (e.g. food, packaging) and anatomical waste (e.g. placenta)*. (90.88)*
3. *The health facility has at least one functioning hand hygiene station per 10 beds, with soap and water or alcohol-based hand rubs, in all wards*. (89.53)*
4. *The health facility has energy infrastructure (e.g. solar, generator, grid) that can meet all the electricity demands of the facility and associated infrastructure at all times, with a back-up power source. (89.41)*

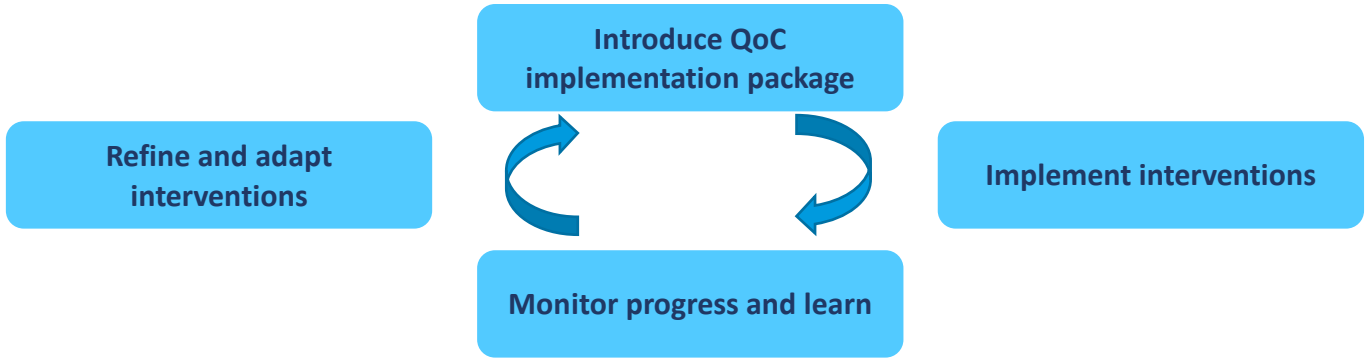
Outcome
1. *The proportion of women and their families who attended the health facility who were satisfied with the water, sanitation and energy services and would recommend the health facility to friends and family. (76.75)*
2. *The proportion of all health care staff at the health facility who were satisfied with the water, sanitation and energy services and considered that these services contribute positively to providing high-quality care. (76.23)*
3. *The proportion of women and their families who attended the health facility who were satisfied with the power and lighting source and would recommend the health facility to friends and family. (74.20)*

Implementation approach for QoC

Preparing for implementation

- Establish national policy, strategy and structures
- Build a broad coalition of stakeholders
- Landscape analysis and review of QOC data
- Develop an operational plan and assign responsibility
- Adapt and adopt quality of care standards
- Agree indicators and monitoring framework
- Build capability for quality improvement interventions

Implementation



- Monitoring progress
- Build national learning system
- Engage communities and create demand for quality

Links between WASH and the Quality of Care for mothers, newborns and children

- WASH is critical for meeting several targets under SDG 3, especially 3.1 and 3.2 on reducing maternal and neonatal mortality
- Clean and safe health-care facilities increase trust in and demand for services, improve the experience of care, strengthen staff morale and performance
- WASH needs to be integrated within existing QI initiatives and WASH indicators to be included into existing assessments tools
- Stakeholders and communities must be engaged in designing and implementing QoC including WASH.
- To ensure that increasing demand and use of services is met with quality service provision, improvements in WASH services and hygiene practices in healthcare facilities must be addressed. Always!


unicef
for every child
3 GOOD HEALTH AND WELL-BEING
7 AFFORDABLE AND CLEAN ENERGY
13 CLIMATE ACTION
Health Facility Solarization Electrification

01

02

03

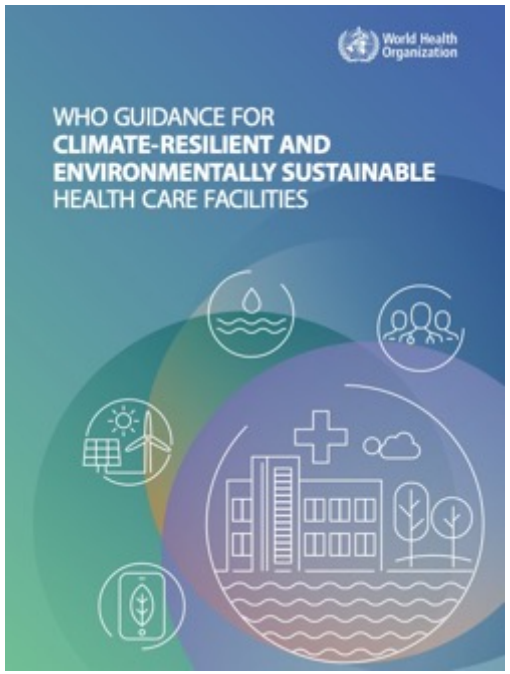
04

Background and introduction on UNICEF HFSE

01

unicef | for every child

01 Preference for use of solar technology aligns with the guidance for climate-resilient and environmentally sustainable health care facilities



GHGs

Climate change:
- Floods,
- Droughts,
- Fires,
- Storms,
- Temperature extremes,
- Sea-level rise
- Climate sensitive disease outbreaks

Health care facilities

Health workforce
- Human resources,
- Capacity development,
- Communication & awareness raising

Water, sanitation hygiene and health care waste
- Monitoring & assessment,
- Risk management,
- Health & safety regulation

Energy
- Monitoring & assessment,
- Risk management,
- Health & safety regulation

Infrastructure, technologies and products
- Adaptation of current systems & infrastructures,
- Promotion of new systems & technologies,
- Sustainability of health care facility operation

Environmental impacts:
- Water
- Sanitation
- Wastes
- Air pollution
- Chemicals
- Radiation
- GHGs

Climate resilience

Environmental sustainability

Healthy people, Healthy environment

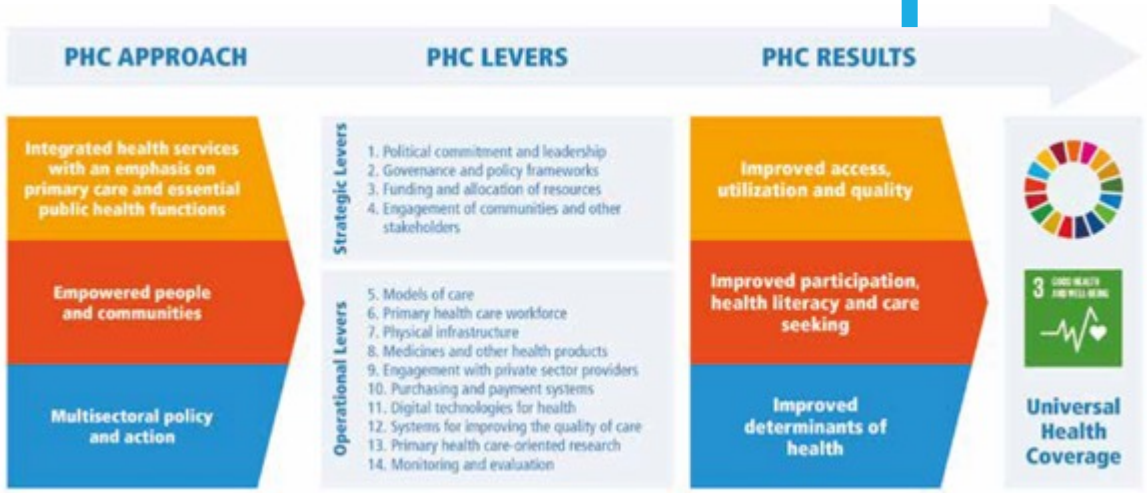
Total environment

Healthy Environments for Healthy Children

01

Physical infrastructure

Secure and accessible health facilities to provide effective services with reliable water, sanitation and waste disposal/recycling, telecommunications connectivity and a power supply, as well as transport systems that can connect patients to other care providers



At policy level

Establish national standards for infection prevention and control.

Develop implementation plans to ensure that all health facilities have wash systems, transportation, telecommunications connectivity and a reliable power supply.

Develop policies that promote universal physical access (within a reasonable commuting time) to health facilities for people of all ages and abilities.

At operational level

Ensure that all newly-constructed health facilities have reliable WASH systems, telecommunications connectivity and a reliable power supply.

Ensure proper management and maintenance of health facilities, prioritizing reliable infection prevention and control and wash systems, telecommunications connectivity, and a reliable power supply.

Establish protocols to ensure gender-sensitive facilities that are free of violence, discrimination and harassment.

Develop an approach that ensures that transport is not a barrier to accessing or delivering services.

By people and communities

Use established mechanisms to facilitate reporting on health facility standards and functions (for example, citizens' scorecards).

Health facility solar electrification: cross-cutting innovation

Problem

41% of health facilities in lower-income countries: **no access to electricity**; current solution for off-grid settings: diesel generators (emit 97% more CO_2 than solar alternatives)

Solution

Scaling deployment of **solar power systems** to health facilities in under-served communities

Alliance comparative advantage

Unique capability to **implement solarisation at scale** by leveraging Gavi's existing **investment** and **platform/processes** (CCEOP)

Impact

Increase access to immunisation; broaden PHC services, enable Gavi 5.0 goals; significantly **reduce greenhouse gas emissions**

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01 UNICEF is leading the strengthening of primary health care infrastructure for essential health services across four (4) key areas…

1

SOLARIZATION

Using the 41,000 SDDs installed using cold chain deployments (CCEOP) and global LTAs, electrify PHC facilities at the last mile [zero dose communities] in a bid to ensure basic infrastructure for immunization, MNCH, digitalization and basic health care services

Target: **5,000 [2025] & 30,000 [2030]**

Demand: 30,000HFs from 47 COs

2

WASH

Since 2014, more than 21,000 HCFs in 85 countries have received WASH improvements through direct UNICEF support.

UNICEF two-pronged approach:
Scale up and sustainability WASH FIT tool applied in 50+ countries – now with climate resilient focus
Solarization of water pumping for HFs: integration with HFSE

Target:**15,000 HCFs [2025]**

3

WASTE

Comprehensive WM plans through expert TA support, contextual technology solutions for waste treatment, incineration, recycling and reverse logistics

Technical Brief for Waste Management

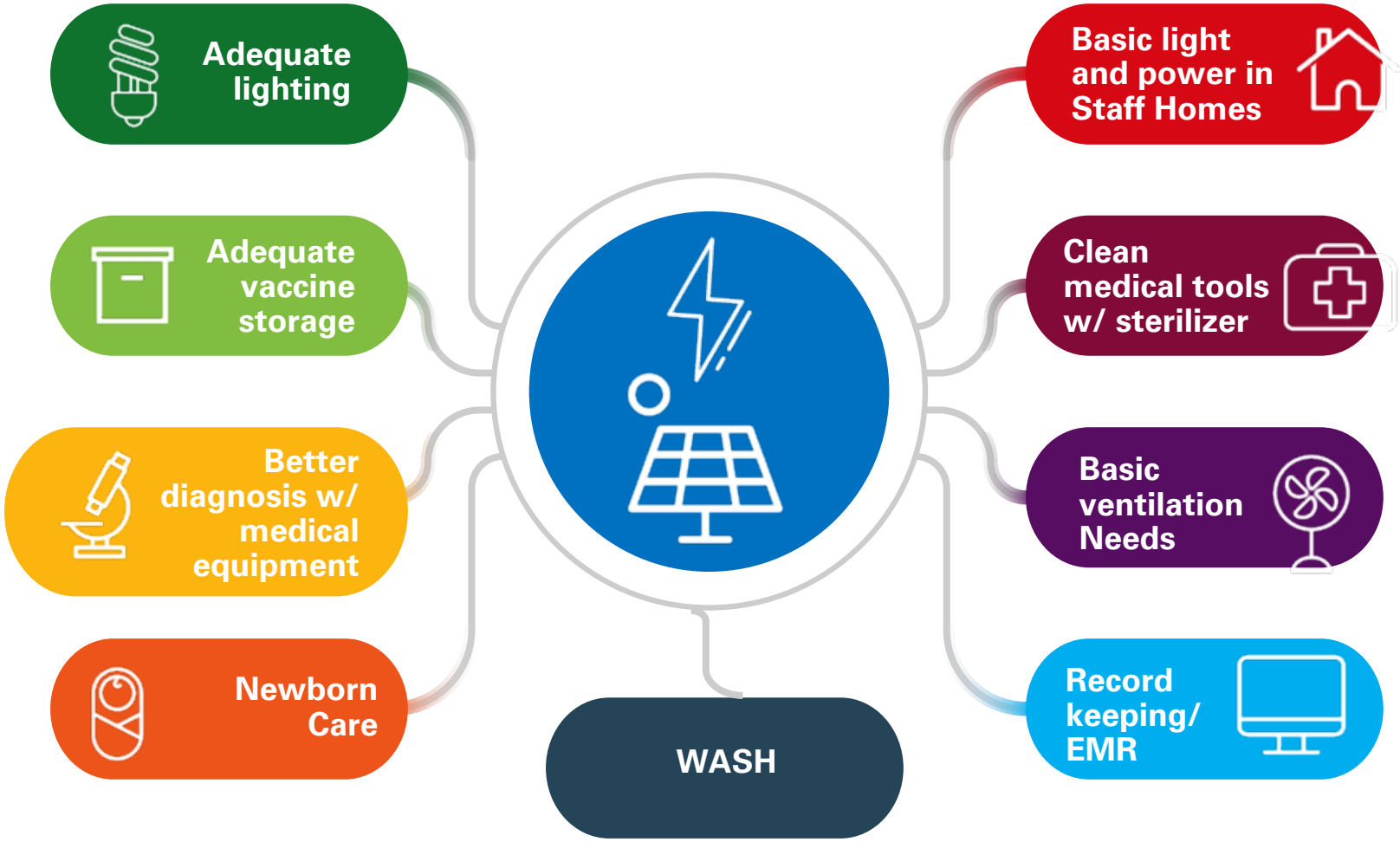
4

WORKFORCE

Integrated capacity development plan (guidance, webinars) for UNICEF CO and health workers on:

- Planning the integrated solutions
- Managing commissioning , operations and maintenance
- Monitoring & Impact Assessment
- Infection, prevention and control
- Climate resilience

01 There are several benefits of HFSE…



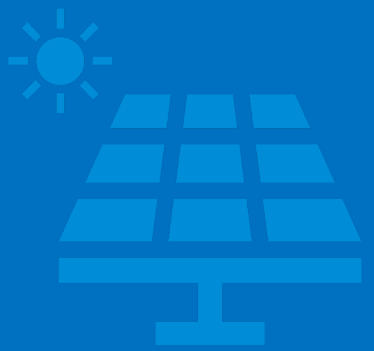
01

02

03

04

Experience in solar (SDDs/CCEOP)



02

02

HFSE is building upon:

UNICEF's experience in deploying Solar Direct Drive Cold Chain Equipment through CCEOP

Since 2015 UNICEF deployed:

- 80,000+ SDDs through various funding sources.
- Of these, 41,000 SDDs deployed through CCEOP, to the tune of $195M, funded by GAVI.

CCEOP has led to cost effective and fast implementation of cold chain equipment installations in large volumes in multiple countries.

02

CCEOP: Solid cold chain foundation for routine and COVAX response and entry points for Solar solutions

A key programmatic implementation vehicle has been the Cold Chain Equipment Optimization Platform (CCEOP) launched operationally in 2017.

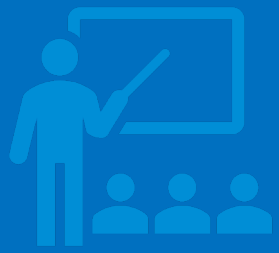
- Introduction of turnkey solutions / service bundle delivery relying on capacity development of local service providers
- Roll out of SDD solutions that were aspirational a decade ago (supporting SDG's 3, 7 and 13)
- Grade A introduction, including freeze free technology, Remote Temperature Monitoring and improved hold over time.

01

02

03

04



Capacity building initiatives in solarization

03

03

Training needs in context of Solarization

UNICEF & WHO will support series of trainings to achieve the following:

Content

SOFT SKILLS TO

- GUARANTEED RESULT & OPTIMIZED
- CUSTOMER SUPPORT STANDARD
- FREE CONSULTATION IN A MONTH
- AD STABILIZING TOOLS

TARGET AUDIENCE

- Project Manager from Government
- NGOs
- PMT++ members
- Cold Chain Technicians
- Public Electrical Engineers
- Local Service Providers: Energy

03

Piloting HFSE through CCEOP platform

UNICEF, with GAVI, WHO and other alliance partners are piloting the HFSE through CCEOP platform:

- Planned for 4 countries
- Solarization of up to 1,000 HF
- Testing deployment using CCEOP methodology : UNICEF turnkey solution provider from procurement to commissioning
- Long term commitment on Operations and Maintenance

03

Targeted Technical Assistance for Solarization

UNICEF, with financial support from **Gavi** and in cooperation with WHO and Alliance partners, will recruit in-country Technical Assistance (TA) personnel to support the following:

- Operationalization of in-country Pilot processes
- Coordination with all HFSE stakeholders in the country
- Support PMT++ with data collection exercise from sites
- Support and coordinate capacity building exercises
- Support with monitoring of HFSE implementation
- Support and coordination for mobilizing funds for O&M services post 2nd year

01

02

03

04

Procurement capabilities

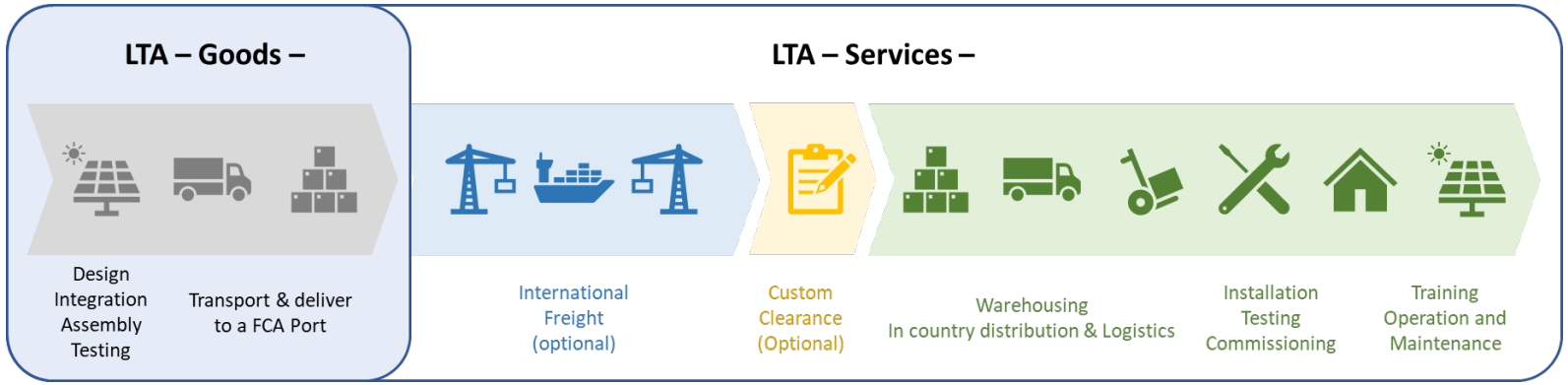
04

04

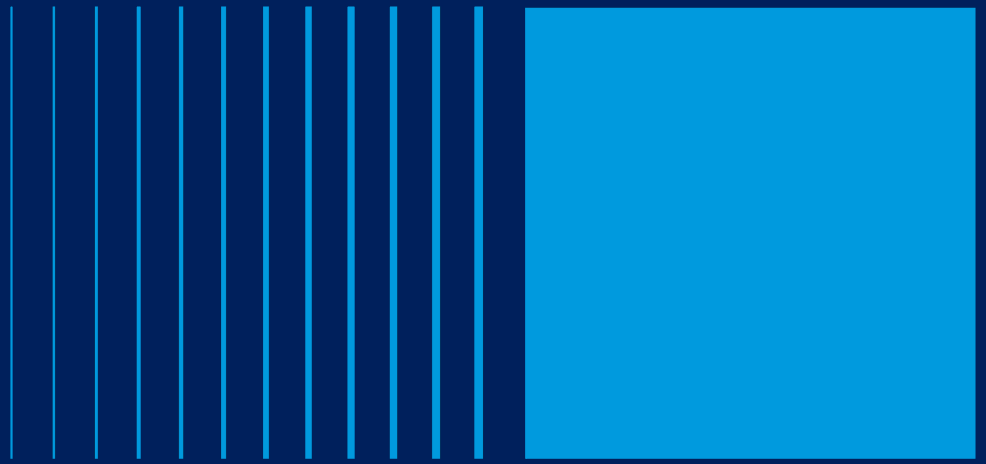
LTAs and procurement

two set of LTAs has been stablished in the connection of the supply, installation and operation of solar systems, The first, –LTA for Goods– is intended to procure modular solar systems in the range of 1,5 kW to 40 kW.
The second, –LTA for Services– is intended to be used for procurement of associated services of installation, transport and maintenance based on secondary bidding

This modular concept – reflecting small scale health, WASH and school facility requirements as per PG strategies - has been planned to ensure quality, standardization, reduction in installation time, reduction of design requirements and improvement of delivery time.



Discussion



WASH
in Health Care Facilities

Day 1 close

Reception: Accelerating action

World Health Organization

unicef
for every child

WASH
in Health Care Facilities

Roundtable on regional progress, insights and priorities

Moderator: Tarik Hassan, UNICEF

EMRO & MENARO
AFRO
SEARO
EURO/ECARO
PAHO
WPRO

World Health Organization

unicef
for every child

EM/MENA Regional Progress, Insights and Priorities

Rola Alemam

Ehab Al Amleh

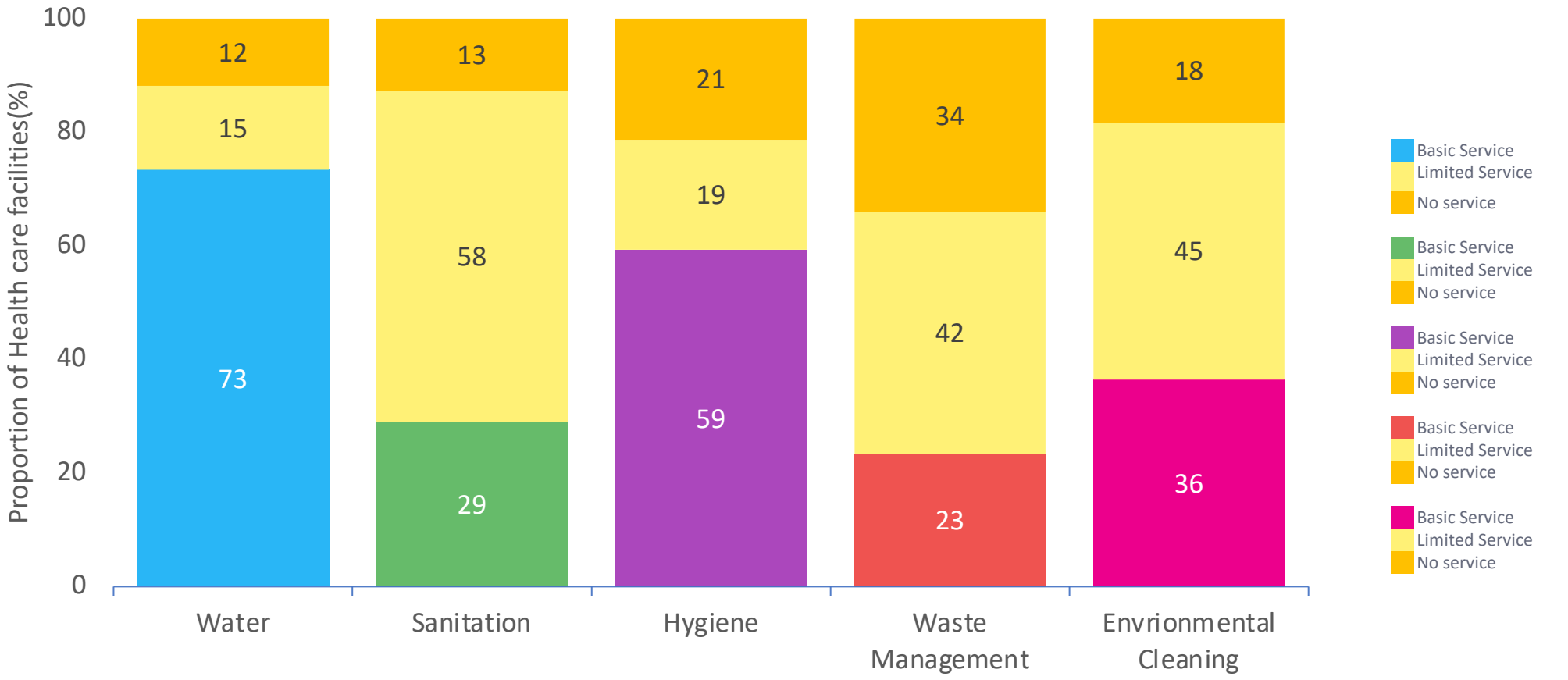
Mohammad Shakkour

Global Summit on WASH and Waste in Health Care Facilities

Amman, Jordan

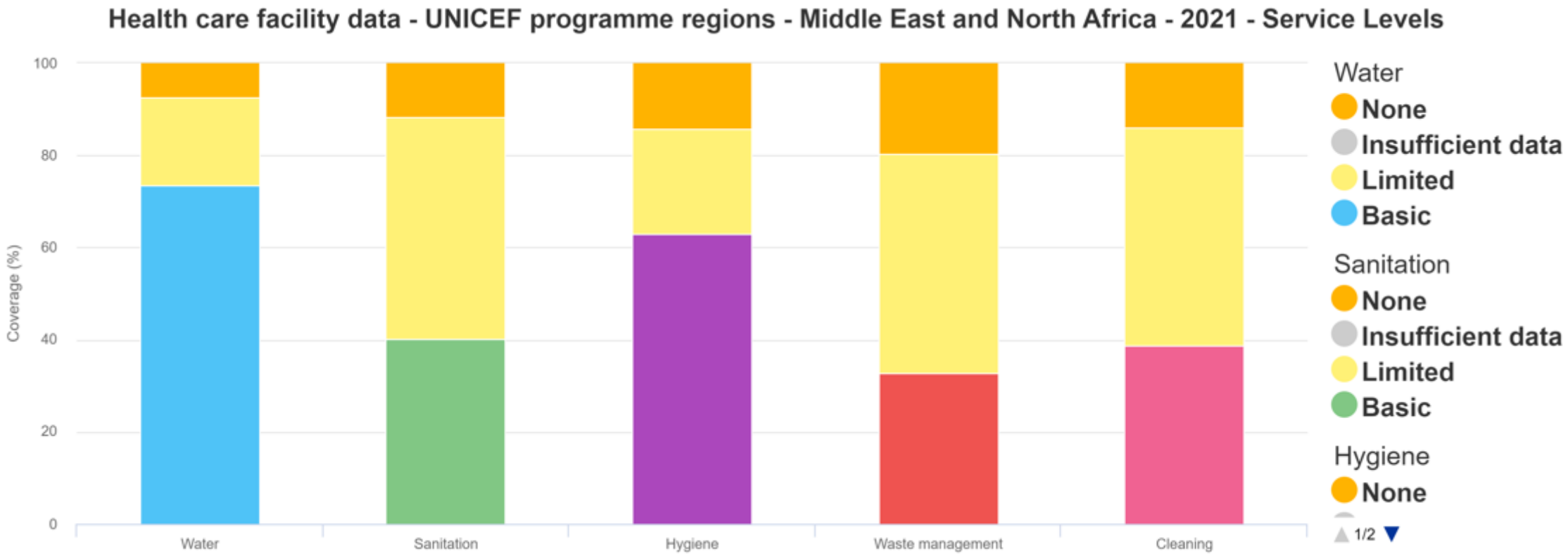
13-15 June 2023

Summary of progress in Eastern Mediterranean Region, 2021



EM Region

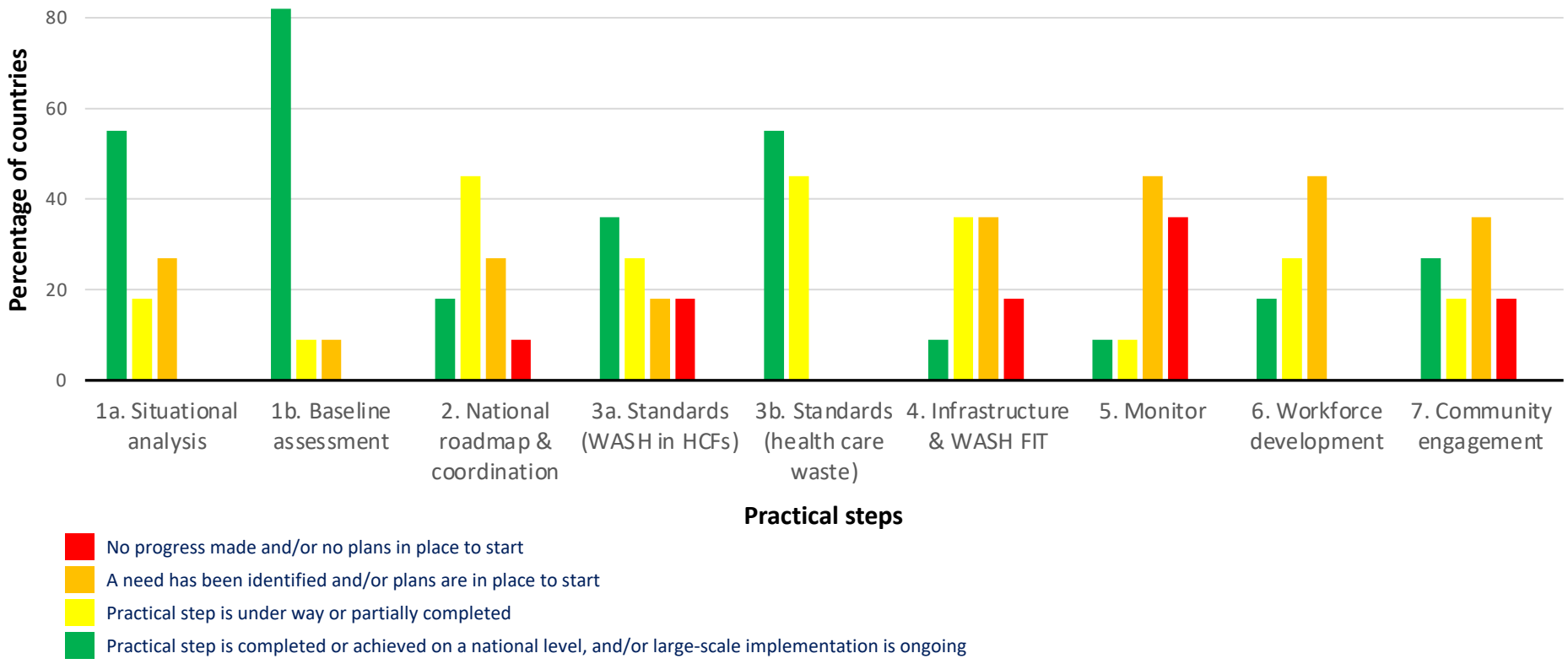
Summary of progress in MENA Region, 2021



MENA Region

Regional country status on practical steps

- In 2020, only **3** countries have completed the CPT. In 2023, the number increased to **11**

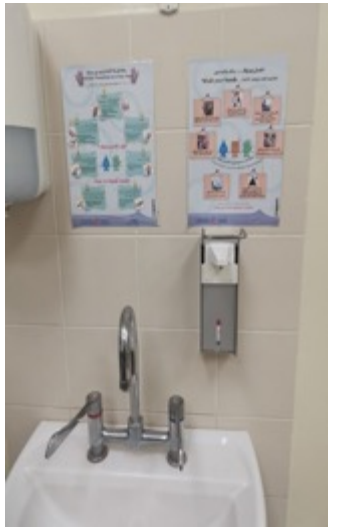


WHO/UNICEF EM/MENA ROs strong collaboration

- Convened regional workshops on WHO/UNICEF JMP country consultations;
- Provide trainings jointly on WASH FIT (Aug/Sep 2023)
- Liaise with country offices to include and learn from each other (Iraq and Syria)

Main priorities in EM/MENA region

- Extending access to basic WASH services to all HCFs,
- Increase coverage of HCFs with no services, especially in under privileged and remote HCFs,
- Establish regular monitoring and reporting mechanisms for WASH services in HCFs,
- Translating data into action: *policy-decision making, roadmaps, improvement plans, etc.*
- Addressing discrepancies and inequalities.



Integrating WASH, energy, climate and health

- Promoting energy-efficient and climate-resilient WASH infrastructure e.g Libya, Egypt, Somalia and Jordan
- Addressing the health impacts of the wastewater,
- Strengthening cross-sectoral collaboration,
- Collaborating with relevant programmes within organization

Three global recommendations/way forward

1. Integrate WASH, waste and electricity services into health planning, programming, financing and monitoring at all levels;

- Include in national and/or regional strategies, policies and roadmaps
- Allocate financial resources
- Support comprehensive assessments with relevant indicators, e.g. WASHFIT

2. Regularly monitor and review progress, and strengthen accountability

- Encourage integration of WASH indicators within HIS
- Encourage cross-sectoral collaboration and commitment

3. Develop and empower the health workforce to deliver and maintain WASH, waste and electricity services, and practice good hygiene

- Facilitate CB and training programs (data, tools & solutions)
- Support provision of infrastructure and supplies
- Support clarification of institutional arrangements
- Highlight champion countries in the region(s)

Conclusions/recommendations

1. Approaches to further engaging and raising profile of this issue at the regional level:

- Establish/continue regional partnerships and collaborations
- Advocate for regional policies, *e.g. UNGA resolution on safe and sustainable WASH and energy*
- Strengthen monitoring systems and regional snapshots
- Advocacy, awareness and capacity building
- Mobilize sustainable financial resources
- Link to regional climate change and CRES initiatives
- Integrate within health programmes, e.g. IPC, AMR, MCH, OH, etc.

2. For the next global plan of work:

- Articulate actions that lead to strong political commitment and leadership by countries
- Commitment towards establishing regular monitoring mechanisms (tie to SDG6 reporting)
- Financing: include activities within CRES HCFs, integrate budget lines for WASH within existing plans
- Institutionalization of capacity building of health workers on WASH in HCFs

3. Sharing of lessons learned:

- Reaching out to countries: *Don't wait for requests!*
- Building strong partnerships
- Exchange of knowledge motivates new/more countries to act

Further reading & additional resources

1. United Nations. (2018). Global Call to Action on Water, sanitation and hygiene in health care facilities. Secretary-General's remarks at Launch of International Decade for Action "Water for Sustainable Development" 2018-2028. Available here
2. World Health Assembly. (2019). The Resolution number 72.7 on Water, sanitation and hygiene in health care facilities. Available here
3. World Health Organization and the United Nations Children's Fund. (2022). Global Progress on WASH in health care facilities 2000–2021: special focus on WASH and infection prevention and control (IPC). Available in English
4. World Health Organization. (2020). Guidance for climate resilient and environmentally sustainable health care facilities. Available in English and French
5. World Health Organization. (2022). Regional snapshot of WASH in health care facilities in the WHO Eastern Mediterranean Region. Available in English
6. World Health Organization and the United Nations Children's Fund Country Progress Tracker. Available here
7. World Health Organization and the United Nations Children's Fund. (2018). Joint Monitoring Programme Core questions and indicators for monitoring WASH in Health Care Facilities in the Sustainable Development Goals. Available in English, Arabic and French
8. World Health Organization and the United Nations Children's Fund Joint Monitoring Programme Health care facilities country files. Available here
9. World Health Organization and the United Nations Children's Fund. (2019). Water, sanitation and hygiene in health care facilities: practical steps to achieve universal access to quality care. Available in English and Arabic and French
10. World Health Organization and the United Nations Children's Fund Water, sanitation and hygiene Facility Improvement Tool (WASH FIT) package:
    a. World Health Organization and the United Nations Children's Fund WASH FIT website. Available here
    b. World Health Organization and the United Nations Children's Fund. (2022). WASH FIT: a practical guide for improving quality of care through water, sanitation and hygiene in health care facilities, 2nd ed. Available in English and Arabic
    c. World Health Organization and the United Nations Children's Fund. (2022). WASH FIT Manual for Trainers. Available in English
    d. World Health Organization and the United Nations Children's Fund WASH FIT Training modules with trainer notes and participatory exercises. Available here
    e. World Health Organization and the United Nations Children's Fund WASH FIT fact sheets. Available here
    f. World Health Organization and the United Nations Children's Fund WASH FIT Assessment form (excel and Kobo). Available here
11. World Health Organization and the United Nations Children's Fund Water, sanitation and hygiene in health care facilities Website. Available here

FOCUS ON THE USE AND SCALE-UP OF WASH FIT

AFRICA region

GUY MBAYO K.

Regional Technical Officer WASH, WHO

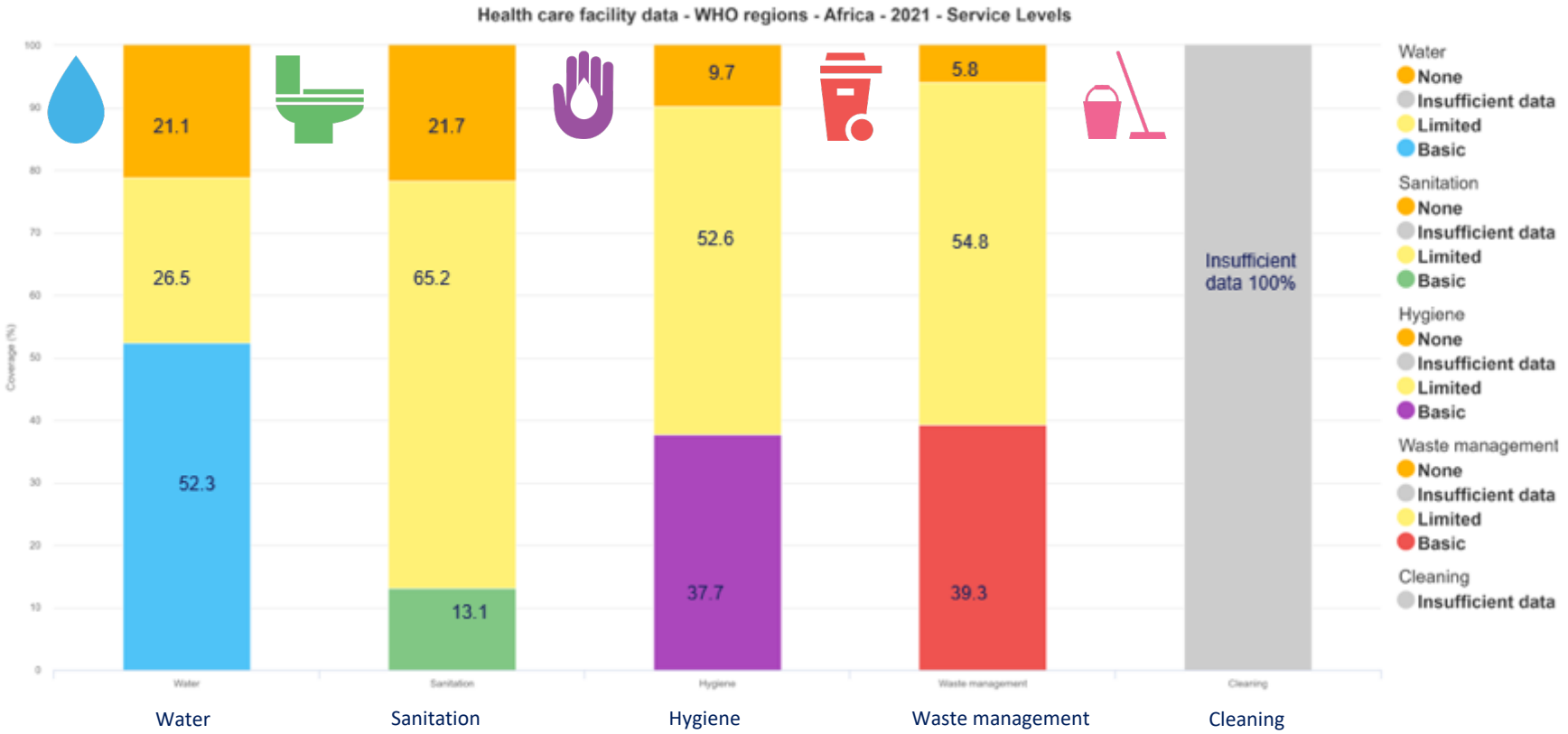
Global Summit on WASH and Waste in Health Care Facilities

Realizing Safe and Sustainable Infrastructure for Improved Quality of Care

Amman, Jordan

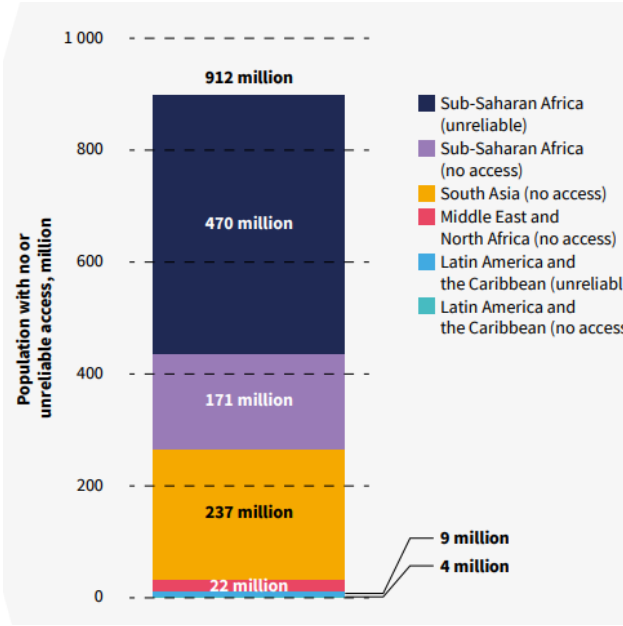
13-15 June 2023

Quick reflections on progress in the Africa region



Water | Sanitation | Hygiene | Waste management | Cleaning

15% of facilities in the low- and lower-middle-income countries of sub-Saharan Africa lacked any access to electricity whatsoever.



Energy

432 Million people visit health care facilities with no hand hygiene facilities at points of care in AFRO.

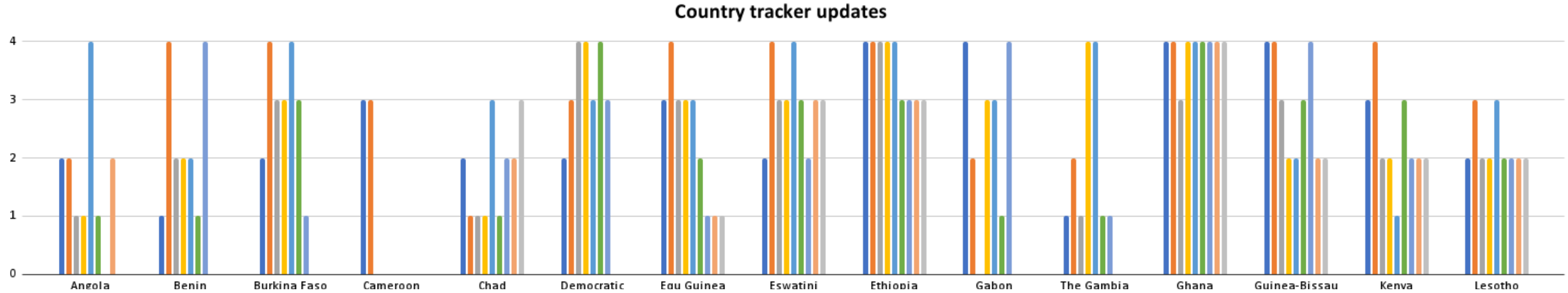
View report and data at: https://washdata.org/

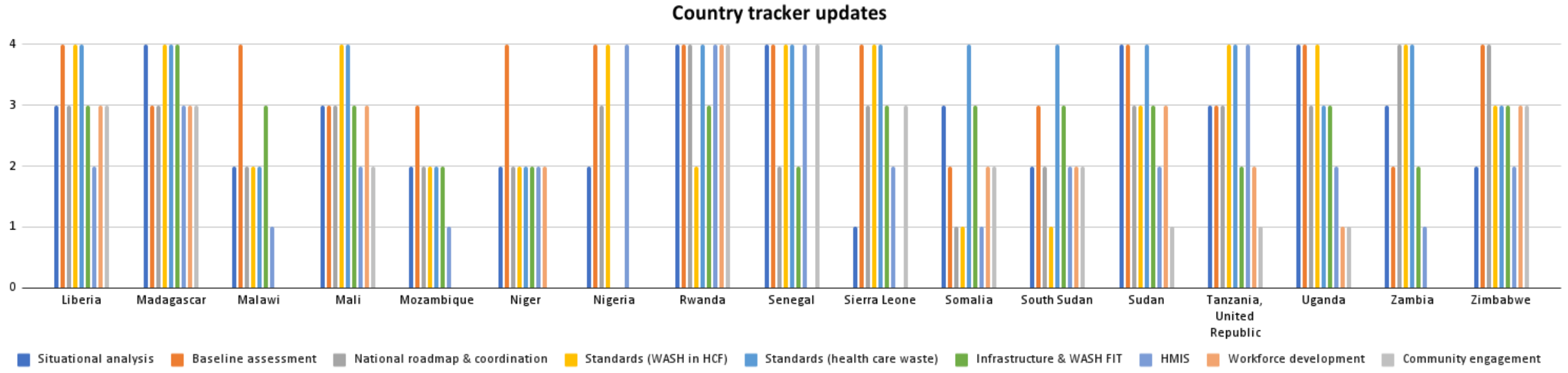
Quick reflections on progress in Africa

- 32 countries in total from AFRO Region.
- Greatest progress on Situational Analysis, Baseline assessment, and WASH standards in HCF& Waste Standards (although varies widely).
- Least progress is on integrating steps 4,5,6 &7.

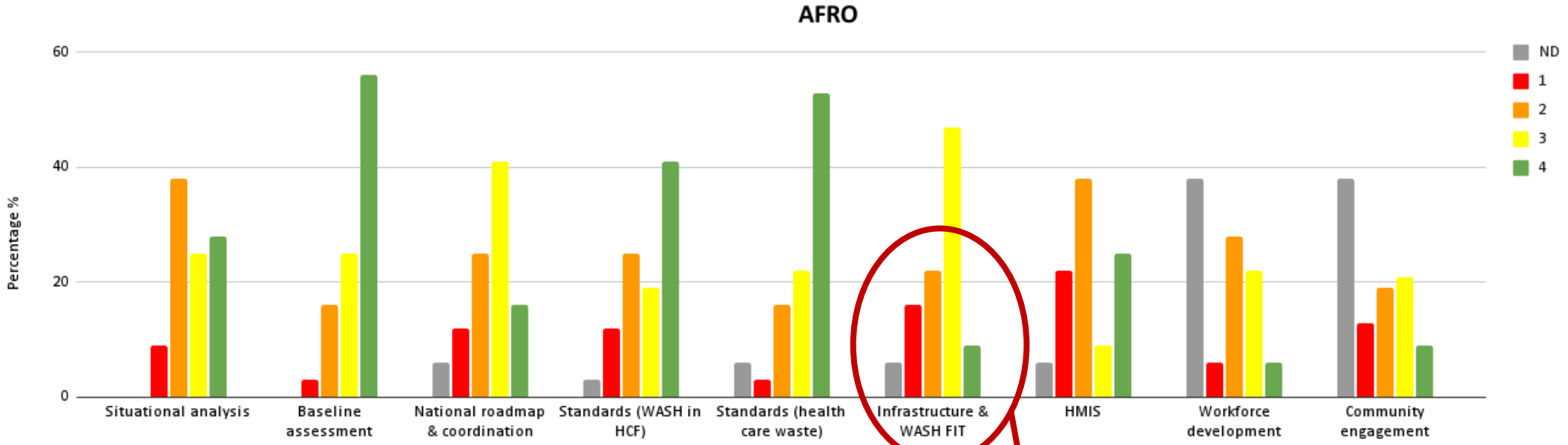
Key

1=Little progress
2=Some progress
3=Significant progress
4=Action achieved





Quick reflections on progress in Africa



- Most of the work has been focused on conducting assessments and developing standards.
- Lack of data remains a major gap in the region.
- To date, only 3 countries have succeeded to establish an advanced WASH infrastructure.
- 14 out of 32 countries are underway to establish advanced WASH infrastructure in health care facilities.
- 18 countries have already started using WASH FIT; a total of 25 are planned on using WASH FIT, and 24 countries are progressing their standards.

Legend

- Practical step completed or achieved on a national level and/or large-scale implementation ongoing
- Practical step underway or partially completed
- A need has been identified to and/or plans are in place to start
- No progress made and/or no plans in place to start
- No current data

Quick reflections on progress

LIBERIA CASE STUDY

- **Liberia adopted WASH FIT** at national level in **2015** and nationwide roll-out began in **2016.**
- **T**he Ministry of Health **convened a series of multi-stakeholder meetings** to develop a national WASH and environmental health package, which included **use of WASH FIT**, as part of its strategy to deliver universal WASH services.
- A national **WASH FIT training package was developed and rolled out to every district** to develop a roster of certified master trainers accessible to all WASH partners.
- ***In 2016,*** *5% of the country's 770 facilities were surveyed, with an average "WASH FIT compliance score" of 53%".* ***As of 2021,*** *a huge increase of 55% was due to* ***collaborative efforts and joint supportive supervision at both national and subnational levels****.*
- **National database established.** The data are analyzed and presented annually at **health sector review meetings**, where priorities are discussed and key needs, such as health care waste management, are identified.

Conclusions/recommendations

WASHFIT tool and key indicators needs to be updated/streamlined to capture the smart integration of all other components (especially energy)

Accelerate implementation of costed national roadmaps with appropriate financing.

Monitor and regularly review progress in improving WASH services, practices and an essential enabling environment.

Regular mentorship and supportive supervision by district health teams provides important hands-on support to develop clear, actionable recommendations at the facility level. It also improves ownership and local skills.

Develop capacities of health workforce to sustain WASH services and promote good hygiene practices.

Further strengthen Ministries of Health's ownership on all these issues pertaining to WASH in healthcare facilities

Integrate WASH into regular health sector planning, budgeting, and programming, including efforts to deliver quality services (energy availability, climate change resilience.

Optional slide: further reading & additional resources

- ***JMP 2022, Progress on WASH in health care facilities 2000–2021: Special focus on WASH and infection prevention and control https://apps.who.int/iris/rest/bitstreams/1495467/retrieve***
- ***WASH IN HEALTH CARE FACILITIES Global Baseline Report 2019 https://apps.who.int/iris/bitstream/handle/10665/311620/9789241515504-eng.pdf?sequence=1&isAllowed=y***
- ***GLOBAL PROGRESS REPORT ON WASH IN HEALTH CARE FACILITIES Fundamentals first https://apps.who.int/iris/bitstream/handle/10665/337604/9789240017542-eng.pdf?sequence=1&isAllowed=y***
- ***A practical guide for improving quality of care through water, sanitation and hygiene in health care facilities, SECOND EDITION https://apps.who.int/iris/rest/bitstreams/1419124/retrieve***
- ***WATER, SANITATION, AND HYGIENE IN HEALTH CARE FACILITIES PRACTICAL STEPS TO ACHIEVE UNIVERSAL ACCESS TO QUALITY CARE https://apps.who.int/iris/rest/bitstreams/1213519/retrieve***
- ***Energizing health: accelerating electricity access in health-care facilities***

Integrating climate into programming

SEARO

Faustina Gomez

Technical Officer- Water, Sanitation and Climate Change

Global event on safe and sustainable infrastructure in health care facilities

Amman, Jordan

13-15 June 2023

Countries covered by SEARO

- Bangladesh
- Bhutan
- Democratic Peoples Republic of Korea
- India
- Indonesia
- Maldives
- Myanmar
- Nepal
- Sri Lanka
- Thailand
- Timor Leste

SEARO

Summary of Progress- Country Tracker (2022)

- 8/11 countries surveyed (2022)
- Greatest progress on National level coordination and leadership- development of baselines, roadmap, standards and guidelines
- Some progress on infrastructure improvements and WASH FIT
- Little progress on other steps

SEARO

Strategic priorities- Key areas of regional support

- **Strengthening institutional capacity to** effectively integrate climate change measures into policies, strategies and plans
- **Improving education and awareness through capacity building support**
- **Promotion of risk-based approaches** – CR-Water and Sanitation Safety planning
- **Development and dissemination of frameworks, guidelines and tools** that aid CR-WASH programming
- **Strengthening coordination-** WASH, Health and other sectors
- Support in **meeting the COP26 health commitments**
- **Strengthening advocacy and dialogue** around safe and sustainable WASH -COP26 health agenda

WASH availability and access → improving climate resilience and environmental sustainability

SEARO

Country Progress- Integrating climate into programming

Renewable energy systems in a health facility- **Maldives**

Water treatment systems for emergency preparedness and response- **Timor Leste**

- Integrated policies, standards and guidelines
- Integrated monitoring systems and disease surveillance systems
- Baseline assessment of GHG emissions from health facility operations
- Assessments integrating climate resilience- WASH FIT and vulnerability assessments
- Health workforce training and capacity building includes climate change
- Infrastructure and technologies- renewable energy, non-burn technologies for waste management, water conservation, retrofitting of existing WASH infrastructure
- Costed clean, green health facility plans and models

SEARO

Key Initiatives

Creating platforms for Improving knowledge, skills and capacity of the health workforce

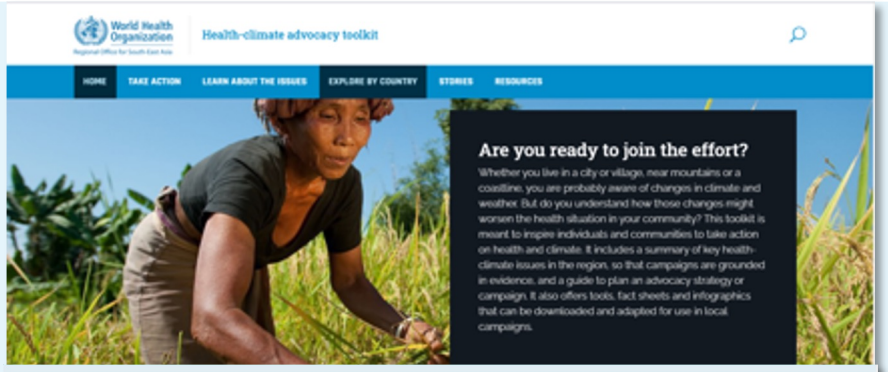
Knowledge exchange and capacity building workshops on WASH, climate resilience and environmental sustainability in HCFs

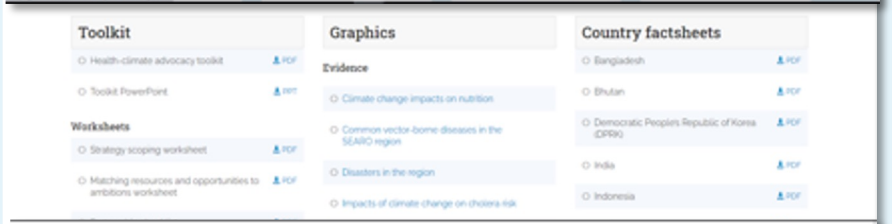
Training packages and e- Learning courses

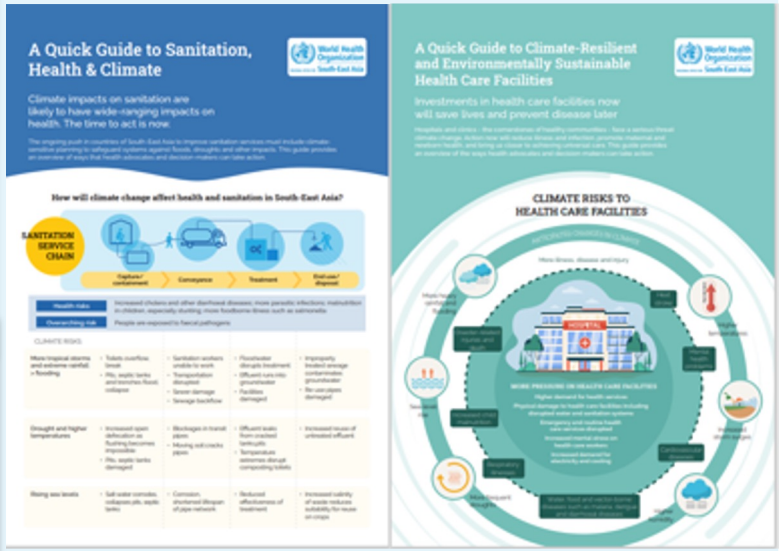
Key Initiatives

Raising awareness
on the importance
of CR-WASH
programming

Advocacy Toolkit with resources to support member states in CR-WASH programming







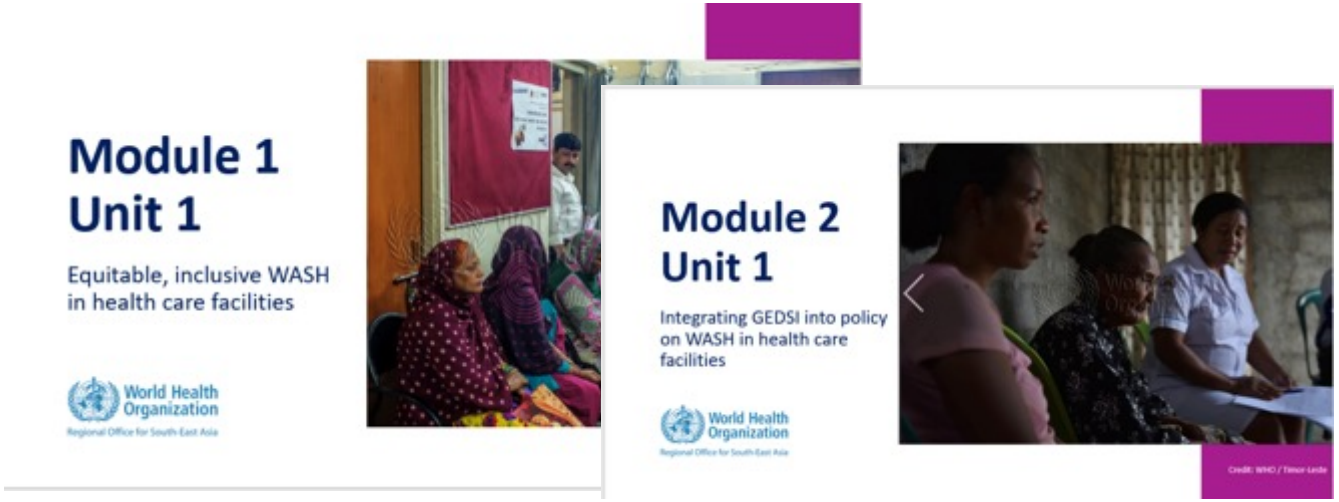
Upcoming Initiatives

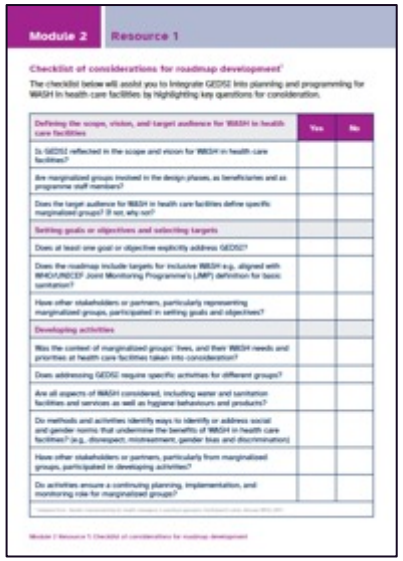
Development of decision support tools and supporting guidance to inform planning at national and facility level

Web based WASH and climate resilience scorecard for healthcare facilities in the SEA Region

- Integrates indicators outlined in WASH FIT and CRESHCF
- Supports identification of gaps in 4 key intervention areas- Health workforce, WASH, Energy, Infrastructure, Tech and products
- Visualization aids decision making and prioritization of support
- Guidance documents with resources and case studies to help close gaps

Upcoming Initiatives





…+ e-Learning Course

Step-by-step guidance on integrating GEDSI into strategies and activities for strengthening WASH in HCF

Conclusions/recommendations

- Facilitate engagement between different actors to ensure a coordinated response to closing the gaps on climate resilient WASH in health care facilities
- Adopt measures to mobilize climate finance- position WASH in health settings as a priority for climate financing
- Integrate guidance, progress trackers/assessment tools for WASH and Climate change
- WASH a priority for most countries and an entry point for more focused support on climate resilience and environmental sustainability
- Advocacy key to driving change- sensitization of stakeholders at the national level is paramount

Action through policy dialogue and country-driven prioritization

WHO EURO/ECARO

Valentina Grossi

Global event on safe and sustainable infrastructure in health care facilities

Amman, Jordan

13-15 June 2023

Countries in EURO have prioritized WASH in health care facilities and sustainable health systems

European Environment and Health Process

Ostrava Declaration (2017): compendium of national actions

- Ensure and sustain the provision of adequate WASH services in […] health care facilities through systematic situation assessments and by setting national targets and action plans

- 53 countries
- High geographical and economic variety

Fifth session of the Meeting of the Parties to the Protocol on Water and Health (2019): implementation programme

- New priority area for ensuring WASH services in health-care facilities
- Reconfirmed in 2022

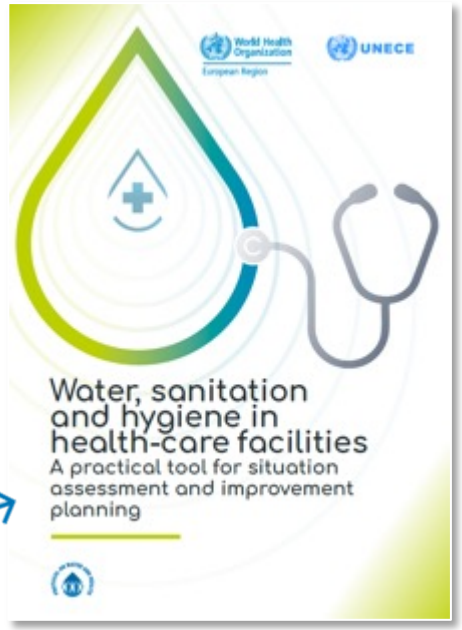
WHO European Region

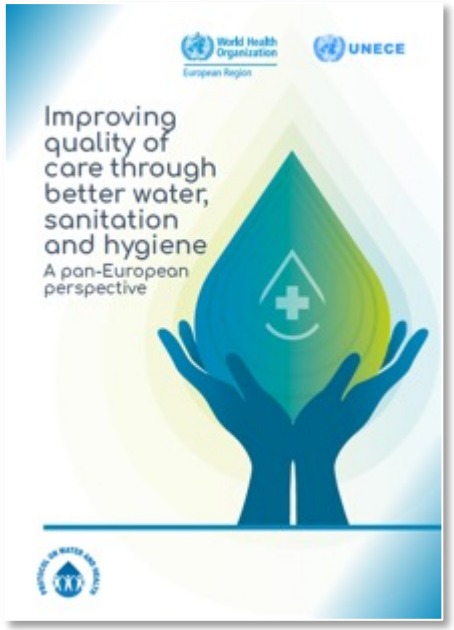
Note on the map:
The designations employed and the presentation of this material do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Translating commitments into action at the national level

- Policy dialogue, exchange of learnings and best practices, capacity building
- Technical support to countries in conducting situational analyses, national target setting and policy development

Comprehensive checklist





First ever regional report

Progress on WASH in health care facilities

Commitment to assess the situation
(situational analyses in 6 countires)

Engagement of different stakeholders and HCFs

Context-based recommendations for improvements

Raised awareness and receptiveness for possible integration

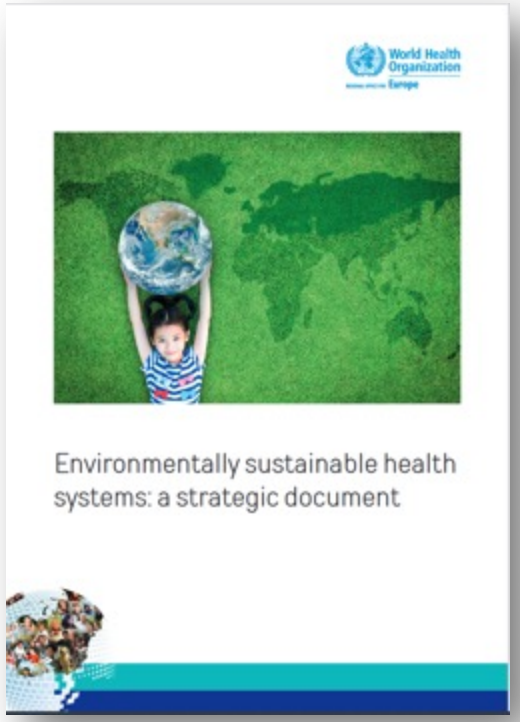
Local prioritization based on risks and resources & target settings

Strenghtened legal framework

Increased coordination

Improved surveillance

Cross-sectoral integration at the regional and national level

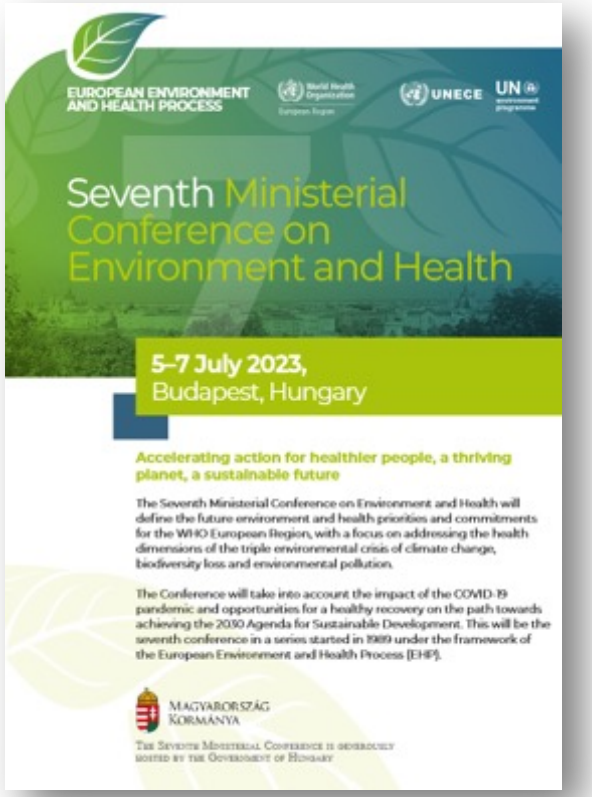


ATACH
Alliance for Transformative Action on Climate and Health
WHO hosted network

Note on the map:

WHO European Region

Future priorities and takeaways



- Invest in establishing **multisectoral dialogue** and a space for **exchange**, identify common language and co-benefits
- Create **country-driven processes** for prioritization and leadership
- Invest in building the **evidence-base** to inform action to foster a cascade of action
- Provide guidance for **translation and operationalization at the national and subnational level** to enable implementation
- Integration means **connecting the dots**, not merging work streams: need for clearcut objectives, budget lines and resources

Optional slide: further reading & additional resources

- Protocol on Water and Health https://www.who.int/europe/initiatives/protocol-on-water-and-health
- European Environment and Health Process (EHP) https://www.who.int/europe/initiatives/european-environment-and-health-process-(ehp)
- Water, sanitation and hygiene in health-care facilities: a practical tool for situation assessment and improvement planning https://www.who.int/europe/publications/i/item/9789289058421
- National situational analysis of water, sanitation and hygiene in health care facilities in Serbia: summary report https://www.who.int/europe/publications/i/item/WHO-EURO-2020-5633-45398-64964
- Environmentally sustainable health systems: a strategic document https://www.who.int/europe/publications/i/item/WHO-EURO-2017-2241-41996-57723
- Zero regrets: scaling up action on climate change mitigation and adaptation for health in the WHO European Region. Key messages from the Working Group on Health in Climate Change https://www.who.int/europe/publications/i/item/WHO-EURO-2021-3198-42956-60023
- WHO/Europe regional meeting on fit-for-purpose hospitals https://www.who.int/europe/news-room/events/item/2023/06/05/default-calendar/who-europe-regional-meeting-on-fit-for-purpose-hospitals
- Seventh Ministerial Conference on Environment and Health https://www.who.int/europe/news-room/events/item/2023/07/05/default-calendar/seventh-ministerial-conference-on-environment-and-health

LATIN AMERICA AND THE CARIBBEAN

DAVID SIMON Chief WASH

UNICEF VENEZUELA

FORMER REGIONAL WASH SPECIALIST

Regional progress, insights and priorities

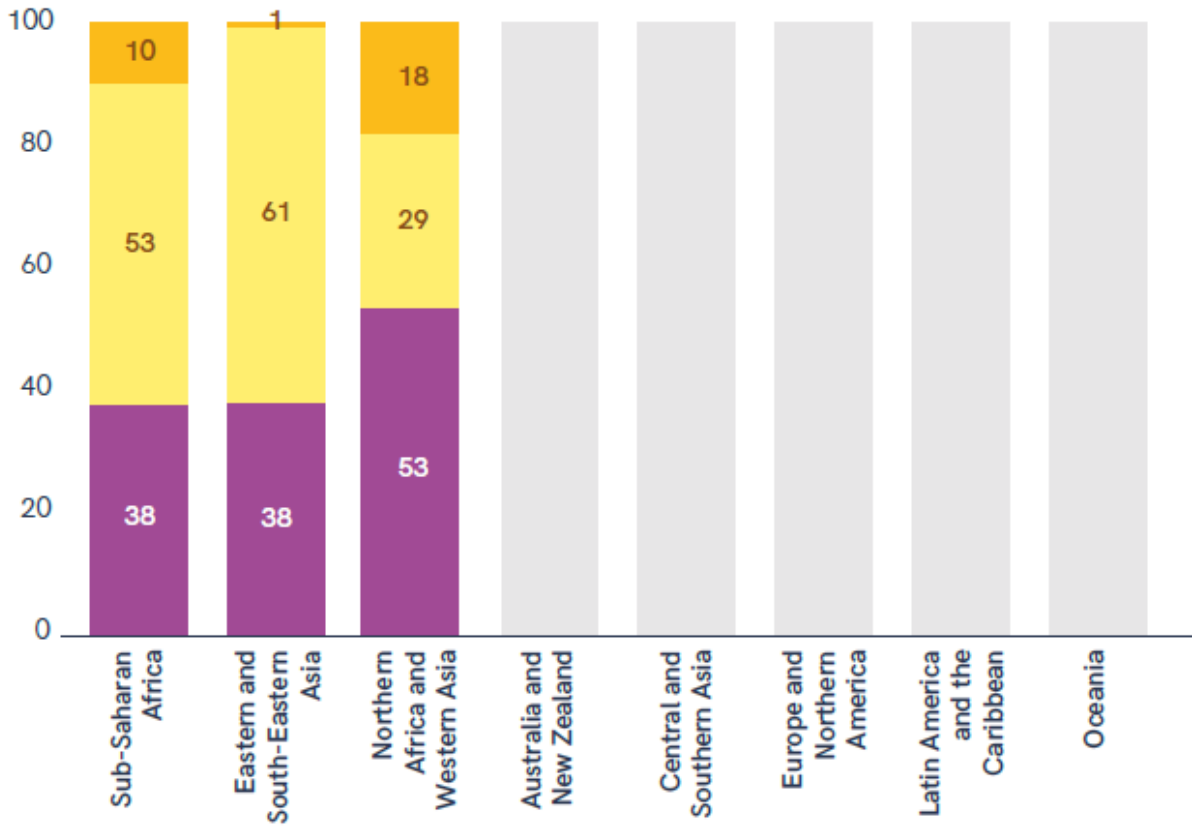
Global event on safe and sustainable infrastructure in health care facilities

Amman, Jordan

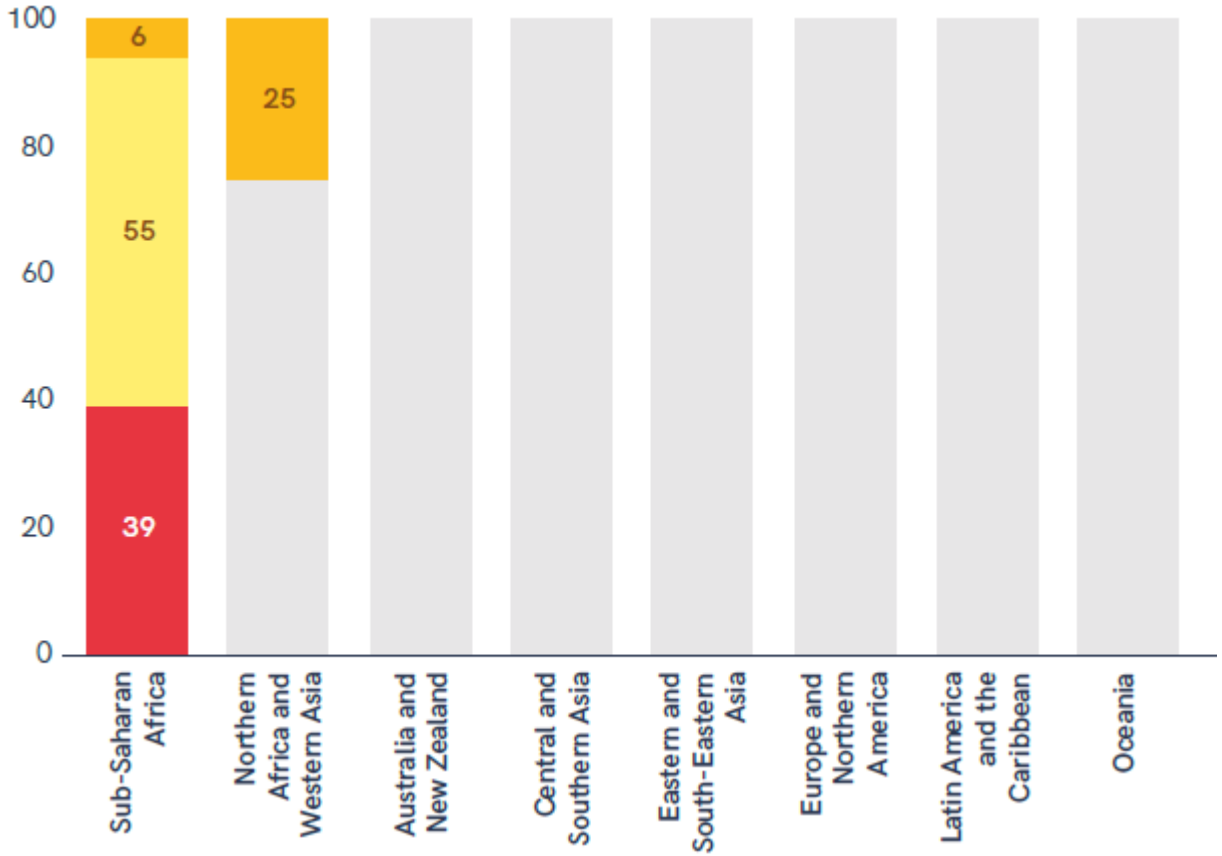
13-15 June 2023

LATIN AMERICA AND THE CARIBBEAN: Anguilla, Antigua and Barbuda, Argentina, Aruba, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Bonaire, Sint Eustatius and Saba (Caribbean Netherlands), Brazil, British Virgin Islands, Cayman Islands, Chile, Colombia, Costa Rica, Cuba, Curaçao, Dominica, Dominican Republic, Ecuador, El Salvador, Falkland Islands (Malvinas), French Guiana, Guadeloupe, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Martinique, Mexico, Montserrat, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Saint-Barthélemy, Saint Kitts and Nevis, Saint Lucia, Saint-Martin (French part), Saint Vincent and the Grenadines, Sint Maarten (Dutch part), Suriname, Trinidad and Tobago, Turks and Caicos Islands, United States Virgin Islands, Uruguay, Venezuela (Bolivarian Republic of).

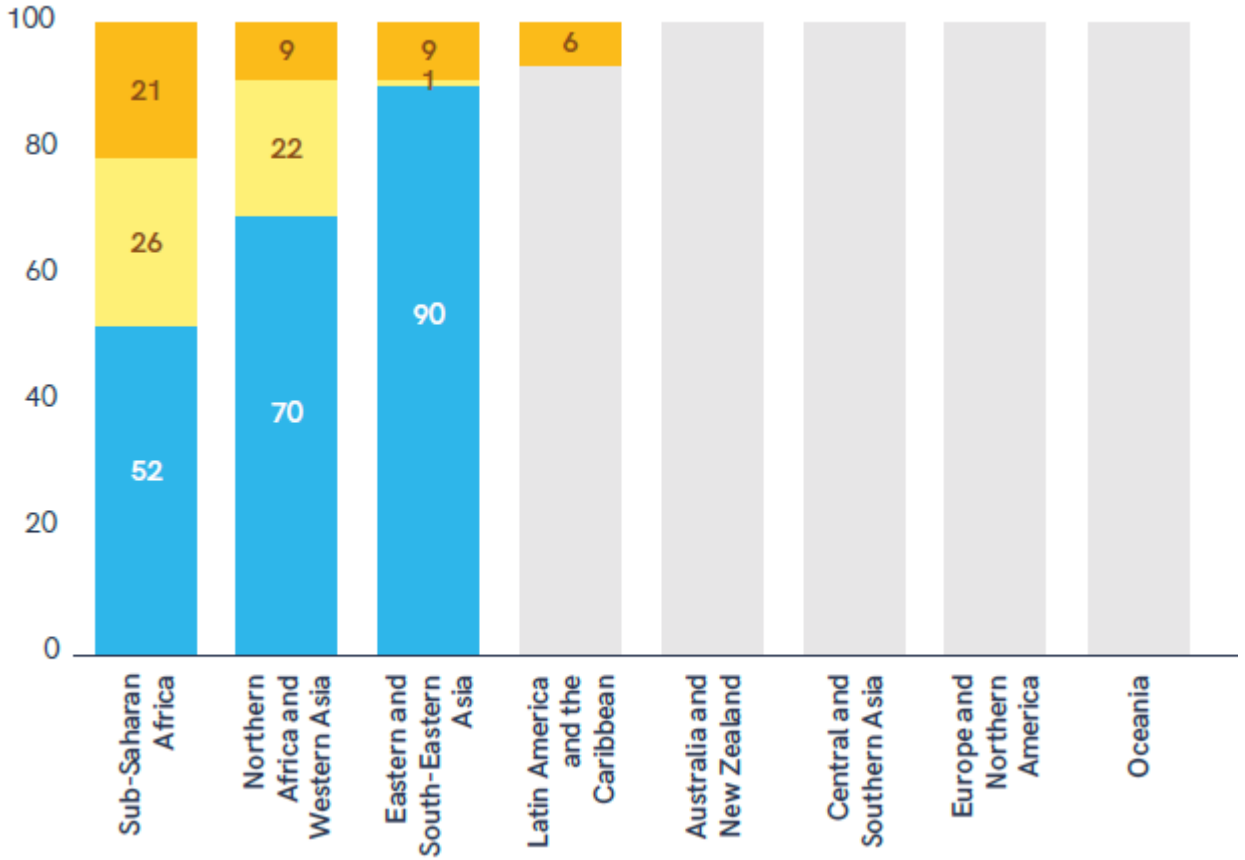
HAND HYGIENE



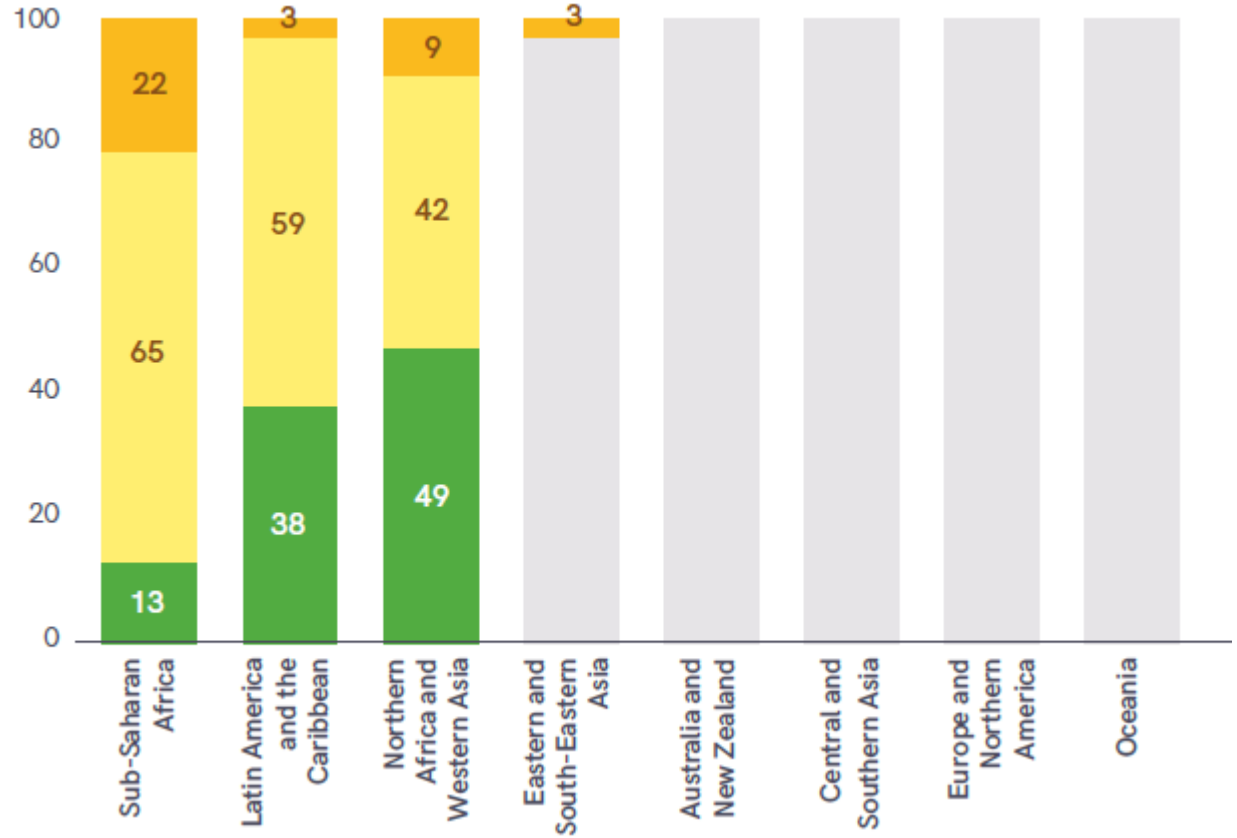
WASTE MANAGEMENT

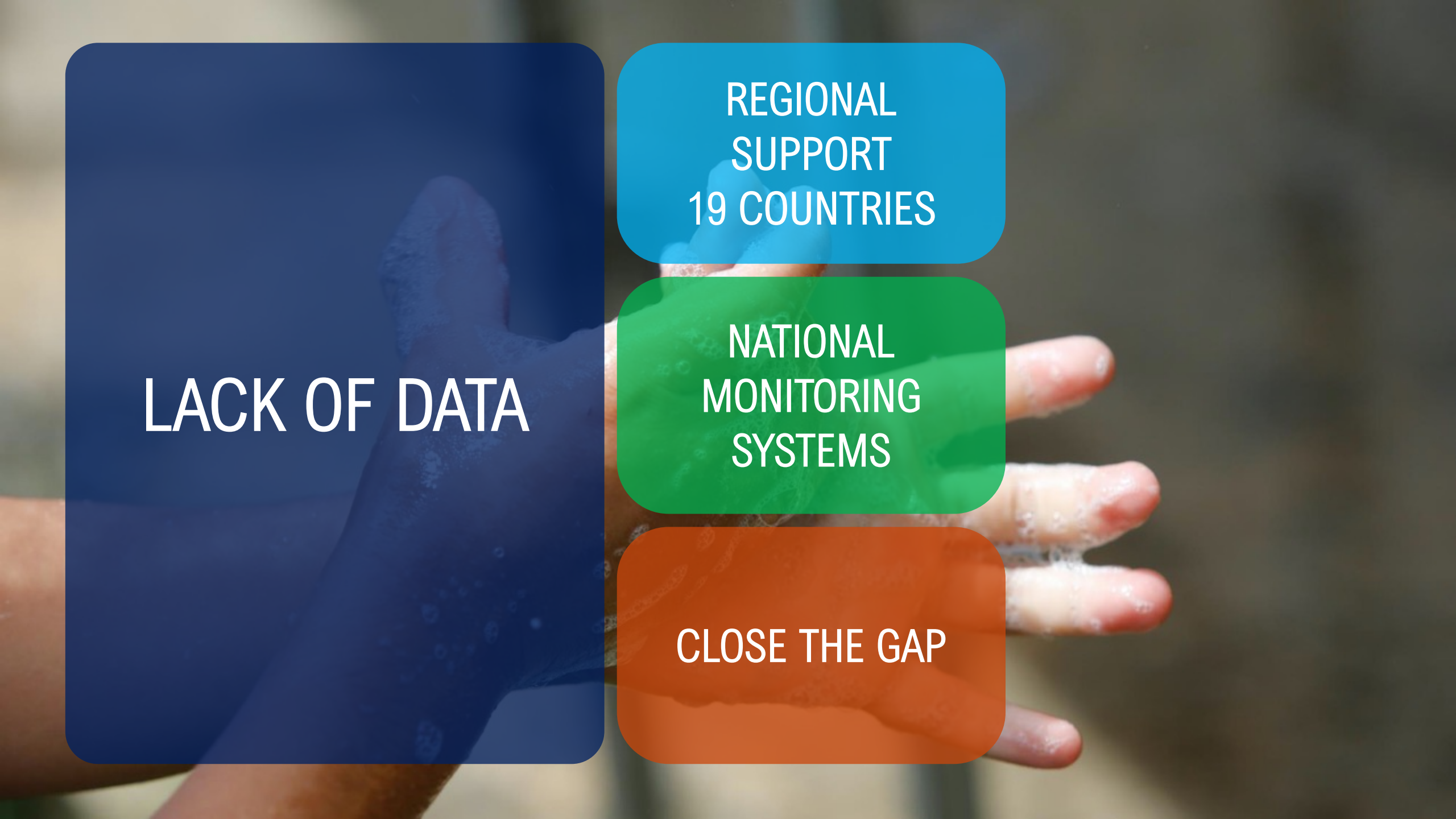


WATER



SANITATION




LACK OF DATA
REGIONAL SUPPORT 19 COUNTRIES
NATIONAL MONITORING SYSTEMS
CLOSE THE GAP


DATA FOR ACTION


WASH-FIT IS
ADVOCACY
EMPOWEREMENT
JMP

Practical steps to improve WASH in health care facilities

Bolivia
Colombia
Brazil
Dominican Rep
Ecuador
Haiti
Nicaragua
Paraguay
Venezuela

1 Conduct situation analysis and assessment

2 Set targets and define roadmap

Dominican Republic
Brazil
Nicaragua

3 Establish national standards and accountability mechanisms

Bolivia
Colombia
Brazil
Dominican Rep
Ecuador
Haiti
Nicaragua
Paraguay
Venezuela

4 Improve and maintain infrastructure

Dominican Republic
Brazil
Nicaragua

5 Monitor and review data

Bolivia
Colombia
Brazil
Dominican Rep
Ecuador
Haiti
Nicaragua
Paraguay
Venezuela

6 Develop health workforce

Haiti
Nicaragua
Venezuela

7 Engage communities

8 Conduct operational research and share learning


Ongoing advocacy inside MoH
Progressive improvement
DATA AS AN ENABLER
Building blocks
Local engagement
COVID19
HH4A
Leaving no one behind
Last mile


unicef
for every child
OCEAN I
unicef

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Regional progress, insights and priorities

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Amman, Jordan

13-15 June 2023

Regional update on actions to enhance WASH in HCFs: Strengthening climate resilience

Sally Edwards (WHO/WPRO)

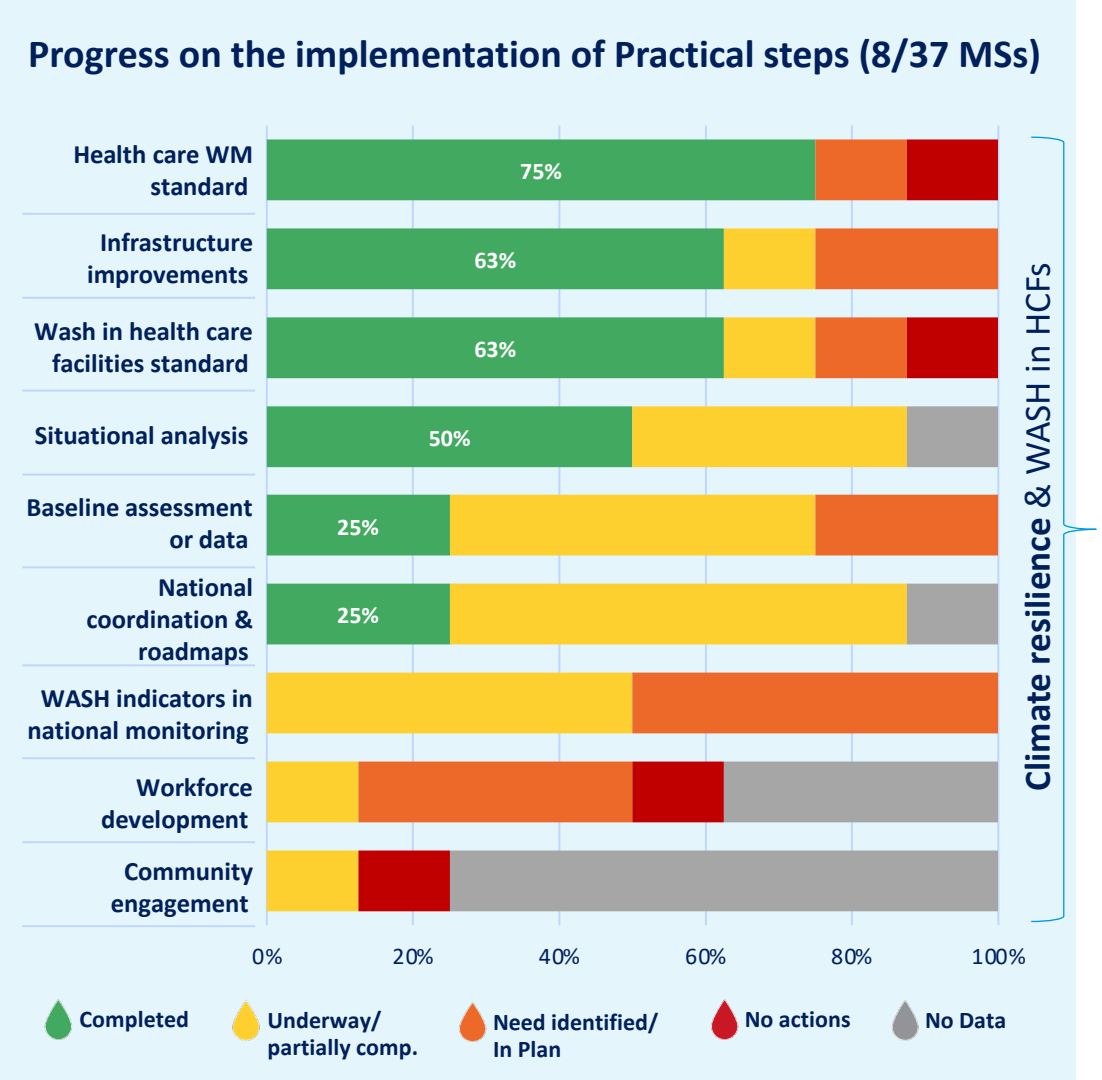
Western Pacific Region - WPR

Global event on safe and sustainable infrastructure in health care facilities

Amman, Jordan

13-15 June 2023

Quick reflections on progress: climate resilience



Strategic level: Integration of WASH and CRESHCF in the regional programmatic components of **CCE thematic priority**

Operational level:

- **Integration of WASH and CR in normative instruments and programs** in some MSs. There are still gaps in financing and implementation
- **WASH-FIT integration with CR** components
- Continue with the implementation of infrastructure for the delivery of **WASH services in HCFs with a CR and IPC approach** (Emphasis on PICs)
- Development of **national models** for CR integrated with WASH in HCFs, including the use of technologies such as desalination, rainwater harvesting and surface water treatment.

Quick reflections on progress: climate resilience

Operational level:

- Advancing in an integrated manner for **WASH in HCFs and CRESHCF assessments and monitoring,** including electricity supply
- Execution of **Climate Hazard and Vulnerability Assessment** (Fiji and other PICs). There are still limitations in the execution of these assessments in other MSs in the region.
- Advances in the inclusion of CR and WASH as **integrated components of national health plans**. Limitations on implementation Policy/plan addresses Risks of CV and CC in HCFs
- **Training** in various areas of WASH, including the use of the WASH-FIT tool, focused on Health workers. Economic and HW workload issues limit the impact of these actions.
- Some initiatives in **multisectoral advocacy and consultative mechanisms** to integrate WASH and CR in HCFs
- Limitations in the implementation of actions in the **Community engagement**. Lack of awareness and plans in authorities

Quick reflections on progress: climate resilience

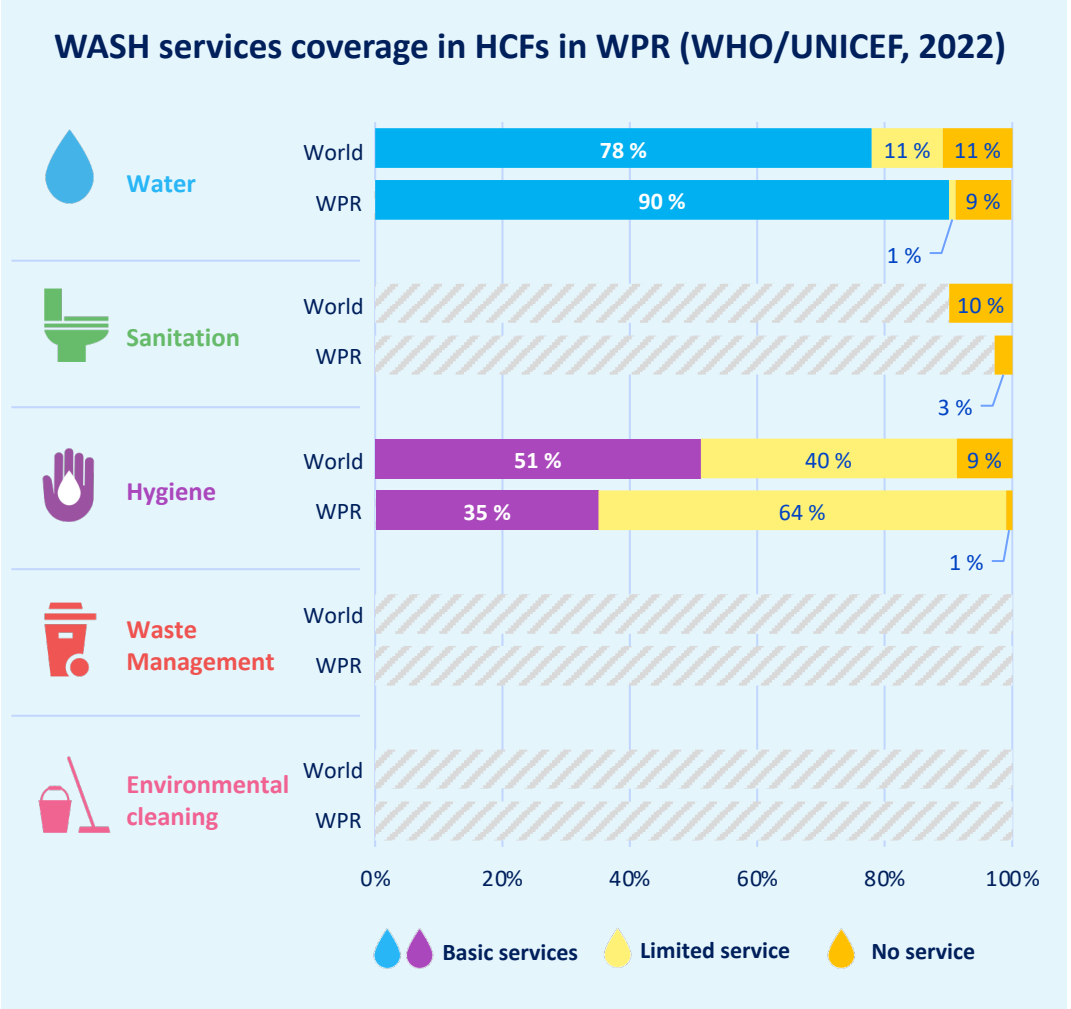
Outputs: Despite efforts made, many gaps still remain (**data availability and safe coverage**)

Projects and donor:

- Several **projects** underway to enhance the resilience of health systems, with an **emphasis on CR and WASH in HCFs**.

Current regional priority actions:

- **Operationalization** of WASH in HCFs and CRESHCF to decrease gaps



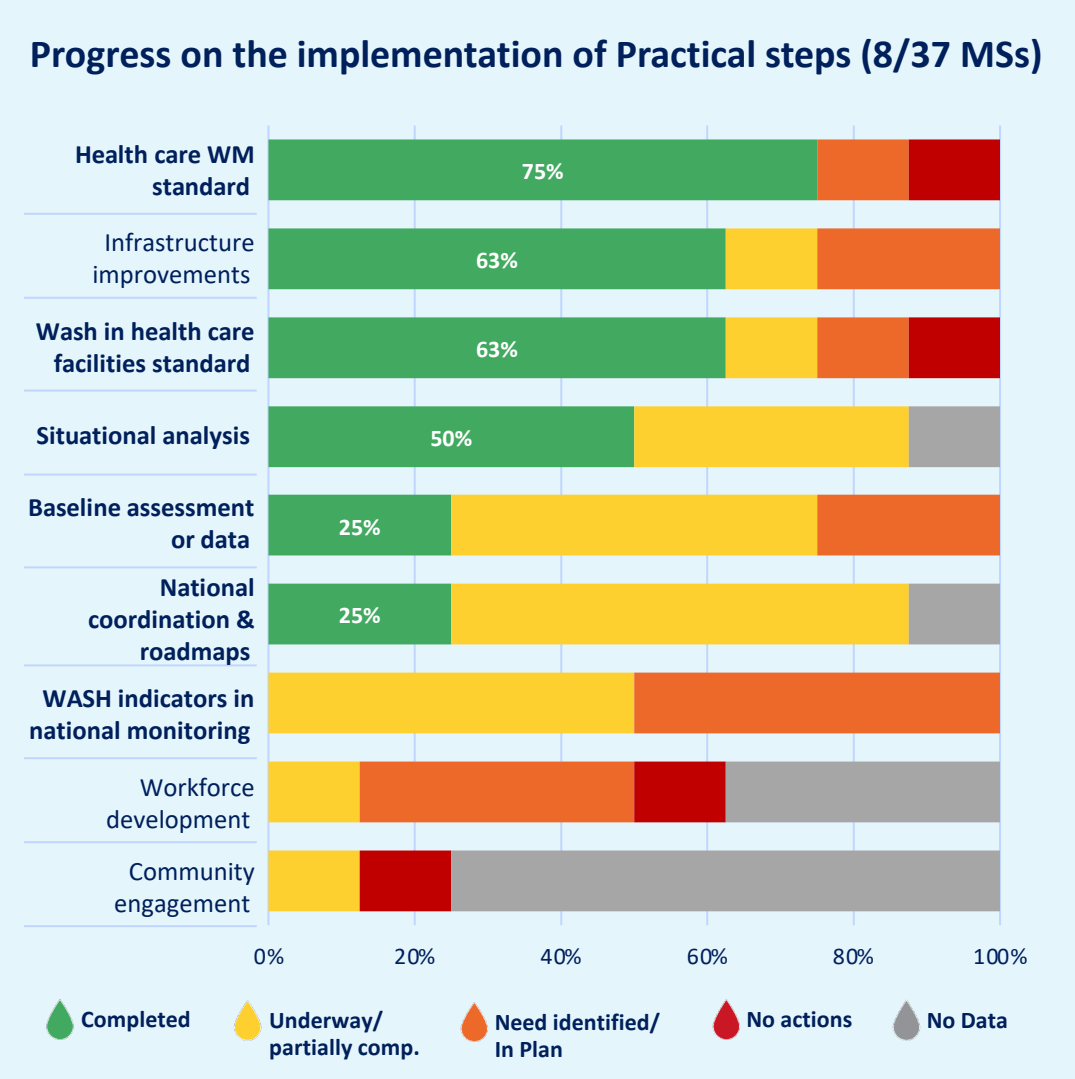
Western Pacific Region - WPR

Conclusions/recommendations

- **Regional strategy/approach**: Integrated regional meeting: CCE Pillar 2 = WASH in HCFs, CRESHCFs, ATACH, CCE-TAG, engagement MSs, Donors. Better integration with UNICEF.
- **Next global plan of work**: Clearer integration of the tools, integration with other programme areas (PHC, VBD, others).
- **Region support**: Regional integrated assessment and monitoring of WASH and CRESHCFs (Snapshot and web observatory). Operational research activities and regional assessments, with emphasis on CR-WASH technologies. ; BAT recommendations and internal lens approach
- **Advice:** ???
  - Don't assume because regulatory framework, action is happening correctly
  - Learn from what has worked and not in other countries

A health worker wash her hands before seeing patients at a local health clinic in Siem Reap. (WHO/Yoshi Shimizu)

Quick reflections on progress (WASH in general)



Strategic level: Integration of WASH and CRES in HCFs in the regional programmatic components of **CCE thematic priority**

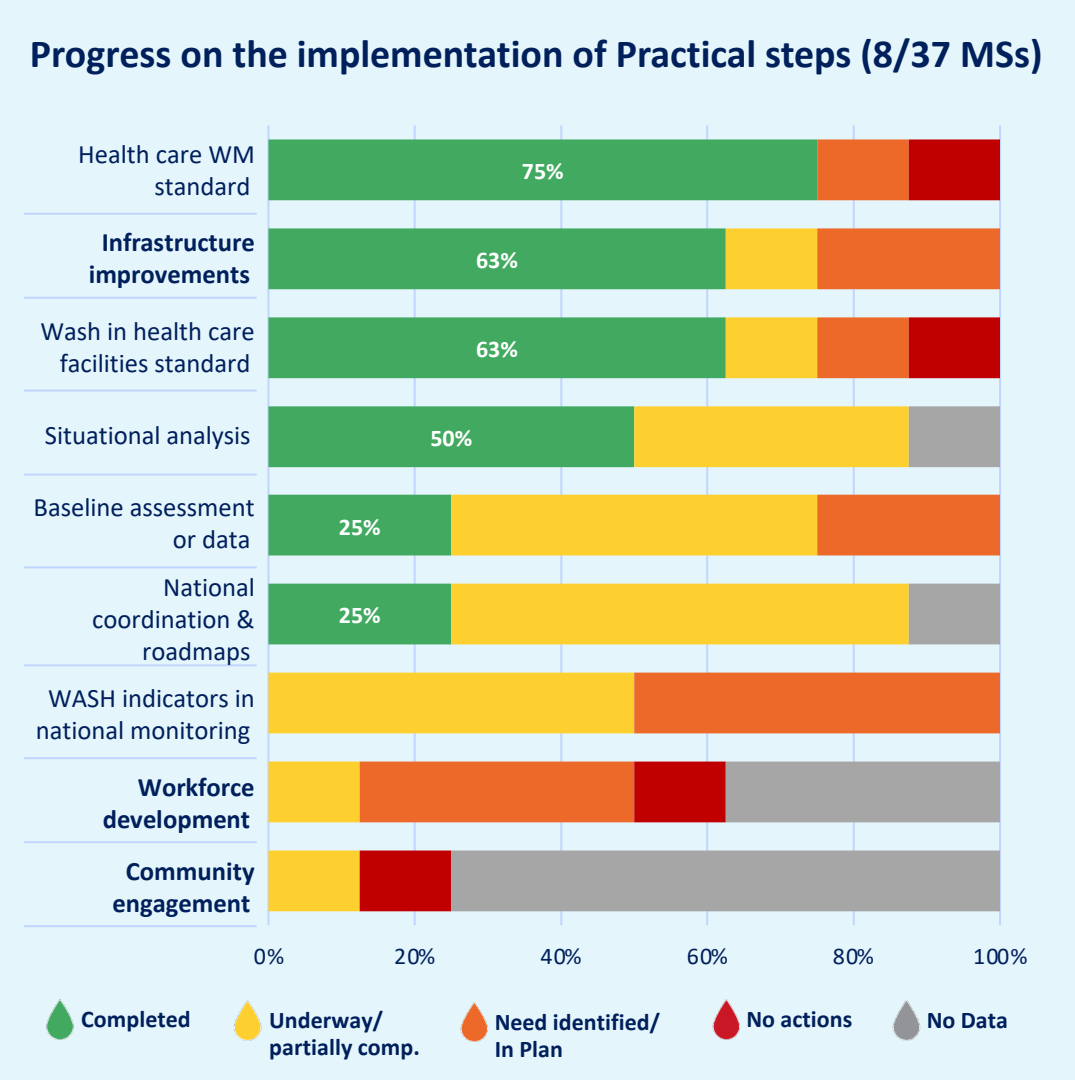
Operational level:

- MSs have conducted national **Situational analysis** for WASH in HCFs using WHO/UNICEF guidelines and tools (Partner collaboration)
- Integrated approach for **WASH in HCFs and CRESHCF assessments**
- Limitations to transform these inputs into **National roadmaps** or its incorporation into **monitoring systems**

Significant progress in the development of **National standards and policies** of Environmental Health, including WASH, WM in HCFs and CRESHCFs.

Western Pacific Region - WPR

Quick reflections on progress



Operational level:

- Initiatives for the improve and maintain **WASH infrastructure** in HCFs, considering aspects of CRESHCFs.
- Continue with capacity building in the use of **WASH-FIT**.
- Economic and infrastructural limitations for the full implementation of standards.

Training in various areas of WASH, including the use of the **WASH-FIT** tool, focused on Health workers. Economic and HW workload issues limit the impact of these actions.

Limitations in the implementation of actions in the **Community engagement**. Lack of awareness and plans in authorities

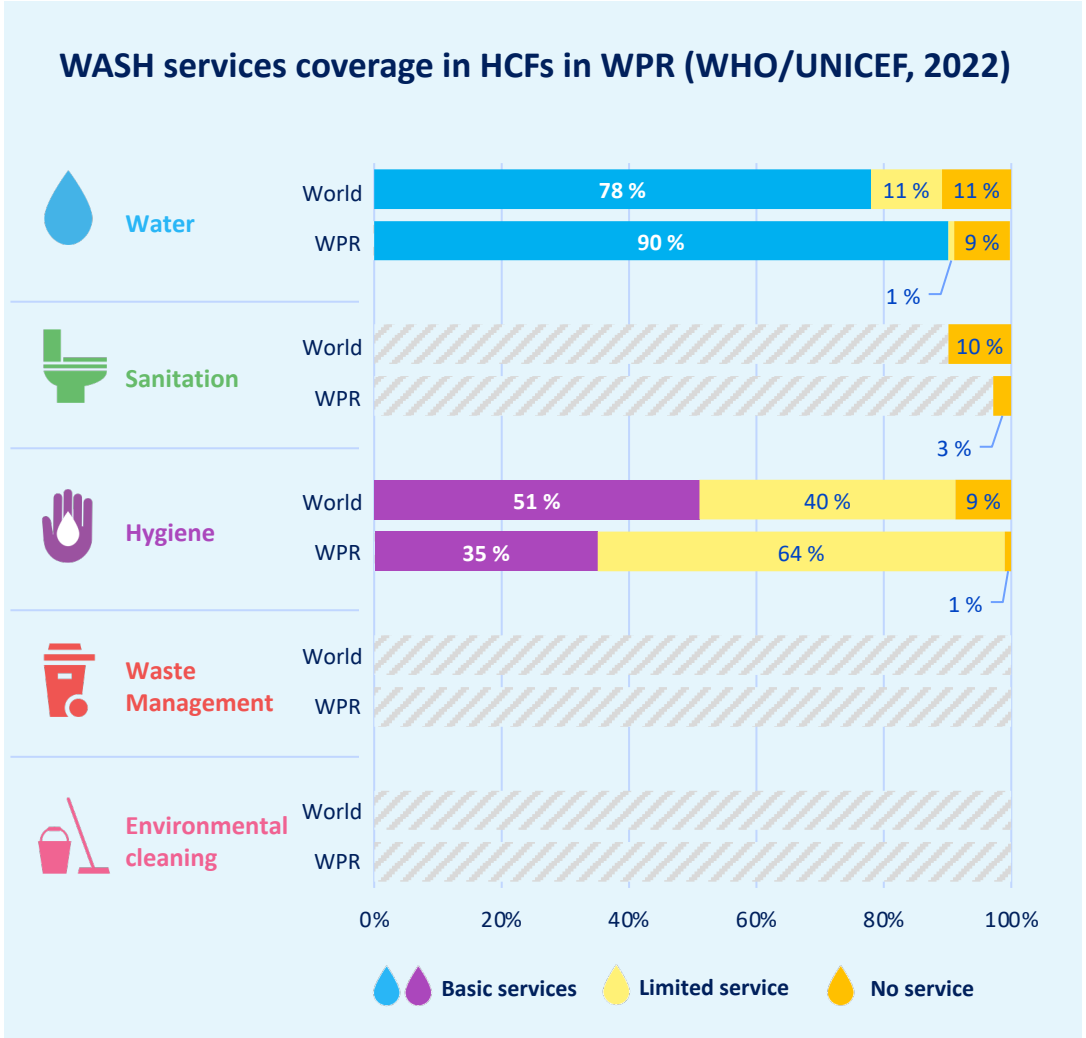
Quick reflections on progress (WASH in general)

Outputs: Despite efforts made, many gaps still remain (**data availability and safe coverage**):

- Basic water services increased from 88% to **90%** from 2013 to 2020;
- **3%** had no access to any sanitation services;
- **35%** have functional hand hygiene facilities.
- Basic WM and environmental cleaning, there is **insufficient data**.

Current regional priority actions:

- **Operationalization** of the regional and global strategies in WASH in HCFs and CRESHCFs
- **Regional integrated assessment and monitoring** of WASH and CRESHCFs
- **Integrative regional meeting**: WASH in HCFs, CRESHCFs, ATACH, CCE-TAG
- **Operational research** activities and **regional assessments**, with emphasis on HCWM.



Western Pacific Region - WPR

WASH
in Health Care Facilities

Country insights – part 3

Moderator: Iman Heweidy, WHO

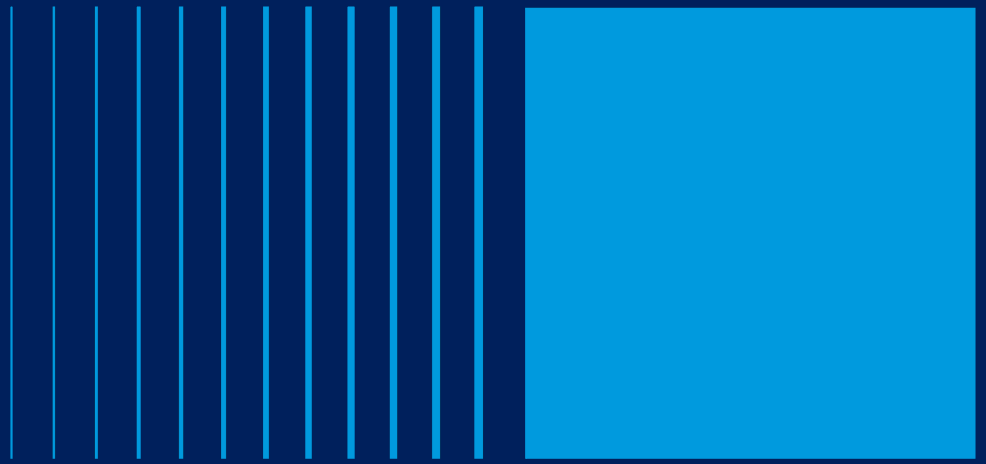
Somalia
Hungary
Lao PDR
Fiji
Nepal

World Health Organization

unicef
for every child

Somalia

Abdisalam Ibrahim Hussein



Country tracker snapshot

COUNTRIES & REGIONS	SITUATIONAL ANALYSIS	BASELINE ASSESSMENT OR DATA	NATIONAL COORDINATION & ROADMAPS	WASH IN HEALTH CARE FACILITIES STANDARD	HEALTH CARE WASTE MANAGEMENT STANDARD	INFRASTRUCTURE IMPROVEMENTS	WASH INDICATORS IN NATIONAL MONITORING	WORKFORCE DEVELOPMENT	COMMUNITY ENGAGEMENT
Somalia									

Legend (see below)

- Practical step completed or achieved on a national level and/or large-scale implementation ongoing
- Practical step underway or partially completed
- A need has been identified to and/or plans are in place to start
- No progress made and/or no plans in place to start
- No data

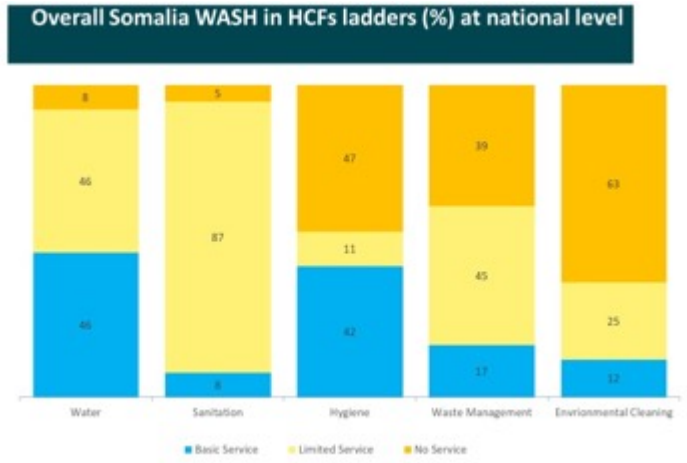
HOW Practical steps been addressed in Somalia

1- **Completed the Situational Analysis of WASH & IPC in Health care Facilities**

- Somalia was successfully able to completed the national situational analysis of WASH and IPC in health care facilities.

2- Completed the National Baseline Assessment of WASH in Healthcare Facilities

- Somalia conducted a National Baseline Assessment of WASH services in health care facilities.
- More then 300 different health facilities (Governmental/non-Governmental, Hospitals/Non-hospitals, located in rural or urban areas) were assessed.



What have been the key enablers of success?

Enablers of Success(Joint effort by multiple stakeholders)

Federal Ministry of Health and Human Services

Ministry of Energy and Water Resources

Banadir Regional Administration

Ministry of Envirnment and Climate Change

Through regular coordination meeting

Somalia Healthcare workforce

What are the largest obstacles?

- Limited funding for WASH in healthcare facilities.
- limited capacity of the staff of WASH and IPC
- Lack of specific policies and strategies for WASH in health care facilities
- Lack of Monitoring and evaluation framework,and tools for WASH in Health care facilities.

We address on this thought:

- Government started mobilizing fund for WASH in healthcare faculties (from the ministry of finance and some donors) and paying salary for few staffs working on Wash in healthcare facilities.
- Developing some documents like Medical waste management and hygiene promotion strategy for five years (2023-2027).
- Training 600 healthcare staff for IPC measures.
- Conduct TOT for 60 healthcare staffs on WASHFIT and following two cascade training in the states

TO UNLOCK THE OBSTACLES

- Drafting additional Policies and Standards specific to WASHinHCFs.
- Increase the coverage of Basic WASH services in healthcare facilities ,focusing on WASHFIT and IPC.
- Raise awareness on the importance of Establishing and Maintaining WASH services in HCFs.
- Building the capacity of Healthcare workforce on WASH in HCFs
- fund rising program to improve the services of Wash in HCF

Somalia Experience on WASHin HCFs

What can work in improving WASH in the health care facilities of Low- and middle-income countries(LMIC) including Somalia

1. Improving the availability and quality of **WATER** in healthcare facilities can have a significant impact on patient outcomes.

2. Constructing or renovating toilets, handwashing stations, and waste management systems in healthcare facilities

3. Educating healthcare workers and patients about the importance of WASH.

4. Setting up regular monitoring and evaluation of WASH in healthcare facilities.

Electrification

- Somalia has the highest price for electric power in the world
- In rural healthcare facilities, some are using generators, with high-cost fuel consumption, some are using solar power which is not fully functioning all the time.
- Electrification in healthcare facilities is important for healthcare facilities functionality, sterilizing delivery sets, and medical equipment.
- Without electric supply, health services are not available in all the healthcare settings
- Need for green energy for Somalia is crucial since Somali weather is mostly sunny

Strengthening safe water management for IPC at facility level

Hungary

Eszter Róka

Global event on safe and sustainable infrastructure in health care facilities

Amman, Jordan

13-15 June 2023

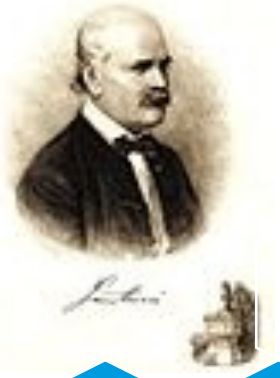
Country tracker snapshot

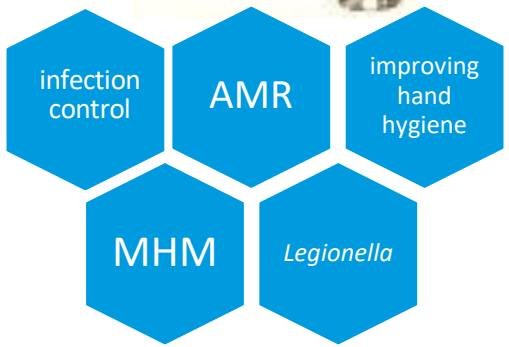
- High-income country
- Member of European Union
- Piped centralised drinking water and sewerage in all HCF

- Legacy of Ignác Semmelweis, saviour of mothers
  - First to recognise the role of hand hygiene in infection control
  - After 170 years, we are still speaking about hand hygiene…

- Why is WASH in HCF is still important?
  - Some challenges are common to all settings
  - False sense of security

https://en.wikipedia.org/wiki/Hungary





Step 1: Situation Analysis & Assessment

Step 1: Baseline assessment

Step 2: National Roadmap &Targets

Step 3: WASH Standards in HCF

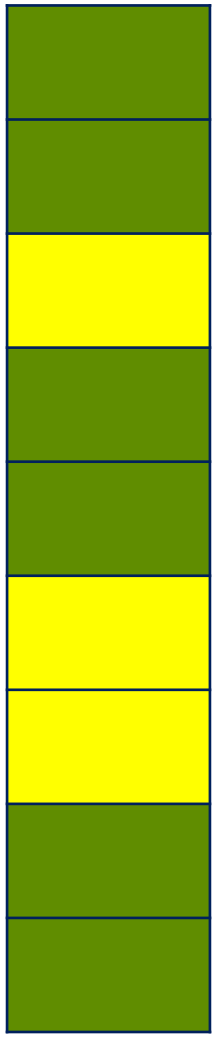
Step 3: Health care Waste standards

Step 4: Infrastructure & Maintenance (WASH Fit)

Step5: Monitor & Review Data (HMIS)

Step6: Develop Health Workforce

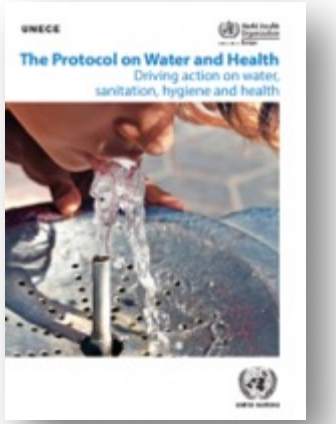
Step 7: Engage Communities

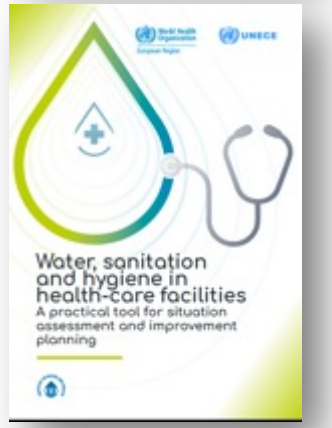


Hungary

Partnership and leadership

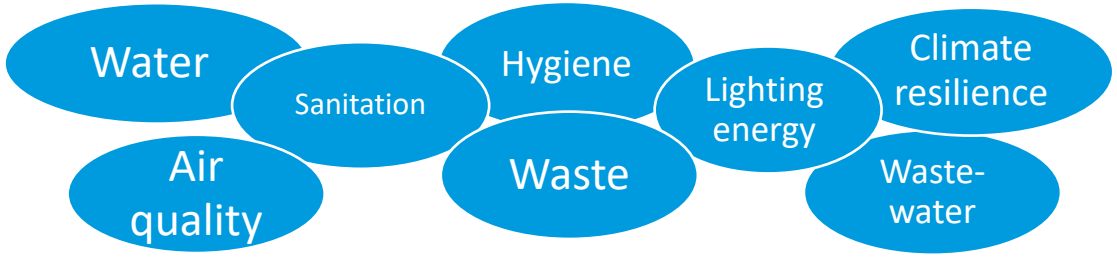
- Global: UN Group of friends for WASH in HCF
  - High political level cooperation
  - Lead by Hungary and the Philippines
  - Aim: adoption of a UN General Assembly resolution on WASH in HCF
- Regional: Protocol on Water and Health
  - Coordinated by United Nations Economic Commission for Europe and WHO Regional Office for Europe
  - Hungarian chairmanship (2023-2025)
  - Legally binding instrument
    - National target setting mechanism and reporting – accountability
  - Priority area on WASH in HCF
    - Technical work
    - Co-lead by Hungary, Georgia, Lithuania, Moldova, North Macedonia
- National level
  - Water and Health Expert Committee
  - Antibiotic Committee
- Institutional level: multidisciplinary infection control teams in the HCFs





Situation assessment on WASH in HCF (2018/2019)

- Overview of legislation and available scientific evidence, survey with 82.3 % response rate



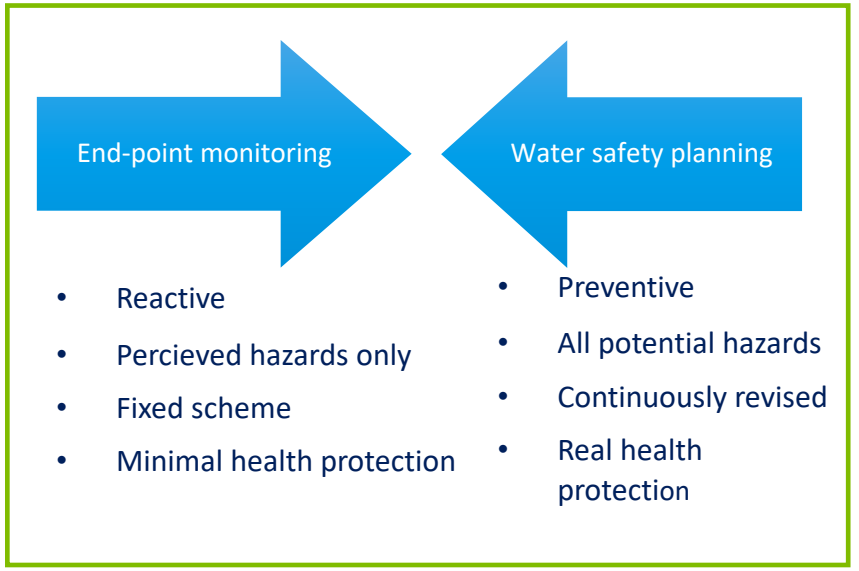
Legal document or standard	Drinking water	Sanitation	Wastewater	Hygiene and IPC	Health care waste management	Environmental cleaning and disinfection
Building and Community Planning Code	+	+	+			
Drinking Water Act	+					
Water Utility Act	+		+			
Regulation on healthcare service providers	+	+		+		
Legionella regulation	+			+		
Infection control regulation				+		+
Healthcare waste management regulation					+	
Ministerial standards on in-patient and outpatient care		+		+		+
National standard on plumbing systems in buildings	+					
Thematic guidelines of the chief medical officer	+			+		+

- WASH results:
  - High compliance with JMP indicators in access to water, environmental cleaning and waste management
  - Sanitation: gender separated ✓ dedicated for staff ✓ challenge: accessible and suitable for MHM
  - Hand hygiene: Infrastructure available 100% (sinks and disinfectant dispensers), challenge: continuous supply of consumables
    - Monitoring: mandatory reporting on alcohol-based hand-rub
    - Hand-rub consumption is lower than EU average
    - Separate budget line for hand disinfectants (65% of HCF in 2021)
    - Higher compliance between nurses than doctors
    - Behaviour change is the key – education of cleaning staff, patients and visitors

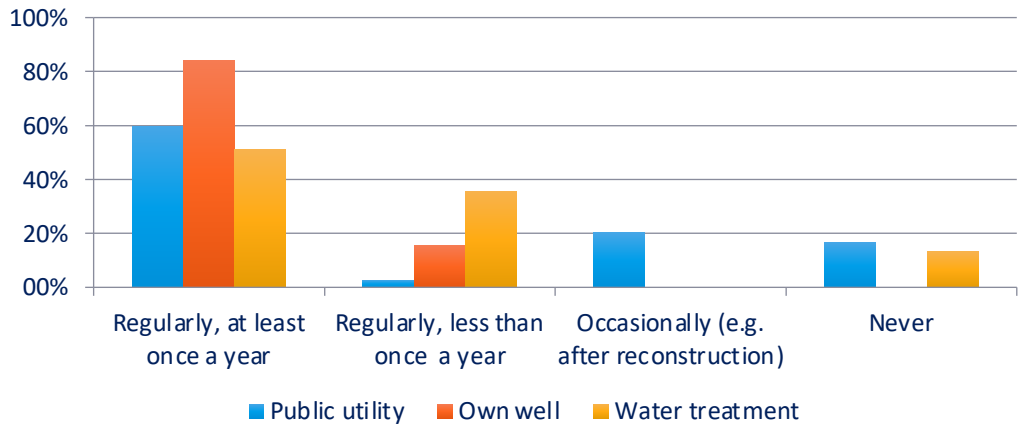
Hungary

Water hygiene

- High quality standards (EU drinking water directive)
  - 100% safely managed, piped water supply
  - Centralised supply: 88.3%, own well: 8.3%, both: 3.3%
  - Same quality standards apply to both
- Water safety planning – risk based approach
  - Assessment and management of risks in the entire water system
  - Legal obligation for water suppliers
  - Incremental implementation (largest → smallest, 2012-2017)
  - HCFs using their own well develop WSPs
- Regular water quality monitoring
  - HCFs using own well or water treatment required to monitor water quality
  - Centralised supplies are monitored by the operators
  - Water quality data is reported to a national system
- No known incidents of waterborne GI outbreaks in HCFs



Frequency of water quality testing in health care facilities

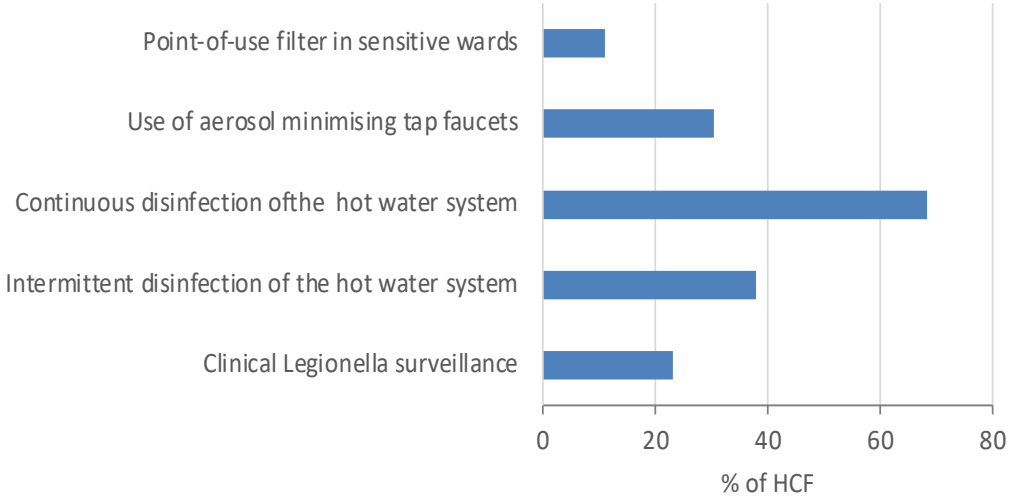


Hungary

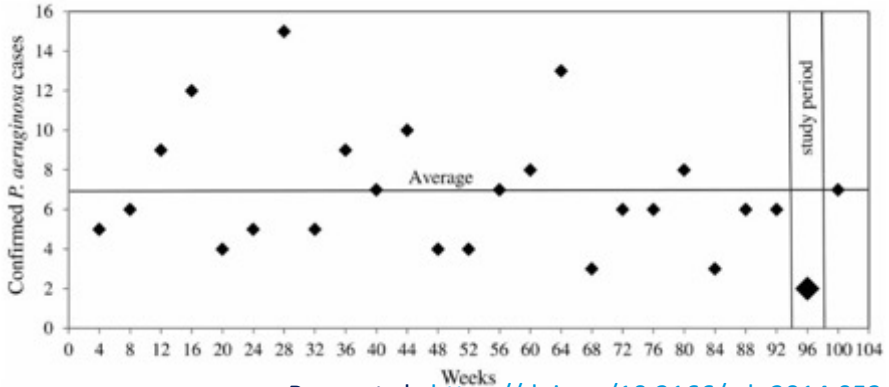
Premise plumbing in HCF

- Risk of bacterial re-growth even if drinking water quality is fully compliant
- Role of water is generally underestimated by IPC and healthcare staff
- Documented cases/outbreaks of nosocomial water-related infections (legionellosis)
- Old plumbing system or poor management
  - stagnant water, bad insulation, corrosion…
- Legislation on *Legionella* risk management (2015)
  - Raise awareness of HCF management
  - Mandatory risk assessment in public buildings
  - Regular monitoring (at least once a year in HCFs)
  - Guideline on good practices and interventions
- Interventions
  - Elevated water temperature – risk of scalding
  - Secondary water disinfection in many HCF – further problems
  - Point of use filters – proven efficiency in preventing water related infections (*Pseudomonas, Legionella*)
  - Clinical surveillance for legionellosis

***Legionella* risk management measures in HCF**



Point-of-use water filters in a ICU



Barna et al., https://doi.org/10.2166/wh.2014.052

Hungary

Conclusions/recommendations

- Future priorities for Hungary
  - Development of an action plan to advance WASH in HCF, based on the situation assessment
  - WASH should be better integrated in graduate training of healthcare workforce
  - Continued leadership both on political and technical level
- Points for reflections for the work at global level
  - Improvement of WASH is a never-ending story – regardless of the country status (there is always room for improvement)
  - Behaviour change is a key in achieving and maintaining good hygiene practices
  - COVID-19 pandemic gave a momentum to WASH in HCF: we need to keep this momentum (training and raising awareness to achieve/maintain behaviour change)
  - Many excellent resources are available globally – translating them into practice
  - Role of international and national cross-sectoral cooperation reaching outside the health sector (e.g. water utility operators, designers, manufacturers and operators of plumbing systems – improved systems, patient groups – improved use, reduced exposure)

Further reading & additional resources

- UN Group of friends for WASH in HCF: https://www.washinhcf.org/resource/concept-note-un-group-of-friends-in-support-of-wash-in-hcf
- Protocol on Water and Health: https://www.who.int/europe/initiatives/protocol-on-water-and-health
- Water, sanitation and hygiene in health-care facilities: a practical tool for situation assessment and improvement planning: https://apps.who.int/iris/handle/10665/363511
- Water safety planning in Hungary: https://www.nnk.gov.hu/index.php/kozegeszsegugyi-laboratoriumi-foosztaly/kornyezetegeszsegugyi-laboratoriumi-osztaly/vizhigienes-laboratorium/ivoviz/ivovizbiztonsagi-tervezes-vbt
- *Legionella* risk assessment and risk management guideline: https://www.nnk.gov.hu/index.php/kozegeszsegugyi-laboratoriumi-foosztaly/kornyezetegeszsegugyi-laboratoriumi-osztaly/vizhigienes-laboratorium/legionarius-betegseg/1378-a-legionella-kockazatbecsles-modszertani-utmutato

Sustainably Addressing Health Care Waste and Climate-friendly Improvements in Lao PDR

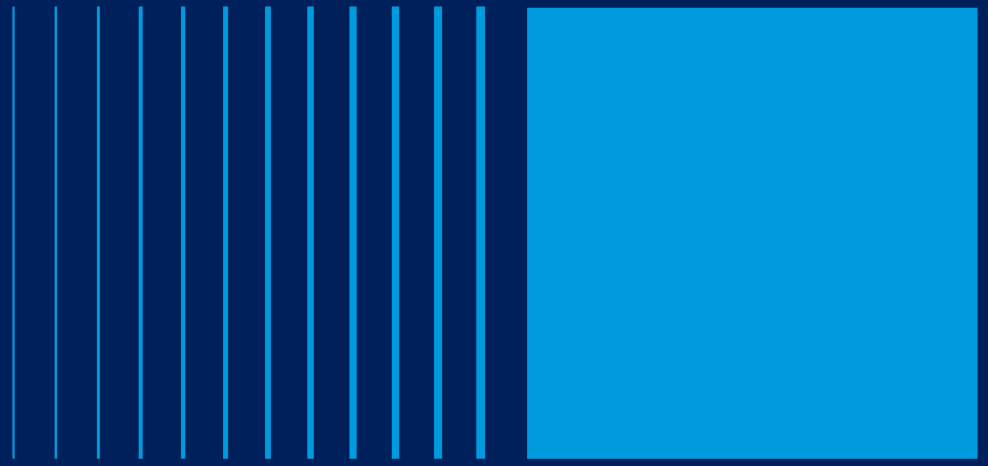
Lao People's Democratic Republic

Presenter:

Dr Phonepaseuth Ounaphom

Department of Hygiene and Health Promotion, MOH

Mrs Souvanaly Thammavong, WHO



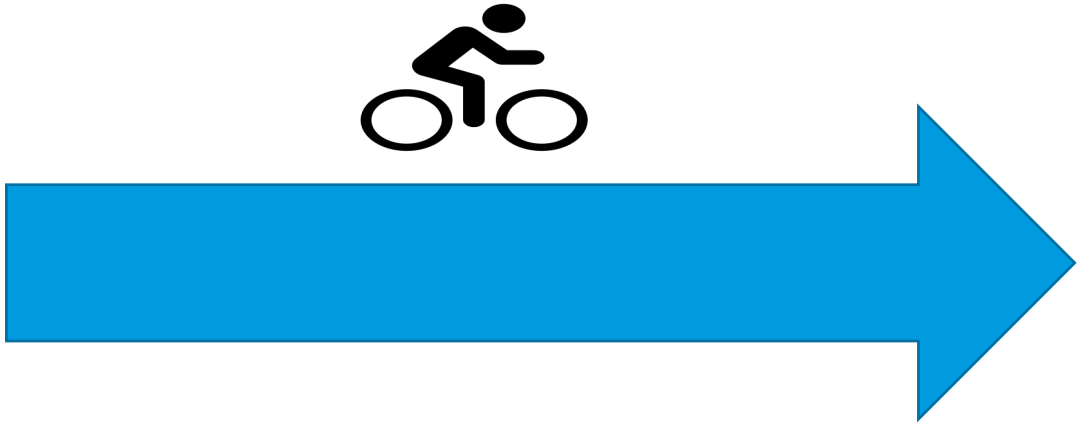
Key Enablers of success: The Government Leadership and Commitments

- **COP 26 the government committed to support to low carbon and climate resilient health care system**

SDG target: 80% of all HCFs will have basic WASH services by 2025

2021

17% limited, 70% water basic
98% limited, 2% basic sanitation
74% limited, 16% basic hygiene
77% limited, 19% basic waste service



2030

- **SGD basic service at least 80%**
- **HCWM 100%**
- **UHC goals by 2025**

- National Water Sanitation and Hygiene Strategy, plan of Action, 2019-2029
- Climate change and Health Strategy and H-NAP 2022-2025

Key Enablers of success: Safe-Clean-Green-Climate Resilient Health Care Facility intervention packages

MOH National policy, std, regulation
2015-17

Implementation
(WASH FIT piloted)
2017

CR WASH FIT
2018-2019

Safe Clean and CR/Green HCFs
(COVID 19)

Upscaling from South to North
PH/DHs to HC

Key enablers of success:

environmentally sustainable approach

Shifted to low carbon/clean technology

- Sound health care waste management regulation developed
- Required all central, provincial and district hospitals to use on-site non-combustion technology
- More than 100 HCFs shifted to non-combustion technology in 2020-2022
  - 100% central and provincial hospitals
  - 50% of all district hospitals fully shifted to non-combustion technology

Currently working and will continue to strengthen implementation capacity health at facility level

World Health Organization

WASH in HCFs

- Monitoring plan developed

Service	2021 baseline (% of HCFs)	2025 target (% of HCFs)	2030 target (% of HCFs)
Water	• 70% basic • 17% limited • 11% no service	• 89% • 11%	• 90% basic service • 10% Safely managed
Sanitation	• 2% basic • 98% limited • 0% no service	• 66% • 44%	• 80% basic • 20% Safely managed
Hygiene	• 16% basic hygiene • 74% limited • 9% no service	• 64% • 36%	• 80% basic • 20% safely managed
HCWM	• 19% basic • 77% limited service • 4% no service	• 100%	• 100% basic

- 1. Integrate WASH, waste and electricity services into health planning, programming, financing and monitoring at all levels:
  - Training program on WASH FIT for WASH IPC team
  - Training program on HCWM for WASH IPC teams
- 2. Regularly monitor and review progress, and strengthen accountability:
  - Scoring system for Safe Clean Green Climate Resilient HCF for recognition is developed
- 3. Develop and empower the health workforce to deliver and maintain WASH, waste and electricity services, and practice good hygiene:
  - Training program on CCH adaptation for public health specialist (integrated with curriculum of public health school)
  - Short training for autoclave operators developed and on-the-job trainings are ongoing

Strengthening national, sub-national and health facility capacity through the Safe-Clean-Green-Climate Resilient Health Care Facility intervention packages

Lao PDR

Currently working and will continue to support *low carbon and environmentally sustainable health facility*

Safe:

Safe water source is accessible

Safe drinking water is provided and accessible for all patients and staff

PPE for cleaners and waste handlers available

Green:

Clean and Green environment (outdoor)

Mercury free thermometer in practice

Basic 3 bins for waste separation are available

Clean:

Clean, functional hand washing stations with soap and water

Functional and clean toilets (1:20 IPD)

Climate Resilient:

Water service is available throughout the year

Water pump/water tank is available for water storage (nampapa connected)

WASH IPC team is functioning and received training

Conclusions/recommendations

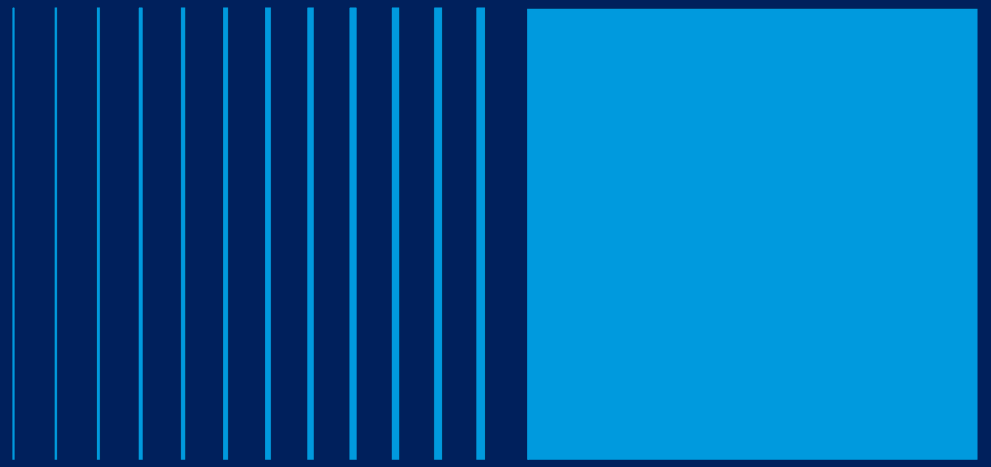
- **Achieving global and national SGD targets (80%) by 2025 and (100%) by 2030**
  - By using Integrated and systematic approach
  - For example: Safe-Clean-Green-Climate Resilient Health Care Facility intervention packages
  - Climate resilience should be considered from the planning and design stage of new HCFs. Local geography (elevation, proximity to rivers, etc.) and climate (rainfall, etc.) should be considered when deciding on the construction of the building and its WASH facilities.
- **Upscaling this initiative in 20-40 HCFs every year, particular in** health centres in the northeastern part of the country
  - Reviewing and sharing experiences on an annual basis
  - Regular monitoring should be continued using short-form (11 core indicators)
- **Addressing capacity gap at implementation**
- **Enhancing multi-sectoral coordination and collaboration**
  - health sector and health partners leadership roles are important for enhancing multisectoral engagement and bringing their support

Fiji

Reflections

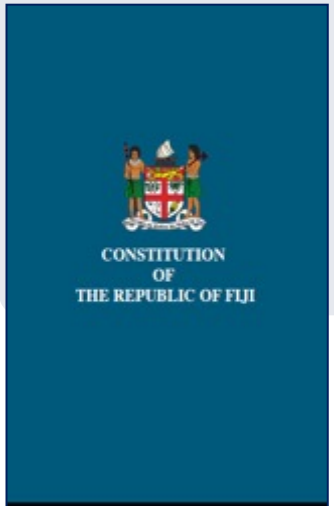
Vuniwai Vosataki

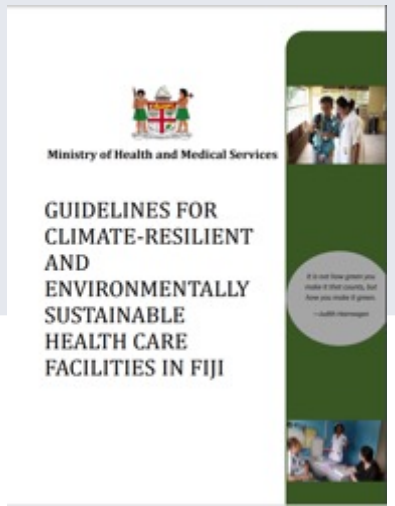
Ministry of Health, Fiji



Enablers for Strengthening WASH in Healthcare Facilities in Fiji

- Existing **policy instruments/strategies/guidelines** :Fiji Constitution, National Development Plan, Fiji MOHMS Strategic Plan, Public Health Act, IPC Guidelines 2022, Fiji CRESHCF Guidance and Environmental Management Act
- Existing **coordination mechanism for WASH Collaboration**: Internal (National Drinking Water Quality Committee, IPC Committees, Climate Change and Health Steering Committee and External coordination committee (WASH Cluster, Health and Nutrition Cluster and Inter-Cluster)
- Existing **HR on the ground** for WASH monitoring and surveillance: Example: Almost 200 Environmental Health Officers (in Local Authorities and Municipal Council)





Progress : Reference on the 8 Steps

1. **Situational Analysis** :
   - 2016/2017 Baseline on WASH in HCF after the TC Winston (Cat 5 Cyclone) event .
   - Currently National EH Business Plan – Conduct assessment for at least 80% HCFs.
   - WASHFIT ver. 2 TOT by WHO/UNICEF (Feb 2023) and rollout will occur in July 2023.
2. **Set targets** for WASH in Healthcare Facilities : NDP is aligned to SDGs. Fiji MOHMS Strategic Plan aligned to NDP.

3- 8. Initial stages of progress .

- Example: Step 4 on Improve and Maintain Infrastructure (Activity: Provisions procured via COVID response by WHO/ UNICEF)
- Example : Step 6 on Developing Health Workforce (Activities WASHFIT Training for various Health Cadres, TOT on Climate Change and Health,

Examples of WASH Improvements in HCFs

- WHO and UNICEF Funded.

Nepal

Reflections

Upendra Dhungana

WASH FIT improvement Plans – Integrating with local planning and budgeting

A reflection from Nepal

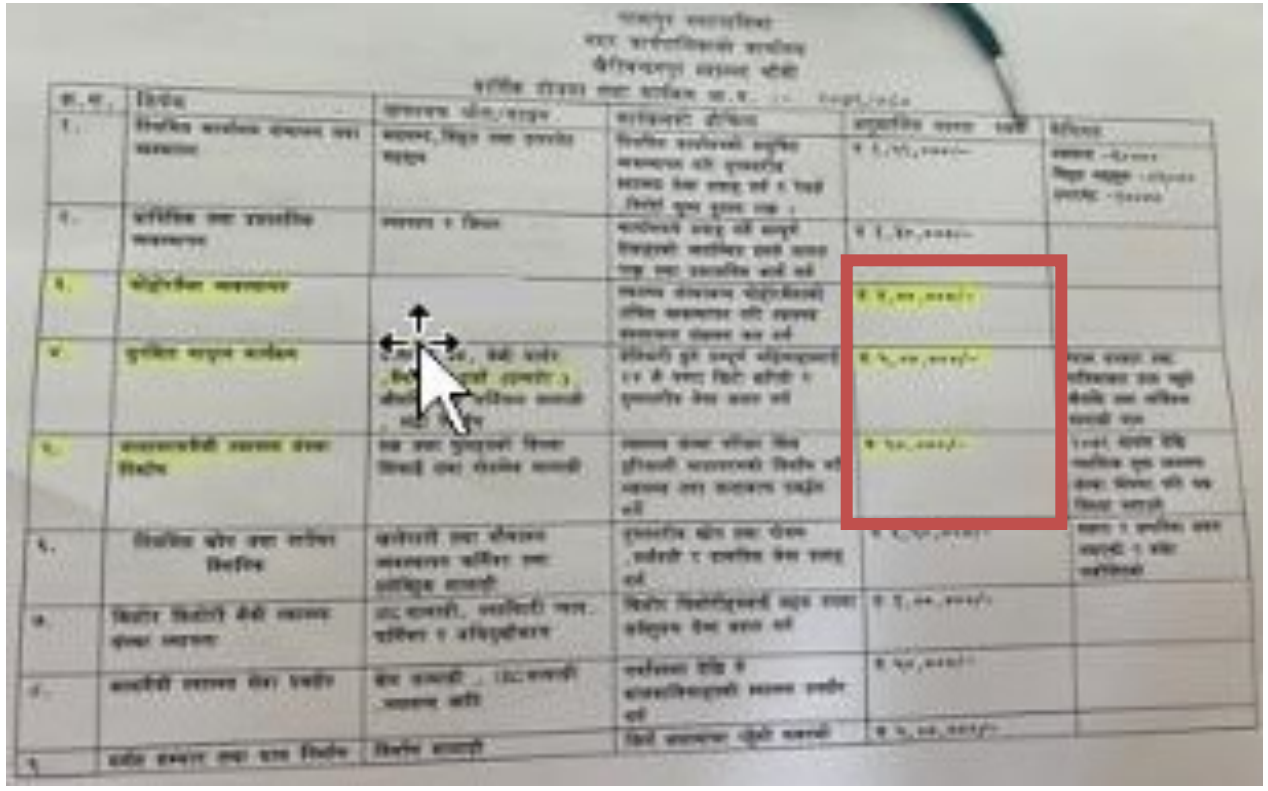
WASHFIT in Nepal

WASH FIT Guideline

Standard of WASH in HCF

Advocacy meetings with local government to implement WASHFIT (improvement plan)

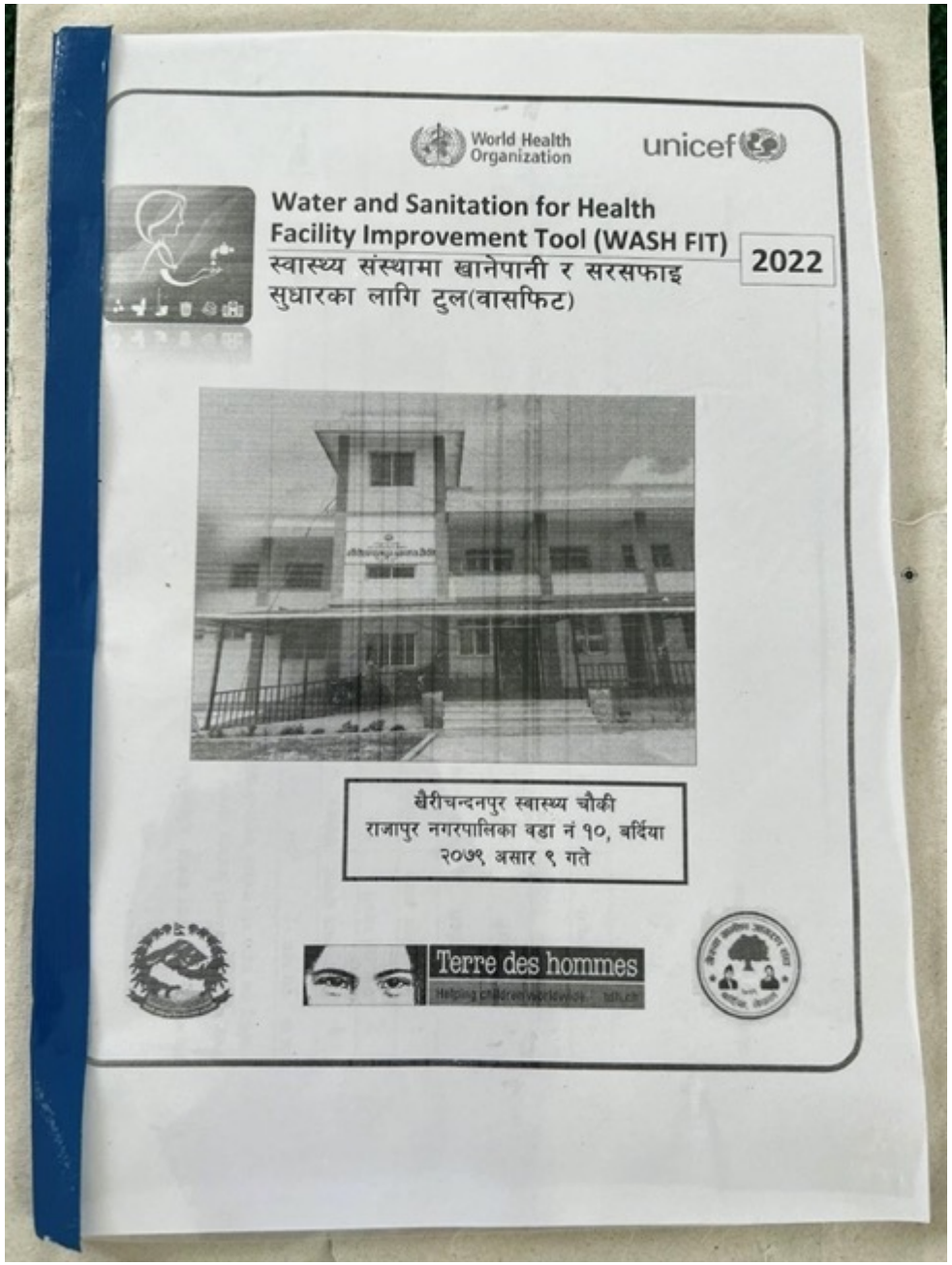
HCF WASH FIT team Assessment



Priority WASH FIT Plans submitted to the municipality by HCF

Outcome of the advocacy meeting: Local ownership

- *Elected Ward Chair are leading the WASHFIT team*
- *WASHFIT - one of the major agendas in the monthly progress review meeting of HFs*
- *Field monitoring visit – WASHFIT checklist*
- *WASHFIT improvement - the basis for annual planning.*
- *Allocation of Budget for WASH in Health Care Facility through municipality*



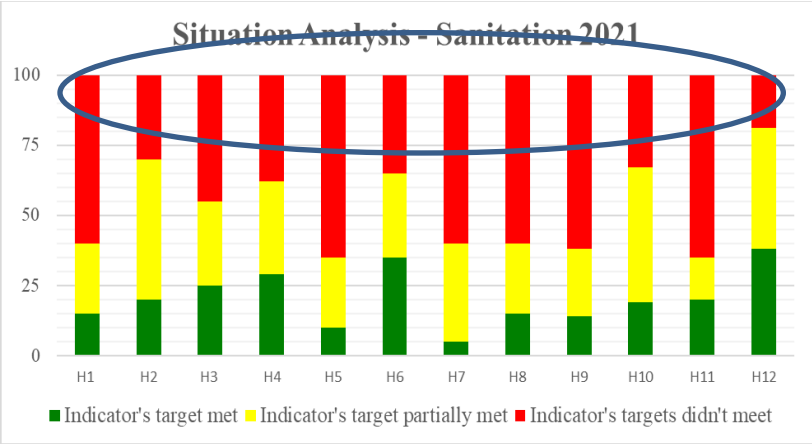
Municipality initiations towards fulfilling the gaps enlisted in the WASH FIT improvement plans

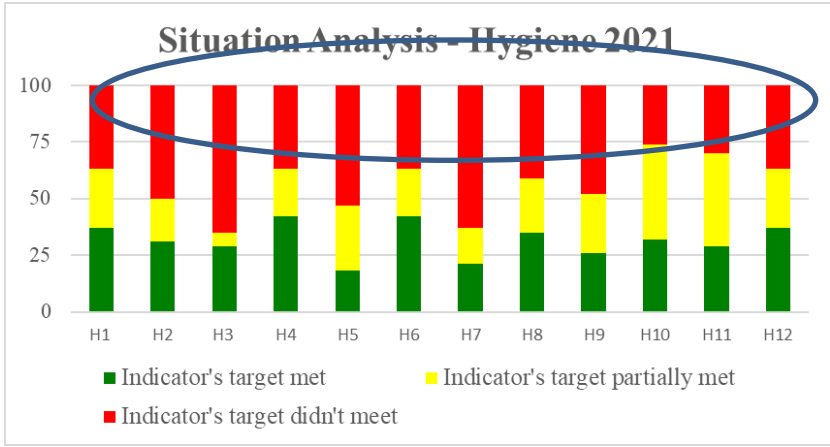
Recent examples of cost allocations:

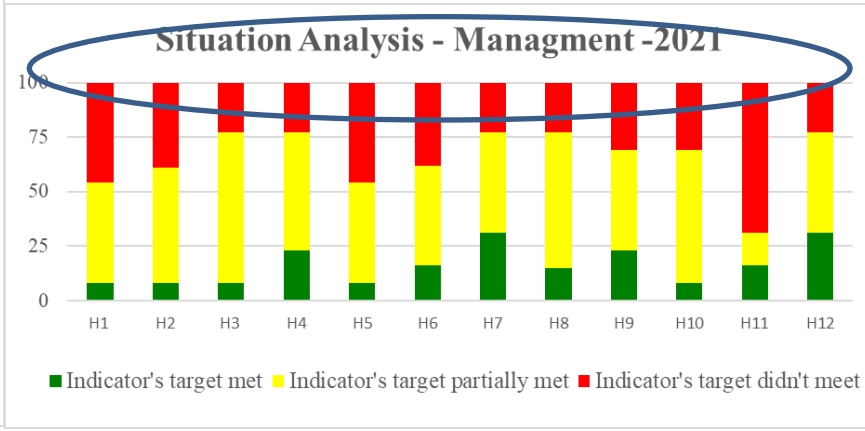
- *WASH O&M cost:* ***$1500 to $5000/*** *Municipality.*
- *IPC training and essential supplies:* ***($1500)***
- *Water quality test kit: (****$200*** *per HCF)*
- *Cost allocations for Child, Gender and Disable (CGD) friendly Toilet construction* ***($2000x2****)*

WASHFIT Implementation in one of the Districts

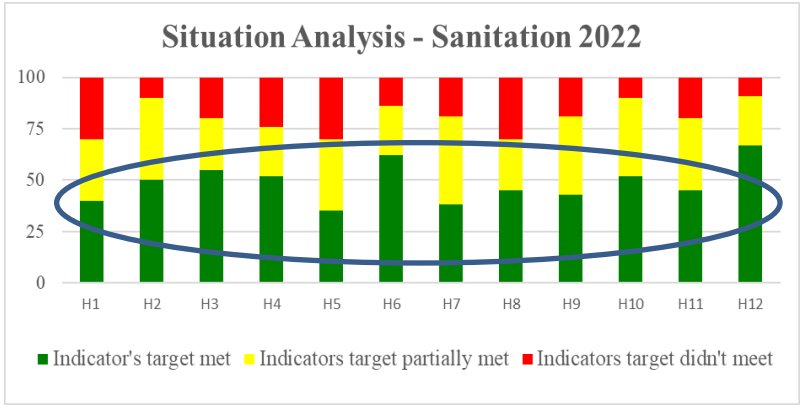
2021

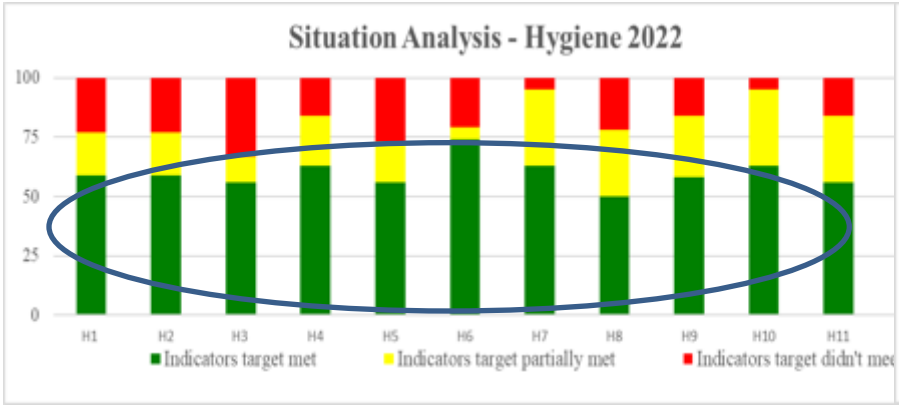


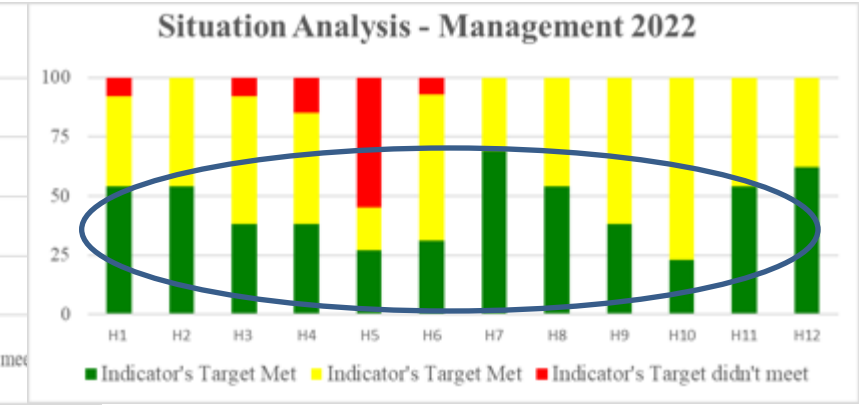




2022







Learnings from WASHFIT implementation

- A strong **leadership and interest** of HCF is fundamental for WASH FIT implementation
- ***Supportive monitoring from the municipality coordinator*** *is critical for WASH FIT implementation*
- **Linking WASHFIT** plan with municipal annual budget/planning
- Unless **external support** for basic infrastructure and essential **hardware items,** WASH FIT team can not show implement / sustain WASH FIT.
- **Advocacy to development partners and policy/decision makers and Capacity building** on WASHFIT at different levels of the government and Facility.
- Updated workforce (Orient new group/ team)

Visible Results- WASHFIT

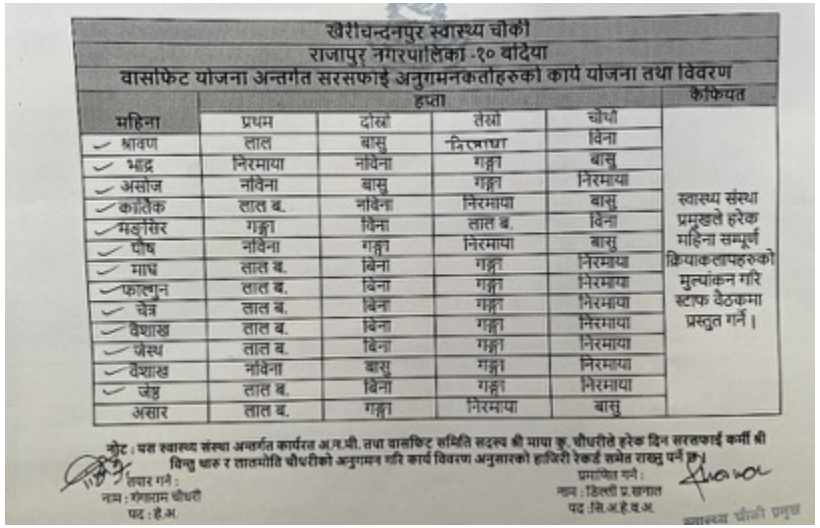
HCWM in a PHCC Before WASH FIT

After WASHFIT

Improved waste pit and placenta pit

Installation of autoclave for the treatment of medical waste

Visible changes and Improvements after WASH FIT implementation



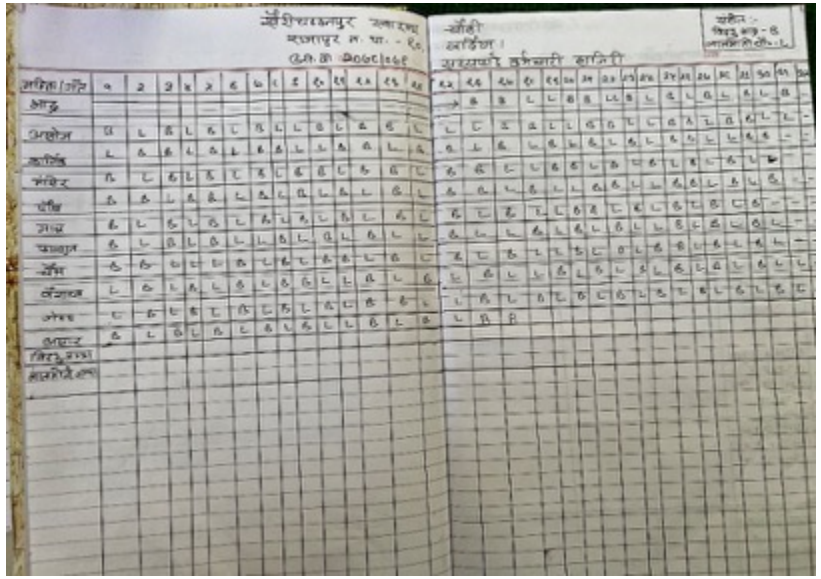
खैरीचन्दनपुर स्वास्थ्य चौकी
राजापुर नगरपालिका -१० बाँदेया
वासफिट योजना अन्तर्गत सरसफाई अनुगमनकर्ताहरुको कार्य योजना तथा विवरण

महिना	हप्ता				कैफियत
	प्रथम	दोस्रो	तेस्रो	चौथो	
श्रावण	लाल	बासु	निराधा	बिना	स्वास्थ्य संस्था प्रमुखले हरेक महिना सम्पूर्ण क्रियाकलापहरुको मुल्यांकन गरि स्टाफ बैठकमा प्रस्तुत गर्ने ।
भाद्र	निरमाया	नबिना	गङ्गा	बासु	
असोज	नबिना	बासु	गङ्गा	निरमाया	
कार्तिक	लाल ब.	नबिना	निरमाया	बासु	
मङ्सिर	गङ्गा	बिना	लाल ब.	बिना	
पौष	नबिना	गङ्गा	निरमाया	बासु	
माघ	लाल ब.	बिना	गङ्गा	निरमाया	
फाल्गुन	लाल ब.	बिना	गङ्गा	निरमाया	
चैत्र	लाल ब.	बिना	गङ्गा	निरमाया	
वैशाख	लाल ब.	बिना	गङ्गा	निरमाया	
जेस्थ	लाल ब.	बिना	गङ्गा	निरमाया	
वैशाख	नबिना	बासु	गङ्गा	निरमाया	
जेठ	लाल ब.	बिना	गङ्गा	निरमाया	
असार	लाल ब.	गङ्गा	निरमाया	बासु	

नोट : यस स्वास्थ्य संस्था अन्तर्गत कार्यरत अ.न.मी. तथा वासफिट समिति सदस्य श्री माया कु. चौधरीले हरेक दिन सरसफाई कर्मी श्री विन्दु थारु र तातमोति चौधरीको अनुगमन गरि कार्य विवरण अनुसारको हाजिरी रेकर्ड समेत राखु पर्ने छ।

तयार गर्ने :
नाम : गंगाराम चौधरी
पद : हे.अ.

प्रमाणित गर्ने :
नाम : डिलली प्र.खनाल
पद : सि.अ.हे.व.अ.



Registers maintained by HCF team for O&M of WASH facilities and services

A well maintained HCF
(Regular meetings, Shared responsibility, well documentation, good coordination etc)

Costing of WASH Infra and services in HCF in collaboration with Municipality to support sustainable improvement of WASH in HCF (Operation and maintenance)

Annex 1b WASH infrastructure and servic

S N	Item	unit	6 Ranipur BHC	
			Qty	Amount
A1	Capital hardware cost (NPR)			596,000
1	Toilet (seats)	No	2	400,000
2	FS containment (pit/s-tank)	No	1	80,000
3	Water system		x	
3.1	Water source (tube well)	No	1	50,000
3.2	pipe network	LS	1	20,000
3.3	Reservoir	No	1	16,000
3.4	Other features	No		
4	Water treatment system	No	1	20,000
5	Handwashing station (PoC)	No	1	5,000
6	Handwashing station (Toilets)	No	1	5,000
7	Waste Pit	No		
8	Placenta Pit	No		
9	Waste processing area	x		
10	Autoclave	x		
11	Cleaning Service Rooms	x		
12	Drainage	x		
13	Fencing	m		
14	Other	x		
A2	Capital Software cost (NPR)			90,000
B1	Annual Cost (O&M)			279,410
1	*Repair cost, Annual (NPR)*			*109,600*
2	*Operation Cost, Annual (NPR)*			*2,700*
3	*Consumables, Annual (NPR)*			*163,160*
4	*Personnel Cost, Annual (NPR)*			*3,950*
B2	Annual Software cost (NPR)			80,000
C Annual Cost of Capital (NPR)				53,912
Total Annual Cost (B1+B2+C)				413,322

The outcomes of this costing exercise will be a basis while developing the O&M Policy of Thakurbaba municipality for WASH in HCF.

Support for the development of Operation & Maintenance policy for sustainable improvement of WASH services in HCFs using WASH FIT

Some Photographs

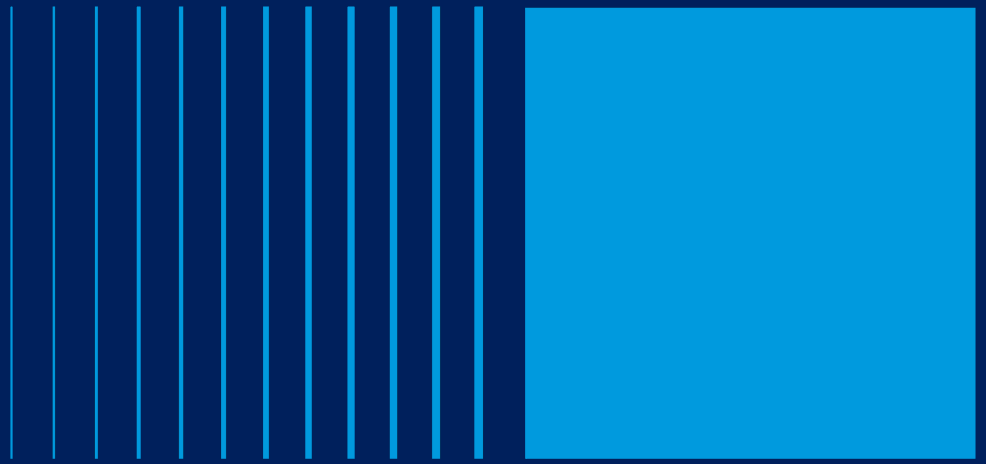
WASH FIT Team's exchange visit helps to learn the best practice

WASH FIT Assessment in Bardiya

Acknowledgments

- WHO, UNICEF
- Geruwa Rural Awareness Association (GERUWA) Bardiya
- Terre des hommes (Tdh)

Discussion



WASH
in Health Care Facilities

Focus on emergencies and systems strengthening

Moderator: Ryan Schweitzer, US CDC

Ukraine
Mali
Iraq
Venezuela
World Bank

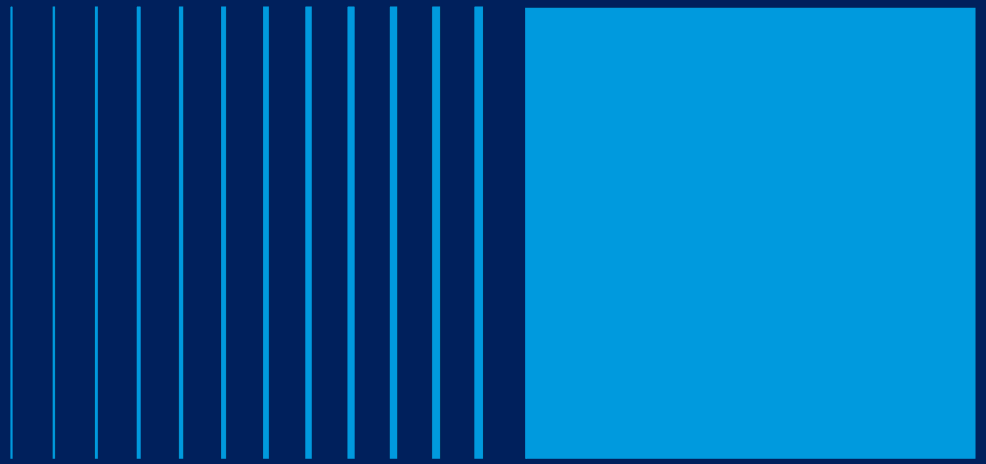
World Health Organization

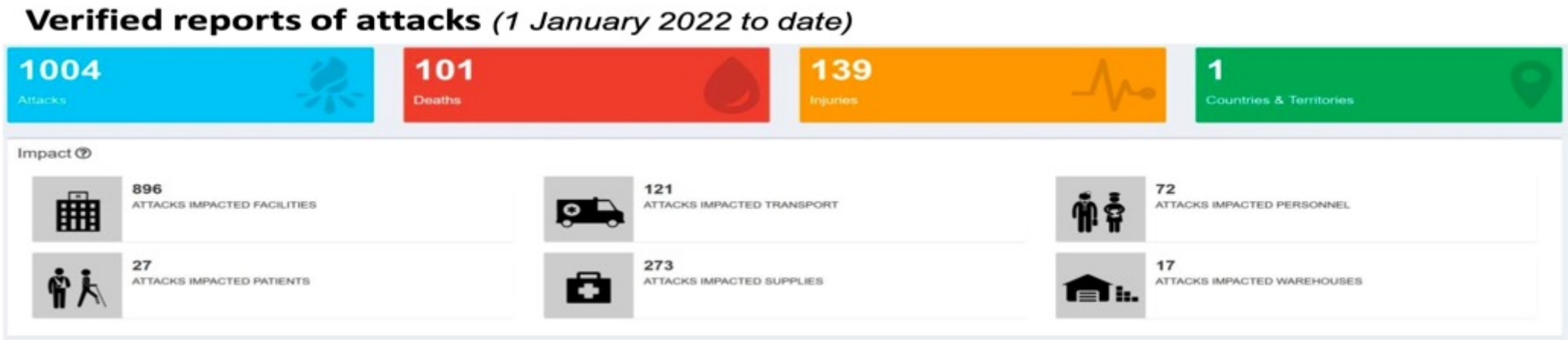
unicef
for every child

Ukraine

Mykhailo Slyzhuk

Ministry of Health of Ukraine





- more than 1046 km of water supply networks were destroyed
- 12 water treatment plants were partially damaged or completely destroyed
- 82 water pumping stations were destroyed or damaged
- 40 wells were destroyed or damaged
- more than 327 km of sewerage networks were damaged,
- 70 sewage pumping stations were partially damaged or completely destroyed
- 24 sewage treatment plants were destroyed or damaged
- 21 landfills for household waste were destroyed or damaged

Country tracker snapshot

Legend

- Practical step underway or partially completed
- A need has been identified to and/or plans are in place to start
- No progress made and/or no plans in place to start

Adaptations to tool and materials

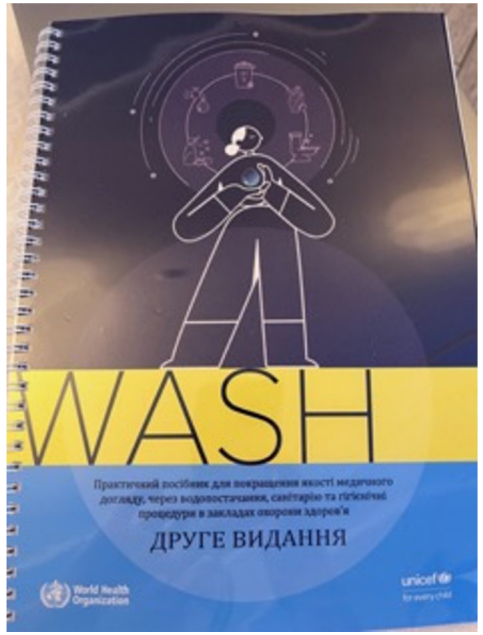
WASH FIT was adopted to country context including:

- Removal of not immediate priority indicators (e.g. reuse of greywater, capture of rainwater)
- Adding country indicators to reflect common practices in the country (e.g. chlorinating raw sewage, chlorinating health care waste)

Combined assessment with IPCAF (approved in the country)

- Complementing assessment of IPC core components with WASH related data

Assessment of water treatment technologies with local available options with aim to meet higher/EU water quality standards



	Number of indicators*
Water	16
Sanitation	13
Health care waste	20
Hand hygiene	6
Environmental cleaning	16
Energy & environment	12
Management & workforce	12
TOTAL	**95**

World Health Organization
European Region

Incremental improvement of WASH in HCF in Ukraine

WASH FIT training for HCF/
WASH FIT & IPCAF
self-assessment

December 2022

On-site trainings/
External WASH FIT assessment
and plans development

March-April 2023

Incremental improvement of WASH in HCF in Ukraine

SOPs development, on-line trainings and technical support to HCF

April-May 2023

Delivery of priority goods for WASH services and final WASH FIT assessment

June-July 2023

Conclusions/next steps/recommendations

- Effective coordination between MoH, three levels of WHO and partners facilitate achieving the progress in WASH services in HCF in Ukraine.
- Next steps include integration of WASH FIT tool in national legislation and routine use of the tool for incremental improvement of WASH in HCF.
- Maintaining and enhancement of WASH services at healthcare facilities are critical for ensuring access to quality medical care especially during emergencies and should be prioritized by healthcare facilities managers and government.
- Investment cases, practical examples and step by step guidance on improving waste management and building climate resilient WASH services will be useful for country.

Further reading & additional resources

- WASH in HCF country tracker:

https://www.washinhcf.org/?s=&country=ukraine&post_type=resource

- WHO's response to the Ukraine crisis: annual report, 2022

https://www.who.int/europe/publications/i/item/WHO-EURO-2023-5897-45662-68308

If you have any questions regarding above, please do not hesitate to contact me:
m.v.slyzhuk@moz.gov.ua

MALI

Moussa AG HAMMA

Mali

Evaluation de la situation WASH par l'Equipe WASHFIT, CSCOM Central de Macina, District de Macina, Région de Ségou

Global event on safe and sustainable infrastructure in health care facilities

Amman, Jordan

13-15 June 2023

Safe and Sustainable Infrastructure for Health Care Facilities: Mali

POPULATION: 22 049 255

HEALTH CARE FACILITIES number and categories in the country:

7 EPH 3ème Réf,
8 EPH 2ème Réf,
62 CSRéf,
1 605 CSCom,
1 076 Privés,
88 Parapublics et
3 345 sites ASC

Status of WASH, waste, environmental cleaning, and energy services in HCFs: HCF basic services coverage (Herams, avr 2022)

78%

68%

73%

59%

62%

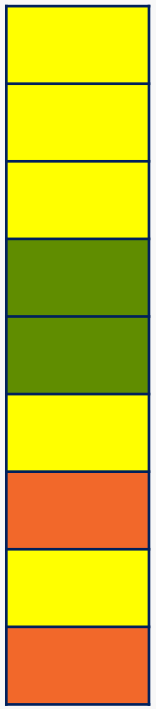
73%

CHALLENGES

- Financement du WASH
- Changement de comportement
- Durabilité des services
- Instabilite politico securitaire

PROGRESS ON THE 8 PRACTICAL STEPS*

- Step 1: Situation Analysis & Assessment
- Step 1: Baseline assessment
- Step 2: National Roadmap &Targets
- Step 3: WASH Standards in HCF
- Step 3: Health care Waste standards
- Step 4: Infrastructure & Maintenance (WASH Fit)
- Step5: Monitor & Review Data (HMIS)
- Step6: Develop Health Workforce
- Step 7: Engage Communities



WASH FIT IMPLEMENTATION & Sustainability (Total (urban and rural, PHC, Others)

- Dans 330 centres de santé dont 18 en milieu urbain et 312 en milieu rural.

MAJOR ACHIEVEMENTS IN WASH, WASTE & ENERGY SERVICE DELIVERY

- Paquet minimum WASH a été élaboré, validé et disséminé
- Guides infrastructures et promotion des bonnes pratiques d'Hygiène en milieu de soins ont été élaborés et partiellement disséminés
- Plan stratégique WASH 2023-2027 a été validé et la dissémination en cours
- Plan stratégique PCI a été validé et disséminé
- Manuel de procédure de gestion des déchets médicaux a été révisé
- DIHS2: indicateurs et outils de collectes WASH paramétrés
- Adaptation du guide WASH Fit 2.0 et formation des formateurs

GENDER AND EQUITY ACTIVITIES

- Adaptation des infrastructures aux femmes et aux personnes en situation de handicap,
- Construction de douches spécifiques pour les accouchées

PARTNERSHIPS

- Prise en compte des infrastructure WASH HCF dans les plans des Ministères Eau et Assainissement
- Utilisation de l'art social-
- Recherche académiques sur l'impact de l'hygiène des mains sur la santé
- Plateforme en ligne pour la formation PCI

BEST PRACTICES ON SCALING UP AND REPLICATION

- Intégration du concours Centre de santé propre au WASH FIT
- L'utilisation de l'art social pour le changement de comportement
- Organisation d'espace d'interpellation des élus autour du WASH FIT

KEY NEXT STEPS TO ACCELERATE PROGRESS

- **Integration into the health planning, monitoring and financing (including resource allocation)**
  - Evaluation nationale des services WASH suivie de l'élaboration de la feuille de route,
  - Collecte de données à travers le SIS (DHIS2)
  - Poursuivre la mise à échelle du WASH FIT (régions en situation de crise et les hôpitaux)
- **Monitoring and accountability**
  - Renforcement du suivi du financement à travers trackfin
  - Renforcement de la collaboration avec la société civile pour le plaidoyer
- **Empowering health workforce**
  - renforcement des capacités du personnel de soutien (ambulanciers, techniciens de surface etc..)/ sensibilisation

Engagement de la communauté/déterminant du succès

La crise a conduit au changement de stratégie de mise en œuvre des activités axé sur la communauté :

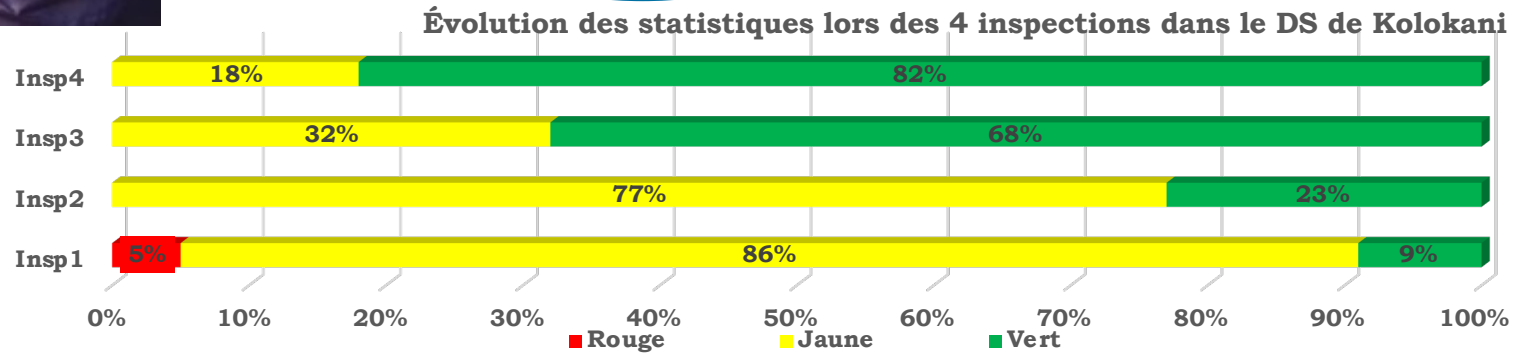
- Implication de a société civile dans la Taskforce WASH HCF (coordination, formation)
- Renforcement du rôle des ASACO (Association de Santé Communautaire) pour la mise en œuvre du WASHFIT au niveau opérationnel
- Engagement d'un plus grands nombre d'organisations de la société civile (ONG locales, ASACO, autres…) pour le financement des plans d'amélioration WASHFIT
- Financement du WASH en milieu de soins à travers les fonds humanitaires

Cependant il y a eu une réduction de l'accès à certaines zones pour la mise en œuvres des activités WASH ce qui a impacté le suivi des activités

Cas pratique 1: Engagement communautaire dans la mise en œuvre de WASH Fit via le concours centre de santé

Remise de prix

Discussions pour l'élaboration du PGSE



Cas pratique 2 : mobilisation communautaire via l'apprentissage entre pairs pour la mise en œuvre de WaSH Fit : cas de Bla et Macina

Initiation des ESS de Kokry et Zanabougou sur WASH Fit à travers visite d'apprentissage entre pairs et approche communautaire

Composition du comité WASH en fonction des critères clés: leadership, motivation (implication imam du village); sensibilisation des communautés sur le lien WASH et santé; reddition de compte ASACO;

Mise en œuvre participative de l'approche WaSH FIT
Espaces communaux d'interpellation démocratique

Engagement communautaire pour la mise en œuvre du plan d'amélioration – réalisation toilette 2'500'000 FCFA environ

« Nous avons vu que l'ASACO est sur la bonne voie et a décidé de prendre son destin en main. C'est pourquoi la Mairie (qui a transféré la gestion de l'ESS à l'ASACO) ne pouvait qu'appuyer le travail amorcé. Nous avons décidé de prendre en charge les frais de plomberie. Nous avons recruté depuis Ségou (130 km) un plombier qui a réalisé la tuyauterie et installé les chaises dans les deux cabines ».

Zoumana Diassana, Maire de Kokry

Bonne pratique 3 : WASH FIT pour la redevabilité

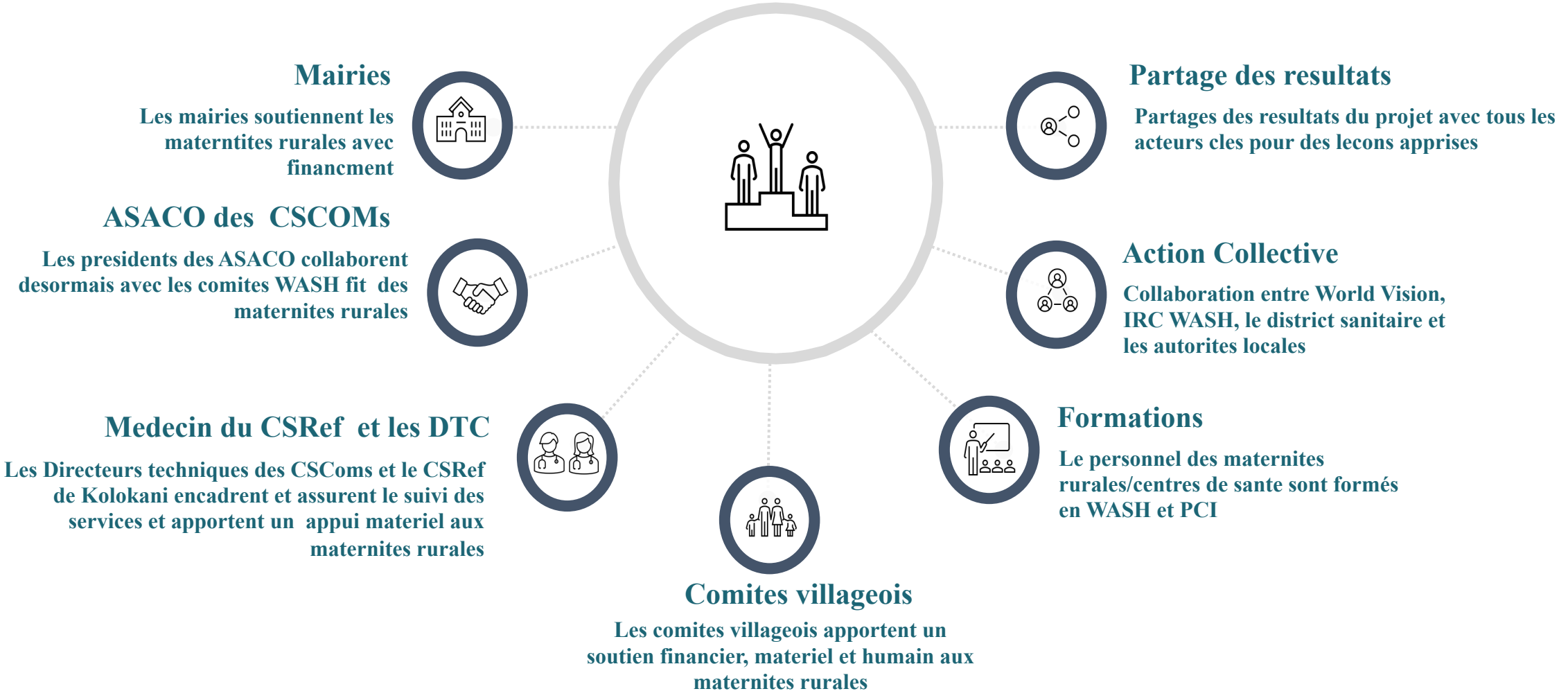
WASH FIT, un outil pertinent pour argumenter les débats entre les communautés et les élus.

Voix de la société civile malienne prise en compte dans l'élaboration du plan stratégique national EHA dans les établissements de santé au Mali

« Le nouveau plan stratégique a été élaboré avec la participation de la société civile et l'ensemble des acteurs clés du secteur. Il tient compte des préoccupation des populations exprimées lors des ECID et consacre entre autres, la priorisation du WASH en milieu de soins dans la planification budgétaire de l'état des collectivités locales et des ESS avec WASH Fit comme outil de gestion et de redevabilité ».
Boureima Tabalaba, coordinateur CNCIEPA

Bonne pratique 4 : engagement de la communauté à travers le WASH FIT dans les maternités rurales

Cas des communes de Nossombougou, Ouolodo et Tioribougoule



Ameliorations apportées par la communauté

Maternite Dourako – Feb 2021

Maternite Dourako – May 2022

Conclusions/recommendations

- En termes de strategies/approaches
  - Integration dans les programme humanitaires
  - Integration dans les programmes de santé
  - Renforcer le role de la communauté dans la gestion du WASH HCF
  - Mobilisation des patenaires divers :PTF, Privé, Société civile

- Par rapport au prochain plan global nous recommendons:
  - Prise en compte des spécificités de crises: planification, de suivi
  - Renforcement du role de la société civile dans la mise en oeuvre de la feuille de route

Improving WASH and IPC in Crises

Republic of Iraq

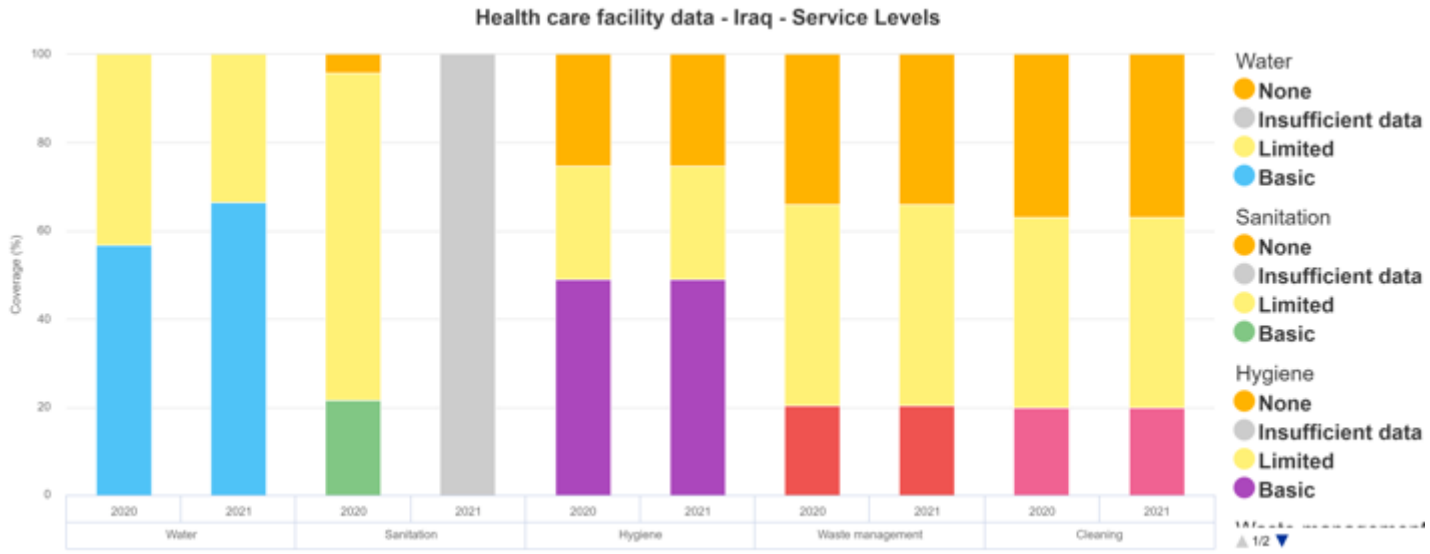
Speaker : Yasmine Jamal Ameen

Global event on safe and sustainable infrastructure in health care facilities

Amman, Jordan

13-15 June 2023

Country tracker snapshot



WASH in Health Care Facilities

Discover | Country Action | Resources | Contact Us | Search

Iraq	Clear	Clear	Clear	Clear	Clear	Clear	Clear	Clear	Clear

COUNTRIES & REGIONS	SITUATIONAL ANALYSIS	BASELINE ASSESSMENT OR DATA	NATIONAL COORDINATION & ROADMAPS	WASH IN HEALTH CARE FACILITIES STANDARD	HEALTH CARE WASTE MANAGEMENT STANDARD	INFRASTRUCTURE IMPROVEMENTS	WASH INDICATORS IN NATIONAL MONITORING	WORKFORCE DEVELOPMENT	COMMUNITY ENGAGEMENT
Iraq									

Iraq

Overview of Progress

Assessment of WASH – IPC in health care facilities

WASH climate resilient services in health care facilities

Waste management in health care facilities

WASH-FIT in primary healthcare centers

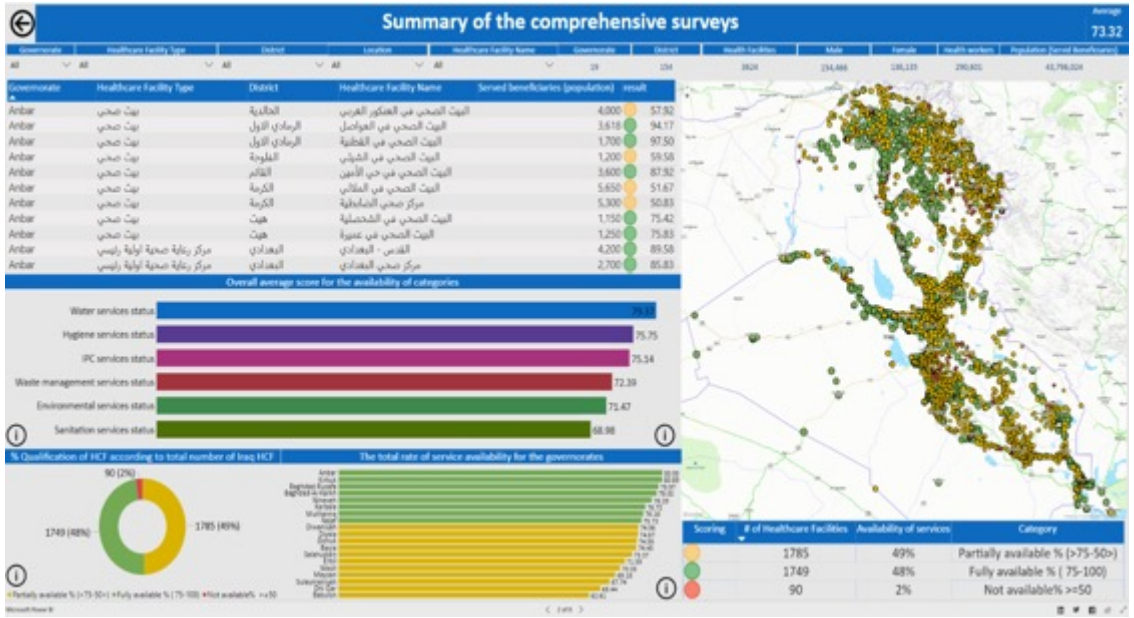
Strengthening IPC measurements through training

Assessment of WASH – IPC in health care facilities

Comprehensive WASH-IPC assessment in 3624 HCFs

Quantitative and qualitative analysis through the dashboard for monitoring and planning

1. Drinking water services status
2. Sanitation Services status
3. Hygiene services status
4. Environmental services status
5. Waste Management Services status
6. IPC services status



Iraq

WASH Climate Resilient Services in HCF

Solar-powered Systems, Integrate green energy

Eliminate the hazardous waste of HCFs, and reduce the impact of water scar city

Medical Waste Management in HCF

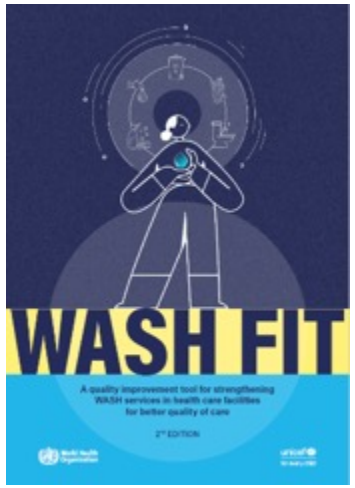
181 Shredding Autoclave units in PHCs (MoH, WB, UNDP, IFRC, WHO)

Management of medical waste from private sector HCF through PPP

Iraq

WASH-FIT in Primary Health centers

- Start using WASH-FIT in many PHCs (Step 1 about 40 PHCs)
- Integrated WASH with the existing IPC unit at the health system structure.



Obstacles/ Challenges

Challenges

- Short time for implementation.
- Community Resistance
- Limited Financial Resources

Solutions

- High level of confidence among decision makers.
- Selection of the right partners and the transparent dialogue
- Dedication of authorities.
- The engagement of community in the right time and right place.
- Investing in Private Sector

Conclusions/Recommendations

Strengthening the multisectoral approach to deal with challenges

Develop the national WASH-IPC roadmap and integration of WASH with IPC units at Health System

Strengthening data management

Invest in prevention (Allocate the needed financial resources)

Shifting towards climate resilient WASH in HCFs (Invest in innovative technologies.

VENEZUELA

Jesús Brito Viceminister MoH

Miguel Perozo Viceminister MoW

Global event on safe and sustainable infrastructure in health care facilities

Amman, Jordan

13-15 June 2023

33.700.000 hab
5,000 HCF

Collaborative and joint approach
Ministry of Health and Ministry of Water

- Law of Water
- Access to water in HCF
- Emergencies
- Technical Assistance to MoH

WASH and WASH-FIT as an investment

Country tracker snapshot

- WASH-FIT and IPC implementation from 2021

2021

Consolidating work in 67 HCFs

2022

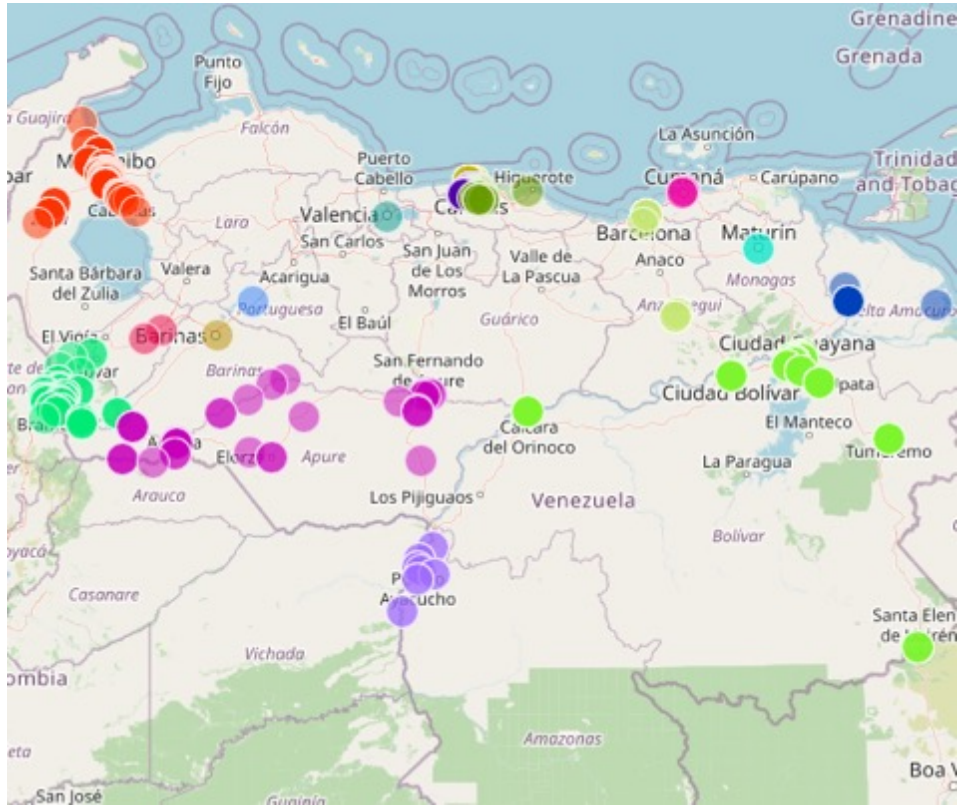
Consolidating work in 68 HCFs

2023

Scaling up WASH-FIT

WASH-FIT and IPC national trainings

2022



VENEZUELA

Quick reflections on progress

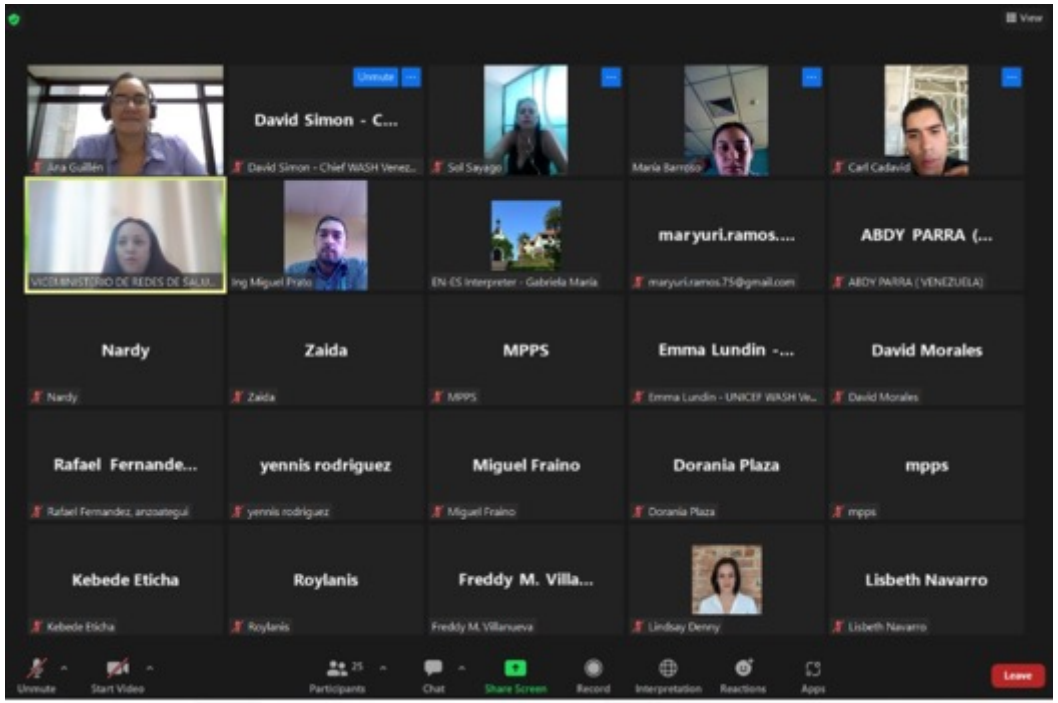
- MAIN ADVANCES

Values	Baseline	Last	Improved?	%diff
Average Management	0.9	1.2	*Yes*	32%
Average of Hand Hygiene	0.8	1.1	*Yes*	34%
Average of Water	0.8	1.1	*Yes*	37%
Average of Sanitation	0.9	1.1	*Yes*	23%
Average of HC Waste Managemer	0.6	0.8	*Yes*	36%
Average of Cleaning	0.8	1.1	*Yes*	36%
Average of Global	**0.8**	**1.1**	*Yes*	**33%**

Major improvements in water, cleaning, hand hygiene
Needs improving in HC Waste Management

Quick reflections on progress

2022



WASH-FIT NATIONAL LEVEL TRAINING

30 Participants

15 states

IPC NATIONAL LEVEL TRAINING

64 participants

12 states

VENEZUELA

Practical steps to improve WASH in health care facilities

1 Conduct situation analysis and assessment

2 Set targets and define roadmap

3 Establish national standards and accountability mechanisms

4 Improve and maintain infrastructure

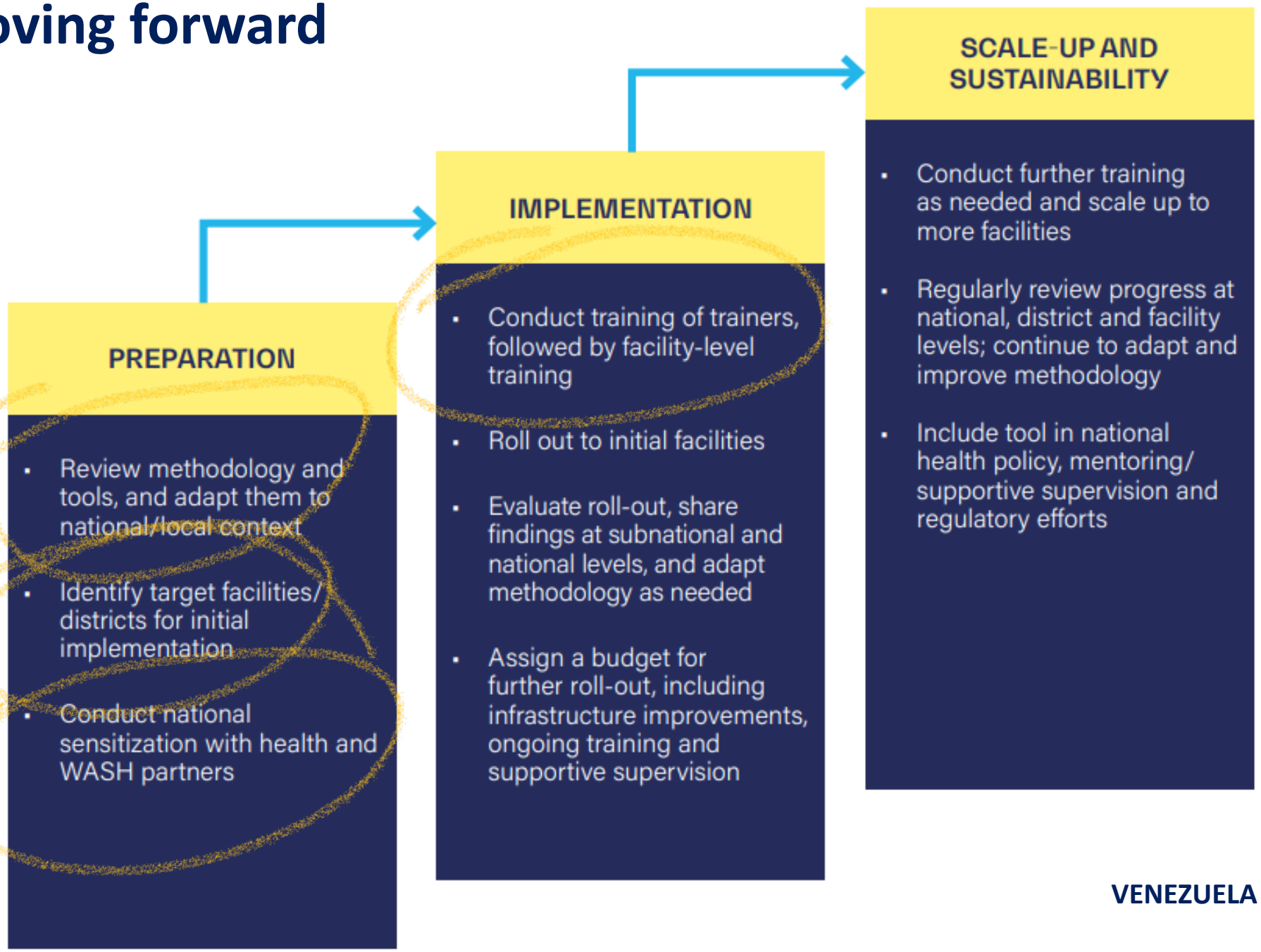
5 Monitor and review data

6 Develop health workforce

7 Engage communities

8 Conduct operational research and share learning

Moving forward



VENEZUELA

Moving forward

Global event on safe and sustainable infrastructure in health care facilities JORDAN

- Roll out **capacities building** in IPC and WASH-FIT
- WASH-FIT and IPC **monitoring** directly through MoH

Conclusions/recommendations

- Building from **existing normative and expertise**
- Potential **National RoadMap**
- Potential Inter-sectoral **coordination mechanism**

World Bank

Reflections

Epidemic Preparedness and Response:
A Regional Approach to Health Security
in West and Central Africa

Dr. Andre Carletto, Senior Economist

Dr. Linda Mobula, Senior Health Specialist
World Bank

Status of Disease Surveillance Systems in the Africa Region in 2015

Situation

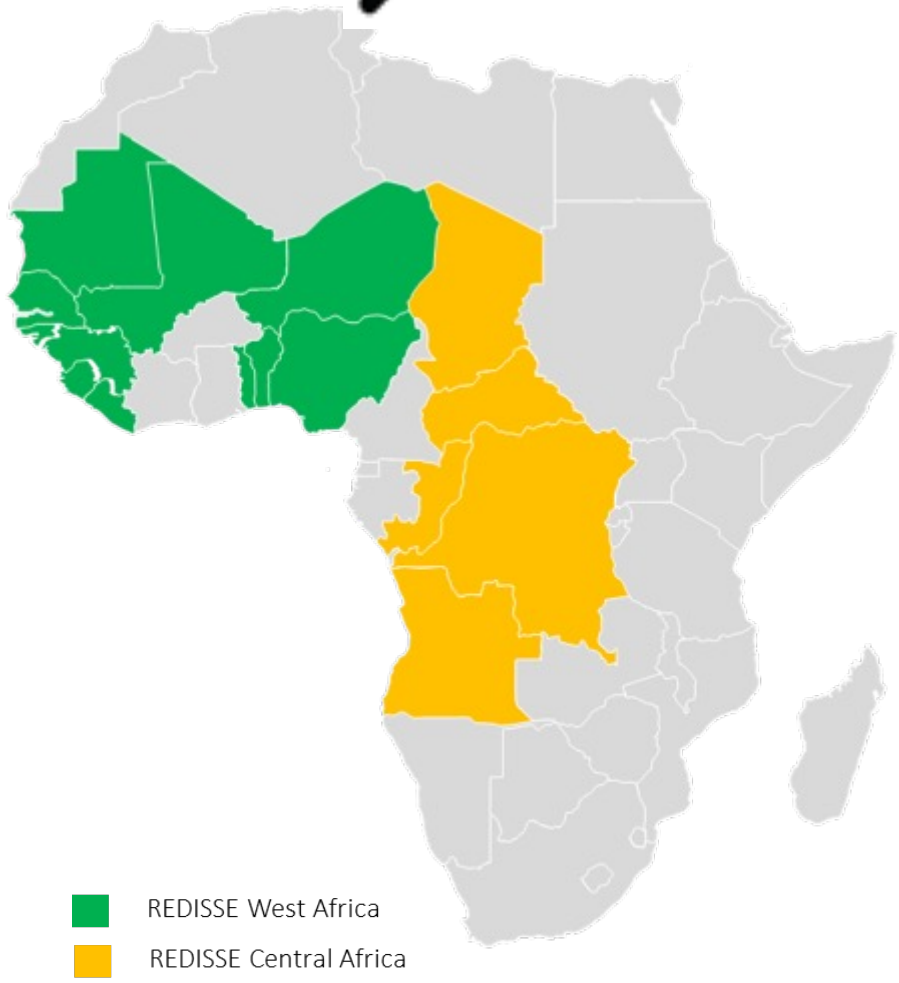
- One to three newly emerging infectious diseases annually
- Of infectious diseases in humans, the majority has its origin in animals.
- increased frequency of emerging and re-emerging diseases at the human-animal-ecosystems interface.
- Disease outbreaks disproportionately occur in West and Central Africa
- The countries of West/Central Africa are poorly equipped to address disease outbreaks

Consequences

- Threats to Global Health Security
- Morbidity and Mortality
- Social and political instability
- Economic loss

Regional Disease Surveillance Systems Enhancement Program

- Interdependent series of projects (ISOP) developed between 2016 and 2019; total envelope US$ 688 million.
- 16 countries in 4 project + 2 regional coordinating institutions (WAHO/ECOWAS & ECCAS).
- The approach consists of:
  - Addressing weaknesses in human and animal health systems for disease surveillance and response taking an inter-disciplinary “One Health” approach;
  - Building capacity for effective cross-sectoral and cross-border collaboration; and
  - Providing an immediate and effective response in the event of an eligible emergency.
- REDISSE activities directly benefit almost half a billion people living in some of the most vulnerable countries in the world.

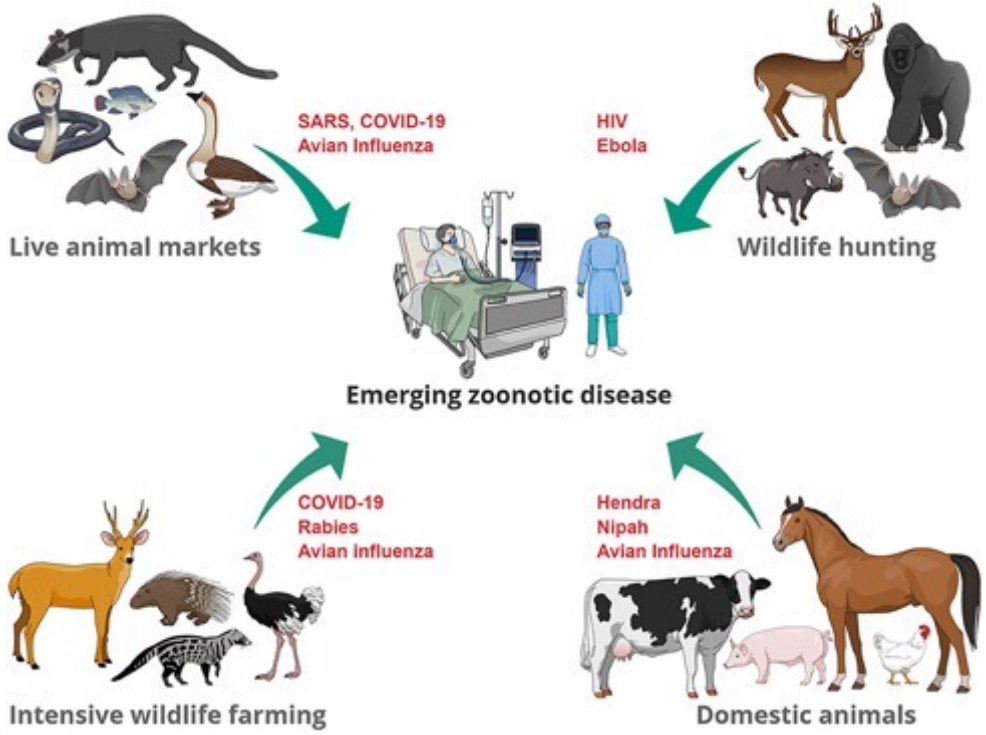


One Health-Integration is Not a New Concept

- The “One Health” approach looks at the interconnectedness of various disciplines that come together **to provide solutions for human, animal, and environmental health**
- It originated in the 19th century, when Rudolf Virchow introduced the term “zoonosis”
- **Calvin Schwabe Coins the Term “One Medicine”** and Calls for a Unified Approach Against Zoonoses That Uses Both Human and Veterinary Medicine
- In 2004, there was a call for an interdisciplinary approach to prevent disease at the Wildlife Conservation Society, where the basis of the “One Health, One World” concept was formed

Epidemic/Pandemic Preparedness

- Regional/National level: Provided support for national One Health platforms and strengthening of multisectoral coordination
- **DRC Case Study:** In the Province of Equateur in DRC, the REDISSE Project has done the following:
  - ✓ Improved access and quality of basic services including water, hygiene and sanitation (WASH) in healthcare facilities and surrounding communities
  - ✓ Access to water at the community level
  - ✓ Supported risk communication and community engagement to prevent EVD spread among hunters.
- Will expand this project to other high-risk Provinces in DRC



Antimicrobial Resistance (AMR)

- AMR is linked to Human Health, Environmental Health and Animal Health due to the irresponsible and excessive use of antimicrobials in various sectors (agriculture, cattle raising, and human medicine)

- Lack of access to clean water, sanitation, and hygiene for humans and animals; poor infection prevention and control measures in hospitals.

- Through REDISSE, there has been support for AMR by increasing national capacity by strengthening laboratory capacity to detect AMR and improving access to WASH services.

Way forward

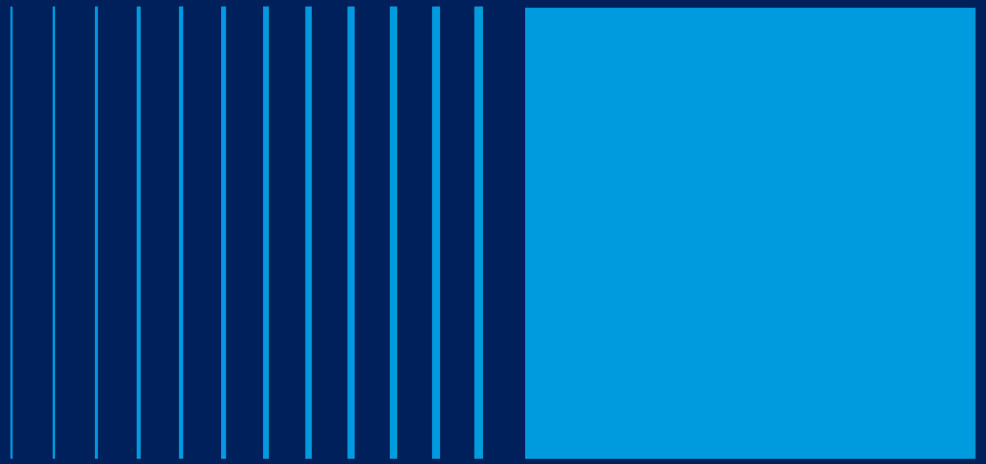
- Strengthen multisectoral coordination between One Health and IPC/WASH actors

- New approach for collaboration with Health and WASH in health emergencies and preparedness.

- New investments in health security to focus on health system resilience, including investments for routine services.

ROOM	Part 1	Part 2
Front of room	Institutional WASH	What's in the Pipes // Supply Chain
Back of Room	WASH / IPC simulation	WASH / IPC simulation
Cocktail area	HCWM	Solar electrification
Coffee	WASH in HCF Tool kit	Engaging local leaders

Discussion



UNICEF – Supply Division

Lama Ramzi Suleiman

Franklin Golay

Global event on safe and sustainable infrastructure in health care facilities

Amman, Jordan

13-15 June 2023

Critical functions of Supply Division

- Supports results for children with an **effective, efficient supply operation**
- Helps meet UNICEF Core Commitments for Children in emergencies by providing **rapid response to emergency supply and logistics** needs
- Contributes to **influencing markets** to ensure sustainable access to essentials supplies for children
- Serves as a **centre of expertise** and knowledge on essential supplies for children and supply chains, while **building capacities of national governments**
- Provides **procurement services** to governments and development partners on strategic and essential supplies
- Establishes **policies for supply chain** activities
- Uses **product innovation** to increase results and decrease costs

UNICEF Procurement

2021 Procurement Figures

- 160 countries
- 61% increase from 2020 (Covid)
- Direct Procurement (45%) & Procurement Services (55%)
- **Local procurement**

- $145.4 Million procurement of WASH supplies
- $73.2 Million procurement of solar-powered system for cold chain

https://www.unicef.org/supply/reports/supply-annual-report-2022

UNICEF Procurement – Emergency response 2021

$687.4 million
Total procurement for
139 countries and areas.

Globally, the largest commodity groups were

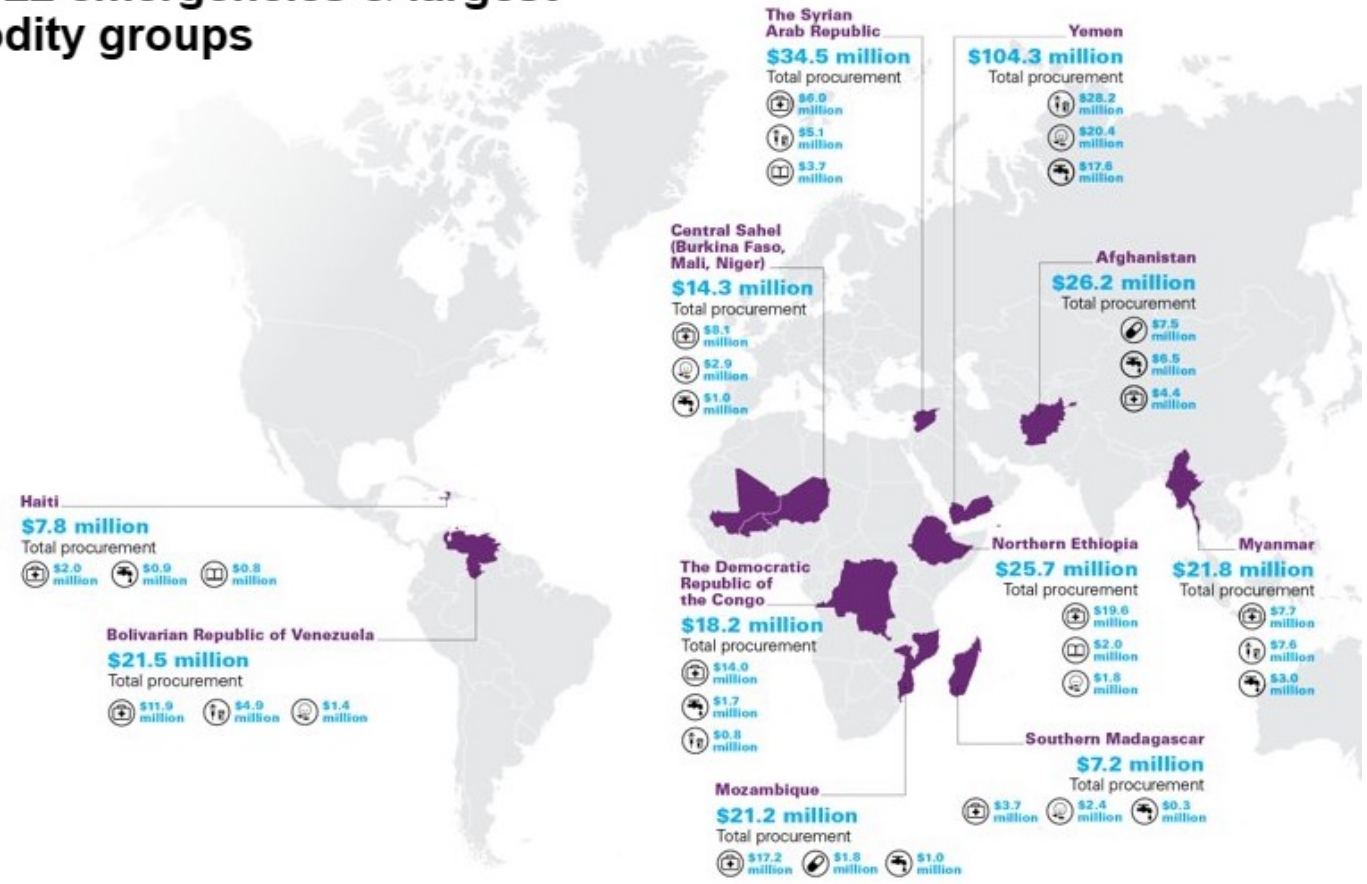
$399 million
Medical supplies and equipment

$54.4 million
Vaccines/biologicals

$57.9 million
Water and sanitation supplies

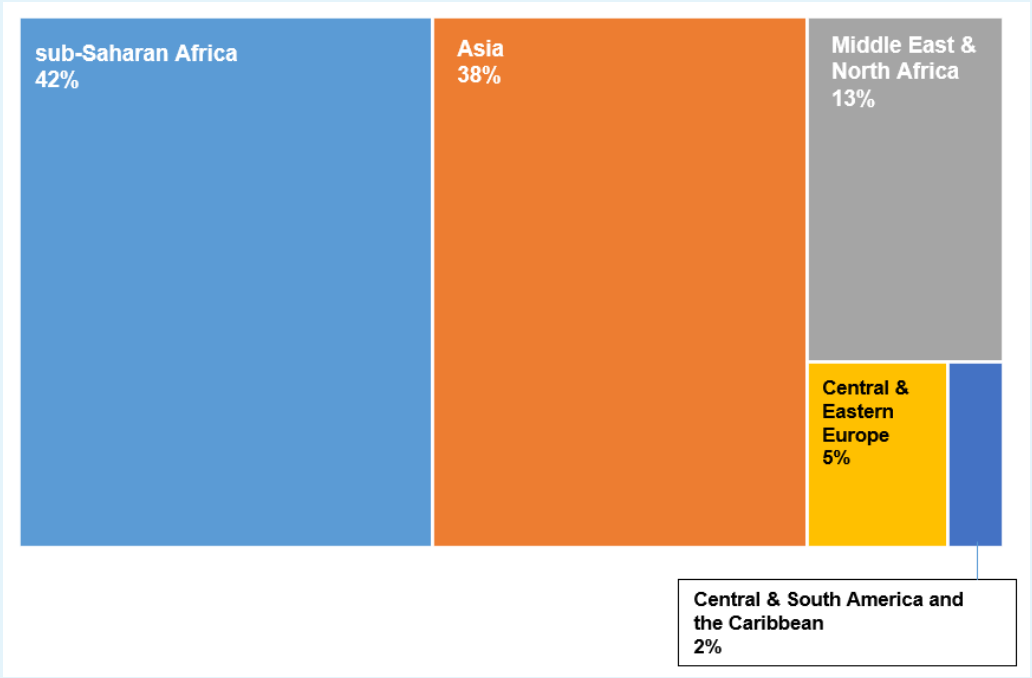
$45.1 million
Pharmaceuticals

L3 and L2 emergencies & largest commodity groups



UNICEF Procurement

Where UNICEF Supplies were used



- Strong focus on emergencies (45% of non-vaccine procurement)
- Key WASH items: Hygiene kits, Water purification tablets, + close to 300 products on the Supply Catalogue
- 3% of Global WASH programming funds are spent on WASH in HCFs

UNICEF Procurement

Guiding Principles

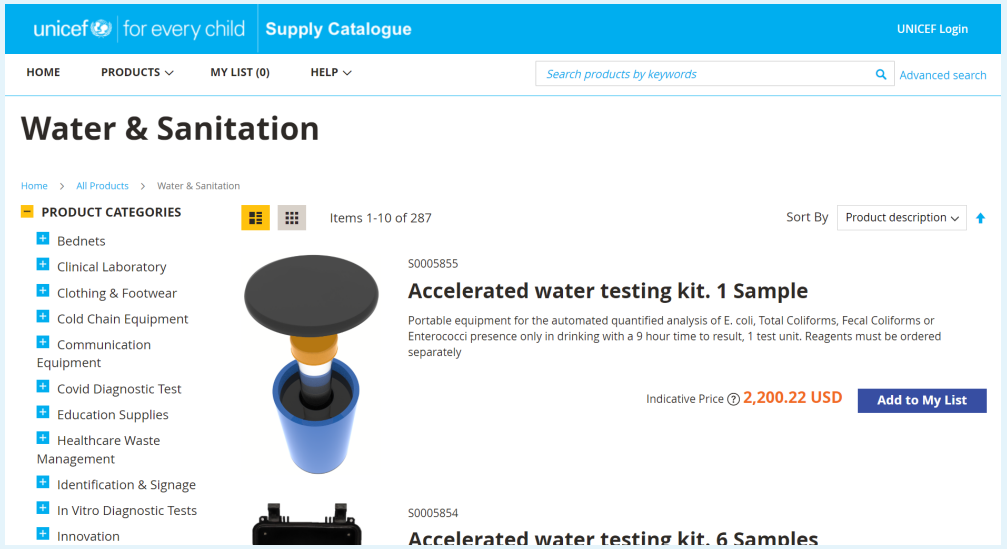
UNICEF Procurement

Guiding Principles

- Procurement Planning
- Requirement Definition
- Sourcing/Invitee list (REOI / UNICEF Vendor Roster / UNGM...)
- Preparation and Issuance of Solicitation Documents
- Receipt and Opening of Submissions
- Evaluation (Technical/Quality and Commercial)
- Adjudication & Internal Approvals
- Contract Finalization and Issuance
- Contract Management

UNICEF Procurement

UNICEF Supply Catalogue



- 287 WASH products currently in the catalogue – but UNICEF procures a wider range of products
- LTAs managed by UNICEF are open for piggybacking and Procurement Services – just ask!
- Accessible at: https://supply.unicef.org/

UNICEF – Beyond procurement

Global and local markets oriented towards need of children, contributing to the achievement of Sustainable Development Goal (SDG) targets.

MARKET INFUENCING

Influence global and local markets – breaking down market barriers that inhibit children's access to essential supplies

PRODUCT INNOVATION

Identify, develop and scale new and innovative products that accelerate results for children and young people

PARTNERSHIPS

Build partnerships with business, leveraging their commitment to sustainability so that they deploy their core assets to enhance supply chains for children

UNICEF – Beyond procurement

Collaborate with governments, donors and development partners

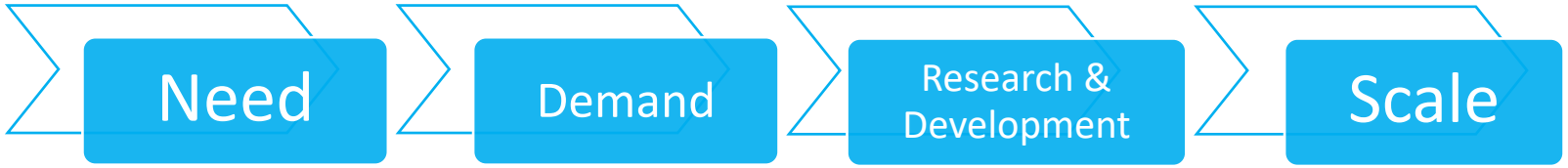
UNICEF aims to

- Encourage existing and new suppliers to proactively engage more in global and local markets relevant to UNICEF.
- Address challenges in key market determinants (i.e., availability, access, affordability, competition, quality, acceptability, sustainability, etc.)
- Offer incentives to accelerate product development and investment to ensure products required through UNICEF are fit for purpose and available.
- **Ultimately, create healthy markets to secure the rights of all children everywhere.**

UNICEF – Beyond procurement

- Targeted **bilateral engagement with companies** including at Executive/President-level to establish positive relationships, and to discuss strategic issues including to influence of R&D pipelines.
- Regular **engagement with industry associations** (e.g. IFPMA, DCVMN) for pan-industry reach and to understand industry trends.
- UNICEF Supply Division **convenes the industry-wide forums** by segment/product group on a (bi)annual basis for dialogues on strategic direction, to understand supplier challenges and market perspectives.
- Interactions with industry are based on fairness, transparency, while at the same time ensuring confidentiality of commercially sensitive information.
- UNICEF led a tender for COVID-19 vaccines on behalf of the COVAX Facility and held industry consultations to prepare for the COVID-19 vaccine rollout.
- Publishing of **market notes** and convening of **industry consultations**,
- Supply Division publishes strategic market information (e.g. market analyses, demand/supply volumes, pricing, procurement plans, etc.) to reduce market information asymmetries ultimately to improve market functioning.

Product innovation ecosystem



<u>Need</u>

- A problem with an existing product or the lack of one has been identified
- A thorough process of Exploration is undertaken to research the need and understand the role of UNICEF

<u>Demand</u>

- Is there a buyer or user, and if not can a pathway to demand be identified

<u>R&D</u>

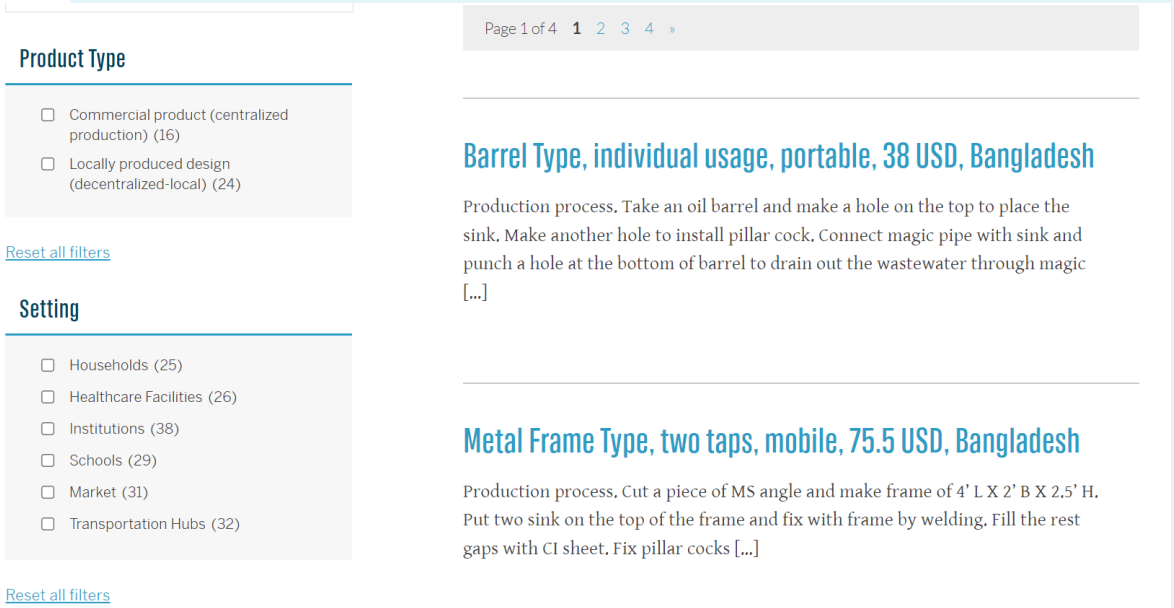
- UNICEF provides guiding support via industry consultations and field trails among developers in a 'co-creation' process.

<u>Scale</u>

- UNICEF uses its comparative advantage worldwide during the Scale Phase to ensure it reaches those who need it most.

SD and WASH in HCFs

Handwashing Stations



- launch of a Handwashing stations Database with a wide bank of designs for different settings
- Plan to adapt the Factsheet on Handwashing stations and supplies for Covid response to HCFs
- No one size fits all – but HCF specific designs are needed

SD and WASH in HCFs

Solar water pumping

- Ad hoc requests for HCFs (submersible pump, solar panels, storage tank and accessories)
- Recent examples in DRC and Benin, around 7’000 USD for a 4m3/day system with 1 day storage
- Solar system can be designed to provide energy surplus to the facility

SD and WASH in HCFs

Chlorine generation

- Ad hoc requests for HCFs, chlorine used for drinking water and surface disinfection
- Increasing procurement (e.g. Burkina Faso in 2020, Lao in 2021, Uganda in 2022), 30 to 100L/day (0.5%)
- Planned establishment of LTAs to have this equipment readily available. Compatible with rainwater harvesting.

Thank you

WASH in Health Care Facilities

World Health Organization

unicef for every child

Expériences

WaterAid Mali

Sommet mondial sur WASH et les déchets dans les établissements de soins de santé

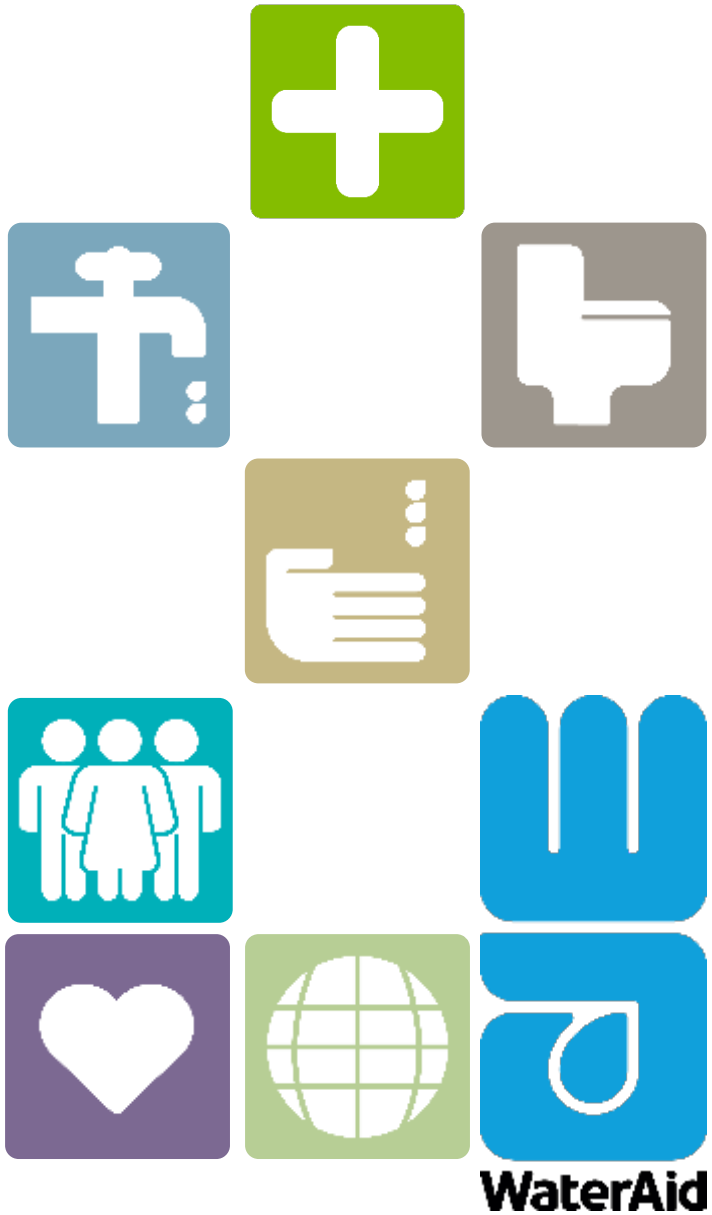
Engager les dirigeants locaux

World Health Organization

unicef for every child

Date : 14/06/2023

Par Mahamane TOURE



Plan de présentation

1. Contexte
2. Approche adoptée
3. Succès / Défis
4. Effets pour le projet

WaterAid

Contexte

01

- **Projet d'amélioration des services EHA (WASH) dans les établissements de soins de santé « ESS »**
  - ✓ En réponse à la situation préoccupante de l'EHA dans les ESS. En effet, selon le JMP 2021, les taux d'accès nationaux au niveau élémentaire à l'eau et l'assainissement dans les ESS, sont respectivement **26%** et **5%**, et sont beaucoup plus faibles que les moyennes nationales estimées à 83% et 45%. Les données sur l'hygiène dans les ESS ne sont pas disponibles.

- **Axes d'intervention :**
  1. Accès aux services EHA : Fourniture des services, Promotion changement de comportement et Renforcement de capacités
  2. Gouvernance : WASH FIT, SAC-Gouvernance pour une plus grande participation de la communauté
  3. Recherche et Gestion des connaissances : Collecte des évidences pour soutenir les actions de plaidoyer, Documentation et capitalisation des modèles éprouvés
  4. Influence et Plaidoyer : Respect des engagements internationaux (Résolution 72ème AMS, SWA), Intégration dans les politiques, programmes et plans (PO/PDESC)

WaterAid

Approche adoptée (1/3)

Qui	Comment	Objectif
ASACO (Association de Santé Communautaire)	En tant qu'acteur principal du projet et maitre d'ouvrage délégué, il est impliqué dans les axes 1 et 2 d'intervention. Par exemple, le WASH FIT en tant qu'outil principal est piloté par l'ASACO	- Assurer l'appropriation pour la pérennisation des services WASH
Collectivités « Mairie, Conseil de cercle »	Au Mali, la maitrise d'ouvrage est assurée par les collectivités qui sont les premiers responsables des services de santé. A ce titre, tout projet est conçu et mise en œuvre avec eux, qui sont impliqués dans les 4 axes d'interventions. • Plan annuel de travail avec les mairies • La convention d'assistance mutuelle entre les Mairies et les ASACO	- Appuyer l'ASACO pour la pérennisation des services WASH - Prise en compte dans les PO/PDESC et le financement

WaterAid

Approche adoptée (2/3)

Qui	Comment	Objectif
Services techniques : DGSHP, DRS, CSRéf	• Conventions de collaboration • Elaboration des documents normatifs • Appui-conseils aux structures de santé • Coordination, suivi - supervision Par exemple, ils appuient l'opérationnalisation du WASH-FIT dans les ESS : formation des formateurs régionaux, formation des équipes WASH-FIT, suivi	Améliorer la qualité des services EHA fournis par les ESS
Taskforce : PTF, Services techniques, société civile	Coordination et orientation au niveau national des interventions en matière WASH-PCI : Dynamisation de la Taskforce puis officialisation avec une décision du Ministre de la santé et du développement social, Plan d'actions de mise en œuvre des engagements de la résolution 72ème AMS, Cofinancement d'activités telles que : élaboration Paquet minimum, Plan stratégique, Guides infrastructures	Coordonner et harmoniser nos interventions

WaterAid

Approche adoptée (3/3)

Qui	Comment	Objectif
Société civile : ONG nationale, CN-CIEPA, RJEPA, Leaders locaux de changement	• Mise en œuvre des activités dans les ESS en collaboration avec les autres acteurs • Promotion des bonnes pratiques d'utilisation des services WASH. Par exemple, les Leaders locaux de changement sensibilisent leur communauté à la bonne utilisation des services WASH et la fréquentation des ESS • Plaidoyer pour la prise en compte des services WASH-ESS dans les PO/PDESC. • Plaidoyer pour le respect des engagements y compris le financement du WASH dans les ESS. A titre d'exemple, une visite des parlementaires dans les ESS (couvert et non couvert) a permis de les engager en faveur du WASH dans les ESS	- Améliorer la qualité des services EHA - Respect des engagements internationaux (AMS, SWA) - Intégration dans les politiques, programmes et plans (PO/PDESC)

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Succès / Défis

La mise en place des lignes budgétaires par certaines ASACO pour la pérennisation des services EHA dans les ESS

Le recrutement des techniciens de surface par certaines ASACO pour la gestion des déchets

La simplification de la version initiale du WASH-FIT pour faciliter son exploitation et son appropriation par les Associations de santé communautaire (ASACO)

Les principaux défis dans la collaboration avec les dirigeants locaux sont :

- ✓ **Le faible accompagnement des services techniques locaux (DRS et CSRéf) :** cet accompagnement dépend trop de l'appui financier des partenaires
- ✓ **Le bénévolat au niveau de l'ASACO** qui ne lui permet pas de jouer pleinement son rôle

WaterAid

Effets pour le projet

04

1. L'intégration des indicateurs EHA dans le système d'information sanitaire national
2. L'élaboration de certains documents stratégiques et normatifs : Plan stratégique WASH dans les ES, Paquet minimum EHA dans les ES, Guide technique des infrastructures dans les ES, et des protocoles comme les Directives nationales de prévention et de contrôle des infections
3. La formalisation de la Taskforce WASH-PCI par une décision du Ministre de la santé et du développement social
4. Une visibilité accrue des actions liées au WASH au niveau local (plans des ASACO)

WaterAid

Merci

Global Event on Safe and Sustainable Infrastructure in Health Care Facilities

World Vision
NIGER

Development Partners and Local leaders:

Collaboration to drive improvements to WASH in healthcare settings and using data to inform interventions.

Presented by Hamissou Maliki with support from Souleymana Mamane, Bismark Norgbe and Victoria Trinies (CDC)

Jordan,

13 – 15 June, 2023

Strategy for collaboration between development partners and local leaders to drive improvements to WASH in healthcare settings

Partners mapping

- Knowledge on partners working at National and Local level on improving WASH services at HCF.
- Understanding Partners Interest and Scoping
- Explore different areas of work and focus of partners

Partners engagement

- Establish links with partners for collective efforts and collaboration towards Systems Strengthening.
- Engagement with keys actors for effective collaboration and influence (MOH, INGOs, Network of WASH Parliamentarians, Network of WASH Journalists.
- Sharing of relevant information and diffusion of knowledge on WASH in HCFs

Maintaining partners engaged and committed

- Commitment to improve and sustain current conditions of WASH in HCF
- Standardized approaches and indicators for tracking
- Joint monitoring : Tracking progress to achieve the desired incremental change.

Data collection and targeted partners/audiences

Development

- CDC develops the survey questionnaire, whiles World Vision and partners conduct the review to contextualize the indicators, validated and send back to CDC
- Partners involved : MoH national and local level, MWR, Public health directorate, CDC, WHO

Data Collection, Analysis and interpretation

- **CDC** and **World Vision** train enumerators and Public health directorate staff
- **World Vision** supervise data collection and quality control
- Data is captured on mWater platform. Data accuracy and quality checks is done by CDC.
- CDC conduct data analysis and interpretation
- Partners involved: Hired Enumerators, MOH staff

Dissemination and recommendation

- World Vision and CDC organize the workshop to discuss results and findings with other partners and government
- Outcome of discussions at workshop guides and formulates recommendations, next steps for improvements and resolutions.
- Partners: WHO, MoH, Ministry of Water Resource, Network of WASH Parliamentarians, Network of WASH Journalists, IRC-WASH Save the Children, Water Aid

Key Findings and Questions from Engagement with Partners

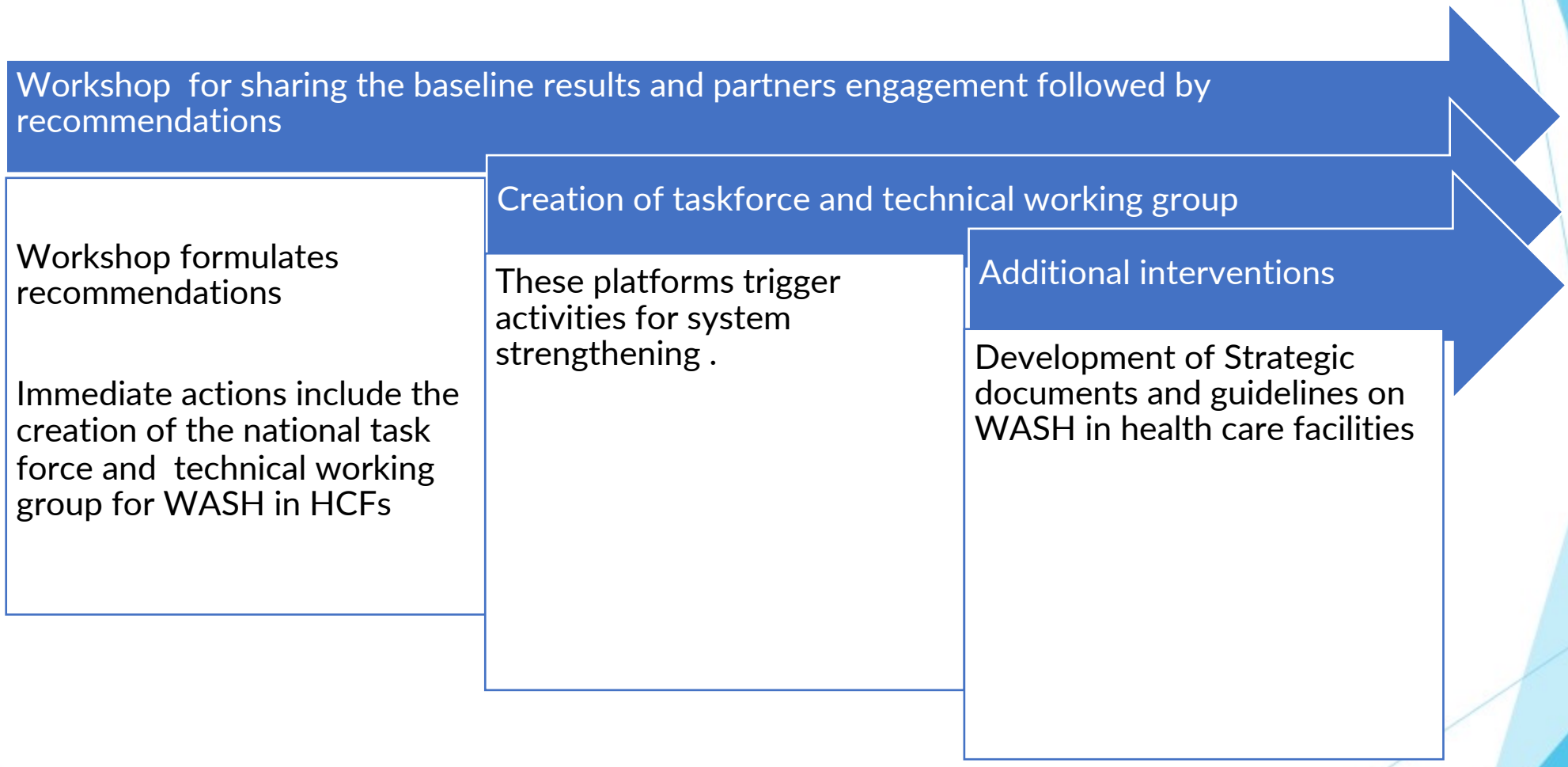
Main Baseline results:

- Meets JMP basic service level for WATER 19%
- Meets JMP basic service level for SANITATION 5%
- Meets JMP basic service level for HAND HYGIENE 11%
- Meets JMP basic service level for HEALTH CARE WASTE 0%

Reflection and Questions from partners includes:

- Does the results lead to additional questions
- What are the measures to address the problems and what specifically should be done and who should be involved
- Is there anything more specific to add or other things to consider before moving forwards?

Using data and data systems to inform interventions at National level

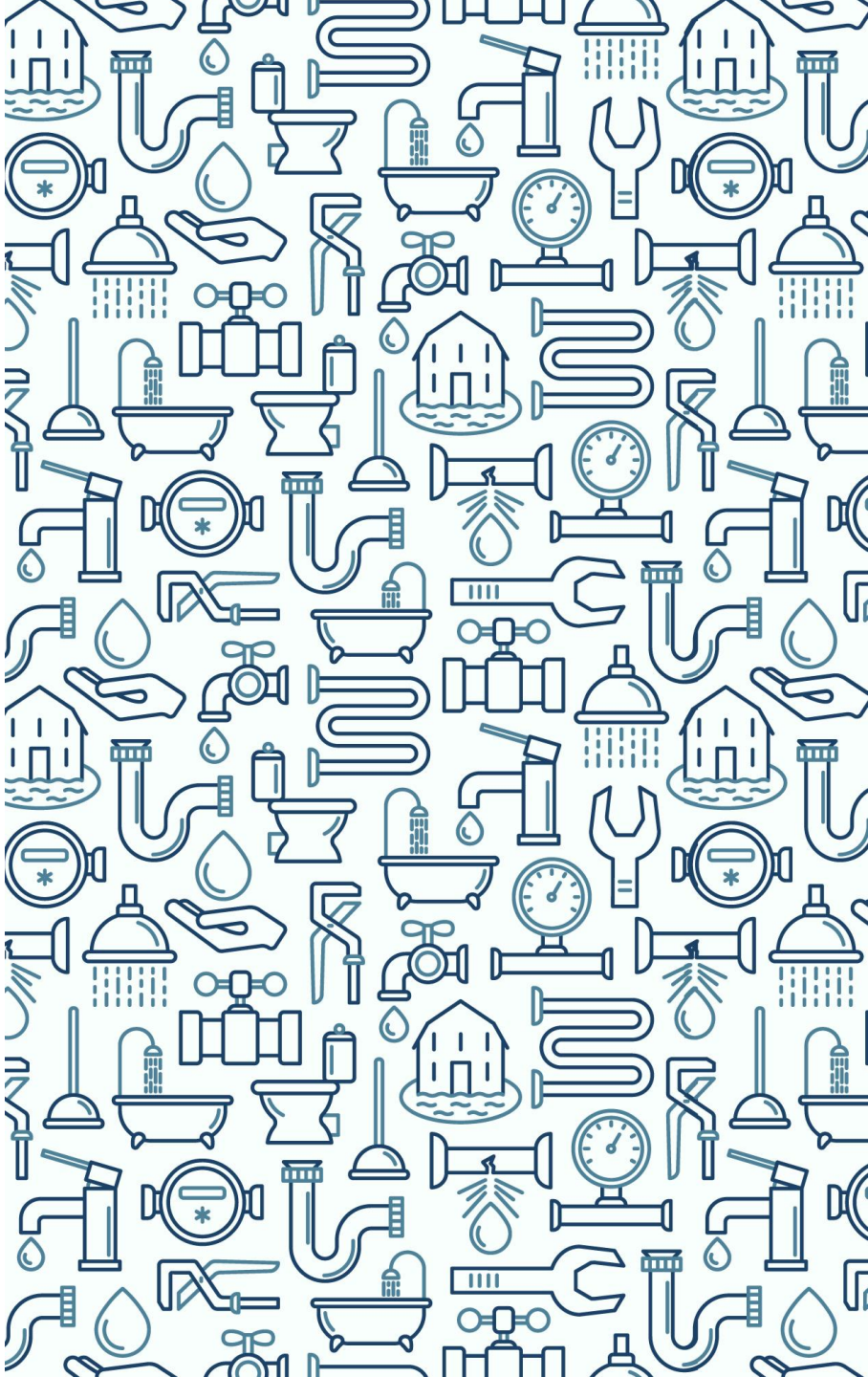


Using data and data systems to inform interventions **at local level**

Type of data	Interventions triggered
Baseline evaluation	❑ Use of baseline data to engage with communes for WASH improvement in HCFs. ❑ Communities engaging with local leader (Paying for water, electricity in HCFs, water extension work to HCFs)
WASH FIT evaluation conducted in the districts	❑ Introduction of new technology (STREAM chlorine generators and training) ❑ Training health workforce on local advocacy skills ❑ Developing accountability mechanism through strengthening transparency, information diffusion ❑ Community engagement and knowledge on national norms and level of services

Thank you!

WORLD PLUMBING COUNCIL



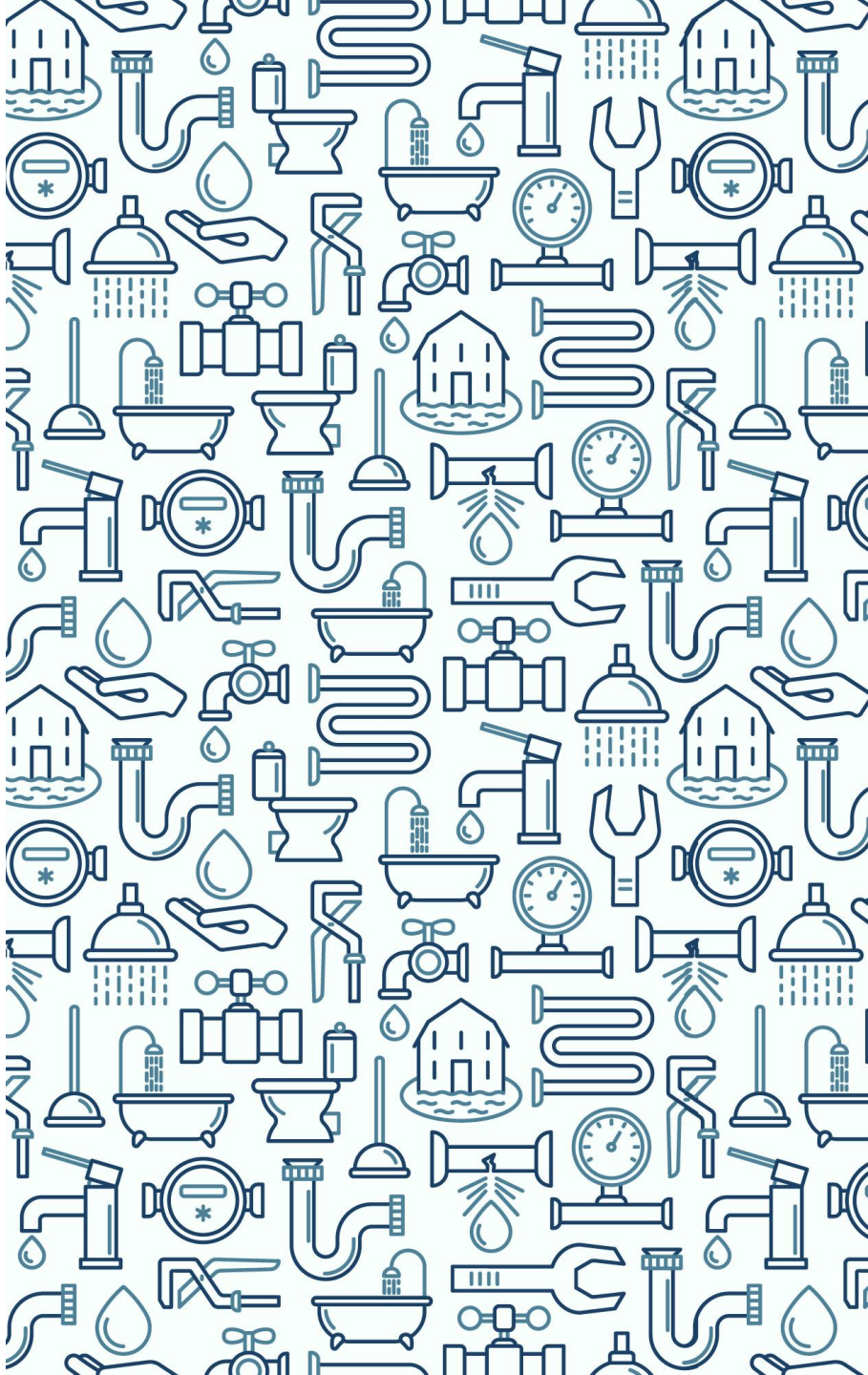
Seán Kearney

World Plumbing Council Secretariat

Managing Director, IWSH

sean.kearney@iapmo.org

The International Water, Sanitation and Hygiene Foundation



INTRODUCTION

The World Plumbing Council (WPC)

- Established 1990.
- Membership association, covering all facets of the global plumbing industry.
- Organizations from over 20 countries and regions.
- Official non-state actor relations with WHO.

www.worldplumbing.org

INTRODUCTION

Today's presentation

- What's in the pipes?
  Advances in plumbing and applications to health care facilities.
- Selection of experiences from WPC Member organizations.
- Further approaches for development and expansion.

Aim / Objective

Developing WPC's supporting role and global partnership
with the WHO-UNICEF *WASH in Healthcare Facilities* program

KEY CONSIDERATIONS (GLOBAL SUMMIT 2023)

- **Workforce Development / Capacity-building**

KEY CONSIDERATIONS (GLOBAL SUMMIT 2023)

- **Infrastructure / Supply Chain**

KEY CONSIDERATIONS (GLOBAL SUMMIT 2023)

- **Community Engagement**

WPC MEMBER ACTION & INSIGHTS

From Ireland…

connect TRADE UNION

Jones Engineering

New National Children's Hospital, Dublin

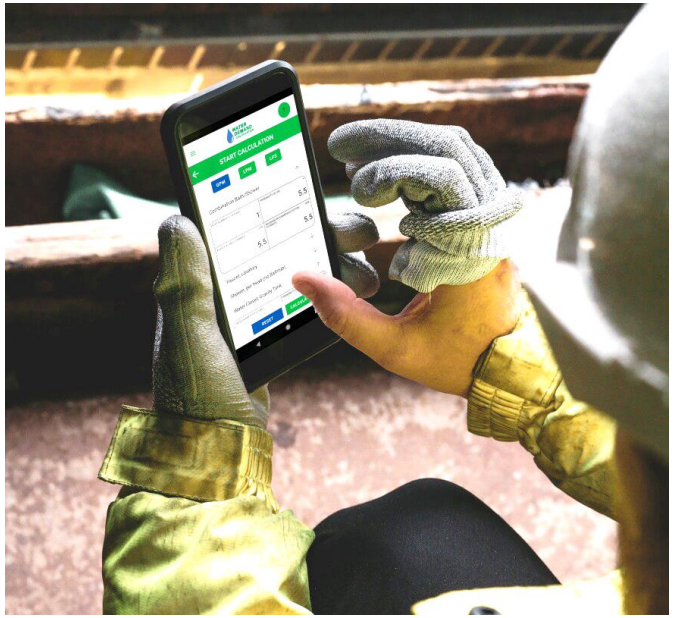
WPC MEMBER ACTION & INSIGHTS

From India…

WorldSkills India

WPC MEMBER ACTION & INSIGHTS

From the United States…



- IAPMO Water Demand Calculator
- Emerging Water Technologies Symposium

WPC MEMBER ACTION & INSIGHTS

From Rwanda…

RWANDA PLUMBERS ORGANIZATION
PLUMBING FOR SUSTAINABILITY

RPO development via WPC Scholarship program

FURTHER WPC APPLICATIONS

Health Aspects of Plumbing technical guidelines / resource

HEALTH ASPECTS OF PLUMBING

World Health Organization

Contents

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TABLE 14.4 PEAK WATER DEMAND OF PLUMBING FIXTURES

No. of fixture units	litres per second	US gallons per minute	UK gallons per minute
5	0.23	3.65	3.04
10	0.34	5.39	4.49
20	0.54	8.56	7.14
50	1.13	17.94	14.93
100	1.67	26.51	22.07

Source: Taylor & Wood 1982 (p. 153).

TABLE 14.5 MAXIMUM LOADS FOR HORIZONTAL FIXTURE BRANCHES AND BUILDING DRAINS OR SEWERS

Diameter of drainpipe		Fixture branch	Building drain or sewer			
mm	inches	Min. slope 2% (1 in 50) f/u*	Slope 0.5% (1 in 200) f/u*	Slope 1% (1 in 100) f/u*	Slope 2% (1 in 50) f/u*	Slope 4% (1 in 25) f/u*
32	1.25	1	—	—	—	—
40	1.5	3	—	—	—	—
50	2	6	—	—	—	26
65	2.5	12	—	—	—	31
80	3	32	—	36	42	50
100	4	160	—	180	216	250
150	6	620	—	700	840	1000
200	8	1400	1400	1600	1920	2300

* f/u = fixture units.
Source: Taylor & Wood 1982 (p. 154).

fixture, multiplies the cumulative flow so obtained by a simultaneous use factor obtained from a nomogram and curve, and selects pipe sizes by reference to precalculated tables.

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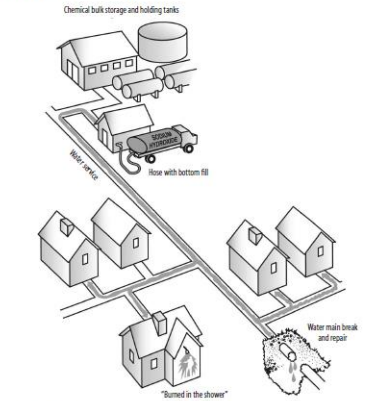
FIGURE 15.5 BACKSIPHONAGE ILLUSTRATION



Source: EPA 2003 (p. 3).

89

Download original publication

FURTHER WPC APPLICATIONS

‘Community Plumbing Challenge’ program / events

#CommPlumbing promo video link (YouTube)

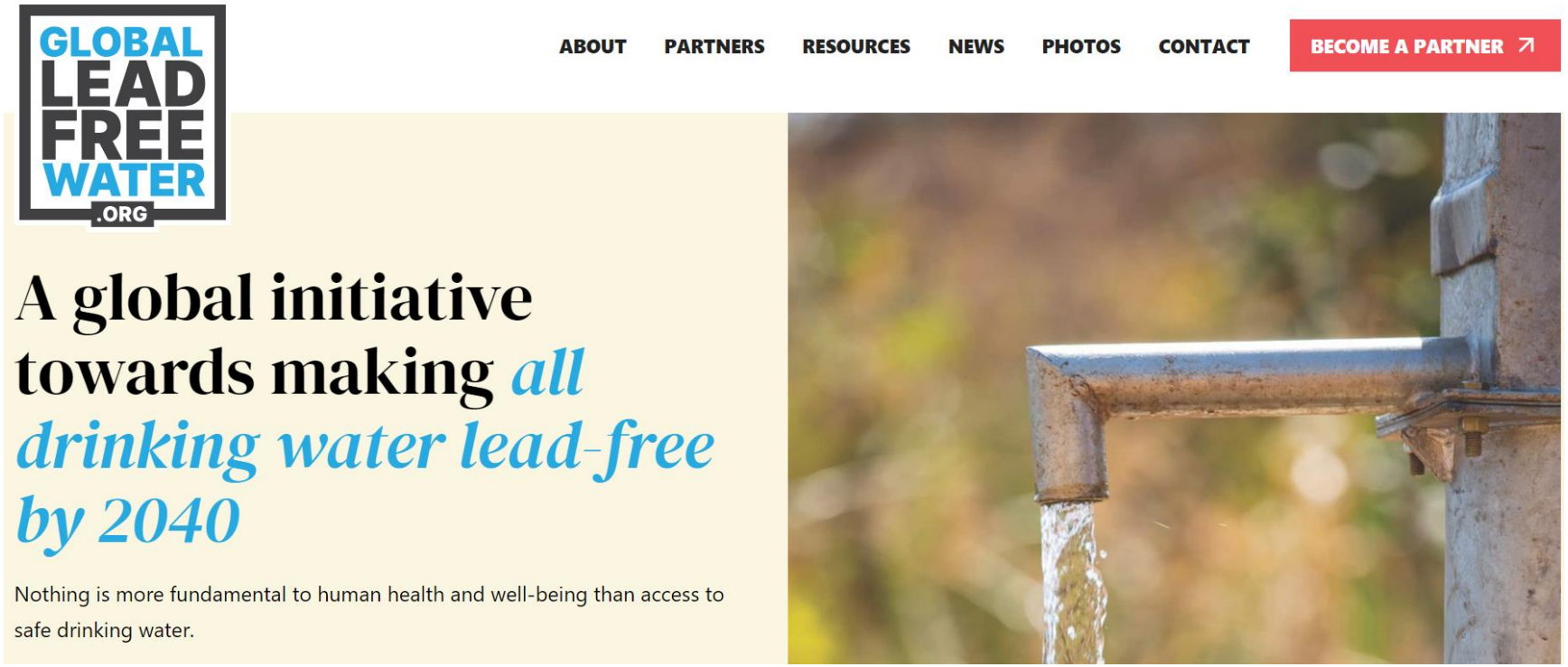
FURTHER WPC APPLICATIONS

‘Plumbing Champions’ program / events

#PlumbingChampions promo video link (YouTube)

FURTHER WPC APPLICATIONS

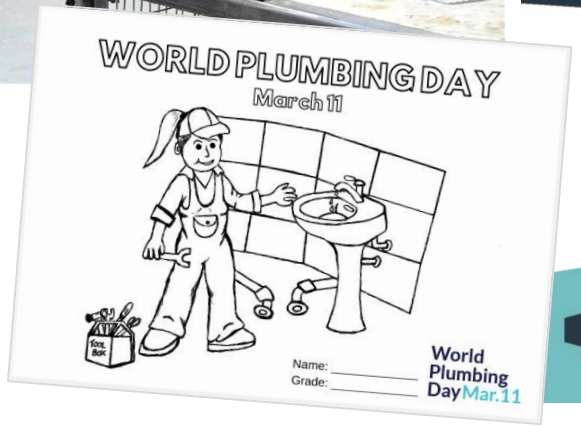
UN Water 2023 / Global Lead-Free Water Pledge



- Global Lead Free Water website
- UN SDG Global Commitment

FURTHER WPC APPLICATIONS

Annual World Plumbing Day / Triennial World Plumbing Conference



- Download WPD resources / toolkit
- WPC in Shanghai, China - Oct 2023

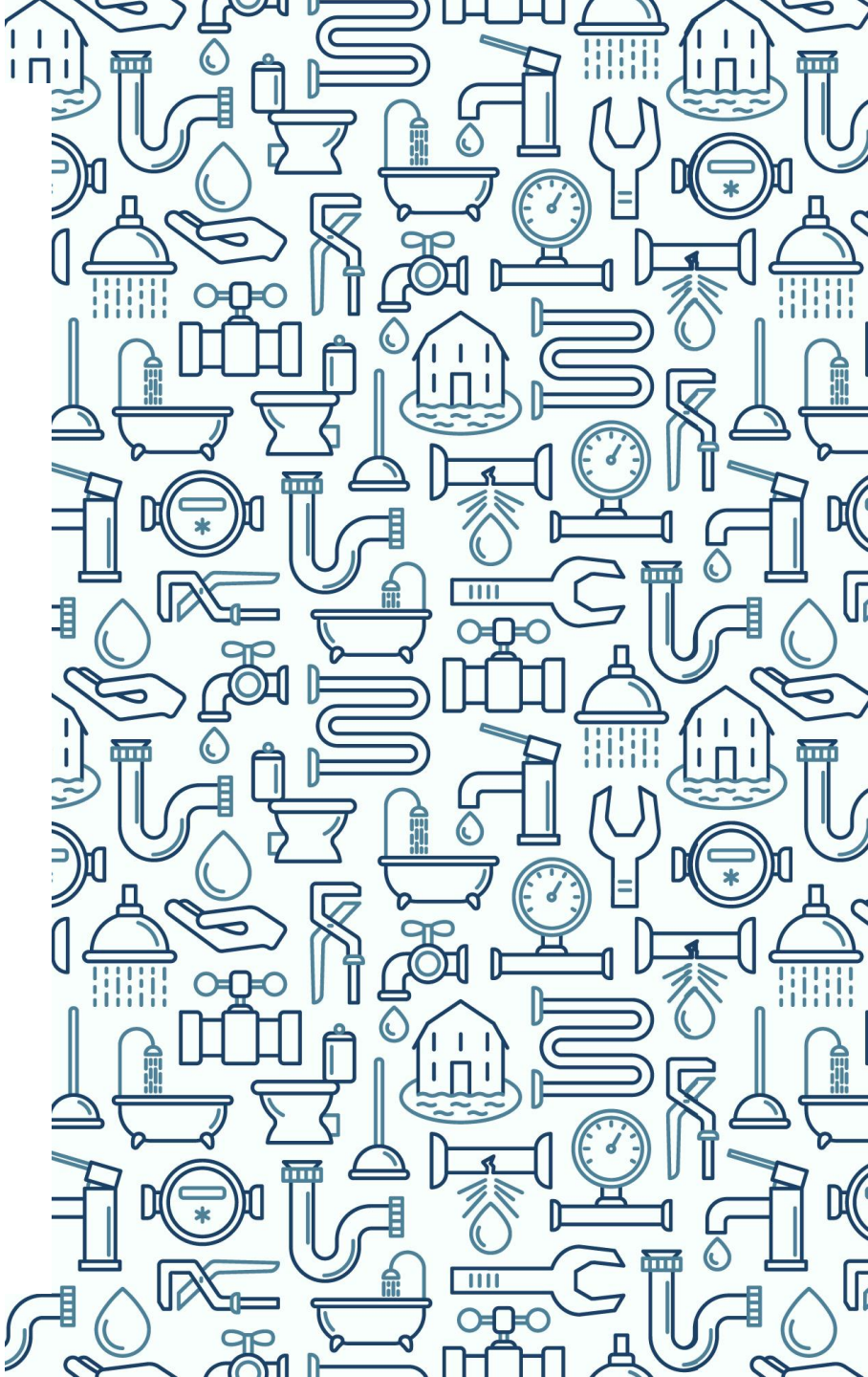
NEXT STEPS

Recap Aim / Objective

Developing WPC's supporting role and global partnership with the WHO-UNICEF *WASH in Healthcare Facilities* program

- Q&A / Further discussion

WORLD PLUMBING COUNCIL




unicef
for every child
3 GOOD HEALTH AND WELL-BEING
7 AFFORDABLE AND CLEAN ENERGY
13 CLIMATE ACTION
Health Facility
Solarization
Electrification

01

02

03

04

BACKGROUND AND INTRODUCTION ON UNICEF HFSE

01

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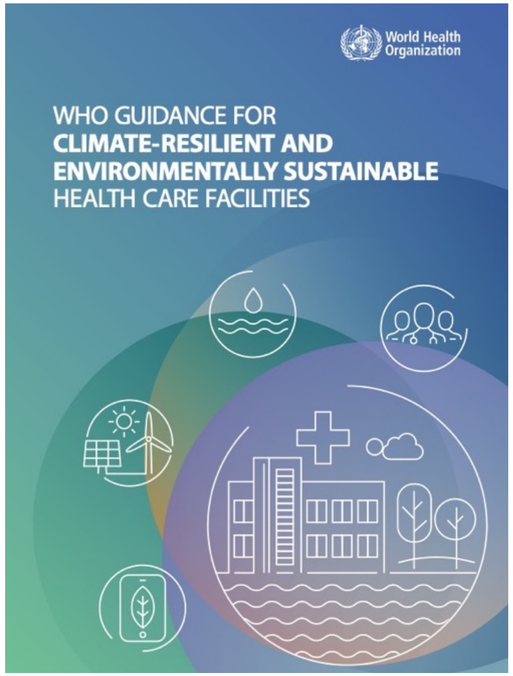
01 Preference for use of solar technology aligns with the guidance for climate-resilient and environmentally sustainable health care facilities



GHGs

Climate change:
- Floods,
- Droughts,
- Fires,
- Storms,
- Temperature extremes,
- Sea-level rise
- Climate sensitive disease outbreaks

Health care facilities

Health workforce
- Human resources,
- Capacity development,
- Communication & awareness raising

Water, sanitation hygiene and health care waste
- Monitoring & assessment,
- Risk management,
- Health & safety regulation

Energy
- Monitoring & assessment,
- Risk management,
- Health & safety regulation

Infrastructure, technologies and products
- Adaptation of current systems & infrastructures,
- Promotion of new systems & technologies,
- Sustainability of health care facility operation

Environmental impacts:
- Water
- Sanitation
- Wastes
- Air pollution
- Chemicals
- Radiation
- GHGs

Climate resilience

Environmental sustainability

Healthy people, Healthy environment

Total environment

Healthy Environments for Healthy Children

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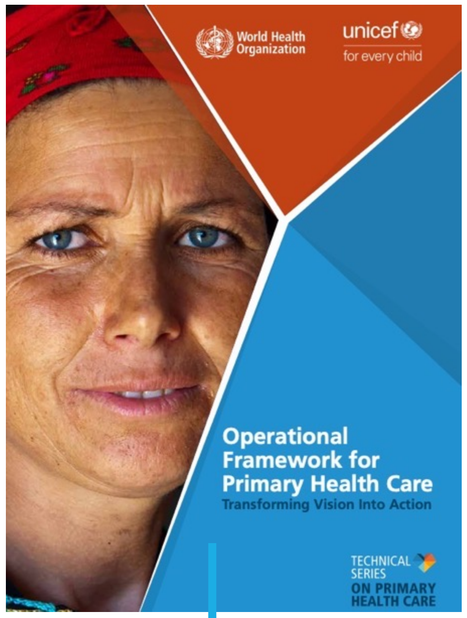
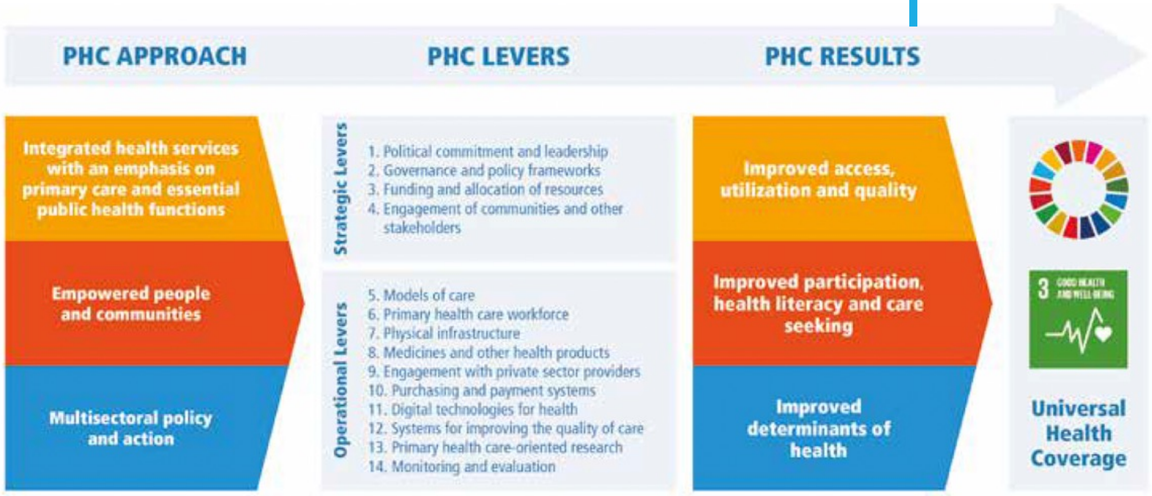
01

Physical infrastructure

Secure and accessible health facilities to provide effective services with reliable water, sanitation and waste disposal/recycling, telecommunications connectivity and a power supply, as well as transport systems that can connect patients to other care providers





At policy level

Establish national standards for infection prevention and control.

Develop implementation plans to ensure that all health facilities have wash systems, transportation, telecommunications connectivity and a reliable power supply.

Develop policies that promote universal physical access (within a reasonable commuting time) to health facilities for people of all ages and abilities.

At operational level

Ensure that all newly-constructed health facilities have reliable WASH systems, telecommunications connectivity and a reliable power supply.

Ensure proper management and maintenance of health facilities, prioritizing reliable infection prevention and control and wash systems, telecommunications connectivity, and a reliable power supply.

Establish protocols to ensure gender-sensitive facilities that are free of violence, discrimination and harassment.

Develop an approach that ensures that transport is not a barrier to accessing or delivering services.

By people and communities

Use established mechanisms to facilitate reporting on health facility standards and functions (for example, citizens' scorecards).

Healthy Environments for Healthy Children

Health facility solar electrification: cross-cutting innovation

Problem

41% of health facilities in lower-income countries: **no access to electricity**; current solution for off-grid settings: diesel generators (emit 97% more CO_2 than solar alternatives)

Solution

Scaling deployment of **solar power systems** to health facilities in under-served communities

Alliance comparative advantage

Unique capability to **implement solarisation at scale** by leveraging Gavi's existing **investment** and **platform/processes** (CCEOP)

Impact

Increase access to immunisation; broaden PHC services, enable Gavi 5.0 goals; significantly **reduce greenhouse gas emissions**

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01 UNICEF is leading the strengthening of primary health care infrastructure for essential health services across four (4) key areas…

1

SOLARIZATION

Using the 41,000 SDDs installed using cold chain deployments (CCEOP) and global LTAs, electrify PHC facilities at the last mile [zero dose communities] in a bid to ensure basic infrastructure for immunization, MNCH, digitalization and basic health care services

Target: **5,000 [2025] & 30,000 [2030]**

Demand: 30,000HFs from 47 COs

2

WASH

Since 2014, more than 21,000 HCFs in 85 countries have received WASH improvements through direct UNICEF support.

UNICEF two-pronged approach:
Scale up and sustainability WASH FIT tool applied in 50+ countries – now with climate resilient focus
Solarization of water pumping for HFs: integration with HFSE

Target:**15,000 HCFs [2025]**

3

WASTE

Comprehensive WM plans through expert TA support, contextual technology solutions for waste treatment, incineration, recycling and reverse logistics

Technical Brief for Waste Management

4

WORKFORCE

Integrated capacity development plan (guidance, webinars) for UNICEF CO and health workers on:

- Planning the integrated solutions
- Managing commissioning , operations and maintenance
- Monitoring & Impact Assessment
- Infection, prevention and control
- Climate resilience

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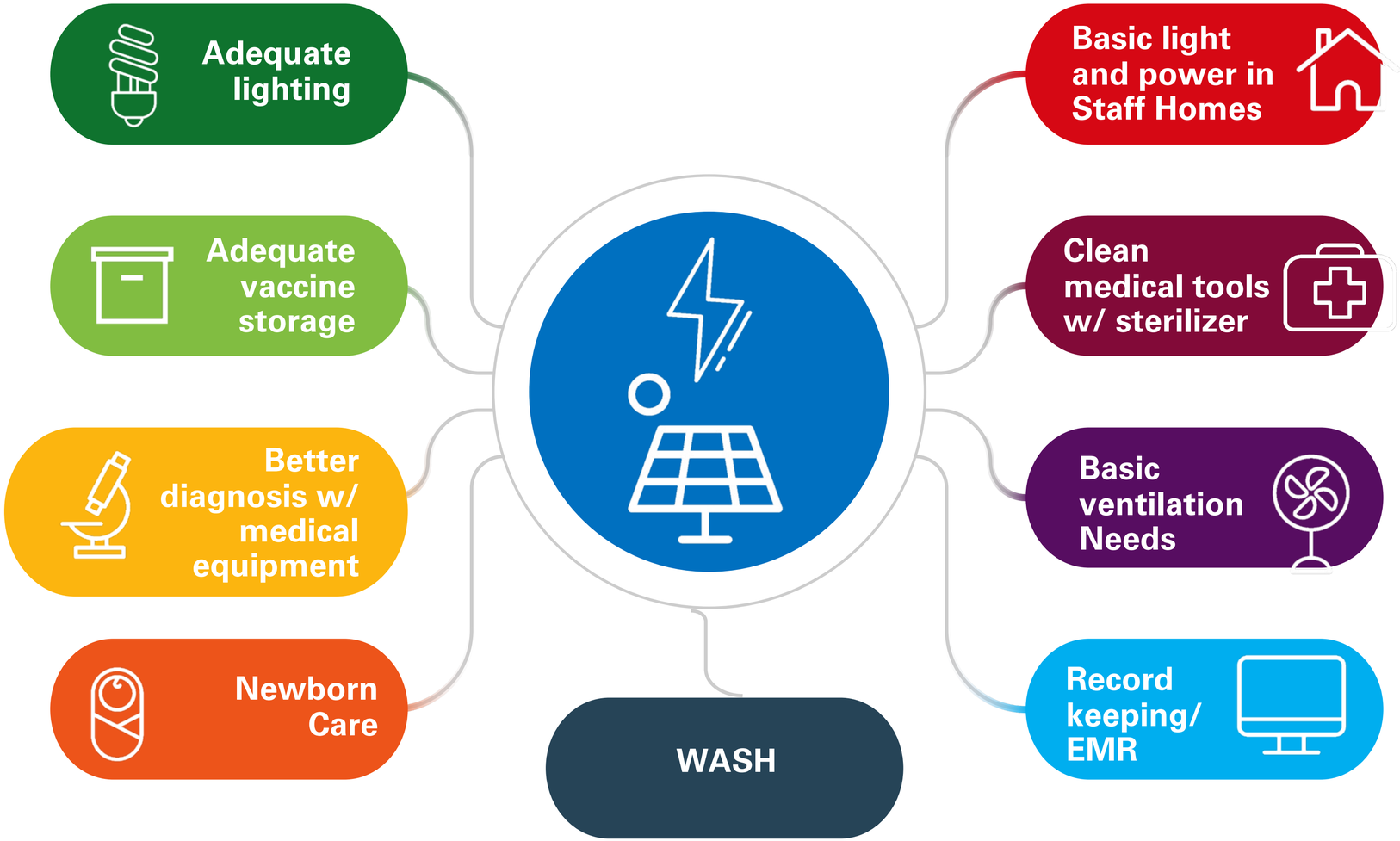
01 There are several benefits of HFSE…



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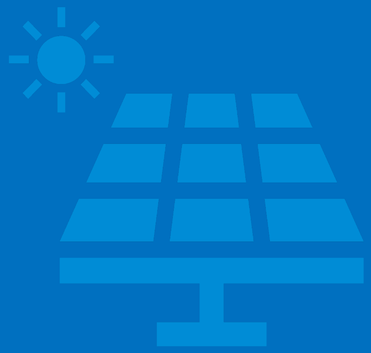
EXPERIENCE IN SOLAR (SDDS/CCEOP)



02

02

HFSE is building upon:

UNICEF's experience in deploying Solar Direct Drive Cold Chain Equipment through CCEOP

SINCE 2015 UNICEF DEPLOYED:

- 80,000+ SDDs through various funding sources.
- Of these, 41,000 SDDs deployed through CCEOP, to the tune of $195M, funded by GAVI.

CCEOP has led to cost effective and fast implementation of cold chain equipment installations in large volumes in multiple countries.

02

CCEOP: Solid cold chain foundation for routine and COVAX response and entry points for Solar solutions

A key programmatic implementation vehicle has been the Cold Chain Equipment Optimization Platform (CCEOP) launched operationally in 2017.

- Introduction of turnkey solutions / service bundle delivery relying on capacity development of local service providers
- Roll out of SDD solutions that were aspirational a decade ago (supporting SDG's 3, 7 and 13)
- Grade A introduction, including freeze free technology, Remote Temperature Monitoring and improved hold over time.

01

02

03

04

CAPACITY BUILDING INITIATIVES IN SOLARIZATION

03

03

Training needs in context of Solarization

UNICEF & WHO WILL SUPPORT SERIES OF TRAININGS TO ACHIEVE THE FOLLOWING:

Content

SOFT SKILLS TO

- GUARANTEED RESULT & OPTIMIZED
- CUSTOMER SUPPORT STANDARD
- FREE CONSULTATION IN A MONTH
- AD STABILIZING TOOLS

TARGET AUDIENCE

- PROJECT MANAGER FROM GOVERNMENT
- NGOS
- PMT++ MEMBERS
- COLD CHAIN TECHNICIANS
- PUBLIC ELECTRICAL ENGINEERS
- LOCAL SERVICE PROVIDERS: ENERGY

03

Targeted Technical Assistance for Solarization

UNICEF, with financial support from **Gavi** and in cooperation with the other Alliance partners, will recruit in-country Technical Assistance (TA) personnel to support the following:

- OPERATIONALIZATION OF IN-COUNTRY PILOT PROCESSES
- COORDINATION WITH ALL HFSE STAKEHOLDERS IN THE COUNTRY
- SUPPORT PMT++ WITH DATA COLLECTION EXERCISE FROM SITES
- SUPPORT PMT++ WITH FINALIZATION OF HFSE PACKAGES AND O&M OPTIONS THROUGH ODP++
- SUPPORT AND COORDINATE CAPACITY BUILDING EXERCISES
- TRACKING OF HFSE SUPPLIES AND COORDINATION WITH SERVICE PROVIDERS
- SUPPORT WITH MONITORING OF HFSE IMPLEMENTATION
- SUPPORT AND COORDINATION FOR MOBILIZING FUNDS FOR O&M SERVICES POST 2ND YEAR

01

02

03

04

PROCUREMENT CAPABILITIES

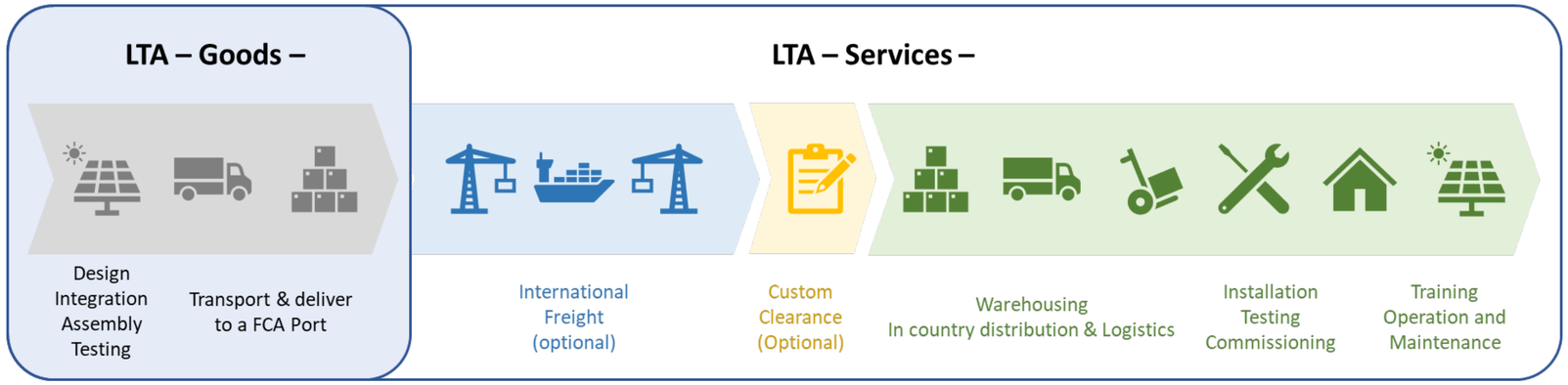
04

04

LTAs and procurement

two set of LTAs has been stablished in the connection of the supply, installation and operation of solar systems, The first, –LTA for Goods– is intended to procure modular solar systems in the range of 1,5 kW to 40 kW.
The second, –LTA for Services– is intended to be used for procurement of associated services of installation, transport and maintenance based on secondary bidding

This modular concept – reflecting small scale health, WASH and school facility requirements as per PG strategies - has been planned to ensure quality, standardization, reduction in installation time, reduction of design requirements and improvement of delivery time.



unicef
for every child

THANK YOU!


© UNICEF/SUDA2014-XX228/NOORANI

Improving Access to Vaccines

UNICEF | for every child

TOOLKIT FOR WASH IN HEALTH CARE SETTINGS

Presented by:

- Madeleine Edgeworth, Global WASH in Institutions Coordinator
- Ed Ramsay, WASH in Institutions Specialist
- Mevazara Rakotoson, WASH in Institutions Specialist

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GLOBAL WATER SECURITY & SANITATION PARTNERSHIP

The Need for the Toolkit for WASH in Healthcare Settings

The Need

Without WASH services, health facilities can't function

The Challenge

Non-WASH specialists struggle to know where to start

Project teams start developing TORs from scratch

Often lack crucial WASH services & inclusion, climate & sustainability considerations

A Solution

8 template **TORs**

1 procurement guide

Developed by World Bank WASH in Institutions specialists and peer reviewed over 8 months

Introduction to the Toolkit for WASH in Healthcare Settings

The toolkit consists of:

- 8 terms of reference (TORs) for each stage of an investment project cycle as well as for enabling environment, operation and maintenance and management models
- Guidance on procurement of infrastructure, equipment, supplies and services

These TORs are designed to be adapted and used by governments when contracting consultants and firms for investment projects with WASH in healthcare facility activities

Link to Toolkit Introductory Video

Operational Toolkit for WASH in Health Care and Educational Settings

Supports quality and effectiveness of investments in water, sanitation and hygiene (WASH) services in health care and educational settings

Safely managed water supply services of adequate quality and quantity for required consumptive and non-consumptive uses

Safely managed sanitation services including toilet facilities at all necessary areas and services

Safely managed hygiene services

Safely managed waste management including collection/emptying, transport and treatment of solid and fecal waste and drainage

Safely managed environmental cleaning services

Safely managed MHH services including facilities for adolescent girls

Modular Structure of the Toolkit

1. Assessment
2. Standards Setting
3. Enabling Environment
4. Design
5. Management Models
6. Advocacy & Behavior
7. M & E
8. Training
9. Procurement

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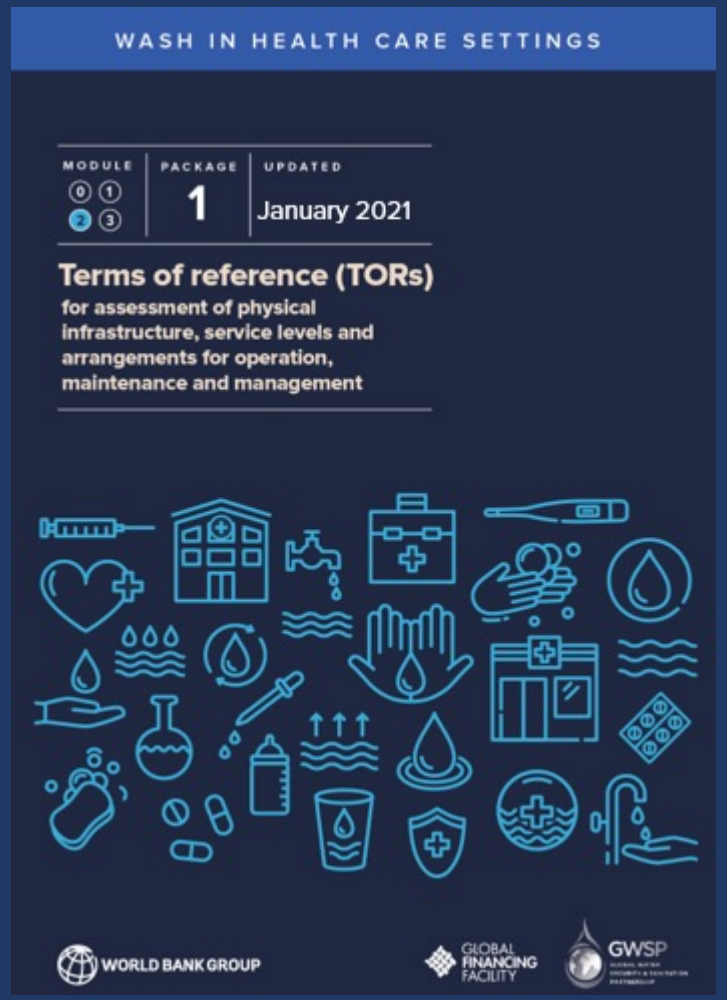
Unpacking the Toolkit: Example of part of package 1: Template terms of reference for assessment of infrastructure, service levels and O&M



General objectives

The general objective of these ToRs is to develop a baseline assessment[1] of the status of WASH in health care settings in the project area, including:

- Physical assessment of facilities;
- Service levels assessment;
- Operation and maintenance arrangements assessment; and
- Management arrangements assessment.

The following water supply and sanitation examples are presented in order to clarify the difference between the physical assessment and the service level assessment. On water supply, the physical assessment would observe whether water taps exist at the facility and their state of repair. The service level assessment would assess whether those taps reliably provide, a sufficient quantity, of adequate quality water. On sanitation, the physical assessment would determine

[1] The Consultant should consult GLOSI prior to drafting the assessment. Although GLOSI is developed for educational settings it can be very useful for all institutional infrastructure. GLOSI provides a framework to assess vulnerability and fragility of school buildings, it includes tools to develop data collection activities and shows experience and documentation on school infrastructure from countries around the world. GLOSI proposes different data collection levels and Tier 1 data collection form is recommended, it is available at https://gpss.worldbank.org/en/glosi/data-collection. There is also an app at https://survey123.arcgis.com/share/692d2c8b42b24c2793005c91a9762ab2?open=menu.

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Unpacking the Toolkit: Example of part of package 1: Template terms of reference for assessment of infrastructure, service levels and O&M

Physical assessment of facilities

The Consultant will be responsible for undertaking a detailed baseline assessment of the status of the physical infrastructure (mapping of water, sanitation, hygiene, health care waste and environmental cleaning) at health care facilities in the project area. All of the health sites covered by the project should be ideally visited and assessed. If not possible to visit all sites, the Consultant should plan how to collect all relevant info from afar e.g. engaging with local Consultants.

Prior to starting the assessments at health care sites, the Consultant should meet with the head or representative of the health care facility site in order to: explain the purpose of the visit and arrange to speak with relevant persons at the site, to gather the necessary information.

When physically assessing existing WASH facilities, the Consultant should make reference to relevant standards (project, national and international). Package 2: ToRs for setting service level standards for health care settings) covers standards setting for WASH in health care facilities, with the objective of setting those standards for the country. An activity under Package 2, includes a review of the country's existing national level standards for WASH for health care settings, which the Consultant should review.

The terms 'condition' and 'functionality' are used in the ToRs. Condition refers to the physical condition of infrastructure, i.e. its state of repair. Functionality is a measure of the degree to which infrastructure can deliver the required service level. For example, a water tap might require repair, but still be able to deliver the required quantity and quality of water.

Service levels assessment

The Consultant will be responsible for undertaking a detailed baseline assessment of the status of WASH service levels at health care sites in the project area. The assessment will focus on WASH service levels (and not infrastructure, which is to be assessed according to section above). When assessing existing services, the Consultant should make reference to relevant standards (project, national and international). As noted above, Package 2 covers standards setting for WASH in health care facility settings. The service levels assessment of facilities should consider all of the aspects described in the table below. The findings of the assessment should be shared with key stakeholders for discussion, verification and finalization.

The service level assessment of facilities should include, but not be limited to:

	Area of assessment	Requirements
1	Health care facility site information	Collect preliminary information on the following aspects: • Type of health care facility: primary health care facility, dispensary, hospital, etc. Location of the health care facility in a rural or urban setting, whether the site is temporary (e.g. in an emergency setting) or permanent and whether the site is public, privately-run or not for profit hospital. • List services offered at the health care facility in question (e.g. out-patients, inpatients, maternity, pediatric, infectious diseases, trauma units, occupational therapy, preventive health, dispensary, training and capacity development, triage tents and other relevant areas). • Detailed capacity of services (e.g. number of rooms, number of beds) per service. • Staff numbers should also be reported (support and medical staff) and disaggregated by gender. • Ownership of land, the buildings and the other facilities located at the site.

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Madagascar case study

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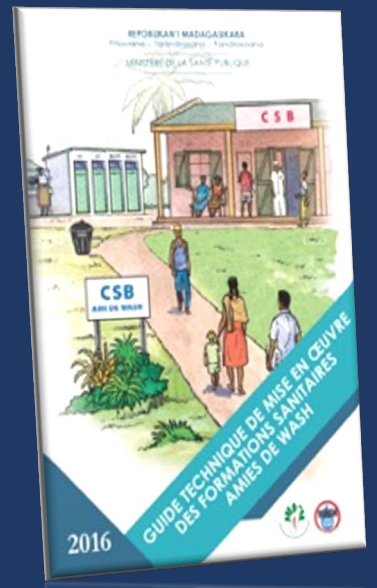
WASH in HCFs status in Madagascar

- JMP 2021 showed the lack of data due to monitoring issue
- 38% of Health Facilities with WASH services (MICS 2018)
- Low investment in WASH infrastructures in HCFs
- Training of 1,104 personal health on WASH friendly approach and WASH FIT by 2022



The National Water Project called PAAEP

- 220 millions $ with 50% loan – 50% grant
- 3 423 000 beneficiaries
- Improved water supply in Great Antananarivo and 6 regions
- WASH in institutions component at 12 millions $

WASH friendly HCF practical steps crossed with toolkit packages

1. Assessment

Stakeholders consultations, diagnosis

2. Standards settings

3. Enabling Environment

Certification process

Technical design

6. Advocacy & Behavior

Training: health agents, community agents,

9. Procurement

5. Management Models

Construction

Monitoring, supervision

WASH operational toolkit used in Madagascar

- Presented in detail during two-day workshop
  - Show toolkit packages
  - Case study from Sao Tome shared with counterparts
  - Sharing experiences by local partners
- Guided for planning the project implementation
- Uses as a basis for needed terms of references

WASH in HCFs support for the PAAEP (P174477)

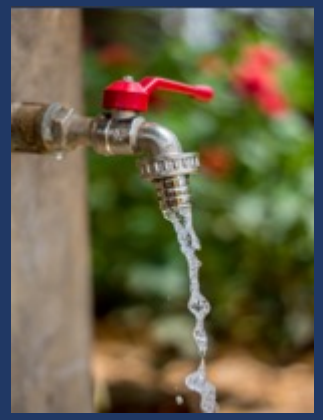
Toolkit packages	Challenges	Expected outcomes
ASSESSMENT	➢ **MoH lacked accurate data on WASH conditions to inform prioritization of HCFs for rehabilitation or construction**	Comprehensive assessment of **518 HCFs** Is ongoing
DESIGN	➢ **Lack of requirements and guidance for design companies led to poor designs**	**TORs developed** for design and rehabilitation of **70 HCFs,** tenders will be launched once the result of assessment released
BEHAVIOUR CHANGE & COMMUNICATION	➢ **Poor accompaniment of the health agents HCFs**	**TORs will be developed** to cover 7 regions
CONSTRUCTION	➢ **Poor quality construction** ➢ **Lack of maintenance**	✓ **Supervision** of construction for **70 HCFs** ✓ Ensuring **sustainability** of investment ✓ **O&M guidance** tailored to each HCF
MANAGEMENT MODELS	➢ **Unclear approved management model for HCFs** ➢ **Low quality of services at HCFs**	**Management model** tailored to each HCF ensuring long term financing system for O&M

Aug 23 → May 23 → Dec 23 → Feb 24

Package 1: Assessment of 518 HCFs

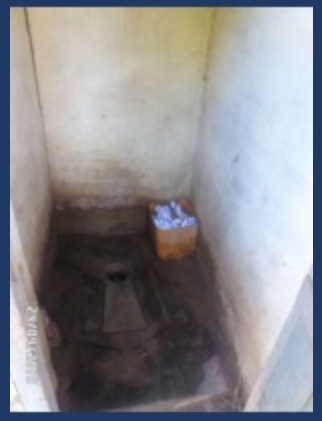
Baseline assessment of the status of WASH, waste and cleaning environment in 7 regions including:

- Physical assessment of facilities;
- Service levels assessment;
- Operation and maintenance arrangements assessment; and
- Management arrangements assessment
- Alignment with WASH friendly criteria



Selected 70 HCFs

subject of technical design



Package 4, 9: Design, bidding document and supervision

Stage 1: Prepare the project concept covering site parameters, structural, architectural and technical solutions for water, sanitation, hand hygiene, MHH, waste management and environmental cleaning

Stage 2: Develop detailed technical design (plans, scale drawings, specifications), Bill of Quantities (BoQs) and cost estimates, bidding documentation, O&M contents, Management system recommendations

Set of technical and bidding documents, O&M training curricula

for construction and refurbishment of 70 HCFs

Requirements for constructors

“Thank you very much!”

Discussion and Questions

Discussion Areas

- What stage are your programs currently at and which package might be most useful?
- What challenges are you currently facing with implementation of WASH in health care facilities?
- Do you have any reactions or feedback on the toolkit and its usefulness?
- Do you have any recommendations for further disseminating the toolkit?

Contact Details

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Ed Ramsay, WASH in Institutions Specialist
edramsay@gmail.com

Access the Toolkit

Link to the Toolkit

Global Summit on WASH and Waste in HCFs

Mini Seminar: HCW and the impact to the climate

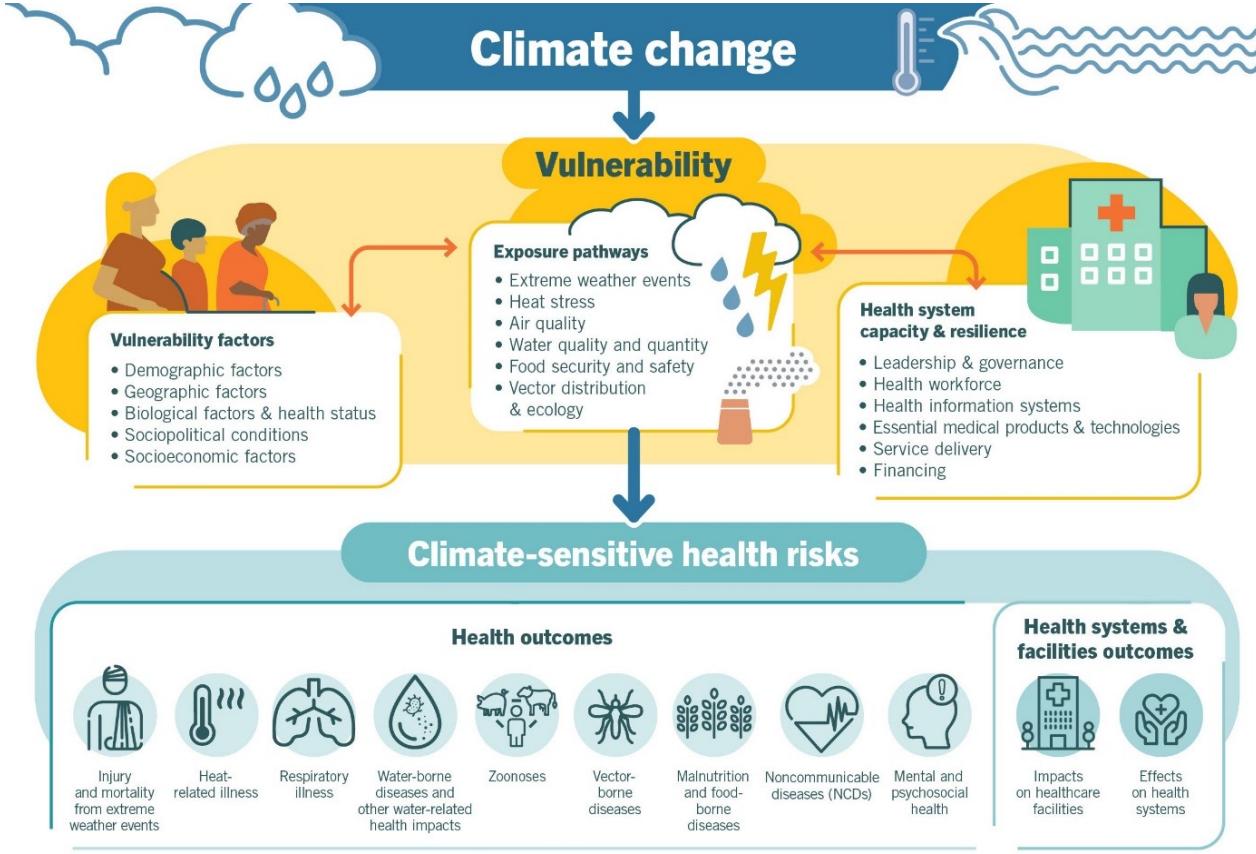
14 June 2023

Dr Ute Pieper, WHO Consultant (WHO WASH)

Key facts

Climate change and morality

Between 2030 and 2050, climate change is expected to cause approximately 250 000 additional deaths per year, from malnutrition, malaria, diarrhoea and heat stress.

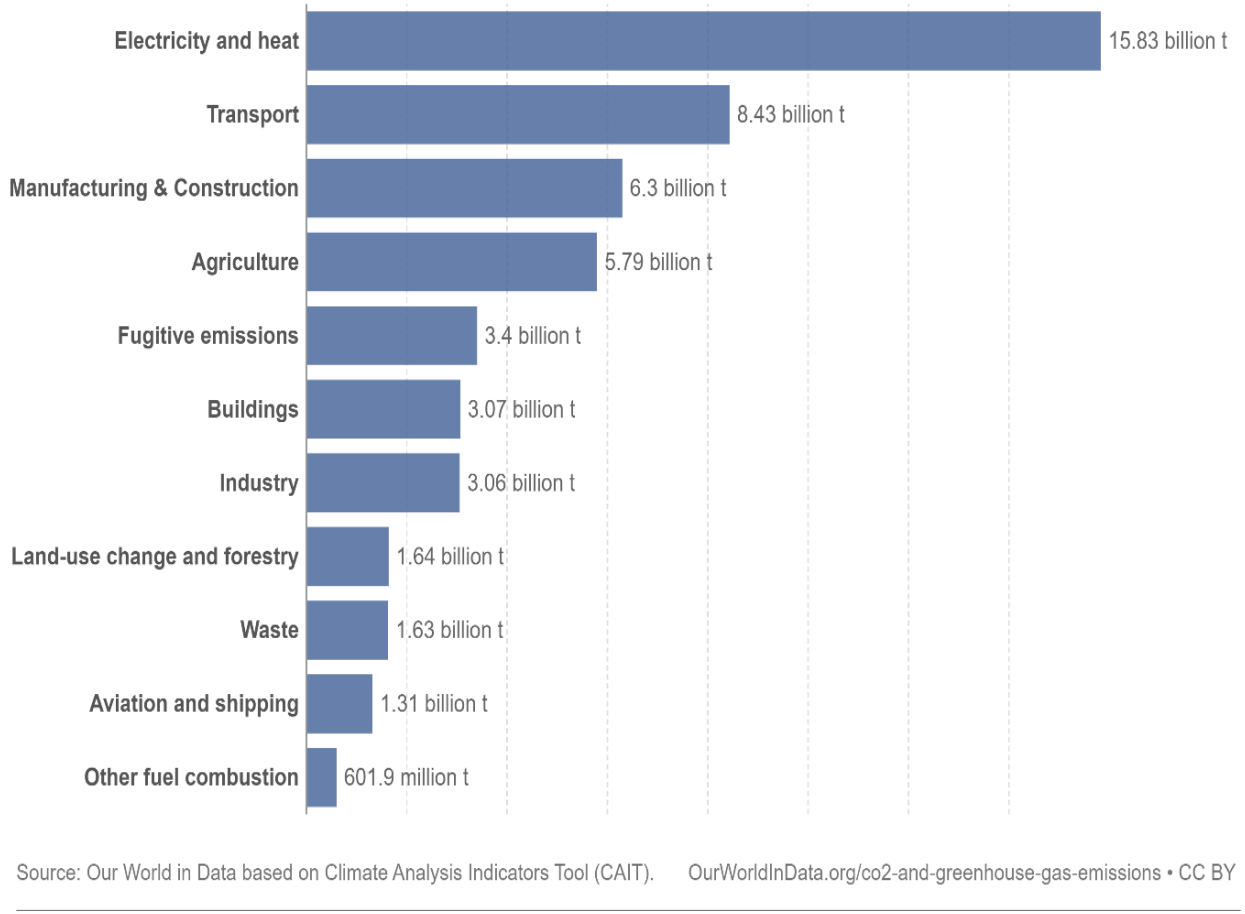


Source: WHO, Climate change and health, 30 October 2021: https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health

Key facts

Sources of greenhouse gas emissions

Globally, the 4 primary sources of greenhouse gas emissions in 2019 are electricity and heat (33%), transportation (18%), manufacturing & construction (13%), agriculture (12%). All the shown sectors are directly or indirectly connected to carbon footprint of the health sector.



Source: https://www.climatewatchdata.org/data-explorer/historical-emissions

Key facts

Climate change and the health sector

Healthcare's climate footprint is 4.4% of the global total. If the global health care sector were a country, it would be the fifth-largest greenhouse gas emitter on the planet.

North America	Latin America & Carribean	East Asia Pacific	South Asia	Europe & Central Asia	
1.65	0.20	0.26	0.03	0.43	tCO_2/capital
0.58	0.13	0.60	0.05	0.39	$GtCO_2e$ total
29	6	30	2	19	% global

Source: Arup / HCWH, Healthcare's climate footprint, 2019

Key facts

UNICEF: emissions from delivering immunization

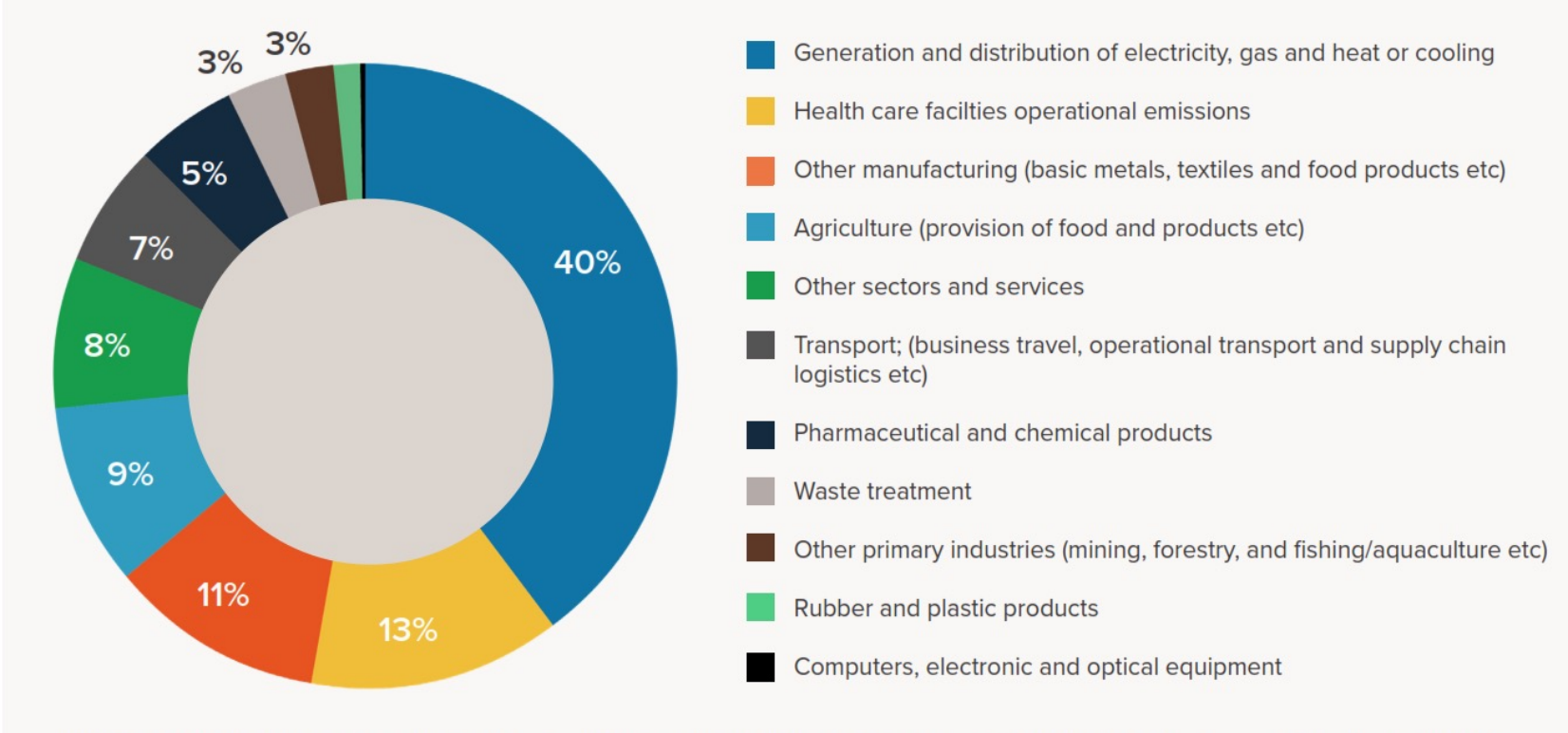
Example UNICEF Immunization program estimations: The emissions from delivering immunization program is 0.00094% of global carbon emissions (350,125 Tons CO2 equivalent).

- Burning of waste is the largest contributor (28.11%) to emissions
- CCE operation with grid and backup genset is the next significant contributor (24.51%) to emissions
- International air shipment of vaccines contributes 20.07% of emissions
- Production of syringes and safety boxes emit 12.62% of the total

Source: WHO, Climate change and health, 30 October 2021: https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health

Question to the participants

How are health care facilities (directly or indirectly) involved in climate change?



Source: Arup / HCWH, Healthcare's climate footprint, 2019

Exercise

Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP): One third do not segregate waste safely. 7 out of 10 LDC health care facilities do not have basic health care waste management services: Waste is not segregated into at least three bins, and sharps and infectious waste are treated and disposed of safely (WHO and UNICEF Global Progress report on WASH in HCFs, 2021).

Situation: The HCWM system of a healthcare facility is very basic:

- Segregation is weak,
- General and infectious waste are mixed up,
- Waste is burned openly.

Questions to the participants :

1. What would be possible improvements (hardware and soft-skills)?
2. What are the preconditions / advantages / disadvantages of the mentioned measurements?

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Northwestern University

Using experiential WASH indicators to measure impact and assess needs in health care facilities

Josh Miller – University of North Carolina at Chapel Hill
Sera Young – Northwestern University
John Brogan – Helvetas / Swiss Water and Sanitation Consortium

HELVETAS Swiss Intercooperation

SWISSAID Inspiring courage.

CARITAS Schweiz Suisse Svizzera Svizra

Swiss Red Cross

Terre des hommes Aide à l'enfance. tdh.ch

SOLIDAR SUISSE Schweizerisches Arbeiterhilfswerk SAH

HEKS EPER

FASTENOPFER ACTION DE CARÊME SACRIFICIO QUARESIMALE

With support from

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Federal Department of Foreign Affairs FDFA
Swiss Agency for Development and Cooperation SDC

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Household Water InSecurity Experiences

Water Insecurity Experiences (WISE) Scales: Cross-Culturally Valid Tools for the Measurement of Water Insecurity

HELVETAS Swiss Intercooperation

SWISSAID Inspiring courage.

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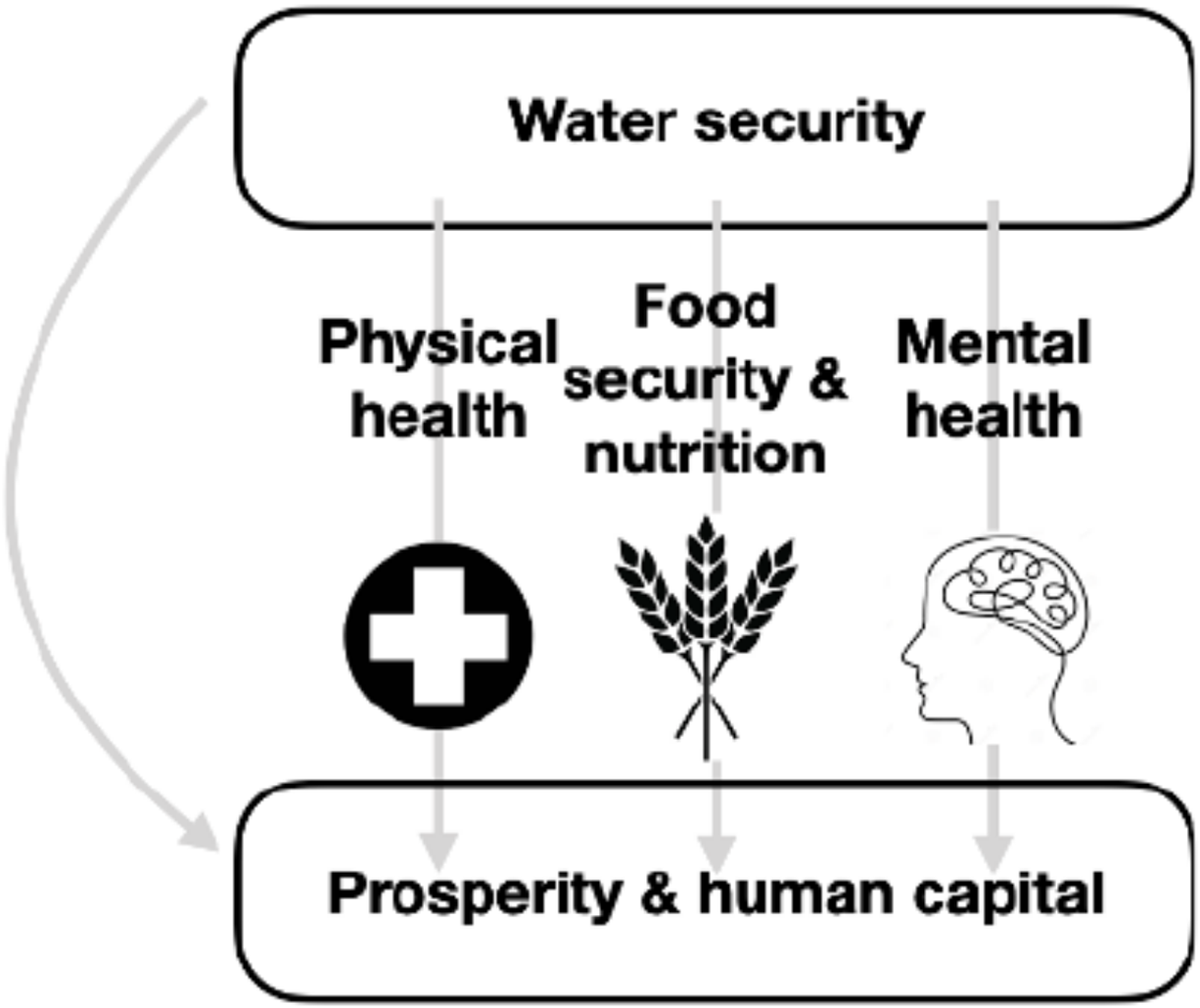
Water security has intrinsic value and creates an enabling environment for prosperity via physical health, nutrition, and mental health pathways.



Collins, S. M. et al. 'I know how stressful it is to lack water!' Exploring the lived experiences of household water insecurity among pregnant and postpartum women in western Kenya. Glob Public Health 14, 649–662 (2019).

Rosinger, A. Y. & Young, S. L. The toll of household water insecurity on health and human biology: Current understandings and future directions. Wiley Interdiscip Rev Water 7, (2020)

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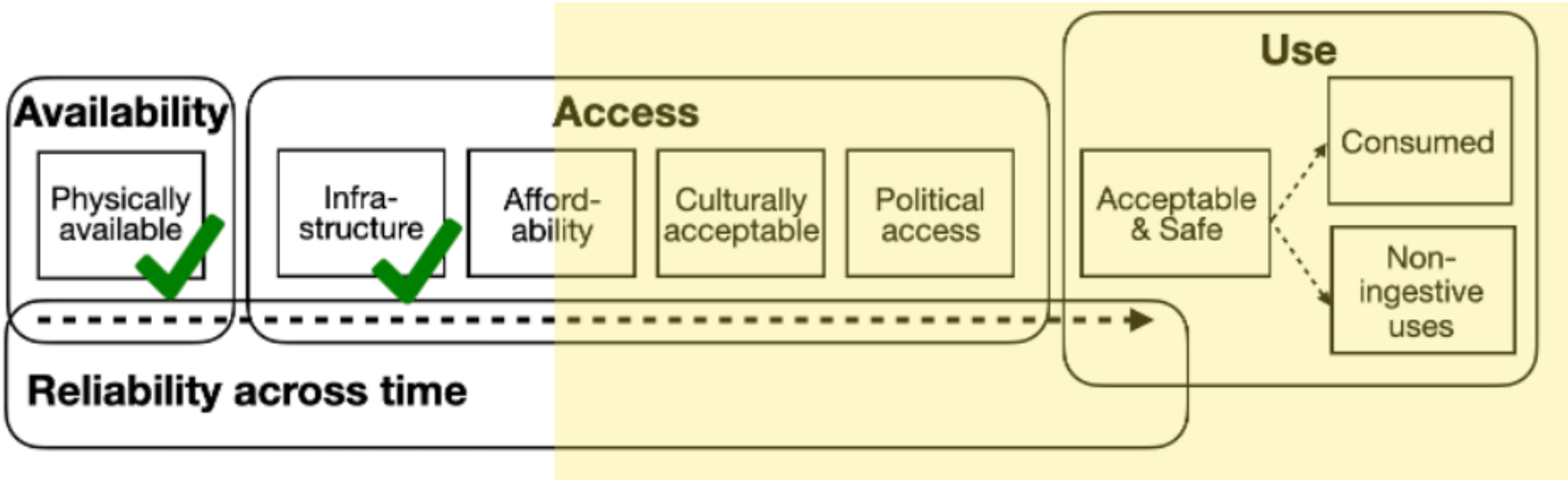
Defining water security

Water security is the ability to **reliably access** and benefit from **safe and adequate water** for well-being and a health lifestyle

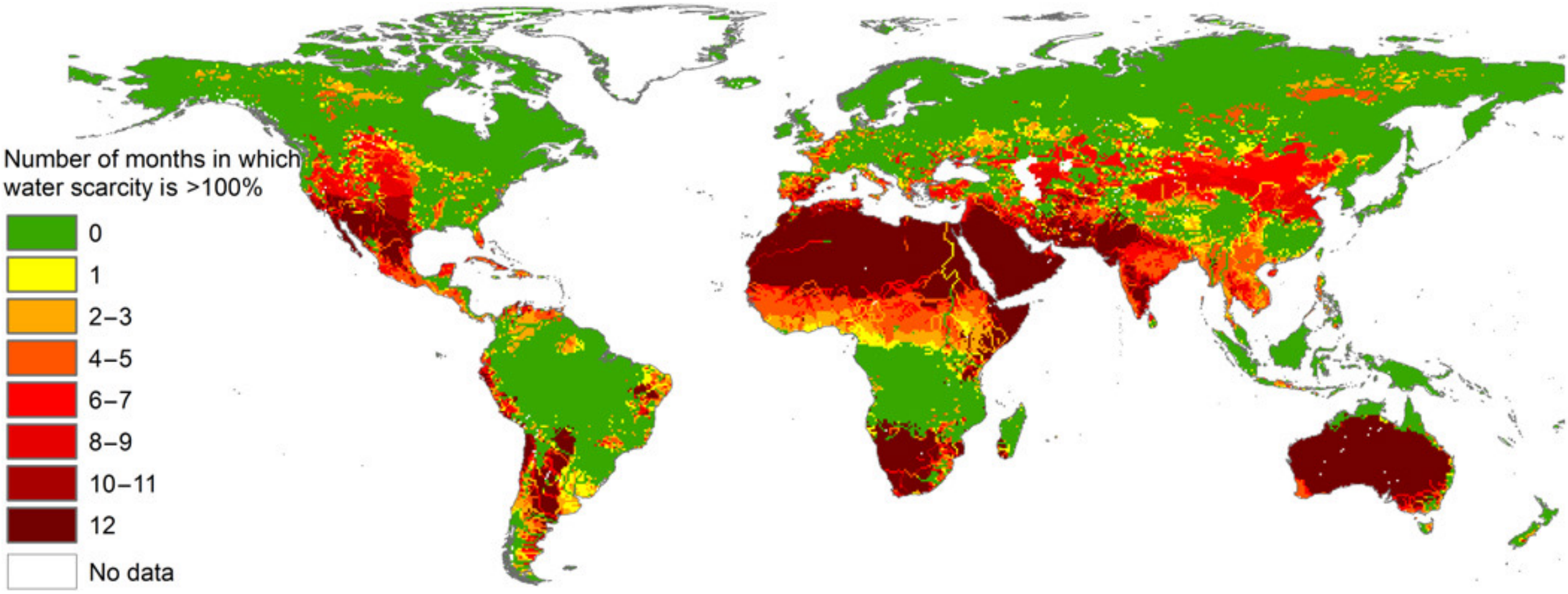


Rosinger, A. Y. & Young, S. L. The toll of household water insecurity on health and human biology: Current understandings and future directions. Wiley Interdiscip Rev Water 7, (2020)

Young, S. L. et al. Perspective: The Importance of Water Security for Ensuring Food Security, Good Nutrition, and Well-being. Adv Nutr 12, 1058–1073 (2021)

Jepson, W. E., Wutich, A., Colllins, S. M., Boateng, G. O. & Young, S. L. Progress in household water insecurity metrics: a cross-disciplinary approach. Wiley Interdiscip Rev Water 4, (2017).

4 billion face water scarcity
for at least one month of the year



…and many also experience **water excess** and/or **poor water quality**

Mekonnen, M. M. & Hoekstra, A. Y. Four billion people facing severe water scarcity. Sci Adv 2, e1500323–e1500323 (2016).

Household Water Insecurity Experiences (HWISE) Scale

a cross-culturally validated scale to measure water insecurity at the household level

Household Water InSecurity Experiences

immana Innovative Methods and Metrics for Agriculture and Nutrition Actions

[Implementation Materials: Water Insecurity Experiences (WISE) Scales - Northwestern University]

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A 12 item scale

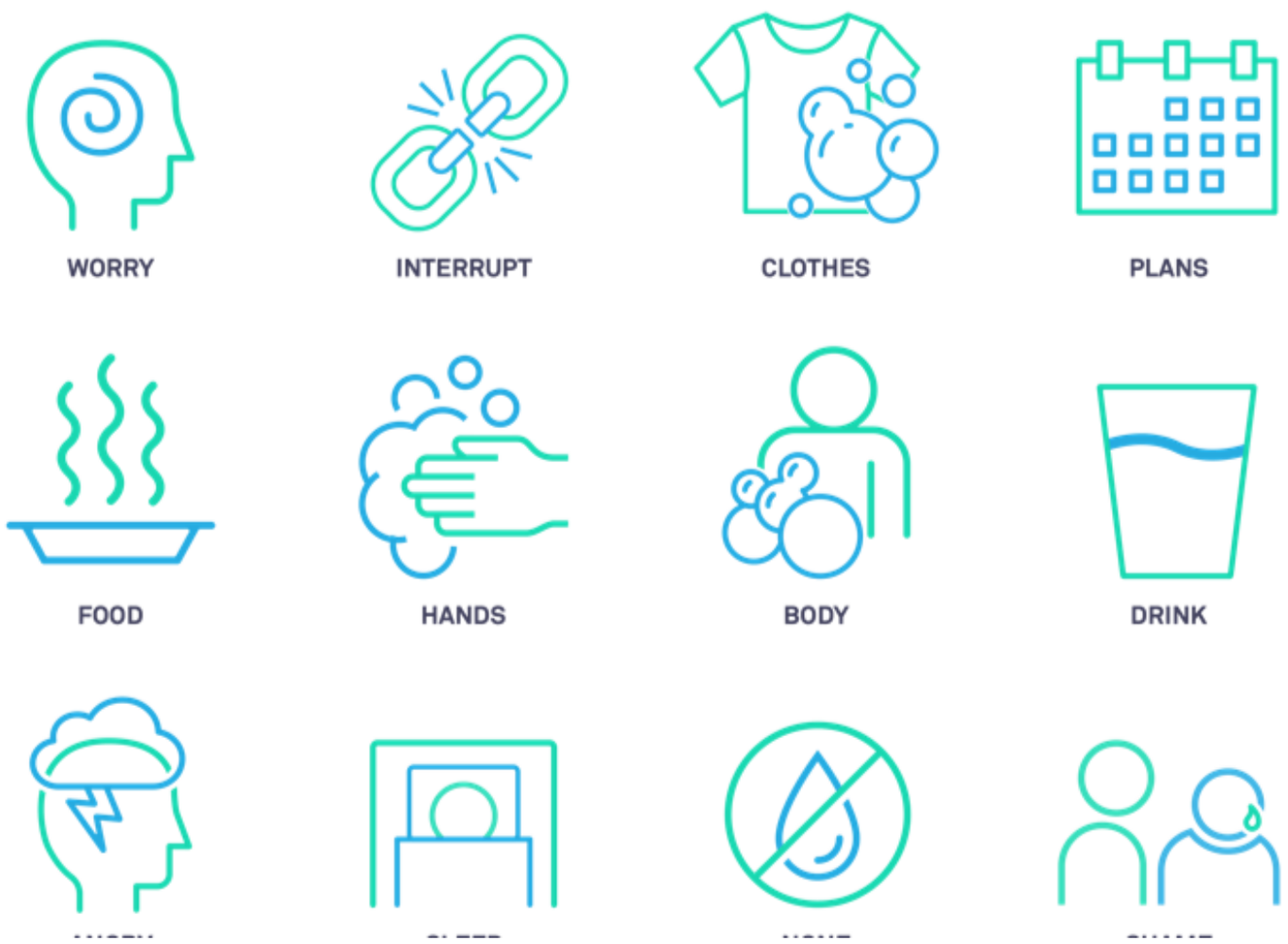
www.hwise.org

Household Water InSecurity Experiences

How often in the last 4 weeks have you/anyone in your household…

Response options

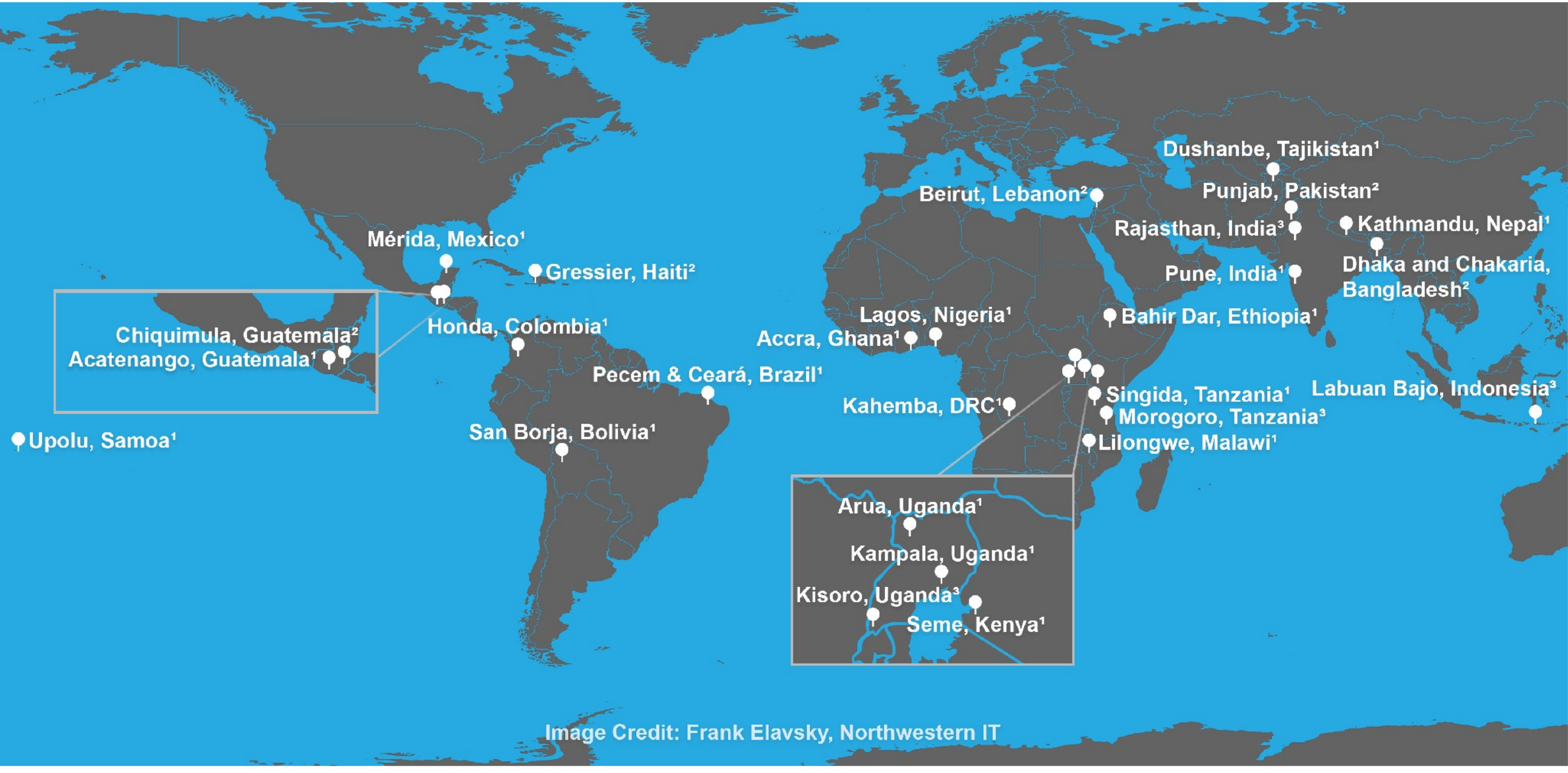
0	= never
1	= rarely
2	= sometimes
3	= often/always



Range (0-36)
3 minutes
(1 minute!)

Household
Water
InSecurity
Experiences

Survey implemented in 28 sites, across 8,127 households



HWISE sites were selected for maximal heterogeneity in region of the world, infrastructure, and problems with water

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www.hwise.org
Household Water InSecurity Experiences

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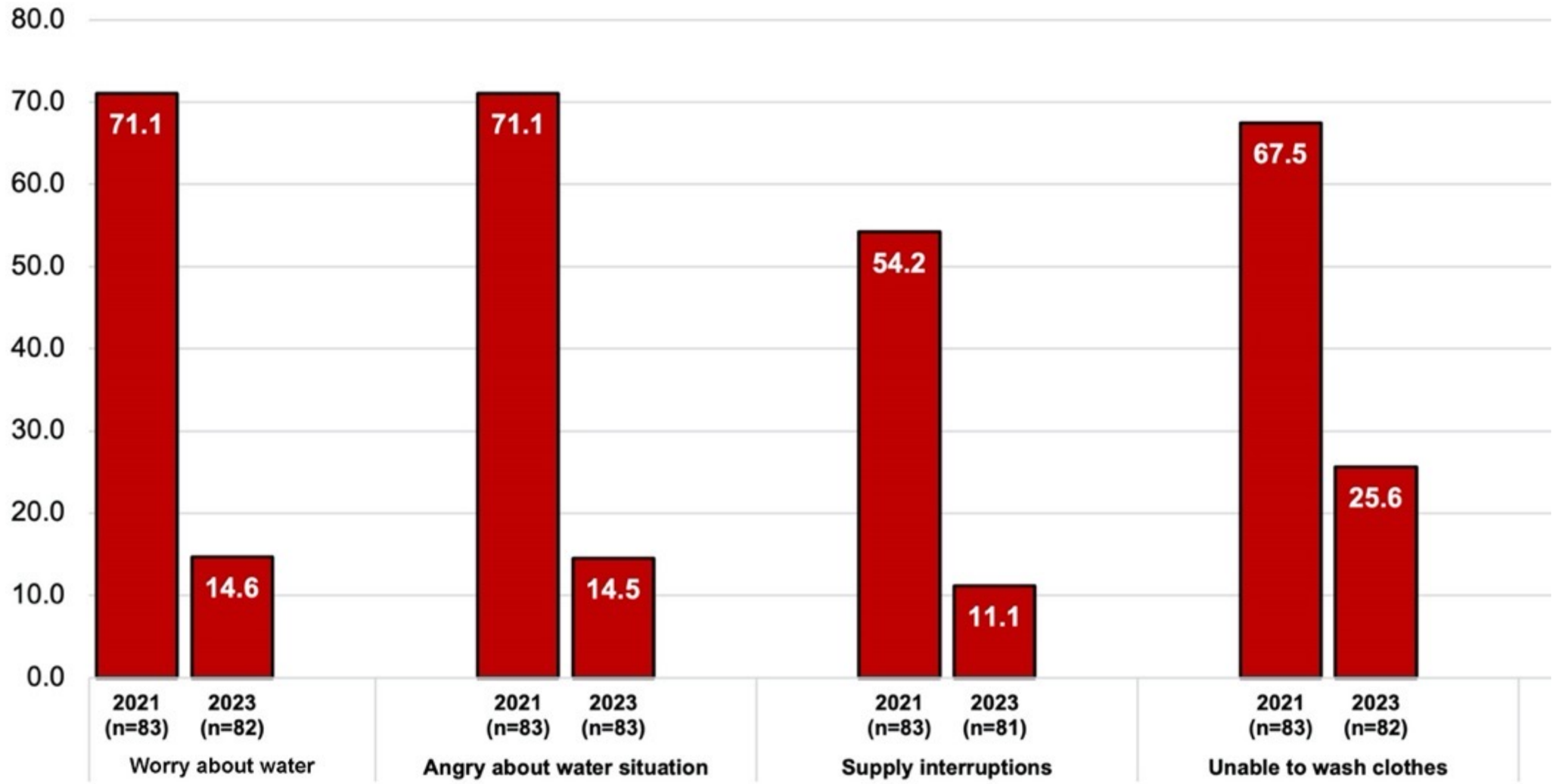
Evaluating program impact

Helvetas used the HWISE Scale in Nepal; water insecurity dropped steeply—from 21.7% to 1.3%.



Subset of HWISE scores among the same families before and after gaining household water connections.

HELVETAS

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Household Water InSecurity Experiences

Widespread uptake

HELVETAS OXFAM ipa INNOVATIONS FOR POVERTY ACTION ACTION AGAINST HUNGER MICS The DHS Program Demographic and Health Surveys IFPRI

Key Takeaways

1. Our understanding of global water security is incomplete if only water availability and drinking water infrastructure are measured.

2. Experiences with water access, use, and reliability should be measured alongside standard physical water indicators in surveys, programs, and research studies.

3. The Water Insecurity Experiences (WISE) Scales are useful for assessing the prevalence of water insecurity, identifying inequities, designing programs, and advocating for resources to achieve a more water-secure world.

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Household Water Insecurity Experience (HWISE) Scales

Reveal many important lessons for public health and policy*

BUT

Not yet designed for schools and health care facilities

Do not capture experiences for services beyond water

***Young, S. L.** Viewpoint: The measurement of water access and use is key for more effective food and nutrition policy. Food Policy 104, 102138 (2021).

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Extending the WISE scales for WASH *and* for Institutions

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Federal Department of Foreign Affairs FDFA
Swiss Agency for Development and Cooperation SDC

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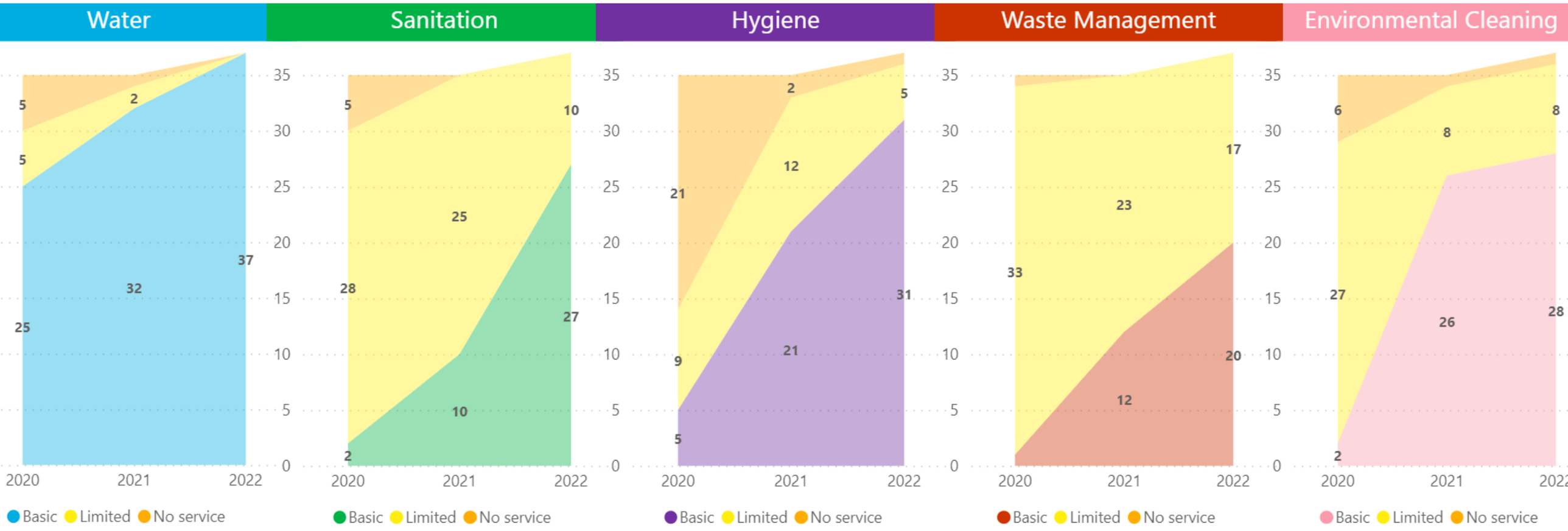
WASH FIT pilot - 37 HCF - Apr 2020-Dec 2022

(Benin, Ethiopia, India, Mali, Nepal)



Progress on access to “Basic” services per JMP recommended indicators for monitoring WASH in health care facilities

BUT…What do service improvements mean in the experiences of frontline health care workers?

What are patients' experiences with WASH services?

Water insecurity experiences are common even in countries where infrastructure looks adequate based on the JMP drinking water ladder

(Young, Bethancourt, *et al.*, 2021)

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What if we had a tool to quantify patient and staff experiences at scale?

Our aim is to generate representative data to understand how WASH services are experienced in health centers—evidence to accompany decisions about WASH in HCF services at local, regional and national levels.

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Collaboration on **new scales** building on WISE Scales:

Health clinics and hospitals: experiences of medical and non-medical staff and community members for water, sanitation, hygiene, environmental cleaning, and waste management services

Schools to measure students' and teachers' experiences with water, sanitation, and hygiene / menstrual hygiene and waste management

Swiss Water & Sanitation Consortium

THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

Northwestern University

WASH Insecurity Experience Scales for Institutions

Phase 1: Development – multiple partners ongoing

Designing surveys for WASH in institutions*

Accompanying validation questions

Phase 2: Survey testing to refine survey items

In-country research approvals and testing with partners

Phase 3: Scale validation

Phase 4: Dissemination

Procedures used for WISE scale development Boateng *et al.*, 2018; Young, Collins, *et al.*, 2019

Swiss Water & Sanitation Consortium

THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

Northwestern University

Seeking partners on this journey to data for compelling evidence!

Sera.young@northwestern.edu josh.miller@unc.edu john.brogan@helvetas.org

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Activity

DRAFT Survey for Patients

Have a look!
Share your feedback!

DRAFT Survey for Health Care Facility Staff forthcoming

Send us an email or sign the sheet to receive updates and contribute!

Sera.young@northwestern.edu

josh.miller@unc.edu

john.brogan@helvetas.org

Learn more about HWISE

(See Additional Slides below)

Household Water InSecurity Experiences

Additional References for HWISE

Young, S. et al. Development and validation protocol for an instrument to measure household water insecurity across cultures and ecologies: the Household Water InSecurity Experiences (HWISE) Scale. Bmj Open 9, (2019).

Young, S. et al. The Household Water InSecurity Experiences (HWISE) Scale: development and validation of a household water insecurity measure for low-income and middle-income countries. Bmj Global Heal 4, e001750 (2019).

Young, S. L., Bethancourt, H. J., Ritter, Z. R. & Frongillo, E. A. The Individual Water Insecurity Experiences (IWISE) Scale: reliability, equivalence and validity of an individual-level measure of water security. Bmj Global Heal 6, e006460 (2021).

Household Water InSecurity Experiences

Survey Questions

Label	Item*
worry	In the last 4 weeks, how frequently did you or anyone in your household **worry** you would not have enough water for all of your household needs?
interrupt	In the last 4 weeks, how frequently has your main water source been **interrupted** or limited (e.g. water pressure, less water than expected, river dried up)?
clothes	In the last 4 weeks, how frequently has there not been enough water to **wash clothes**?
plans	In the last 4 weeks, how frequently has you or anyone in your household had to **change schedules or plans** due to problems with your water situation? Activities that may have been interrupted include caring for others, doing household chores, agricultural work, income-generating activities, etc.
food	In the last 4 weeks, how frequently have you or anyone in your household had to **change what was being eaten** because there were problems with water (e.g. for washing foods, cooking, etc.)?
hands	In the last 4 weeks, how frequently have you or anyone in your household had to go without **washing hands** after dirty activities (e.g., defecating or changing diapers, cleaning animal dung) because of problems with water?
body	In the last 4 weeks, how frequently have you or anyone in your household had to go without **washing their body** because of problems with water (e.g. not enough water, dirty, unsafe)?
drink	In the last 4 weeks, how frequently has there not been **as much water to drink** as you would like for you or anyone in your household?
angry	In the last 4 weeks, how frequently did you or anyone in your household feel **angry** about your water situation?
sleep	In the last 4 weeks, how frequently have you or anyone in your household gone to **sleep thirsty** because there wasn't any water to drink?
nowater	In the last 4 weeks, how frequently has there been **no useable or drinkable water** whatsoever in your household?
shame	In the last 4 weeks, how frequently have problems with water caused you or anyone in your household to **feel ashamed**/excluded/stigmatized?

A human voice in the measurement of water security: The Water Insecurity Experiences (WISE) Scales

www.WISEscales.org

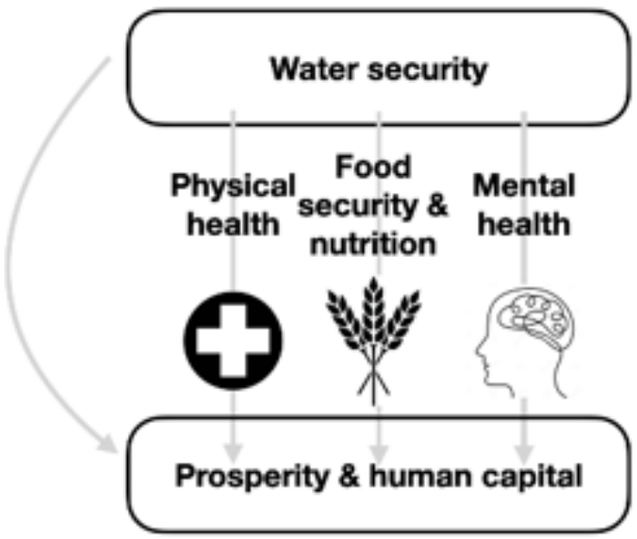

Figure 1. Water security has intrinsic value, and leads to prosperity via physical health, nutrition, and mental health pathways.

The economic consequences of the water crisis are severe and far-reaching. Indeed, it is estimated that some regions will soon lose 6% of their GDP due to water scarcity alone (1). Furthermore, water insecurity— issues with too much, too little, and poor quality water are unquestionably increasing in frequency and severity, and will only be exacerbated by climate change (2).

There are many pathways by which water shapes prosperity and human capital *(Figure 1)*. We have long understood the role of water in diarrheal diseases and agricultural production, but evidence is now accumulating that there are many other consequences of issues with water access and use that have gone unmeasured. These pathways range from physical health, e.g., interpersonal violence (3) lack of HIV-viral load suppression (4); to food insecurity (5) and mental health, e.g., stress (6) and depression (7,8), all of which are in turn deleterious to human capital.

Our current water indicators are incomplete. There is a broadly acknowledged, pressing need for better water data (9). Without good data, it is impossible to make sound decisions about targeting investments or developing policy, or even to evaluate program impacts. Current global water indicators primarily focus on the physical availability of water and household drinking water infrastructure. These are useful and necessary metrics, but they do not tell us if people reliably have sufficient water for basic domestic needs (*Figure 2*). It is entirely possible to live in a water rich area (have physical availability) or have a spigot on your property (infrastructure) and not be water secure (12).

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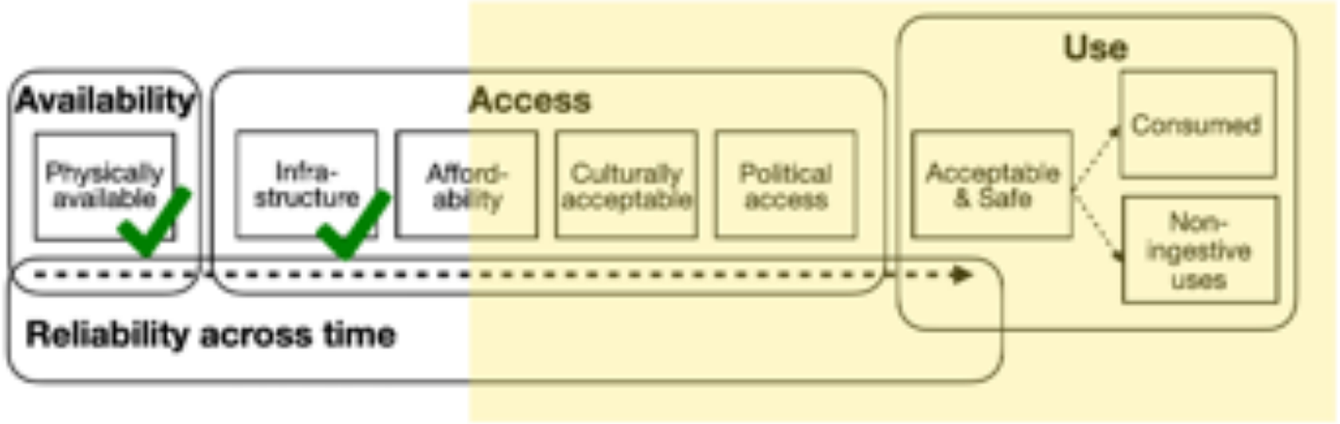

Figure 2. The four domains of water security. We have excellent global indicators for the physical availability of water and drinking water infrastructure (green checkmarks), but these do not tell us if people can reliably access enough water for basic domestic needs (yellow shading).

Experiential indicators have been missing from the water sector, which means we do not know who has difficulties eliably accessing water for basic domestic uses (*Figure 2*, yellow box). Indeed, the value of experiential measures has been demonstrated in the nutrition sector; food security indicators evolved from "supply-side" indicators like food balance sheets to "user-side indicators" like the Food Insecurity Experiences Scale which is an indicator for SDG 2 (12). In the water sector, experiential indicators would bring more holistic information. Experiential indicators would also bring greater precision, because they can be disaggregated by gender and other individual characteristics (13).

The Water Insecurity Experiences (WISE) Scales bring a human voice in the water sector. The Water Insecurity Experiences (WISE) Scales are recently developed user-side indicators that they tell us if human needs are, in fact, being met. The 12 WISE questions ask respondents if and how they have been affected by universal problems with reliably accessing and using water. The scales take 3 minutes to administer and have been established as reliable, cross-country equivalent, and valid in a number of large studies (6,10,11). There are household (HWISE) and individual (IWISE) scale versions.

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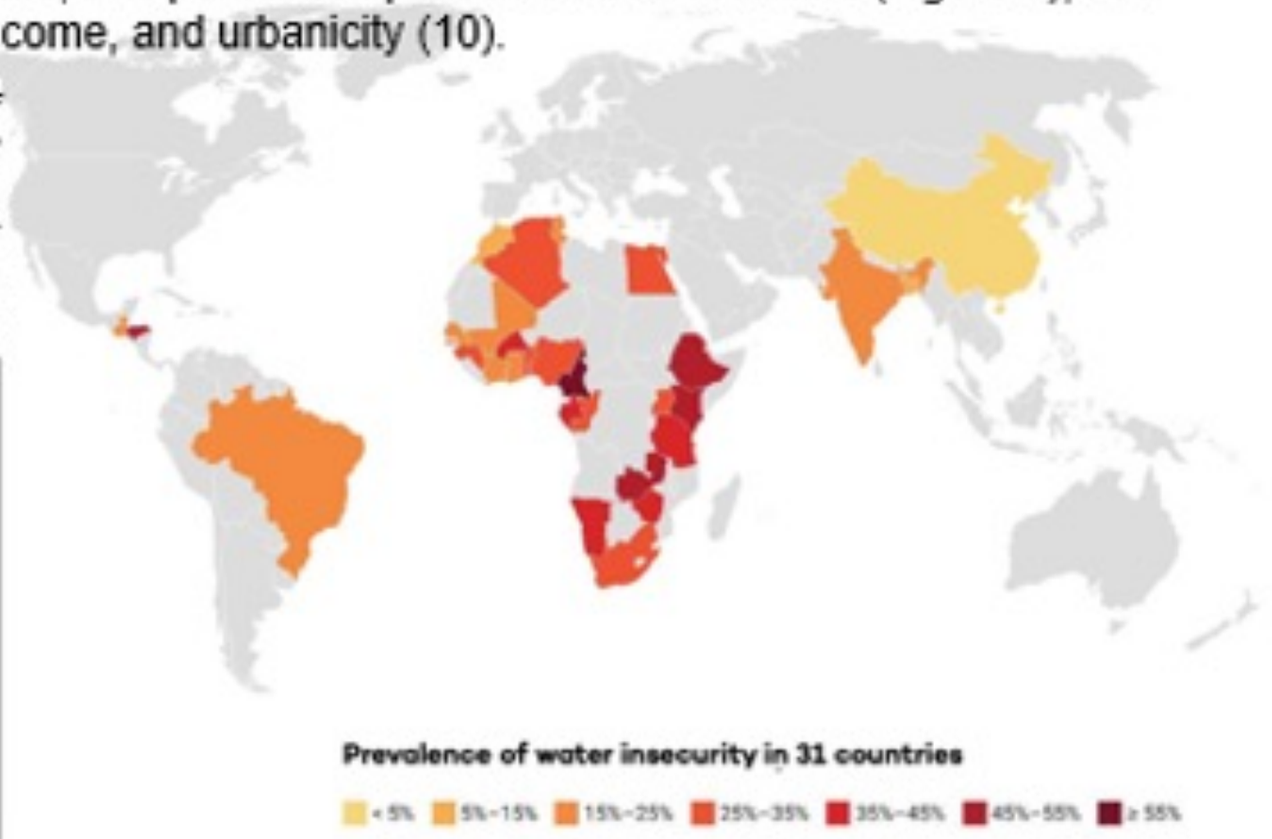
The WISE Scales have been used around the world. Because they can generate useful data for investment decisions, advocacy, policy making, and scientific discovery, the WISE scales have already been taken up by more than 100 organizations in 50+ countries. WISE data are being used by large multilateral organizations like the World Bank, FAO, and the International Food Policy Research Institute as well as NGOs like OXFAM and charity:water. Governments have also begun to include them in their national health and nutrition surveys. Bilateral development agencies, including USAID's Feed the Future initiative are using them to track progress.

WISE data have many uses.
They can reveal hidden disparities. The WISE Scales were implemented in the 2020 and 2022 Gallup World Polls to create national estimates of water insecurity prevalence. These are the first nationally representative, gender-disaggregated data, and permit comparison across countries (*Figure 3*), but also within countries, e.g., by gender, income, and urbanicity (10).

Figure 3. To establish the prevalence of water insecurity, Gallup World Poll asked 45,555 adults in 31 LMICs about the experiences with water using the IWISE Scale. The 12 IWISE items ask about the following activities:



A human voice in the measurement of water security: The Water Insecurity Experiences (WISE) Scales

www.WISEscales.org

Evaluate program impact. The HWISE Scale was implemented by the NGO Helvetas before and after a household water insecurity intervention in Nepal, and showed that water insecurity dropped steeply— from 21.7% to 1.3% (*Figure 4*).

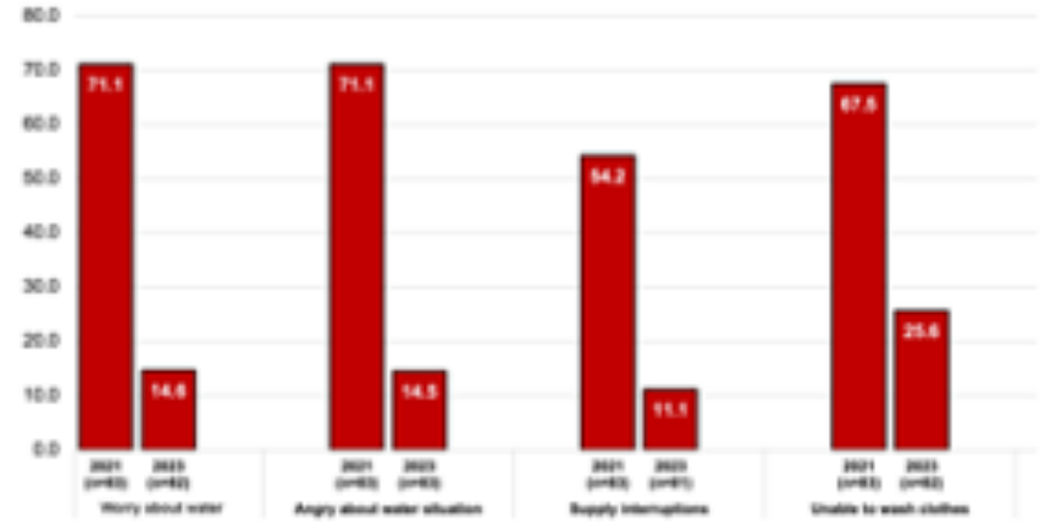


Figure 4. A subset of HWISE item scores among the same households, before the intervention (2021) and after (2023).

Pinpoint drivers of well-being. In a 25-country study with FAO, being water insecure was associated with a 2-3 times greater likelihood of being food insecure, even when controlling for many of the known covariates of food insecurity, including income, gender, education, and urbanicity (5).

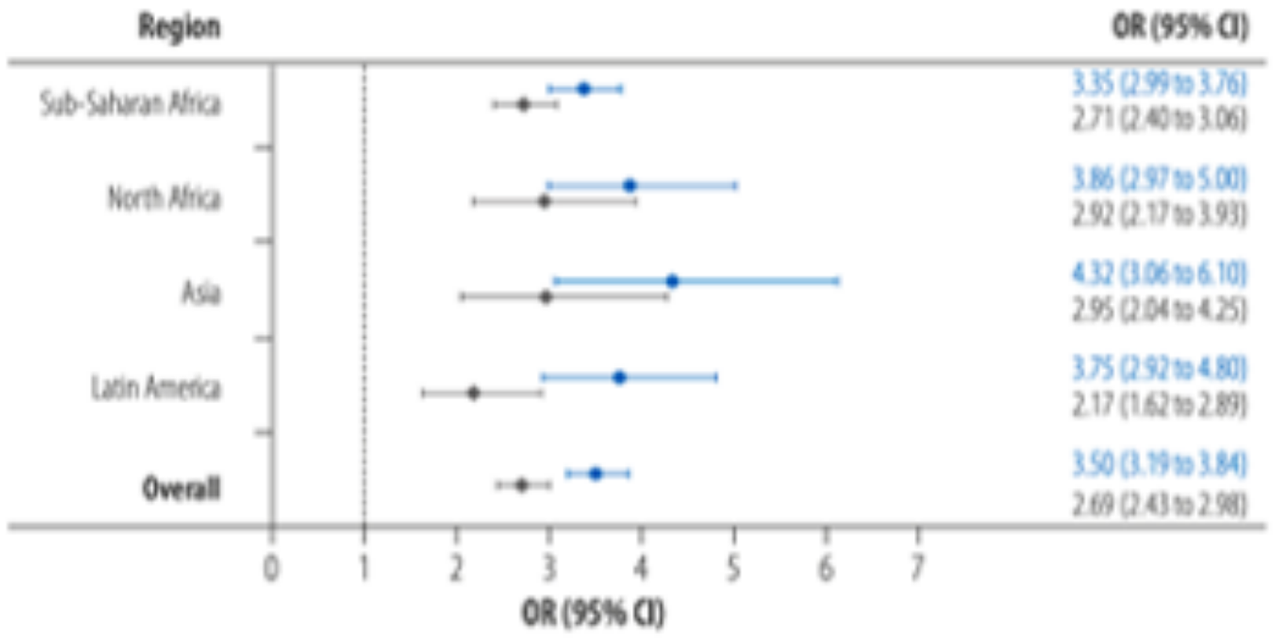


Figure 5. The odds of experiencing moderate-to-severe food insecurity in relation to water insecurity by region in the Gallup World Poll, unadjusted (blue) and adjusted (grey).

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Advocacy. The implementation of the HWISE Scale by aboriginal leaders in a rural town in New South Wales in 2022 revealed that the prevalence of water insecurity was 46%, a striking contrast to Australia's national prevalence of 1%. This information was used by the community to catalyze public support and policymaker advocacy (14); the water sourcing is now greatly improved (15).

Key messages:

1. Our understanding of global water security is incomplete if only water availability and drinking water infrastructure are measured.

2. Experiences with water access, use, and reliability should be measured alongside standard physical water indicators in surveys, programs, and research studies.

3. The Water Insecurity Experiences (WISE) Scales are useful for assessing the prevalence of water insecurity, identifying inequities, designing programs, and advocating for resources to achieve a more water-secure world.

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Citations

1. Damania R, Desbureaux S, Rodella AS, Russ J, Zaveri E. Quality Unknown: The Invisible Water Crisis [Internet]. The World Bank; 2019 [cited 2020 Oct 12]. Available from: http://elibrary.worldbank.org/doi/book/10.1596/978-1-4648-1459-4
2. Ringler C, Paulo D. Water and Nutrition: Harmonizing Actions for the United Nations Decade of Action on Nutrition and the United Nations Water Action Decade [Internet]. UNSCN; 2020. Available from: https://www.unscn.org/uploads/web/news/document/Water-Paper-EN-WEB-12feb.pdf
3. Tallman PS, Collins S, Salmon-Mulanovich G, Rusyidi B, Kothadia A, Cole S. Water insecurity and gender-based violence: A global review of the evidence. WIREs Water. 2023;10(1):e1619.
4. Nagata JM, Miller JD, Cohen CR, Frongillo EA, Weke E, Burger R, et al. Water Insecurity is Associated with Lack of Viral Suppression and Greater Odds of AIDS-Defining Illnesses Among Adults with HIV in Western Kenya. AIDS Behav. 2022 Feb;26(2):549–55.
5. Young SL, Bethancourt HJ, Frongillo EA, Viviani S, Cafiero C. Concurrence of water and food insecurities, 25 low- and middle-income countries. Bull World Health Organ. 2023 Feb 1;101(2):90–101.
6. Young SL, Boateng GO, Jamaluddine Z, Miller JD, Frongillo EA, Neilands TB, et al. The Household Water InSecurity Experiences (HWISE) Scale: development and validation of a household water insecurity measure for low-income and middle-income countries. BMJ Global Health. 2019 Sep 1;4(5):e001750.
7. Aihara Y, Shrestha S, Sharma J. Household water insecurity, depression and quality of life among postnatal women living in urban Nepal. J Water Health. 2016 Apr;14(2):317–24.
8. Cooper-Vince CE, Arachy H, Kakuhikire B, Vořechovská D, Mushavi RC, Baguma C, et al. Water insecurity and gendered risk for depression in rural Uganda: a hotspot analysis. BMC Public Health. 2018 Dec;18(1):1143.
9. High-Level Panel on Water. Making Every Drop Count: An Agenda for Water Action [Internet]. 2018 [cited 2020 Sep 17]. Available from: https://sustainabledevelopment.un.org/content/documents/17825HLPW_Outcome.pdf
10. Young SL, Bethancourt HJ, Ritter ZR, Frongillo EA. Estimating national, demographic, and socioeconomic disparities in water insecurity experiences in low-income and middle-income countries in 2020–21: a cross-sectional, observational study using nationally representative survey data. The Lancet Planetary Health. 2022 Nov;6(11):e880–91.
11. Young SL, Bethancourt HJ, Ritter ZR, Frongillo EA. The Individual Water Insecurity Experiences (IWISE) Scale: reliability, equivalence and validity of an individual-level measure of water security. BMJ Glob Health. 2021 Oct;6(10):e006460.
12. Young SL. Viewpoint: The measurement of water access and use is key for more effective food and nutrition policy. Food Policy. 2021 Oct 1;104:102138.
13. Young SL, Frongillo EA, Jamaluddine Z, Melgar-Quiñonez H, Pérez-Escamilla R, Ringler C, et al. Perspective: The Importance of Water Security for Ensuring Food Security, Good Nutrition, and Well-being. Advances in Nutrition. 2021 Feb 18;12(4):1058–73.
14. Williams, C. Slimy, bitter, salty and potentially unsafe: In Walgett, people with some health conditions can't drink the water. Australian Broadcasting News. 12 April 2023 [cited 2023 May 3]; Available from: https://www.abc.net.au/news/2023-04-13/walgett-nsw-water- insecurity-worse-than-bangladesh/102212784
15. Marlan Z & Kennedy J. After five years of drinking water described as "filth", change is finally on the way for Walgett. ABC News. 2023 May 4 https://www.abc.net.au/news/2023-05-04/walgett-drinking-water-now-being-sourced-from-namoi-river/102301424

Zimbabwe: Country Insights on financing WASH improvements in Health Care Facilities

Global summit of WASH in health care facilities
Jordan
13-15 June 2023

Challenges of Financing WASH improvements in HCF

- Budget requirements to achieve Basic WASH in HCF are unknown, at facility level and national/sub-national
- Previously adequate WASH in HCF services have deteriorated. With inadequate monitoring to demonstrate the change.
- Overall inadequate investment in the Health Sector, priority focus on clinical needs in HCF

1. WASH FIT Costing Tool Development

Based on bill of quantities, training cost, supply cost, and WASH FIT assessment scores

2. Digitization

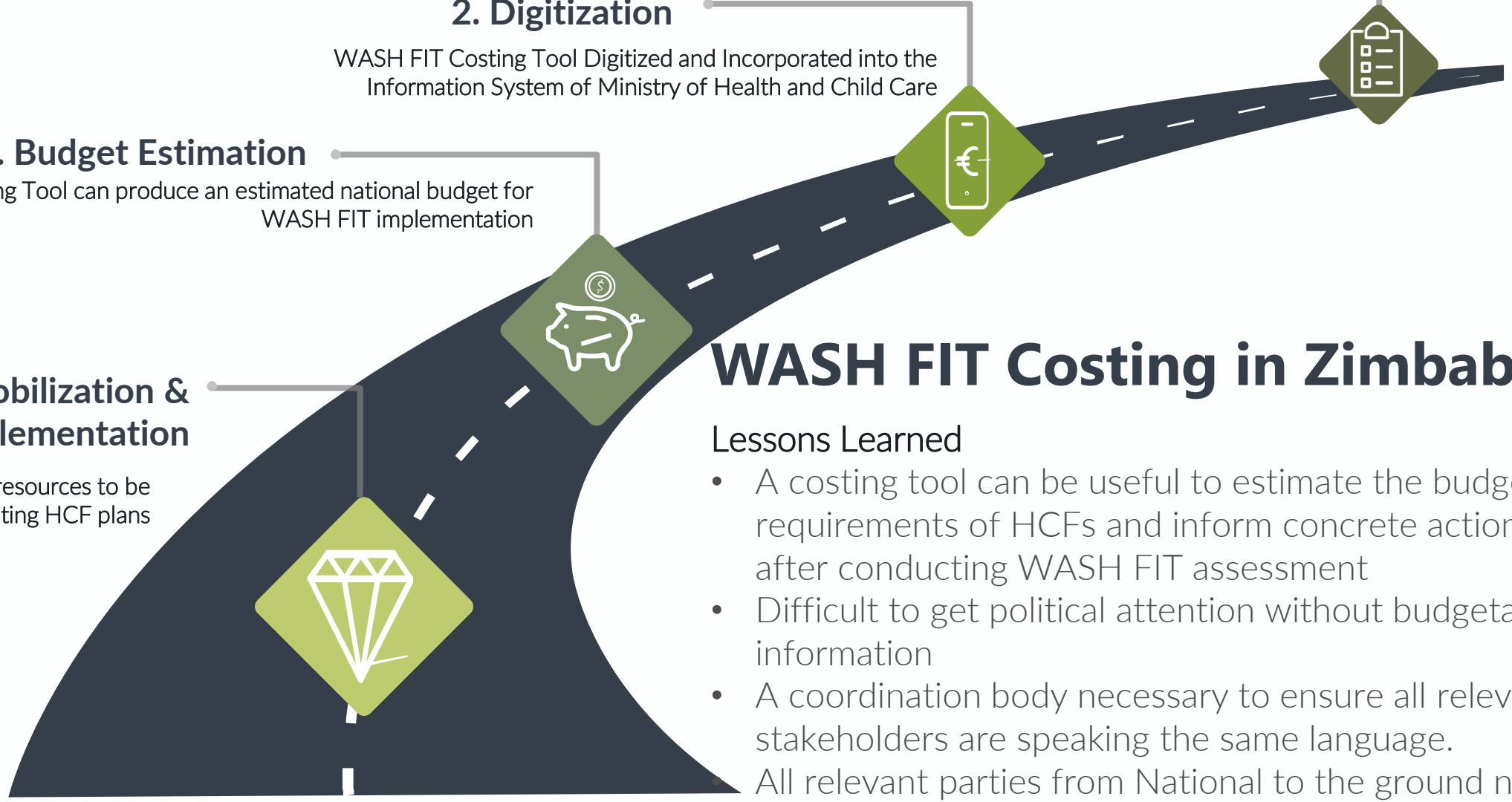
WASH FIT Costing Tool Digitized and Incorporated into the Information System of Ministry of Health and Child Care

3. Budget Estimation

WASH FIT Costing Tool can produce an estimated national budget for WASH FIT implementation

4. Resource Mobilization & Implementation

Adequate financial resources to be mobilized for implementing HCF plans



WASH FIT Costing in Zimbabwe

Lessons Learned

- A costing tool can be useful to estimate the budget requirements of HCFs and inform concrete actions after conducting WASH FIT assessment
- Difficult to get political attention without budgetary information
- A coordination body necessary to ensure all relevant stakeholders are speaking the same language.
- All relevant parties from National to the ground need to be aware of the financial requirements and their role in investing and mobilizing finances.

How WASH FIT Costing Tool Works

HCF ATTRIBUTES

HCF NAME						
ATTRIBUTES	LOCATION TYPE	HCF TYPE	SIZE: POPULATION	number of Beds	Number of clinical staff	Number of non clinical staff
	Rural	Hospital	5000	50	30	30

DOMAIN	Water	Sanitation	Hand Hygiene	Health Care Waste	Energy and Environmen	Management & Workfor	Environmental Cleaning
WASH SCORES	1.28	1.23	1.5	1.53	1.8	1.45	1.2

WASHFIT COSTS

CAPEX

DOMAIN COSTS	$22,568.58	$7,520.04	$3,050.15	$5,675.32	$6,995.86	$1,097.26	$2,720.00

SOFTEX

Total Soft Expenditure	$12,000.00

OPEX

Total operational Expenditure	$2,317.50	$2,994.56	$4,923.27	$4,714.07	$704.17	$8,079.99	$2,804.17

	CAPEX	SOFTEX	OPEX	Total Expenditure
TOTAL COST	$49,627.21	$12,000.00	$26,537.71	$88,164.92

WASH FIT costing tool developed to estimate cost on:

Infrastructure	Training	Supply

A preliminary national budget requirement:

US$ 116 million

Preliminary WASH Improvement National Budget Estimates in Zimbabwe (n=1902 HCFs)

Facility type	Number of HCF in Zimbabwe	Estimated Cost per HCF	Estimated Total Cost
Urban Primary HCFs	382	31,980.48	12,216,543.36
Urban Hospital	85	163,963.04	13,936,858.57
Rural Primary HCFs	1,290	57,003.66	73,534,721.40
Rural Hospitals	145	116,645.67	16,913,622.6
Total cost	1902		**116,601,746**

WASH
in Health Care Facilities

Partner insights from implementation and progress on the ground

Moderator: Doris Bota, Save the Children

WaterAid
US CDC
Malteser International
World Vision
Emory University
GAVI/Global Fund

World Health Organization

unicef
for every child

Save the Children

Doris Bota

Integration of WASH & Health

Amman, Jordan

13-15 June 2023

MOMENTUM Country and Global Leadership

Water, Sanitation and Hygiene (WASH) and Infection Prevention and Control (IPC) Portfolio

Doris Bota, MOMENTUM Country & Global Leadership

Global WASH and Waste in HCF Summit- Amman, Jordan | 15 June 2023

USAID FROM THE AMERICAN PEOPLE

MOMENTUM A Global Partnership for Health and Resilience

MOMENTUM Country and Global Leadership

- MOMENTUM Country and Global Leadership is part of a suite of awards funded by the U.S. Agency for International Development (USAID) to holistically improve Reproductive health, family planning, maternal and child health in partner countries around the world.
- The project focuses on technical and capacity development assistance (TCDA) to ministries of health and other country partners to improve outcomes.

MOMENTUM Country & Global Leadership Overview

WASH/IPC Mandate:

Provide national governments, USAID missions and their implementing partners with technical, strategic and capacity strengthening support to institutionalize evidence-based IPC/WASH strategies that improve the quality and efficiency of healthcare services.

Current USAID/MOMENTUM activities, locations and objectives

1	**Promote global guidance Essential Supply list for IPC in healthcare settings** • Developed the first global list of "essential infection prevention materials, supplies and equipment in any healthcare context in 2021 with input from USAID and CDC colleagues. • Support national and local health networks to institutionalize and apply the guidance within health procurement systems.	[Global] Sierra Leone, Ghana, Nigeria, Zambia **Adopted in Niger**
2	**Costing study in 8 Public secondary facilities in Abuja, Nigeria** • Estimate the cost of treating maternal and newborn HAIs • Estimate the cost of implementing a comprehensive infection prevention program • Estimate the potential cost savings from the Infection Prevention and Control interventions due to avoided HAIs	Nigeria
3	**Test strategies to improve and sustain Health Worker Compliance with basic WASH/IPC practices** • Test the effectiveness, feasibility and acceptability of artificial intelligence cameras (called Vajrahands) as a potential training, monitoring and behavior change intervention within labor & delivery wards and in-service skills labs in Indian hospitals.	India
4	**WASH Service Delivery Landscape Assessment** • Understand variety of WASH service delivery arrangements across countries and identify which service delivery arrangements are being applied successfully or have the most promise for scale across LMICs, i.e. O&M models across countries	Global KII Nigeria, Malawi, Ghana
5	**Assessing the sustainability of WASH/IPC interventions in HCFs** • Visit 50 MCGL-supported healthcare facilities (HCFs) one year post-implementation to assess the sustainability of achievements from MOMENTUM programs and determine factors affecting performance sustainability.	Ghana, Sierra Leone
6	**Strengthening regional and local networks** • Provide WASH/IPC TA to strengthen the capacity of public, private, and/or faith-based health systems to design, implement, and monitor infection prevention improvements in health care facilities. We have partnered with African Christian Health Association Platform(ACHAP) to improve their IPC capacity to scale WASH in HCF activities.	Closed (COVID): Bangladesh, India, Uganda. Ongoing: Sierra Leone, Ghana, Nigeria, Zambia

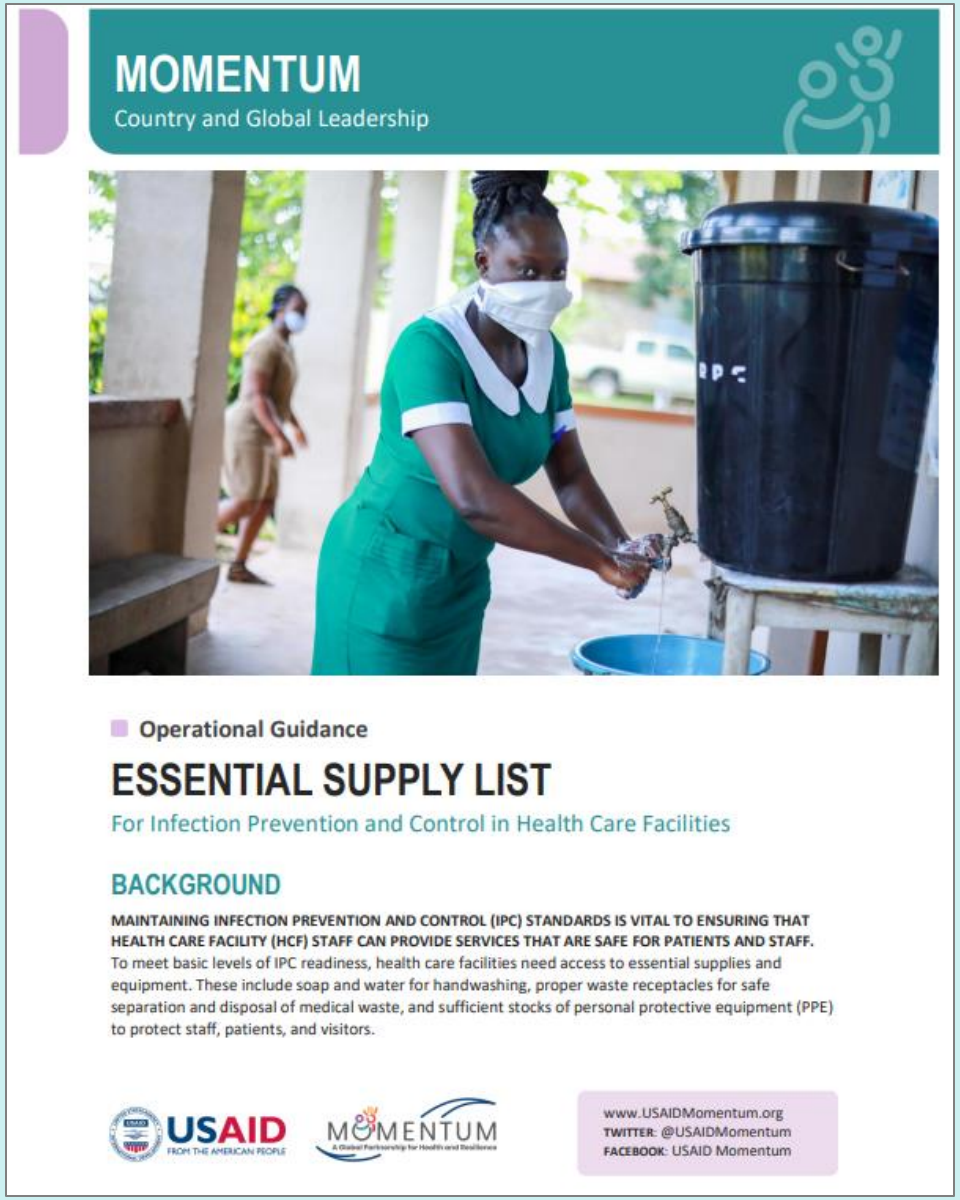


Fig 1: Global IPC Essential List

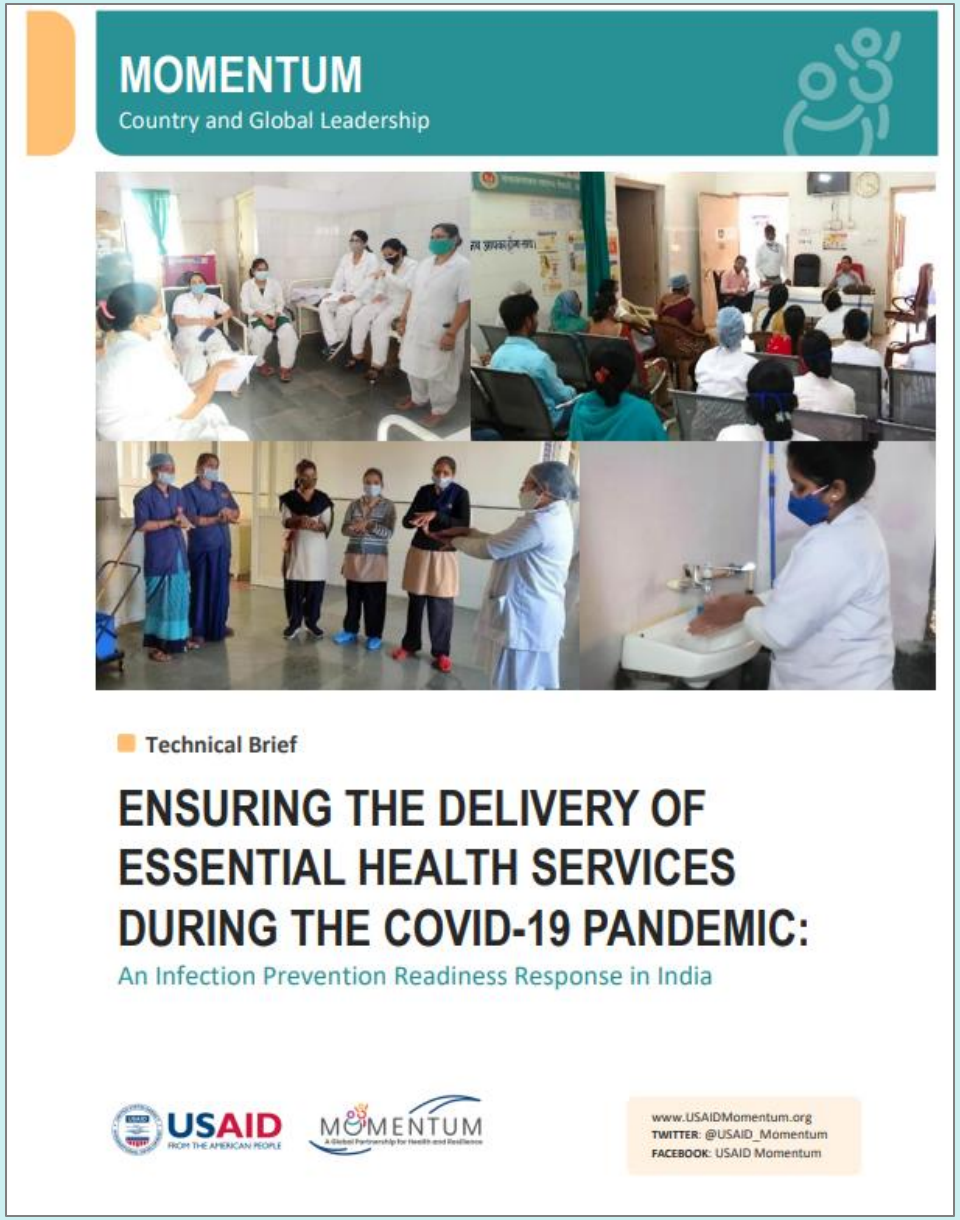


Fig 2: Strengthening IPC COVID-19 readiness in India

WASH/IPC Field Programs

- **Ongoing Field Programs that support governments and partners to design, implement and monitor WASH/IPC programs in :**
  - Sierra Leone
  - Ghana
  - Nigeria 3-year QoC field workplan
  - Zambia 3-year field workplan

Adopted IPC essential list in Niger

Reflections from MOMENTUM and Save the Children's broader experiences working on WASH in HCFs

- Through the years, we have seen the importance of **integrated approaches**, unlike the much-practiced parallel workstreams observed in many countries. There is need to work more collaboratively in order to realize full optimization. i.e. align WASH in to IPC and existing QoC, MCH programs.

- Delivery of essential health services during COVID-19 by supporting IPC readiness programs with the priority being high volume facilities delivering RMCHAEH+N services **by using existing MOMENTUM operational platforms and coordinating with district health teams, partner platforms and health networks.**

- The use of **adaptive learning methods** throughout implementation, more so during the COVID-19 pandemic, highlighted that virtual trainings coupled with coaching were feasible and acceptable, existing systems have little or no data on IPC/WASH, need to strengthen facilities to use data to seek government/partner support/inform internal decisions, ideas for sustainable data reviews

- Developing the **IPC essential list** remains a huge resource to ensure minimum IPC standards across all levels of health care including in MNH programs.

Reflections from MOMENTUM and Save the Children's broader experiences working on WASH in HCFs (Continued)

- Trainings do not translate to **behavior change**; complexities of behavior change need more holistic multi-modal approaches.
- **IPC Supplies and supply chains**: need to standardize lists, establish tracking systems, and resolve supply chain bottlenecks.
- Linking **Health Systems to WASH systems** for professional services (landscape assessment)
- **Surveillance of HAIs**, improved documentation and availing information is key to effective planning, programming and costing/investment of IPC/WASH programs.
- Strengthening collaboration within **health networks** across all levels is key to achieve better scale (ACHAP).

Example of strategy during the COVID-19 pandemic

- Phase 1 (Rapid response): Assessing and prioritizing the immediate IPC risks and needs of HCFs, infrastructure and allocating resources

- Phase 2 : Strengthen and maintain IPC standards through quality improvement (QI) support: Building on the initial IPC improvements, strengthen the capacity of HCF staff to continue to build and sustain IPC QI, establish a culture of IPC, and deploy advanced IPC measures as part of the HCFs' COVID-19 preparedness and response plans.

Phase 1		Phase 2		
Support	**Procurement and Civil Works**	**Moderate Virtual Platforms**	**Offer Physical and Virtual QI Training**	**Facilitate Data Reviews**
• Support review of assessment data in partnership with facility hubs. • Support SWOT (strengths, weaknesses, opportunities, and threats) analysis for QI. • Organized by facility networks.	• Procure needed IPC supplies. • Identify facilities to provide support for minor repair of WASH infrastructure as needed.	• Virtual trainings on Zoom. • Virtual mentoring via Zoom. • WhatsApp groups to support: • Peer learning • Sharing of learning and ideas	• Offer QI coach training for up to 75 participants. • Capacity-building on IPC in health care settings for all staff.	• Facilitate monthly reviews of quality indicators and QI efforts. • Facilitate in-person coaching and mentorship to lower-performing facilities.

Planned/ongoing WASH in HCF strategies:

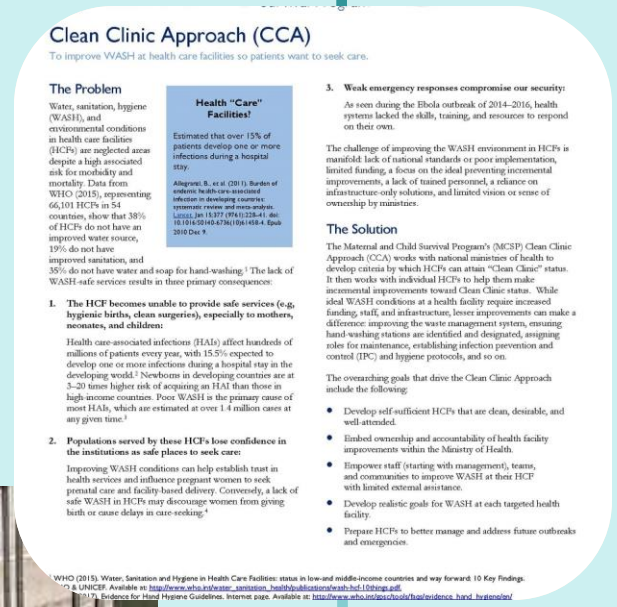
- Joint efforts in facilitating the **adaptation and adoption** of the global essential list for IPC within government and relevant health networks to facilitate best WASH/IPC practices.
- Collaboration with health networks and the broader, global WASH community, to **coordinate and mobilize resources** in support of WASH services in health care faciliies including faith-based institutions.
- Use of **data for decision making** - employ qualitative and quantitative WASH/IPC information to facilitate effective WASH/IPC programmiing and investments.
- **Integrate WASH/IPC standards into QI systems** as part of a comprehensive RMNCHN-WASH/IPC quality improvement approach.
- **Co-creation and leveraging of resources/efforts** to strengthen the implementation of district and health system WASH/IPC-oriented plans.

Operational Guidance

ESSENTIAL SUPPLY LIST

For Infection Prevention and Control in Health Care Facilities

BACKGROUND



Clean Clinic Approach (CCA)

To improve WASH at health care facilities so patients want to seek care.

The Problem

Health "Care" Facilities!

Estimated that over 15% of patients develop one or more infections during a hospital stay.

The Solution

WaterAid

George Yorke

Integration of WASH & Health

Amman, Jordan

13-15 June 2023

US Centers for Disease Control and Prevention (CDC)

Andrea Martinsen

Principles of Scaling Up and Sustainability in the Zimbabwe Context

Amman, Jordan

13-15 June 2023

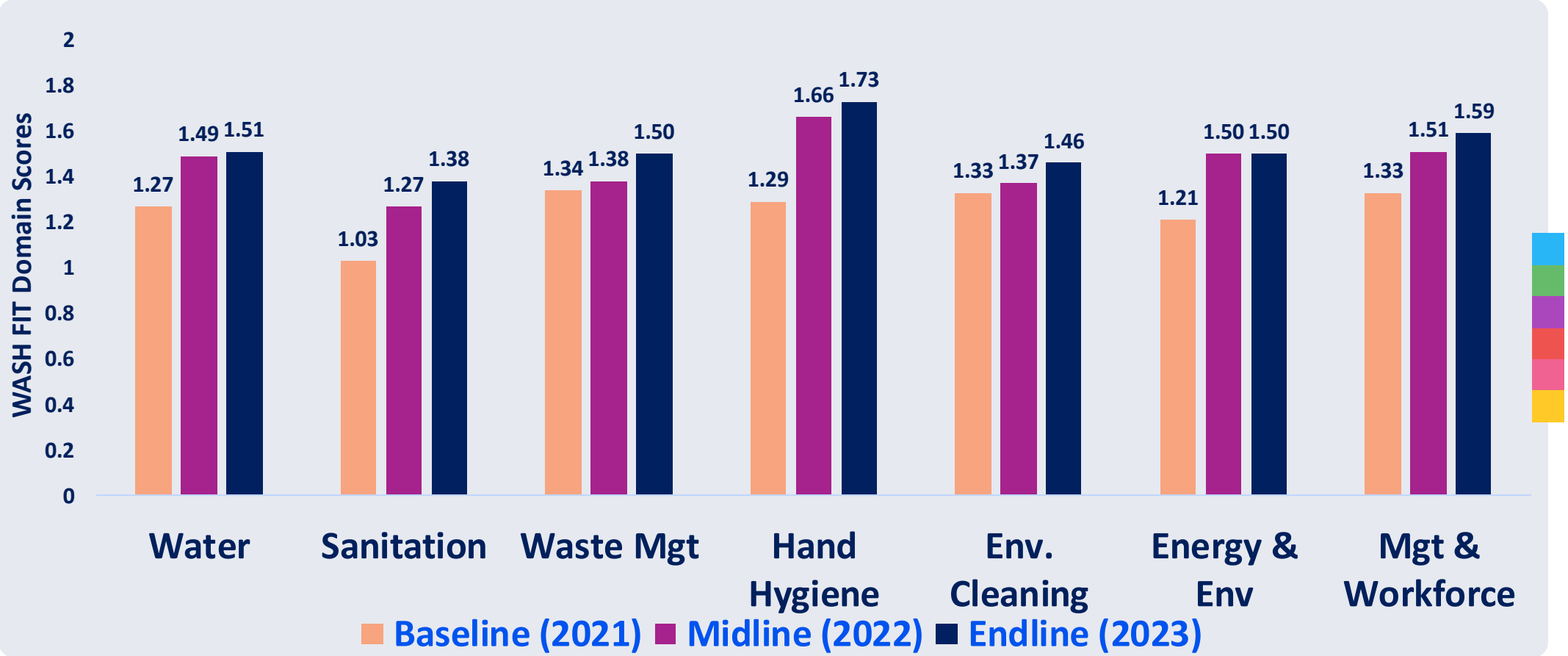
Scaling Up WASH FIT in Zimbabwe

- In 2020, Zimbabwe rolled out rapid WASH FIT assessment in 50 HCFs (Covid-19 isolation centers)
- In 2021, expanded to 100 HCFs in 4 provinces, including infrastructure upgrades, training and supply provision. WASH FIT assessments collected at 3 time points between 2021-2023
- Enabling factors for scale-up:
  - Joint monitoring by government, NGOs, and UNICEF
  - National WASH in HCF taskforce

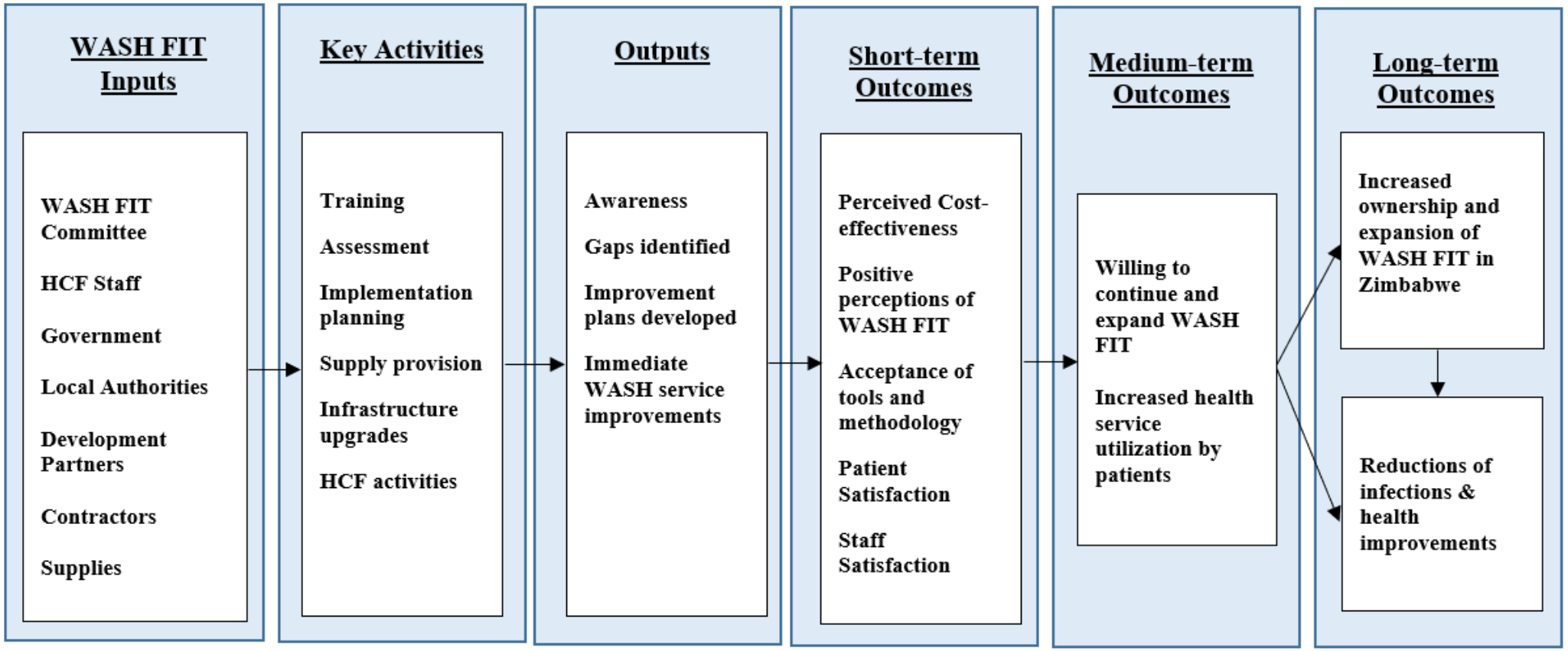
WASH FIT Research Questions

- To assess changes in the availability of WASH services in 100 HCFs from baseline to endine
- To describe how WASH FIT was implemented and perceptions of WASH FIT by HCF staff and national, provincial, and district level staff
- To determine the acceptability of WASH FIT and whether it can be scaled up
- *Future Research Question:* What are key drivers of sustainability?

WASH FIT Results by Domain: 2021-2023



A Conceptual Model of WASH FIT Implementation in Zimbabwe



Preliminary Results: Qualitative Research

- WASH FIT was recognized as leading to improvement of WASH service availability, patient and staff satisfaction, health service utilization, and ownership
- While some HCFs integrated WASH FIT into results-based financing (RBF), the centrally managed finance structure was a challenge for ownership of WASH FIT
- Key recommendations for future scale up include more supervision visits, WASH FIT training, and expansion of WASH FIT team

"WASH FIT has been quite good in managing our facilities because besides improving the state of our facilities, it has also been an eye opener …how we can actually improve our facilities at local level. Because …the issues of coming up with the improvement plans was not really taken seriously before, but when WASH FIT came, it was taken on board. (EHT, Manicaland).

"We never used to be so particular in these repair issues. We just used to maybe just report when there's a need but now that I've noted that I should be actively involved in identifying the gaps. Then, I should also be involved when there's maintenance. And recording on how the material is used and whether I think it's the right quality so I think I'm sort of improved as the sister in charge" (Nurse in charge, Harare).

Malteser International
Order of Malta Worldwide Relief

Malteser International

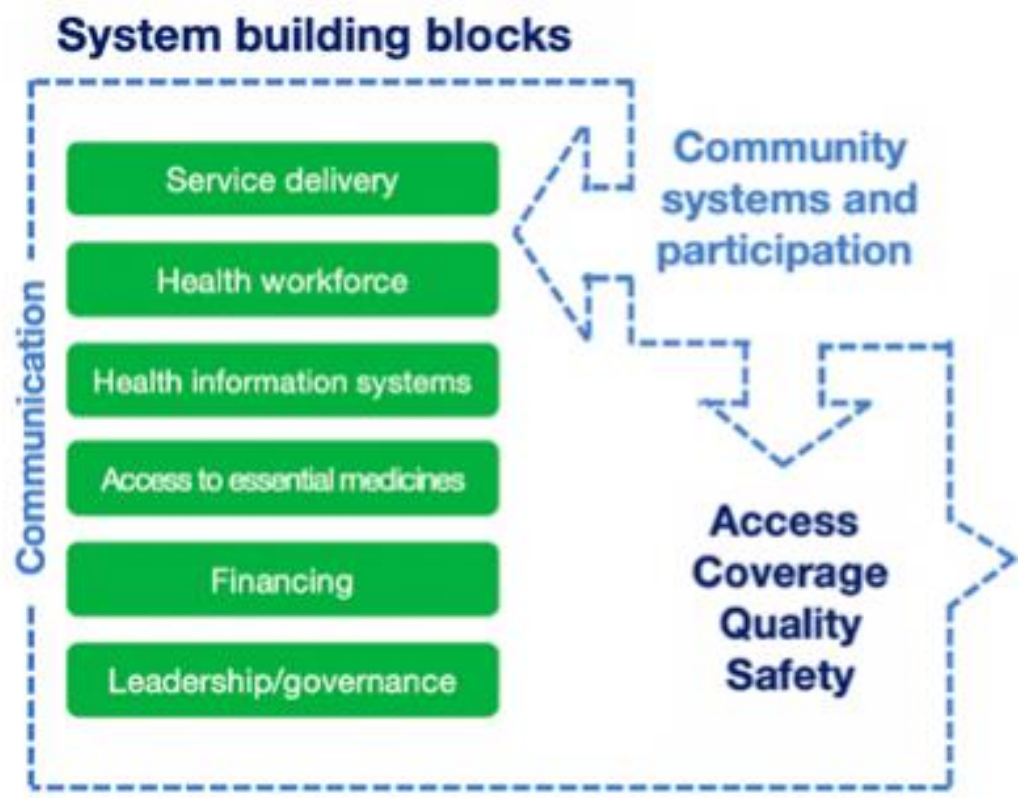
Arno Coerver
Global Advisor for WASH & Environment

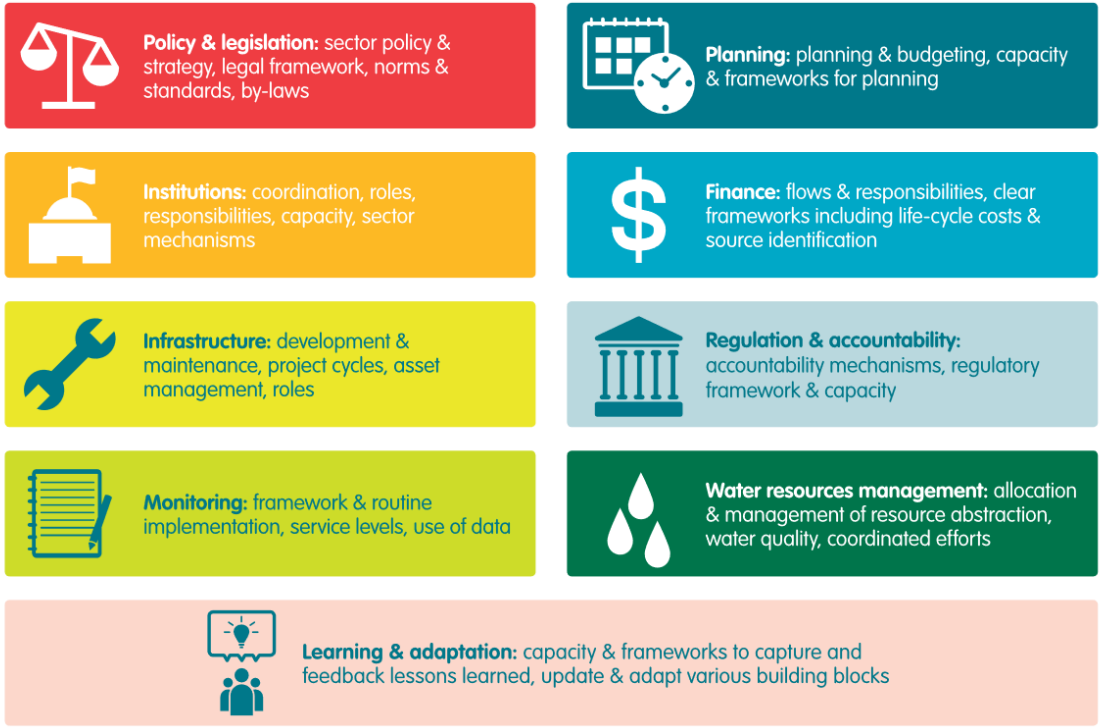
Strengthening Systems

Amman, Jordan

13-15 June 2023

Health and WASH Building blocks





Ref: All Systems Connect 2023 presentation

Experiences from the Democratic Republic of the Congo (DRC)

- The **Health - WASH - Nexus** (community and institutional) was integrated **in Health System Strengthening (HSS)**
- DRC: non-hospitals, **water 40% unimproved, sanitation 47% unimproved** (USAID/WHO 2018)
- Patient **safety and dignity compromised** – particular for delivering women - in emerging epidemics (HCF were hotspots of Ebola and Cholera spreading)
- WASH activities with **strong gender lens**. Women and girls often bear the brunt of inadequate facilities (e.g. during delivery)
- WASH infrastructure upgraded from communal latrine and shower blocks to **gender segregated blocks** for men and women
- **Awareness raising sessions** pregnant women on infection and malnutrition prevention through hygiene measures
- **Menstrual Hygiene Management** program for HCF under development

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Order of Malta Worldwide Relief

Experiences from the Democratic Republic of the Congo (Cont.)

- An **integrated approach** with **interlinkages between HSS and WASH service** delivery leads to improved health outcomes, better infection prevention and control, and health care systems that are more resilient.

Community involvement in HSS for 53 health centers in Ituri province

- **Governance and leadership** supported through establishment of community participation bodies in each health center
- **Participation in the analysis and development** of health center initiatives
- Implementation of RRI (Rapid Results Initiative) to **strengthen service delivery** leading to community mobilization (like for brick making)
- Mobilization of **community financial resources** through collections
- **Community-based construction** of WASH infrastructure

Latrine block constructed by the population

Placenta pit constructed by population

Brick making by population

Malteser International
Order of Malta Worldwide Relief

World Vision

Doreen Mukiza

with support from Paul Oyesigye and Bismark Norgbe

Engaging Communities for Change: Case study of Baby WASH Project in Uganda

Amman, Jordan

13-15 June 2023

World Vision

Community Engagement across the WASHFIT CYCLE

PREPARATION

- Adapted WASHFIT Tools
- Conducted WASH FIT assessments and selected target health care facilities
- Dissemination of findings and results to stakeholders.

IMPLEMENTATION

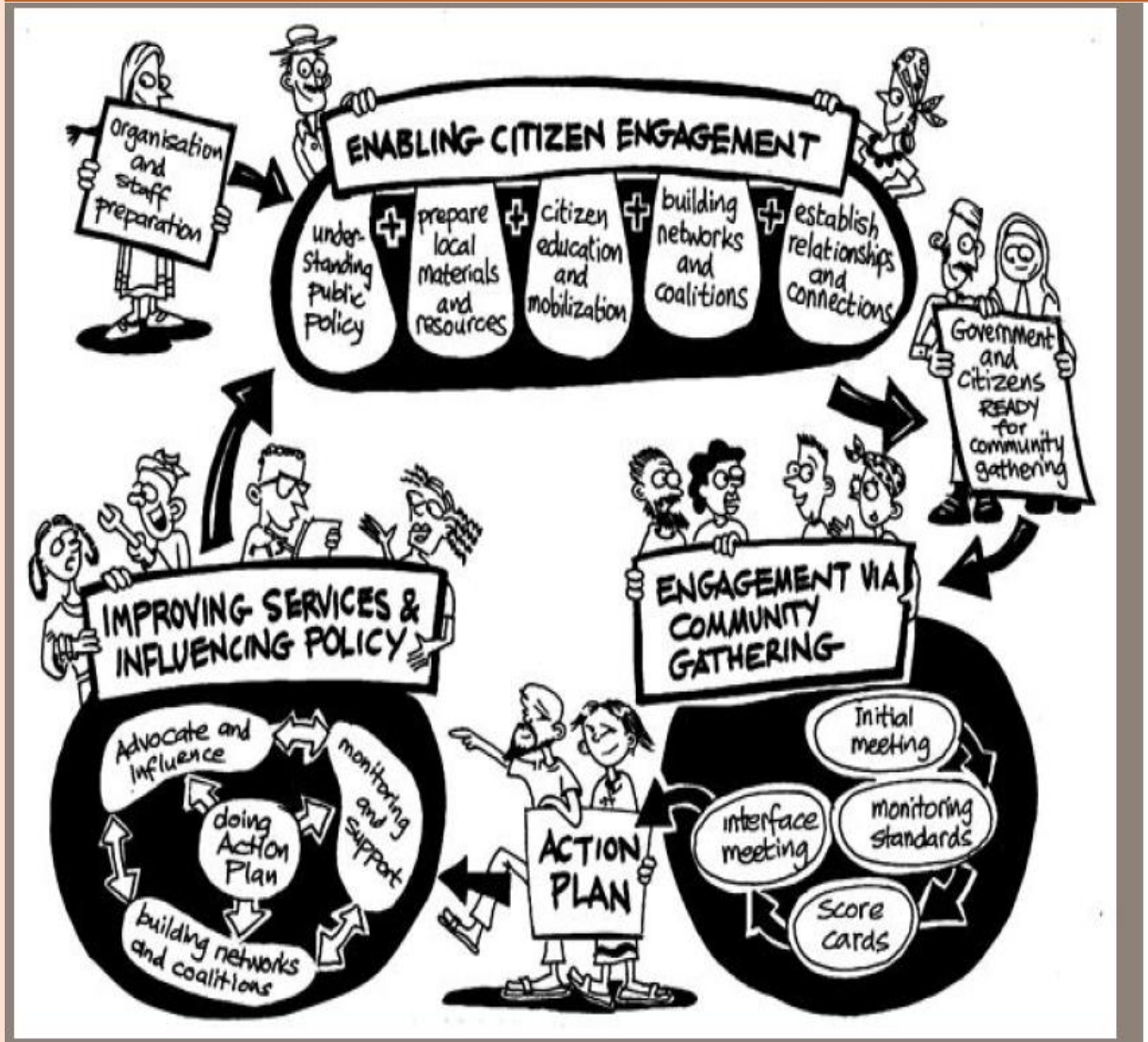
- Trained health care staff and partners in WASHFIT
- Developed 5 years WASH Investment plan.
- Trained artisans in WASH O&M.
- Infrastructural improvement of WASH & Waste management Facilities

SCALE UP & SUSTAINABILITY

- Monitored WASH Quality Improvement Plans .
- Advocacy through Citizen Voice and Action groups.
- Established and trained gender balanced WASH committees to manage the WASH and Waste Management facilities.
- Integrated Social Behavioral Change .

World Vision

Community Engagement towards Social Accountability



WASHFIT Journey : Baby WASH Project in Uganda

World Vision

Basic WASH Progress

WASH Basic Service (HCF)	WV (2018)	National Status (2022)	Change created
Water Supply	49%	61%	12%
Sanitation	0%	5%	5%
Hand Hygiene	13%	47%	34%
Waste Management	3%	56%	53%
Water Quality	71%	TBD	-

Source: *University of North Carolina: World Vision 14 Country Evaluation report - 2020*

Project Impact 2019

- % of health facilities that have access to basic Sanitation facilities increased from 20%– 100%
- % of health facilities practicing basic health care waste management from increased 20% – 100%
- % of health facilities that meet the basic WASH standards increased form 40% – 100%
- Health facility deliveries increased by 36%.

STRATEGIC PARTNERSHIPS

- Ministry of Health
- Ministry of Water and Environment
- WHO
- UNICEF
- IRC- WASH
- Water Aid
- AMREF
- Infectious Disease Institute
- Local Government - Districts

Recommendations

- Increase Funding and Resource for WASH in HCF
- Leverage on Advocacy to Improve Quality of Service
- Strengthen Institutional Capacity
- Improved Coordination and Governance
- Robust Monitoring , Evaluation and Data Systems Strengthen Regulatory Framework

Emory University

Habib Yakubu

Key Insights from Research and Critical Operational Gaps in WASH in Healthcare Facilities

Amman, Jordan

13-15 June 2023

Effect of mhealth and environmental cues on hand hygiene practice among healthcare workers in Kampala Metropolitan Area

Background

- Hand hygiene compliance among HCWs in HCFs remains low especially in low and middle income settings
- Limited evidence on efficacious interventions that have the potential to increase hand hygiene compliance in HCFs
- Evidence that mhealth interventions and environmental cues are critical in improving HCWs adherence to treatment guidelines.
- Limited evidence about the use and effect of the mhealth and environmental cues in enhancing HH practice among HCWs

Objectives

- To explore the facilitators of HH among HCWs in HCFs in the Greater Kampala Metropolitan Area (GKMA).
- To explore the barriers to HH among HCWs in HCFs in the GKMA.
- **To determine the effect of mobile phone text messaging and environmental cues on HH practice among HCWs in HCFs in the GKMA**

Methodology

- The study was conducted in the GKMA which includes Kampala, Wakiso and Mukono districts from June 2020 to May 2021
- **Study approach**
- A Cluster Randomised Trial in 30 HCFs: 15 interventional and 15 Control
- Used the Behaviour centred Design (BCD) Model, which follows the Assess, Build, Create, Deliver and Evaluate (ABCDE) steps
  i. Assess - documentation of existing hand hygiene behaviour
  ii. Build - formative phase (qualitative data collection)
  iii. Create - Stakeholders' workshops to develop and refine the intervention
  iv. Delivery - Environmental cues, HH supplies and SMS messages
  v. Evaluate – baseline and end-line evaluations

Behavior Change Design Model (ABCD)

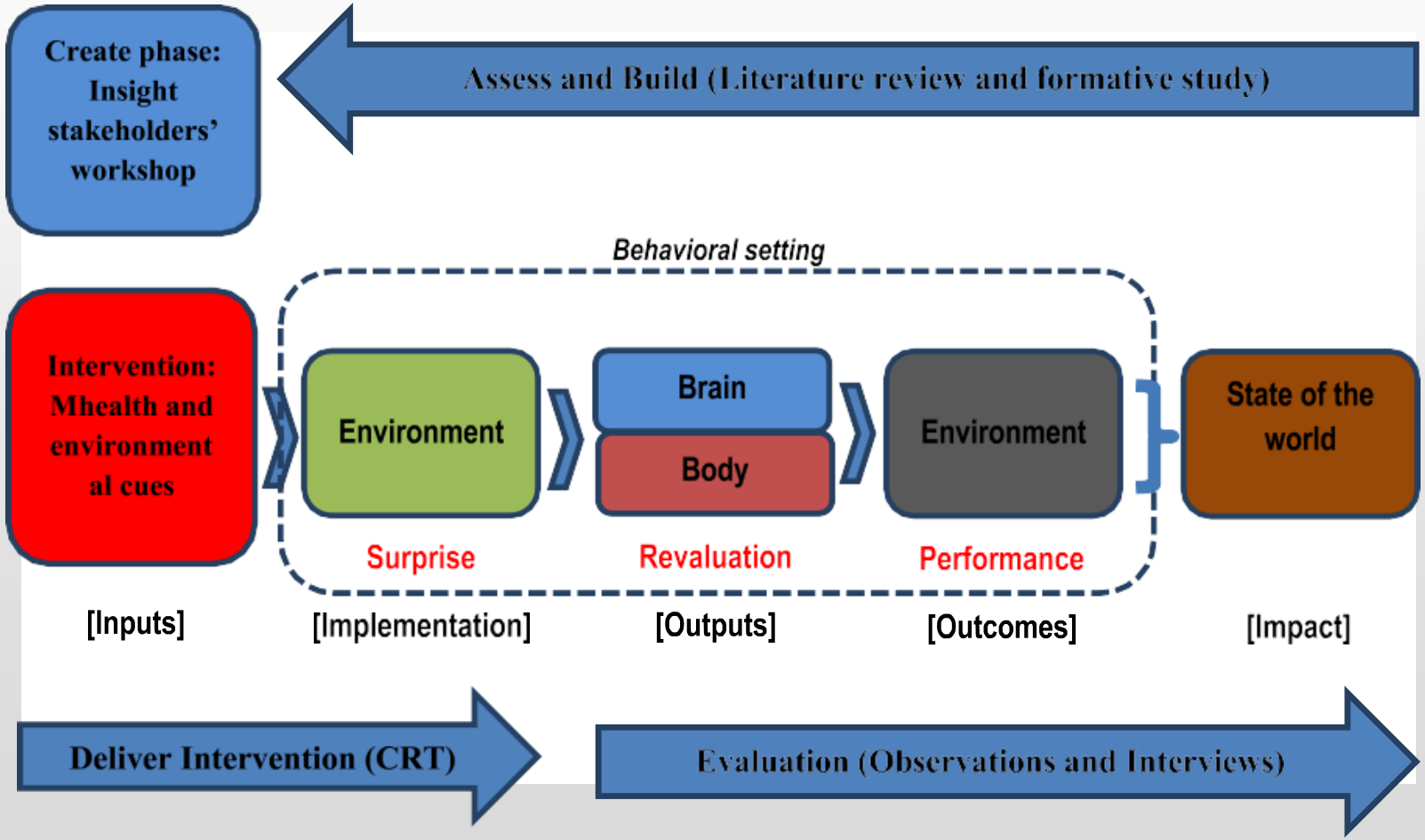
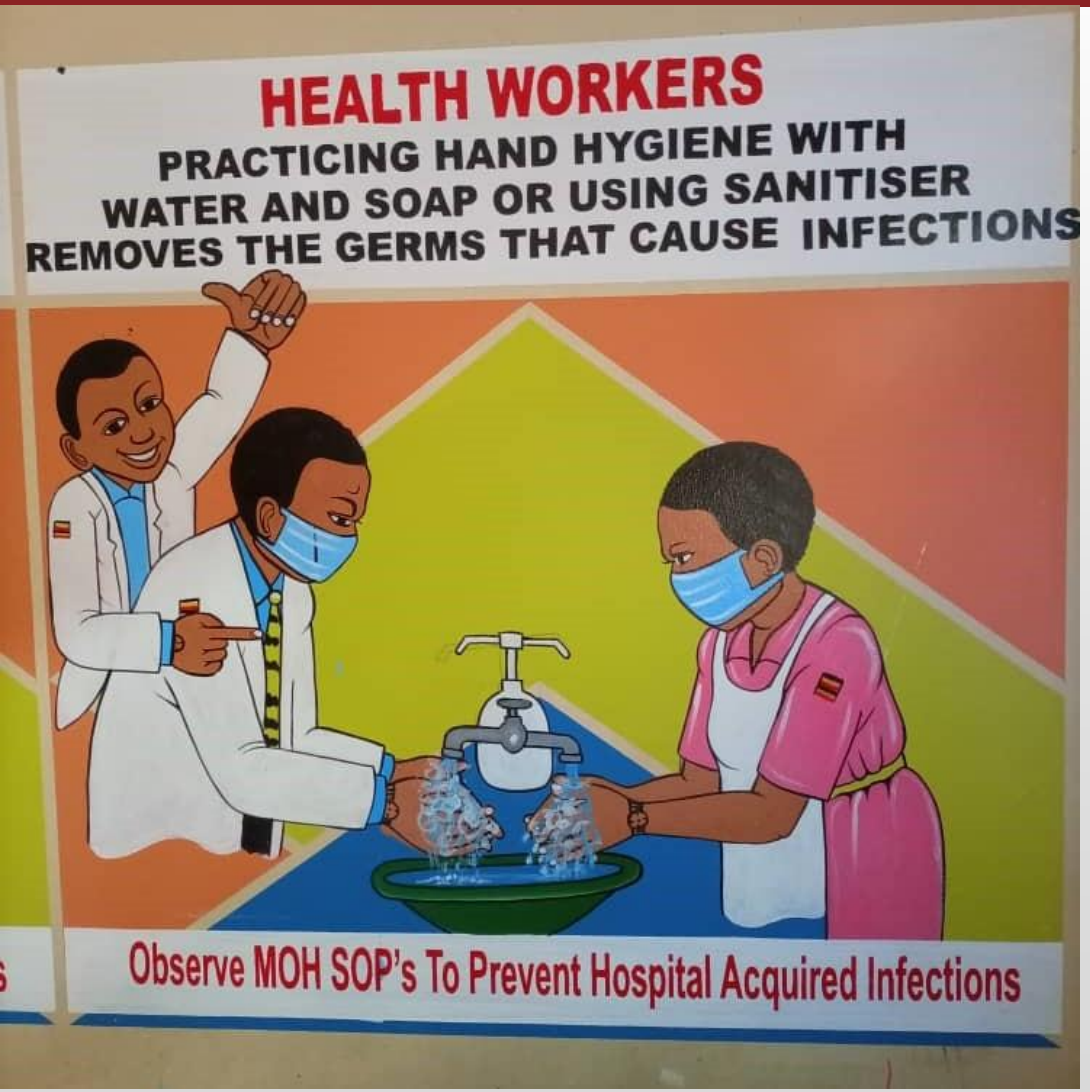
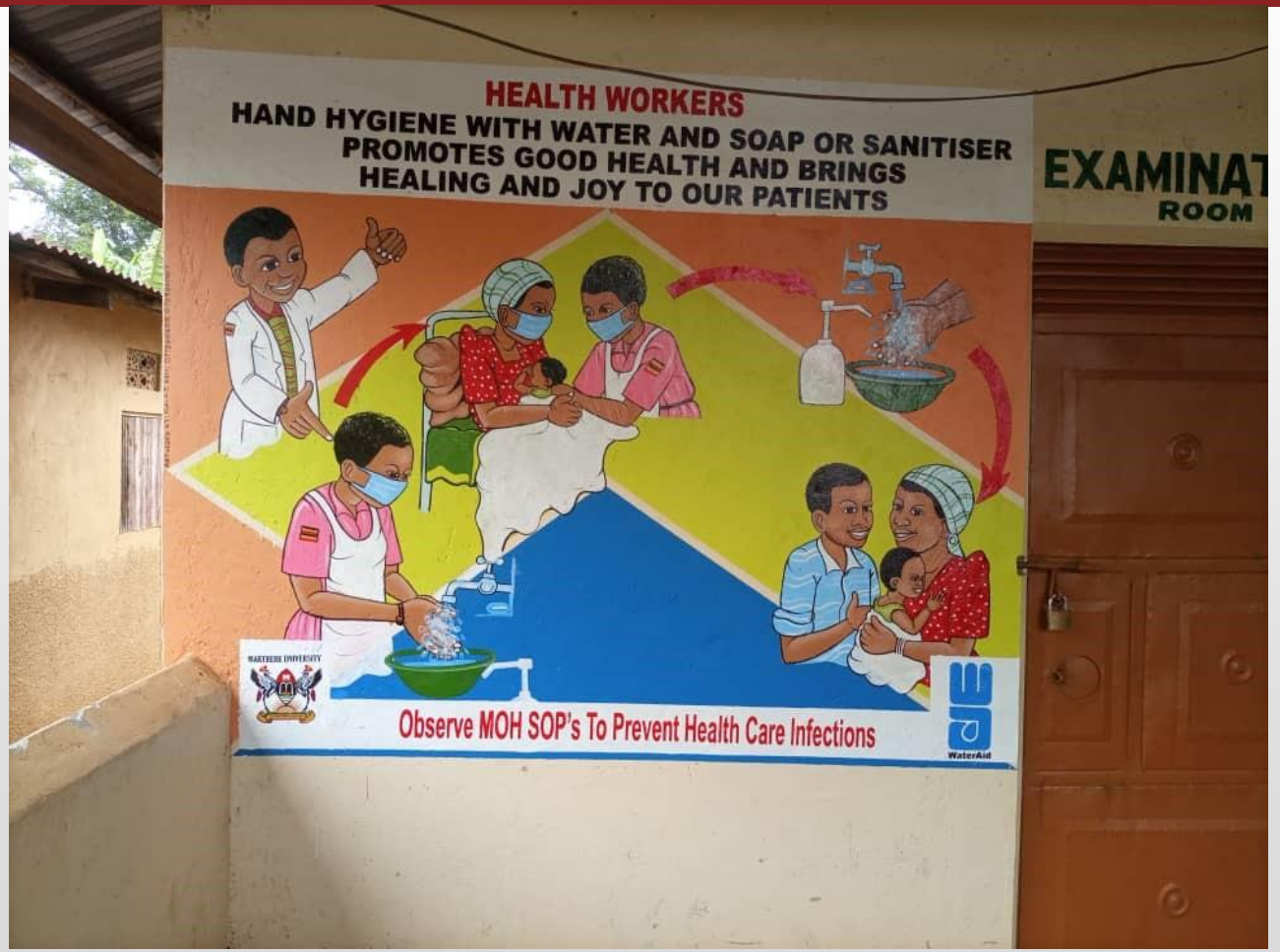


Fig. 1 Study steps adapted from the Behaviour Centred Design model for behaviour change [30]

Environmental Cues at Healthcare facilities





RESULTS

- Health workers were observed for observance of hand hygiene when attending to 225 patients in all the health facilities
- 2731 hand hygiene opportunities were observed: 1618 opportunities at baseline and 1,112 at end-line.
- The mhealth and environmental cues intervention significantly contributed to improved hand hygiene practice among healthcare practitioners
  - Hand hygiene practice before handling patients
  - After handling the patients
  - After touching patients environment

Publications

Study protocol | Open Access | Published: 26 January 2021

Impact of mhealth messages and environmental cues on hand hygiene practice among healthcare workers in the greater Kampala metropolitan area, Uganda: study protocol for a cluster randomized trial

Richard K. Mugambe, Jane Sembuche Mselle, Tonny Ssekamatte, Moses Ntanda, John Bosco Isunju, Solomon T. Wafula, Winnifred K. Kansiime, Prossy Isubikalu, David Ssemwanga, Habib Yakubu & Christine L. Moe

BMC Health Services Research **21**, Article number: 88 (2021) | Cite this article

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Article

Using the Behaviour Centered Design to understand the facilitators and deterrents to hand hygiene among healthcare providers in the greater Kampala metropolitan area: Qualitative findings from a formative phase of a cluster-randomized trial

Tonny Ssekamatte, Richard K. Mugambe, John Bosco Isunju, Rhoda K. Wanyenze, and 10 more

This is a preprint; it has not been peer reviewed by a journal.

https://doi.org/10.21203/rs.3.rs-1604259/v1

Critical operational research gap that needs attention- Environmental Cleaning in HCF

- Standards
  - What is the cleaning frequency at high risk units/high touch surfaces required to meet microbial load standards?
- System Strengthening
  - What is needed to implement environmental cleaning programs?
  - How do we effectively monitor and collect data on environmental cleaning
- Behavior Change
  - What are the effective behavior change techniques needed to establish effective environmental cleaning ?

GAVI/Global Fund

Ranjit Dhiman and Lindsay Denny
on behalf of
Mwenge Mwanamwenge and Ben Park

Partner support on HCWM & WASH

Amman, Jordan

13-15 June 2023

Partner support on Healthcare waste management

GAVI and UNICEF

Health Care Waste Management

How the iSC Strategy 2021-2025 is linked to Waste Management

Areas of Opportunity within the Investment Priorities

Data visibility and use	Capacity development and professionalization	Fundamental infrastructure	Strategic planning	System optimization and segmentation	Smart integration and harmonization
Digitize and integrate information systems (eLMIS, Barcoding, Track & Trace)	Supply chain competencies and structures	Continue support to maintain adequate CCE capacity	Conduct comprehensive supply chain planning	Continuously review and optimise existing systems	Conduct analysis and identify opportunities for integration
Collect, analyse, and use data	Strengthen and apply skills	Integrate temperature and other SC data	Consider various financing approaches	**Improve processes, from forecasting to waste management**	Develop guidance and evidence for integration
Active vaccine & syringe stock management, including wastage tracking & mitigation	Identify effective incentives & motivators	Invest in appropriate SC resources, either building capacity or outsourcing	Strengthened national and subnational governance mechanisms	Apply approaches from other settings and sectors	Connect broad community of SC actors at national and sub-national levels
Establish a monitoring & accountability framework	Create healthy work environments			Strengthen data-driven forecasting and agile supply planning	

System optimization and segmentation is situated within the iSC 5.0 strategic vision, and one of the focus areas is waste management

Gavi's Immunisation Supply Chain Strategy highlights the importance of Health care waste (HCW) as a growing concern across all health areas, **including immunisation**.

Despite most countries having adopted **WHO standards** and international agreements for health care waste management (HCWM) at the national policy level, these policies are often not strictly followed in practice at the **sub-national level** for a variety of reasons.

Research[1] indicates insufficient adherence to good HCWM practices in many places, from **inadequate segregation** of waste to outdated disposal techniques.

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Gavi The Vaccine Alliance

Findings of HCWM GAVI maturity model assessment.

	People		Processes			Technology
Country	Awareness, training and supportive supervision	Adherence and compliance	National policy/ strategic plans	Budget and planning	Practical guidance	Technology and equipment availability and use
Benin	2	1	1	1	2	2
Botswana	3	3	2	2	3	3
Burkina Faso	2	3	3	1	3	3
Cameroon	3	4	2	3	3	4
Central African Republic	2	2	2	2	2	1
Comoros	2	2	4	2	1	3
Côte d'Ivoire	3	3	3	2	2	3
Democratic Republic of the Congo	2	2	2	2	3	2
Eswatini	3	3	2	2	3	2
Ethiopia	2	2	3	1	2	2
Gambia	3	2	1	1	1	3
Ghana	2	2	3	1	3	2
Liberia	2	1	1	2	2	2
Malawi	2	2	2	2	1	3
Mauritania	4	3	5	5		3
Mozambique	3	3	4	3	3	2
Namibia	2	3	2	2	3	2
Niger	2	2	1	1	1	2
Nigeria	2	2	1	1	2	2
Senegal	2	2	4	5	5	3
Seychelles	4	4	4	4	4	4
Sierra Leone	3	2	1	1	3	2
South Sudan	3	3	3	2	4	2
Togo	4	4	4	4	4	3
Uganda	3	3	3	3	4	3
AVERAGE	2,60	2,52	2,52	2,20	2,67	2,52

- Scores correlate with the levels defined in the maturity model.
- Major gaps were across the categories of people, processes and technology.
- The average score for the six areas is between 2 and 3 out of 5, demonstrating that while some progress has been made on HCWM, there is still room for improvement.
- Highest score: awareness, training and supportive supervision
- Lowest score: National Policies, budget and planning followed by Practical guidance, technology and equipment avaialbility.

Gavi's Support to Countries

UNICEF through funding from Gavi has embanked on the following;

- Implement and contextualize existing global guidance and establishment of national committees on (HCWM)
- Dissemination and implementation of available global goods *https://www.gavi.org/sites/default/files/programmes-impact/support/HCWM-Guidance-Synthesis-May-2020.pdf*
- Support the deployment of green technologies in managing Health Care waste
- Testing innovative technologies in treatment and destruction of HC waste from primary health facility level in two countries
- Support detailed assessments, phased, budgeted action plans on waste management in two additional countries

- Ministry of Health/Environment or line Ministries are encouraged to access support from Gavi through UNICEF to include Health Care Waste Management activities in the campaign and Full Portfolio Planning applications in their respective countries. https://www.gavi.org/our-support/guidelines
- There's need for countries to **do integrated** (beyond immunisation) and holistic HCWM gap analysis, planning and implementation and hence the need to work with donors like TGF, Africa CDC, UNICEF, WHO and other line ministries
- In addition, **UNICEF** is currently conducting comprehensive HCWM assessments in 6 countries (Libya, Somalia, Tanzania, Botswana, Malawi and Azerbaijan) using WHO RAT tool
    - This will result in a set of recommendations and budgeted, phased improvement plan including a proposed list of technologies that are context specific, establishment of national committees with representatives from ministries.

New Global Fund investment opportunities in WASH & Waste

- **CORE ALLOCATIONS**: The Global Fund's new strategy (2023-2025) highlights the importance of health systems and pandemic preparedness. As such, many aspects of health system strengthening are within scope of the core Global Fund grants to countries (called GC7).

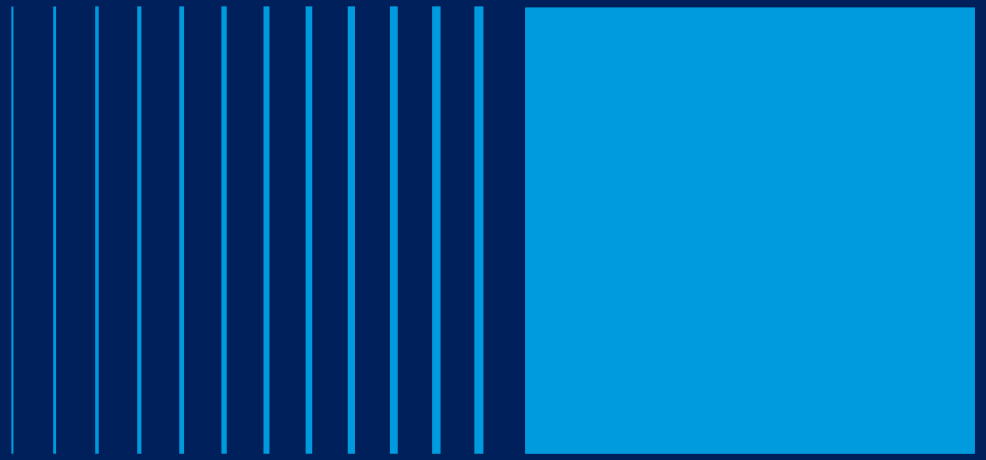
- **C19RM**: As a part of the Global Fund's COVID-19 response, an additional $5bn+ was allocated to countries to respond to the emergency and transition toward pandemic preparedness and health systems now that the pandemic is over. C19RM has also shifted focus toward filling gaps that the core allocation does not address

- **WASH in healthcare facilities, including waste management, are in scope of C19RM as well as the core allocations.**

- Ministry staff who wish to advocate for financing through this mechanism should **contact their Global Fund representatives on the Country Coordinating Mechanism (CCM)** to understand what opportunities exist – ASAP!!

- **Reprogramming of existing C19RM investments to WASH/WM might be possible! This is currently underway.**

Discussion



Where do we go from here? The journey to 2030.

Day 3: Thursday 15 June - Future directions: WASH in HCF

Moderators: Ann Thomas, UNICEF and Bruce Gordon, WHO

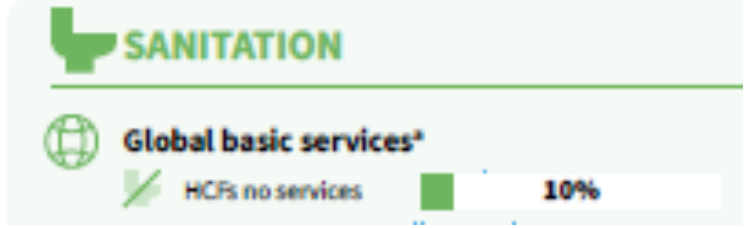
WASH in Health Care Facilities

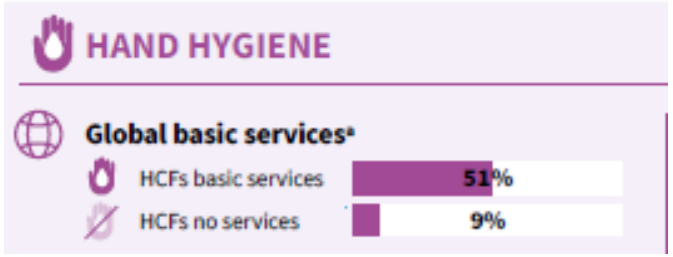
World Health Organization

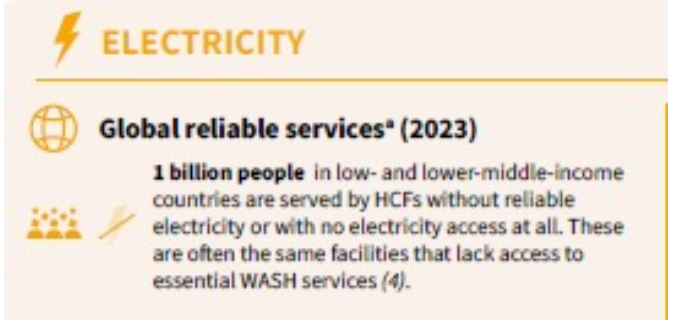
unicef for every child

Acceleration needed (no trend data)

>73 countries progressing on WASH in HCF







How do we organize WASH+ in HCF work moving toward 2030?

- Looking back
  - What's working
  - What's needed
- Acceleration?
- Ingredients for a Global "Plan"
- Plenary Discussion

Global activities: looking back

Aim: Every user has quality care and universal WASH, waste and electricity services

Ongoing

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

April, May 2019	September 2019	December 2022	April 2022	August 2022	March 2023	May 2023	June 2023	Sept 2023	Dec 2023
Global baseline and guidance form basis for strategic action, 72nd World Health Assembly Resolution	21 countries met in Zambia to strengthen & catalyze further action	Fundamentals First and launch of WASH in HCF Taskforce	Expanded WASH FIT V 2.0 package with focus on climate and equity	JMP Global update on WASH services in HCF	Global Progress Report/ Country tracker	World Health Assembly: last reporting	**Global WASH in HCF Summit**	Emerging IPC, PHC, Quality Care efforts	New direction set; UNGA resolution approved

Advancing WASH in HCF at global level: A strong start

Advocacy

- UNSG Call to Action (2018); WHA Resolution (2019-2023); UN 2023 Water Conference; ++ WASH/Health events

Technical assistance, tools + training and experience sharing

- WASH-FIT; peer-to-peer sharing of country actions; WASH in HCF portal

Integration

- Integration with health sector (IPC Global Action Plan, AMR National Action Plans Quality of Care Guidelines, Primary Health Care/UHC)
- Joint agenda with environment sector (clean energy, climate resilience, environmental sustainability)

Financing

- Global costing published

Monitoring

- JMP database growing, but limited; GLAAS data available
- Growth of WHO/UNICEF Country Tracker
- 14% have WASH indicators in HMIS

Global Coordination: WASH in HCF Global Task Force

Advancing WASH in HCF at global level: An unfinished agenda

Advocacy

- Continue: role out global and regional events; New: Leverage UNGA Resolution;

Technical assistance, tools +training and experience sharing

- Continue: WASH-FIT; Support for Standards and Assessments, Strengthen: Peer-to-peer sharing network

Integration

- Strengthen integration with health and environment constituencies

Financing

- New: Unlock domestic and external support funding and private financing for country roadmaps
- Strengthen: Promotion inclusion of WASH in HCF in budgeting and financial review processes

Monitoring

- Continue: JMP; Country tracker; GLAAS; Strengthen: use of WASH indicators in HMIS and health action plans

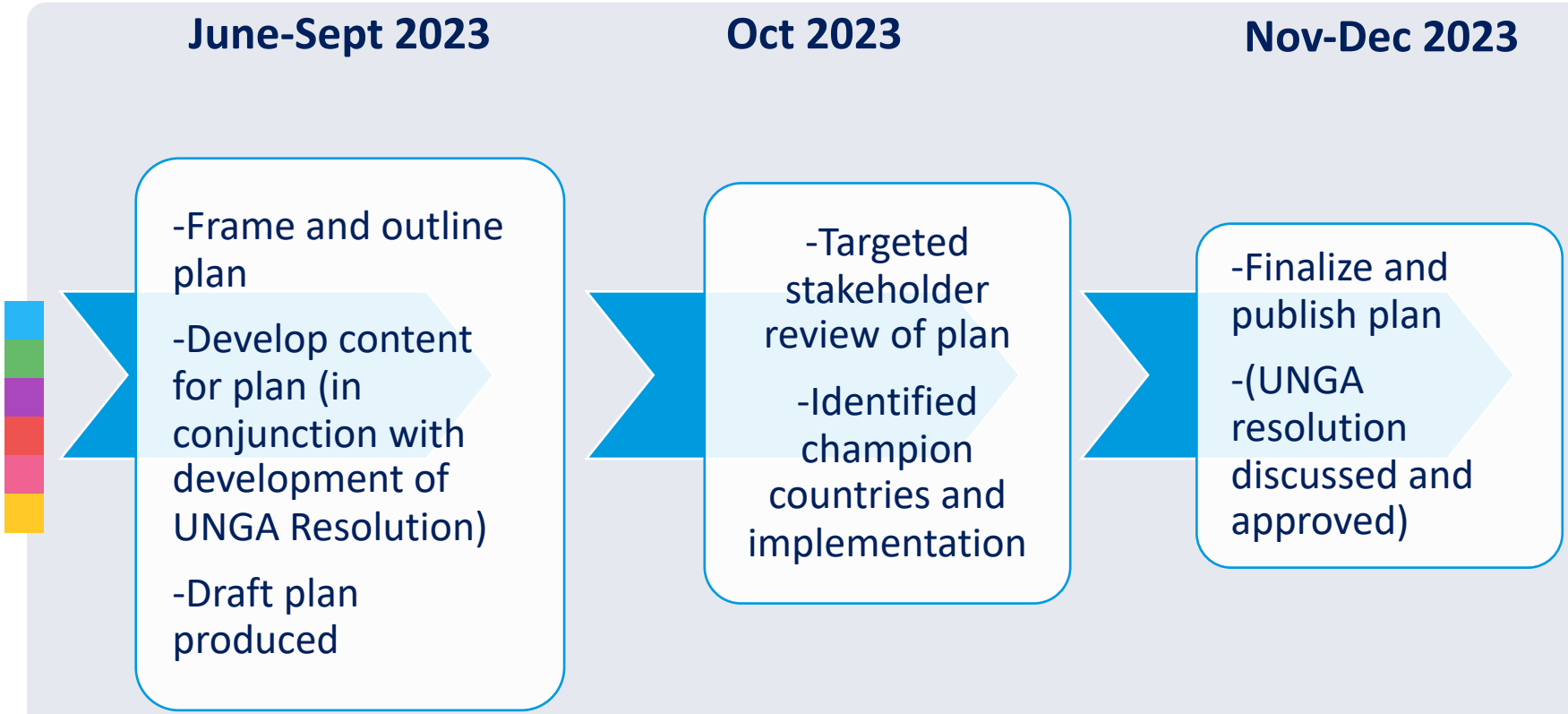
Global Coordination

- Re-think WASH in HCF Global Task Force structure and purpose (vis a vis Health Taskforces) and include new constituencies

Advancing WASH in HCF: New ideas for Acceleration

- New initiatives, partnerships, regional and country models for scale-up (included focused WASH-health efforts)
- Innovation in technologies (climate smart, safer services)
- Strengthened learning and engagement (including documenting WASH FIT outcomes, scale-up and sustainability)
- Leveraging UNGA resolution, SDG 3 and SDG 6 commitments to expand advocacy and awareness
- New commitments? E.g. World Bank

Drafting the Global Plan: Timeline



WASH
in Health Care Facilities

Thank you

World Health Organization

unicef
for every child

Advancing WASH++ in HCF at global level: An unfinished agenda

Advocacy

- Continue: role out global and regional events; New: Leverage UNGA Resolution;

Technical assistance, tools +training and experience sharing

- Continue: WASH-FIT; Support for Standards and Assessments, Strengthen: Peer-to-peer sharing network

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