

Global Summit on WASH and Waste in Health Care Facilities

Realizing Safe and Sustainable Infrastructure for Improved Quality of Care

13-15 June 2023
Amman, Jordan
Meeting Report



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Abbreviations

AMR	Antimicrobial resistance
EMR	Eastern Mediterranean Region
HAI	Healthcare-associated infection
HCF	Health care facilities
HCWM	Health Care Waste Management
HMIS	Health Management Information System
IMR	Infant Mortality Rate
IPC	Infection prevention and control
JMP	WHO/UNICEF Joint Monitoring Program for Water Supply, Sanitation, and Hygiene
MCH	Maternal and child health
MMR	Maternal Mortality Rate
NAP	National Action Plan
PHC	Primary Health Care
QOC	Quality of care SDG Sustainable Development Goal(s)
SSA	Sub-Saharan Africa
UHC	Universal Health Coverage
UNGA	United Nations General Assembly
UNICEF	United Nations Children's Fund
US CDC	United States Centers for Disease Control and Prevention
WASH FIT	Water and Sanitation for Health Facility Improvement Tool
WASH	Water, Sanitation, and Hygiene
WHA	World Health Assembly
WHO	World Health Organization

Summary

From 13-15 June 2023, WHO and UNICEF, with the Government of Jordan, co-hosted a global summit on WASH, waste and electricity in health care facilities in Amman, Jordan. The summit was the first in-person global meeting on WASH in HCF to take place in four years, following the last global meeting held in Zambia in 2019. The meeting marked the end of the reporting period for the 2019 World Health Assembly Resolution¹ and the launch of the global progress report on WASH in health care facilities².

The overall objectives of the summit were to:

- provide a forum for country exchange on effective approaches and actions for addressing the practical steps and scaling up WASH, waste, and energy in healthcare facilities
- initiate the global plan for the next phase of work on WASH in health care facilities (2024-2030) connecting a joint vision with health, energy, and climate
- equip actors with new knowledge and tools for working collaboratively.

The summit was attended by over 130 participants made up of the following participants:

Government representatives	Bangladesh, Cote d'Ivoire, Democratic Republic of Congo, Egypt, Ethiopia, Fiji, Georgia, Ghana, Hungary, Iran, Iraq, Jordan, Kenya, Lao PDR, Madagascar, Mali, Morocco, Nepal, Pakistan, Palestine, Philippines, Republic of Congo, Serbia, Sierra Leone, Somalia, Uganda, Ukraine, Venezuela, Zambia.
WHO and UNICEF regional and country staff	UNICEF: Middle East and North African WHO: African, Eastern Mediterranean, European, South East Asian, Western Pacific. Country offices: Bangladesh, Cote d'Ivoire, Democratic Republic of Congo, Egypt, Ethiopia, Fiji, Ghana, Iran, Iraq, Jordan, Kenya, Lao DPR, Mali, Nepal, Palestine, Philippines, Sierra Leone, Uganda, Ukraine, Venezuela, Zimbabwe
WHO and UNICEF headquarters staff	WASH, energy, climate, infection prevention and control, vaccines, maternal and child health, procurement/supply division
NGOs and implementing partners	Helvetas, IAPMO, Malteser International, Save the Children, Terre des hommes, WaterAid, White Ribbon Alliance, World Plumbing Council, World Vision
International organizations	US CDC, World Bank
Donors	FCDO
Academia	Emory University

This report documents the main discussions and outcomes. Annexes to this report include a summary of country presentations (Annex 1) and meeting agenda (Annex 2). All presentations from the summit and the meeting report are available on the WASH in health care facilities knowledge portal [here](#).

¹ Resolution WHA72.7. Water, sanitation and hygiene in health care facilities. In: Seventy-second World Health Assembly, Geneva, 20–28 May 2019. Resolutions and decisions, annexes. Geneva: World Health Organization; 2019 WHA72/2019/REC/1; https://apps.who.int/gb/ebwha/pdf_files/WHA72-REC1/A72_2019_REC1-en.pdf

² Water, sanitation, hygiene, waste and electricity services in health care facilities: progress on the fundamentals. Geneva: World Health Organization; 2023. <https://apps.who.int/iris/handle/10665/368975>

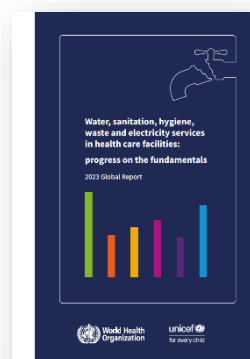
The journey to 2030: outcomes from the summit and next steps

For the next period of work (2023-2030), four outputs at the global level were agreed:

1. **Draft an updated Global Plan for WASH in health care facilities** to mark a new phase in the work, following on from the final reporting on the 2019 WHA Resolution up to 2030. Electricity, a core service for health care facilities should be part of a comprehensive package of work in health care facilities. Efforts need to be significantly scaled-up and accelerated, along with dedicated financing, to reach the 2030 targets of universal access to services.
2. **Draft a United Nations General Assembly (UNGA) Resolution** to enable continued and expanded UN and Member State engagement and accountability. The proposed resolution will provide a platform to expand coordination with other key entities including UN Water and other Ministries, those engaged with strengthening professional WASH services at the community/local level and stakeholder groups. It should go beyond the basic WASH package to demand climate resilient services and electrification of facilities with a focus on equity and inclusion.
3. **Strengthen technical capacity through a global community of practice and peer-to-peer learning network**, which will cover a small number of topics responding to common requests by participants. These will include (but not be limited to) WASH FIT evaluation and technical support, financing, and budgeting, and climate friendly technical solutions. Global, regional and country coordination should be strengthened.
4. **Form a new global body** with greater representation from Health and key WASH entities (e.g. UN Water and Sanitation and Water for All). This will take over from the existing Taskforce which will officially conclude in September 2023. Work will focus on inquiry and review.

Where do we stand and what is needed now? Launch of 2023 global progress report

2023 is a landmark year for WASH in health care facilities as it marks five years since the global call to action of the United Nations Secretary General, four years since the WHA Resolution³ and the seminal global meeting in Zambia: From Resolution to Revolution⁴. It is also the year in which the final reporting to the World Health Assembly took place (May 2023) and WHO and UNICEF have published a new global progress report on WASH in health care facilities. The solution-focused report, launched during the opening session, draws upon the latest WHO/UNICEF data on WASH services and provides an update of progress on improving standards, training, monitoring, and budgets. It highlights where progress has been greatest over the previous five years (developing standards, establishing baselines, conducting situational analyses) and where bottlenecks persist (improving infrastructure, integrating WASH indicators into routine monitoring). It includes new data on energy and climate frameworks to support a holistic approach to strengthening fundamental infrastructure services to deliver quality care. It can be downloaded [here](#).



³ Resolution WHA72.7. Water, sanitation and hygiene in health care facilities. In: Seventy-second World Health Assembly, Geneva, 20–28 May 2019. Resolutions and decisions, annexes. Geneva: World Health Organization; 2019 WHA72/2019/REC/1; https://apps.who.int/gb/ebwha/pdf_files/WHA72-REC1/A72_2019_REC1-en.pdf

⁴ WASH in health care facilities. From resolution to revolution. Meeting report. Geneva: World Health Organization/United Nations Children's Fund; 2019 https://www.who.int/water_sanitation_health/facilities/resolution-tor-revolution-meeting-report-zambia2019.pdf

Country updates

Countries were asked to prepare a short update on 1 or 2 practical steps where they have made most progress. Refer to Annex 1 for a short summary of country interventions. The following themes were apparent from country presentations:

- Country and facility champions can have a big impact on advocating for and resourcing WASH and IPC. While awareness has risen steadily at the global level in recent years, much more is needed at the country level to convince health leaders of the importance of WASH and electricity to improve quality care. A greater focus on preventative rather than curative services is needed.
- Strong community and civil society engagement was highlighted as a means to ensure services meet all users' needs and to strengthen accountability. Several countries have established formal mechanisms to engage communities and harness local insights, leadership and resources.
- Integration of efforts across critical health programmes is important, this often includes IPC and child and maternal health, but also emergency preparedness and response. As emergencies are becoming more complex and with multiple elements working within this sphere to incrementally and sustainably improve services becomes an important source political, financial and technical resources.
- Safe and sustainable waste management is a common challenge and more technical guidance on climate-resilient technologies and the systems required to support them is needed.
- Climate change is increasingly recognized as an emergency and countries need to include preparedness and response plans in all WASH and electricity planning and implementation. Several countries presented examples of climate resilient WASH standards and planning and how they are working to upgrade WASH, waste and electricity services to be climate resilient. Climate resilient improvements are possible and can be delivered at scale but again, more technical guidance is needed.
- Countries would like to have more support on energy, water quality risk management and sanitation treatment technology options within the WASH FIT training and implementation package.
- WASH FIT plans should be linked with annual municipal budget planning along with supportive mentoring, engaging the relevant partners and WASH FIT indicators integrated into national health monitoring systems for ongoing monitoring. In addition, countries are starting to track WASH and waste budgets and budget utilization within health systems to better understand current financing and future financing needs.
- There were repeated requests for more technical assistance on budgets and financing, including how to budget for all WASH activities (procurement, training, operation and maintenance) in health care facilities. Countries would like tools to support this.
- Resource mobilization is a common challenge across countries, and this is becoming more acute as funding sources become fewer. Advocacy to national and local government is needed for WASH to be budgeted and included across health programmes (AMR, IPC, MCH). Budget lines must be included for WASH and IPC to ensure sustainability of funding.

In addition, all countries attending the meeting prepared a poster summarizing country tracker status, data, priorities and major challenges. All posters can be viewed [here](#).

Regional updates

Representatives from WHO and UNICEF regional offices provided a short update of regional priorities, insights and challenges. The WHO Eastern Mediterranean Region (EMR) is the only region with data across all five JMP indicators. They encouraged regions to be proactive and reach out to countries for support. The main priorities are extending basic WASH services in all HCFs, increasing coverage of HCF with no service and promoting energy efficient and climate resilient WASH infrastructure. In addition, establishing monitoring

and reporting mechanisms in the region. UNICEF Latin America and the Caribbean Region has a major lack of data in Latin America although data are seen as a big enabler of progress. WHO Southeast Asian Region has integrated climate change throughout their work and has a suite of useful tools, resources, training for climate resilience, and gender, equity and disability. Climate resilience is a major focus for WHO Western Pacific Region and the region office is integrating climate resilience into WASH FIT, water, and sanitation safety planning. For the WHO African Region, WASH FIT has been a big focus, and a case study from Liberia was presented. In the WHO European Region, countries want to work on learnings from COVID and climate which presents a new opportunity to raise awareness of WASH and an opportunity for new policy dialogue. In the WHO European Region, multisectoral policy instruments have fostered country action. The increasing interest in responding to climate change and strengthening health systems present a new opportunity for cross-sectoral integration and to raise awareness of WASH.

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

Presentations were made by representatives from WHO and UNICEF health teams on strengthening links between WASH and the following areas: climate-resilient health systems and facilities, electrification, infection prevention and control, quality of care (QOC) for mothers, newborns, and children, and immunizations.

Climate-resilient health systems and facilities: Climate change is increasingly affecting health systems, particularly in EMR, where 1 million people die annually from environmental risks, the major being air pollution (56%). 13 countries in EMR made health and climate change commitments during COP26 and are expected to conduct climate change vulnerability assessments and develop national health adaptation plans. These assessments and plans will include WASH as one of the pillars of climate change.

Infection prevention and control (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. A global strategy was adopted at the 76th WHA this year and this will be followed by a global action plan and monitoring framework, which will include WASH indicators among the priority targets.

Quality of Care for mothers, newborns, and children: The QOC implementation approach outlines several steps including establishing national policy, strategy, and structures, building a broad coalition of stakeholders, agreeing on indicators, and monitoring and evaluation framework. WASH should be included at every stage in the process.

Electrification and immunization: 41% of health facilities in lower-income countries have no access to electricity. Solar electrification of facilities increases access to immunization, broadens PHC services and reduces greenhouse gas emissions. The cost of off-grid solar electrification is decreasing annually making it a viable option which can be installed in a few days. While the capital cost for solar systems is more than a generator, operational costs are considerably cheaper than diesel. Operation and maintenance (using local capacity where possible) must be budgeted for.

Financing WASH and energy improvements

The World Bank presented some preliminary findings from a damage cost analysis with reflections from Ghana and Zimbabwe. The analysis aims to assess the costs of inaction (not investing) in WASH in healthcare facilities in 9 eastern and southern African countries and the impact on health care associated infections (HAIs) and AMR as a basis for future cost-benefit analyses. Under the conservative values used in the base

case analysis, this single health issue is likely to cost these African countries upward of 1% of GDP and over time, the impacts are likely to grow. In-depth national studies would enable more disaggregation assessment of where the bigger problems are, and what can be done to prevent HAIs. The important qualitative aspects of inadequate WASH remain more hidden and could be the focus of future research. Unfortunately, existing budgeting frameworks in Ghana do not include WASH and IPC. Explicit budget lines which make it compulsory to budget for WASH and IPC are needed. Facilities tend to invest in areas that the Ministry of Health is assessing them on so having clear WASH indicators will help. In Zimbabwe, a costing tool to accompany WASH FIT has been used to estimate budget requirements for improvements (infrastructure, training and supplies). The preliminary national budget, which would include capital, soft and operational costs is estimated at \$116 million.

Partner insights from implementation and progress on the ground

Finally, a short session provided a few insights from partners (Emory University, Malteser International, Save the Children, US Centers for Disease Control, WaterAid, World Vision) on implementation work in different settings. The session included WASH FIT evaluation in Zimbabwe, community engagement for WASH FIT in Uganda, experiences from systems strengthening in DRC and health care waste management for immunization. Central to all implementation is the need for partners to work with governments to address national priorities, employing robust monitoring and evaluation systems and engaging communities throughout.

Conclusion

The summit brought together 130 diverse participants from every region of the world for three days of technical exchange and learning and strategic planning. All participating countries are taking action to address the huge gaps in services, but more collaborative, focused and expansive effort and investments are needed in order to reach the goal of universal coverage of WASH in health care facilities. The new WHO/UNICEF Global Plan of Action (2024-2030) and proposed UN General Assembly resolution offers an opportunity to amplify and align with SDG 3 and 6 acceleration strategies and significantly strengthen awareness, investments and leadership from here until 2030. It is clear that data, tools and solutions exist and committed action, greater investments and strong leadership from health, WASH, energy and development sectors has the potential to greatly improve the situation and as a result markedly improve health care and health service delivery everywhere.

Annex 1: Summary of country presentations

BANGLADESH	Indicators on WASH, energy and waste have been integrated into Health Management Information System (HMIS) so there is now active monitoring and evaluation of WASH indicators which should contribute to improving WASH systems. The Department of Health Education has been tasked with developing the skills of healthcare staff regarding WASH. A high level of commitment and effective collaboration and coordination have played a crucial role in this work.
DEMOCRATIC REPUBLIC OF CONGO	Experience in recent Ebola outbreaks has highlighted the importance of WASH and IPC integration. Regular risk communication is important and better epidemiological surveillance and IPC frameworks are needed. The country developed WASH-IPC Strategic Plan, and AMR plan and is developing a multi-risk plan for Ebola and other major health threats.
EGYPT	WASH FIT assessments have played a crucial role in improving hygiene and sanitation services in more than 183 primary health care (PHC) facilities.
FIJI	Fiji is updating several policies and regulations to include climate resilience in WASH services programs and conducting training of trainers to further build climate resilience.
GHANA	Ghana has made considerable progress in integrating WASH into health planning, programming, financing and monitoring. The costed national strategy for WASH is aligned with major national strategies (UHC, quality) and minimum standards are part of the national facility regulatory mechanism and the National Health Insurance Association credentialing system. More effort is needed to align electricity with the WASH agenda. Ghana also has quarterly reporting of JMP indicators in district health information management systems as well as through field assessments, surveys, compliance assessments, operational research.
GEORGIA	Georgia's actions have been influenced by global commitments on WASH and the 2020 WHA resolution (73.1) on COVID-19, which resulted in them conducting a situational analysis to inform their national COVID response. Early engagement of intersectoral teams has strengthened collaboration across WASH and health sectors. Recognition of the need for improving WASH for the prevention and control of AMR led to integration of WASH into the regional roadmap of AMR control.
HUNGARY	Hungary is the lead of the UN Group of Friends and is chair of the European Protocol on Water and Health (2023-2025). Hungary completed a situational analysis in 2019 and has since published several policy documents and standards, conducted regular water quality monitoring and drafted legionella risk management plans (e.g. use of aerosol minimizing faucets, point of use filters in sensitive wards, continuous disinfection).
IRAN	Iran now has a better coordinated and integrated approach through a national technical working group (TWG). The key outcomes from the TWG to date are an analysis of environmental health services and costed implementation by the Ministry (using a costed platform), SWOT analysis, and monitoring and evaluation. Involving the private sector and understanding the different needs between clinics and hospitals is important for success.

IRAQ	Iraq has conducted quantitative and qualitative assessments using a dashboard for evidence-based planning. WASH FIT has also been used for monitoring services in PHCs and the data have been used to engage government bodies and allocate funds for wash programs. Iraq has conducted pilot studies on climate-resilient wash services; solar-powered systems; liquid waste treatment; and shredding autoclave units in PHCs through private-public partnership. Limited time for implementation of projects, community resistance and limited financial capacity to sustain improvements are all a challenge.
JORDAN	Jordan presented the results of a new roadmap (2023-2025) and costed strategy. The roadmap has a series of short, medium, and long-term targets. A national self-reporting dashboard has also been launched. Future priorities include streamlining WASH within MOH programmes, updating guidelines and coordinating different funding mechanisms.
LAO PDR	Lao PDR has been improving waste management following commitments made at COP 26. The country has upgraded to safe-clean-green-climate resilient infrastructure in over 100 hospitals, shifting to non-burn technologies, and conducting ongoing training on WASH FIT. The Lao PDR-specific WASH FIT includes scoring for continuous monitoring and improvement towards clean and green hospital status.
MALI	Mali was one of the first countries to use WASH FIT, starting in 2015. Mali's health care is highly decentralized and community organizations (ASACOs) have an important role in managing health care facilities and mobilizing funds. ASACOs (including women, youth, disabled peoples, and other community representatives) work with WASH teams to review progress through quarterly meetings. Engaging members of local councils also gets buy-in for improvement activities.
NEPAL	Nepal has been implementing WASH FIT since 2019 and the tool is used to support the implementation of updated standards and policies. At the local level, huge efforts have been made to advocate for WASH FIT. Local municipalities have been helping by allocating funds for operation and maintenance (\$1,500-2,000 per municipality).
PAKISTAN	Pakistan's recent experience of climate-related extreme weather events (especially floods) has highlighted the need for better trained facility management, staff and sanitary workers on healthcare facility improvements and cleaning. It has also highlighted the specific needs of women and girls in existing health policy and strategy and reinforced the need for employing a gender-based approach. There is inadequate monitoring and management of drinking water quality which has resulted in the spread of infectious diseases and cholera outbreaks. Pakistan is planning to strengthen staff capacity on WASH.
THE PHILIPPINES	The Philippines has a strong focus on building climate-resilient and environmentally sustainable health care facilities with several newly published technical standards and guidelines and a national UHC bill signed which will help to push the climate agenda. More technical support is needed at the local level to ensure standards are implemented effectively. Green standards will be included in DOH licensing requirements for facilities and donors mobilized to support facility improvement plans.
SERBIA	The main enablers for change have been strong leadership and a coordinated approach between the Ministry of Health and non-medical sectors. A coordination platform has been in place since 2017 with targets to improve WASH services in facilities and the community. Indicators for an advanced level of service have been developed for water, sanitation, hygiene and solid waste and used in a national survey, the results of which

	have been used to inform national policy, integration of IPC training for non-health staff, and development of a national action plan.
SOMALIA	Somalia has completed a situational analysis and mobilized funds from the Ministry of Finance. Medical waste documents are being developed. Electricity provision in Somalia is challenging with many facilities relying on diesel generators whilst having the highest electricity prices in the world. Solarizing facilities is a cost-effective, long-term solution that is also more environmentally friendly.
UGANDA	More is needed to educate policy and decision makers on the importance of WASH to sustain efforts. Engaging the private sector in Uganda has proven to be difficult; the Ministry of Health plan to develop a business case to illustrate the benefits of WASH across the value chain.
UKRAINE	WASH FIT has been adapted to the country context and the tool is being integrated into national plans and legislation. Facility improvement plans have been developed and procurement to address gaps begun. Maintaining services whilst providing quality of care during an ongoing emergency is a huge challenge. Online training and development of SOPs has helped. Priorities are to develop an investment case, practical examples and step by step guidance on improving waste management and building climate resilient WASH services.
VENEZUELA	Climate change preparedness and response are increasingly a priority in Venezuela. WASH FIT has been implemented since 2021 in 67 facilities across 12 states and will be scaled up in 2023. Health workforce empowerment, monitoring and accountability and integration of WASH into health planning and financing are the major priorities.

Annex 2: Meeting agenda

Day 1: Tuesday, 13 June. Unpacking the problem and proven solutions

Time	Agenda items	Details
8.00-8.45	Registration	
9.00-9.45	<p>Session 1. High level plenary session Value and imperative for safe and sustainable WASH and energy services in health care facilities</p> <ul style="list-style-type: none"> • Action Statement from Jordan Minister of Health • Action statement from Minister of Health Iraq (video) • Action statement from Minister of Health and Medical Education Iran (video) • WHO Representative, Jordan Country Office • UNICEF Representative, UNICEF Headquarters 	<p>Chairperson: Ministry of Health, Jordan</p> <p>H.E. Prof. Feras Ibrahim Hawari</p> <p>H.E. Dr Salih Al Hasnawi</p> <p>H.E. Dr Bahram Eynollahi</p> <p>Jamela Alraiby, WHO</p> <p>Ann Thomas, UNICEF</p>
9:45-10:15	Coffee/tea break and group photo	All
10.15-11:30	<p>Session 2. Global progress: where do we stand and what is needed now?</p> <ul style="list-style-type: none"> • Launch of global progress report on WASH in health care facilities, including reflections on national and global programming • Launch of national WASH in health care facilities road map, Jordan • Panel: Reactions and response from health leaders <ul style="list-style-type: none"> - MoH Ethiopia - Maternal and child health - Children’s health - Infection prevention and control - WASH in Health Care Facility Taskforce 	<p>Moderator: Ann Thomas, UNICEF</p> <p>Maggie Montgomery, WHO</p> <p>Ayman Maqableh, MoH Jordan</p> <p>Israel Ataro, MoH Ethiopia</p> <p>Martin Dohlsten, WHO</p> <p>Sowmya Kadandale, UNICEF</p> <p>Benedetta Allegranzi, WHO</p> <p>Lisa Rudge, FCDO</p>
11.30-11.40	<p>Meeting overview</p> <p>Meeting objectives, agenda outline and overview of participants</p> <p>Explanation of “action wall”</p>	<p>Lindsay Denny, UNICEF and Arabella Hayter, WHO</p>
11.40-13.15	<p>Session 3. Country successes and insights – addressing the practical steps</p> <ul style="list-style-type: none"> • Experience of developing and implementing a costed national roadmap, Ghana 	<p>Moderator: Bruce Gordon, WHO</p> <p>8 mins per country presentation + 5 min for each reaction</p> <p>Mary Ashinyo, Ghana Health Services</p>

	<ul style="list-style-type: none"> Implementing climate-smart policies through the National Health Facility Development Programme, Philippines Engaging leaders and igniting action through a national assessment and plan, Serbia Reactions/reflections from Iran and Uganda 	<p>June Philip Ruiz, DoH Philippines</p> <p>Dragana Jovanovic, MoH Serbia</p> <p>Jafar Jandaghi, MoH Iran; Herbert Nabaasa, MoH Uganda</p>
	<p>Plenary Discussion</p> <p>What were the key enablers of the country success? What can be replicated in other countries? What is needed to unlock the largest obstacles?</p>	<p>45 minutes discussion</p>
13.15-14.15	Lunch	
14.15-15.40	<p>Session 4. Country success and insights – Part II.</p> <ul style="list-style-type: none"> Integrating WASH in environment, health and AMR action plans, Georgia Addressing climate resilience and improved monitoring and accountability, Pakistan Improving WASH in the context of Ebola and outbreak preparedness, Democratic Republic of Congo Reactions/reflections from Egypt and Bangladesh <p>Plenary discussion</p> <p>What were the key enablers of the country success? What can be replicated in other countries? What is needed to unlock the largest obstacles?</p>	<p>Moderator: Rola Al-Emam, WHO</p> <p>8 minutes per country presentation + 5 min for each reaction</p> <p>Nana Gabriadze, MoH Georgia</p> <p>Muhammad Zaeem Zia, MoH</p> <p>Dr Benjamin Byenda Walondo, MoH DRC</p> <p>Amira El Hanafy, MoH Egypt; Mohammad Sarker, MoH Bangladesh</p> <p>45 min discussion</p>
15.40-16.00	Coffee/Tea Break	
16.00-17.30	<p>Session 5. Effective cross-sectoral action to contribute to safe, quality care for all</p> <ul style="list-style-type: none"> Climate resilient health systems and facilities Linking up with electrifying health facilities WASH as an element of the new global infection prevention and control strategy and action plan 	<p>Moderator: Claire Chase, World Bank</p> <p>Short presentations followed by moderated discussion</p> <p>Carlos Corvalan & Mazen Malkawi, WHO</p> <p>Salvatore Vinci, WHO</p> <p>Benedetta Allegranzi, WHO</p> <p>Martin Dohlsten, WHO</p> <p>Ranjit Dhiman, UNICEF</p>

- Integration with better quality care for mothers, newborns and children
- Immunization strategy and strengthening WASH and energy services

17.30-17.45	Day 1 close	Moderator: Mohammad Shakkour, WHO
	<ul style="list-style-type: none">• Action statement from Somalia (video)	

Day 2: Wednesday 14 June – Insights and actions

Timings	Agenda item	Details
9.00-9.15	Opening session <ul style="list-style-type: none"> • Poll on leadership • Skill building seminar “elevator” pitches 	Lindsay Denny, UNICEF Quiz using online poll function
9.15-10.30	Session 6. Roundtable on regional progress, insights and priorities <ul style="list-style-type: none"> • EMRO & MENARO: Situational analyses and baselines • AFRO: Use and scale-up of WASH FIT • SEARO: Integrating climate into programming • EURO: Action through policy dialogue and country-driven prioritization • LATIN AMERICAN/CARIBBEAN: Systems strengthening • WPRO: Strengthening climate resilience 	Moderator: Tarik Hassan, UNICEF 5 min interventions followed by plenary discussion Rola al-Emam, WHO & Ehab Al Amleh, UNICEF Guy Mbayo, WHO/Daniel Spalthoff, UNICEF Faustina Gomez, WHO Valentina Grossi, WHO David Simon, UNICEF Sally Edwards, WHO
	Plenary discussion	
10.30-10.50	Coffee/tea Break	
10.50-12.00	Session 7. Country success and insights Part III <ul style="list-style-type: none"> • Electrifying health care facilities and linking with WASH in Somalia • Strengthening safe water management for IPC at facility level in Hungary • Sustainably addressing health care waste in Lao PDR • Reflections and reactions from Fiji and Nepal 	Moderator: Iman Heweidly, WHO 8 minutes per presentation and 5 min for reflections and reactions followed by plenary Abdisalam Hussein, MoH Somalia Roka Eszter, MoH Hungary Phonepaseuth Ounaphon, MoH Lao PDR Vuniwai Vosataki, MoH Fiji; Upendra Dhungana, MoH
	Plenary discussion	
12.00-13.00	Session 8. WASH and Waste in HCF Global Plan (2023-2030) <ul style="list-style-type: none"> • Key elements, targets and timeline • Accountability and monitoring • Rapid feedback from select participants 	Moderators: Ann Thomas, UNICEF and Bruce Gordon, WHO
	Framing presentation and plenary discussion	
13:00-14:00	Lunch	

Day 2: Wednesday 14 June – Insights and actions

14.00-15.30	Session 8. Focus on emergencies and systems strengthening	<p>Moderator: Ryan Schweitzer, US CDC</p> <p>Short 5 min presentations followed by moderated discussion</p> <p>Mykhailo Slyzhuk, MoH Ukraine</p> <p>Moussa Ag Hamma, MoH Mali</p> <p>Yasmine Amin, MoH Iraq</p> <p>Jesus Rafael Brito Arevalo, MoH Venezuela</p> <p>Boulama Ousmane MoH Niger; Andre Carletto, World Bank</p>
	<ul style="list-style-type: none"> • Readiness and resilience in Ukraine • Engaging communities to sustain services in protracted emergency – Mali • Improving WASH and IPC in crisis – Iraq • Addressing WASH through systems strengthening-Venezuela • Response and reaction from Niger and World Bank 	
	Plenary discussion	
15.30-16:30	Session 9. Consolidation of current insights	<p>Arabella Hayter, WHO</p> <p>Moderators: Action area co-leads (WHO, UNICEF, World Bank, WaterAid, Helvetas)</p>
	<ul style="list-style-type: none"> • Introduction to action areas • 4 Simultaneous sessions on 4 action areas: monitoring, facility improvements/workforce empowerment, leadership and budgets/financing • (Tea break during action areas discussions) 	
16.30-17.20	Session 9, continued...Plenary on insights	Moderator: Salvatore Vinci, WHO
	<ul style="list-style-type: none"> • What were the key issues/needs discussed? • What products and what country support are needed? • Next steps 	Each group to nominate one speaker to feedback
17.20-17.30	Close of day 2	

17.30-18:40 Mini skill-building seminars (see next page for session overview)

1. WASH and IPC simulation - test your knowledge in a new interactive game. *Arkadii Vodianyuk, WHO*

You have an opportunity to build climate resilient WASH services in healthcare facility. Being a WASH expert you are responsible for managing water, sanitation, waste management and energy supply of the hospital as well as duty to respond to number of climate events. In this session, you will create your own team of experts, manage budget, compete with other teams and build resilient WASH services in a table-top simulation.

2. Institutional WASH Insecurity Experiences (InWISE): using experiential WASH indicators to measure impact and assess needs of health care facilities. *John Brogan, Helvetas*

The Water Insecurity Experiences (WISE) Scales are a cross-contextually equivalent suite of experiential indicators that complement traditional WASH metrics. The household and individual WISE Scales have been used in over 50 countries. Inclusion of the WISE Scales in settings beyond the household, including health care facilities, schools and prisons has the potential to reveal novel entry points for improving WASH services, improve impact evaluations of interventions, and support advocacy and policy efforts for greater investment in the WASH sector. Helvetas will present ongoing work from partners at Northwestern University, UNC Chapel Hill, and the Swiss Water and Sanitation Consortium to develop a new set of WISE Scales for measuring WASH insecurity in health care facilities. Participants will be invited to give feedback on these preliminary survey items for measuring WASH insecurity in health care facilities and make recommendations on how to improve the tools to ensure their broad uptake.

3. Health care waste: addressing the growing problem + protecting the environment. *Ranjit Dhiman, UNICEF & Ute Pieper, WHO*

It is estimated that 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. This session will tackle the interlinkage between climate change and the management of healthcare waste. Besides providing key facts (5 minutes), the participants are asked to provide and discuss possible solutions to improve HCWM and to prevent / decrease climate change impacts at the same time. The discussion will be based on an exemplary waste management situation in a health facility.

4. WASH in HCF toolkit: Lessons learned to guide investments in WASH in Health Care Facilities. *Claire Chase, World Bank Mevazara Rakotoson & Madeleine Edgeworth, World Bank, Madagascar*

The World Bank developed an Operational Toolkit for WASH in HCF to improve the quality and adoption of these investments in World Bank supported projects. The Toolkit consists of 9 modular packages for health care facilities covering the full cycle of project design, implementation, and supervision, including Terms of Reference templates, guidance notes and checklists for assessment, technical standards setting, management models, detailed design, construction and supervision, among others. The Toolkit modules are designed to be adaptable to the country and project context by implementing agencies. This session will provide a brief overview of the Toolkit and contents of the packages and will share a case study of application of the Toolkit under the Madagascar National Water Project. Participants will learn about the resources available, how to access them, and can have specific questions answered by the team.

Session 2

1. Solar electrification - Lessons learned, good practices and way forward to accelerate electrification of health-care facilities. *Salvatore Vinci, WHO & Ranjit Dhiman, UNICEF*

It is estimated that one billion people are still served by health care facilities without reliable electricity or with no electricity access at all. This means that essential medical devices and appliances just cannot work. This session will focus on the role of decentralized solar solutions to accelerate electrification of health care facilities. It will highlight the key challenges and lessons learned from previous experience and will describe a new initiative from WHO and UNICEF aiming to dramatically increase the pace and effectiveness of health care facility electrification in low resource settings.

2. What's in the pipes? Advances in plumbing and applications to health care facilities. *Sean Kearney, World Plumbing Council*

The World Plumbing Council (WPC), established in 1990, is a not-for-profit global organisation that aims to highlight and develop the essential role that today's professional plumbing and heating industry plays in relation to health and the environment. This session will showcase contrasting insights and experiences from WPC member organizations in India, Ireland, and the United States involved in the design, construction, and maintenance of plumbing systems for healthcare facilities in their respective regions.

3. Spotlight on partnerships and information: Engaging local leaders and using data to drive change.

Victoria Trinies, US CDC, Maliki Hamissou, World Vision Niger & Mahamane Toure, WaterAid Mali.

Representatives from organizations supporting WASH in HCF programming in the Sahel region will share insights on strategies for promoting collaboration with local leaders and using data and data systems to inform responsive, locally-owned interventions. After these short framing presentations, participants will engage in collaborative discussions of their own successes and lessons learned. Session presentations will be conducted in French.

4. Supplying to those in needs – lessons on efficient procurement and supply chains: *Lama Suleiman and Franklin Golay, UNICEF*

WASH programming and procurement are intricately related as achieving development goals often relies on efficient and sustainable supply of WASH products and equipment. UNICEF Supply Division has been at the forefront of procurement for emergencies and development context for decades, developing an expertise on supply chains but also market influencing through innovation, partnerships and market shaping activities with a strong focus on localization. In this session, we will share an overview of UNICEF procurement and supply with a focus on applications to WASH in health care facilities.

Day 3: Thursday 15 June – Financing, scaling-up and future direction

Timings	Agenda item	Details
08.45-09.00	Opening session Who cares about toilets?	Valentina Grossi, WHO EURO Enisa Kujundzic, MoH Montenegro
09.00-10.00	Session 10. Financing WASH and energy improvements <ul style="list-style-type: none"> • Damage cost analysis • Reflections/reactions from World Bank Jordan • Country insights on financing challenges and way forward: Ghana and Zimbabwe 	Moderator: Lisa Rudge, FCDO Claire Chase, World Bank Takahiro Hasumi Mary Ashinyo, Ghana Health Services; Siphathile Dube, MoH Zimbabwe
10:00-10:45	Session 11. Partner insights from implementation and progress on the ground <ul style="list-style-type: none"> • Integration of WASH and health • Effective scaling-up principles • Strengthening systems • Engaging communities for change • What does operational research tell us? 	Moderator: Doris Bota, Save the Children Roundtable discussion followed by Q and A Helen Hamilton, WaterAid Andrea Martinsen, US CDC Arno Coerver, Malteser International Hamissou Maliki, World Vision Habib Yakubu, Emory University
10.45-11.15	Tea/Coffee Break	
11.15-12.30	Session 12. Where do we go from here? The journey to 2030. <ul style="list-style-type: none"> • What next? Initiating the WASH in HCF global plan <ul style="list-style-type: none"> ○ Tracking and supporting country progress ○ Leadership and implementation at global, national and sub-national level ○ Accountability • Plenary discussion 	Moderators: Ann Thomas and Bruce Gordon, WHO
12.30-13.00	Session 13. Plenary, formalities and official close of meeting	Moderator: WHO and UNICEF EMRO/MENARO Ministry of Health Jordan
13.00-14.00	Lunch and goodbyes	
14.15-15.30	Internal meeting for all WHO/UNICEF staff on next steps and follow-up	Closed for WHO/UNICEF staff