Strategic roundtable on WASH, waste and electricity in health care facilities

Geneva
23-24 May 2024
Alexandra Machado, IFRC & Ann Thomas, UNICEF

Welcome remarks
Lindsay Denny, UNICEF

Meeting overview
Objectives

• Provide overview of climate resilient and sustainable health care facilities and articulate role of WASH, waste and electricity in wider climate and health agendas

• Present WHO/UNICEF Global Framework on WASH, waste and electricity in health care facilities and seek stakeholder engagement and implementation.

• Share and synthesize insights from trailblazer countries on overcoming bottlenecks and accelerating progress

• Discuss and articulate key actions for operationalizing greater integration with health and climate actors, including strengthening leadership and investments
## Agenda – Day 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>9:00-9:20</td>
<td><strong>Session 1. Introductions and overview</strong></td>
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<tr>
<td>9:20-9:50</td>
<td><strong>Session 2. Global Framework on WASH, waste and electricity in health care facilities</strong></td>
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<tr>
<td>9:50-10:10</td>
<td>Coffee/tea break</td>
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<tr>
<td>10:10-11:10</td>
<td><strong>Session 3. Priority efforts, successes and challenges to date and implications for the future</strong></td>
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<td>11:10-12:30</td>
<td><strong>Session 4. High value opportunities to integrate with health</strong> (IPC, MNCH, PHC, Immunization)</td>
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<td>12:30-13:00</td>
<td><strong>Session 5. Driving change-strategic engagement of leaders at national level</strong> (Philippines, Hungary)</td>
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<td>13:00-14:00</td>
<td>Lunch</td>
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<td>14:00-15:00</td>
<td><strong>Session 5. Driving change - strategic engagement of leaders at national level</strong> (Nepal, Tanzania)</td>
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<td>15:00-15:20</td>
<td>Coffee/tea break</td>
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<td>15:20-16:35</td>
<td><strong>Session 6. Cost of inaction and optimal financing mechanisms and opportunities</strong></td>
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<td>16:35-17:15</td>
<td><strong>Session 7. Operationalizing and implementing Framework actions</strong></td>
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<td>17:15-17:45</td>
<td><strong>Distillation of day 1 and next steps with the Framework</strong></td>
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<td>17:45-19:00</td>
<td>Reception</td>
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## Agenda – Day 2

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<tr>
<th>Time</th>
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<tr>
<td>9:00-9:30</td>
<td>Session 8. Unlocking leadership to drive progress</td>
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<td>9:30-10:30</td>
<td>Session 9. Linking the whole package of safe, climate-resilient and environmentally sustainable health care facilities</td>
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<td>10:30-10:45</td>
<td>Coffee/tea break</td>
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<td>10:45-11:45</td>
<td>Session 10. Wider integration emergency, pandemic preparedness and AMR efforts</td>
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<td>11:45–12:40</td>
<td>Session 11. Rapid fire small group discussions on integration and implementation</td>
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<td>Track 1: Monitoring</td>
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<td>Track 2: Financing and investments</td>
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<td>Track 3: Advocacy, leadership, civil society, and gender</td>
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<td>Track 4: Integrating WASH and climate efforts at global and country level</td>
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<td>Track 5: Supporting and sustaining facility improvements, including through WASH FIT and other tools</td>
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<td>12:40-13:15</td>
<td>Session 12. Implementing agreed principles, organization and next steps</td>
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<td>13:15-14:15</td>
<td>Lunch and individual/small one on one discussions</td>
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Expected Outcomes

- **Main outcome**: a *consensus statement* on accelerating efforts to meet SDG targets as well commitments articulated as the new UN Resolution on WASH, waste and electricity in health care facilities.

- This will include greater collaboration and integration with priority health and climate efforts as well as a strengthened leadership element.

- In addition, a meeting report, highlighting lessons from trailblazing countries will be produced and shared.
Strategic roundtable on WASH, waste and electricity in health care facilities

Global Framework on WASH, waste and electricity in health care facilities
Bruce Gordon, WHO & Ann Thomas, UNICEF

Development and overview of global framework
Growing imperative for better WASH, waste and electricity services

Reduce costs and save lives
8 million die annually from poor quality care resulting in US$ 6 trillion in losses

Fundamental to ending preventable maternal and newborn deaths
47% of newborn deaths occur in Sub-Saharan Africa, where only 1 in 2 HCF have water

Growing crises & emergencies require cost-effective, sustainable investments
In 2023, 363 million affected by emergencies

Required to meet commitments for low-carbon & sustainable HCF
> 82 countries agreed at COP 27
Advancing towards safe, climate-resilient and environmentally sustainable health care facilities

- Climate change affects the operational capacity of HCFs.
  - Extreme weather events may destroy essential infrastructure and services.
  - Increases disease burden and demand of services.

Safe and reliable WASH, waste and electricity services need to be integrated with climate-resilience of all essential infrastructure, a protected workforce and adequate chemical & radiation management.
Linking to broader climate & sustainability package includes WASH, waste and electricity.
• 35 countries; 125 participants; health, WASH, electricity actors
• Stressed need for renewed WASH/Health commitments
• Baseline data and strong monitoring important for engaging leaders and igniting action

• Stressed need for renewed WASH/Health commitments
• Platforms for integration: MCH, PHC, IPC
• Climate smart interventions: “no regrets” investments

(Jordan, June 2023)
2023 Global Progress Report: recommendations

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

2. Regularly monitor and review progress, strengthen accountability.

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

*Download the report: [https://www.who.int/publications/i/item/9789240075085](https://www.who.int/publications/i/item/9789240075085)*
Framework informed by 2023 progress report

Most action: 80% finalizing and implementing updated waste standards

Least action: 14% monitoring WASH in HMIS

2019 Practical Steps
2023 UN Resolution on WASH, waste and electricity in HCFs

Adopted by UN Member States in December 2023
<table>
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<tr>
<th>Date</th>
<th>Event</th>
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<td>June 2023</td>
<td>Initial draft developed at Global Summit</td>
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<td>Sep 2023</td>
<td>Discussion of aims and targets with Global Taskforce</td>
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<td>Oct 2023</td>
<td>Initial draft widely shared for written inputs</td>
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<td>Nov-Dec 2023</td>
<td>Three virtual roundtables involving 150+ participants from 30+ countries</td>
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<td>Jan-Apr 2024</td>
<td>Revisions and additional review</td>
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<td>May 2024</td>
<td>Finalization, launch and endorsement at Global Strategic Roundtable</td>
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VISION: All health care facilities have safe, sustainable, and inclusive water, sanitation, hygiene, and health care waste management and reliable electricity for quality care.

• Part 1: Framing & Context
  - Linkages to key health initiatives
  - Contribution to climate change efforts
  - Mechanisms and key actors

• Part 2: Operational Targets & Actions
  - Areas for action with explicit targets
  - National & global recommendations to achieve targets
  - Tools for implementation
  - Resourcing, monitoring, accountability
Main aims

- Increase political commitment and leadership
- Rapidly scale up investments
- Support systems strengthening and integration of WASH, waste, electricity (in context of climate change) with health sector
- Develop, resource, implement costed roadmaps and programmes
- Regularly monitor and review progress in meeting national and global targets
- Capacitate the health workforce through training and mentoring
- Support inclusive and equitable services
### Area 1: Integration, Policy & Governance

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<th>Action</th>
<th>Data</th>
<th>Targets</th>
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<td></td>
<td>2020</td>
<td>2022</td>
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<tr>
<td>1.1 Establish baseline service levels</td>
<td>75%</td>
<td>92%</td>
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<td>1.2 Update national standards</td>
<td>52%</td>
<td>53%</td>
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<td>1.3 Develop and implement costed roadmaps for improved WASH, waste and electricity</td>
<td>ND</td>
<td>63%</td>
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<td>1.4 Establish national coordination mechanism and strengthen intersectoral governance and action</td>
<td>ND</td>
<td>63%</td>
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<td>1.5 Monitor WASH, waste and electricity within health information systems</td>
<td>10%</td>
<td>14%</td>
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<td>1.6 Secure sufficient financing of services</td>
<td>11%</td>
<td>12%</td>
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## Area 2: Service Levels

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<th>Action</th>
<th>2020</th>
<th>2022</th>
<th>Target by 2026</th>
<th>Target by 2030</th>
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<tr>
<td><strong>2.1 Improve services globally</strong></td>
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<td><strong>80% of countries</strong> have universal basic services and all have established national standards and monitoring indicators for higher levels.</td>
<td><strong>100% of countries</strong> have universal basic and higher levels of service.</td>
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<td>Water: 76%</td>
<td>Water: 78%</td>
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<td>Sanitation: ND</td>
<td>Sanitation: ND</td>
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<td>Hand hygiene: ND</td>
<td>Hand hygiene: 51%</td>
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<td></td>
<td>Waste: ND</td>
<td>Waste: 61%</td>
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<td>Electricity: ND</td>
<td>Electricity: 1 billion</td>
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<td>water users with unreliable or no electricity</td>
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<td><strong>2.2 Improve services in LDCs</strong></td>
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<td><strong>At least 80% of HCF in every country have access to reliable electricity.</strong></td>
<td><strong>100% of HCF in all countries have universal access to reliable electricity.</strong></td>
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<td>Water: 50%</td>
<td>Water: 53%</td>
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<td>Sanitation: 37%</td>
<td>Sanitation: 21%</td>
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<td>Hand hygiene: ND</td>
<td>Hand hygiene: 32%</td>
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<td>Waste: 30%</td>
<td>Waste: 34%</td>
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<tr>
<td></td>
<td>Electricity: ND</td>
<td>Electricity: ND</td>
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<td><strong>60% of HCF in LDCs have basic services.</strong></td>
<td><strong>100% of HCF in LDCs have basic services and 50% have higher levels of service.</strong></td>
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<td><strong>70% of HCF in LDCs have access to reliable electricity.</strong></td>
<td><strong>100% of HCF in all countries have access to reliable electricity.</strong></td>
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## Area 3: Equity, inclusivity and community engagement

<table>
<thead>
<tr>
<th>Action</th>
<th>2020</th>
<th>2022</th>
<th>Target by 2026</th>
<th>Target by 2030</th>
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</thead>
<tbody>
<tr>
<td>3.1 Improve inclusivity of WASH services and processes at national and facility levels</td>
<td>ND</td>
<td>ND</td>
<td>50% of countries have plans that address inclusivity of WASH services and mainstream gender-transformative WASH and rights (equity, disability) in planning, designing and implementing WASH systems.</td>
<td>100% of countries have plans that address inclusivity of WASH services, and these plans are resourced, implemented and monitored.</td>
</tr>
</tbody>
</table>
How do we get there?

Universal safe and sustainable WASH, waste and electricity for quality care

Greater leadership, health action and investments

Increase evidence and capacity, and strengthen standards and monitoring

WHO and UNICEF will:

Capacitate countries
- Provide support for roadmap development, standards, monitoring WASH FIT, etc.
- Galvanize leadership and investment

Monitor and report
- Services (JMP)
- Country progress (tracker)
- Financial and system data (GLAAS)
- UN General Assembly reporting

Facilitate integration and uptake by Health and Climate Change Actors
- IPC, MNCH, PHC, AMR
- Climate-resilient and environmentally sustainable health care facilities; ATACH, HEPA
- UN-Water/SDG 6 accelerator actions

Partners
- WHO and UNICEF as co-leads
  - Overall supervision of work
- Core partners (e.g. World Bank, WaterAid, donors)
  - Guide strategic actions
  - Support integration
- Global Network
  - Technical support and information sharing: Communities of practice evolve according to need
Thank you

WHO/UNICEF knowledge portal:
www.washinhcf.org

WHO/UNICEF Joint Monitoring Programme:
www.washdata.org
Strategic roundtable on WASH, waste and electricity in health care facilities

Session 2: Priority efforts, successes and challenges to date and implications for the future
Ultimate Aim: Every person has quality, essential health care

Global baseline and guidance on WASH/waste, 72nd World Health Assembly Resolution

WASH FIT V 2.0 package with focus on climate and equity

Global update on WASH/waste services in HCF (SDG 6)

Global Summit; Progress report launch

1st global report on electricity published

UNGA Resolution approved

Framework for Action (2024-2030) launched; Global Strategic Roundtable

Global progress report to UN General Assembly due

2019

2022

2023

2023

2024

2025

Global Efforts co-led by WHO and UNICEF

Contributions from 50+ Partners (e.g. World Bank, UNDP, IFRC, Global Fund, Gavi, WaterAid, World Vision, Save the Children, Helvetas)

Strategic Inputs from Core Partners (trailblazer countries+ UN/NGOs + academia + donors e.g. FCDO, USAID, ROK, SIDA, GIZ)
Main areas of effort

• Monitoring
  • Service levels (WHO/UNICEF Joint Monitoring Programme/SDG 6)
  • Systems: country tracker (“Practical Steps”)

• Technical support
  • Systems strengthening including integration with health plans and programmes
  • Service delivery (+ behavior) improvements (WASH FIT framework and tool)

• Knowledge sharing and exchange
  • Meetings, workshops, webinars, online portal (www.washinhcf.org)

• Leadership and global coordination
  • Agenda setting and direction, WASH in HCF Taskforce, Group of Friends
Monitoring services: Efforts to date

- Global indicators established in 2018 linked to SDG 6/WASH
- Global reports in 2019, 2020, 2022, 2024
- Country data availability increasing
  - 2019: Water 38, San 18, Hyg 14, Cleaning 4, Waste 48
  - 2024: Water 72, San 51, Hyg 47, Cleaning 39, Waste 66
- Data and indicators incorporated into major health instruments
  - Quality of Care for Mothers, Newborns and Children Standards (2016; 2018)
  - Primary health care monitoring framework (2022)
  - IPC Global Action Plan and Monitoring Framework (2024)
  - WHO Global Programme of Work (2025-2028)
Monitoring systems: Efforts to date

- 8 “Practical Steps”: national actions articulated in 2019, linked to World Health Assembly and UNGA Resolutions
- Global reports in 2020, 2023, 2025
- Country tracker - data increasing
  - 2020: 47 countries
  - 2024: 75 countries
- Data and indicators incorporated into major health instruments
  - IPC Global Action Plan and Monitoring Framework
  - WHO Global Programme of Work (2025-2028)
## Monitoring

<table>
<thead>
<tr>
<th>Successes</th>
<th>Challenges</th>
<th>Way forward</th>
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<tbody>
<tr>
<td>• Global, publicly available database (<a href="http://www.washdata.org">www.washdata.org</a>)&lt;br&gt;• Increased awareness of gaps, more use of harmonized indicators&lt;br&gt;• First global estimates of electricity services (2023)</td>
<td>• Data gaps even for basic services&lt;br&gt;• Limited national monitoring of higher service levels&lt;br&gt;• Integration in existing health monitoring systems&lt;br&gt;• Joint monitoring/reporting WASH, waste, electricity</td>
<td>• Set indicators and support monitoring of higher-level services (safety, gender, climate)&lt;br&gt;• Join up databases on WASH, electricity, climate&lt;br&gt;• Integrate WASH, waste &amp; electricity indicators into health monitoring (e.g. HMIS, Herams)</td>
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Technical support: Efforts to date

1. Systems level model: Practical Steps
   - 8 critical national actions (e.g. national roadmap, standards)
   - Package of support materials
   - Country review of progress at national and regional workshops/training

2. Service delivery model: WASH FIT
   - Supports risk-based incremental improvements – QI approach
   - Water, sanitation, waste, hand hygiene, cleaning, electricity and management
   - Includes basic, advanced and climate related efforts
   - Package: assessment form, training materials, trainers guide, fact sheets, check lists and improvement plan templates

3. Updating guidance
   - health care waste, water treatment
Spotlight on WASH FIT: initial data from evaluation

- > 75 countries implementing; 28 countries on a national scale
- Many countries using v2.0 (more focus on safety, sustainability, climate) but have not rigorously evaluated implementation
- 15 countries have integrated WASH FIT into national standards or curriculum
- In MENA region, 6,000 facilities have used WASH FIT for assessments
- Global evaluation report to be published in Q4 2024
8 Practical Steps – MENA Progress

Top priorities:
1. WASH indicators in monitoring systems
2. Community engagement and accountability mechanisms
3. UNICEF’s role in WASH, waste and energy infrastructure improvements at facility level
4. (Operational research) – cross learning

Good examples from the region:

Source: Country Progress Tracker | WASH in Health Care Facilities (washinhcf.org)

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<th>3a</th>
<th>3b</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
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<table>
<thead>
<tr>
<th>Practical Step</th>
<th>Score</th>
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<tbody>
<tr>
<td>1b - Baseline Assessment or Data</td>
<td>1.8</td>
</tr>
<tr>
<td>3b - Establish HCW Management standards</td>
<td>1.6</td>
</tr>
<tr>
<td>1a - Situation Analysis</td>
<td>1.5</td>
</tr>
<tr>
<td>3a - Establish WHCFs standards</td>
<td>1.5</td>
</tr>
<tr>
<td>2 - National Coordination &amp; Roadmaps</td>
<td>1.4</td>
</tr>
<tr>
<td>6 - Workforce development</td>
<td>1.3</td>
</tr>
<tr>
<td>7 - Community engagement</td>
<td>1.3</td>
</tr>
<tr>
<td>4 - Improve and/or maintain infrastructure</td>
<td>1.2</td>
</tr>
<tr>
<td>5 - WASH indicators in National monitoring</td>
<td>1.0</td>
</tr>
<tr>
<td>8 - Conduct operational research</td>
<td>0.0</td>
</tr>
</tbody>
</table>
6 countries participate, only 2 countries surveyed with the new WASH-FIT 2.0 (Jordan, Iraq)

Data sometimes is static and do not show sudden changes (e.g. conflicts, economic crisis)

Invest in big data, dynamic surveys to measure real-time status and impact
### Successes

- WASH FIT tool widely used, relevant to range of contexts, motivates action
- Between 2020-2022, 28% countries have new standards
- More integrated efforts: WASH+ IPC; + solar energy, + climate resilience

### Challenges

- Scaling up, streamlining with other tools and national institutionalization of WASH FIT
- Limited catalytic and sustained funding; donors/partners not all using same approach

### Way forward

- All partners to support government driven WASH FIT and practical steps implementation
- Demonstrate proven financing models including cross-sectoral financing
- Document use of WASH FIT + IPC + Climate tools (e.g. in Philippines, Ukraine, Indonesia) to support consolidated global approach and further roll-out
Knowledge sharing and exchange: Efforts to date

- **Global meetings** (Geneva 2018, Zambia 2019, Jordan 2023) + online think tanks and global meetings during pandemic 2020-2022

- **Regional workshops**: Germany, Bangladesh, Kenya, Jordan, Philippines

- 20+ **global webinars** and 46 **newsletters** since 2019; 1,600 views on YouTube Channel

- **Knowledge portal** ([www.washinhcf.org](http://www.washinhcf.org)) launched in 2016, regularly updated, > 700 resources
### Knowledge sharing and exchange

<table>
<thead>
<tr>
<th><strong>Successes</strong></th>
<th><strong>Challenges</strong></th>
<th><strong>Way forward</strong></th>
</tr>
</thead>
</table>
| • More actors aware of resources, using and adapting WASH FIT etc.  
• Listserv >1650 members; newsletter 50% open rate  
• Global summit energized 35 countries; demand for more experience sharing | • In-depth, enriching in-person events (expensive) vs. effective virtual engagement  
• Communicating specificity alongside integration (vertical vs. horizontal)  
• Active engagement, coordinated contributions and leadership among all partners | • Support more regional & national knowledge exchange including with health and climate (virtual and in-person)  
• Continue to maintain and improve knowledge portal and cross linkages  
• Strengthened, aligned community of practice |
Leadership and coordination: Efforts to date

• WHO and UNICEF Global Coordination
  • Develop agenda, with inputs from partners, create and implement systems and service delivering models
  • Track and report progress

• Global Taskforce on WASH in Health Care Facilities (2021-2023)
  • Reinforce calls for strong health leadership, including at high level events (e.g. G7)
  • Identify and support countries in unlocking bottlenecks
  • Strengthen engagement and work with existing major global health and WASH funds

• Engage and influence global health events
  • Midwifery, Quality of Care/Child and Maternal Health, Primary health care

• Group of Friends on WASH in HCF
  • UNGA resolution approved in 2023
  • Cross linkage with other UN processes on AMR, UHC, human rights
### Leadership and coordination

<table>
<thead>
<tr>
<th><strong>Successes</strong></th>
<th><strong>Challenges</strong></th>
<th><strong>Way forward</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Political commitment (WHA Resolution, 2019; and UNGA Resolution, 2023)</td>
<td>• Integrated implementation with health limited</td>
<td>• Capacitate trailblazer countries to implement model and inspire others</td>
</tr>
<tr>
<td>• Diverse group of committed partners from WASH and Health</td>
<td>• Limited joint funding and joint monitoring</td>
<td>• Dynamic leaders group; different organizations spearheading topics, feeding into targeted joint products and efforts</td>
</tr>
<tr>
<td>• Regional instruments drive technical progress and leadership (e.g. European Protocol on Water and Health)</td>
<td>• Linking high level and local champions with convincing joint advocacy</td>
<td>• Regional and national summits (e.g. Hungary 2025)</td>
</tr>
</tbody>
</table>
## Distillation

<table>
<thead>
<tr>
<th>Global</th>
<th>Regional/ National</th>
<th>Local</th>
</tr>
</thead>
</table>
| • All actors to implement **Global Framework** and use data to inform efforts/investments  
• **Commit additional resources** to set higher level indicators and combined monitoring and reporting (WASH + waste + electricity + climate)  
• **Integrate indicators and data** into all health, climate and emergency related plans and investments | • Support **government implementation** of system and service delivery models through aligned funding and advocacy  
• **Sensitize and capacitate government actors** (ministries of health, water/sanitation, local government) to drive implementation  
• **Document outcomes** to improve model and drive further investments and actions | • **Engage civil society** to inform designs that meet needs of all users, articulate demands  
• **Utilize local expertise, funding and ingenuity**, including identifying cross-linkages |
Thank you
Francesco Mitis, WHO

WASH in health care facilities – data update

WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene

mitisf@who.int
Light report (data update)
Updates and supersedes data in 2022 report
Draws on data from 700 national sources
Around 190 country files
Estimates on water, sanitation, hygiene, waste management and environmental cleaning
- Total/urban/rural/hospital/non hospital/public/private
Country consultation process
Results on www.washdata.org
Special theme for 2024 report: primary health care
Use of core questions

Will be published in July 2024
## JMP service ladders for WASH in health care facilities

<table>
<thead>
<tr>
<th>SERVICE LEVEL</th>
<th>WATER</th>
<th>SANITATION</th>
<th>HYGIENE</th>
<th>WASTE MANAGEMENT</th>
<th>ENVIRONMENTAL CLEANING</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASIC SERVICE</td>
<td>Water is available from an improved source* on the premises.</td>
<td>Improved sanitation facilities* are usable, with at least one toilet dedicated for staff, at least one sex-separated toilet with menstrual hygiene facilities, and at least one toilet accessible for people with limited mobility.</td>
<td>Functional hand hygiene facilities (with water and soap and/or alcohol-based hand rub) are available at points of care, and within five metres of toilets.</td>
<td>Waste is safely segregated into at least three bins, and sharps and infectious waste are treated and disposed of safely.</td>
<td>Protocols for cleaning are available, and staff with cleaning responsibilities have all received training.</td>
</tr>
<tr>
<td>LIMITED SERVICE</td>
<td>An Improved Water source is available within 500 metres of the premises, but not all requirements for a basic service are met.</td>
<td>At least one improved sanitation facility is available, but not all requirements for a basic service are met.</td>
<td>Functional hand hygiene facilities are available either at points of care or toilets but not both.</td>
<td>There is limited separation and/or treatment and disposal of sharps and infectious waste, but not all requirements for a basic service are met.</td>
<td>There are cleaning protocols and/or at least some staff have received training on cleaning.</td>
</tr>
<tr>
<td>NO SERVICE</td>
<td>Water is taken from unprotected dug wells or springs, or surface water sources; or an improved source that is more than 500 metres from the premises; or there is no water source.</td>
<td>Toilet facilities are unimproved i.e. pit latrines without a slab or platform, hanging latrines, bucket latrines or there are no toilets.</td>
<td>No functional hand hygiene facilities are available either at points of care or toilets.</td>
<td>There are no separate bins for sharps or infectious waste, and sharps and/or Infectious waste are not treated/disposed of.</td>
<td>No cleaning protocols are available and no staff have received training on cleaning.</td>
</tr>
</tbody>
</table>

* Improved water sources are those that by nature of their design and construction have the potential to deliver safe water. These include piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water. Improved sanitation facilities are those designed to hygienically separate human excreta from human contact. These include wet sanitation technologies – such as flush and pour-flush toilets connecting to sewers, septic tanks or pit latrines – and dry sanitation technologies – such as dry pit latrines with slabs, and composting toilets.

World estimates?

- We had water and hygiene estimates in 2021
- Losing estimates due to China ageing data
  - Only one data source dated 2018
  - JMP rules: extrapolation of max 4 years
- Good news from a couple of SDG regions

Results under embargo until July 2024
Fragile and extremely fragile countries

Results under embargo until July 2024

Figure WASH1.2: Regional WASH in HCF ladders (%) 2023
Source: WHO/UNICEF JMP (2024)
Thank you!!

www.washdata.org
Salvatore Vinci & Ranjit Dhiman

Electrification of health care facilities: trends and opportunities
Strategic roundtable on WASH, waste and electricity in health care facilities

High value opportunities to integrate with health
Fundamentals for quality care: Strategic actions to accelerate WASH, waste and electricity services in health care facilities

Session 4. High value opportunities to integrate with health: infection prevention and control

Dr Benedetta Allegranzi
Unit head & technical lead, IPC Unit and Hub, WHO HQ

World Health Organization

23 May 2024
IPC 2022-2030: Elevating IPC in the global health and political agenda
Global strategy on infection prevention and control

Eight strategic directions provide the overall guiding framework for country actions to implement the GSIPC:

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

https://www.who.int/publications/m/item/global-strategy-on-infection-prevention-and-control
From the global strategy to the GAP&MF

Global Strategy on IPC – 8 Strategic Directions

Global Action Plan & Monitoring Framework

Actions
Indicators
Targets

Theory of Change

Global National Facility
### WASH in IPC GAP/MF: strategic direction 1 – POLITICAL COMMITMENT AND POLICIES

<table>
<thead>
<tr>
<th>Action</th>
<th>Indicator(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>National level</td>
<td>1. Dedicated and sufficient funding allocated at the national level for WASH services and activities</td>
</tr>
</tbody>
</table>

**Key action 5**

Demonstrate evidence of investment by national authorities in WASH and infrastructure services for health care waste and cleaning and staffing to ensure that all health care facilities have safely managed WASH services to enable IPC practices

### Strategic direction 1 – Global targets and related indicators

<table>
<thead>
<tr>
<th>Additional target</th>
<th>Proportion of countries with dedicated and sufficient funding for WASH services and activities</th>
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<tbody>
<tr>
<td></td>
<td>Increase of the proportion of countries with dedicated and sufficient funding for WASH services and activities to:</td>
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<tr>
<td></td>
<td>40% of countries by 2026</td>
</tr>
<tr>
<td></td>
<td>80% of countries by 2028</td>
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<tr>
<td></td>
<td>100% of countries by 2030</td>
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<tr>
<td>Baseline (2022): 3%</td>
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</table>
### WASH in IPC GAP/MF: strategic direction 2 – ACTIVE IPC PROGRAMMES

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<th>Action</th>
<th>Indicator(s)</th>
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<tbody>
<tr>
<td><strong>National level</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Key action 1</strong></td>
<td><strong>Establish a national IPC programme and/or demonstrate evidence of improvement of IPC programmes, including WASH (namely, meet WHO’s minimum requirements at national and facility levels)</strong></td>
</tr>
<tr>
<td></td>
<td>1. 1. All WHO’s minimum requirements for IPC at national level (see document EB154/8 Add.1) met (to be assessed through WHO’s Global IPC portal)</td>
</tr>
<tr>
<td></td>
<td>2. Proportion of health facilities meeting all WHO’s minimum requirements for IPC at facility level (to be assessed through WHO’s IPC portal)</td>
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<tr>
<td></td>
<td>3. Proportion of health care facilities with basic water, sanitation, hygiene, and waste services (per each indicator, to be assessed through the definitions of the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene)</td>
</tr>
</tbody>
</table>

| **Strategic direction 2 – Global targets and related indicators** | |
| **Core target 6/top 8 global targets** | Proportion of countries with basic water, sanitation, hygiene and waste services in all health care facilities (per each indicator as monitored in the definitions of the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene) |
| | Increase of the proportion of countries with basic water, sanitation, hygiene and waste services in all health care facilities to: |
| | 60% by 2026 |
| | 80% by 2028 |
| | 100% by 2030 |
| | Baseline (2022) – water: 78%; sanitation: not determined; hand hygiene: 51%; waste services: not determined |
### Strategic direction 3 – IPC INTEGRATION AND COORDINATION

<table>
<thead>
<tr>
<th>Action</th>
<th>Indicator(s)</th>
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<tbody>
<tr>
<td>National level</td>
<td></td>
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<tr>
<td><strong>Action 6</strong></td>
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</tbody>
</table>
| **Develop and cost national plans for WASH in health care facilities** | 1. Costed road maps (that is, national plans) for WASH in health care facilities which include IPC elements available  
2. Standards for water, sanitation, hygiene, cleaning and health care waste in health care facilities available |

### Strategic direction 2 – Global targets and related indicators

| Additional target | Proportion of countries with costed road maps (namely, national plans) for WASH in health care facilities  
Increase of the proportion of countries with costed road maps (namely, national plans) for WASH in health care facilities to:  
80% countries by 2026  
90% countries by 2028  
100% countries by 2030  
Baseline (2022): 63% of countries |

### Strategic direction 2 – National targets and related indicators

| Additional target | Proportion of facilities with a dedicated and sufficient funding for WASH services and activities  
Increase of the proportion of facilities with a dedicated and sufficient funding for WASH services and activities to:  
40% of facilities by 2026  
80% of facilities by 2028  
100% of facilities by 2030 |
Thank you very much for your attention & thanks to the WHO IPC team

https://www.who.int/teams/integrated-health-services/infection-prevention-control
Three components of primary health care

- Multisectorality
- Empowerment
- Services

Primary health care presents an important opportunity to drive progress in WASH and energy in health care facilities

- Outlines 14 interdependent levers needed to translate commitment into actions and interventions
- **Lever 7** – physical infrastructure (WASH, energy)
- Can be used to accelerate progress into strengthening PHC-oriented systems
Strengthening Climate Resilient WASH and Electricity for Environmentally Sustainable Health Facilities in the Philippines

Strategic Roundtable on WASH and Waste in Health Care Facilities
23-24 May 2024, WHO HQ, Geneva

Engr. June Philip Ruiz (DOH) &
Engr. Bonifacio Magtibay (WHO)
Green and Safe Health Facilities

The DOH through its Green and Safe Health Facilities Program, shall, as much as possible, promote the greening of hospitals and health facilities.
8-Point Action Agenda:

#4 Bawat Komunidad Handa sa Krisis

**HANDA sa KRISIS**

Strategic Objective:
Responsive and Resilient Health System

**Intervention:**

✓ Climate Resilient and Environmentally Sustainable Health Facilities

**Targets:**
Govt hospitals are climate resilient and environmentally sustainable

- 2023: 8%
- 2024: 16%
- 2025: 25%
- 2026: 33%
- 2027: 41%
- 2028: 50%

✓ Green and Safe Health Facilities Initiatives
Energy Efficiency and Water, Sanitation and Hygiene

- Energy Conservation
- Energy Label and Management
- Natural Ventilation and Building Envelop

Water, Sanitation, and Hygiene
- Sufficient and Safe Water Supply
- Water Management and Discharge

Analysis DOH Hospitals Electrical Consumption (n=67)

Energy Audit

Guidelines of Water and Sanitation for Health Facilities (WASH FIT)

Six WASH FIT Domains

WASH FIT Indicators

WASH FIT helps improve...
Making Renewable Energy Accessible to Health Facilities

- Compliance to Government Energy Management Program
- Energy Audit for Government Hospitals
- Energy Efficiency and Conservation Plan
- Transition to Renewable Energy through Green Energy Option Program
Strengthen Water Efficiency, Sanitation, and Hygiene for HFs

- Location and **Accessibility of water points** within the HFs
- Stable **water supply** over time
- Quality and **Quantity of water available**

WASH → Infection Prevention and Control → Universal Health Care
Investing for Resilience and Sustainability

Solutions in managing climate change to health are constrained by some issues that need to be addressed

<table>
<thead>
<tr>
<th>Issues</th>
<th>Critical Factors</th>
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<tbody>
<tr>
<td>Limited Public Awareness</td>
<td>Policy implementation and sustained commitment</td>
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<tr>
<td>Lack of attention to impacts and solutions</td>
<td>Leadership and governance</td>
</tr>
<tr>
<td>Weak adaptive capacity of health system</td>
<td>Data and evidence</td>
</tr>
<tr>
<td>Funding gaps</td>
<td>Multisectoral collaboration</td>
</tr>
</tbody>
</table>

In our pursuit to adapt to climate change impacts on our health system, we also need to be cognizant of some critical factors
MARAMING SALAMAT!

Healthy Pilipinas, Bawat Buhay Mahalaga!
Leadership at the global, regional and national level to strengthen standards and monitoring in Hungary

Márta Vargha
National Center for Public Health and Pharmacy
WHO Collaborating Centre for Environmental Risk Management
UN Group of Friends on WASH in healthcare facilities

• Co-chaired by the Philippines and Hungary
• Launched in December 2021
• Formed in response to
  • UN Secretary General’s Call to Action
  • Resolution of the 72nd WHA
  • Alarming findings of the WHO/UNICEF 2020 Global progress report
• Aims to keep WASH in HCF in the highest political agenda and inspire commitment and accountability in the Member States
• Advocates for WASH in HCF in all political forums
• Initiated the UNGA Resolution
Integrate WASH, waste and electricity services into health planning, programming, financing and monitoring at all levels
• Regularly monitor and review progress, and strengthen accountability
• Develop and empower the health workforce to deliver and maintain WASH, waste and electricity services, and practice good hygiene
Protocol on Water and Health

- First and only multilateral agreement addressing protection of human health and well-being
- Links sustainable water management with prevention, control and reduction of water-related disease
- 29 parties and 14 signatories in the WHO EURO
- Secratariat: WHO EURO and UNECE
- Programme of work: 9 programme areas

Tasks related to WASH in HCF

- Facilitate policy dialogue and capacity building through regional or subregional workshops
- Support countries in national baseline assessment and informed action planning, strengthening surveillance and facility-based improvement through the application of the WHO WASH FIT tool
Achievements under the Protocol on Water and Health

- Assessment tool developed under the Protocol (2022)
- Progressive uptake in undertaking comprehensive baseline assessments in Serbia, Montenegro, Hungary, Tajikistan, Georgia, Turkmenistan
- Baseline informs national interventions: infrastructural, behavioral, regulatory, standards, including uptake of the WASH FIT tool

National baseline assessment in Hungary

**Enabling environment**
* Regulations, standards, guidelines

**Scientific evidence**
* Scientific and gray literature, reports

**Situation assessment**
* Questionnaire survey of secondary and tertiary care institutions

**Key findings**
- Regulation covers infrastructural obligations, O&M aspect in guidelines/standards
- Literature focuses on infection control and nosocomial pathogens
- High infrastructural compliance (water, toilets, disinfectant dispensers, electricity saving devices etc.)
- Safe drinking water is available in every facility
- Good waste management practices are in place
- Monitoring and mandatory reporting scheme for nosocomial infections
- Recommendations formulated

**Challenges**
- Regulation covers most areas, but
  - No requirements on menstrual hygiene management
  - No regulation on HCF WW pre-treatment
- Monitoring: Lack of financing information
- Concerns of Legionella colonisation
- Accessibility and MHM suitable toilets
- Hand hygiene: behaviour change is needed
- Cleaning staff is not available in 24/7 in many HCF
Lessons learnt and way forward

• High level political leadership fosters global action
• Regional instrument provides a platform for knowledge sharing and information exchange
• Survey tool and other resources developed under the Protocol on Water and Health can be also used by countries outside the European Region
• ”Deep dive” national situation analysis provides baseline for action planning on all levels (institutional, local and national)
• Findings were disseminated on various fora to reach different actors (e.g. to public health officers, epidemiologist, infection control staff, healthcare facility higher management)
• Recommendations include development of national advanced level indicators
  • *Legionella* prevention and control
  • Accessible toilets in every ward
  • Environmental cleaning accompanied by efficiency evaluation
Thank you for your attention!
Scaling up climate smart waste solutions in health care facilities in Nepal

Nepal

Upendra Dhungana, Senior Public Health Administrator
Chief, Env. Health &HCWM section
Department of Health Services

Strategic Roundtable on WASH and Waste in Health Care Facilities
23-24 May 2024, WHO HQ, Geneva
A Missed Opportunity

Improper segregation of waste contributes to less resource recovery

Source: NHRC conference 2024 paper “An experience on HCWM intervention of 13 hospitals”
Solid Waste Management Act, 2068 (2011)

Date of Authentication and Publication
2011/11/21

2) Notwithstanding anything written in Sub-section (1), the responsibility for the processing and management within the set standard of harmful waste, health risk, related waste, chemical waste or industrial waste shall lie of the individual or body producing such solid waste.
Engaging leaders and stakeholders

First National workshop by MoHP in Dec 2019 - 12 points collaborative actions to work on HCWM.

- Larger Facilities (Hospitals):
  - Chair of the Health Facility Operation and Management
  - Chief or Director of the HCP (Chair)
  - Department Heads
  - Nursing staff
  - Waste Management Officer / Trained Local Person
  - Housekeeping
  - Representative from cleaning staff

- Smaller Facilities (Health Post, clinics and others):
  - Chair / Representative from HCFMC
  - Chief of the HCP
  - Technical Staff / Trained local person
  - Support Staff (Cleaners and workers)

Steering committees and TWGs including members from different Health Development Partners.

Utmost level of commitment to prohibit burning of healthcare waste at 1,400 HFs by 2030

Integration of HCW to municipal waste stream for promotion of non-burn technology and reduction of burden for landfill site

Provincial level dissemination of standards and SOPs

Operation and Maintenance policy and matching funds in some Local level.
What have been the key enablers of success?

• **Dedicated section** under Department of Health Services

• **Endorsement of the National SOP for HCWM 2020**

• **Minimum Service Standards (MSS)** by MOHP sets out HCWM indicators

• Development of Integrated **training packages** on HCWM, WASH and Environmental Health

• Focused **onsite coaching, monitoring** and implementation support to the hospitals

• Effective **Leadership** of Hospitals/Health Facilities

• **Use of COVID 19 response funds**

• **TA** from National and International level

• Significant **collaboration among partners**
Approaches

**Infrastructure development and equipment supply**
- Assessment of hospital readiness to HCWM, WASH and IPC
- Refurbishment/construction of HCWM treatment center
- Supply and installation of equipment and utility (Autoclave, medication trolley, bins, etc.)

**HCWM Intervention**
- MToT, hospital-based training
- HCWM model ward setup and replication
- Structured data recording and reporting
- Regular validation and maintenance of autoclave
- BCC for good practices

**Detailed Assessment**
- Onsite orientation
- Bucket cleaning and cooling
- Waste generation record of 7-consecutive days
- Proper waste segregation for 7-consecutive days
- Data Analysis
- Implementation plan development

**Evaluation and Follow Up**
- Monitoring and onsite coaching
Results

NEPAL
Use of alternative waste treatment technologies and recycling of vaccination waste

GLOBAL ANALYSIS OF HEALTH CARE WASTE IN THE CONTEXT OF COVID-19
STATUS, IMPACTS AND RECOMMENDATIONS

Budgeting and advocacy to improve water, sanitation, and hygiene in healthcare facilities: a case study in Nepal

January 2024

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Transportation

Treatment

Post Rx

Segregation

Disposal

Storage/Resource recovery

Data and quality assurance

OSH
Barrier of success/ sustainability

- Inadequate tech. knowledge of Health sector/ Lack of Dedicated HR
- Insufficient budget for WTC construction, O&M
  No budget health WASH/HCWM
- Integration of HCW with municipal waste system at scale
- No HCW data M&E through HMIS
- Scrap tax, expand scope of recycling waste
- Replication of HCWM good practices to basic/ rural HFs
What next?

**Scale up**
To basic level health facilities for healthcare waste management

**Financing**
Financing Costed Roadmap to meet SDG for WASH in Healthcare Facilities

**Technology**
Cheaper and climate smart Non-burn techniques for HCWM can be replicated to make the technology more accessible to LMICS

**Guidelines**
Hub cutters at vaccination sites
Expired COVID 19 vaccine management

**Evidence/advocacy**
Comparison of different methods including Non burn in addition to existing WHO guideline and recommendation

**Complex Waste Solutions**
Sustainable management of liquid healthcare waste and pharmaceutical waste with environment friendly technologies.
Three global recommendations/way forward

**Recommendation 1:** Integrate WASH, waste management, and electricity access into health system planning, programming, financing, implementation and monitoring at all levels.
- Applying WASHFIT and Minimum service standards tools
- Promote non burn technology of healthcare waste at 1,400 HFs by 2030 as per 2nd NDC
- Estimation of Greenhouse gas from health sector and reduction plan

**Recommendation 2:** Regularly monitor and review progress, and strengthen accountability
- Integration with HMIS, including healthcare waste indicators
- Strengthen leadership of local government

**Recommendation 3:** Develop the workforce by training and mentoring for practising good hygiene, carrying out safe cleaning and waste practices and support management and maintenance of safe WASH, waste and electricity services.
- Basic training and onsite coaching to health workers
- O and M manual development/ training and hands on coaching to operator for Autoclave and Microwave
Thank You
Supporting better quality of care in Tanzania through improved WASH and electricity

Strategic Roundtable on WASH, Waste and Electricity in Health Care Facilities

23–24 May 2024, WHO HQ, Geneva
WASH – a fundamental building block, BUT…

Remains shockingly inadequate in most health care facilities (HCFs) in Tanzania

- 46% No basic water
- 39% No functioning toilet
- 34% No functional handwashing facilities at points of care
- 57% No basic HCW
Access to electricity

Population with access to electricity

<table>
<thead>
<tr>
<th></th>
<th>National</th>
<th>Urban</th>
<th>Rural</th>
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</thead>
<tbody>
<tr>
<td>No access</td>
<td>42.7</td>
<td>77.3</td>
<td>22</td>
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<tr>
<td>Unreliable access</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reliable access</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HCFs with access to electricity*

<table>
<thead>
<tr>
<th></th>
<th>National</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>No access</td>
<td>29</td>
<td>9</td>
<td>22</td>
</tr>
<tr>
<td>Unreliable access</td>
<td>8</td>
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<td>18</td>
</tr>
<tr>
<td>Reliable access</td>
<td>63</td>
<td>70</td>
<td>60</td>
</tr>
</tbody>
</table>

*Source: WHO, 2022

- Connectivity rate: **37.7%**
- Electricity connection: **Half** of the population
- **Significant efforts** ongoing to increase access to electricity
Challenge ahead: Achieving targets in HCFs by 2030

Target: Reaching full coverage of basic WASH services

Target: Accelerating universal access to electricity

<table>
<thead>
<tr>
<th>Production</th>
<th>Distribution</th>
<th>End user</th>
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</thead>
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<tr>
<td>Power Generation</td>
<td>Remote monitoring</td>
<td>Charge controller</td>
</tr>
<tr>
<td></td>
<td>Energy storage</td>
<td>Inverter/Charger</td>
</tr>
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<td></td>
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<td>Diesel Gen-Set</td>
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<td></td>
<td></td>
<td>DC AC</td>
</tr>
</tbody>
</table>
Actions towards better WASH and electricity in HCFs

National guidelines and standards for WASH and HCW in HCFs developed and rolled-out

WASH FIT adapted and applied:

- National ToT, 14 regional teams and 43 district teams
- Implementation at facility level

WASH in health care facilities financed through National WASH Programme (WSDP)

National assessment of WASH in HCFs underway to inform development of the roadmap and strengthen monitoring

To view the Guidelines, click here
Goal = universal access to modern energy services by 2030

Opportunities for private sector in the generation and distribution of electricity
- SPPs below 1MW do not need a licence, but need to register
- SPPs below 100kW can charge approved cost reflective tariffs

Tax exemption on solar & wind products

Establishment of rural energy fund via rural energy agency – accelerated electrification of rural institutions

Tanzania Rural Electrification Expansion Program (TREEP) – enabled new connection of over 1,600 HCFs (2018–2023)
Obstacles

- Inadequate financing for WASH and electricity in HCFs
- Rural–urban disparities in access to electricity and WASH services
- Rapid growth in urban population
- Lack of reliable data for planning and monitoring
- Neglected O&M of the existing infrastructure
- Unclear responsibilities and limited coordination among key institutions
- Limited availability of grid electricity
Recommendations for WASH

Enhance **monitoring** and generate **evidence** to inform planning and influence targeted resource allocation

Promote **balanced new investments** and **maintenance** of existing facilities

Develop a **national costed roadmap** to accelerate improvement of WASH services

Advocate for **increased financing for WASH in HCFs** and leverage funding to scale up interventions
Recommendations for electricity

- Conduct a standardized national health–energy demand assessment
- Develop a costed plan for the electrification of HCFs especially in rural areas
- Establish clear governance mechanisms to clarify roles and responsibilities among key stakeholders
Call to action

Ask national Governments to strengthen integration between WASH, energy and health sectors to accelerate better WASH and adequate electricity in HCFs

Increase investment in WASH and electricity in HCFs to save lives and resources
Thank you
Strategic roundtable on WASH, waste and electricity in health care facilities

Cost of inaction and optimal financing mechanisms and opportunities
Costs of Health Care Associated Infections from Inadequate Water and Sanitation in Health Care Facilities in Sub-Saharan Africa

Guy Hutton, Claire Chase, Ruth Kennedy Walker, Helen Hamilton, Mary Ashinyo

Presented at Strategic Roundtable Discussion, IFRC Geneva – 23 May 2024
Introduction

- Healthcare-associated infections (HAIs) are a global problem, and in Sub-Saharan Africa (SSA) around 10-20% of inpatients pick up an infection they were not admitted with.
- HAIs cause additional illness and impact on quality of life, leading to prolonged hospital stay, excess costs and sometimes death.
- HAIs also impact healthcare workers, reducing availability of already stretched staff.
- The impacts are exacerbated by the high rates of antimicrobial resistance (AMR), which are 20-80% in SSA, depending on the infection and the drug.
Why this study?

- Unclean drinking water, inadequate sanitation, and poor practices of hand washing, infection prevention and control, and waste management are main causes of HAI
- WASH coverage in healthcare facilities in Sub-Saharan Africa below 50% on average
- Most SSA countries have policies and plans for IPC and AMR prevention
- IPC practices are difficult to increase and maintain, made harder by the inadequate staffing numbers and lack of funds for materials and equipment
- Need to quantify the impacts on patients and health systems caused by HAIs
Focus countries

Angola, DRC, Ethiopia, Ghana, Kenya, Madagascar, Malawi, Mali, Mozambique, Nigeria, Sudan, Tanzania, Uganda, and Zambia.

Together, these countries account for 827 million population, which is two-thirds of the SSA population of 1.18 billion in 2021.
Study objectives

Estimate the financial and economic costs of HAIs to healthcare systems and patients in fourteen countries of Sub-Saharan Africa

- Healthcare costs (‘hotel’, drugs, lab tests)
- Lost productivity costs to the patient
- Premature mortality costs

Compare with the approximate costs of implementing basic WASH, environmental cleaning and healthcare waste management (Chaitkin et al, 2021)

Allowing us to answer:
What is the proportion of healthcare costs caused by HAIs to total health spending?
Do healthcare costs prevented exceed the costs of averting HAIs?
How do total economic costs of HAIs compare with GDP?
What is the benefit-cost ratio?
Cost-of-illness methodology - model constructed to combine variables to estimate the monetary costs to society of HAIs in 2022.

Healthcare cost: number of inpatients \( \times \) HAI rate \( \times \) additional length of stay and treatment cost

Productivity losses: number of inpatients \( \times \) HAI rate \( \times \) additional illness days \( \times \) daily value of time

Mortality cost: number of inpatients \( \times \) HAI rate \( \times \) case fatality rate \( \times \) value of a life
Results: Number of infections and deaths

Annual number of healthcare associated infections = 4.8 million cases
Annual number of excess deaths = 500,000 deaths
Results: Monetary value of losses

Total valued losses = **US$13 billion** per year, of which healthcare cost = **US$2.4 billion**
Results: Sensitivity analysis on monetary value of losses

Using high and low values for key variables showed variation from US$9 to US$35 billion per year, around the baseline value of US$13 billion.
Results: Comparative losses

Total valued losses = **1.14%** of combined GDP. Healthcare cost as a percent of health spending = **5.6%**
Results: Cost-benefit analysis

- Overall, the total cost-of-illness per capita (over entire population) is **US$15.7**
- The healthcare cost per capita is **US$2.9** per capita
- If a conservative **50%** of HAIs can be prevented with a basic WASH, IPC and HCWM package, it will save **US$7.85** per capita in economic costs and **US$1.45** per capita in healthcare costs (annually)
- Compared with approximately **US$1** per capita annually for a basic WASH, IPC and HCWM package (Chaitkin et al, 2021), healthcare costs can be saved from this intervention
## Results: Cost-benefit analysis

Detailed results, by income category

<table>
<thead>
<tr>
<th>Income classification</th>
<th>Cost-of-illness per capita</th>
<th>Averted costs (50% reduction) per capita</th>
<th>Intervention costs per capita</th>
<th>Benefit-cost ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health care</td>
<td>Total*</td>
<td>Health care</td>
<td>Total*</td>
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<td>$1.05</td>
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<tr>
<td>Lower-middle</td>
<td>$3.60</td>
<td>$23.9</td>
<td>$1.80</td>
<td>$11.95</td>
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<tr>
<td>All 14 countries</td>
<td>$2.90</td>
<td>$15.7</td>
<td>$1.45</td>
<td>$7.85</td>
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</tbody>
</table>
This study has demonstrated that there are major unquantified costs of healthcare associated infections in Sub-Saharan Africa.

A package of WASH interventions can prevent a major proportion of cases, thereby saving costs and lives of patients, and reducing exposure of healthcare workers.

Several weaknesses associated with desk study should be borne in mind:

- Model weaknesses: omitted impacts (leading to conservative results)
- Method weaknesses: largest share of benefits are lives saved – lack of VSL studies in SSA
- Data weaknesses: extrapolated cost data, weak case fatality data, lack of HAI rates in some countries

Methods could be fine-tuned in study countries and other data sources accessed to produce more credible estimates for target audiences.

If the findings have traction, the simple methodology could be used in more countries.
Further reading:

Pre-print available:

Financial and economic costs of healthcare associated infections in Africa

Guy Hutton, Claire Chase, Ruth Kennedy-Wilson, Helen Humble

Summary

Background

Healthcare-associated infections (HAI) remain a global health challenge and have elevated rates in Sub-Saharan Africa. HAIs impact patients and their families by causing illness, prolonged hospital stay, potential disability, excess costs and sometimes death. The costs of HAIs are increasing due to spreading antimicrobial resistance. A major risk factor for HAIs is lack of water, sanitation, and hygiene (WASH), environmental cleaning and healthcare waste management. In Sub-Saharan Africa these services are lacking in at least 50% of healthcare facilities.
Thank You!

Contact:
- Guy Hutton, Innate Values Ltd. guy.hutton@innatevalues.com
- Claire Chase, Water Global Practice, World Bank
- Ruth Kennedy Walker, Water Global Practice, World Bank
- Helen Hamilton, WaterAid
- Mary Ashinyo, WaterAid
Strategic roundtable on WASH, waste and electricity in health care facilities

Operationalizing and implementing Framework actions
Strategic roundtable on WASH, waste and electricity in health care facilities

Distillation of Day 1
Investing for Resilience and Sustainability

Solutions in managing climate change to health are constrained by some issues that need to be addressed

<table>
<thead>
<tr>
<th>Issues</th>
<th>Critical Factors</th>
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<tbody>
<tr>
<td>• Limited Public Awareness</td>
<td>• Policy implementation and sustained commitment</td>
</tr>
<tr>
<td>• Lack of attention to impacts and solutions</td>
<td>• Leadership and governance</td>
</tr>
<tr>
<td>• Weak adaptive capacity of health system</td>
<td>• Data and evidence</td>
</tr>
<tr>
<td>• Funding gaps</td>
<td>• Multisectoral collaboration</td>
</tr>
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</table>

In our pursuit to adapt to climate change impacts on our health system, we also need to be cognizant of some critical factors
Strategic roundtable on WASH, waste and electricity in health care facilities

Unlocking leadership to drive progress
Dr Annette Pruss, Dr Diarmid Campbell-Lendrum, Dr Elena Villalobos Prats

Safe, climate-resilient and environmentally sustainable HCF
Advancing towards safe, climate-resilient and environmentally sustainable health care facilities

Dr Annette Prüss | Unit Head, Policies and Interventions for Health & Environment
Department of Environment, Climate change and Health
The delivery of high-quality health services requires:

Functional basic infrastructure:
- Safe and reliable electricity & WASH
- Waste management services

But also:
- Resilience to climate change
- Environmental sustainability

And:
- Sound management of chemicals and radiation
- Trained, supported and protected health workforce
Safe, climate-resilient and environmentally sustainable HCFs:

- Maintain environmental sustainability and keep carbon emissions low
- Minimize the use of harmful chemicals; adopt proper management practices; manage radiation used in health care
- Be resilient to the impacts of climate change
- Provide a safe and healthy environment for health workers

Functional basic infrastructure:

- Ensure the provision of reliable electricity
- Ensure the provision of safe waste management
- Ensure the provision of safe WASH services
Health care facilities threatened by climate change

Health sector responsible for > 5% of global greenhouse gas emissions

Climate change affects Operational capacity of Health Care Facilities

Increased demand for their services

Through, for example, extreme weather events:

- destruction of infrastructure and medical equipment,
- disruption of essential services.

Increased disease risk.
E.g., heat-related illnesses, outbreaks & infectious diseases, malnutrition, mental health disorders, etc.

Disadvantaged and vulnerable communities are the most affected
Climate-resilient and environmentally sustainable HCFs

- anticipate, respond to, cope with, recover from and adapt to climate-related shocks and stresses,
- minimize their negative impacts on the environment and leverage opportunities to restore and improve it.

Key actions:

- Conduct assessments on:
  - vulnerability to climate hazards,
  - GHG emissions.
- Develop and implement a plan for disaster preparedness, response and recovery management.
- Implement environmentally sustainable supply chains.
- Develop, implement, monitor and evaluate improvement plans for climate resilience, GHG emission reductions, and environmental sustainability.
- Procure and adopt climate-resilient technologies, products and processes with low environmental impact.

HCFs: Health care facilities
GHG: Greenhouse Gas
Health workers at risk

Health workers are exposed to occupational risks & hazards, such as chemicals, radiation, health care waste and infectious diseases.

Leads to:
- occupational illness and injuries
- health workforce shortages
- poor quality care
- unsafe conditions

Threatens the delivery of high-quality services & care
Healthy and safe work environments

Health workers (clinical and non-clinical) work for improving health.

Occupational health and safety programmes for health workers, aim to:
- prevent diseases and injuries arising from, linked with or occurring at work;
- build healthier and safer working environments;
- promote health and well-being of health workers.

Sound management of chemicals – chemicals used and produced in ways that minimize their potential adverse effects on human health and the environment.

Radiation protection and safety standards – recommendations and guidance to balance the benefits of medical radiation and radioactive material while minimizing risks for patients, health workers and the public.

Safe chemical and radiation management benefits health workers, and adjacent communities.
Healthy and safe work environments

Key actions:

Establish a programme for occupational health and safety for health care workers at the facility that:

- Include a policy on safety, health and working conditions.
- Identify a responsible person for occupational health.
- Create a joint labour–management health and safety committee.
- Establish safe procedures and provide ongoing training on managing chemicals, health care waste and radiation protection.
- Implements action plans to improve occupational health and safety and a policy for vaccinations.
- Establish procedures for identifying and reporting hazards, accidents and diseases.
- Provide occupational health services.
Thank you

Dr Annette Prüss | Unit Head, Policies and Interventions for Health & Environment
Department of Environment, Climate change and Health
pruessa@who.int

Photo credits: WHO Photo Library
Climate resilient and environmentally sustainable health systems and facilities

Elena Villalobos Prats
Capacity Building and Country Support Lead
Climate Change and Health Unit (CCH), WHO HQ
Climate change leads to health risk which is influenced by climate-related hazards such as extreme weather events, heat, sea level rise, air pollution, vector distribution and ecology, water scarcity, and reduced food production. Vulnerability factors include demographic, geographical, biological factors and health status, sociopolitical, and socioeconomic factors, along with health system capacity and gender & equity.

Exposure factors include people & communities, health workforce, infrastructure, energy systems, water systems, food systems, and health systems.

Health outcomes include injury and mortality from extreme weather events, heat-related illness, respiratory illness, water-borne diseases and other water-related health impacts, zoonoses, vector-borne diseases, malnutrition and food-borne diseases, noncommunicable diseases (NCDs), mental and psychosocial health.

Health systems & facilities include impacts on health care facilities and effects on health systems.

Environmental threats and GHG emissions are also shown as factors affecting climate change and health risk.
Climate resilient health systems and care facilities

**FIGURE 2: Conceptual framework for resilience**

1. **CONTEXT**
   - Health System or health care facility

2. **CHALLENGE/DISTURBANCE**
   - Shock

3. **CAPACITY TO DEAL WITH DISTURBANCE**
   - Vulnerability
     - Exposure
     - Sensitivity
     - Adaptive capacity

4. **CHOICES & OPPORTUNITIES**
   - Transform
   - Recover better than before
   - Recover to pre-event state
   - Recover but worse than before
   - Collapse

5. **OUTCOME OPTIONS**

Resilience = Decreased vulnerability + Increased capacity, improved choices & opportunities
Health Care’s Climate Footprint

• Between 4.4% to 5.2% of World’s GHG emissions are from the Health care sector

• Emissions equal to over 500 coal gas fired thermal power plants

• Over 70% of the global climate footprint is from Supply chain procurement

Contribution of different sectors to the greenhouse gas emissions of the NHS England, 2019
Health systems performance, health sector GHG per capita emissions, and CCH capacity

Fig. 5.4. Different pathways to maximize health systems performance, including climate resilience while minimizing GHG emissions
Pathways to strengthen climate resilience and low carbon sustainability: differences across countries
Approach to build climate resilience and low carbon sustainability in health systems and healthcare facilities
Framework for building CRESHCFs

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

Healthy people, Healthy environment
Goals:

• increase the **climate resilience**
• to **protect and improve** the health of their communities in an unstable and changing climate
• **optimizing the use of resources**
• **minimizing** the release of **wastes** by becoming environmentally sustainable.
What are climate resilient and environmentally sustainable health care facilities?

• **Climate resilient and environmentally sustainable health care facilities:**
  
  • anticipate, respond to, cope with, recover from and adapt to climate-related shocks and stresses
  
  • minimize negative impacts on the environment
  
  • restore and improve the environment (where possible)
Interventions

4 areas
X

3 objectives each
For climate resilience and environmental sustainability

24 tables of interventions
Checklists to assess vulnerabilities in health care facilities in the context of climate change.

Aga Khan Development Network Carbon Management Tool

Health Care Without Harm Climate Impact Checkup Tool

WHO Guidance for Climate Resilient and Environmentally Sustainable Health Care Facilities

WHO Operational Framework for Building Climate Resilient and Low Carbon Health Systems

Awareness, political commitment and community engagement

Assemble and train a multisectoral operative team

Monitor and evaluate improvements

Define and prioritize short- and long-term interventions

Develop and implement an improvement plan

Establish the baseline

Climate resilient and environmentally sustainable health care facility

WHO Health and Climate Change Global Survey (2021)

Health and climate change country profiles

Health and climate change
Assessing Vulnerabilities in Health Care Facilities

• Steps:

1. Identify climate **hazards** of concern
2. Assess current **vulnerability** for each of the hazards, in each of the key components of health care facilities
3. Understand potential **impacts** posed by climate variability and change in each of the key components of health care facilities
Understand potential impacts

**Health workforce**
- Affecting workers with pre-existing conditions (respiratory and cardiovascular diseases, overweight)
- Health workers are not able to arrive at or depart from the health care facility
- Reduced performance capacity, Deaths, injuries or illness
- Impacts on respiratory disease due to indoor mold growth

**WASH and healthcare waste**
- Reduced access to freshwater
- Water contamination
- Disruption of water supply, wastewater and sewage systems
- Saltwater intrusion in water and wastewater containment systems

**Energy**
- Gradual increase in the use of electricity for cooling purposes
- Power outages (wind- and lightning-related)
- Disruption of internal and external communication and information systems

**Technologies, infrastructure, products**
- Additional treatment of drinking water
- Need insulation, cooling and dehumidification
- Damage to systems (elevators, ramps, corridors, garage)
- Increased likelihood of water pipes bursting and water freezing

---

**Drought**
- Increased threat of noncommunicable diseases from poor air quality and higher temperatures to the health workforce
- Increased water stress effects (heat exhaustion and heat stroke)
- Loss of work capacity due to smoke, ash and high temperature
- Effects on mental health of staff

**WASH and healthcare waste**
- Insufficient water availability to provide health care services
- Shortage of safe water

**Energy**
- Water source contamination
- Power outages
- Reduced capacity to use equipment that require potable water

**Technologies, infrastructure, products**
- Disruption of energy-dependent water pumping and treatment
- Intermittent power delivery
- Disruption of water and food supply chains

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**Heatwave**
- Increased heat stress effects (heat exhaustion and heat stroke)
- Increased water demand
- Effects on mental health of staff

**WASH and healthcare waste**
- Water contamination

**Energy**
- Water source contamination
- Increased water demand
- Loss of vaccines, drugs, and other medical supplies

**Technologies, infrastructure, products**
- Damage to medical equipment
- Increased demand for cooling and rest areas for staff
- Increasing indoor air contamination from smoke, threatening the health of patients and staff

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**Wildfire**
- Life-threatening risks from exposure to excessive cold
- Reduced performance capacity
- Effects on mental health of staff

**WASH and healthcare waste**
- Increased likelihood of water pipes bursting and water freezing

**Energy**
- Loss of water pressure
- Disruption of internal heating systems

**Technologies, infrastructure, products**
- Difficulty in providing thermal comfort
- Increased electricity demand
- Damage to water pipes from cold exposure

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**Cold Wave**
- Increased threat of noncommunicable diseases from poor air quality and higher temperatures to the health workforce
- Increased heat stress effects (heat exhaustion and heat stroke)
- Reduced performance capacity

**WASH and healthcare waste**
- Water contamination

**Energy**
- Water source contamination
- Decreased capacity to use equipment that require potable water

**Technologies, infrastructure, products**
- Disruption of energy-dependent water pumping and treatment
- Intermittent power delivery
- Damage to water pipes from cold exposure
Checklists to assess vulnerabilities in health care facilities in the context of climate change.

- Aga Khan Development Network Carbon Management Tool
- Health Care Without Harm Climate Impact Checkup Tool
- WHO Guidance for Climate Resilient and Environmentally Sustainable Health Care Facilities
- WHO Operational Framework for Building Climate Resilient and Low Carbon Health Systems
**Interventions table 4.3.1C – Health and safety regulation:** Regulations on energy use and access are implemented taking into consideration climate variability and change, and environmental sustainability.

*(Energy – climate resilience)*

<table>
<thead>
<tr>
<th>Interventions (level of achievement)</th>
<th>Action level</th>
<th>Observations</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
</tr>
<tr>
<td>Medium, in progress, incomplete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High, completed, achieved</td>
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</table>

- **Updated building insulation and windows to comply with energy codes**: [ ] [ ] [ ]
- **Emergency electricity generators available to provide required electrical power if the municipal grid, or if the internal normal electrical system fails**: [ ] [ ] [ ]
- **Critical back-up power supplies available for building infrastructure (such as electrical power, heating and cooling)**: [ ] [ ] [ ]
- **Solar water heaters available for health care facility’s hot water needs**: [ ] [ ] [ ]
- **Backup energy equipment sufficiently elevated in areas prone to floods and anchored in areas prone to strong winds**: [ ] [ ] [ ]
- **Adequate backup energy source is available if the main source fails during an extreme weather event**: [ ] [ ] [ ]
- **Adequate lighting, communications, refrigeration and sterilization equipment are available during climate related disasters or emergencies**: [ ] [ ] [ ]
**Interventions table 4.3.2C - Health and safety regulation:** Regulations on energy use and access are implemented taking into consideration climate variability and change, and environmental sustainability.

(**Energy - environmental sustainability**)

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<td>High, completed, achieved</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Established education and awareness campaigns to reduce energy use with the participation of all staff | □ | □ | □ |
| Developed system of good practices of energy use conservation with incentives | □ | □ | □ |
| Developed a culture of energy saving by turning off office lights, computers and other equipment, and unplugging electronic devices when not in use | □ | □ | □ |
| Established strategies to lower energy use | □ | □ | □ |
| Designed features that maximize natural ventilation such as high ceilings, large windows and skylights (without compromising the structural integrity of the building) | □ | □ | □ |
| Developed an energy management plan to measure energy consumption* | □ | □ | □ |
| Optimized the use of on-site renewable energy | □ | □ | □ |
| Renewable energy powers energy efficient | □ | □ | □ |
Checklists to assess vulnerabilities in health care facilities in the context of climate change.

Aga Khan Development Network
Carbon Management Tool

Health Care Without Harm
Climate Impact Checkup Tool

WHO Guidance for Climate Resilient and Environmentally Sustainable Health Care Facilities

WHO Operational Framework for Building Climate Resilient and Low Carbon Health Systems

WHO Health and Climate Change Global Survey (2021)

Health and climate change country profiles

Awareness, political commitment and community engagement

Monitor and evaluate improvements

Assemble and train a multisectoral operative team

Define and prioritize short- and long-term interventions

Develop and implement an improvement plan

Establish the baseline

Climate resilient and environmentally sustainable health care facility
The Alliance for Transformative Action on Climate and Health (ATACH) was formed to support country-level and global delivery of climate resilient and low-carbon health systems.

In June 2022:

- 82 countries
- Over 40 partners
- 5 Working Groups

Evolution of ATACH
1. Advocate for and enable concrete, ambitious commitments and priorities on climate change and health.

2. Support member states to deliver commitments and priorities.

3. Identify and promote evidence-based best practices, solutions and strategies.

4. Advocate for and support development of innovative climate change and health solutions.

ATACH has 4 main objectives.
Functions

**Advocacy and agenda setting:**
Creating an international shift in priority issues

**Knowledge sharing:**
Creating a platform to share experience, evidence, guidance, tools and technical assistance

**Finance:**
Identifying needs and supporting Member States to access finance for country-level interventions

**Monitoring:**
Tracking and measuring country progress towards commitments and priorities

ATACH has 5 key functions through which it achieves its objectives.
Monitoring: Country progress on CCH implementation

ATACH countries

82 countries committed to climate resilient and/or low-carbon health systems

Vulnerability & Adaptation (V&A) assessment conducted since 2020

- Completed: 29%
- Started: 37%
- Not yet conducted/developed: 21%
- Unknown: 27%

Health National Action Plan (HNAP) developed/updated since 2020

- Completed: 1%
- Started: 37%
- Not yet conducted/developed: 47%
- Unknown: 17%

GHG emissions assessment for health system conducted

- Completed: 12%
- Started: 16%
- Not yet conducted/developed: 47%
- Unknown: 22%

Low-carbon and sustainable health systems action plan developed

- Completed: 1%
- Started: 6%
- Not yet conducted/developed: 55%
- Unknown: 21%

Response provided by 78 countries

Data source: 2023/24 ATACH Baseline Questionnaire
### Partner support on CCH implementation

Example 2: Health Care Without Harm

Technical and financial support to CCH country processes

<table>
<thead>
<tr>
<th>Country</th>
<th>V&amp;A Assessment</th>
<th>HNAP</th>
<th>GHG Emissions Assessment for Health Systems</th>
<th>GHG Emissions Assessment for Health Facilities</th>
<th>Low-carbon and sustainable health systems action plan*</th>
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*In Partnership with Arup

Data source: 2023/24 ATACH Baseline Questionnaire
Example 1: Green Climate Fund

Investments in climate-resilient and low carbon health systems & adaptation projects with potential health benefits

US$ 32M Invested in Climate Change and Health
US$566 Invested in projects with potential health co-benefits

*15 projects, with 12 focusing on improved water and food security

Data source: 2023/24 ATACH Baseline Questionnaire, 2023 Lancet Countdown
Path forward: **Implementation**

ATACH positioned as the global platform bringing together countries and partners around knowledge, finance and interventions for climate change and health.

- Leverage greater involvement and leadership by countries and partners
- Enable action and delivery on tasks
Strategic roundtable on WASH, waste and electricity in health care facilities

Wider integration with emergency, pandemic preparedness and AMR
Dr April Baller, WHO

IPC/WASH opportunities in pandemic preparedness and outbreaks
Health emergencies preparedness and response
Limited surge capacity during emergencies – infrastructure, supplies

1. Isolation Capacity
2. Availability of PPE
3. Health and care worker post-exposure management
Real-time capacity strengthening
Opportunities

- Global Architecture for Health Emergency Preparedness, Response, and Resilience: **Systems** strengthen capacity, coordination and collaboration

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**Safe & Scalable Care | Emergency care systems ready to respond rapidly, and to ensure communities have access to quality health services in safe and functional settings**

- **Scaling clinical care during emergencies**
  - Adaptable and scalable clinical pathways, workforce infrastructure and supply chain

- **Protect the health workers and patients**
  - Infection prevention and control, water and sanitation in health facilities, patient and workforce safety

- **Maintain essential health services**
  - Resilient health systems that can assess needs, capacities and gaps and adopt/ augment resources to deliver essential health services
“Integration” of IPC and WASH during emergencies

Strategic and technical lead on IPC and WASH during health emergencies, enabling countries to provide safe and scalable care and community protection through development of norms and standards, partnerships, promoting research and capacity strengthening.
Limited evidence base for IPC/WASH during emergencies - research prioritization

- Environment sampling methods and deactivation
- IPC measures: transmission-based precautions, PPE
- Early data management, collection, and interpretation
- Exploring non-toxic measures
- Pre-planned protocols for RCTs ready for outbreaks
- Standardization of wastewater-based surveillance
- Application of artificial intelligence
- Exploring low-cost methods

Opportunities

World Health Organization
Track 1: Monitoring

- **Key Issues**: Electricity data included; Limited available data; WASH indicators not included into HMIS (or other monitoring systems); undefined advanced indicators/differing levels of difficulty to meet existing JMP indicators, limited use of monitoring data in accountability systems, no global monitoring indicators on GEDSI, climate

- **Existing Tools**: JMP indicators (and draft birthing indicators)

- **Successes to-date**: Integration of WASH indicators into key monitoring tools like PHC measurement framework; examples from countries who have already developed higher level indicators; examples of WASH data being integrated into accreditation systems

How do we strengthen monitoring, and by extension, accountability systems? (activities to continue/improve/change, key asks, etc.)
Track 2: financing and investments

Increase investments and budgets for WASH, waste and electricity infrastructure and services, articulate viable budgeting and financing models for different settings and track spending as part of financially accountability. Such models should include workable tools for determining costs, prioritizing expenditures for both capital and recurrent costs, including for operation and maintenance. It also needs to explore viable financing models with a particular focus on public spending. In addition, document cost savings from such investments to increase political support and allocations.

- **Our task**: identify **activities to continue, activities to improve/change, key asks** for government and donors, ways to strengthen and integrate **climate, gender, human rights**
- **Knowledge**: investment case (costs and cost of inaction); financing gap
- **Tools**: costing tools and exercises, public expenditure review and tracking
- **Sources**: increase efficiencies, tariffs, public funds, private capital, climate finance, donors and development partners
- **Partnerships**: IFIs, Private sector, UN, Govt, academia
Track 3: Advocacy, Leadership, Civil Society, Gender

To continue
- Global and national advocacy
- Integration into climate, energy sectors and continue to work closely with PHC/Mother and Child Health

To improve/change
- Reach out to gender-focused networks
- Include health focused civil society networks
- Invest in mobilisation of direct voices and be intentional about opening spaces for engagement of women and health care workers in decision making platforms
- Build a stronger WASH for health investment case across priority integration areas

Key asks of governments
- Prioritise WASH W&E in planning and budgeting, including O&M costs
- Coordinate investments across sectors under the thematic heading WASH W&E (using budget tracking and M&E)
- Strengthen Information Management and use for decision-making
- Ensure a gender responsive/ GEDSI approach to programming, investments and monitoring

Key asks of partners
- Civil society including budget accountability on WASH in HCF
- Academia – building evidence based to support investment case for WASH in health
Track 5: Supporting and sustaining facility improvements, including through WASH FIT and other tools

State of the evidence
- Systematic review on WASH FIT effectiveness
- WHO/UNICEF evidence synthesis report (forthcoming, July 2024)

Global community of practice and working group on WASH FIT

Potential working group topics/outputs
- Digitization
- Health systems strengthening / integration
- Evidence building
- More sophisticated trainings
- Costing (what does it take to actually do WASH FIT?)
- Sustainability post project-inputs

Session objectives
- Articulate specific actions and needs to support sustaining improvements
- Contribute to consensus for the global framework for action
Linking the WASH System Essential Building Blocks (IRC WASH and WASH FIT (WHO, UNICEF))

WASH FIT supports national strategy rollout and informs discussions on norms & standards; e.g., waste management, patient safety policies, charters.

Policy & legislation: Sector policy & strategy, legal framework, norms & standards, by-laws

Planning: planning & budgeting, capacity & frameworks for planning

WASH FIT informs local/national health system and municipal annual development plans, helping to prioritize interventions in case of limited budgets.

WASH FIT gives autonomy to local levels for decision making, identifies capacity building needs for health workforce development.

Institutions: coordination, roles, responsibilities, capacity, sector mechanisms

Finance: flows & responsibilities, clear frameworks including life-cycle costs & source identification

WASH FIT plans can be used to generate costing data to advocate for staff & infrastructure financing.

WASH FIT assessments directly address quality and maintenance of climate resilient infrastructure.

Infrastructure: development & maintenance, project cycles, asset management, roles

Regulation & accountability: accountability mechanism, regulatory framework & capacity

WASH FIT facilitates consultations between community members and duty bearers (GEDSI).

WASH FIT data can feed into national monitoring for WASH in HCP; e.g., JMP indicators and WASH FIT in BHIS2 Mali

Monitoring: framework & routine implementation, service levels, use of data

Water resources management: allocation & management of resource abstraction, water quality, coordinated efforts

WASH FIT management domain sets for inclusion of climate resilience in HCP improvement plans and strategies.

Learning & adaptation: capacity & frameworks to capture and feedback lessons learned, update & adapt various building blocks

WASH FIT supports operational research and learning for enhancing infection prevention and control.