

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

23-24 May 2024

Geneva, Switzerland

Meeting Report



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Abbreviations

ATACH	Alliance for transformative action on climate and health
EMR	Eastern Mediterranean region
GAP	Global action plan
HAI	Healthcare-associated infection
HCF	Health care facilities
HCWM	Health care waste management
IPC	Infection prevention and control
JMP	WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation, and Hygiene
PHC	Primary health care
QoC	Quality of care
SDG	Sustainable Development Goal(s)
UHC	Universal health coverage
UNGA	United Nations General Assembly
UNICEF	United Nations Children's Fund
WASH FIT	Water and Sanitation for Health Facility Improvement Tool
WASH	Water, sanitation and hygiene
WHA	World Health Assembly
WHO	World Health Organization

Summary

WHO and UNICEF held a global strategic roundtable on water, sanitation and hygiene (WASH), waste management and electricity in health care facilities on 23-24 May 2024, hosted by IFRC in Geneva, Switzerland. The Roundtable follows from discussions held at the 2023 Global Summit on WASH, waste and electricity in health care facilities (held in Amman, Jordan) which included 35 countries and 130 participants. The meeting included a soft launch of the Global Framework for Action 2024-2030. The participants discussed implementation of the UN General Assembly Resolution, the Global Framework for Action 2024-2030, and how to strengthen integrated implementation, investment and leadership. The main outcome of this meeting is a draft consensus statement which will undergo a period of review before being signed by all parties.

The overall objectives of the meeting were to:

- provide an overview of climate resilient and sustainable health care facilities and articulate the role of WASH, waste and electricity in wider climate and health agendas
- present the new 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.

The Roundtable was attended by 45 participants in-person and 25 participants online, made up of the following:

Government representatives	Hungary, Nepal, the Philippines, and the United Republic of Tanzania
WHO and UNICEF regional and country staff	UNICEF: Middle East and North African WHO: Eastern Mediterranean, European Country offices: Philippines, United Republic of Tanzania
WHO and UNICEF headquarters staff	WASH, energy, climate, infection prevention and control, emergencies, maternal and child health, primary health care, immunization, health system strengthening, health financing.
NGOs and implementing partners	Catholic Relief Services, Health Care Without Harm, Helvetas, International Renewable Energy Agency (IRENA), Terre des hommes, WaterAid
International organizations	GAVI the Vaccine Alliance, Global Fund to Fight AIDS, Tuberculosis and Malaria, International Federation of Red Cross and Red Crescent Societies (IFRC), World Bank
Donors	United Kingdom Foreign and Commonwealth Development Office (FCDO), German Development Agency (GIZ), Swedish International Development Cooperation Agency (SIDA), United States Agency for International Development (USAID)
Academia	University of North Carolina (UNC)

This report documents the main discussions and outcomes. The meeting agenda can be found in the annex. All the presentations from the meeting are available on the WASH in health care facilities knowledge portal¹.

Reflections and update on global progress

WHO and UNICEF shared reflections on progress to date and some of the current and future challenges around monitoring (service levels and systems), technical support, knowledge sharing and exchange and leadership and global coordination. For global monitoring, progress includes an increase in country data availability on all types of WASH services (water, sanitation, hand hygiene, waste and cleaning), WHO/UNICEF global indicators are now included in major health instruments (IPC Global Action Plan and Monitoring Framework², WHO Global Programme of Work (2025-2028))³

¹ Presentations can be downloaded at <https://www.washinhcf.org/resource/strategic-roundtable-on-wash-waste-and-electricity-in-health-care-facilities/#/>

² WHO, 2024. Infection Prevention and Control Global Action Plan and Monitoring Framework (and supplementary materials). <https://www.who.int/teams/integrated-health-services/infection-prevention-control/draft-global-action-plan-and-monitoring-framework-on-ipc#:~:text=A%20Global%20action%20plan%20and,and%20facility%2Dlevel%20IPC%20actions.>

³ WHO, 2024. Global Programme of Work (2025-2028). <https://www.who.int/about/general-programme-of-work/fourteenth>

and the first ever global estimates of electricity access were published in 2023. Concerning technical support, WASH FIT is now widely used (75 countries), and there are more integrated efforts with IPC, electrification and climate resilience. On knowledge exchange, more actors are aware of resources (for example WASH FIT) and the demand for experience sharing is high (as shown by participants at the 2023 Summit). Finally on leadership and coordination, there is more political commitment (through the WHA and UNGA Resolutions) and a more diverse group of committed partners from WASH and health.

Regardless of these successes, challenges remain. Joint funding and monitoring with health remains limited, there is inadequate catalytic and sustained funding and donors and partners do not all use the same approaches. Better documentation of the use of WASH FIT, IPC and climate tools could support a more consolidated global approach and further roll-out. On global data and monitoring, data gaps remain even for basic services, there is limited national monitoring of higher service levels and integration in existing health monitoring systems. More joined up monitoring and reporting of WASH, waste and electricity is needed.

Launch of Global Framework for Action (2024-2030)

The [Global Framework for Action \(2024-2030\)](#) is the result of a global collaborative process. It reflects the data, evidence and recommendations articulated in recent WHO/UNICEF reports on WASH, waste and electricity in health care facilities. It outlines an operational plan for implementing the 2023 UNGA resolution on these issues. The target audience includes health leaders, policymakers, technical experts, development partners, gender equality advocates, and civil society stakeholders. The targets and actions outlined in the Framework centre around three areas: integration, policy and governance; service improvements; and equity, inclusivity and community engagement. The Framework was launched during the meeting, giving participants a chance to discuss the targets and provide reflections on how they will implement the recommendations.

The Consensus Statement on Priority Actions

The main outcome of the Global Strategic Roundtable meeting is a draft consensus statement. The document is a commitment from partners (e.g. UN agencies, NGOs, financing institutions and funds, civil society) present at the meeting. Countries are at the core of efforts and their commitments and actions are already articulated in the UNGA resolution. The statement includes a set of priority actions for implementation by WHO and UNICEF WASH and health teams, global health programmes and partners, NGOs and academia in both development and emergency settings. It also sets out commitments made by financing institutions to increase funding and support public sector system strengthening.

A zero draft was shared with participants for their reflections and input. Following the meeting, the consensus statement was revised and shared with all participants for their review, further input and endorsement. A final version will be published and disseminated in September 2024.

Unlocking leadership to drive progress: high-level session

The Hungarian Ambassador to the United Nations reiterated **Hungary's** commitment to this issue. The historical connection between maternal and child health can be traced back 200 years to Ignaz Semmelweis, a Hungarian doctor who researched and highlighted the linkage between doctors' unclean hands during child delivery and infection and maternal death. Hungary has consistently supported WASH in health care facilities and chaired the UN Group of Friends with the Philippines in 2023. Presently, Hungary chairs the protocol on Water and Health focusing on accountability and monitoring. The lead of **IFRC** health highlighted the critical role 191 national Red Cross and Red Crescent Societies play in facilitating and supporting better WASH services in order to promote health and provide direct health care services. IFRC highlighted examples from Lebanon and Philippines where local societies are working to ensure facilities meet accreditation standards for WASH and waste and are also working to support climate-resilient and sustainable services.

Leadership, advocacy, and strategic engagement at the national level

Due to the small size of the meeting, only four countries were represented at the meeting. These were **Hungary, Nepal, the Philippines, and the United Republic of Tanzania**. Countries were carefully selected to represent a broad range of geographies, income levels and to share diverse perspectives. Countries presented short updates on actions taken to date to implement the eight practical steps, plans to implement the UNGA resolution and examples of national leadership. Countries shared the following themes:

- Recognizing climate change as an urgent issue, countries are urged to incorporate climate resilience and environmental sustainability into WASH, waste management, and electricity services. The Philippines is addressing challenges in climate resilience and environmental sustainability in health care facilities, focusing on their ability to recover from extreme weather events. The Ministry of Health is rolling out WASH FIT, as part of the national initiative for greening health care facilities. This includes water and energy audits for accurate needs assessment and the introduction of solar energy for cost savings and reduction of emissions.
- Hungary shared examples of national advocacy and leadership. Hungary is a signatory of the European Protocol of Water and Health, the first and only regional multilateral agreement addressing protection of human health and well-being initiative. The Protocol has helped to advance work on conducting situational analyses, setting and meeting national targets and increasing leadership and investments. Hungary is also a co-chair of the UN Group of Friends on WASH in health care facilities which seeks to inspire commitment and accountability from all member states.
- Nepal shared some of challenges related to healthcare waste management, including a lack of dedicated human resources, inadequate budget allocation, ineffective integration of health care waste into municipal waste systems, and deficiencies in data collection and monitoring processes. Nepal has committed to stopping burning of waste in 1400 facilities by 2030 and has a number of policy and legal requirements which are designed to support this.
- Efforts to ensure energy access in health care settings are being sustained by the Tanzanian government through various initiatives. One measure is exempting Small Power Producers below 1MW from licensing requirements, requiring only registration. The Small Power Producers with a capacity under 100kW can charge approved cost-reflective tariffs, while tax

exemptions are provided for solar and wind products as part of the incentive scheme. Countries are adopting green energy technologies and introducing incentive programs to power both rural and urban health care facilities efficiently

Integration with health programs:

Representatives from health programmes at WHO, UNICEF and partners gave short presentations on opportunities for integration of WASH, waste and electricity services with health. These programs are infection prevention and control (IPC), quality of care for mothers, newborns, and children, primary health care, immunizations, climate resilient health care facilities, emergencies and financing for WASH.

The 77th World Health Assembly (WHA) marks a remarkable year for **infection prevention and control** (IPC) with the adoption of the [Global Action Plan \(GAP\)](#) and monitoring framework for IPC. The new GAP incorporates WASH in three of the eight strategic areas and its he indicators and targets align with indicators of the Joint Monitoring Programme (JMP) and WASH in health care facilities strategic documents. Notable indicators include one on budgeting for WASH services in health care facilities and on setting national WASH and waste standards in health care facilities.

Standards for **quality of care (QoC) for mothers, newborns, and children** include WASH infrastructure and electricity. However, health care workers often focus on other challenges and do not always prioritise WASH services. At the country level, initiating discussions on monitoring WASH and electricity services is crucial for the sustainable integration of WASH with QoC and health systems. Engaging WASH experts should be the first step in ensuring proper budgeting for WASH, waste and electricity services in QoC budgets.

Primary health care (PHC) should be seen as an approach for health systems rather than a separate programme. The three main components of PHC are multisectoral policy and action, empowering communities and integrating health services with an emphasis on quality of care and essential public health functions. The WHO/UNICEF operational framework for PHC has 14 levers on strategic and operational elements. Lever seven focuses on physical infrastructure, which links WASH, IPC, waste and electrification with the overall quality of care provided at primary health care. This can be used to accelerate progress into strengthening PHC-oriented systems.

Immunization initiatives often prioritize solarizing refrigerators for storing vaccines yet a more comprehensive approach which solarizes the entire health care facility would have more impact. Immunization activities produce significant medical waste, thus waste solutions (e.g. eco-friendly technologies like autoclaves and solutions to develop reverse logistics) should be considered. Decision-making on appropriate waste technologies should be informed by the types and volumes generated within healthcare facilities. Transport of waste should be integrated with vaccine supply distribution to streamline retrieval processes and centralize disposal operations.

Climate change impacts health facilities through extreme weather events which damages infrastructure and medical equipment, disrupts WASH services, waste management, and electricity supplies and increases demand for health services, putting a strain on health systems. The Alliance for Transformative Action on Climate and Health (ATACH) aims to assist 82 countries in enhancing **climate resilience and adopting low-carbon health systems** at the national level. This includes country-led implementation efforts focusing on increased participation and leadership. Practical budget allocation for climate action in health care are needed as countries seek clear examples of climate-friendly practices in health care facilities.

It is crucial to have measures, systems, and services ready before emergencies occur - the COVID-19 pandemic highlighted the consequences of delaying action. Challenges in **emergency and pandemic preparedness** include limited surge capacities (e.g. isolation facilities), limited availability of PPE, needs to reduce health worker exposure, and enhance capacity on IPC and WASH. Training during emergencies can be challenging for inexperienced frontline workers. A global framework for health emergency readiness is needed that improves financial support, governance structures, and operational systems and integrates IPC and WASH interventions comprehensively during emergencies.

Financing: The World Bank shared results of a study conducted in collaboration with WaterAid looking at the **costs of inaction related to WASH in healthcare facilities** across 14 sub-Saharan African countries. The research revealed that within these countries, approximately 10-20% of hospitalized patients contract healthcare-associated infections (HAIs). Annually, over 4.8 million cases of HAIs are reported, resulting in more than 500,000 deaths. The financial impact is substantial, amounting to over \$13 billion while the cost of enhancing WASH services in healthcare facilities is estimated at only \$2.4 million. The total cost of illness per capita across the 14 countries is \$15.7 while health care costs per capita are around \$2.9. WaterAid intends to leverage this study's findings on the cost of inaction to raise awareness and initiate discussions in Malawi regarding WASH practices in healthcare settings.

Advocating for WASH in health care facilities requires funding gaps to be addressed and delineation between types of costs, such as the utilization of domestic versus donor funds, and recurrent versus capital costs (which are allocated differently in national budgets). Ideally, external funds should complement existing national resources.

Emphasizing program-based approaches over input-based controls within the budget accountability framework can help mitigate potential distortions. Highlighting the importance of WASH in healthcare facilities can improve program performance and enhance budget accountability across all sectors. However, inefficiencies due to variations in monitoring and evaluation systems may hinder resource mobilization from global and domestic sources. Therefore, conducting comprehensive budget reviews and budget tagging for cross-sectoral programs is crucial.

Conclusion and way forward

WHO and UNICEF concluded the Roundtable by setting forth a number of next steps. These include establishing the Dynamic Leaders Group⁴ by Q3 2024, continuing to coordinate global efforts, pivot to more focused integrated efforts with health programming, monitoring and implementation and to continue to monitor and report on systems strengthening actions (“aka” practical steps) and service delivery status (through JMP SDG 6). Partners were also called upon to state their commitments and strategic shifts which are articulated in the consensus statement and will be revisited periodically. Countries highlighted how progress and success is possible but that there is a pressing need for enhanced collaboration, focused efforts, and increased investments to realize universal coverage of

⁴ The Dynamic Leaders Group will be composed of health, WASH, energy and climate leaders who discuss and articulate strategic shifts, advocate for greater awareness and investments and work collectively to elevate the issue in key global, regional and national agreements, discussions and planning. More details will be shared on the global knowledge portal: www.washinhcf.org.

WASH, waste management, and electricity in healthcare facilities. The recently launched WHO/UNICEF Global Framework for Action (2024-2030) and the UN General Assembly resolution adopted in 2023 provide a strong structure and basis to accelerate actions and an opportunity to align with the acceleration strategies of SDGs 3 and 6 through 2030. With dedicated leaders and a growing collective of champions, continued improvement and implementation of existing tools, strong monitoring and data, progress can be realized. Every person deserves safe, quality care.

Annex 1: Agenda

Fundamentals for quality care: Strategic actions to accelerate WASH, waste and electricity services in health care facilities

Strategic Roundtable Discussions 23-24 May 2024

Hosted by



Chemin des Crêts 17, 1209 Genève

Thursday, May 23, Meeting Room 4 (Ground floor) IFRC

Time	Topic	Speaker/Moderator
		(R) = remote participation
9:00-9:20	Session 1. Introductions and overview - Welcome remarks - Review of agenda, consensus statement and expected outcomes	Moderator: Bruce Gordon, WHO Alexandra Machado, IFRC and Ann Thomas UNICEF Lindsay Denny, UNICEF
9:20-9:50	Session 2. Global Framework on WASH, waste and electricity in health care facilities <i>Presentation followed by plenary</i>	Bruce Gordon, WHO and Ann Thomas, UNICEF
9:50-10:10	Coffee/tea break	
10:10-11:10	Session 3. Priority efforts, successes and challenges to date and implications for the future - Presentation: overview of efforts, reflections and future needs/challenges - Sneak preview of new WHO/UNICEF WASH in health care facility data - Electrification of health care facilities: trends and opportunities <i>Short interventions followed by plenary</i>	Moderator: Ann Thomas, UNICEF Dr Maggie Montgomery, Arabella Hayter, WHO, Pedro Ogando Dos Santos, UNICEF Francesco Mitis, WHO Salvatore Vinci, WHO Ranjit Dhiman, UNICEF
11:10-12:30	Session 4. High value opportunities to integrate with health - Infection prevention and control - Child and maternal health - Primary health care - Immunization <i>Panel discussion with 4-5 min interventions followed by plenary discussion</i>	Moderator: Bruce Gordon, WHO Dr Benedetta Allegranzi, WHO Dr Nuhu Yaqub Jr, WHO Dr Shams Syed, WHO, Dr Rie Takesue, UNICEF Mwenge Mwanamwenge, GAVI
12:30-13:00	Session 5. Driving change-strategic engagement of leaders at national level - Strengthening climate resilient WASH and electricity for better primary care in the Philippines - Role of leadership and higher standards and monitoring in Hungary <i>8 min presentations followed by questions and answers</i>	Moderator: Oliver Schmoll, WHO Dr June Philip Ruiz, DoH Philippines Dr Marta Vargha, MoH Hungary (R)

13:00-14:00	Lunch	IFRC
14:00-15:00	<p>Session 5. Driving change - strategic engagement of leaders at national level</p> <ul style="list-style-type: none"> - Scaling up climate smart solutions in health care facilities in Nepal - Better quality of care in Tanzania through improved WASH and electricity <p><i>8 min presentations followed by questions and answers and plenary discussion</i></p>	<p>Moderator: Oliver Schmoll, WHO</p> <p>Mr Upendra Dhungana, MoH Nepal Mr John Mfungo, UNICEF Tanzania</p>
15:00-15:20	Coffee/tea break	
15:20-16:35	<p>Session 6. Cost of inaction and optimal financing mechanisms and opportunities</p> <ul style="list-style-type: none"> - Presentation: cost of inaction; results of new regional WB study - Applying cost of inaction work in other countries - Nuts and bolts of health financing reform relevant to WASH and waste investments - Donor perspectives; catalytic investments and effective funding approaches - Using renewables to power facilities and drive financing <p><i>Short interventions from followed by plenary</i></p>	<p>Moderator: Claire Chase, World Bank</p> <p>Claire Chase, World Bank Annie Msosa, WaterAid Dr Susan Sparkes, WHO Lisa Rudge, FCDO and Zachary Burt, USAID</p> <p>Gauri Singh, International Renewable Energy Agency (IRENA) (R)</p>
16:35-17:15	<p>Session 7. Operationalizing and implementing Framework actions</p> <ul style="list-style-type: none"> - Moving forward; reflections from regional effort and application to next phase of work - Role of Friends of WASH in HCF, harnessing UNGA resolution and wider UN processes and events - Engaging the power and influence of civil society - Addressing the gender gap in WASH, waste and electricity in health care facilities <p><i>3 min rapid reflections from thought leaders followed by plenary and interventions from participants, including World Bank and others</i></p>	<p>Moderator: Rola Al Emam, WHO</p> <p>Oliver Schmoll, WHO</p> <p>Werner Obermeyer, WHO NYC (R) Kallol Mukherji, Terre des hommes Dr Mary Ashinyo, WaterAid/Ghana Health Service</p>
17:15-17:45	Distillation of day 1 and next steps with the Framework	Ann Thomas, UNICEF and Bruce Gordon, WHO
17:45-19:00	Reception	IFRC Courtyard

Friday May 24, Auditorium B, IFRC

Time	Topic	Speaker/Moderator
9:00-9:30	<p>Session 8. Unlocking leadership to drive progress</p> <ul style="list-style-type: none"> - Lessons learned on leadership for WASH in health care facilities - Supporting community health, for better quality care - Why this is more important than ever; reflections on child and maternal health <p><i>Short interventions from thought leaders</i></p>	<p>Moderator: Dr Maria Neira Ambassador Szűcs, Hungary Dr Petra Khoury, IFRC Dr Anshu Banerjee, WHO</p>
9:30-10:30	<p>Session 9. Linking the whole package of safe, climate-resilient and environmentally sustainable health care facilities</p> <ul style="list-style-type: none"> - Guiding principles and elements: WASH, waste and electricity services together with climate resilience, safe chemical and radiation management and a protected workforce - Efforts to achieve low carbon and sustainable health care facilities <p><i>Short interventions followed by plenary</i></p>	<p>Moderator: Dr Annette Pruss, WHO</p> <p>Dr Diarmid Campbell-Lendrum and</p> <p>Dr Elena Villalobos Prats, WHO</p>
10:30-10:45	Tea/Coffee break	
10:45-11:45	<p>Session 10. Wider integration emergency, pandemic preparedness and AMR efforts</p> <ul style="list-style-type: none"> - Role of local actors and effective approaches to improving and sustaining WASH - Cholera prevention and control - IPC/WASH opportunities in pandemic preparedness and outbreaks - Lessons learned from pandemic preparedness and the future - Antimicrobial resistance and criticality of WASH and IPC <p><i>Short interventions followed by plenary and interventions</i></p>	<p>Moderator: Gregory Hines, IFRC</p> <p>Maria Pinzon, IFRC</p> <p>Laurent Sax, WHO Dr April Baller, WHO Dr Lombe Kasonde, World Bank Dr Anand Balachandran, WHO</p>
11:45–12:40	<p>Session 11. Rapid fire small group discussions on integration and implementation</p> <ul style="list-style-type: none"> - Moderators present framing slide - Activities to continue, activities to improve/change, key asks for government and partners - Note: consider how to strengthen and integrate climate and gender/human rights concepts into all tracks 	
	Track 1: Monitoring	Moderators: Lindsay Denny, UNICEF, and Rola Al Emam, WHO
	Track 2: Financing and investments	Moderators: Claire Chase, World Bank and Salvatore Vinci, WHO
	Track 3: Advocacy, leadership, civil society, and gender	Moderators: Annie Msosa, WaterAid and Lisa Rudge, FCDO
	Track 4: Integrating WASH and climate efforts at global and country level	Moderators: Elena Villalobos Prats, WHO and Boni Magtibay
	Track 5: Supporting and sustaining facility improvements, including through WASH FIT and other tools	Moderators: John Brogan, Helvetas, Darcy Anderson, UNC
12:40-13:15	<p>Session 12. Implementing agreed principles, organization and next steps</p> <ul style="list-style-type: none"> - Rapid feedback (1 min each) from small groups - Updated consensus statement - Milestones, deliverables and collaborations 	<p>Moderation: Bruce Gordon, WHO and Lindsay Denny, UNICEF</p>
13:15-14:15	Lunch and individual/small one on one discussions	IFRC cafe

Annex 2: List of participants

Global Strategic Roundtable on WASH, waste and electricity in health care facilities

23-24 May 2024, Geneva

List of participants

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