

Global SDG baseline for WASH in health care facilities

Practical steps to achieve universal WASH in health care facilities

Questions and Answers

What is meant by WASH in health care facilities?

The term “WASH in health care facilities” refers to the provision of water, sanitation, health care waste, hygiene and environmental cleaning infrastructure and services across all parts of a facility. “Health care facilities” encompass all formally-recognized facilities that provide health care, including primary (health posts and clinics), secondary, and tertiary (district or national hospitals), public and private (including faith-run), and temporary structures designed for emergency contexts (e.g., cholera treatment centers). They may be located in urban or rural areas.

Why is WASH in health care facilities so important?

WASH services are fundamental to providing quality care. Without such services, health goals, especially those for reducing maternal and neonatal mortality, reducing the spread of antimicrobial resistance and preventing and containing disease outbreaks will be not met. WASH is also critical to the experience of care. Services such as functional and accessible toilets with menstrual hygiene facilities and safe drinking-water support patient and staff dignity and fulfill basic human rights. With a renewed focus on primary health care services through the [Astana Declaration](#) and a renewed focus on preventing early childhood deaths through the [Every Child Alive Campaign](#) the opportunity to address WASH in health systems strengthening has never been greater.

What are the current global estimates for WASH in health care facilities?

The WHO and UNICEF Joint Monitoring Programme (JMP) [2019 SDG baseline report](#) establishes national, regional and global baseline estimates that contribute towards global monitoring of SDG 6, universal access to WASH. The new data indicate that every type of WASH service is inadequate in HCFs. One in four health care facilities lack basic water services, and one in five have no sanitation service – impacting 2.0 and 1.5 billion people, respectively. Many more people are thought to be served by health care facilities lacking hand hygiene materials, and waste segregation. WASH services are more likely to be available in hospitals and in urban areas than in non-hospitals and rural health care facilities. Compared to hospitals, non-hospitals are twice as likely to have no water or sanitation services. Similar disparities exist across the urban/rural divide with urban areas having better WASH services.



What are the largest data gaps and how can these be addressed?

WHO and UNICEF compiled data for 125 countries, representing over 560,000 health care facilities. The largest data gaps are on hand hygiene, management of health care waste and cleaning. Regionally, sub-Saharan Africa had the most data but in every region there are gaps on specific elements of WASH. Data can be downloaded, by country, from the WHO/UNICEF JMP website (www.washdata.org). The JMP will update the global figures every two years, with the next report planned for 2021. Work is underway to embed the global WASH in health

care facility indicators into national monitoring systems and externally conducted surveys. Advocating for such inclusion is an important mechanism by which to improve data availability, thereby increasing smart actions and accountability.

A global action plan on WASH in health care facilities began in 2015. What has happened since then?

Standards for WASH in health care facilities are now included in many global health standards and tools. These tools are being implemented actively in over 40 countries with government leadership and support from 35 partners. In 2018, the WHO/UNICEF Joint Monitoring Programme developed and disseminated [a set of harmonized, global WASH in health care facility indicators](#) which are used to officially report progress on SDG 6. These indicators have been integrated into several national health information systems, health facility assessment surveys, and within specific programmes such as those focusing on quality of care for mothers, newborns and children, vaccines, cholera, sepsis, and neglected tropical diseases. The WHO/UNICEF [Water and Sanitation for Health Facility Improvement Tool](#) (WASH FIT) which utilizes a quality improvement approach to prioritize and address WASH risks has been implemented in over 20 countries.



In March 2018, the UN Secretary General issued a global call to action on WASH in health care facilities. What has been the response?

The call to action asked for committed leadership and greater accountability for providing WASH services in all health care facilities. WHO and UNICEF have established a set of global targets for achieving universal access to WASH in HCF, and, for the first time through the WHO/UNICEF Joint Monitoring Programme, a global reporting and monitoring mechanism for WASH in health care facilities. Efforts are country-focused and are centered around the eight practical steps (see below). One important implementation mechanism is to embed WASH in health care facility activities within key health efforts, including those facilitated by the [Network for Improving Quality of Care for Maternal, Newborn and Child Health](#). With support from over 35 partners, WHO and UNICEF are also co-leading the implementation of a global roadmap built from country-led initiatives. All UN agencies, Member States, and partners are now being asked to invest more in this critical component for health and wellbeing.

What are the global targets for WASH in health care facilities?

There are two main targets, one for basic services and one for higher service levels:

Basic services: By 2022, 60% of all health care facilities globally and in each SDG region will have at least basic WASH services, 80% have basic WASH services by 2025, and 100% by 2030.

Higher service levels: By 2022, higher levels of service are defined and monitored in countries where universal basic WASH services have been achieved already. By 2030, higher levels of WASH services are achieved universally in 80% of those countries.

What practical steps can countries take to make progress?

There are eight practical steps to improve WASH in health care facilities which may take place at the national, sub-national level or both. The steps are: conduct a situation analysis and assessment; set targets and define a national roadmap; establish national standards and accountability mechanisms; improve and maintain infrastructure; monitor progress and review data; develop the health workforce; engage communities; and conduct operational research and share learning. These steps are further described and illustrated with country

examples in the “[Practical steps to achieve universal access](#)” document. Country priorities and contexts are important and will influence how steps are implemented and whether additional steps are also pursued.

How can Member States, UN agencies and partners commit to action?

Over 35 partners, together with UN agencies, have already made concrete commitments to improve WASH in health care facilities. The next step is to work across sectors to secure universal, action-focused commitments on water, sanitation and hygiene in all health care facilities at the international, regional, national, and local levels. To find out more about commitments, visit the WHO/UNICEF knowledge portal (www.washinhcf.org).



What mechanisms exist to support and track progress?

In January 2019, a draft World Health Assembly Resolution on WASH in health care facilities was sponsored by 10 member states and unanimously approved by the WHO Executive Board. The resolution demands that Member States engage in the eight practical steps, starting with national assessments and analyses, the development of roadmaps, and new targets and standards for WASH in health care facilities. The resolution aligns with global efforts and will be voted upon by all member states at the World Health Assembly in May 2019. Member states will be required to report to the World Health Organization on progress every two years. In addition, data on coverage compiled by the [WHO/UNICEF JMP](#) and data on policies and targets compiled by the [UN-Water Global Analysis and Assessment of Sanitation and Drinking-water](#) are important mechanisms to assess progress.

Which countries are making progress?

Countries in every region are taking action on some or all of the eight practical steps. These include Cambodia conducting a health systems situational analysis, Ghana developing a national costed WASH in health care facility strategy, Serbia and Lebanon developing national standards, Tanzania strengthening the cleaning workforce, Liberia providing mentoring and supervision to improve services and Indonesia, Philippines, Nepal and Viet Nam using green health care waste management approaches and solutions. These efforts show that “a lot can be done with a little” and that change can be made even in resource-limited settings.

How can the public support the UN Secretary-General’s Call to Action?

Knowing the situation in one’s country is an important first step. If data are not available, communities and health care facility users should demand that health authorities and facility managers track and share data and progress on improving WASH services. Care seekers should know that having access to safe water and sanitation services is their fundamental right. They should be included in processes to design and improve WASH services and should voice their demands for clean, safe health care facilities with accessible toilets and safe drinking water. In addition, those providing care should be held accountable for practicing good hand hygiene and serving as examples to the community.

Where can I find more information?

The WHO and UNICEF knowledge portal on WASH in health care facilities (www.washinhcf.org) has recently been relaunched and provides tools, technical guidance, country case studies and information, news and events related to the topic. You can also sign up via the website for regular updates through the WHO/UNICEF WASH in health care facilities newsletter.

