



WASH IN HEALTH CARE FACILITIES

Global Baseline Report 2019

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FOREWORD

No one goes to a health care facility to get sick. People go to get better, to deliver babies or to get vaccinated. Yet hundreds of millions of people face an increased risk of infection by seeking care in health facilities that lack basic necessities, including water, sanitation, hygiene, health care waste management and cleaning (WASH) services. Not only does the lack of WASH services in health care facilities compromise patient safety and dignity, it also has the potential to exacerbate the spread of antimicrobial-resistant infections and undermines efforts to improve child and maternal health.

New figures from the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) indicate that WASH services in health care facilities are sub-standard in every region. An estimated 896 million people use health care facilities with no water service and 1.5 billion use facilities with no sanitation service. It is likely that many more people are served by health care facilities lacking hand hygiene facilities and safe waste management. WASH services are more likely to be available in hospitals than in other types of other health care facilities, and in urban areas than in rural areas.

The Sustainable Development Goals (SDGs) place a new emphasis on universal health coverage, including access to WASH services. They also reflect a shift in thinking that recognizes the importance of quality care and an integrated, people-centered approach that enhances the experience of care.

WASH is a prerequisite for quality care, and is particularly important for the safe management of childbirth. It is fundamental to the achievement of UNICEF's Every Child ALIVE campaign and the 'triple billion' targets of WHO's 13th General Programme of Work. With a renewed focus on safe and quality primary health care through the Astana Declaration, the opportunity to ensure the basics are in place, including WASH services, has never been greater. In March 2018, the United Nations Secretary-General issued a global call for greater leadership and

accountability to provide WASH services in all health care facilities, emphasizing the high cost of inaction.

Since then, our two organizations have established a set of global targets aimed at achieving universal WASH services in health care facilities and, for the first time, made global estimates available through the JMP. These data provide a robust basis for identifying priorities, making investments and tracking progress on WASH. With support from over 35 partners, WHO and UNICEF are also co-leading the implementation of a global roadmap built from country-led initiatives. To improve WASH services in health care facilities, eight practical steps have been identified and are described and illustrated through case studies. These steps include actions such as developing national roadmaps and setting targets, improving infrastructure and maintenance, and engaging communities.

Ensuring universal access to WASH services in health care facilities is a solvable problem with a return on investment. We are committed to supporting this effort by working with governments and partners to deliver quality WASH services in health care facilities, to improve monitoring, and to expand the knowledge base. We seek the support of all partners in this vital task.



Dr. Tedros Adhanom Ghebreyesus

Director-General of the World Health Organization



Henrietta Fore

Executive Director of the United Nations Children's Fund



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HIGHLIGHTS

The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), through the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP), have produced regular updates on water, sanitation and hygiene (WASH) since 1990. Together, they are responsible for monitoring the 2030 Sustainable Development Goal (SDG) targets 6.1 and 6.2 and supporting global monitoring of other WASH-related SDG targets and indicators.

This first JMP report on WASH in health care facilities introduces new service ladders for basic services (Figure 1). It establishes national, regional and global baseline estimates that contribute towards global monitoring of SDG targets for universal access to WASH (SDG 6.1 and 6.2) and for universal health coverage (SDG 3.8) (Table 1).

GOALS	TARGETS
 6: Ensure availability and sustainable management of water and sanitation for all	6.1: By 2030, achieve universal and equitable access to safe and affordable drinking water for all 6.2: By 2030 achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
 3: Ensure healthy lives and promote well-being for all at all ages	3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

TABLE 1 Global goals and targets related to WASH in health care facilities

	WATER	SANITATION	HYGIENE	WASTE MANAGEMENT	ENVIRONMENTAL CLEANING
BASIC SERVICE	Water is available from an improved source ¹ on the premises.	Improved sanitation facilities ² 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.	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.	Waste is safely segregated into at least three bins, and sharps and infectious waste are treated and disposed of safely.	Basic protocols for cleaning are available, and staff with cleaning responsibilities have all received training.
SERVICE	An improved water source is within 500 metres of the premises, but not all	At least one improved sanitation facility is available, but not all requirements for basic	Functional hand hygiene facilities are available either at points of care or toilets	There is limited separation and/or treatment and disposal of sharps	There are cleaning protocols and/or at least some staff have received training on

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