

# Water, sanitation and hygiene in health care facilities

Status in low- and middle-income countries and way forward

## WASH IN HEALTH CARE FACILITIES

FOR BETTER HEALTH CARE SERVICES





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# FOREWORD

This report presents, for the first time, a global assessment of the extent to which health care facilities provide essential water, sanitation and hygiene (WASH) services. Drawing on data representing 66,101 facilities in 54 low- and middle-income countries, the report concludes that 38% of facilities lack access even to rudimentary levels of WASH. When a higher level of service is factored in, the situation deteriorates significantly. Large disparities exist within countries and among types of facilities.

The implications for health are severe: spread of infections in the very place in which patients are seeking care. The implications for dignity are also profound; for example, women who are in labour may need to walk outside the facility to relieve themselves. The cost implications have not yet been quantified, but are likely to be significant.

The report also details how more than 40 countries have not undertaken national assessments to even understand the situation, and hence, they lack information to raise awareness and set targets to in pursuit of universal access for WASH in health care facilities.

Yet, achievable simple measures can make an immediate difference. Often infrastructure is in place, but not maintained. Ensuring there is someone responsible for environmental sanitation in each health facility is critical first step.

WHO and UNICEF have dedicated initiatives which can be harnessed to catalyse action. For example, the WHO Clean Care is Safer Care Programme, is working to protect patient safety and reduce health care associated infections through universal implementation of infection control measures. WASH services are a critical element to this programme and greater collaboration will reinforce both areas of work. WHO and UNICEF are also working to improve quality of care in maternity and paediatric care facilities by providing evidence-based standards, including for WASH and supporting WASH service improvements.

Furthermore, UNICEF through its strong leadership role in WASH, both in emergencies and development contexts, is working with WHO for better WASH services in health care facilities recognizing that such services are essential to the delivery of safe, equitable and universal health care for all.

The way forward involves a number of actions: strengthening national policies and standards, ensuring sufficient financing and trained staff to manage WASH in health care facilities, using risk-based approaches to prioritize and maintain improvements, and harmonizing and expanding monitoring. Realizing improvements in WASH in health care facilities will require commitment from partners in both the health and environment sector at every level-local, national and global. WHO and UNICEF will strive to raise awareness, foster commitment and work, with partners, to develop and implement a global action plan.

“The health consequences of poor water, sanitation and hygiene services are enormous. I can think of no other environmental determinant that causes such profound, debilitating, and dehumanizing misery.... Speaking as a health professional, I am deeply concerned that many health care facilities still lack access to even basic water, sanitation, and hand-washing facilities, and I have committed WHO to support partners to overcome this problem.”

**Margaret Chan, WHO Director General**

**DR MARIA NEIRA** | Director, Department in Public Health, Environment and Social Determinants of Health, WHO

**DR EDWARD KELLEY** | Director, Service Delivery and Safety, WHO

**DR RAJIV BAHL** | Acting Director, Maternal, Newborn, Child and Adolescent Health, WHO

**DR MICKEY CHOPRA** | Associate Director, Health, UNICEF

**MR SANJAY WIJESKERA** | Associate Director, Water Sanitation and Hygiene, UNICEF

# MAIN FINDINGS

This review of water, sanitation and hygiene (WASH) services in health care facilities in low resource settings is the first comprehensive, multi-country analysis on the topic. It highlights low access in many countries and specific actions needed to strengthen policy, implementation and monitoring.

## IN LOW AND MIDDLE INCOME COUNTRIES, WASH SERVICES IN MANY HEALTH CARE FACILITIES ARE ABSENT

Data from 54 countries, representing 66,101 facilities show that, 38% of health care facilities do not have an improved water source, 19% do not have improved sanitation and 35% do not have water and soap for handwashing. This lack of services compromises the ability to provide basic, routine services, such as child delivery and compromises the ability to prevent and control infections.

## ESTIMATES OF WATER COVERAGE IN HEALTH CARE FACILITIES DECREASE WHEN RELIABILITY AND SAFETY OF SUPPLIES IS TAKEN INTO ACCOUNT

The most common definition of water services addressed only the presence of a water source in or near the facility, but did not consider continuity and safety of supplies. When these two factors were considered in the assessment, coverage dropped by half. Furthermore, major surveys “count” a facility as providing water services even if those services are 500 meters from the facility, far below WHO minimum standards.

## LARGE DISPARITIES IN WASH SERVICES IN HEALTH CARE FACILITIES EXIST BETWEEN AND WITHIN COUNTRIES

In some countries, for example Kenya, the nationwide estimate of access to WASH services in health care facilities is high (83%). However, some districts within a country can have coverage estimates that are lower than the national average by a factor of two or three.

## PRIMARY HEALTH CARE FACILITIES HAVE SIGNIFICANTLY LOWER WASH COVERAGE THAN HOSPITALS

Primary health care facilities are frequently the first point of care, especially for those in rural areas. They also are critical in responding to disease outbreaks, such as cholera or Ebola. Yet, without WASH services, the ability of health care workers to carry out proper infection prevention and control measures and demonstrate to communities safe WASH practices, both of which are especially important in controlling and stopping outbreaks, is greatly compromised.

## NATIONAL PLANNING FOR WASH IN HEALTH CARE FACILITIES IS LACKING

Only 25% of 86 countries, responding to the GLAAS survey, a UN-Water initiative coordinated by WHO reported having a fully implemented plan or policy for drinking-water and sanitation in health care facilities. In countries for which data on provision of water and national plans were available, countries with national plans had a greater proportion of facilities with water services, suggesting national policies are an important element of improving services.

## IMPROVING SERVICES AND IMPROVING WASH BEHAVIOURS IN HEALTH CARE FACILITIES IS ACHIEVABLE AND HAS POSITIVE RIPPLE EFFECTS ON WASH PRACTICES IN HOMES

Country examples demonstrate that simple measures such as improving cleanliness of toilets or installing low-cost handwashing stations and water treatment at health care facilities improve quality of care, increase uptake of services and also encourage community members to change WASH practices at home (e.g. regular handwashing with soap at critical moments).

**VERY LITTLE DATA IS AVAILABLE,  
ESPECIALLY FOR SANITATION AND  
HYGIENE**

Data was available in 54, 36 and 35 low and middle income countries for water, sanitation and hygiene, respectively. Countries in Africa are most represented while those in Asia are the least represented. The lack of data is a barrier towards better understanding and addressing needs.

Urgent action is needed to improve WASH services in health care facilities in low and middle income countries. The reasons to improve WASH in health care facilities are many: higher quality of care, less health care related infections, greater uptake of health services and improvements in staff morale. All major initiatives to improve global health depend on basic WASH services. Improving services will require a number of elements starting with leadership from the health sector, strong technical inputs from the WASH sector and political commitment from governments dedicated to better health for all.



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