

WASH in Health care facilities has created a set of five documents with key messaging for supporting WASH in Health Center Facilities advocacy. The pack includes key messages and talking points, including for WASH & COVID-19.

To consult website click: <https://www.washinhcf.org/resource/shared-messaging-wash-health-sectors-advocacy-pack/>

WASH IN HEALTHCARE: A NEW GLOBAL HEALTH MOVEMENT

CENTERS OF INFECTION

"A healthcare facility without WASH is not a healthcare facility."

- Dr. Maria Neira, Director of Public Health and Environment, World Health Organization

One of the most serious issues facing global health is also one of the most solvable. Facilities around the world are littered with broken wells, pumps, pipes, toilets and sinks that have fallen into disrepair. Others never had them — making it impossible for healthcare workers to stay safe and provide safe care. Without Water, Sanitation and Hygiene (WASH), healthcare facilities (HCFs) are Centers of Infection, not Centers of Healing.

Safe water, functioning toilets, and soap must be present in all hospitals and health clinics around the world in order to provide safe and dignified care; protect women and newborns during childbirth; prevent infections in patients and staff; carry out safe surgery; and prevent and contain pandemics and antibiotic resistance—issues that affect us all. And because the majority of healthcare workers and those utilizing healthcare services are women, the lack of WASH in HCFs disproportionately affects women.

In 2015, WHO/UNICEF first highlighted the widespread absence of WASH in HCFs in low- and middle-income countries, then issued the first baseline global assessment with data from 560,000 HCFs in 125 low- and middle-income countries ([JMP, 2019](#)). The data is devastating:

- 2 billion people must rely on HCFs that lack basic water services
- 1.5 billion people must rely on HCFs without sanitation facilities
- 17 million women in Least Developed Countries give birth in HCFs without adequate WASH every year
- 45% of HCFs in Least Developed Countries lack basic water services
- 49% of HCFs in sub-Saharan Africa lack basic water services
- 21% of HCFs in the Least Developed Countries have no sanitation services
- 64% of HCFs in Eastern and Southeastern Asia lack basic hygiene services
- Barely 25% of HCF plans in developing countries have a budget line item for WASH

The result is women in labor have to haul their own water, of questionable quality, to give birth in healthcare facilities that cannot be adequately cleaned. Umbilical cords are cut with dirty instruments on tables wiped down with dirty rags. Staff are on the frontlines of curing illness and stopping diseases and they can't adequately wash their hands. Surgeons are asked to perform safe surgery under unsafe conditions.

A FAST-GROWING MOVEMENT

"We must work to prevent the spread of disease.

Improved water, sanitation and hygiene in health facilities is critical to this effort."

- UN Secretary-General António Guterres on World Water Day 2018

Several dozen public and private organizations met in January 2018 in Washington, DC, and agreed to address this neglected global health crisis. Pushing from behind-the-scenes, an understanding of the landscape and sustainable solutions quickly picked up speed:

- **March 2018:** UN Secretary-General Guterres issued a global Call to Action to get WASH into all HCFs.
- **March 2019:** The Vatican, a major provider of healthcare, requested all HCFs affiliated with the Catholic Church evaluate and remedy gaps in WASH as part of the Vatican's strategy for ensuring human development.
- **April 2019:** 40 of the largest faith-based organizations, representing more than 40% of healthcare in some regions, met to coordinate efforts to increase WASH in HCFs.
- **April 2019:** WHO/UNICEF released the [first global assessment and recommendations for action](#).
- **May 2019:** The 194 Member States of the World Health Assembly unanimously passed a [resolution](#) with clear practical steps for governments and partners to get WASH into HCFs worldwide.
- **June 2019:** The ['What Women Want' survey](#) of 1.2 million women and girls from 114 countries, revealed that WASH in HCFs was their 2nd highest ranking healthcare demand after dignity to improve reproductive and maternal health services.
- **June 2019:** Financial institutions, corporations, philanthropies, non-governmental organizations, faith-based organizations and universities gathered in Washington, DC to announce historic [commitments](#) for WASH in HCF, funding, technical assistance, research, training, maintenance and advocacy. The Colombian First Lady and the UN Secretary-General appeared by video. Commitments continue to grow and now total over 90 separate commitments.
- **September 2019:** Hosted by Zambia, WHO/UNICEF called [a meeting of national governments](#) to help generate plans and support to achieve 100% WASH in HCF coverage by 2030.
- **January 2020:** [WHO cites](#) the absence of water, toilets, soap and waste management in HCFs among the most urgent global health challenges in the coming decade.

SUSTAINABILITY IS KEY TO SUCCESS

"If you can't do the basics forget the rest. Prevention, prevention, prevention."
- Dr. Tedros Adhanom Ghebreyesus, Director-General, World Health Organization

The single most important challenge is sustainability. Sustainability requires leadership and coordination among water, health and finance sectors — local to global. Without sustainability, broken pipes, pumps, wells and more will rollback WASH efforts that make healthcare safer.

FROM CENTERS OF INFECTION TO CORNERSTONES OF HEALING

The challenge is great, but the logic and impact of making sustainable WASH second nature in every HCF is far greater. WASH into HCFs is a "force multiplier", fundamental to achieving major healthcare objectives, with returns in improved health, economic stability and growth. Hundreds of millions of patients and tens of thousands of HCFs stand to benefit across Africa, Latin America and Asia. Countless lives will be saved as HCFs move from centers of infection to the cornerstone of healthier communities.

Where WASH in HCF leaders — local to global — take us in the months and years ahead is fundamental to the safety and dignity of global health everywhere.

Learn more and share best practices, partnerships, news and events, and the growing list of actionable commitments being made to solve this solvable global issue: www.washinhcf.org.

COVID-19: Pandemic Preparedness & WASH

Healthcare facilities and staff are the frontline of defense against diseases and pandemics, including COVID-19. Getting Water, Sanitation & Hygiene (WASH) into healthcare facilities is fundamental to containing COVID-19 and preventing and containing future disease outbreaks.

1. **Handwashing is crucial and not available.** Among the key guidelines to prevent the spread of coronavirus is handwashing. But 2 in 5 healthcare facilities globally do not have soap and water or alcohol-based hand sanitizer at points of care. These hospitals and health posts and overstretched staff, where access to adequate water, soap and sanitation are severely lacking, are the frontlines of global health.
2. **Healthcare facilities may help spread disease.** Pandemics thrive on the ability to beat efforts to control them, especially at critical sites. Coronavirus can spread where there is a density of pathogens and volume of sick people. Healthcare facilities clearly fall into that category. There is no more critical site than a healthcare facility when it comes to pandemic disease. They must be able to maintain hygiene to stop further infection.
3. **Healthcare staff can't stay safe.** We need healthcare facility staff — nurses, midwives, doctors, aids and those tasked with cleaning the facilities — to stay healthy, always, and particularly during this dangerous time.
4. **People must have confidence in healthcare.** Billions of people must rely on these ill-equipped facilities for care. When patients do not feel confident that where they seek healthcare is safe, they may avoid getting help and further spread disease.
5. **Improving sustainable WASH in healthcare facilities is critical.** WASH improvements will lead to greater infection prevention and control (IPC), fewer healthcare-acquired infections (HAIs), less reliance on antibiotics and a reduction in antibiotic resistance (AMR), and more newborns will have safer births.
6. **Learn the lesson.** If it takes an historic, global pandemic like COVID-19 to teach the importance of access to WASH in healthcare facilities, then let's not squander this hard-earned lesson. We must build up WASH on the frontlines of health and against future pandemics. For everyone's sake.
7. **The disease is the enemy.** We can't survive without water, nor without each other. Let's remember that the enemy is the disease, not the person or place.

TOP 12 TALKING POINTS: WATER, SANITATION & HYGIENE [WASH] in HEALTHCARE FACILITIES [HCFs]

1. Every person needs and deserves access to safe and dignified healthcare.
2. The foundation for safe care is absent in HCFs around the world.
3. Mothers and newborns are among the most vulnerable.
4. The lack of WASH endangers healthcare workers.
5. Healthcare workers need to wash their hands.
6. In the absence of WASH, gender discrimination results.
7. Global health threats know no borders: The lack of WASH endangers all of us.
8. The absence of WASH in HCF is as serious as it is solvable.
9. Getting WASH into HCFs is a smart financial investment.
10. Momentum is building.
11. Solutions must be sustainable.
12. Global leaders are speaking out.

1. Every person needs and deserves access to safe and dignified healthcare.

Not one of us seeks out healthcare in a hospital or clinic without clean water, a toilet and soap, foundational components of safe and dignified care. Yet the absence of WASH — Water, Sanitation & Hygiene — in healthcare facilities (HCFs) is a global epidemic.

From maternal and child health and safe surgery, to preventing pandemics, antibiotic resistance and HCF-associated infections, getting WASH into HCFs is the bedrock of global health. It's critical for Universal Health Care (UHC) and Infection Prevention and Control (IPC), and pays dividends far beyond patient safety and dignity. Good health leads to greater economic productivity and more education for children, especially girls, which helps break the cycle of poverty.

2. The foundation for safe care is absent in HCFs around the world.

The [2018 Lancet Commission on Quality Healthcare](#) found that poor quality health facilities kill more people than HIV/AIDS, malaria and Tuberculosis combined. Hundreds of thousands of HCFs are not centers of healing, but centers of infection across Africa, Asia and Latin America. Pathogens are not contained, and disease is spread through human and medical waste. The UN's [first global baseline report](#) analyzed data from over 560,000 HCFs in 125 countries and found:

- 2 billion people must rely on HCFs that lack basic water services
- 1.5 billion people must rely on HCFs without sanitation facilities
- 45% of HCFs in Least Developed Countries lack basic water services
- 49% of HCFs in sub-Saharan Africa lack basic water services
- 21% of HCFs in the Least Developed Countries have no sanitation services
- 64% of HCFs in Eastern and Southeastern Asia lack basic hygiene services

3. Mothers and newborns are among the most vulnerable.

In some places, newborns are not named because early death is so commonplace. Every year, [17 million women](#) in Least Developed Countries give birth in a facility without adequate WASH. Infections are transmitted by unwashed hands, contaminated beds, unsafe water, and dirty instruments used to cut umbilical cords. Day One is when more than [40% of maternal and newborn deaths](#) occur, although the majority of these deaths are preventable. More than [one million deaths](#) each year are associated with unclean births, while [infections account for 26% of neonatal deaths and 11% of maternal mortality](#). Moreover, poor WASH stops pregnant women from [seeking maternity services](#) in HCF with trained staff, further compromising their health and the health of the child.

4. The lack of WASH endangers healthcare workers.

The lack of available WASH services endangers healthcare workers. Consider the 2014 Ebola outbreak. Ebola not only killed some 11,000 people, it was [103-fold higher in healthcare workers in Sierra Leone](#) than in the general population, [42-fold higher in Guinea health workers](#), and Liberia lost [eight percent of its health workforce](#), in part because they did

not have access to adequate WASH (CDC). The situation has not improved. In the Democratic Republic of the Congo, DRC where Ebola is killed thousands, 50% of HCFs have no water, 59% have no sanitation facilities, and just 62% have soap and water or hand sanitizer at points of care. Now global healthcare staff addressing COVID-19 will face similar challenges and threats.

5. Healthcare workers need to wash their hands.

Nearly [1 in 6 patients](#) acquires an infection inside an HCF that they didn't have on arrival. [Handwashing alone can cut deadly diarrheal disease by 45%](#), but not if hands cannot be washed due to inadequate soap and water, or if hygiene behaviors are not fully adopted. Hospital staff in wealthy nations also neglect hand hygiene, contributing to [1 in 25 patients](#) acquiring a hospital infection. Some [61% of health workers](#) do not adhere to recommended hand hygiene practices. Hygiene behavior change is needed. As is soap and water.

6. In the absence of WASH, gender discrimination results.

1.2 million women and girls from 114 countries were surveyed on their priorities to improve the quality of reproductive and maternal health services. In the White Ribbon Alliance [‘What Women Want’ survey](#), WASH in HCF was the second ranking demand in healthcare behind dignity. In some countries, it was the #1 request.

The lack of WASH also impacts all healthcare workers, and given the majority of midwives, nurses and cleaners, and those utilizing healthcare services are women, the lack WASH disproportionately affects women.

7. Global health threats know no borders: The lack of WASH endangers all of us.

Coronavirus has taken over the headlines reminding us that from the smallest village to multi-country regions, when it comes to global health, there is no “over there”. In early 2018, WHO published its annual [top 10 list of prioritized diseases](#) that pose the greatest public health risks to accelerate prevention measures. That summer, the world experienced the unprecedented and simultaneous outbreak of 6 of those 10 diseases, including the deadly Ebola outbreak in the DRC which also threatened its neighbors.

WASH in HCFs is also fundamental to reducing the need for — and misuse of — antibiotics. [WHO’s warning](#) about antibiotic resistance: “Without urgent action, the world is headed for a ‘post-antibiotic era’ in which common infections and minor injuries which have been treatable for decades can once again kill, and the benefits of advanced medical treatments such as chemotherapy and major surgery will be lost.” WHO’s 2018 Global Antimicrobial Surveillance System (GLASS) revealed widespread antibiotic resistance to many diseases across 22 countries. Globally, 500,000 people are suspected of suffering antibiotic resistant bacterial infections. In addition to Tuberculosis, other resistant infections include E.coli, staph, pneumonia and salmonella. According to the Centers for Disease Control and Prevention, CDC, in the U.S. [an estimated 2.8 million drug resistance cases](#) annually result in some 35,000 deaths.

8. The lack of WASH in HCFs is as serious as it is solvable.

Every disease prevented is one that needs no treatment and causes no suffering. Improving access to water, toilets and soap hinges not on scientific or technological breakthroughs, but on integrated and sustainable WASH and health systems strengthening. People, institutions and resources in health, water and finance sectors need to de-silo and collaborate at local, national and international levels. Frontline workers, including cleaners, midwives, nurses, doctors and administrators, need to demand that their WASH needs be met. In some countries and regions, upwards of 50% of HCFs are run by faith-based organizations (FBOs); they must be part of the solution.

9. Getting WASH into HCFs is a smart financial investment.

The economics are compelling. Analyses done in recent years show 5-10x return on dollars spent, depending upon location, with higher returns reported in disease hotspots. The centrality of WASH within an HCF means it is a force multiplier, impacting dozens of health and development priorities. WASH investments offer immediate and tangible progress; impressive accomplishments over time; systems strengthening in systems that are still evolving; and the ability to make grants and loans for affordable design solutions and implementation of sustainable infrastructure. Costs are not trivial, nor excessive given the benefits, and are expected to drop as WASH hardware and software are integrated into facility design, plans and operations, and as HCFs are better connected to community WASH systems.

10. Momentum is building.

Public sector: UN Secretary General Antonio Guterres issued a global Call-to-Action in 2018 to get WASH into HCFs, unanimously adopted in a 2019 World Health Assembly [Resolution](#) that includes 8 practical steps towards successful implementation by 2030. WHO and UNICEF responded with metrics to chart progress by governments, and dozens of national governments are now exploring concrete plans and resource requirements. In 2020, [WHO prioritized](#) the absence of WASH in HCFs as among the most urgent global health challenges in the coming decade for the first time.

Private sector: The Vatican has called for WASH to be prioritized in all hospitals and clinics run by the Catholic Church (a estimated quarter of the world's HCFs); 90+ private entities have made commitments to funding, technical assistance, research, training, maintenance and advocacy to get WASH into HCFs in low- and middle-income countries.

Up next in 2020: A UNICEF campaign, a "First Ladies Initiative" and global funding mechanisms are in formation.

11. Solutions must be sustainable.

New or improved infrastructure alone will not create long-term improvements to healthcare operations and outcomes. Sustainability is the key. Training, maintenance, monitoring systems and budgets for sustainable facility operations are a prerequisite for success.

12. Leaders speak out:

"A healthcare facility without WASH is not a healthcare facility."

- Dr. Maria Neira, Director of Public Health and Environment, WHO

"We must work to prevent the spread of disease. Improved water, sanitation and hygiene in health facilities is critical to this effort."

- António Guterres, UN Secretary-General

"If you can't do the basics forget the rest. Prevention, prevention, prevention."

- Dr. Tedros Adhanom Ghebreyesus, Director-General, WHO

"I want clean toilet facilities in rural hospitals."

- Omolara, What Women Want Survey participant, Nigeria

Learn more and share best practices, partnerships, news and events, and the growing list of actionable commitments being made to solve this solvable global issue: www.washinhcf.org.