

WEBINAR SESSION 10 (June 2019) – SUMMARY

Back to Basics: Practical Steps for Countries to Ensure Universal Access to WASH in HCF

**Presentation by Dr. Maggie Montgomery, WHO Geneva, Tom Slaymaker, UNICEF, and
Philippa Lysaght, UNICEF. Comments from Gloria Ntow-Kummi, Ghana Health
Services and Dr. Dragana Jovanovic, Institute of Public Health of Serbia**

Purpose of this Webinar

In responding to the UN Secretary General’s call to action on water, sanitation and hygiene (WASH) in healthcare facilities (HCF), global targets for basic services and higher service levels have been established. While the WHO/UNICEF Joint Monitoring Program (JMP) have compiled country data to identify HCF with basic WASH services and to track progress for WASH, gaps in the data continue to exist. Presenters from WHO and UNICEF are joined by commentators from the Institute of Public Health of Serbia and Ghana Health Services to discuss current action and to provide insight for countries to ensure universal access to WASH in HCF.

Summary of Presentation

Wash in Health Care Facilities Global Baseline Report

- The JMP created the global baseline report by compiling national data to generate comparable estimates at the global level.
- The JMP uses service ladders to track progress for water, sanitation, hygiene, waste management, and environmental cleaning.
- Globally, one in five HCF had no sanitation service in 2016.
- Most countries have information about whether they have a sanitation facility, whether it is improved or usable, but fewer countries are able to report additional criteria and the number of countries meeting these criteria is reduced.
- One in six HCF have no hygiene services in 2016. The data collected are able to generate segregated estimates by examination room type.
- Only two SDG regions had estimates for basic waste management services in HCF in 2016, Sub-Saharan Africa and Oceania.
- Twenty-seven percent of HCF in Least Developed Countries had basic health care waste management.
- Very few countries are collecting information about environmental cleaning. Even in high- and middle-income countries, not all HCF have protocols for cleaning and not all staff have received training.

- Many service elements are not captured in basic service indicators. Additional indicators to be added in the future include water quality and quantity, piped water, hand washing practices, etc.

Comments from Dr. Dragana Javonic

- In 2016 and 2017, the Serbian Ministry of Health reviewed national methodology for assessing WASH conditions in HCF and integrated JMP WASH core indicators for assessing WASH in HCF into the national surveillance system.
- Only 73% of HCF met criteria for basic service and baseline data was limited to secondary and tertiary HCF in urban settings only.
- This led to a nationally representative survey targeting all types of HCF and settings with the aims of 1) closing existing knowledge gaps in respect to provision of basic WASH services in primary HCF in rural areas, 2) developing indicators for advanced WASH services in all HCF and 3) analyzing the legal framework and mechanisms for ensuring WASH in HCF to allow for the development of targets and recommendations and measures for cost-effective interventions.
- The results of this comprehensive survey of WASH in HCF will be in line with the latest JMP indicators and SDGs.
- The survey results are expected to prove shortcomings in providing adequate WASH conditions for achieving high quality of healthcare and will be used to strengthen national methodology and health system, help improve policy to provide adequate WASH conditions for HCF.

Practical Steps to Ensure Universal Access to WASH in HCF

- WHO and UNICEF established eight practical steps for improving and sustaining WASH services in HCF.
- These steps include 1) conduct situation analysis and assessment, 2) set targets and define roadmap, 3) establish national standards and accountability mechanisms, 4) improve infrastructure and maintenance, 5) monitor and review data, 6) develop health workforce, 7) engage communities, and 8) conduct operational research and share learning.
- In Ghana, national work on WASH in HCF included the establishment of intersectoral working groups, the development of a national strategy on WASH in HCF with targets and strong community engagement.
- Efforts in Ghana led to updated national WASH in HCF standards, WASH included in DHMIS 2, and citizen engagement.
- In Serbia, national work on WASH in HCF included an updated surveillance program to align with JMP indicators and defined criteria for “higher levels of service.”
- Efforts in Serbia led to regular monitoring of progress on achieving WASH in HCF targets and more in-depth analysis on primary and rural facilities.
- The first World Health Assembly resolution for WASH in HCF was passed and signed by all 194 WHO member states.

- The resolution commits ministries of health to WASH in HCF and highlights the importance of intersectoral engagement.

Comments from Gloria Ntow-Kummi

- The Ebola outbreak in 2014 sparked Ghana to review and refine policy guidelines for infection prevention and control (IPC) from the national level to the facility level.
- In 2016 Ghana merged WASH in HCF with IPC and developed national technical guidelines for WASH and a national quality strategy.
- Peer review system was developed wherein HCF reviewed similar facilities, results were shared and deserving facilities were rewarded. This developed healthy competition among HCF.
- WASH indicators were added to National District Health Information Management so that WASH is reported quarterly nationwide.
- Community involvement has been part of ensuring WASH in HCF by assessing and reporting their experience of quality of care on a scorecard.

UNICEF Every Child Alive Campaign

- UNICEF's Every Child Alive campaign uses advocacy, public engagement and resource mobilization to support programs at a country level that help end preventable newborn deaths by ensuring quality affordable care for every mother and child.
- The JMP WASH in HCF Report generated data and evidence linking WASH services in HCF to newborn and maternal health, supporting the inclusion of WASH as a major component of the campaign.
- Advocacy activities aim to mobilize national governments, change policy, increase investments and promote the scale-up of relevant programs.
- Public engagement aims to increase support and public opinion by targeting mothers to take action.
- Resource mobilization includes securing funds from the private sector and institutional and individual donors to support programs linked to newborn and maternal health in ten countries.

Unanswered Questions from the Discussion

- Gloria Ntow-Kummi: How will countries be supported to improve on the ladder on WASH in HCF?
A: UNICEF and WHO are working with partners to support countries to move up the ladder. On the monitoring side we provide technical advice on core questions and indicators to include in national monitoring systems. We are also supporting countries to establish baselines, set national targets and to monitor and report on progress towards them. We are also piloting additional indicators which could be used for monitoring advanced service levels and developing modules for monitoring WASH in specific wards such as delivery settings.

- Joe Naughton: Can you speak more about the triggers for national strategies? Is there a certain threshold which triggers action? Or is it more country-specific? Any challenges?

A: We are really intrigued both by the “triggers” that are tipping points to system-wide change as well as the key factors that ensure initial efforts are sustained. I think sustaining is actually more difficult. For triggers, we have seen a number of different ones. Major disease outbreaks such as cholera in Mali (2012-2013) and in Cameroon and Ebola in Liberia, Sierra Leone and Guinea (and as we learned from Gloria preparedness for Ebola in Ghana) spark national assessments of WASH in HCF, which then bring attention to deficiencies. There is often an urgency to act in such outbreaks and sometimes more resources which can propel actions. Other triggers are senior leaders (e.g. Vice Presidents, Prime Ministers) becoming aware and embarrassed by the situation and wanting to be accountable to local voters and the populace. Certainly, with politics becoming more local and growing discontent especially in urban areas this something we should like to more systematically explore and exploit. Other triggers are major re-designs to national health policies, especially those on quality and antimicrobial resistance which provide a window of opportunity to strengthen WASH as a feasible and high value intervention.

- Richard Mugambe: With all the developments in WASH in HCFs in Ghana, which organization(s) have spearheaded these developments?

A: Organizations that spearheaded WASH in Health is, Ghana Health Service and the Ministry of Health supported by UNICEF and WHO. We have also had interactions with other stakeholders in WASH such as our Ministry of local government who are in charge of community WASH and NGOs like WaterAid, Coalition of NGOs in WASH in healthcare. We are yet to meet with WASH in Schools.

- From Jacob Nkwan: The starting point for WASH is baseline survey. Just to check whether apart from WHO and UNICEF if there are country efforts in place?

A: Countries will be supported through technical support on embarking in the 8 steps; partners are making commitments now to address those steps and WHO/UNICEF will regularly update on progress-both to share good practices but also to identify where more support is needed. Engaging the health sector is critical but it will also take inputs from ministries of finance, private sector, etc.

- From Adam Drolet: From the NGO perspective and thinking about how best to support national governments, their priorities, and link with leading organizations, will there be global task teams or a global mechanism for helping coordinate approaches, actions, lessons learned? The WASH in HCF website seems like a great platform for knowledge sharing but wondering about the coordination of actors & activities.

A: WHO and UNICEF are establishing focused, time limited task team to address specific areas and to support better coordination and sharing of activities. There is one in place to plan the global event and a number of learning laboratories-I can share these with you. Also looking to have a number of webinars to share more specifics from the country level-including challenges and how they can be overcome.

- From Rahul Pal: I am doing project in India, my doubt is for water services we divide it based only on the source and accessibility, how will we assess other services such as storage and 24hr water supply?

A: Have you looked at the WaSH FIT tool? There are a number of indicators including on storage and regular supply.

Summary of Action Items

- Address gaps in the data
- Eliminate HCF with no services
- Strengthen coordination among HCF to progress national strategy on WASH in HCF
- Fund the safe management of health care waste and other aspects of WASH in HCF
- Support the implementation of the World Health Assembly Resolution