Institutional water, sanitation and hygiene: Strengthening WASH in healthcare facilities

Working Group on Water and Health
Geneva, 3-4 April 2019

Protocol on Water and Health
Objectives of PA 3.2

(a) **Support baseline analysis** of the situation of WASH in health-care facilities

(b) Organize a **regional workshop** on WASH in health-care facilities to call for national action

(c) **Support pilot projects** in selected health-care facilities

Lead countries: Georgia, Hungary and Moldova
Regional policy-development: WASH in HCF

Ostrava declaration

- ensuring and sustaining the provision of adequate WASH services in and health care facilities through systematic situation assessments and by setting national targets and action plans
- Ensuring that action plans on AMR address WASH in HCF and reduce wastewater discharge
- Develop and implement national plans to achieve environmentally sustainable health systems
Scope of WASH in HCF

- Infection prevention and control (IPC) (e.g. hand hygiene, cleaning, clean birth)
- Water availability, accessibility and safety (e.g. legionella, lead)
- Sanitation availability and accessibility
- Safe disposal of HCF waste and wastewater (e.g. link to antimicrobial resistance)
Results:

- Progress in the two assessed regions:
  - basic water services
  - Hand hygiene at the point of care
- Future priorities:
  - Sanitation
  - Waste
- Could serve as basis for scale-up in the country and target settings
Review of the evidence in the pan-European Region – preliminary results

* There is **need of more evidence** from:
  * Non-EU countries;
  * non-hospital settings (medical posts, polyclinics, etc.).

* There is **useful evidence** about health consequences of poor WASH, environmental pollution from healthcare wastewater, infection prevention control, policy efficiency and recommendations.

* Limited evidence is available on waste, sanitation facilities, and hygiene.

* **Member states are invited to collect evidence and contribute to the evidence review**
Review of the evidence in the pan-European Region – preliminary results

- **IPC** practices are often observed not appropriate;
- **Communication** between general practitioners and hospital is inefficient;
- **Knowledge of and behavior** by healthcare staff is reported as insufficient on hand hygiene, infection control, and waste, affecting compliance;
- **Care policies and clinical guidelines** are not always available;
- **Waste procedures** are adequate in many facilities, posing a risk for contamination and injuries, especially due to inappropriate separation and handling of medical waste, in health care facilities as well as in municipal waste areas;
- Current hospital and municipal systems for **wastewater treatment** are insufficient to remove pathogens.

+ • Continuing education lead to higher likelihood of correct infection prevention measures;
  • Policies in place in some countries proved to be efficient, increasing compliance and reducing infections.
Healthcare associated (or nosocomial) infections and antimicrobial resistance are common issues in all countries.

Often reported causes are:
- Ineffective infection control protocols and organization;
- Poorly maintained drinking water systems of hospitals.

High decrease of hospital associated infection incidence, including from resistant and multi-resistant bacteria, is observed in association with WASH, policies and national and in-hospital surveillance:

- Uncontrolled infections
  - Increase length of stay
  - Increase mortality
  - Increase health costs

From €10000 To €3.2 million
Regional meeting on WASH in health care facilities

* Bonn, 27-28 September 2017
* First of its kind in the WHO European Region

**Attendance:**
* 44 delegates from the Ministry of Health from 21 Member States
* WHO experts from several offices
* Academia and nongovernmental organizations
* Donor organizations

**Aim:**
* Position WASH in HCFs as a priority
* Appraise evidence and country experience
* Link to global initiatives (WHO global action plan and indicators)
All participating countries already have some relevant policies and regulations (e.g. sanitation, healthcare specific requirements, etc.) in place, but the regulatory framework needs to be strengthened to address the various gaps, and foster enforcement.

Programmes targeted at health care facilities rarely include a WASH component.

Countries should explore the range of policy options for integrating WASH into national health and other relevant strategies, regulations and action plans in areas such as maternal and child health, quality health care, infection prevention and control, AMR and the environmental sustainability of health systems.
Regional meeting on WASH in health care facilities – Outcomes

* Many countries conduct some routine or ad-hoc surveillance, but very few countries have a full picture of the national situation of WASH in health care facilities.

  ➔ Countries should make use of situation assessments and strengthen routine and ad hoc surveillance (including for AMR and nosocomial infections) that should be supported by a regulatory framework.

* Few countries use surveillance data and have established specific targets on WASH in health care facilities within the framework of the Protocol on Water and Health.

  ➔ WASH indicators for health care facilities should be incorporated in national baselining, and used for target-setting and for reporting under the Protocol on Water and Health.
Develop a review of evidence on WASH in health care facilities
- Identify data gaps and improvement needs
- Support target setting

Develop a practical surveillance tool on WASH in HCFs
- Support national surveillance
- Support reporting (Protocol, SDGs)

Regional meeting on WASH in HCF
- Disseminate the findings of the evidence review
- Introduce the surveillance tool

Capacity building in countries: WASH FIT

Support country action
- Integrate WASH in national health strategies
- Action planning on AMR