

For Infection Prevention Control,  
Only 8 Persons On A Bench



# **WASH in health care facilities Global action and why it matters for cholera**

**Cholera Case Management Working Group**

Annecy, France

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For Infection Prevention Control,  
Only 8 Persons On A Bench



## WASH in HCF: Status (coverage)



- 38% of lack water, 19% lack sanitation, 35% lack hand hygiene (WHO/UNICEF, 2015)
- Only 2% have ALL WASH services: water, sanitation, hygiene and waste management (Cronk and Bartram, 2018)
- Compared to the general facility, WASH services in delivery rooms **drops by 1/4 to 1/2.**

**SGD baseline figures to be released in early 2019!**

# 2018 Global Call to Action on WASH in Health Care Facilities



We must work to **prevent the spread of infections**. Improved water, sanitation and hygiene in health facilities is critical to this effort.”  
*António Guterres, UN Secretary General*



“WASH in health care facilities is **critical for achieving Universal Health Coverage** and ought to be a priority.”  
*Dr Tedros Ghebreyesus, WHO Director General*

# Responding to the Call on WASH in HCF



## Vision

Every health facility has the necessary WASH services and practices in order to provide **essential, quality health services** for everyone, everywhere.

## Target

At least **50% of all health care facilities** globally and in each SDG region have **basic WASH services** by 2022, and **80% by 2025**, with the ultimate aim of **100% by 2030**.



# National package of work



Fully functional WASH services and practices



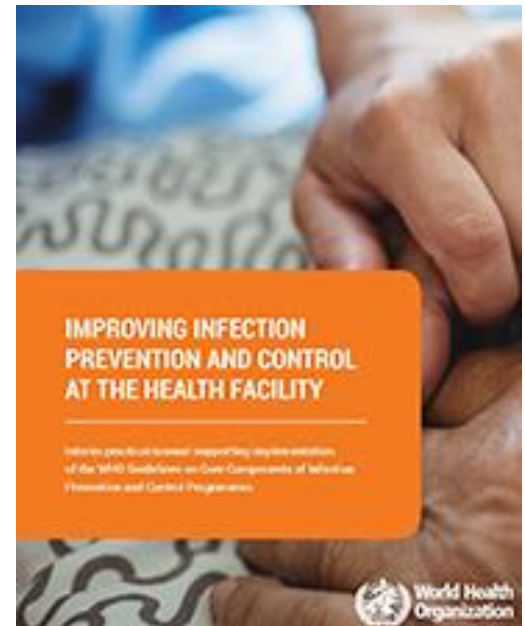
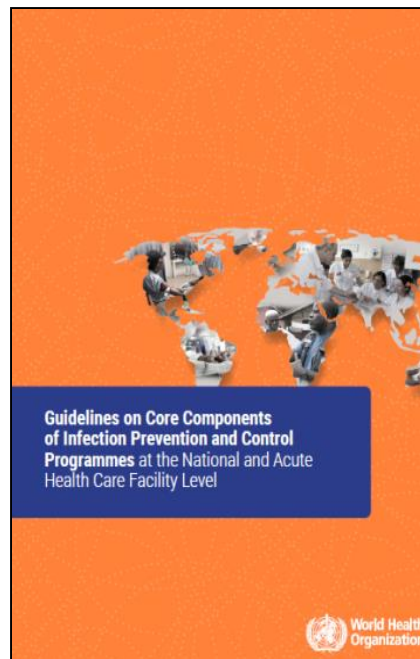
## Leadership and Governance

Intersectoral entity to lead change, regularly review status and hold accountable

# Standards

- Water quantity
- Water quality
- Handwashing facilities
- Excreta and wastewater disposal
- Health care waste disposal
- Cleaning
- Control of vector borne diseases
- Information and hygiene promotion

**Referenced in recent  
IPC Guidelines**



# Spotlight on water quality and chlorine



- Water should be free of E. coli CFU/100 mg)
- Chlorination recommended for drinking-water and disinfection solutions
- For drinking-water, free chlorine should be 0.5 – 1.0 mg/l after 30 min of contact time or at least 0.2 mg/l at point of delivery
- Chlorine demand varies widely (even of *non-turbid water*).
- Chlorine residual should be regularly checked and additions adjusted as necessary
- Chlorine NOT recommended for handwashing
- Clean first, then disinfect 😊.





# Snapshot of local efforts - Chad



## Efforts

- Training and improvements in 30 HCF in hotspot areas
- Cholera as an entry point for ongoing improvements

## Results

- Engage multi-disciplinary team
- Draft, review and integrate indicators
- Regularly review and address findings

## Challenges

- Extremely resource poor settings and security threats
- Health care workers have low literacy

## Lessons learned

- Changes can be made in resource poor settings when **leaders are engaged**





# Snapshot of local efforts - Mali



## Efforts

- National standards developed and implemented
- National coordination taskforce established and advocacy plan drafted

## Results

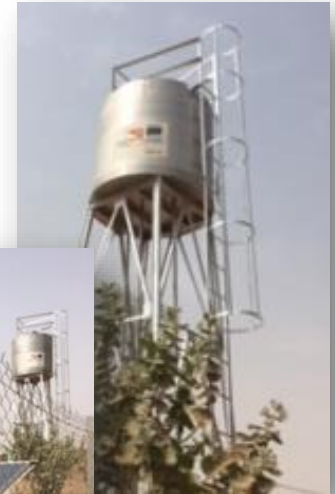
- Nat'l, district and facility staff trained in assessing and improving WASH (WASH FIT)
- Over 200 facilities with basic WASH

## Challenges

- Security threats and unclear senior leadership
- Limited resources at community level and community engagement
- Changing partners' ways of working: taking a systems approach

## Lessons learned

- A lot can be done with few resources
- Upholding standards requires carrots/sticks



# Snapshot of local efforts - Cox's Bazaar



## Efforts

- Rapid assessment of WASH in HCF using mWater platform
- WASH FIT training with development partners (Terre des hommes)

## Results

- 200 HCFs assessed
- Cohesive plan to support improvements in CXB and more widely in BAN

## Challenges

- High staff turnover
- Informal HCFs, short life spans, hard to regulate services

## Lessons Learned

- Local engagement and commitment is critical
- Consistent approaches and practices needed



# Conclusion



- Ending cholera requires good WASH - **especially in cholera treatment centers**
- Systems approach is needed-solution requires more than logisticians, engineers and chlorine!
- WASH services need to be budgeted and monitored by health sector
- WASH services alone insufficient - need good, recommended Infection Prevention and Control practices
- Equipping all health care facilities in cholera hot spots with basic, functioning WASH is **achievable**

# Thank you



## WASH<sup>IN</sup> HEALTH CARE FACILITIES

Global action to provide universal access by 2030

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Water, sanitation and hygiene (WASH)

**New knowledge portal  
coming in early 2019.**

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# Local champions of WASH in HCF



"The Clean and Safe Hospital Programme has provided us with new skills, equipment and most importantly *status*. Cleaning and clean hospitals make a difference."

*Cleaners at St Paul's Hospital, Ethiopia*

"Before we had water, delivering babies was difficult and dangerous. Now with water, we take pride in our facility and in our abilities to safely and with dignity, help birthing mothers."

*Doctor and nurse in Kolikani Health Center, Mali*

