

# WASH and waste services in health care facilities: An unmet need

*“The world can no longer afford to overlook the fundamentals”\**



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# Access to fundamental WASH and waste services is poor

Globally

Least Developed Countries






 **1 in 4** health care facilities lacks basic water services

This exposes **1.8 billion** people to greater risk of infections

**1 in 3** lacks hand hygiene facilities where care is given

**1 in 3** does not segregate waste safely

**1 in 10** has no sanitation services

	BASIC WATER	BASIC SANITATION	HAND HYGIENE AT POINTS OF CARE	BASIC HEALTH CARE WASTE MANAGEMENT	ENVIRONMENTAL CLEANING
WASH SERVICES					
IN LDCS	<b>50%</b>	<b>37%</b>	<b>74%</b>	<b>30%</b>	INSUFFICIENT DATA



Source: WHO/UNICEF (2020) *Global Progress report on WASH in health care facilities: Fundamentals First*.

<https://www.who.int/publications/i/item/9789240017542>

# Member states committed to better WASH and waste services at 2019 World Health Assembly

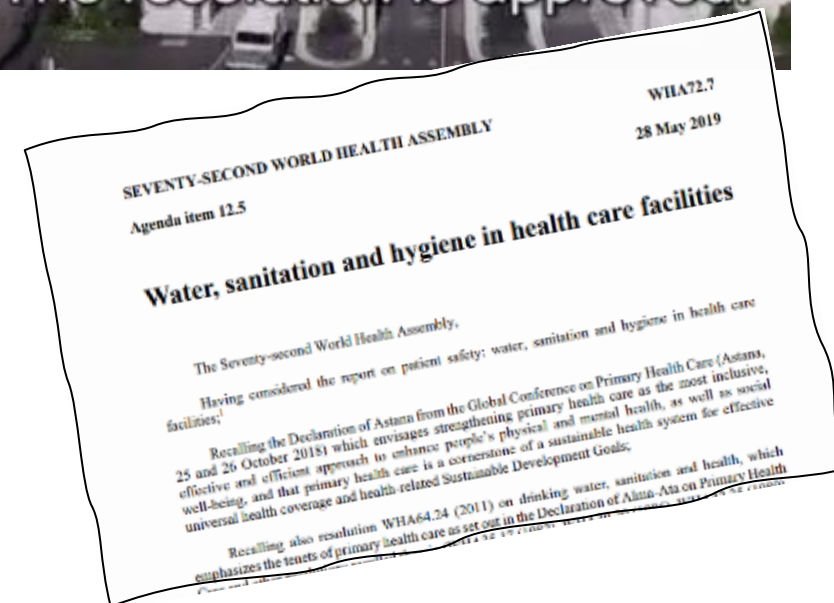
## Resolution 72.7

### Urges Member States to:

- Establish national roadmap, targets and implement WASH in HCF and infection prevention and control (IPC) standards
- Integrate WASH and IPC standards and indicators into health programming and monitoring
- Address inequities, especially in primary health care facilities and facilities where births occur
- Increase domestic funding for WASH in HCF

### Requests WHO Director General to:

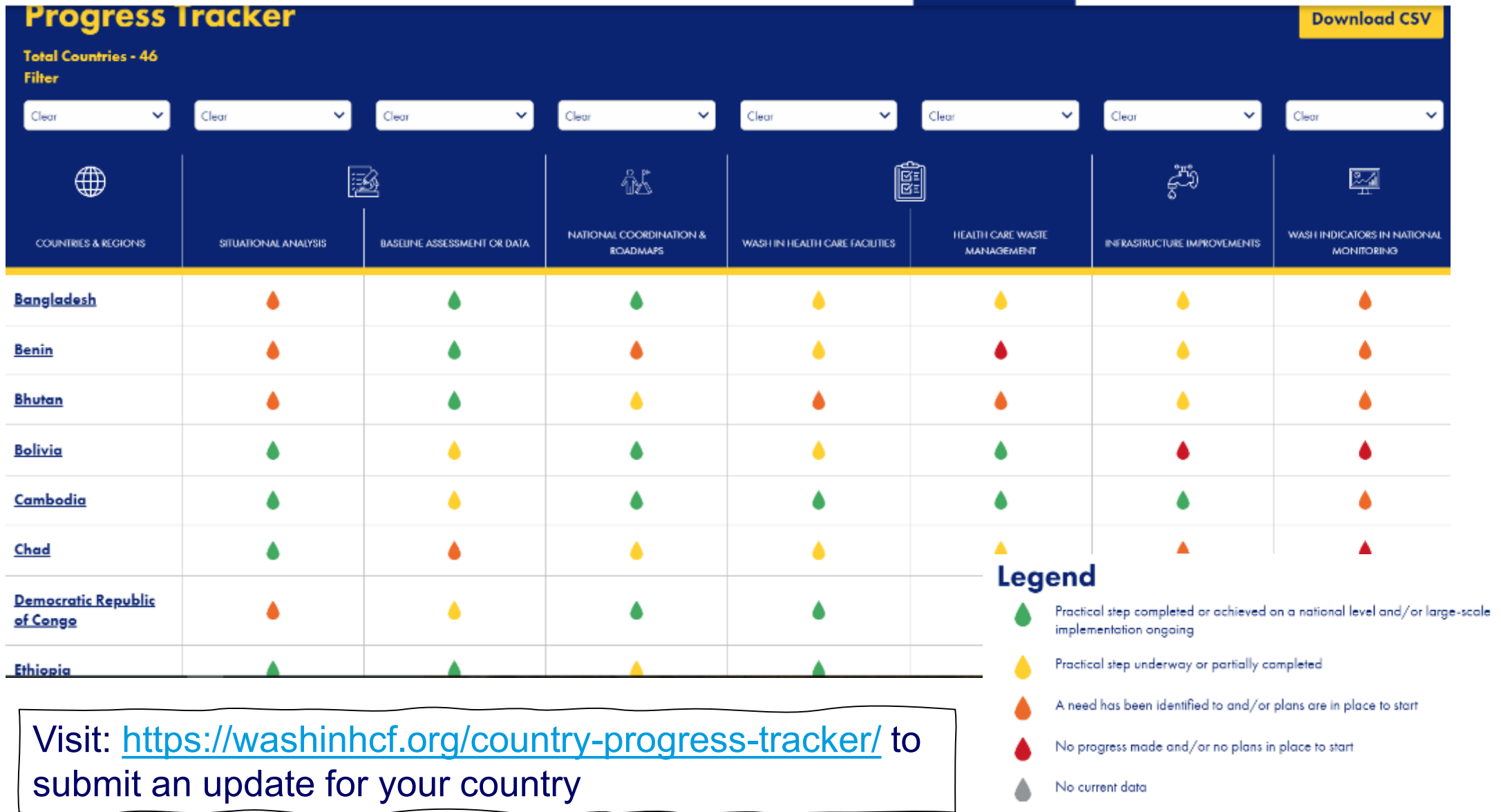
- Provide leadership, technical guidance and regularly report on status
- Mobilize partners and investments



Available at  
[http://apps.who.int/gb/ebwha/pdf\\_files/WHA72/A72\\_R7-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R7-en.pdf)

# Country progress - tracker now live!

60+ countries making progress on implementing *World Health Assembly Resolution & Practical Steps*



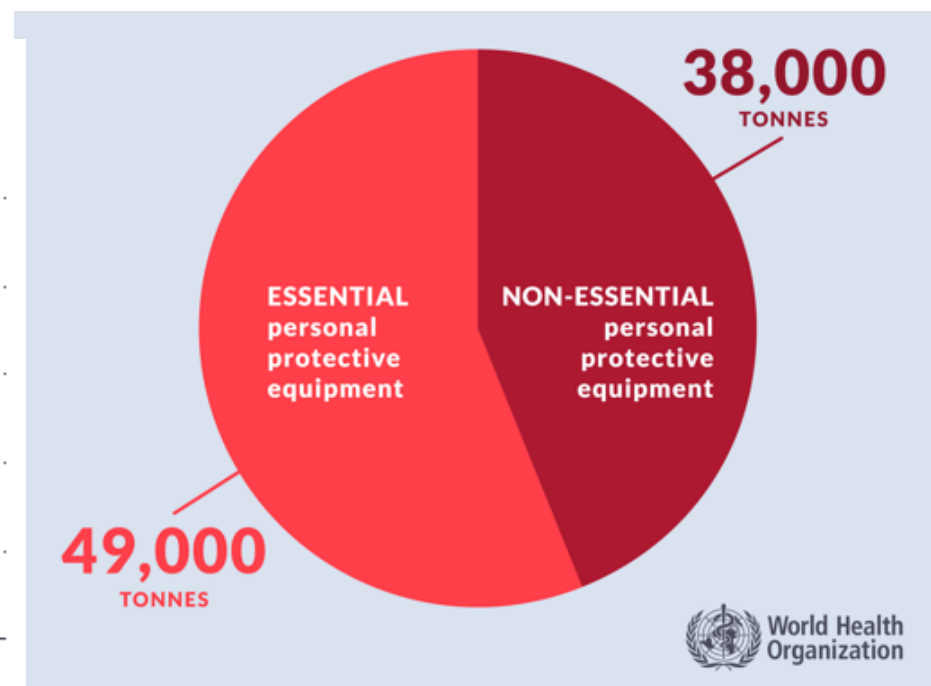
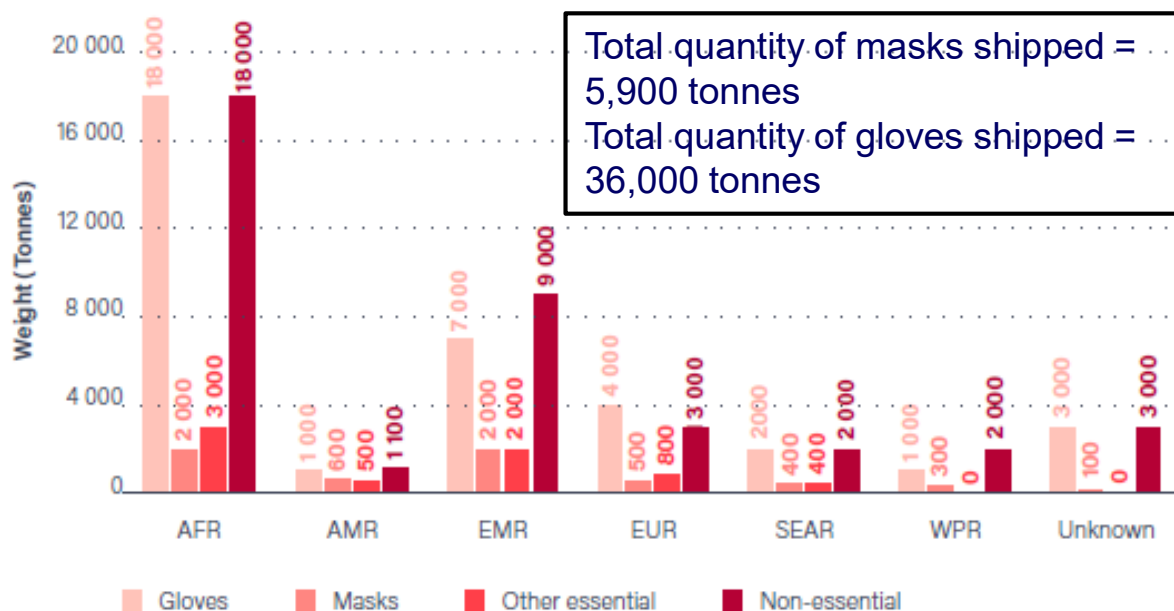


# Problem of health care waste has worsened during COVID-19

- Analyzed data from UN COVID-19 supply portal + country data and experiences
- Waste volumes increased 3-4 X and where no segregation 10 x!



FIG. 1 – Volume of COVID-19 gloves and masks shipped to regions, as of November 2021



Nearly half of PPE waste non-essential and could be avoided.

AFR: WHO African Region; AMR: Region of the Americas; EMR: WHO Eastern Mediterranean Region; EUR: WHO European Region; SEAR: WHO South-East Asian Region; WPR: WHO Western Pacific Region.

# Recommendations: possible to protect health and environment

- **Key recommendations**

- Change how we procure and what we procure: don't use PPE if not needed, biobased packaging and PPE materials
- Strengthen national sustainable waste policies and regulations
- Increase investments in training, waste workers and expertise, recycling and non-burn waste treatment technology
- Utilize reverse logistics to transport waste to better quality, centralized treatment
- All have an obligation to be conscience consumers (e.g. safe reusable masks for the public)



# Investing in WASH and waste : modest costs and high return

...highest costs are for waste management & in primary health care facilities

- Achieving universal basic WASH by 2030 in all LDCs will cost, on average, US\$ 6.5-9.6 billion; equal to 0.60\$/capita/year
- Annual costs for WASH in health care facilities in LDCs are 3% of annual recurrent government spending on health and 3% of the annual universal WASH pricetag.

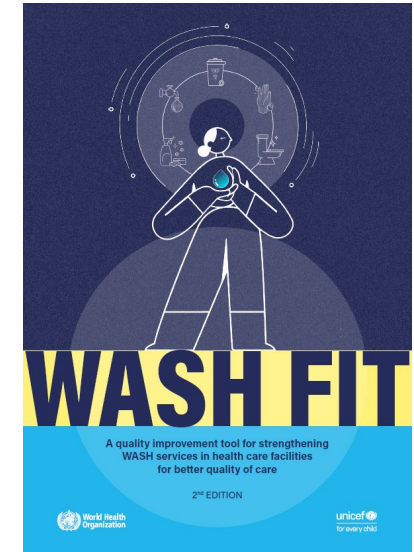
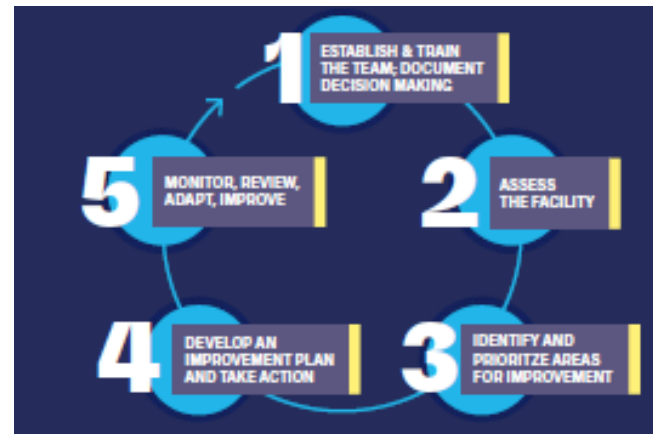
	All facilities		Hospitals		Non-hospitals	
	cost, billion US\$	%	cost, billion US\$	%	cost, billion US\$	%
Water	1.5	20	0.05	0.7	1.5	19
Sanitation	1.8	23	0.08	1	1.7	22
Hygiene	0.8	11	0.12	1.5	0.7	9
Waste Management	3.7	46	0.2	3.1	3.4	44

# Supporting facilities to be WASH FIT

- Risk-based, incremental improvement approach currently used in 45 countries
- Supports **quality care and infection prevention and control and emergency preparedness**
- **Features:** *Water, Sanitation, Health care waste, hand hygiene, cleaning, energy and management*
- Version 2.0 includes greater focus on **climate resilience, sustainable health care waste management and gender**
- New package includes checklists,

fact sheets, assessment forms, improvement plan templates, training slides and manual

Join us for the **Global Launch Webinar for WASH FIT V 2.0** on 26 April 13:00 CET time (link at [www.washinhcf.org](http://www.washinhcf.org))



## TECHNICAL FACT SHEET 1

**Strengthening the resilience of WASH services in health care facilities to climate impacts**

The impacts of climate change (e.g. higher temperatures, more intense storms and cyclones, droughts, floods, sea level rise) are expected to increase risks to health, particularly in low- and middle-income countries. The impacts of weather variability often result in increased demand for health services when the functionality of health care facilities, including water, sanitation and hygiene (WASH) services, is even more important. All new health care facilities should be built with climate-resilient WASH services, and efforts should be made to retrofit existing facilities.

A climate-resilient health system is one that is "capable to anticipate, respond to, cope with, recover from and adapt to climate-related shocks and stress, so as to bring sustained improvements in population health, despite an unstable climate" (*WHO Operational framework for building climate resilient health systems, 2015*).

### Climate considerations within the Water and Sanitation for Health Facility Improvement Tool (WASH FIT) cycle

Step	Activity	Additional considerations
Preparation	Review existing national guidelines, standards, policies and activities on climate-resilient health systems, and WASH infrastructure and services, as well as existing climate vulnerability assessments. Review early-warning systems and national preparedness mechanisms.	Modify indicators to align with national standards. Explore possible collaboration and synergies with other climate efforts. Consider investment opportunities linked to climate funds and activities.
Step 1: Establish the team	Engage individuals with environmental and climate-related expertise, including water resource specialists, climatologists, emergency planners and adaptation planners.	Identify other experts and discuss joint goals, timelines and target areas. Experts may be engaged on an ad hoc basis as needed to ensure that the most relevant information is considered in the risk assessment.
Step 2: Assess the facility	Specific elements to assess include water storage, water reuse and reduction strategies, drainage and flood-proofing, energy-efficient lighting and heating/cooling, PPE and waste reduction strategies, and environmentally sustainable waste treatment technologies.	All climate-related indicators are highlighted in the assessment tool. A climate score could be calculated for relevant indicators in each of the WASH FIT domains, for the overall facility and even for entire districts or the country.



## TECHNICAL FACT SHEET 4

**Safe and sustainable health care waste management**

As part of broader water, sanitation and hygiene (WASH) and infection prevention and control (IPC) efforts, safe and sustainable management of health care waste reduces health care-associated infections; increases trust in, and uptake of, services; reduces harm to the environment and nearby community; and decreases cost of service delivery. In least developed countries, health care waste management is often an underfunded and neglected area within the health service. Seven out of 10 health care facilities in least developed countries lack basic health care waste management services. Excess waste volumes and improperly managed health care waste cause plastic contamination in the environment, air pollution through burning, and wasted resources in unnecessary excess packaging and personal protective equipment (PPE). They can also pose a danger to patients, staff (including waste handlers) and surrounding communities.

### Waste management considerations within the Water and Sanitation for Health Facility Improvement Tool (WASH FIT) cycle

Step	Activity	Additional considerations
Preparation	Develop or review safe and sustainable health care waste management (HCWM) plans for the facility, which include an outline of responsibilities, waste processes, training, monitoring and the annual budget (investment and operational costs) needed for interventions. Factor in the ongoing need for associated PPE, hand hygiene supplies and vaccinations for staff.	Update the facility HCWM plan annually, considering incremental improvements towards more sustainable waste management, including procuring items with less packaging and more environmentally sustainable packaging, ensuring rational use of PPE (e.g. reducing unnecessary glove use, use of foot covers when not prescribed) and recycling waste.
Step 1: Establish the team	Identify a member of staff who is responsible for waste management. The WASH FIT and waste management teams should include expertise in IPC, cleaning, and medical and technical services needed to plan, implement and monitor safe and sustainable HCWM practices. Finance and procurement staff should support the HCWM team. The HCWM team can be part of the existing IPC team.	Seek input from external waste or environmental experts when needed.





# Health leaders - your voice and action matters!

## Learn and engage

- Understand the status of your country/facility
- Reach out to global and national health actors to engage in collective efforts

## Connect

- Join the conversation and share your questions & comments **@WASH\_for\_health**
- Engage in Friends of WASH in HCF (through NY Missions), or Community of Practice ([www.washinhcf.org](http://www.washinhcf.org))

## Commit and act

- Contribute to four main global recommendations
- Collaborate with Ministry of Health and partners on practical steps to advance WASH in Health Care Facilities and WASH FIT

WASH in health care facilities  
global knowledge portal  
[www.washinhcf.org](http://www.washinhcf.org)

