

Water, sanitation and hygiene in health care facilities in Asia and the Pacific

A necessary step to achieving universal health coverage and improving health outcomes

This note sets out the crucial role of water, sanitation and hygiene (WASH) in the provision of quality healthcare. Its aim is to inform health and WASH-responsible Ministries and agencies, as well as regional decision-making forums in Asia and the Pacific.

Adequate WASH in healthcare facilities helps ensure quality and safe care and minimises the risk of infection for patients, caregivers, healthcare workers and surrounding communities.

Existing data, although scarce, show that inadequate WASH in healthcare facilities globally and in the Asia and Pacific region is a major cause for concern.

Poor WASH provision in healthcare facilities increases the risk of healthcare acquired infections, and undermines global and national efforts to improve maternal, neonatal and child health.

The issue of WASH in healthcare facilities must be a key consideration of the post-2015 development agenda, and is fundamental for the achievement of the universal health coverage agenda.

A set of immediate and medium term actions can and should be put into action by Ministries of Health, with the support of development partners

Establishing adequate WASH standards in all healthcare facilities is an attainable goal; and is required to ensure the achievement of universal health coverage and improved health outcomes.



The scale of the problem and its importance

The purpose of healthcare facilities is to promote health and healing. Adequate WASH standards in healthcare facilities, and in particular safe hygiene practices such as hand washing by healthcare staff, patients and visitors, help ensure quality and safe care and minimise the risk of infection for patients, caregivers, healthcare workers and surrounding communities. High standards of cleanliness in healthcare facilities also serve to promote the observance of such practices among the general public.

Inadequate WASH standards in healthcare facilities in many low- and middle-income countries are a major cause for concern. The scale of the problem globally and in Asia and the Pacific is immense. They cause up to 56 percent of all neonatal deaths among hospital-born babies in developing countries, with three quarters occurring in South-East Asia and sub-Saharan Africa¹. Estimates show that of every hundred hospitalized patients, seven in developed and ten in developing countries will acquire health care-associated infections. A 2010 assessment from Mongolia found that 86 percent of healthcare facilities did not have a pipeline connection for drinking water and relied on boreholes, wells and water trucks. A 2014 hygiene survey in Bangladesh found that healthcare workers' utilised only 46 percent of hand washing opportunities and only two percent resulted in recommended hand washing practice (use of soap or sanitizer)². An assessment of nine Honiara district clinics in the Solomon Islands showed that 67 percent of facilities had insufficient water quantity for their daily needs, and identified the presence of potentially infectious wastewater from bathing, cleaning or laundry³. Given the lack of consistent data on WASH provision as part of national monitoring system, the scale of the problem is likely to be underestimated.

Such conditions have a profound impact on health outcomes, particularly in relation to child health and maternal and infant mortality.

Inadequate WASH in communities already places a great deal of pressure on health systems, with people with WASH-related diseases filling half of the hospital

beds in developing countries⁴. Poor WASH provision in healthcare facilities exacerbates the problem as patients have a weakened immune response and are particularly susceptible to disease and infection while in the facility. Healthcare-associated infections are infections contracted by patients, visitors or staff in healthcare facilities. They cause up to 56 percent of all neonatal deaths among hospital-born babies in developing countries, with three quarters occurring in South-East Asia and sub-Saharan Africa⁵. Additionally, eight percent of maternal deaths globally are caused by sepsis⁶, some of which is associated with unhygienic delivery. Estimates show that of every hundred hospitalized patients, seven in developed and ten in developing countries will acquire health care-associated infections. The recognition of the importance of improving patient safety has been steadily increasing, with WHO Member States adopting a World Health Assembly resolution on patient safety in 2002.

The large scale of the problem means that addressing it is likely to result in significant benefits. The global focus on achieving universal health coverage spearheaded by several Asian countries, provides an important opportunity to improve WASH as a core part of effective universal health coverage reforms. The focus on increasing access must go hand-in-hand with improving the quality of health services and the environment in which they are delivered. For example, institutional delivery can only result in improved maternal and neonatal health outcomes if healthcare facilities do not put mothers and newborns at risk of infection.

Improving the cleanliness and convenience, and consequently the overall quality of healthcare facilities, is also likely to increase demand for and trust in services. This in turn will help reinforce the role of healthcare services and staff in setting societal norms. Such improvement will also improve working conditions and consequently the motivation and retention of health workers. All these factors also contribute to improved health outcomes. Ensuring safe healthcare facilities also responds to the need for ensuring that health systems are resilient to the impact of climate change.

As stated by WHO Director General Dr Margaret Chan:

*Our planet is losing its capacity to sustain human life in good health... the most effective adaptation strategies for health involve measures, like immunization, maternal and child health services, and the provision of clean water and adequate sanitation, that depend on well-functioning basic public health infrastructures.*⁷

While the responsibility for ensuring adequate WASH in healthcare facilities lies first-and-foremost with Ministries of Health, addressing the issue requires a joining up of efforts. Action is required at the facility level up to sub-national and national government structures, including across different Ministries and among public, private and non-profit healthcare service providers. It also requires commitment at the regional and global level. With the agreement of a new set of global commitments to follow the expiry of the Millennium Development Goals in 2015, improving WASH, including in healthcare settings, must be understood as fundamental to the equitable achievement of health targets on infant, child and maternal mortality, communicable diseases and universal health coverage.

Recognising common problems in order to find shared solutions

Across Asia and the Pacific, there is significant variation between countries in terms of WASH standards in healthcare facilities. Some countries, such as Lao DPR and Mongolia, have seen marked improvement in recent years due to the commitment of national health authorities, together with support from WHO; while others such as Solomon Islands have struggled to make the necessary investment, despite having a legal mandate and human resources capacity, due to insufficient political support. Each country faces unique issues in relation to WASH in healthcare facilities, but the barriers to progress are common across most.

FACTBOX

Water and sanitation are human rights that play a vital role in attaining the right to the highest standard of health for all. In 2010, the United Nations General Assembly explicitly recognised “the right to safe and clean drinking water and sanitation as a human right that is essential for the full enjoyment of life and all human rights.”⁸ The Fifth South Asian Conference on Sanitation in 2013 recognised sanitation as “a matter of justice and equity, with a powerful multiplier effect that unlocks measurable benefits across society” including in health.⁹ The South Asia Association for Regional Cooperation declared poor sanitation and hygiene as “an affront to societies in South Asia, in stark contrast with the rapid economic progress in the region.”¹⁰ The Bali Declaration on Sanitation and Hygiene in East Asia recognised “the need to extend sustainable water, sanitation and hygiene to unserved populations including schools and health centers, ”¹¹ and to include specific WASH indicators in monitoring mechanisms

To address the problem, it needs to be properly understood. Comprehensive and comparable national data measuring the full set of WASH needs in healthcare facilities is broadly absent. This makes it difficult to understand the scale of the problem and target resources effectively. Many countries lack indicators for these measures in their health management information systems (HMIS) or Service Availability and Readiness Assessments (SARA). Even those that do gather the information do not necessarily synthesise, analyse or act upon it.

Operation and maintenance protocols for WASH provision in healthcare facilities are often partial or non-existent. This leads to a lack of accountability for ensuring that WASH infrastructure and patient safety protocols are adhered to as part of the overall performance of healthcare facilities.

A lack of timely allocation of adequate resources for installation and upkeep of WASH infrastructure further hinders progress. Poor supervision and lack of funds to maintain WASH facilities cause them to deteriorate and break down, at times permanently.

Political will and commitment to ensuring even the most basic WASH standards in healthcare facilities is sorely lacking in many countries. In the 2013 Global Analysis and Assessment of Sanitation, more than 75 percent of the Asian and Pacific countries that reported had an approved national policy for provision of water and sanitation in health facilities. However, less than 40 percent of the countries had plans that are fully implemented, funded and regularly reviewed. Similarly, more than 65 percent had national policies which included hygiene promotion in healthcare facilities, but these plans were fully implemented in less than 20 percent of the countries'.

With insufficient financial allocations being a major constraint for healthcare systems, the improvement of WASH in healthcare facilities and its impact on health outcomes must be seen as a necessary prerequisite for achieving wider development aims, including workforce productivity and economic growth. Improving health outcomes has been shown to be a sound investment. Thirty to fifty percent of Asia's economic growth between 1965 and 1990 can be attributed to a reduction in infant and child mortality and fertility rates, and improvements in reproductive health'.

Ensuring safe healthcare facilities: WASH as an organic part of the continuum of healthcare

Good medical practice alone is not enough to address the problem of healthcare-associated infections. WASH in healthcare facilities is a necessary condition of a comprehensive health service and vital to improving health outcomes. This is all the more relevant when healthcare systems are required to respond to sudden increases in demand in the wake of extreme weather events contributing to natural disasters.

Improving conditions and outcomes requires action that spans from the facility level up to government planning and policies.

The World Health Organization's *Essential Environmental Health Standards in Health Care* provide a comprehensive guide to necessary action at the **facility level**:

Improved hand-washing practices among healthcare staff through proper orientation and training; and,

Clear and practical communication with patients and visitors, including caregivers, about hygiene promotion; and,

Available safe water for drinking but also for use in surgery and deliveries, food preparation, bathing and showering; and,

Accessible and clean toilets, separate for men and women, in sufficient numbers for staff, patients and visitors; and,

Proper health care waste management and the safe disposal of excreta and wastewater.

Together with ensuring action at the facility level, Ministries of Health and healthcare managers must:

- Improve monitoring systems in coordination with the World Health Organization to agree a common set of indicators for WASH in healthcare facilities that can be tracked through national management information systems and SARA at the national level; and,
- Undertake an in-depth national assessment of WASH at HCF including review of indicators used, and national monitoring systems and,
- Commit financial resources to policies and plans for WASH in healthcare facilities, including for the improvement and maintenance of infrastructure; and,
- Create or strengthen operation and maintenance mechanisms; and,
- Ensure that existing WASH and infection prevention and control standards for public environments are adhered to; and,
- Initiate training and quality improvement programmes for healthcare staff and managers; and,
- Ensure that the responsibility for WASH in healthcare facilities does not 'fall between the cracks' of different Government Ministries; and,
- Improve accountability, clearly delineating responsibilities for WASH and infection prevention and control.

CALL FOR ACTION

Several immediate actions can lay the groundwork for improving WASH in healthcare facilities in Asia and the Pacific. All Ministries of Health should assess the current situation in all healthcare facilities to identify main blockages and barriers to having adequate WASH in healthcare facilities. Baseline information can be established using the WHO's rapid assessment tool. Such information should be presented for further discussion at national advocacy workshops or forums in order to define national strategies that ensure that WASH services in all healthcare facilities are adequate, accessible and functional in a sustained manner. Additionally, Ministries of Health should develop and/or update the national standards for WASH in healthcare facilities, based on the WHO Essential Environmental Health Standards in Health Care. In the medium term, Ministries of Health should

adopt a common set of indicators for WASH in healthcare facilities and include these indicators in the HMIS and SARA at the national level. Ministries of Health should prioritise and implement national standards for WASH in healthcare facilities in a phased manner. Development partners in UNICEF, the WHO and WaterAid will work hand-in-hand with governments to achieve these shared aims.

Establishing, resourcing and monitoring adequate WASH standards in all healthcare facilities is an attainable goal. Together with ensuring that healthcare workers are sufficiently trained and motivated in hygiene practices, and management structures exist to maintain oversight of facilities, this is the concerted effort required to ensure the achievement of universal health coverage and improved health outcomes.

ENDNOTES

- 1 *Report on the Burden of Endemic Health Care-Associated Infection Worldwide*; World Health Organization, 2011.
- 2 *Bangladesh National Hygiene Baseline Survey Preliminary Report*; ICDDR,B, WaterAid, Bangladesh Policy Support Unit, 2014.
- 3 Unpublished report; World Health Organization Western Pacific Regional Office, 2014.
- 4 *Human Development Report 2006*; United Nations Development Program, 2006.
- 5 *Report on the Burden of Endemic Health Care-Associated Infection Worldwide*; World Health Organization, 2011.
- 6 *Building a Future for Women and Children*; Countdown to 2015, 2012.
- 7 "How Climate Change Can Rattle the Foundations of Public Health", Chan M., 23.09.2014, Huffigon Posted online at: http://www.huffingtonpost.com/dr-margaret-chan/how-climate-change-can-ra_b_5822950.html
- 8 *Resolution 64/292*; The United Nations General Assembly, 2010.
- 9 *Sanitation for all: All for Sanitation (The Kathmandu Declaration)*; Fifth Asian Conference on Sanitation, 2013.
- 10 *SAARC Regional Action Framework for Sanitation*; SAARC and UNICEF, 2013.
- 11 *Bali Declaration on Sanitation and Hygiene in East Asia*; The Third East Asia Ministerial Conference on Sanitation and Hygiene, 2012.
- 12 *Health facilities in Asia and Pacific Region: Policies, plans and targets*; UN-Water Global Analysis and Assessment of Sanitation and Drinking-water (GLAAS), 2014.
- 13 *Investing in maternal, newborn and child health: The case for Asia and the Pacific*; The Maternal, Newborn and Child Health Network for Asia and the Pacific, 2009.
- 14 *Essential Environmental Health Standards In Health Care*; World Health Organization, 2008.