


Seizing the opportunity: catalyzing quality UHC and tackling AMR through water, sanitation and hygiene and infection prevention and control

Side event at the 71st World Health Assembly, 24 May 2018

Achieving quality Universal Health Coverage (UHC) in all countries by 2030, in line with SDG 3 and human rights obligations, will be impossible without coordinated and ambitious action to achieve SDG 6 (water, sanitation and hygiene for all). A step-change is needed in investments in safe water, sanitation and good hygiene (WASH) as well as the necessary infection prevention and control practices (IPC) in all health facilities and in communities, and in coordination between health and WASH actors. The human rights to health, water and sanitation are indivisible. This event discussed these important issues, with contributions from Ministries of Health, WHO senior leadership, country practitioners and frontline health workers.

As part of this event, WaterAid launched a new report *'Transforming health systems: the vital role of water, sanitation and hygiene'*.

Speakers:

- Tim Wainwright, Chief Executive, WaterAid (welcome)
- Shams Syed, Coordinator, Quality Systems & Resilience, Department of Service Delivery & Safety, WHO (moderator)
- Panellists:
    - Prof. Baidy Lo, Minister of Health Adviser, Islamic Republic of Mauritania
    - Dr Francis Kateh, Deputy Minister of Health for Curative Services and Chief Medical Officer, Republic of Liberia
    - Anne Kinuthia, Country Representative, South Sudan, IntraHealth (member of Frontline Health Workers Coalition)
    - Dr Benedetta Allegranzi, Coordinator of Global Infection Prevention and Control Unit, WHO
    - Annie Msosa, Head of Programmes, WaterAid Malawi
- Dr Marc Sprenger, Director of AMR secretariat, WHO
- Dr Maria Neira, Director, Department of Public Health, Environmental and Social Determinants of Health, WHO

The event began with a showing of a short WaterAid film, which can be viewed here.

Shams Syed, opening remarks

We can't achieve UHC without focusing on quality. And we can't have quality without adequate water, sanitation and hygiene (WASH) and Infection Prevention and Control (IPC). We cannot tackle the rise of antimicrobial resistance (AMR) without focusing on WASH and IPC. This week a new 'Handbook for National Quality Policy and Strategy' was released, endorsed by WHO, World Bank and OECD. Each country should drive quality in healthcare, that takes full recognition of frontline health workers' experiences and views. That is why today we will hear from leaders that are driving this change in difficult circumstances. Shams invited the panellists to briefly share their progress and challenges on this topic.

Prof. Baidy Lo, Minister of Health Adviser, Islamic Republic of Mauritania

Prof. Baidy Lo talked about his experience as an epidemiologist. He explained that in 2003 there was an epidemic in Mauritania which spread quickly from one person on one day and eventually led to 26 deaths. Such epidemics are a regular occurrence that can't be stopped immediately due to inability to block transmission.

Mauritania's repeated epidemics, and the shock from the Ebola outbreak, led the Ministry of Health to take the decision to put in place IPC and WASH improvements. They have been able to move forward thanks to support from the US Government and technical support from CDC piloting in four regions where IPC and WASH interventions were integrated together in healthcare facilities. The first step was to put in place a system of focal points responsible for WASH and IPC, and to establish a new IPC and WASH national committee. Importantly, they developed an integrated WASH and IPC plan, and integrated this into the national plan for tackling AMR. In additional, they put in place a national system of training and mentorship for WASH and IPC. To push for best practices at point of care, they put in place standards for IPC and WASH, and put professionals in the field tasked with monitoring against these standards, including combatting AMR. WHO have collaborated, putting in place a monitoring system using IPC tools and WASH FIT – making detailed evaluations with one indicator, which saw improvements in the pilot regions from 34-64%.

The challenges they still have are:

- Action and implementation at the facility level – there have been many efforts to develop a new system and policy – how to now translate this to changes at the facility level.
- Integration of a budget line on IPC and WASH.

Dr Francis Kateh, Deputy Minister of Health for Curative Services and Chief Medical Officer, Republic of Liberia

Prior to 2014, Dr Kateh said that WASH in healthcare facilities had not been given due priority. Now the Government of Liberia have recognised, post Ebola, that they had to reengineer the health centre system, looking at triage, looking at what are critical components such as a hand washing station for use before going through triage – this is vital for reducing the spread of many diseases like typhoid, cholera, dysentery. As Dr Tedros has said, we cannot have health care without quality. Liberia now have quality and improved IPC - they have trained 16,000 healthcare workers in IPC. In the health facilities the MoH run around the country, most at least

now have a borehole and there is water in the facility. But how do we change a culture? How do we change behaviour? How do we monitor and coach to change behaviour? Dr Kateh said that they have tried to enable their healthcare workers to recognise that good IPC is about protecting themselves as well as their patients. They have finalised national IPC guidelines, and have a national action plan for tackling AMR that is being validated at this time. 80 hospitals across the country have participated in the hygiene program, and now they have regular monitoring to make sure they reach and keep improved WASH and IPC across the country.

The challenges they still have are:

- Digging boreholes is not enough. They need energy sources to pump water supplies from boreholes – looking at solar energy.
- Limited funding will always be a problem in a country with a small budget. The Government are spending 15% of the national budget on health, but a lot of this goes on health worker salaries. So funding IPC and WASH efforts remains a challenge.

Anne Kinuthia, Country Representative - South Sudan, IntraHealth

Anne explained the challenges in South Sudan, saying that the Government does not prioritise issues like WASH. The WASH infrastructure collapsed during the civil war. If you go to a healthcare facility, you will find there is no WASH. Despite this, IntraHealth are supporting health workers who are striving to keep providing health care. They want pregnant women to deliver in hospital, but the hospitals don't have water and so health workers have to ask mothers to bring water from far away. So many women do not come to health facilities because of one issue - WASH.

Anne revealed that even in the Ministry of Health building, there is only one toilet and the minister holds the key. When a visitor came recently and needed to go to the toilet, Anne had to take them back to her house to use the toilet.

In 2016, she explained that South Sudan had a massive polio immunisation campaign. She said 16 children died because there was no soap and handwashing facilities and they re-used only one syringe to immunise children for 5 days. There are huge challenges because supply lines were cut during the conflict, with lack of commodities, even surgical gloves and sterilisation equipment. Despite this they need to keep moving forward. She urged the MoH representatives from Mauritania and Liberia to speak to the Minister in South Sudan and show him that improvements are possible. She requested continuing support from WHO.

Dr Benedetta Allegranzi, Coordinator of Global Infection Prevention and Control Unit, WHO

Benedetta said that at the global level, the attention to IPC and WASH had been low until Ebola. It's sad that a disaster was needed to get more attention, but at least we are now in a different place, with global action plans on WASH and AMR, WHO teams working closely together and a call to action from the UN Secretary-General to tackle WASH in healthcare facilities. Benedetta called for synergy and collaboration between different organisations. She said collaborations are now happening in real ways, with joint cross-WHO documents and many useful resources.

She commented that the outbreak of Ebola happening now in DRC really gets attention, but we know from our speakers today that this is an everyday problem, it is not driven by epidemics - everyday care is affected by IPC and WASH. There is a big gap between government commitments and policies and translation of those into implementation and actions at the point of care at healthcare facilities.

Annie Msosa, Head of Programmes, WaterAid Malawi

WaterAid has been supporting WASH and IPC in healthcare facilities through advocacy, capacity building, training and infrastructure in many countries – see our new global report. Annie said that there are a number of lessons in the report and she encouraged everyone to look at it. Key lessons for her were: we need to advocate at all levels of government; policies need to be implemented, not just written; and we need the right tools at the facilities level. If there is no soap or hand sanitiser at facilities or the cleaner does not have a mop, they can't do IPC.

Annie talked about the need to strengthen multisector coordination mechanisms. WaterAid see this all the time, between the health sector and WASH sector. The WASH sector often doesn't have finance, and has weak coordination mechanisms. We need to think about coordination not just in abstract, but through patient and health worker experiences at the frontline. We have heard of cleaners that stop female patients using the hospital toilet because they don't want to have to clean the facility – so women have to go in the bush. Imagine how that feels to a pregnant woman. How do we inspire healthcare workers to promote and support IPC and WASH? How do we change power dynamics and empower people so that women can speak up and demand that staff wash their hands and put gloves on to prevent infections, without being pushed to the back of the queue for 'being difficult'?

There are still significant gaps in how we can deliver WASH in healthcare facilities improvements. For instance, developing the right technical solutions that are low-cost and sustainable, ensuring facilities are accessible to people with disabilities. In Malawi, Annie said there was a big drive to ensure that every healthcare facility had water. Solar water pumps were installed, but there was no financing for operation and maintenance and so infrastructure stops functioning. We need sustainable services for everyone everywhere.

Dr Marc Sprenger, Director of AMR secretariat, WHO

Marc started by remembering attending a major WHO meeting on AMR – seeing a line of black limos of important people. While there, he asked to visit a hospital to see the reality there. He asked to meet their microbiologist, to see their infectious diseases protocols, but of course he was told he was naïve – even there in the capital there was no sewerage system, no proper water supply for the hospital. We can talk all we like about the theory of tackling AMR, but if there isn't WASH and IPC in place, we cannot do anything. If we make much more effort on IPC we can reduce infections in hospital and we can reduce use of antibiotics and spread of bacteria, and stop babies dying unnecessarily. Without basic infrastructure like water, you will see diarrhoea, cholera, malnutrition and maternal and newborn sepsis. AMR is indeed on the rise – there is a new strain of drug-resistant typhoid happening right now in Pakistan – this is not a theoretical problem.

Marc thanked the speakers who had really demonstrated the vital importance of these issues. His view was now that the money that is currently going to R&D for tackling AMR should really be redirected to IPC and basic WASH infrastructure.

Audience discussion

The following points and questions were raised:

- How can health workers and patients come together to advocate for WASH and IPC?
- The urgent need for behaviour change at all levels, from hospital managers to cleaners to patients. We need to build a bridge between IPC and WASH – can't have one without the other.
- The need for leadership across all levels of the health system, and with much more weight given to the expertise of nurses, midwives, cleaners (as opposed to doctors).
- The issue of O&M is huge – new infrastructure is all well and good, but so much of it stops functioning because there is no money, and no expertise, in maintaining it.
- In some countries funding remains a huge issue – how do we fund the basic infrastructure, the soap? What role can patient and staff management committees for facilities play?
- The frustration that high income countries are investing hugely in R&D as the way to tackle AMR, and yet we can't find the funding for WASH and IPC. We need to reprioritise where we put our money.
- Coalitions working together can have much greater power – we need persistence that this shouldn't be normal
- 'What women want' initiative – we urge women to speak up for their right to quality healthcare, and the water, sanitation and hygiene that underpins this.
- When work on AMR was being developed, people assumed that health facilities had WASH – we need to explicitly make the link, working in alliance with WASH in healthcare facilities provision. We need better monitoring frameworks of WASH provision.

The panellists gave the following reflections in response:

- Annie from WaterAid Malawi called for global and national targets that can be tracked on WASH in healthcare facilities, and strong accountability for this across public, quasi private and private facilities. To improve women's health we need women to seek care in healthcare facilities, and improving WASH provision is fundamental to that aim.
- Dr Kateh from Liberia emphasised that, as a healthcare worker, you are at risk from infections or diseases like Ebola – you need to see IPC as key to your own safety as well as your patients. IPC must not be viewed as a separate entity from WASH – they are interrelated. We need to change these dynamics and recognise that these are key components in achieving SDG 3.
- Prof Lo from Mauritania emphasised the importance of political leadership to champion these objectives and foster multisectoral approaches. But political leadership needs to be matched with driving behaviour change at the facility level. It is not sufficient to have nice policies that do not translate to providing resources and fostering a culture of change.
- Benedetta from WHO – important that WHO teams continue to strengthen integration between the different agendas like quality improvement, tackling

AMR, patient safety, UHC and WASH and IPC. Need to do better at showcasing country examples of progress.

- Anne from IntraHealth South Sudan emphasised that WASH and health are both basic human rights - we need to remarry these two agendas, immediately. We also need to recognise that these are culture issues, with taboos, and that changing behaviour is the key. Need to focus on working with communities and frontline health workers, and with traditional leaders to drive that change. We need WASH emergency preparedness, and political will to make sure WASH is funded through the ministries and increased funding in health systems.
- Marc from WHO – in the AMR work there is not enough focus on WASH. I will seek to change that, but you must all help to raise the profile of WASH and tell the real stories from the frontline that illustrate the realities as we have heard today.

Dr Maria Neira, Director, Department of Public Health, Environmental and Social Determinants of Health, WHO

Maria started by saying how frustrating it was to hear from Anne and Annie that the situations in health facilities haven't improved much from when she was there 20 years ago.

> ***"We are accepting the unacceptable – we simply shouldn't call it a health care facility if there is no water, sanitation and a piece of soap. It is time to stop accepting it"***

Dr Tedros is proposing a 'triple-billion' ambition, but all three will collapse if there is no WASH. The first billion is UHC - you can say what you want about UHC but it won't be a reality if you can't wash your hands. The second billion is addressing health emergencies - yesterday there was a big event about ending cholera, meetings about tackling AMR, access to new drugs, all of that will not be possible without WASH. The idea of meeting basic public health needs is not new, it's so fundamental, yet for some reason we are still talking about the need. Sometimes healthcare workers are forced to wear the same gloves from morning to evening. Cleaners are not paid and have to do the worst work. Behaviour needs to change among health workers and communities.

When we talk about tackling cholera, or AMR, we can't do this without WASH. We at WHO need to create a very strong alliance – our teams on AMR, on WASH, together with allies like you. And let us not forget that we now have the UN Secretary-General on our side calling for WASH in healthcare facilities. Now is the time for us to act together – we can achieve change together.

From left to right: Dr Marc Sprenger, WHO; Prof Baidy Lo, Minister of Health Adviser, Mauritania; Dr Maria Neira, WHO; Anne Kinuthia, IntraHealth South Sudan; Annie Msosa, WaterAid Malawi; Dr Francis Kateh, Deputy Minister of Health and Chief Medical Officer, Liberia; Dr Shams Syed, WHO; Dr Benedetta Allegranzi, WHO