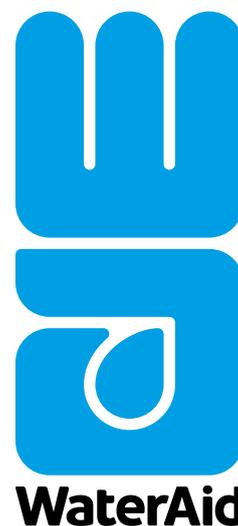


Hygiene: The missing first line of defence against COVID-19

WHA Action Plan
May 2020



The COVID-19 pandemic is a global emergency that demands urgent collective action – not only to withstand this crisis, but to build resilience against the threat of future health crises.



Together with physical distancing, practising good hygiene is a vital first line of defence against COVID-19 and at the core of public health advice from the World Health Organization (WHO).ⁱ It is especially crucial in the absence of a vaccine for COVID-19. Handwashing is one of the most effective disease prevention methods available. Evidence suggests it can reduce cases of pneumonia by 50% and acute respiratory infection by 16–23%, while reducing risk of endemic diarrhoea by 48%.¹

Public health is impossible without access to clean water, soap and hygiene services for frontline health workers, their patients and communities. Yet globally, 3 billion people lack soap and water at home. The situation is similarly stark **in health centres** globally:²

- **2 in 5** lack hand hygiene facilities at the point of care.
- **1 in 4** have no clean water on site.
- **1 in 5** have no decent toilets.
- In least-developed countries, **nearly half** have no clean water on site and only **1 in 4** can safely dispose of medical waste.

This presents a critical weakness in health systems – a fundamental flaw in our collective armour for global health security. Governments and donors have neglected to invest adequately in the basics of clean water, soap and decent toilets for decades and, even now, hygiene investment to bolster weak health systems is largely absent from COVID-19 national responses and donor support.

Critical actions to respond and rebuild from COVID-19

We urge Heads of Government and Health Ministers to take the following critical actions, in line with WHO guidance, ensuring that urgent investment in hygiene and public health is central to a COVID-19 response and rebuild strategy.



1. Urgently invest in water, sanitation and hygiene (WASH) services, infrastructure, supplies and training for all frontline health workers, including cleaners and auxiliary staff, in accordance with the previously agreed WHA72.7 resolution on WASH in healthcare facilities.ⁱⁱ
2. Initiate nationwide mass public health information campaigns that include good hygiene practices tailored to meet the needs of all as a critical part of containing the spread of COVID-19.
3. Ensure indicators of access to WASH in healthcare facilities, communities, and the most 'at risk' groups are embedded in national government monitoring of COVID-19 response.
4. Ensure ministries responsible for water and sanitation are centrally involved in cross-government COVID-19 response structures and coordination mechanisms, and share data on WASH access for the most 'at risk' communities and where WASH is missing or insufficient in healthcare facilities.
5. Ensure that investment in sustainable WASH services is included as a priority within the text of the proposed WHA73 resolution on COVID-19.
6. Embed WASH data and monitoring in national standards and processes for quality of care and pandemic preparedness, inclusive of joint sector reviews and biennial reporting to the WHA on WASH in healthcare facilities.
7. Development partners and multilateral organisations should urgently increase financial support for hygiene services for communities and frontline health workers. Official Development Assistance for WASH must be doubled in the short term to strengthen pandemic preparedness and response, and to strengthen the enabling systems which deliver sustainable services for all, prioritising those most at risk.

ⁱ WHO (2020). Recommendations to Member States to improve hand hygiene practices to help prevent the transmission of the COVID-19 virus. Available at: [who.int/publications-detail/recommendations-to-member-states-to-improve-hand-hygiene-practices-to-help-prevent-the-transmission-of-the-covid-19-virus](https://www.who.int/publications-detail/recommendations-to-member-states-to-improve-hand-hygiene-practices-to-help-prevent-the-transmission-of-the-covid-19-virus) (accessed 5 May 2020).

ⁱⁱ Last year, Health Ministers committed to investing in WASH in all healthcare facilities when they unanimously adopted WHA72.7 Resolution. Available at: apps.who.int/ebwha/pdf_files/WHA72/A72_R7-en.pdf. WHO and UNICEF have issued guidance on the practical steps governments should take: [who.int/water_sanitation_health/publications/wash-in-health-care-facilities/en/](https://www.who.int/water_sanitation_health/publications/wash-in-health-care-facilities/en/) (accessed 5 May 2020).

Examples of practical actions Member States are taking on WASH in healthcare facilities to strengthen COVID-19 response



- The Government of **Tanzania**, through the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) and support of WaterAid, will focus on three high-risk regions including Dar es Salaam, Arusha and Zanzibar, and build on existing programmes in the Geita region. Interventions will support the Ministry to scale up WASH services including handwashing facilities at key locations, mass media campaigns for handwashing and hygiene messages, and provide critical training for healthcare and frontline workers on Infection Prevention and Control (IPC). In line with National Guidelines for WASH in healthcare facilities, IPC and WASH interventions will respond to COVID-19 while strengthening resilience to future health crises.
- The Ministry of Health in **Cambodia** has focused on improving the quality of care across its health system by improving basic water and sanitation services at healthcare facilities. Challenges persist in hygiene and cleaning infrastructure, training and practices. A Provincial Health Department is working with WaterAid to rapidly assess hand hygiene infrastructure and management at primary health facilities, to help identify and address gaps and challenges in implementing COVID-19 response requirements. Additionally, a review of cleaning guidance and knowledge of cleaners on the frontline is underway to support improved training.

Leaving no one behind from COVID-19 response



COVID-19 knows no borders, yet it has exacerbated multiple dimensions of inequality – economic, gender, rural, urban, age, ability and access to basic WASH and health services.^{3,4} Frontline health workers, community health volunteers and carers are predominantly women. They face increased risk of infection in conditions with limited WASH; as well as increased pressure to manage lack of WASH; increased exposure to the virus; and increased risk of violence and retaliation in times of crisis. Lockdown measures present further risks to health and safety, especially for women and children, while those living in crowded urban slums have no way to physically distance themselves and no sanitation services. Ensuring that COVID-19 responses promote equitable access to WASH is essential to realising human rights and can be a critical step in tackling these persistent inequalities. Furthermore, it mitigates impact on livelihoods and maintains the gains made against existing global health priorities such as nutrition, cholera, sexual and reproductive health rights (SRHR) and neglected tropical diseases (NTDs). Investing in WASH now is a ‘no regrets’ action that Member States must take to confront COVID-19, sustain existing public health interventions and build resilience to future crises.

Immunisation and hygiene: a holistic approach to health



Immunisation programmes are currently at risk due to impacts of COVID-19.⁵ Comprehensive disease control and prevention requires inclusive and sustainable WASH services and hygiene behaviours, alongside established immunisation programmes. There is a strong rationale for the joint delivery of these essential services as immunisation programmes reach more people than any other health intervention and serve as an entry point to integrate WASH – with particular emphasis on hygiene behaviour change.^{6,7,8}

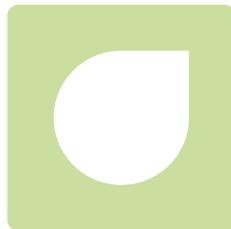
As the world waits for a COVID-19 vaccine, we urge Member States to prioritise joint delivery of hygiene and immunisation, and utilise the flexibility that Gavi has provided to reallocate up to 10% of existing health system strengthening investments to fill critical gaps in hygiene services.⁹ Prioritising joint delivery of integrated programmes now will ready national plans, help sustain critical immunisation platforms and stand ready with hygiene-integrated approaches for the eventual launch of a COVID-19 vaccine.



Find out more about WaterAid's COVID-19 response at wateraid.org/global-covid-19-response

For more information contact:
COVID19Response@wateraid.org

WaterAid is an international not-for-profit, determined to make clean water, decent toilets and good hygiene normal for everyone, everywhere within a generation.



References

- ¹ WaterAid (2020). *How can we ensure everyone can wash their hands with soap and water, to protect lives from COVID-19?* Available at: washmatters.wateraid.org/blog/how-to-ensure-everyone-can-wash-hands-to-protect-lives-from-covid19 (accessed 6 May 2020).
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- ⁹ Gavi The Vaccine Alliance (2020). *Gavi Board calls for bold engagement to respond to COVID-19.* Available at: gavi.org/news/media-room/gavi-board-calls-bold-engagement-respond-covid-19 (accessed 5 May 2020).

