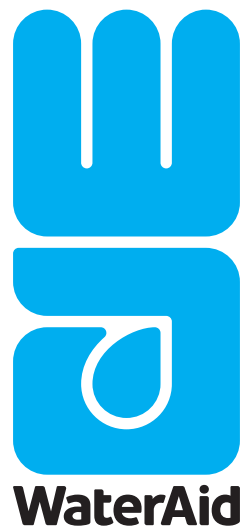




WaterAid/Cynthia Matonmodze

Water, sanitation and hygiene in healthcare facilities: investment that will save lives

Policy brief
May 2023



Context



The world faces devastating health risks due to major global gaps in water, sanitation and hygiene (WASH) services in healthcare facilities (HCFs). Globally, close to 4 billion people lack basic hygiene services at their HCF. Across the world's least-developed countries (LDCs), the problem is even greater, with half lacking basic water services.

The estimated cost of achieving universal access to WASH in HCFs in LDCs is around US\$9.6 billion.¹ This only represents an annual commitment of around US\$600 million in external financing and a domestic commitment of around US\$355 million to ensure every HCF in LDCs has adequate WASH services.

Currently, the **quality and quantity of financing for WASH in HCFs is substantially below** what is needed to deliver against national standards. This makes it impossible to achieve ambitions for safer, cleaner healthcare, and to improve health systems performance and health outcomes.

WASH in HCF financing should be integrated into broader health systems and primary healthcare investments, with sustainable long-term financing and effective accountability mechanisms.



● **Filomena Fabiaõ washes used medical utensils in the maternity ward at the health centre in Mecanhelas, Niassa Province, Mozambique. July 2022.**

1. Chaitkin M, et al. (2022). Estimating the cost of achieving basic water, sanitation, hygiene, and waste management services in public health-care facilities in the 46 UN designated least-developed countries: a modelling study. *The Lancet*. vol 10, no 6, E840-E849. Available at: [thelancet.com/journals/langlo/article/PIIS2214-109X\(22\)00099-7/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00099-7/fulltext) (accessed 4 May 2023).



WaterAid/Etmosa Yvonne

Donor financing landscape



WASH currently features in donor health and water strategies in the context of pandemic preparedness and response, antimicrobial resistance (AMR), universal health coverage (UHC), one health, primary healthcare, infection prevention and control (IPC) and health systems strengthening.

However, none have specific programmes or financing indicators to track resource allocation and progress made on WASH in HCFs. Systematic tracking is also lacking in health management information systems and strategic plans at country level, which is impacting on the availability of national financing and is limiting opportunities for integration into major health programmes.

Bilateral Donors/International Financing Institutions, Global Health Initiatives	Organisational health/WASH strategies	Implementation	Monitoring and funding indicators
Japan	✓	✓	✗
Germany	✓	✓	✗
FCDO	✓	✓	✗
USAID	✓	✓	✗
DFAT	✓	✓	✗
European Commission	✓	✓	✗
World Bank	✗	✓	✗
Africa Development Bank	✓	✓	✗
Global Fund	✗	✓	✗
GAVI Vaccine Alliance	✗	✗	✗
Global Financing Facility	✓	✓	✗

The case for investing in WASH



WASH has the power to achieve safer primary healthcare services, save lives and improve health outcomes – reducing infectious diseases and improving infant and maternal mortality rates.

Lack of WASH in HCFs increases infection and disease rates. This, in turn, leads to a greater need for and prolonged use of antibiotics, inflated costs to patients and the health system, and the emergence and spread of AMR – all of which hinder national progress to achieve UHC.

Health crises, such as Ebola, COVID-19 and the rise of AMR, have also demonstrated the need to equip health systems with essential tools to respond and keep health workers and patients safe. Improving WASH, especially targeting low-resource settings, will help control the spread of AMR – the wider economic cost of which is estimated to be as high as US\$100 trillion by 2050.

Improving WASH also strengthens pandemic preparedness, ensures health workers can do their jobs safely, and increases patients' trust in the health system.

High quality care in clean HCFs is essential to improve women's experience of healthcare, promote gender equality and save lives. Women represent 90% of frontline health workers and the majority of patients. Every year, up to one million mothers and newborns die because of preventable infections linked to unclean births. Having WASH facilities readily available in healthcare settings dramatically improves health outcomes and prevents up to 1.4 million maternal and neonatal sepsis-related deaths each year.

Finally, in low- and middle-income countries (LMICs), more people die due to low service quality than from lack of access to care.² Lost productivity from poor-quality care costs an estimated US\$1.4 to US\$1.6 trillion each year.³



“Working in a healthcare facility without water, sanitation and hygiene is akin to sending nurses and doctors to work without personal protective equipment.”

Dr Tedros Adhanom Ghebreyesus
Director-General
World Health Organization

2. Kruk ME, et al. (2018). High-quality health systems in the Sustainable Development Goals era: time for a revolution. *Lancet Glob Health*. vol 6, no 11, e1196–252. Available at: [thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30386-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30386-3/fulltext) (accessed 4 May 2023).
3. National Academies of Sciences, Engineering and Medicine (2018). *Crossing the global quality chasm: Improving health care worldwide*. Washington, DC: The National Academies Press. Available at: doi.org/10.17226/25152 (accessed 4 May 2023).

Case studies



Ghana: Translating community feedback into change

Local-level social accountability mechanisms have strengthened health systems responsiveness to community demands for WASH.

The 'community scorecard' engages and empowers community members to give feedback and propose solutions for addressing areas for improvement in health services, including WASH. The feedback mechanisms are linked to the National Health Management Information System, which can be reviewed at facility, district and national levels.

Trained communities can carry out WASH in HCF assessments, monitoring and management using the 'community scorecard' and forming WASH management committees. Through this process, communities have secured improvements such as electricity and power, established a recovery ward and improved water and sanitation service levels.

Ghana Health Services are now planning for a national rollout of the 'community scorecard' and engagement to improve quality of healthcare, uphold patient dignity, and improve WASH and IPC in collaboration with sector players.

● **Halima Khatun visits the Raghunathpur community clinic for a monthly pregnancy check-up. Since the WaterAid project, this clinic now has hygienic toilets and clean drinking water. Kaliganj, Satkhira, Bangladesh. December 2022.**



WaterAid/Fabeha Monir

Tanzania: Increased funding brings real change

New health investments have led to increased access to WASH in HCFs for people across Tanzania. Tanzania's Ministry of Health, in partnership with the President's Office – Regional Administration and Local Government, has called for 5–10% of all funds in the health sector to be directed to issues of clean water, sanitation and hygiene in HCFs in line with the guidelines for the Council's Comprehensive Health Plan (CCHP).

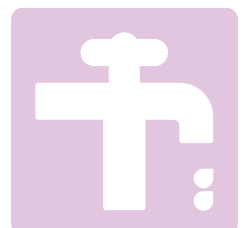
Following the development of national WASH in HCF guidelines, the Tanzanian Ministry of Water and Line Ministries have increased commitment to the sanitation and hygiene budget that includes WASH in HCFs in the **Water Sector Development Plan III** – from 6.4% to 19%. This investment will improve WASH services in more than 450 HCFs by the end of 2023. This is in addition to an initial US\$12.4 million investment that already reached 662 HCFs in 2022.



WaterAid/James Kiyimba

“Everything is at risk, be it the mother, the newborn; everyone is at risk of getting infected because of the lack of water.”

● **Devota Byukusenge, Midwife, holds a newborn in the maternity ward. Mwogo Health Centre, where Devota works, does not have clean water. Bugesera, Rwanda. October 2022.**



Call to action



To achieve safe, dignified and quality care for women, and improve patient and health worker safety by scaling up WASH in HCFs, the following actions are critical:

LMIC governments

- Develop, finance and implement costed national strategies for WASH in HCFs as part of broader health systems strengthening and pandemic preparedness, primary healthcare and universal health coverage investments, with sustainable long-term financing.
- Integrate and finance WASH in HCFs as a core component in health policies and strategies for IPC, maternal, child and newborn health, patient safety, AMR, and pandemic preparedness and response programmes.
- Track progress against national standards and financing commitments on WASH in HCFs within national accountability processes, health monitoring systems and responsive citizen-led accountability mechanisms.

Donors

- Develop, finance and implement health strategies and funding mechanisms to incentivise government-led investment in WASH in HCFs.
- Respond to national WASH and health system strengthening priorities and commitments – including ring-fenced funding for WASH in HCFs within wider health investments.
- Integrate WASH financing and actions into investments in women's health and rights. Support approaches that empower women, girls and local communities, and embed patient-focussed accountability mechanisms.

● Veronica visits Kharumwa Health Centre with her 13-month-old baby, Pendo. She remembers travelling to a different hospital to give birth before Kharumwa Health Centre had clean water, decent toilets and good hygiene. Nyang'hwale District, Tanzania. June 2019.



WaterAid/James Kiyimba

WaterAid is an international not-for-profit, determined to make clean water, decent toilets and good hygiene normal for everyone, everywhere within a generation. Only by tackling these three essentials in ways that last can people change their lives for good.

**To find out more go to:
washmatters.wateraid.org/world-health-assembly**



● **Front cover image: Sipiwe draws water from a water point in Sikachapa. When it is time to give birth, Sipiwe will rely on her mother-in-law to collect water from a borehole close to the health centre as it does not have water on site. Kazungula District, Zambia. May 2022.**

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Sweden: Org.nr: 802426-1268, PG: 90 01 62-9, BG: 900-1629. UK: 288701 (England and Wales)
and SC039479 (Scotland). USA: WaterAid America is a 501(c) (3) non-profit organization.

