In 2015, for the first time, WHO and UNICEF assessed the status of WASH in health care facilities in low- and middle-income countries. With a significant proportion of facilities without any services at all, WHO, UNICEF and partners committed at a global meeting to address the situation, with the aim of achieving universal access in all facilities, in all settings.

Water, Sanitation and Hygiene (WASH) in Health Care Facilities
Global Action Plan

A GLOBAL ACTION PLAN, with five change objectives, has been developed. In the first phase of this work, four task teams (comprised of health and WASH specialists) are working to address the change objectives and product tangible deliverables. Task teams include: Advocacy, Action and Leadership; Monitoring; Evidence and Operational Research; and Policies, Standards and Facility-based Improvements.

Multiple benefits of adequate WASH in health care facilities

- Reduced health care acquired infections
- Reduced anti-microbial resistance
- Improved occupational health and safety
- Outbreak prevention and control (e.g. cholera, Ebola)
- Diarrheal disease prevention and control
- Improved satisfaction and ability to provide safe care
- More efficient services
- Disease/deaths averted
- Health staff model good behavior; improved hygiene practices at home
- Increased uptake of services; e.g. facility births, vaccinations
- Facilities better prepared to continue to provide WASH in disasters; climate related events
- Climate change and disaster resilience
- Disease prevention and treatment
- Staff morale and performance
- People centered care
- Community WASH
- Healthcare costs
- WASH

Change Objectives

| CO 1 | WASH in health care facilities is prioritized as a necessary input to achieving all global and national health goals especially as those linked to Universal Health Coverage. Key decision makers and thought leaders champion WASH in health care facilities. |
| CO 2 | All countries have national standards and policies on WASH in health care facilities and dedicated budgets to improving and maintaining services. |
| CO 3 | Global and national monitoring efforts include harmonizing core and extended indicators to measure WASH in health care facilities. |
| CO 4 | The existing evidence base is reviewed and strengthened to catalyze advocacy messages and improve implementation of WASH in health care facilities. |
| CO 5 | Health care facility staff, management and patients advocate for and champion improved WASH services. Risk-based facility plans are implemented and support continuous WASH improvements, training and practices of health care staff. |

Global Action Plan Task Teams and Activities

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**Aim:** To advocate for global and national action to improve WASH in health care facilities and support the leaders dedicated to this effort.

**Activities**
- Document national case studies including processes and change mechanisms for improving WASH in health care facilities.

**Aim:** To develop, test and revise core and extended indicators to track WASH in health care facilities.

**Activities**
- Core and extended indicators incorporated into all relevant WASH and health monitoring and accountability mechanisms.

**Aim:** To draw on and extend the evidence base to support increased investments, quality improvements and advocacy efforts.

**Activities**
- Develop priority operational research agenda and seek opportunities to address the evidence gaps.

**Aim:** To develop a suite of field-tested tools, training and reference materials for a variety of facilities and settings.

**Activities**
- Support regular training and competency assessments for all health care facility staff including cleaners and health care workers.

**Participating organisations:** DFID, Emory University, Global Health Council, Infection Control Network Africa, London School of Hygiene and Tropical Medicine, Ministry of Health representatives from Ethiopia, Sierra Leone and Zambia, SoapBox Collaborative, UNICEF, University of East Anglia, USAID, WASH Advocates, WaterAid, Water Institute-University of North Carolina, Water Supply and Sanitation Collaborative Council, WHO, World Bank.

**Health priorities represented:** Health systems, Infection prevention and control, Maternal and newborn health, Outbreaks and emergencies and quality Universal Health Coverage.