Water, sanitation and hygiene in health care facilities:

driving transformational change for women and girls

WaterAid

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WaterAid/ James Kiyimba

Access to clean water, sanitation and hygiene (WASH) in healthcare facilities is a fundamental component of Universal Health Coverage (UHC) and underpins the delivery of safe, quality health services for all, especially women and girls. As the main users of health services and the primary caregivers for family members in many countries around the world, the burden of poor WASH in healthcare facilities falls disproportionately on women. Improving access to WASH in healthcare settings, designed with gender considerations, can contribute to sustainable improvements in the quality of healthcare services, supporting core aspects of UHC including equity and dignity, and ultimately, to positive health and empowerment outcomes for women and their families.

Despite being a fundamental component of health systems, WASH services are too often neglected and under-prioritised by governments and development partners. In 2018, the United Nations Secretary General issued a Global Call to Action to elevate the importance of, and prioritize action on, WASH in healthcare facilities. This is in line with the SDGs on health (SDG 3) and clean water and sanitation (SDG 6), and supports a long-term vision that all healthcare facilities provide quality care in a safe, clean environment for patients, providers and the community.

Global Status of WASH in healthcare facilities:*

- **896 million people globally had no water service at their healthcare facility**
- **More than 1.5 billion people globally had no sanitation service at their healthcare facility**
- **1 in 6 healthcare facilities had no place to wash hands with soap and water**

*Based on 2016 data – the latest available[1]

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WASH in healthcare facilities: an alarming situation

In 2019, the release of the first global baseline data on the availability of WASH in healthcare facilities shows an alarming lack of these basic services around the world.

While the data represents the first global estimates on WASH in healthcare facilities, and therefore an important step towards monitoring progress towards the SDGs, huge gaps in data remain. The vast majority of countries are unable to monitor their progress on the most basic components of a healthcare facility. For example, only 18 countries out of 200 had sufficient data to estimate coverage of basic sanitation services in healthcare facilities, and very few countries have data on medical waste management. Furthermore, gender related considerations for sanitation such as sex-segregation, presence of menstrual hygiene management infrastructure and toilets that met the needs of heavily pregnant women were the most commonly reported reasons why basic sanitation service levels were not met. The lack of regular and consistent monitoring and reporting on WASH services in healthcare settings, disaggregated by facility and location, makes it difficult to understand the specific needs and plan for improvements, all of which undermines progress towards UHC and achieving health improvements for women.

A disproportionate burden on women:

The fulfillment of women's basic right to access quality health services is hindered by multiple barriers related to poor WASH in healthcare facilities:

- **Maternal and newborn health:** Women face unique needs around the time of pregnancy and childbirth. A clean, safe and private environment to give birth is essential to reduce the risk of infections, including maternal and newborn sepsis[2], and ensuring the delivery of quality, dignified care. According to the WHO, an estimated 30,000 women and 400,000 babies worldwide die every year from infections such as puerperal sepsis, often caused by lack of water, sanitation and poor hand-washing practices.[3] Furthermore, the lack of WASH in healthcare facilities can contribute to the increased use, misuse and overuse of antibiotics, accelerating antimicrobial resistance (AMR).[4,5]
- **Women as primary caregivers:** Gender norms regarding women's role at household and community levels place the burden of care for the sick and young on women, meaning that in many cases women are often the primary users of healthcare services, and therefore experience most of the burden when these services are of poor quality, placing unnecessary health risks on caregivers and those seeking care. Women also hold the burden of unpaid care for ill family and others.[6] These impacts on women can be further exacerbated due to the increased risk of infection in settings with poor WASH which leads to longer hospital stays and ongoing care.
- **Patient satisfaction and demand for care:** Inadequate WASH infrastructure and poor hygiene practices in health settings lead to patient dissatisfaction and prevent women from seeking care at maternity services, resulting in reduced utilization of health services.[7]


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- **Safety of healthcare providers:** Women occupy the majority of frontline healthcare provider positions, working as nurses, midwives, community health workers or health attendants.[8] Lack of adequate WASH services in facilities places healthcare providers at increased risk of healthcare-associated infections and other infections, undermining their safety, motivation and ability to do their job well in a clean and safe environment. This can contribute to the challenge of retaining staff, particularly in rural areas. Often, power dynamics between female frontline health care workers and male health care workers in higher positions prevent women healthcare workers from decision-making and resource allocation[9], which in turn can affect their ability to address WASH-related needs at the facility.

What needs to change:

WaterAid, alongside other partners including WHO and UNICEF, have been working to improve WASH in healthcare facilities around the world. Based on experience to date, a number of key practical steps are recommended to incrementally move towards universal access of WASH in all healthcare settings. By ensuring gender considerations are incorporated within these steps, this will contribute to maximising the benefits of WASH in healthcare facilities on women's health and rights.

1. Political leadership, policies and standards

In response to UN's General Secretary's Call to Action for WASH in healthcare facilities[10], the international community has stepped up its efforts to address this crisis. UNICEF and WHO are currently leading the implementation of a global action plan to improve WASH in healthcare facilities, and a number of Member States are committing to greater leadership and investments through the promotion of a resolution on WASH in healthcare facilities at the 72nd World Health Assembly in 2019 and for its implementation over the coming years.

Our experience shows that political leadership and the inclusion of WASH in healthcare facilities into national health plans and key health sector priorities, including around health systems strengthening, maternal health, quality care, and UHC, is a critical step. The development of national standards and guidelines on WASH in healthcare are needed to help guide facility level improvements and convene partners around a shared objective. Addressing gender through these discussions to ensure policies, indicators and developments target the needs of women and girls is essential to supporting services for all. Women should be involved directly in policy development and action, and women's leadership should be promoted and fostered.

2. Strengthened monitoring systems and institutional coordination to foster better collaboration across health and WASH sectors

The status of WASH in healthcare highlights the systematic neglect of the environmental determinants of health through the whole health system. The solutions to improving WASH services and behaviours requires a systems-wide and holistic approach, addressing each component, or building block, of the health system and their inter-linkages. This includes governance, financing, workforce, service delivery, medical products and technologies, and information and data. At the same time, applying an equity and gender lens to WASH improvements in each of these building blocks and ensuring participation of women and marginalised groups in decision-making, will enable better targeting and prioritisation of limited resources, improve sustainability, and ensure that health services are meeting the needs of people of all genders, ages and abilities.

Improving WASH facilities through a health systems lens includes:

- Strengthening the monitoring of WASH in healthcare facilities, through embedding WASH indicators in routine monitoring of health systems, such as HMIS, and ensuring indicators include equity and gender dimensions, such as access to sanitation that meets the needs of women in delivery wards, separate toilets for women and men, and accessibility of these facilities. Ensure data is disaggregated and reported on specifically for gender and equity dimensions.

- Assessing the extent to which current designs or planned renovations of healthcare facilities follow WHO minimum standards and users' preferences, with particular attention to the specific needs of groups at risk of exclusion like women, people with disabilities and seniors.
- Investing in and strengthening institutional coordination mechanisms between health and WASH stakeholders across government both nationally and locally, ensuring involvement of external partners and community members, marginalized groups and users of healthcare facilities. This would include actively involving disabled people's organisations and gender organisations.

3. Strengthen individual capacities and healthcare workers:

Ensuring the health workforce (policymakers, planners, frontline health workers) have the right skills and training in WASH-related responsibilities and behaviours is a core component to improving WASH in healthcare settings. This includes:

- Investing equally in male and female healthcare worker staff capacities through training, coaching, mentoring and ongoing support to frontline staff and cleaners on Infection Prevention and Control (IPC), hand hygiene, waste disposal, and on how to respond to gender-specific needs.
- Integrating participatory gender analysis to engage health workers and users in identifying needed improvements to WASH and inform policy development and programme design.
- Investing in community engagement strategies that involve communities and vulnerable groups in decision-making, planning and accountability of health system improvements. By improving communities and patients understanding of their rights to WASH in healthcare facilities, and capacity to advocate, they are able to hold duty-bearers to account to improve these services.

4. Increased investments in WASH in healthcare facilities:

Ensureing every healthcare setting has access to at least basic WASH services will require increased international, domestic and private sector funding. This includes budgeting for new or upgrading of infrastructure, but also ongoing operational and maintenance costs, and capacity and training of healthcare workers in behaviour change. Donors have a critical role in filling the funding gaps and strengthening government systems to sustainably improve health service delivery by recognising the basic underpinning of WASH services as part of any health investment. Priority actions include:

- Strengthen coordination between health, WASH and finance ministries to identify sources of funding in each ministry.
- Development of costed national plans on WASH in healthcare facilities, with alignment of funding and support from development partners. Ensure this funding considers costs to meet the needs of women and girls.
- Advocate for the inclusion of WASH in healthcare facilities in relevant health financing platforms and programmes, both globally and nationally, such as the Global Financing Facility.

5. Invest in research and learning

Robust and contextualized evidence is needed to drive and sustain improvements in WASH in healthcare facilities, and to design solutions that meet the needs of women and the rest of the community. Investments are required to support research on critical topics that seek to measure the impact of WASH improvements on women's health outcomes, and how best to coordinate across WASH and health sectors. Particular attention should be directed towards operational research on how interventions at the facility, behavioural and systems level can sustainably improve WASH services in health settings and how best to address gender within these to support transformational change for women and girls.

Recommendations


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There are considerable economic benefits to investing in water and sanitation. WHO estimates a US$ 4.3 return for every dollar invested in water and sanitation services, mostly because of reduced health care costs.[11] Gender-based approaches to integrating WASH in healthcare facilities represents an important opportunity to achieve sustainable results in terms of health outcomes and women's empowerment. As a global leader in gender equality, and the health and empowerment of women, Canada has an important role to play in contributing towards the achievements of these commitments. Investments in WASH in healthcare facilities supports achievement of multiple pillars of the Feminist International Assistance Policy (FIAP), particularly on access to health services.

In order to make the most of Canada's investments in global health, the following recommendations are addressed to Global Affairs Canada and its partners:

1

Invest in WASH in healthcare facilities through a health system strengthening approach, addressing infrastructure, systems strengthening, gender equality and behaviour change, as a critical components of Canada's international development assistance.

2

Ensure health programmes and financing platforms, such as those related to maternal and newborn health, health systems strengthening and UHC, incorporate investments in WASH in healthcare facilities, critical to achieving key health outcomes for women and children.

3 **Support the WHO and UNICEF action plan on WASH in healthcare facilities, ensuring its implementation at country level.**

4 **Provide technical assistance to national governments to strengthen coordination and policy dialogues involving WASH, gender and health stakeholders (national and local government, civil society organizations) to strengthen multi-sectoral institutional coordination to plan for, implement and monitor the integration of gender-sensitive approaches to WASH in healthcare facilities at scale.**

5 **When undertaking situational analysis on health systems, include participatory gender assessment and WASH in healthcare as core components to assess when investing in health sector interventions.**

6 **Invest in and promote the use of operational research on gender issues pertaining to WASH in healthcare facilities, to support national scale up and facilitate sharing of learning about what works across countries.**

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