

# WASH for safe health systems: a long way to go

by Alison Macintyre and Rosie Wheen

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A woman cleans her pots in a river while her child watches

Photo Credit: *Irene Scott/DFAT/Flickr*

While we all hope that 2021 might deliver a healthier, more secure world, we also all know that COVID-19 has exposed inequalities and **weaknesses in health systems** and **gaps in the fundamentals** of healthcare, particularly relating to water, sanitation and hygiene (WASH).

These gaps were known, and largely ignored, before COVID-19 hit. If we return to business as usual during recovery processes, fundamental weaknesses will remain. While the **profile of infection prevention and control, and WASH** has risen throughout the pandemic, **translating this to investment and action remains incomplete.**

Last month, WHO and UNICEF released a **progress report** on WASH in healthcare facilities, the first since a **resolution** was passed on WASH and health care facilities at the 72<sup>nd</sup> World Health Assembly in 2019. While the report highlights some progress towards implementing the resolution, it also shows that major gaps in WASH services remain. One of the stark facts presented in the report is that one in four healthcare facilities are operating without an available, improved water source on site. In least developed countries, it is one in two.

The report not only presents the facts, but also gives voice to the frontline workers who have to make do. Health worker Mary from Malawi, tells us that “we had to take women who had just given birth to a nearby river to wash. It would take 45 minutes. Some would collapse along the way. I felt sad for them. But there was no running water at the health facility.”

We wish these statistics stopped at water. But the situation is dire for all WASH elements: water, sanitation, hygiene, healthcare waste management and environmental cleaning. 800 million people seek care in facilities with no toilets, and one in three facilities have no soap or alcohol hand rub available.

WASH in healthcare facilities is essential for COVID-19 prevention and control and for so much more; it's a 'best buy' with all the health benefits that it enables. We recently [wrote](#) about the slow moving antimicrobial resistance pandemic and how WASH can curb it. But it's not just about pandemics. Unclean conditions during childbirth account for more than 1 million deaths of mothers and newborns each year.

WASH is critical for infection prevention and control, but also for the basic needs, rights and dignity of all people at healthcare facilities. The report quotes a nursing officer in India:

Many have fainted after wearing PPE for a long time. We are dehydrated and not drinking enough water. Nurses are being diagnosed with urinary tract infections – it starts leaking and you want to talk about dignity!

70% of the frontline health workforce are women. Many of these women have to manage menstruation every month in facilities with no water, no soap and no toilets. They must manage in hot, tropical conditions, where they know that the lack of these basics puts them at greater risk of contracting COVID-19 and other infections. This is unacceptable.

As Dr Maria Neira, Director of the Department of Public Health, Environmental and Social Determinants of Health at WHO, has [said](#), “a health care facility without WASH is not a health care facility.”

For the first time, the WHO and UNICEF report outlines what investment would be needed to achieve basic WASH services in healthcare facilities in the 47 least developed countries by 2030. It is doable. It will cost about 30 US cents per person per year in each of these countries for the initial investment and ongoing operation and maintenance. That is, in total, USD\$3.6 billion across 2021-2030.

The progress report outlines four key actions: support countries to have costed national action plans; embed WASH indicators into routine health monitoring mechanisms and review progress; develop the health workforce to support WASH services and good hygiene; and embed WASH in healthcare facilities into routine health operations, planning and financing, especially for COVID-19 recovery efforts.

The Australian Government has shown initial leadership. It was one of the first countries to sponsor the 2019 WHO resolution on WASH in healthcare facilities, and has supported action through the [Water for Women Fund](#). This funding has helped us understand how to improve hand hygiene in Cambodia and cleaning practices in Myanmar, stories which feature in the WHO/UNICEF report. Additionally, [DFAT's partnership with WHO](#) has also driven progress in the Philippines, Indonesia,

Bhutan and Vietnam.

Despite this progress, and the [work of WaterAid](#), there is much more to be done. With our region having only a handful of countries with data available on WASH conditions, few national costed plans and insufficient financing, we are urging the Australian Government to expand its existing leadership on the issue.

We urge the Australian Government to leverage their health leadership in the region to champion and invest in this issue, particularly for women, who bear the brunt of this crisis. While vaccines offer hope for 2021, we will only really see transformation to stronger, resilient health systems if we get the basics right.

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Link: <https://devpolicy.org/wash-for-safe-health-systems-a-long-way-to-go-20210122-2/>