WASH IN HEALTH CARE FACILITIES

Global Baseline Report 2019

World Health Organization

WHO UNICEF JMP

unicef

WASH in health care facilities: Global Baseline Report 2019
ISBN 978-92-4-151550-4

Suggested citation. World Health Organization and the United Nations Children's Fund, *WASH in health care facilities: Global Baseline Report 2019*, WHO and UNICEF, Geneva, 2019. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Front cover: GettyImages/Ms Yapr; **Back cover:** GettyImages/kali9.

Pv: Tom Greenwood/WaterAid; **P1:** Karen Kasmauski/MCSP; **P7:** Shutterstock/Dmitry Kalinovsky; **P11:** WHO/S. Volkov; **P12:** Kate Holt/MCSP; **P14:** GettyImages/SimplyCreativePhotography; **P17:** Dominique Maison; **P18:** Valentina Grossi/WHO; **P19:** Nikki Behnke; **P21:** Karen Kasmauski/MCSP; **P23:** Arabella Hayter/WHO; **P24:** Rick Johnston/WHO; **P26:** GettyImages/Akhararat Wathanasing; **P28:** GettyImages/Dusan Petkovic; **P31:** GettyImages/Andrey N.Cherkasov; **P39:** GettyImages/Nattrass; **P40:** Mubeen Siddiqui/MCSP; **P44:** Rick Johnston/WHO; **P47:** Karen Kasmauski/MCSP; **P48:** GettyImages/Ruurd Dankloff; **P54:** Arabella Hayter/WHO; **P55:** GettyImages/Eplisterra; **P58:** GettyImages/Jeangill; **P60:** GettyImages/Dmitry Kalinovsky; **P62:** Karen Kasmauski/MCSP; **P65:** Karen Kasmauski/MCSP; **P66:** UNICEF/Vishwanathan; **P69:** WHO/SEARO/Monir Islam; **P73:** Karen Kasmauski/MCSP; **P78–79:** Karen Kasmauski/MCSP; **P88–93, 114–115:** GettyImages/Kirillm; **P94–99, 116–117:** GettyImages/Goodze; **P100–105, 118–119:** GettyImages/Ms Yapr; **P106–111, 120–121:** GettyImages/Julie Workman; **P112–113, 122–123:** GettyImages/Dmitry Kalinovsky.

Edited by Richard Steele. Design, layout and production by Phoenix Design Aid A/S, Denmark.

Printed in Switzerland.

WASH IN HEALTH CARE FACILITIES

Global Baseline Report 2019

World Health Organization
WHO UNICEF JMP
unicef

HIGHLIGHTS

The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), through the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP), have produced regular updates on water, sanitation and hygiene (WASH) since 1990. Together, they are responsible for monitoring the 2030 Sustainable Development Goal (SDG) targets 6.1 and 6.2 and supporting global monitoring of other WASH-related SDG targets and indicators.

This first JMP report on WASH in health care facilities introduces new service ladders for basic services (Figure 1). It establishes national, regional and global baseline estimates that contribute towards global monitoring of SDG targets for universal access to WASH (SDG 6.1 and 6.2) and for universal health coverage (SDG 3.8) (Table 1).

GOALS	TARGETS
6: Ensure availability and sustainable management of water and sanitation for all	6.1: By 2030, achieve universal and equitable access to safe and affordable drinking water for all
	6.2: By 2030 achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
3: Ensure healthy lives and promote well-being for all at all ages	3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

TABLE 1 Global goals and targets related to WASH in health care facilities

	WATER	SANITATION	HYGIENE	WASTE MANAGEMENT	ENVIRONMENTAL CLEANING
BASIC SERVICE	Water is available from an improved source[1] on the premises.	Improved sanitation facilities[2] are usable, with at least one toilet dedicated for staff, at least one sex-separated toilet with menstrual hygiene facilities, and at least one toilet accessible for people with limited mobility.	Functional hand hygiene facilities (with water and soap and/or alcohol-based hand rub) are available at points of care, and within five metres of toilets.	Waste is safely segregated into at least three bins, and sharps and infectious waste are treated and disposed of safely.	Basic protocols for cleaning are available, and staff with cleaning responsibilities have all received training.
LIMITED SERVICE	An improved water source is within 500 metres of the premises, but not all requirements for basic service are met.	At least one improved sanitation facility is available, but not all requirements for basic service are met.	Functional hand hygiene facilities are available either at points of care or toilets but not both.	There is limited separation and/or treatment and disposal of sharps and infectious waste, but not all requirements for basic service are met.	There are cleaning protocols and/or at least some staff have received training on cleaning.
NO SERVICE	Water is taken from unprotected dug wells or springs, or surface water sources; or an improved source that is more than 500 metres from the premises; or there is no water source.	Toilet facilities are unimproved (e.g. pit latrines without a slab or platform, hanging latrines, bucket latrines) or there are no toilets.	No functional hand hygiene facilities are available either at points of care or toilets.	There are no separate bins for sharps or infectious waste, and sharps and/or infectious waste are not treated/disposed of safely.	No cleaning protocols are available and no staff have received training on cleaning.

FIGURE 1 JMP service ladders for monitoring basic WASH services in health care facilities

[1] Improved water sources are those which by nature of their design and construction have the potential to deliver safe water. These include piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water.

[2] Improved sanitation facilities are those designed to hygienically separate human excreta from human contact. These include wet sanitation technologies – such as flush and pour flush toilets connecting to sewers, septic tanks or pit latrines – and dry sanitation technologies – such as dry pit latrines with slabs, and composting toilets.

Key messages

In 2016:

1. **38** countries and **three of the eight** SDG regions had sufficient data to estimate coverage of **basic** water services in health care facilities.
2. **74%** of health care facilities globally had **basic** water services, meaning water was available from an improved source on the premises.
3. In Least Developed Countries, only **55%** of health care facilities had **basic** water services.
4. **14%** of health care facilities globally had **limited** water services, meaning they had access to an improved source that was either located off the premises or did not have water available at the time of the survey.
5. **12%** of health care facilities globally had **no water service**, meaning they either used water from an improved source more than 500 metres from the premises or an unimproved source, or had no water source at all.
6. Regional coverage of **basic** water services ranged from **51%** in sub-Saharan Africa to **87%** in Eastern and South-Eastern Asia.
7. **4%** of hospitals and **11%** of other health care facilities had **no water service**.
8. **12%** of government health care facilities and **6%** of non-government health care facilities had **no water service**.
9. **5%** of health care facilities in urban areas and **15%** in rural areas had **no water service**.
10. **896 million** people had **no water service** at their health care facility.

A BASIC WATER SERVICE IN HEALTH CARE FACILITIES

Water is available from an improved source on the premises.

Globally, 74% of health care facilities had basic water services in 2016

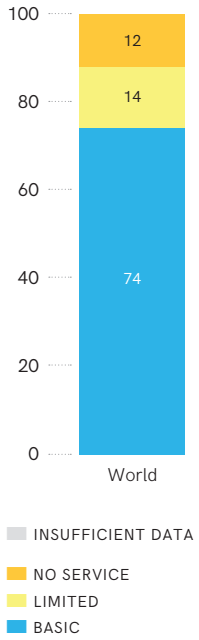

FIGURE 2 Global water services in health care facilities, 2016 (%)

Three out of eight SDG regions had estimates for basic water services in health care facilities in 2016

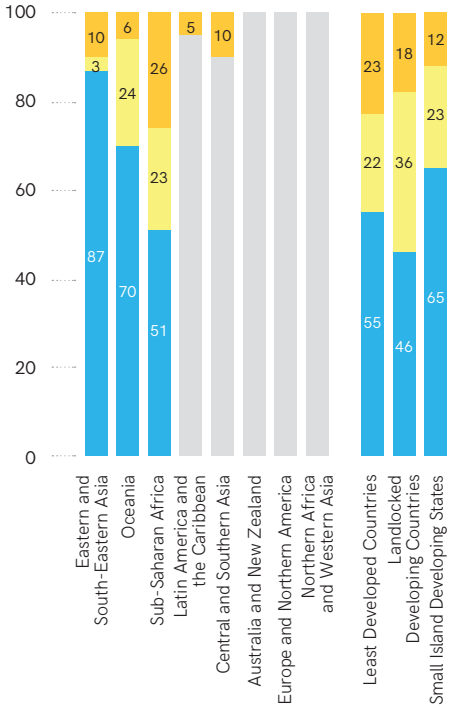

FIGURE 3 Regional water services in health care facilities, 2016 (%)

In 16 out of 69 countries with data available, more than 20% of health care facilities had no water service in 2016

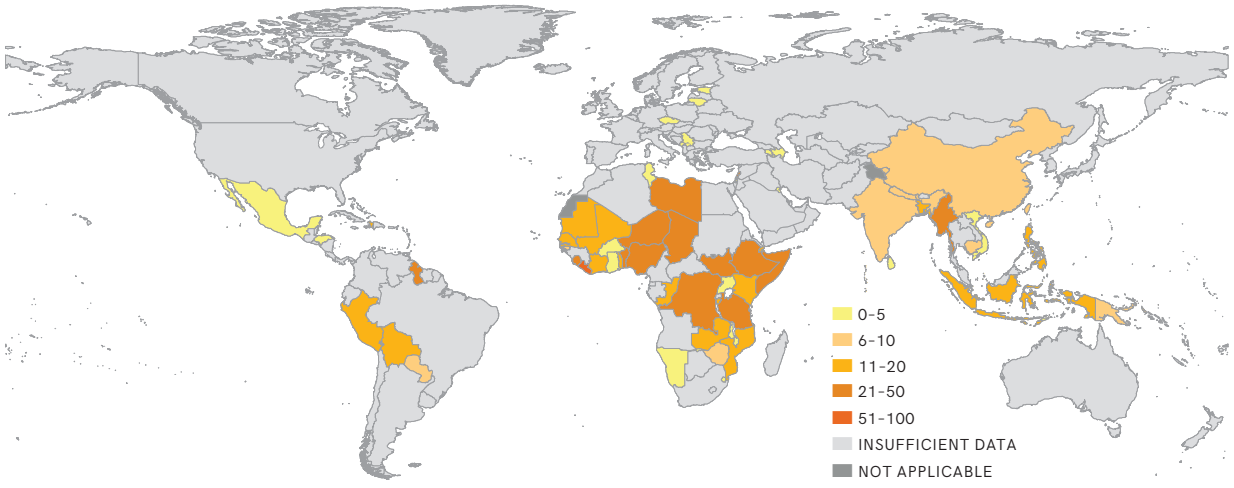

FIGURE 4 Proportion of health care facilities with no water service, 2016 (%)

SANITATION

Key messages

In 2016:

1. **18** countries and only **one** SDG region had sufficient data to estimate coverage of **basic** sanitation services in health care facilities.
2. There were not enough countries with basic estimates to calculate global coverage of **basic** sanitation services in health care facilities.
3. In sub-Saharan Africa, **23%** of health care facilities had **basic** services.
4. **Four out of eight** SDG regions had insufficient data to make any estimates for sanitation in health care facilities.
5. **21%** of health care facilities globally had **no sanitation service**, meaning they had unimproved toilets or no toilets at all.
6. The proportion of health care facilities without sanitation services ranged from **5%** in Eastern and South-Eastern Asia to **40%** in Central and Southern Asia.
7. **42%** of Landlocked Developing Countries had **basic** sanitation services in health care facilities.
8. In Least Developed Countries, **21%** of health care facilities had **no sanitation service**.
9. **9%** of hospitals and **20%** of other health care facilities had **no sanitation service**.
10. **16%** of government health care facilities and **36%** of non-government health care facilities had **no sanitation service**.
11. **More than 1.5 billion** people had **no sanitation service** at their health care facility.

A BASIC SANITATION SERVICE IN HEALTH CARE FACILITIES

Improved sanitation facilities are usable, with at least one toilet dedicated for staff, at least one sex-separated toilet with menstrual hygiene facilities, and at least one toilet accessible for people with limited mobility.

Globally, one in five health care facilities had no sanitation service in 2016

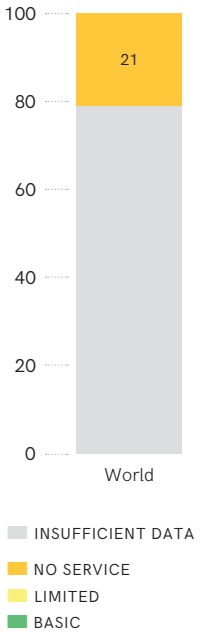

FIGURE 5 Global sanitation services in health care facilities, 2016 (%)

Only one SDG region had estimates for basic sanitation services in health care facilities in 2016

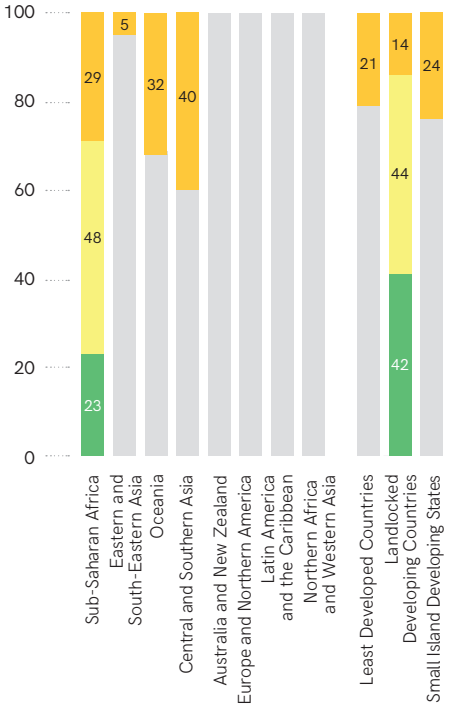

FIGURE 6 Regional sanitation services in health care facilities, 2016 (%)

In 28 out of 66 countries with data available, more than 10% of health care facilities had no sanitation service in 2016

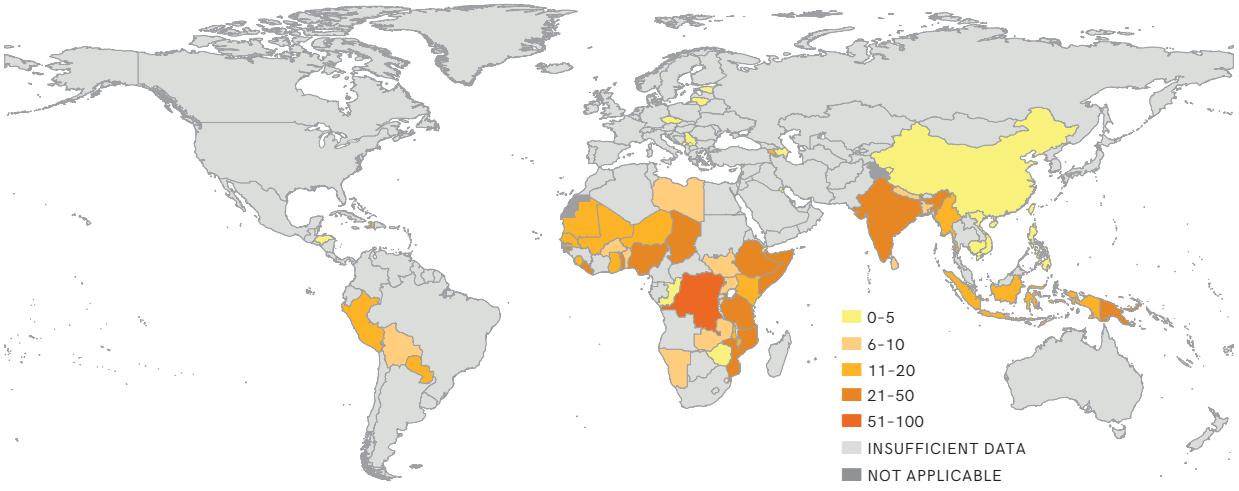

FIGURE 7 Proportion of health care facilities with no sanitation service, 2016 (%)

HYGIENE

Key messages

In 2016:

1. **14** countries had sufficient data to estimate coverage of **basic** hygiene services in health care facilities, meaning that functional hand hygiene facilities were available both at points of care, and at toilets.
2. There were not enough countries with basic estimates to calculate global coverage of **basic** hygiene services in health care facilities.
3. **Four out of eight** SDG regions had insufficient data to make any estimates for hygiene in health care facilities.
4. **One out of three** health care facilities (36%) in Eastern and South-Eastern Asia had **basic** hygiene services.
5. **One out of six** health care facilities (16%) globally had **no hygiene service**, meaning they lacked hand hygiene facilities at points of care, as well as soap and water at toilets.
6. Relatively few countries (16) had data on the availability of handwashing facilities at toilets but more data (from 55 countries) were available on hand hygiene facilities at points of care.
7. **57%** of health care facilities globally had hand hygiene facilities at points of care.
8. In sub-Saharan Africa, **half** of health care facilities (51%) had alcohol-based hand rub at points of care.
9. In sub-Saharan Africa, **84%** of hospitals had hand hygiene facilities at points of care, compared to **64%** of other health care facilities.

A BASIC HYGIENE SERVICE IN HEALTH CARE FACILITIES

Functional hand hygiene facilities (with water and soap and/or alcohol-based hand rub) are available at points of care, and within five metres of toilets.

Globally, one out of six health care facilities had no hygiene service in 2016

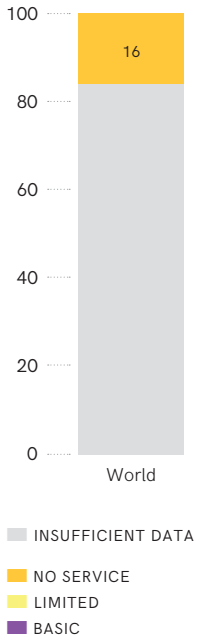

FIGURE 8 Global hygiene services in health care facilities, 2016 (%)

Only one SDG region had estimates for basic hygiene services in health care facilities in 2016

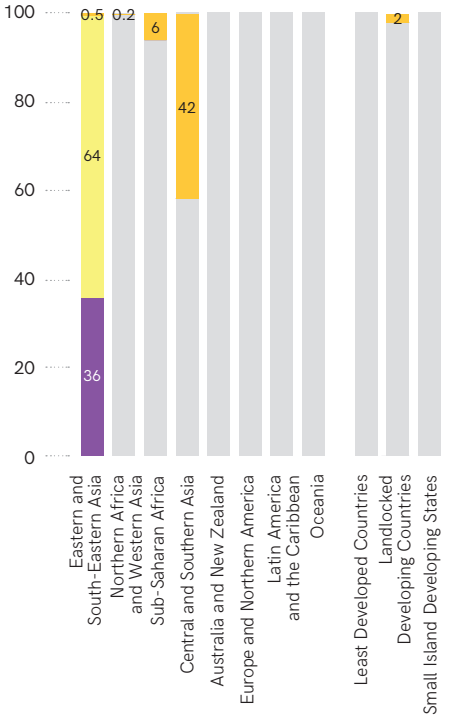

FIGURE 9 Regional hygiene services in health care facilities, 2016 (%)

In 8 out of 55 countries with data available, more than half of health care facilities lacked handwashing facilities at points of care in 2016

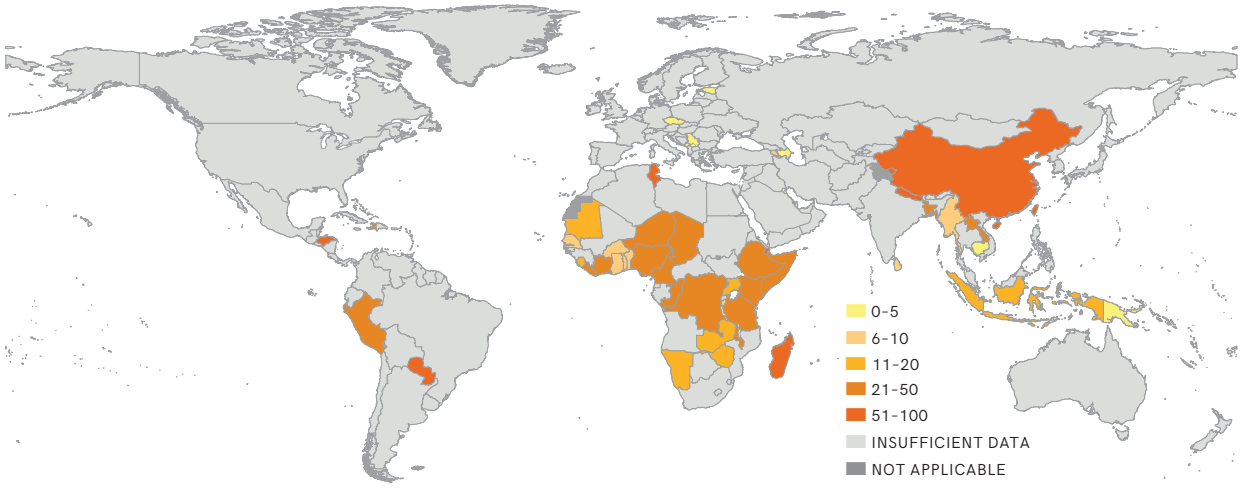

FIGURE 10 Proportion of health care facilities lacking hand hygiene facilities at points of care, 2016 (%)

WASTE MANAGEMENT

Key messages

In 2016:

1. **48 countries** had sufficient data to estimate coverage of **basic** waste management services in health care facilities.
2. There were not enough countries with basic estimates to calculate global coverage of **basic** waste management services.
3. **27%** of health care facilities in Least Developed Countries had **basic** health care waste management services.
4. **One out of ten** health care facilities (10%) in Oceania had **basic** health care waste management services.
5. **40%** of health care facilities in sub-Saharan Africa had **basic** health care waste management services.
6. **60%** of health care facilities globally had systems for segregating waste.
7. In sub-Saharan Africa, **60%** of hospitals and **38%** of other health care facilities had **basic** waste management services. **Seven out of ten** government health care facilities (71%) and **half** of non-government health care facilities (55%) safely segregated waste.

A BASIC WASTE MANAGEMENT SERVICE IN HEALTH CARE FACILITIES

Waste is safely segregated into at least three bins, and sharps and infectious waste are treated and disposed of safely.

Only two SDG regions had estimates for basic waste management services in health care facilities in 2016

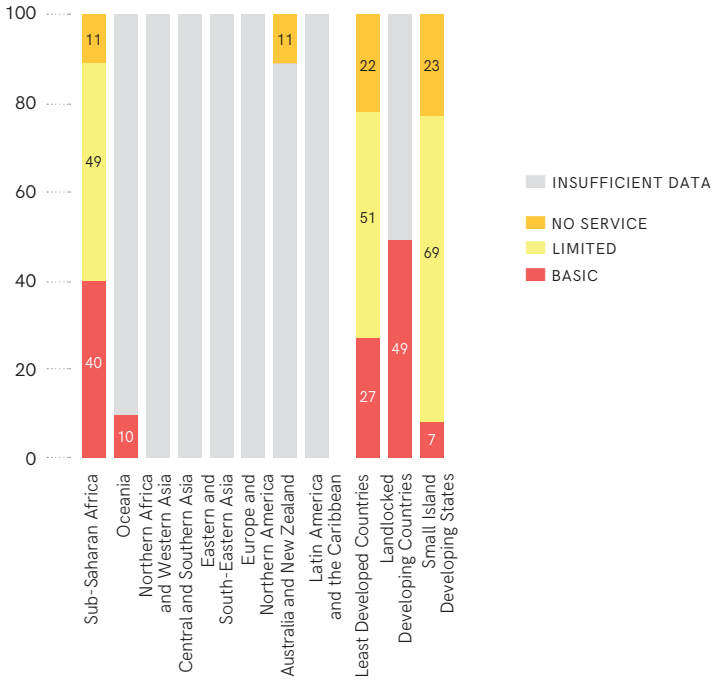

FIGURE 11 Regional waste management services in health care facilities, 2016 (%)

In 30 out of 48 countries with data available, more than half of health care facilities lacked basic waste management services in 2016

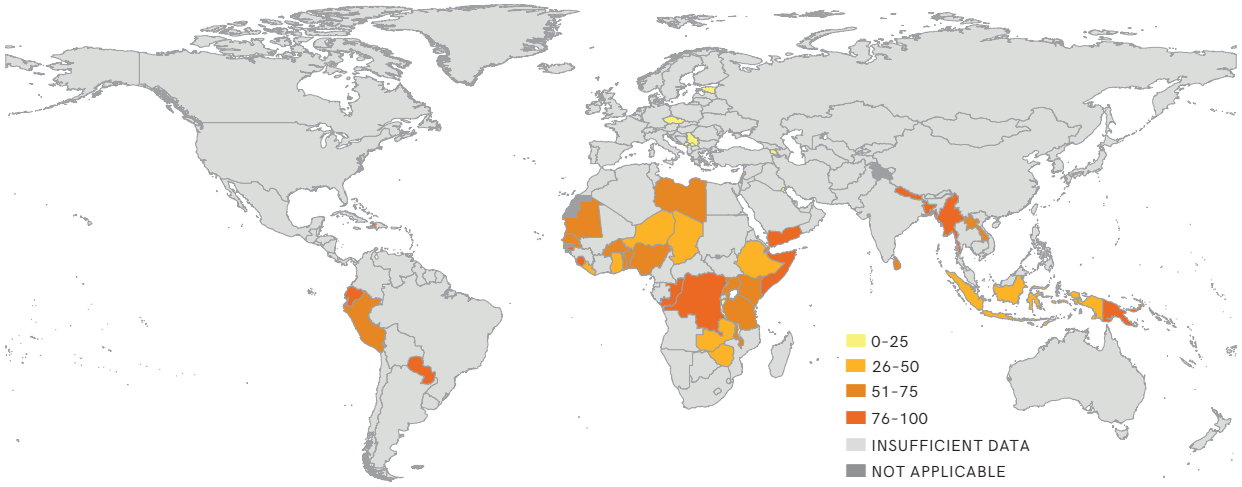

FIGURE 12 Proportion of health care facilities lacking basic waste management services, 2016 (%)

ENVIRONMENTAL CLEANING

Key messages

In 2016:

1. Only **four** countries had sufficient data to estimate coverage of **basic** environmental cleaning services in health care facilities.
2. There were not enough countries with basic estimates to calculate regional coverage of **basic** environmental cleaning services.

A BASIC ENVIRONMENTAL CLEANING SERVICE IN HEALTH CARE FACILITIES

Basic protocols for cleaning are available, and staff with cleaning responsibilities have all received training.

ADDITIONAL INDICATORS FOR EXPANDED MONITORING

The five global basic service indicators provide a valuable starting point for global monitoring of WASH services in health care facilities, but do not capture all the aspects of WASH services that are important to improve health outcomes, increase the quality of care and protect health care workers. For example, the basic water service indicator does not include direct measurement of water quality, even though water quality is critically important.

SERVICE ELEMENT	BASIC INDICATORS	EXAMPLES OF ADDITIONAL INDICATORS				
		AVAILABILITY	ACCESSIBILITY	ACCEPTABILITY	QUALITY	OTHER
Water	Availability • functionality Accessibility • on premises Quality • improved water source	• sufficient quantities of water for different uses • continuity • seasonality • water storage • location and number of water points • ratio of water points to patients or beds	• accessibility of drinking water to those with disabilities	• taste and appearance of drinking water	• *E. coli*, *Legionella*, residual chlorine, chemicals, etc. • on-site water treatment	• piped supply • multiple sources • provision of water for different uses including drinking • different standards for different types of facilities
Sanitation	Availability • usability • for men and women • for staff Accessibility • to those with limited mobility Acceptability • affording privacy • menstrual hygiene Quality • improved toilets or latrines	• location and number of toilets • ratio of toilets to patients or beds	• distance to toilets from consultation areas	• cultural appropri-ateness	• cleanliness • connection to sewer • faecal sludge management	• evidence of open defecation on facility grounds • drainage and runoff management • vector control measures in toilets
Hygiene	Availability • functionality of hand hygiene facilities at points of care • functionality of handwashing facilities at toilets	• location and number of handwashing stations • ratio of handwashing stations to patients or beds				• hand hygiene compliance • visibility of hygiene promotion materials • hygiene promotion activities • training on hygiene and infection control
Waste management	Quality • segregation of health care waste • treatment and disposal	• location and number of waste bins and receptacles • ratio of waste bins to patients or beds • functionality of incinerators • availability of fuel/ power for incinerators • disposal of chemical and radioactive waste	• bins out of reach from children		• fenced waste storage area	• protective equipment for waste managers
Environmental cleaning	Availability • protocols in place Quality • staff trained	• location and number of cleaning stations • presence of cleaning supplies, including disinfectant			• cleaning frequency • observed cleanliness • cleaning methods used	

TABLE 2 Basic and additional indicators, grouped by human rights criteria

The global basic service indicators represent a compromise between normative requirements and what can be practically monitored and aggregated to the national and global levels at the outset of the SDG period. Several additional indicators might be monitored at the local level and could be used to improve the quality of service delivery. Such information could be aggregated to the national, and eventually global, level if the data permit. Countries may wish to define levels of service that draw upon these additional indicators and go beyond the basic level, to reflect their national priorities and ambitions. Examples of additional indicators that are not included in the basic service level are shown in Table 2. Both the basic and additional indicators are grouped into the elements of availability, accessibility, acceptability and quality, which derive from the human rights (Box 1). This report highlights illustrative examples of countries that monitor some of these additional indicators.

BOX 1

Progressive realization of the human rights to health and to safe water and sanitation

The right to health is widely recognized by UN member states and is central to, and dependent upon, the realization of other human rights, including the rights to safe water and sanitation. The right to health, according to the Committee on Economic, Social and Cultural Rights, as expressed in their General Comment No. 14,[3] includes the following core components:

- **Availability:** refers to the need for a sufficient quantity of functioning public health and health care facilities, goods and services, as well as programmes for all.
- **Accessibility**: requires that health facilities, goods and services must be accessible to everyone. Accessibility has four overlapping dimensions: non-discrimination, physical accessibility, economic accessibility (affordability) and information accessibility.
- **Acceptability**: relates to respect for medical ethics, cultural appropriateness and sensitivity to gender. Acceptability requires that health facilities, goods, services and programmes are people-centred and cater for the specific needs of diverse population groups in accordance with international standards of medical ethics for confidentiality and informed consent.
- **Quality**: facilities, goods and services must be scientifically and medically approved. Quality is a key component of Universal Health Coverage and includes the experience as well as the perception of health care. Quality health services should be safe, effective, people-centred, timely, equitable, integrated and efficient.

The human rights to water and sanitation use similar normative criteria. The Special Rapporteur has noted that, "Member States should establish standards for Accessibility, Availability, Quality, Affordability, Acceptability and Sustainability of water and sanitation services," and notes that standards should "apply to services within the home, as well as at work, school, **health centres**, in public places and in places of detention."[4]

A core principle of the right to health is that of progressive realization using maximum available resources. Governments are not required to immediately ensure full compliance with human rights obligations, and indeed resource limitations may mean that this is out of reach in the short term. Still, whatever level of resources they have at their disposal, governments can and must take immediate steps within their means towards the fulfilment of these rights. The 'service ladder' approach is useful for establishing targets to progressively improve services, no matter what the current level of coverage. Each government must decide what steps to take, and how to balance investments in primary, secondary and tertiary care. Governments may set targets on making sure that no health care facility has no WASH services, or ensuring universal access to basic services, or achieving higher levels of services.

'Functioning public health and health-care facilities, goods and services, as well as programmes, have to be available in sufficient quantity within the State party. The precise nature of the facilities, goods and services will vary depending on numerous factors, including the State party's developmental level. They will include, however, the underlying determinants of health, such as safe and potable drinking water and adequate sanitation facilities, hospitals, clinics and other health-related buildings…'

– General Comment No. 14, paragraph 12

[3] United Nations Economic and Social Council, General Comment No. 14: The right to the highest attainable standard of health, E/C.12/2000/4, UN, Geneva, 2000, <https://digitallibrary.un.org/record/425041>.

[4] de Albuquerque, Catarina, *Realising the Human Rights to Water and Sanitation: A handbook by the UN Special Rapporteur Catarina de Albuquerque*, UN Special Rapporteur on the human right to safe drinking water and sanitation, Portugal, 2014, <www.ohchr.org/en/issues/waterandsanitation/srwater/pages/handbook.aspx>.

WATER

In 2016:

- **38** countries and **three of the eight** SDG regions had sufficient data to estimate coverage of **basic** water services in health care facilities.
- **74%** of health care facilities globally had **basic** water services, meaning water was available from an improved source on the premises.
- **12%** of health care facilities globally had **no water service**, meaning they either used water from an improved source more than 500 metres from the premises or an unimproved source, or had no water source at all.
- **4%** of hospitals and **11%** of other health care facilities had **no water service**.
- **896 million** people globally had **no water service** at their health care facility.

SANITATION

In 2016:

- **18** countries and only **one** SDG region had sufficient data to estimate coverage of **basic** sanitation services in health care facilities.
- In sub-Saharan Africa, **23%** of health care facilities had **basic** services.
- **21%** of health care facilities globally had **no sanitation service**, meaning they had unimproved toilets or no toilets at all.
- **9%** of hospitals and **20%** of other health care facilities had **no sanitation service**.
- **More than 1.5 billion** people globally had **no sanitation service** at their health care facility.

HYGIENE

In 2016:

- **14** countries had sufficient data to estimate coverage of **basic** hygiene services in health care facilities, meaning that functional hand hygiene facilities were available both at points of care, and at toilets.
- **One out of six** health care facilities (16%) had **no hygiene service**, meaning they lacked hand hygiene facilities at points of care, as well as soap and water at toilets.
- Relatively few countries had data on the availability of handwashing facilities at toilets but more data were available on hand hygiene facilities at points of care.
- **58%** of health care facilities globally had hand hygiene facilities at points of care.
- In sub-Saharan Africa, **84%** of hospitals had hand hygiene facilities at points of care, compared to **64%** of other health care facilities.

WASTE MANAGEMENT

In 2016:

- **48** countries had sufficient data to estimate coverage of **basic** waste management services in health care facilities.
- **27%** of health care facilities in Least Developed Countries had **basic** health care waste management services.
- **40%** of health care facilities in sub-Saharan Africa had **basic** health care waste management services.
- **60%** of health care facilities had systems for segregating waste.
- In sub-Saharan Africa, **60%** of hospitals and **38%** of other health care facilities had basic waste management services. **Seven out of ten** government health care facilities (71%) and **half** of non-government health care facilities (55%) safely segregated waste.

ENVIRONMENTAL CLEANING

In 2016:

- Only **four** countries had sufficient data to estimate coverage of **basic** environmental cleaning services in health care facilities.
- There were not enough countries with basic estimates to calculate regional global coverage of **basic** environmental cleaning services.

JMP website: washdata.org

World Health Organization

WHO UNICEF JMP

unicef

9 789241 515504