

Water, sanitation and hygiene in health care facilities

Draft resolution proposed by Kingdom of Eswatini, Ethiopia, Republic of Zambia and United Republic of Tanzania

The Executive Board,

Having considered the report on Patient safety: Water, sanitation and hygiene in health care facilities,¹

RECOMMENDS to the Seventy-second World Health Assembly the adoption of the following draft resolution:

The Seventy-second World Health Assembly,

(PP1) Recalling the Declaration of Astana October 2018, that envisions strengthening primary health care (PHC) as the most inclusive, effective and efficient approach to enhance people's physical and mental health, as well as social well-being, and that PHC is a cornerstone of a sustainable health system for effective universal health coverage (UHC) and health-related Sustainable Development Goals;

(PP2) Recalling resolution WHA64.24 on Drinking-Water, Sanitation and Health which emphasizes the tenets of PHC as per Alma-Ata Declaration and other resolutions recalled therein (WHA39.20, WHA42.25, WHA44.28, WHA45.31, WHA35.17, WHA51.28 and WHA63.23) and WHA70.7 that stressed the role of improving safe [reserve (USA)] drinking water, sanitation facilities, health care waste management and hygiene practices in primary health care;

(PP2 bis) Recalling General Assembly resolution 64.292 of 28 July 2010 in which the Assembly recognized the human right [(Mexico reserve: should be "rights", as in UNGA Resolution 72.178); (Australia, Chile, Ethiopia, Uruguay support "right" as in 64.292)] to safe drinking water and sanitation as essential for the full enjoyment to the right to life and all other human rights [(DEL and recalling all other previous resolutions of the Human Rights Council and the General Assembly on the human rights to safe drinking water and sanitation) (Uruguay)]. [(USA reserve on entire paragraph) (Australia reserve on second half of paragraph)]

[New Paragraph (Ethiopia) (Consider combining with PP2 bis (Uruguay)) [and recognizing (DEL. Furthermore,) (USA)] WASH in health care facilities promotes enjoyment of the highest attainable standard of health (USA)] [(DEL is a fundamental human right,) (USA)(Australia)]. [ALT as per Article 11 of the international Covenant on Economic, Social and Cultural Rights,

¹ Document EB144/30.

there is a fundamental right to adequate standard of living. This includes to WASH in health care facilities, which (Australia) (USA delete ALT until WASH)] affirms patient dignity, increases staff morale and improves uptake of services;

(PP3) Noting that without sufficient and safe water, sanitation and hygiene (WASH) in health care facilities, countries will not achieve the targets set out in SDGs 6 and 3, including reducing maternal and newborn mortality and achieving effective universal health coverage, and also in SDGs 1, 7, 11 and 13;

(PP3 bis) Noting that the provision of WASH services is fundamental for patient safety and has been shown to reduce the risk of infection for patients, caregivers, health workers and surrounding communities and noting that progress towards WASH in health care facilities would also allow for effective and timely prevention of and care for cholera along with diarrhoeal and other diseases, as recognized in the resolution on Cholera Prevention and Control (WHA71.4);

(PP4) Recalling WHA68.7, the Global Action Plan on Antimicrobial Resistance which underscores the critical importance of WASH services in community and health care settings for better hygiene and infection prevention measures to limit the development and spread of antimicrobial resistant infections and to limit the inappropriate use of antimicrobial medicines, ensuring good stewardship;

(PP5) Noting the findings of the joint WHO and UNICEF report on *Water, Sanitation and Hygiene in Health care facilities: status in low - and middle-income countries and way forward of 2015*, which revealed that close to 40% of all health care facilities globally lack access to even rudimentary water supplies, and that 19% lack sanitation and with 35% do not have water and soap for handwashing,¹ underscoring the implications of not having these basics in these places including the spread of infections in places which are supposed to promote health and basic hygiene for disease prevention; and stressing the implications on the dignity of patients and other users who seek health care services, particularly women in labour and their newborn babies;

(PP6) Recalling the statement of the UN Secretary-General to make a global call for action for water, sanitation and hygiene in all health care facilities;

(PP7) Noting that the Director General's report (A71/11) on Health, Environment and Climate Change has identified global driving forces, including population growth, urbanization and climate change which are expected to significantly affect the availability and quality of access to water and sanitation services and of freshwater resources [(DEL and the urgent need for addressing the link between climate, energy, WASH and health.) (USA) (EU supports retaining original)]

¹ WHO and UNICEF will release SDG baseline figures for WASH in health care facilities in March/April 2019. These new figures will supersede the figures currently stated in the resolution.

OP1. URGES Member States:¹

OP 1.1 to conduct comprehensive assessments according to the national context and where appropriate, to quantify the availability, quality and needs of WASH in health care facilities and infection prevention and control (IPC) status using existing regional and global protocols or tools² and in collaboration with the global effort to improve WASH in health care facilities;³

OP 1.2 to develop and implement a road map according to national context so that every health care facility in every setting has, commensurate with its needs, safely managed and reliable water supplies; sufficient, safely managed and accessible toilets or latrines for patients, caregivers and staff of all sexes, ages and abilities; appropriate core components of IPC programmes including good hand hygiene infrastructure and practices; routine, effective cleaning; and safe waste management systems, including for excreta and medical waste disposal and whenever possible sustainable and clean energy;

OP 1.3 to establish and implement, according to national context, minimum standards for WASH and IPC in all health care settings and build WASH and IPC standards into accreditation and regulation systems; and establish accountability mechanisms to reinforce standards and practice;

OP 1.4 to set targets within health policies and integrate WASH and IPC indicators⁴ into national monitoring mechanisms to establish baselines, track progress and track health system performance on a regular basis;

OP 1.5 to integrate WASH in health programming, including into nutrition, maternal, child and newborn health within the context of safe, quality integrated people centred health services [care (USA reserve)], effective Universal Health Coverage, IPC and antimicrobial resistance;

OP 1.6 to identify and to address inequities and interruptions in the availability of adequate WASH services in health facilities, especially in facilities that provide maternity services [care (USA reserve)] and in PHC facilities;

OP 1.7 to align their strategies and approaches with the global WASH in health care facilities effort⁵ and contribute to the realization of SDG 3 and SDG 6;

¹ And, where applicable, regional economic integration organizations.

² WHO/UNICEF, 2018. Water and sanitation for health facility improvement tool (WASH FIT). https://www.who.int/water_sanitation_health/publications/water-and-sanitation-for-health-facility-improvement-tool/en/.

³ WHO and UNICEF are co-coordinating the global efforts to improve WASH in health care facilities. Action is focused on a number of key areas, including national assessments. More information can be found on the knowledge portal: www.washinhcf.org.

⁴ WHO/UNICEF, 2018. Core questions and indicators for monitoring WASH in health care facilities in the Sustainable Development Goals. https://www.who.int/water_sanitation_health/publications/core-questions-and-indicators-for-monitoring-wash/en/ (ADD IPC REFERENCE).

⁵ WHO/UNICEF global activities on WASH in health care facilities. https://www.who.int/water_sanitation_health/facilities/en/.

OP 1.8 to have procedures and funding in place to operate and maintain WASH and IPC services in health facilities and to make continuous upgrades and improvements based on needs so that infrastructure continues to operate and that resources are made available to help facilities access other sources of safe water in the event of failures in the normal water supply, so that environmental and other impacts are minimized and to maintain hygiene practices;

OP 1.8 bis to educate and raise awareness, in line with regional agreements, on water, sanitation and hygiene, with a particular focus on maternity, hospital facilities, and settings used by mothers and children; and to conduct ongoing education campaigns on the risks of poor sanitation, including open defecation, to discourage this practice, and encourage community support for use of toilets and safe management of faecal waste by health workers;

OP 1.9 to establish strong multisectoral coordination mechanisms with the active involvement of all relevant Ministries particularly those responsible for health, finance, water, and energy to align and strengthen collaborative efforts and ensure adequate financing to support the delivery of all aspects of WASH and IPC across the health system. To invest in a sufficient and well-trained health workforce, including health care workers, cleaners and engineers to manage WASH services, provide ongoing maintenance and operations and perform appropriate WASH and IPC practices including strong pre-service and ongoing in-service education and training programmes for all levels of staff;

OP 1.10 to promote a safe and secure working environment for every health worker including working aids and tools, WASH services and cleaning and hygiene supplies, for efficient and safe service delivery;

OP 2. Invites international, regional and local partners:

OP 2.1 to raise the profile of WASH and IPC in health care facilities, in health strategies and in flexible funding mechanisms, and thereby direct efforts towards strengthening health systems as a whole, rather than focussing on vertical or siloed programming approaches;

OP 2.2 to support Government efforts to empower communities to participate in the decision-making concerning the provision of better and more equitable WASH services in health facilities, including their reporting to authorities about insufficient or inadequate WASH services;

OP 3. REQUESTS the Director-General:

OP 3.1 to continue providing global leadership and [the development of (USA)] technical guidance [(DEL development) (USA)] to achieve the targets set out in this resolution;

OP 3.2 to, [(DEL with UNICEF) (Ethiopia)], report on the global status of access [to WASH in health care facilities (Australia)] as part of SDG 6 [, including through the Joint Monitoring Programme (Australia)] and to include WASH in health care facilities within [effective (EU)] UHC, PHC and [efforts to monitor the (USA)] quality of care [(DEL monitoring efforts) (USA)];

OP 3.3 to catalyse the mobilisation of domestic and external resources [from the public and private sectors (USA)], and to support the development of national business cases for investment in WASH in health care facilities;

OP 3.4 to continue to raise the profile of WASH in health care facilities within WHO and at high level political fora and to work with other UN agencies to respond to the UN Secretary General's call to action in a coordinated manner;

OP 3.5 to work with Member States and partners to review, update and implement the global action plan and support member states in the development of national road maps and targets for WASH in health care facilities;

OP 3.6 to work with partners to [(DEL develop) adapt existing and, if necessary, develop new (EU)] reporting mechanisms to capture and monitor progress on the coordination, implementation, financing, access, quality and governance of WASH in health care facilities (according to established SDG 6 indicator reporting methodology¹ (EU));

OP 3.7 to report on the progress in the implementation of the present resolution [through the Executive Board to (EU)] the Health Assembly in 2021 and 2023;

[OP 3.8 to support coordination and implementation of WASH in health facilities in time of crises and humanitarian emergencies through the Health and Wash clusters, leveraging partnerships to prevent diseases outbreaks in these context (USA, Ethiopia)].

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¹ Includes protocols, methods and reporting conducted by the WHO/UNICEF Joint Monitoring Programme and the WHO-led UN-Water Global Analysis and Assessment of Sanitation and Water.