Medentech and the Global Handwashing Partnership present

WASH Counts in Healthcare Facilities

Photo by Christena Dowsett, courtesy of Save the Children

May 3, 2017

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GLOBAL HANDWASHING PARTNERSHIP

#HandHygieneDay #WASHforHealth #WASHinHCF #SafeSurgicalHands

Welcome

Facilitators
Megan Wilson, Medentech
Bijan Manavizadeh, Global Handwashing Partnership

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Introduction

- In 2015, WHO/UNICEF reported the availability of water, sanitation, & hygiene (WASH) in 66,000 healthcare facilities (HCF) in 54 countries:
  - 38% did not have an improved water source
  - 19% did not have improved sanitation facilities
  - 35% did not have soap and water for handwashing
- Healthcare-associated infections (HCAI) are a significant source of complications across the continuum of care, often the result of poor WASH access and insufficient hygiene protocol compliance in HCFs.
- Studies suggest that implementing existing prevention practices, including improved access WASH facilities in HCFs, can help reduce certain HCAIs by 70%.
- According the CDC, more than 1 million HCAIs occur across the U.S. healthcare system every year, and that at any given time, 1 of every 25 hospitalized patients has developed a HCAI, equating to nearly 650,000 individuals annually.

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Objectives

To explore the impact of improved WASH in preventing the spread of HCAIs and catalyzing behavior change by shining a spotlight on how WHO, USAID's Maternal & Child Survival Program, the Beninese Association for Social Marketing (ABMS), and Medentech are innovating to improve WASH services and combat infection spread in health settings.

In this webinar you will learn:

- How improved WASH prevents the spread of HCAIs,
- How to catalyze behavior change around proper hygiene,
- How to improve safer conditions and services in healthcare facilities.

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Agenda

World Health Organization – "Global action plan on WASH in HCF"

Arabella Hayter, WASH in Healthcare Facilities, World Health Organization

USAID's Maternal & Child Survival Program – "Clean Clinic Approach"

Ian Moise, Save the Children WASH Advisor

Beninese Association for Social Marketing – "Improving quality of care through WASH in private healthcare facilities in Benin"

Dr. Mbola Razafimahefa, Deputy Director for Programs

Medentech – "Over 30 years of lessons and tools in infection prevention: How we can help with WASH in healthcare facilities"

Michael Gately, Managing Director

World Health Organization

USAID FROM THE AMERICAN PEOPLE

Maternal and Child Survival Program

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Global action plan on WASH in HCF

Arabella Hayter
WASH in Healthcare Facilities, World Health Organization

World Health Organization

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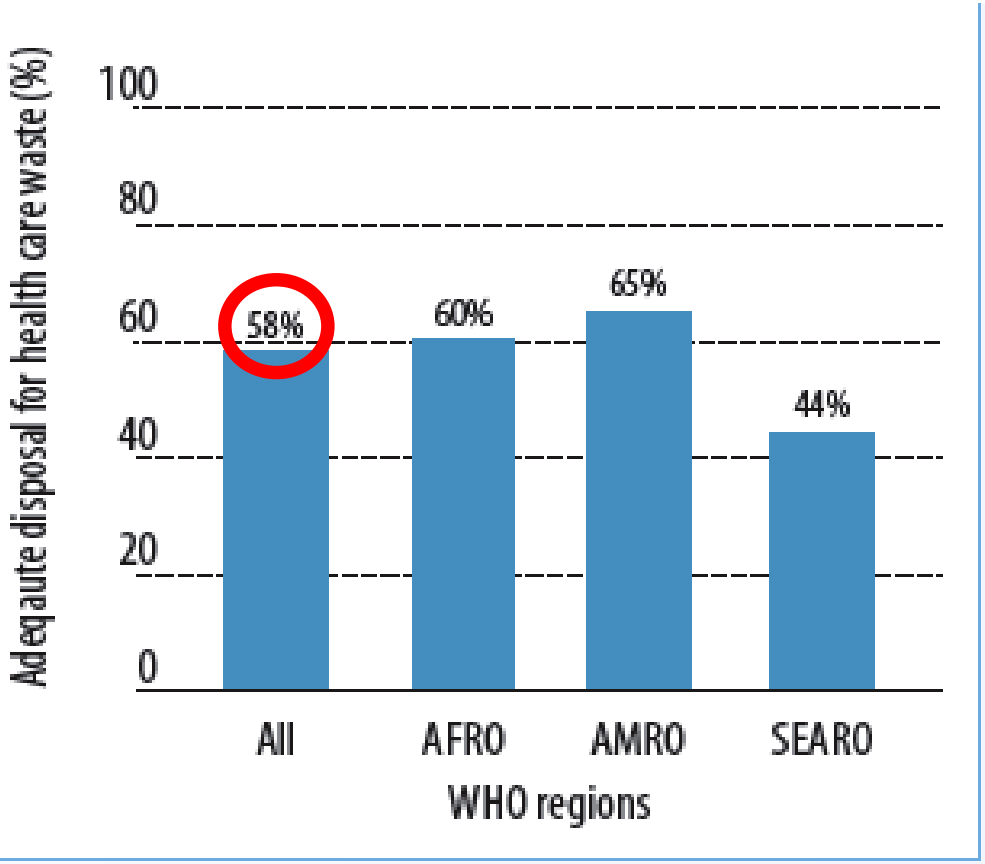
Globally, access to WASH in HCF is limited

WHO Regions	Access to an improved water source within 500 m			Access to improved sanitation facilities			Access to soap for handwashing		
	Number of facilities*	Number of countries	Coverage (mean)	Number of facilities	Number of countries	Coverage (mean)	Number of facilities	Number of countries	Coverage (mean)
All	66,101	54	62%	62,524	36	81%	40,536	35	65%
AFRO	52,674	23	58%	51,715	16	84%	31,984	14	64%
AMRO	3,026	16	70%	1,425	11	57%	1,442	11	65%
EMRO	5,778	3	—	5,510	2	—	5,510	2	—
EURO	527	3	—	527	3	—	420	2	—
SEARO	3,596	6	78%	3,347	4	—	1,180	4	—
WPRO	500	3	—	0	0	—	0	0	—

- 38% globally do not have access to an improved water source at or near the facility
- When reliability and safety is considered, water coverage drops by half
- 35% lack soap for handwashing and 19% are without sanitation
- Data from 2015 WHO/UNICEF Global Assessment of WASH in HCF

Safe healthcare waste management is also lacking



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1. Advocacy Leadership and Action

2. Monitoring

By 2030, **every** health care facility, in **every setting**, has **safely managed**, **reliable** water, sanitation and hygiene facilities and practices to meet staff and patient needs in order to provide **quality, safe people-centered care**.

3. Evidence and Operational Research

4. Policy, Standards and Facility Improvements

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World Health Organization

5 change objectives, 5 targets

5 Change Objectives		Targets
CO 1	WASH in health care facilities is prioritized as a necessary input to achieving all global and national health goals especially those linked to Universal Health Coverage, Maternal & Child Health and Antimicrobial Resistance. Key decision makers, health facility staff and users champion WASH in health care facilities.	WASH in health care facility standards and measures are embedded in at least 5 major health strategies and frameworks by 2017; and ALL major frameworks by 2020.
CO 2	All countries have national standards and policies on WASH in health care facilities and dedicated improving and maintaining services, and successful scale up is documented.	National standards for WASH in health care facilities exist and are implemented in 30 countries by 2017; 40 countries by 2018; and 60 countries by 2020.
CO 3	Global and national monitoring efforts include harmonizing core and extended indicators to track WASH in health care facilities.	SDG indicators for WASH in health care facilities are used and reported on in all national service delivery assessments and national monitoring systems by 2020.
CO 4	The existing evidence base is reviewed and strengthened to catalyze advocacy messages and improve implementation of WASH in health care facilities.	Systematic reviews of WASH in HCF and health impacts and operational evidence on "what works" published in 2018.
CO 5	Risk-based facility plans are implemented and support continuous WASH improvements, training and behavior of staff.	Water and Sanitation for Health Facility Improvement Tool (WASH FIT) rolled out and outcomes documented in 10 countries by 2018 and 30 countries by 2020.

Catalyzing action through the Sustainable Development Goals

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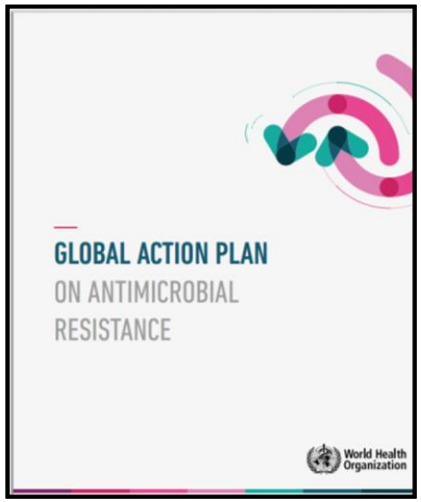
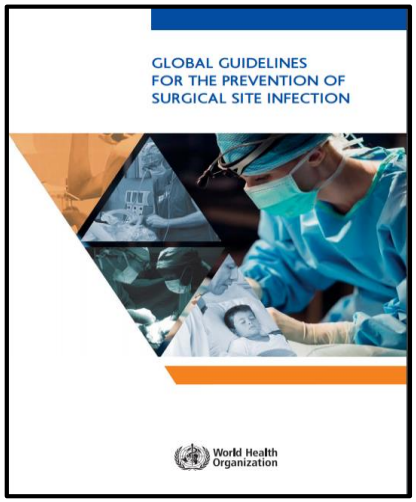
Selected advocacy targets

WASH in HCF prioritized as a necessary input to achieving **all global and national health goals** especially those linked to **Universal Health Coverage**, **Maternal & Child Health** and **Antimicrobial Resistance.**

- WASH in healthcare facility standards and measures are embedded in at least 5 major health strategies and frameworks by 2017; and ALL major frameworks by 2020.





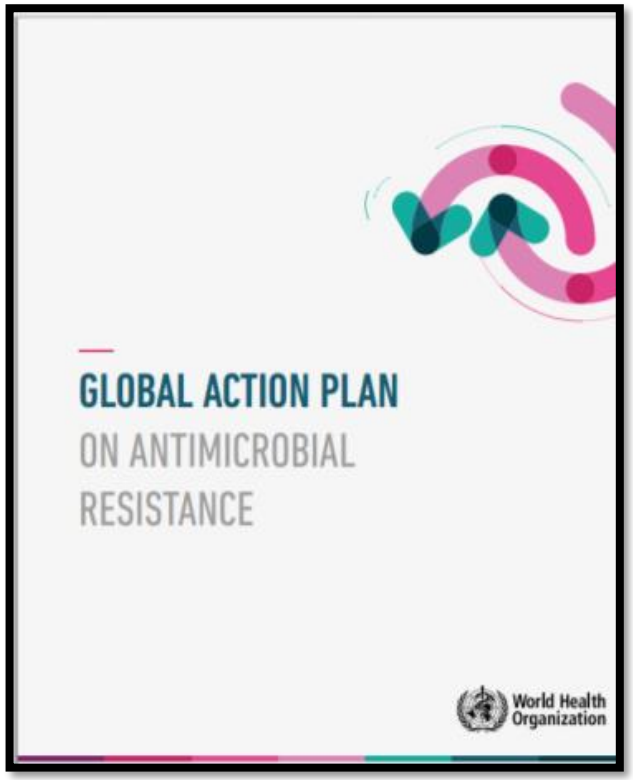
Infection Prevention and Control

- WASH included in new WHO IPC Core Components and Surgical Site Infection Guidelines (2016)
- Technical support on healthcare waste for Global Injection Safety Campaign
- Joint IPC/WASH indicators and monitoring tools
- Alignment of messages-i.e. Clean Care is Safer Care: 139 WHO Member States have pledged **to reduce healthcare-associated infection**
- **SAVE LIVES: Clean Your Hands: 5th May**

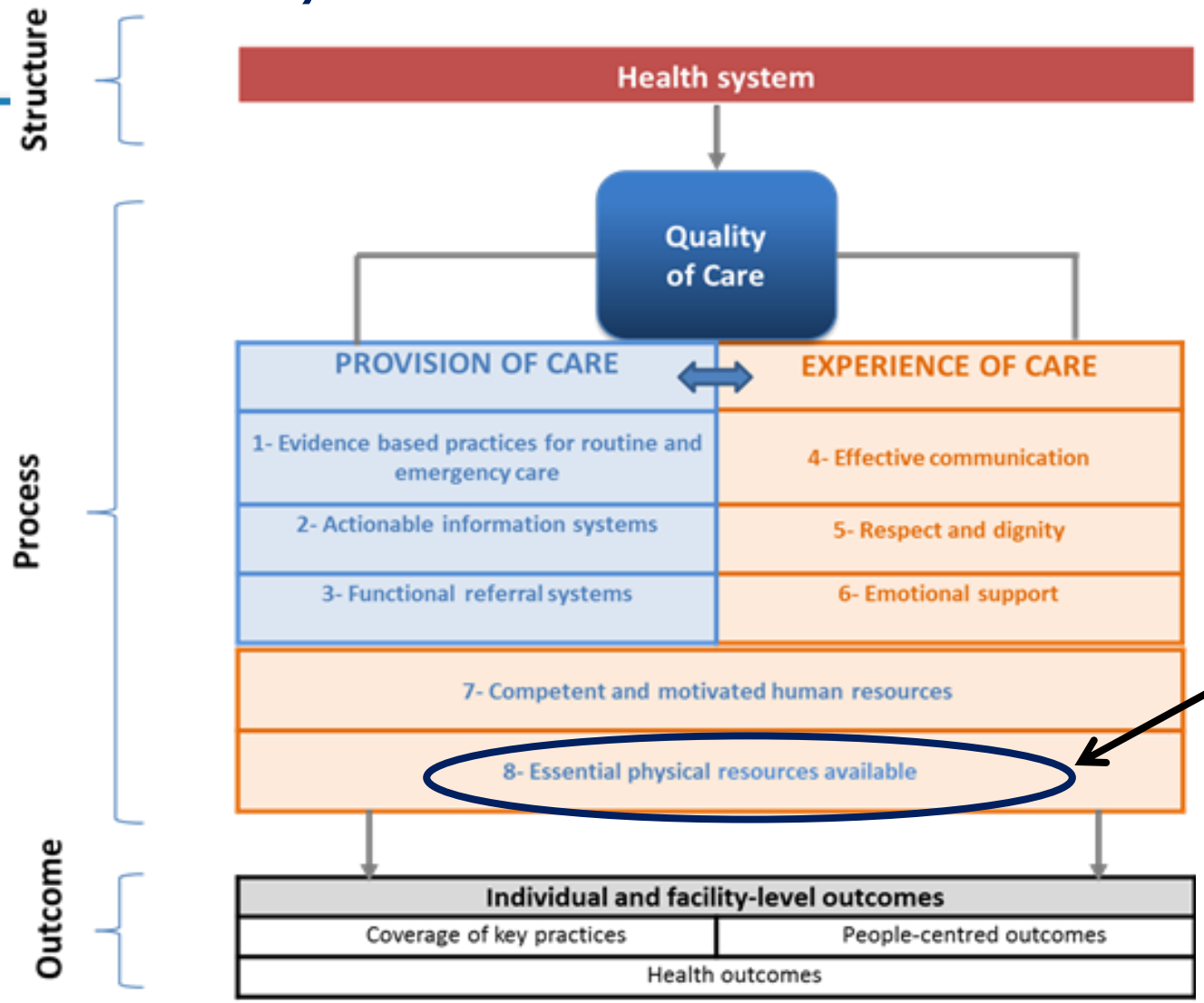
"Fight antibiotic resistance – it's in your hands"

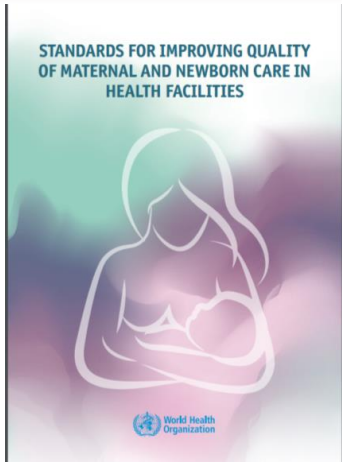
Antimicrobial resistance (AMR)

- WASH prevents infections – reducing need for antibiotics
- Better WASH prevents spread of AMR in the environment
- WASH one of 5 key objectives of WHO Global Action Plan
  - Improved awareness
  - Strengthened knowledge
  - **Improve sanitation, hygiene and infection prevention**
  - Optimize use of antimicrobial medicines
  - Increase investments in medicines, diagnostics, vaccines



Maternal, newborn and child health





WASH core element of new Quality of Care Framework

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Water & Sanitation for Health Facility Improvement Tool

- Risk-based, continuous quality improvement tool
- Roll out (selected examples):
  - Liberia: Ebola Recovery
  - Mali: Maternal/child health
  - Chad: Cholera hot spots
  - Madagascar: focus on HCWM
- CDC developing an evaluation framework
- www.washfit.org

mWater

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Focus on small, incremental improvements

Planting plants by HCF entrance

Clear signs demonstrating gender separation of latrines

Hand washing poster drawn by head of HCF

Examples from Chad, 2016

Priorities & Strategic Considerations

- Elevating urgency and profile
- Proof of concept and scale-up
- Tools, training and empowerment
- Innovative financing and sustainability
- Monitoring and accountability
- Strengthening and presenting evidence
- Fostering partnerships

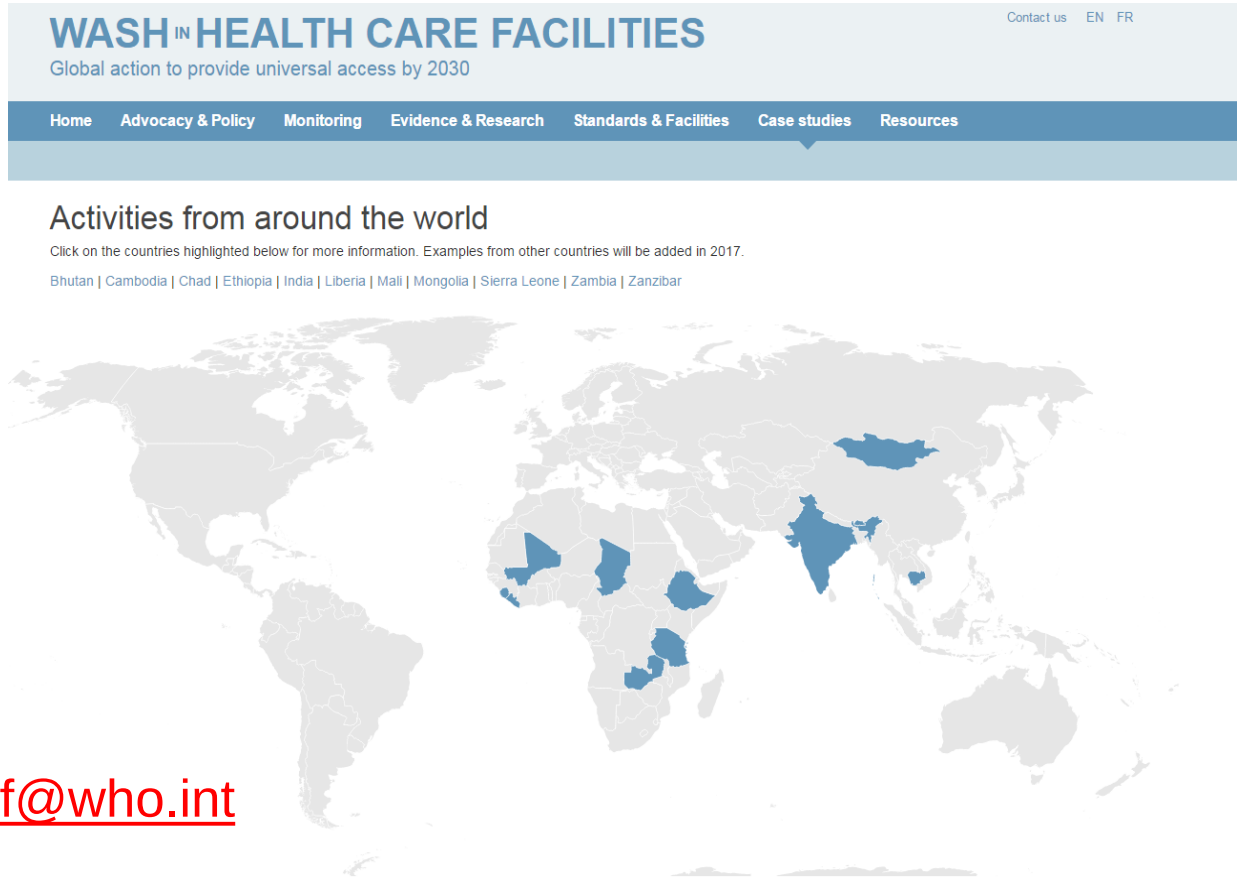
From raising awareness to taking action

WASH in HCF knowledge portal

- Overview and updates on task teams
- Country case studies
- Resources (publications, presentations, blogs, training materials, assessment tools)
- English & French
- Updates post Global Learning Event coming soon!

www.washinhcf.org

Send updates to washinhcf@who.int



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Useful Links

Knowledge portal:
www.washinhcf.org

To subscribe to WHO/UNICEF WASH in HCF newsletter or share updates:

washinhcf@who.int

Twitter:
@wash_for_health
#washforhealth
#washinhcf

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WASH in HCF and Clean Clinic Approach (CCA)

Ian Moise
Maternal and Child Survival Program (MCSP)
Save the Children

Agenda

1. WASH in HCF and the health care system

2. Clean Clinic Approach (CCA) overview

3. Sant Sante Pwòp in Haiti

1. WASH in HCF and the health care system

Challenges to WASH in HCF in health care system

1. Lack of accountability within health system

   https://www.washinhcf.org/fileadmin/user_upload/documents/WASH-at-HCF-Accountability-Final.pdf

2. Solutions seen as infrastructure

3. Disempowerment of health care workers

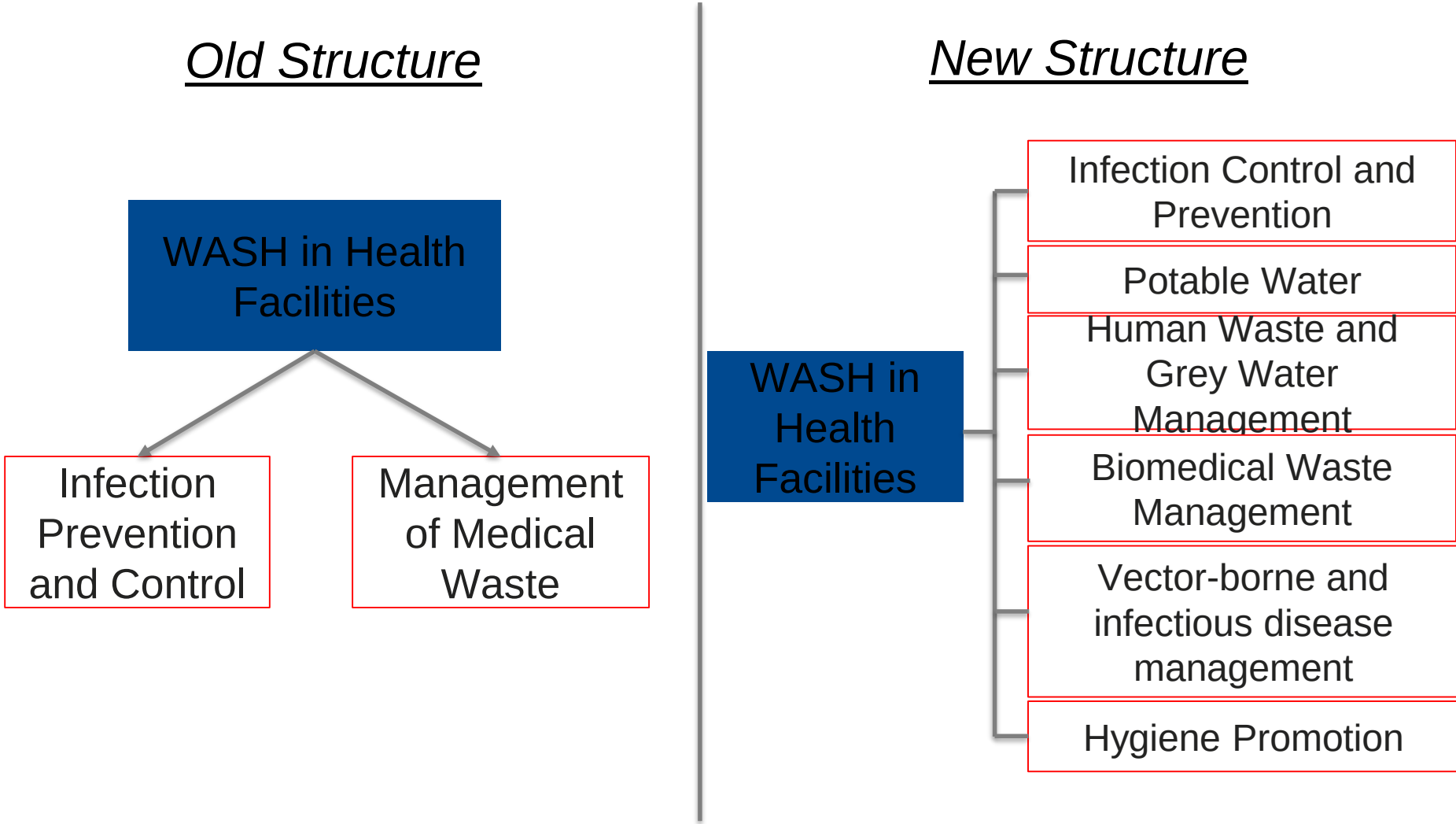
4. Different personnel – doctors vs engineers

5. IPC vs WASH in HCF

IPC and WASH in HCF Comaprison

	IPC	WASH in HCF
Focus	Micro	Macro
Approach/Lens	Clinical	Engineering
Infection Reduction	√	√
Behaviors, esp. HW	√	√
Sanitation	Surface areas Linens Needles	Latrines Ensuring hygienic facilities Maintenance & cleaning
Waste	Disposal of needles Biomedical waste	Collection Evacuation Treatment

Country Effort:
Advancing National WASH Policy and Strategy in Mali



2. Clean Clinic Approach (CCA)

- Haiti
- Mali
- DRC
- Mozambique

CCA Objectives

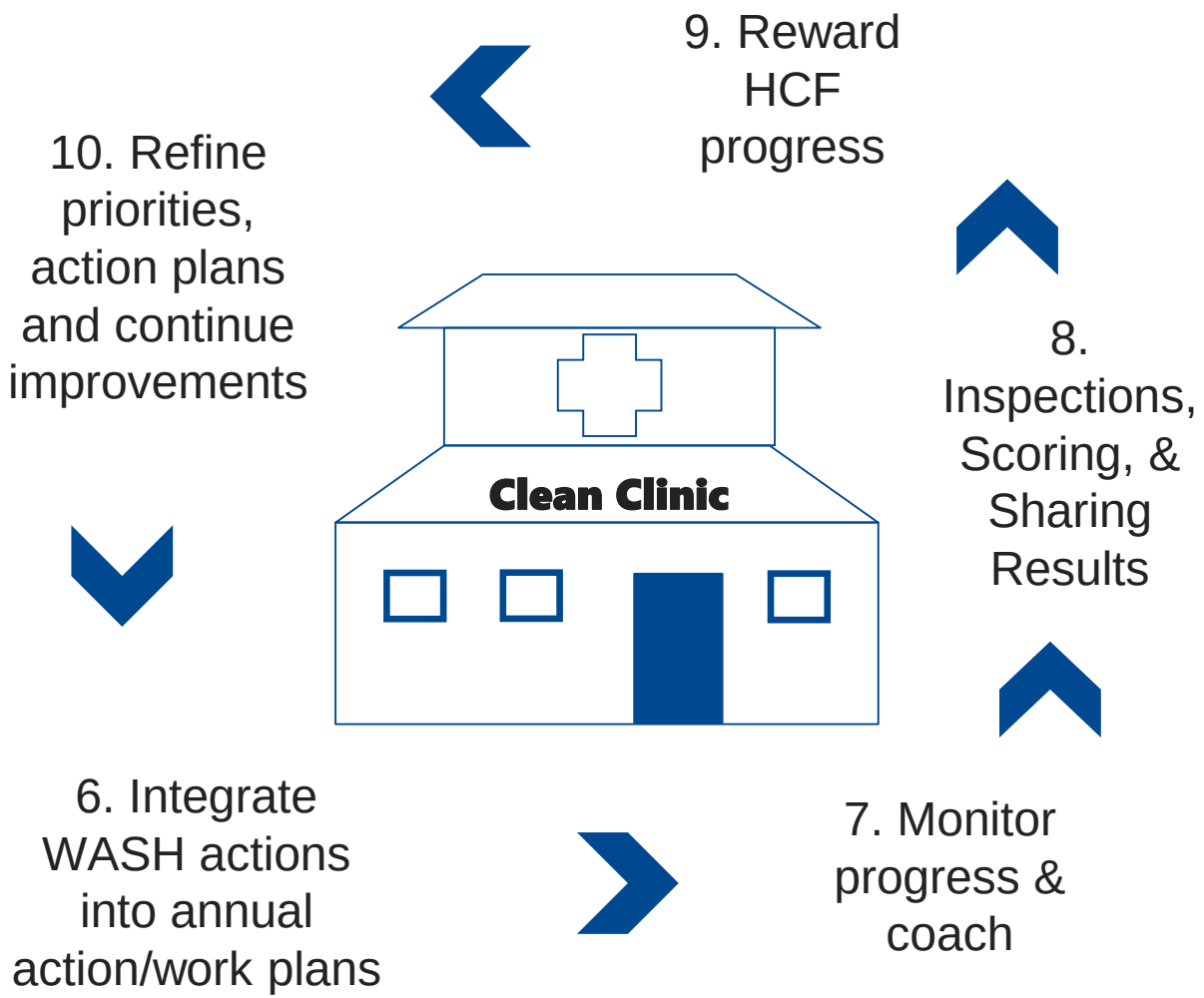
- Better facility management
- Empowering health facility staff
- Infection prevention
- Increased client satisfaction and attendance
- Focus on low-resourced settings
- Integration in health system – Quality Improvement and Health System Strengthening

CCA Elements

- Doable actions
- Government Ownership
- Integration of WASH action plans into existing systems
- Competition & social recognition-based rewards
- Leadership training

CCA Process

1. HCF assessment
2. Establish/refine national minimum WASH standards for HCF
3. Develop program parameters with Govt.
4. Train district and HCF leaders
5. Introduce CCA program in target HCFs



3. Sant Sante Pwòp in Haiti (Clean Clinic Approach)

Clean Clinic Competition

- Clean Clinic - **GUARANTEED**: clinic scores 80% + 100% for the management of excreta
- Clean Clinic **SILVER**: clinic scores 85% + 100% management of excretas
- Clean Clinic **GOLD**: clinic scores 95% + 100% for the management of excreta + promotion of sanitation and hygiene in its area of intervention
- Clean Clinic **DIAMOND**: clinic scores 100% + promotion of sanitation and hygiene with communities in its area of intervention

Results in Haiti

1.In 20 pilot facilities

- "Clean Clinic" scores improved by an average of 14 points from the baseline (100-point scorecard).
- Two 2 facilities achieved Silver status, 5 achieved Guarantee status
- 6 month hiatus (Hurricane Matthew) - no change in levels

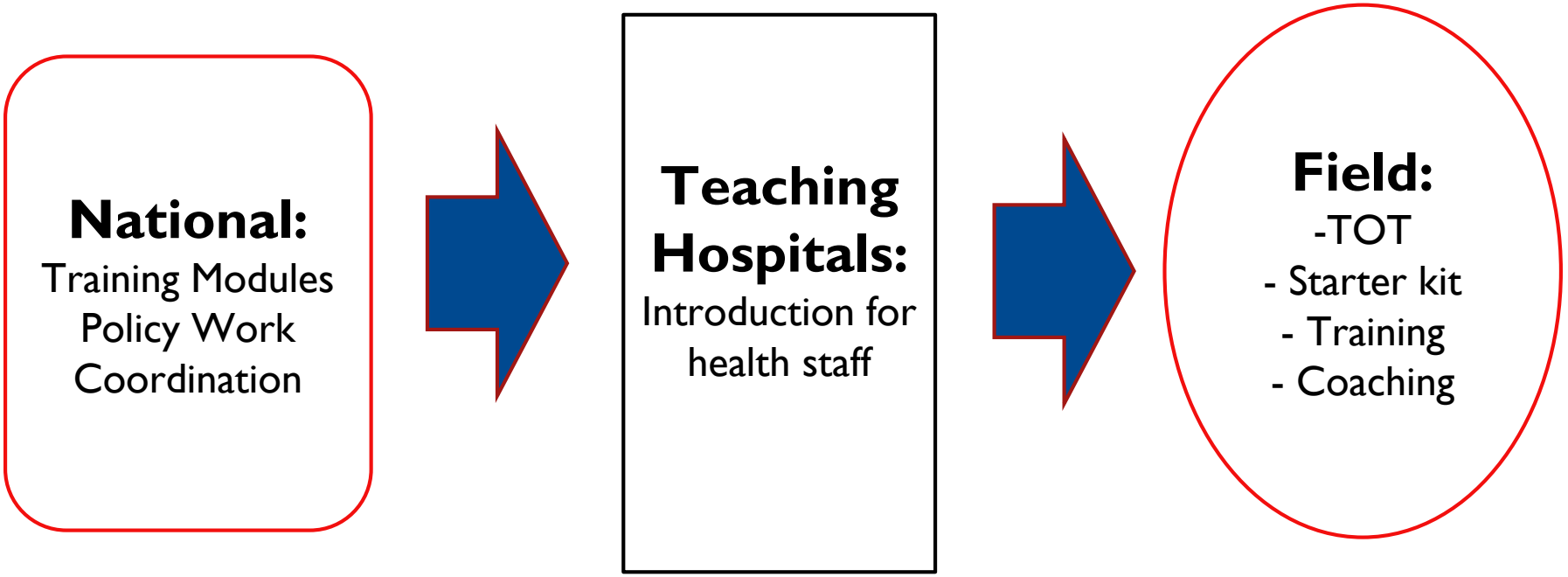
2.Trained 65 trainers across the seven departments

3.Scaling up to 69 health facilities

Successes / Lessons Learned

- Integration with health project
- Government ownership (central and district levels)
- Leadership training
- Social recognition is a strong motivational tool.
- Supervision/inspection is necessary for sustainability.
- Integration into existing processes (planning/budgeting)
- Validation (& empowerment) of staff

Success requires comprehensive program



Next Steps

- Evaluation of MCSP IPC and CCA work
- Integration with JMP monitoring indicators
- Leveraging of community for accountability

Thank You

Contact: imoise@savechildren.org

Improving quality of care through WASH in private healthcare facilities in Benin

Dr. Mbola Razafimahefa

Association Béninoise pour le Marketing Social et la Communication pour la Santé

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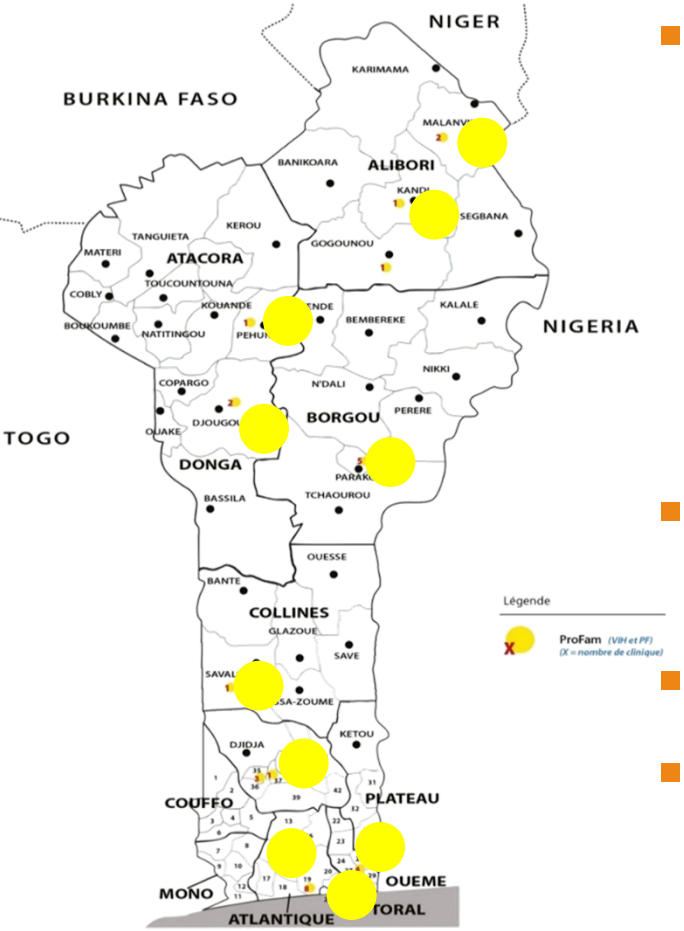
ABMS, an network member of PSI in Benin



- ABMS's mission is to support the Government of Benin and the private sector to improve the lives of Beninese families by making **quality health products** and **health services available** at an affordable cost.
- Launch of the PROFAM social franchise network in 2004 with USAID support
- In collaboration with 180 private clinics
- Provision of integrated FP/RH/HIV services

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Quality Assurance (QA)/Quality Improvement (QI) System

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Five QA standards in line with international standards & guidelines

Standards, Protocols, Procedures

- Technical Competency
- **Client safety**
- Informed choice
- Privacy & Confidentiality
- Continuity of care

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Standard: Client Safety

Standard 2.1: Providers must properly screen clients for service eligibility, according to "PSI's Service Delivery Protocols".
Standard 2.2: All PSI-affiliated clinics must comply with the minimum facility standards as per the PSI Quality Assurance Manual and are approved by a PSI medical representative before beginning service delivery.
Standard 2.3: Provider must follow PSI-approved procedures for infection prevention (IP).
Standard 2.4: Facilities must have all required equipment, infection prevention equipment and sufficient supply of non-expired consumables (e.g., bleach, gloves, proper equipment, and product).
Standard 2.5: Providers and other project-affiliated staff follow PSI-mandated procedures for handling and reporting adverse events so that appropriate and timely follow-up care can be provided to clients if necessary.

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Training & Skills Building

- Classroom training
- On-the job training
- Practice & simulation
- Exchange visits

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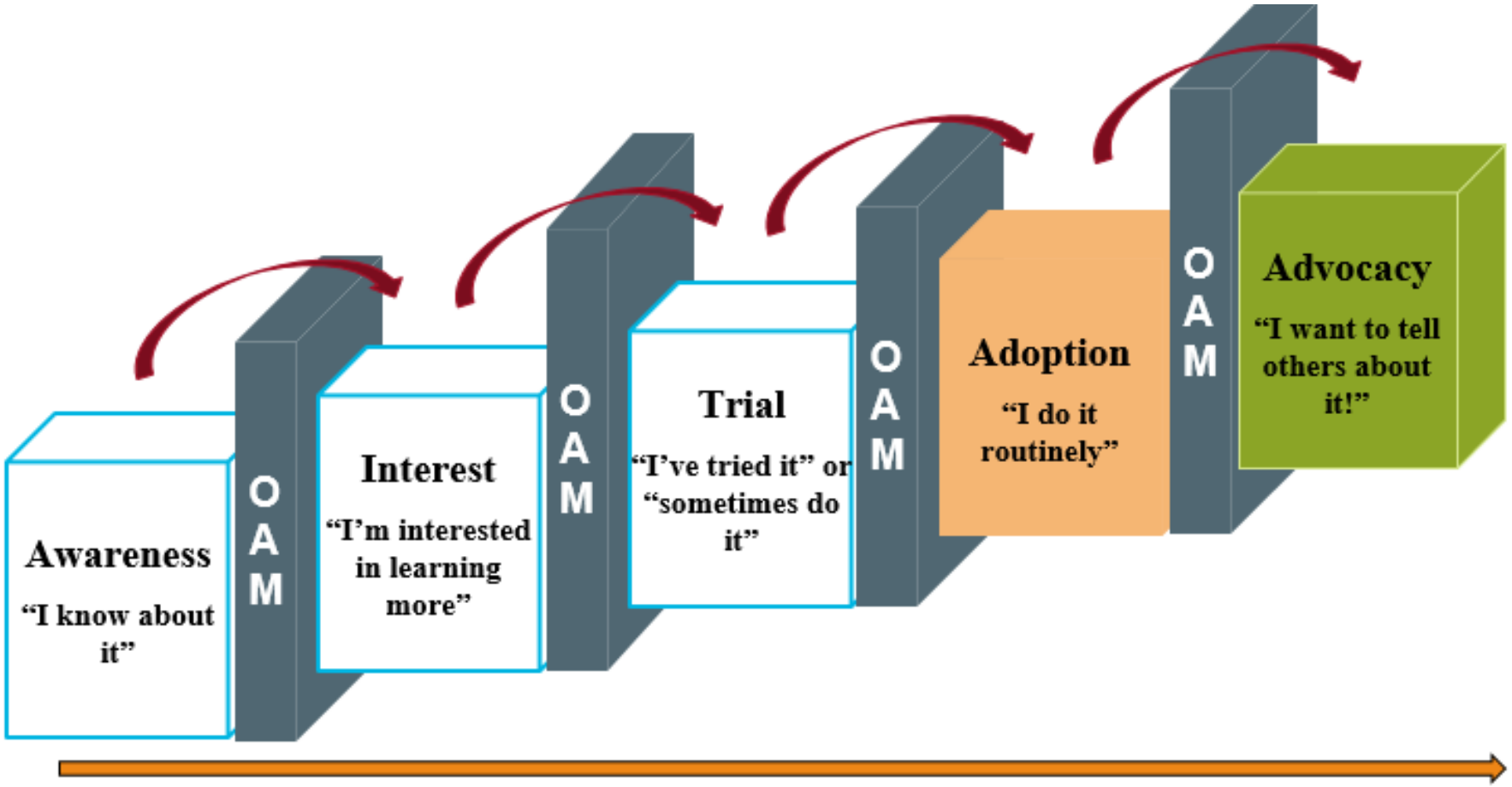
Supportive supervision visits

- Frequent enough to be sufficient in assuring quality;
- Targeted for better allocation of resources;
- Provider behavior change communication techniques;
- Use of checklist in line with national & international protocols;
- Peer support; &
- Follow-up actions.

Need to move providers up adoption stairway



Data-informed decision-making

	Etapes	Prest 8	Prest 9	Prest 10	Prest 11	
1.9	*Se lave les mains selon les directives*	1	1	0	1	82%
1.10	*Nettoie/Désinfecte le point d'injection*	0	1	1	1	91%
1.11	*Enfonce l'aiguille en profondeur dans le muscle deltoïde du bras ou le quadrant supéro externe de la zone fessière.*	1	0	0	1	73%
1.12	*Fait une aspiration en retirant le piston pour vérifier si du sang n'apparaît pas.*	1	1	1	1	100%
1.13	*Applique une pression sur le point d'injection avec de l'ouate mais ne frotte pas*	1	1	1	1	91%
1.14	*Elimine les déchets selon les directives de la PI*	1	1	1	0	82%
1.15	*Se lave les mains selon les directives*	1	0	1	1	73%
1.16	*Informe la cliente sur les signes d'alarme*	1	1	1	1	100%

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Quality Assurance Audits

QA Audits – Internal & External

- **Internal Audits**
- **External audits**
  - Report details recommendations on how to improve quality in order to comply with QA Standards and Policies
  - *Country action plans* developed to address any issues
- **Continuous Quality Improvement**

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A good **Motivation system** is key to success!

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Lessons Learned

- Supply is essential (commodities, equipment) in the beginning
- Maintaining the level of quality requires consistent supervision
- Importance of monitoring data for decision-making
- Importance of implementing motivation systems for the providers
- Integration of WASH into other health programmes.

Healthcare facilities are a key place for **WASH education :** reaching staff, patients and family members.

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Thanks to all our Partners !

- Benin Ministry of Health & local officials
- USAID
- Kingdom of the Netherlands
- UNFPA
- KfW
- Woman's Health Program

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linkedin.com/company/population-services-international

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Over 30 years of lessons and tools in infection prevention: How we can help with WASH in Health Care Facilities

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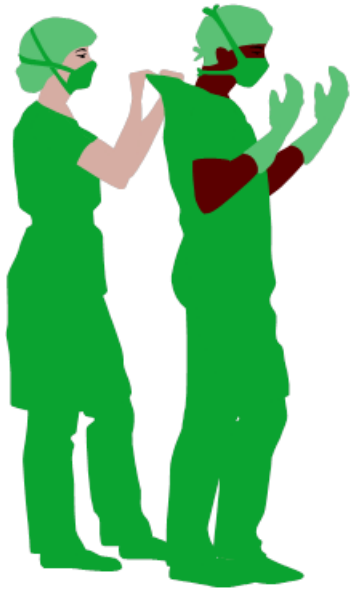
Our customers in the developing world

- Rural & peri-urban dwellers
- Very low income
- Travels to collect water
- Generally does not treat water
- Bottom 15% of the population

Why is WASH in Health Care Facilities Important?

- WASH is important for quality care and key to saving lives;
- Reduces cost to the hospital of extra bed days and extraneous drug use;
- Reduces productivity loss to patient and patient's family;
- Reduces hospital staff productivity loss due to sickness; and
- Helps address anti-microbial resistance.



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Behaviour Change is Key !

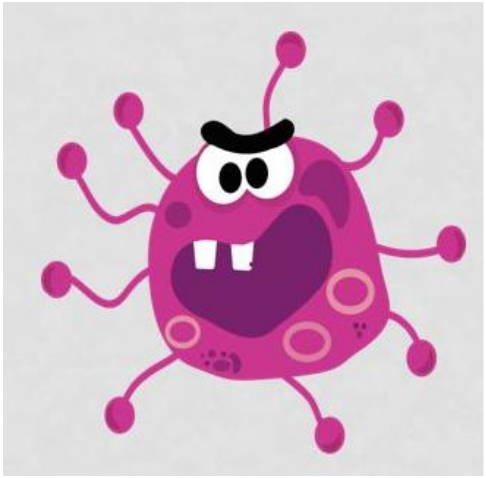
Re-educate & explain regularly
Empower
Prioritize
Examine
Listen

Don’t touch the T-Zone
= Eyes, Nose & Mouth

Make it personally relevant, simple & repeated !

How Are Germs Spread?

- **Every moment we spread germs, via our :**
  - **Hands**
  - **Blood**
  - **Sneezing**
  - **Breath**
  - **Clothes**
  - **Skin scales**
  - **Faeces**
  - **High Touch Surfaces are particularly problematic in HCF**



Disinfect high touch services several times per day and after each patient

What is the role of disinfectant in infection prevention and control?

- A disinfectant must be effective in 4 minutes or less (before it dries);
- Disinfectant must achieve a 6 log reduction in germs (~ 99.9999%);
- Needs to kill bacteria, mycobacteria, fungi, spores, viruses and biofilm;
- Have residual surface efficacy; &
- The disinfectant cannot be deactivated by cloth, mops or dirt.

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Behaviour change is hard!
So we are here to help

Medentech provides the following tools:

- On-line training program in best practice;
- Visual check-lists & protocols for disinfection;
- Technical hotline with microbiologists & chemists;
- Smart phone handwashing audit “app” & disinfection “app”; &
- Low-cost water and surface infection control products.

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One Bucket for all your disinfection needs

KlorKleen tablets facilitate cleaning and disinfection in a one-step operation.

Klorkleen is a broad spectrum biocide in effervescent tablet form which is effective against biofilm.

Klorkleen®
Effervescent Disinfectant & Cleaning Tablets

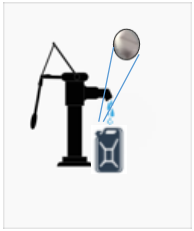
Klorkleen®
Effervescent Disinfectant & Cleaning Tablets

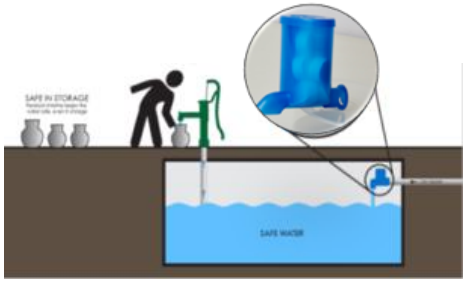
One Bucket for all your disinfection needs

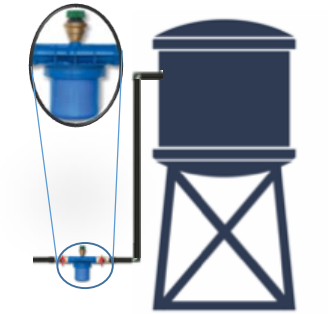
- Simple to use: Just put 1 tablet in 1 litre of any water;
- Safe to use on surfaces and hands;
- Small & easy to transport;
- 3-year shelf-life in tropical conditions;
- Reduces plastic waste associated with bleach bottles;
- Low cost; &
- Significant advantages over bleach, Quats, H2O2, PAA.

Low-cost water treatment systems

"Point-of-Use" (POU) — *"Point-of-Collection" (POC)*







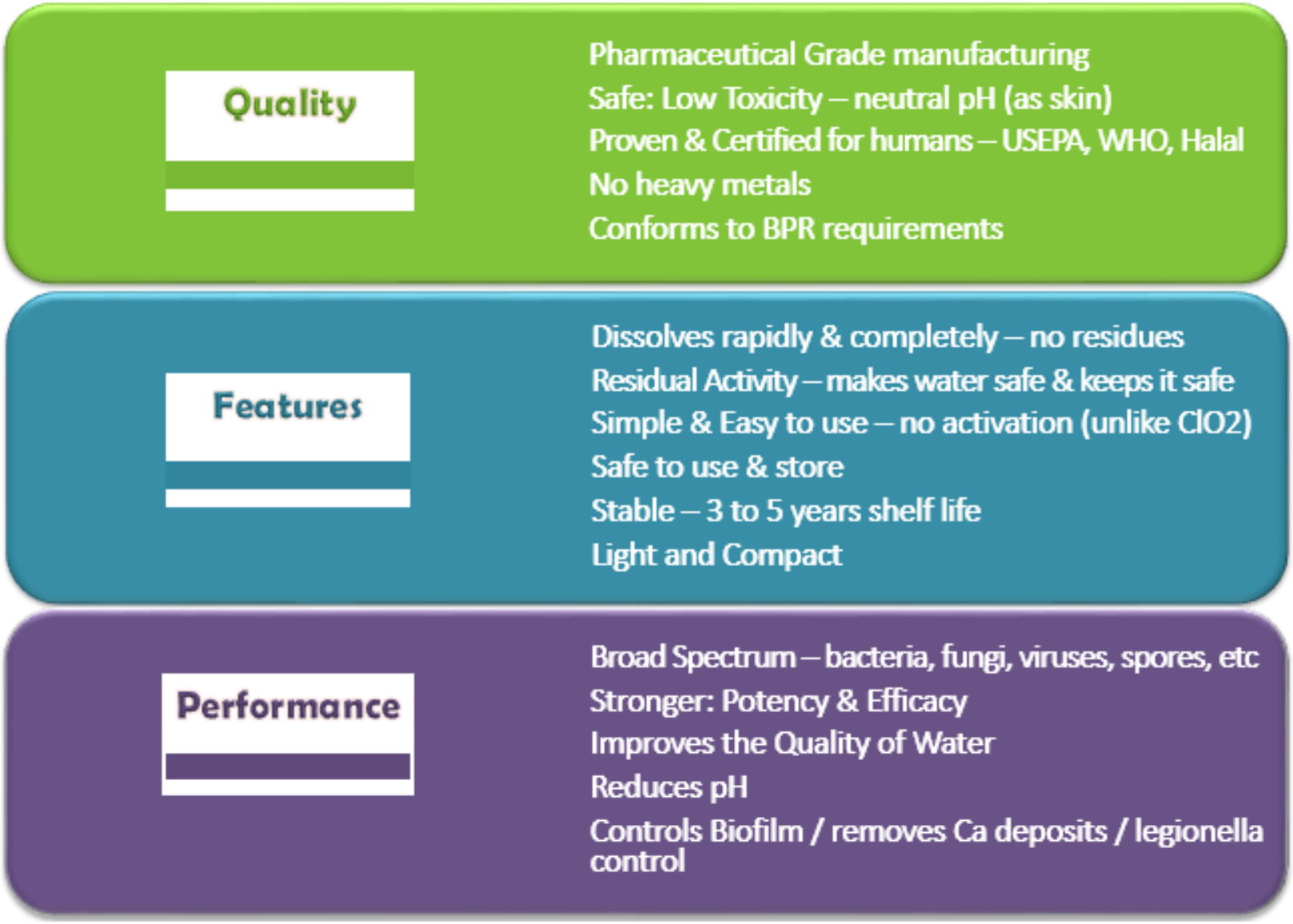
Single Dose	*On Entry / gravity fed*	*In-line / pressurized*
Self dissolving tablets	*automatic / continuous / works on the flow of water*	
From: 1 to 5m³ litres per tablet	*≥180m³ litres per cartridge*	*≥900m³ litres per cartridge*

Aquatabs water purification tablets

Aquatabs Flo Water Purification Unit

Aquatabs InLine Water Purification System

Benefits of Aquatabs



Key Points to Remember

- WASH in HCF is critical to service quality.
- Hygiene behavior change can be difficult but it is important.
- Proper disinfection saves lives, bed days, & reduces staff illness.
- Disinfectant must kill bacteria, mycobacteria, fungi, spores, viruses & biofilm.
- Medentech is available to help :
  - Training programs, protocols and tools available to help address WASH in HCF;
  - Klorkleen can be used on surfaces (and hands);
  - Aquatabs water treatment systems can also help ensure water quality in HCF.

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Questions?

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GLOBAL HANDWASHING PARTNERSHIP

Highlights & Key Take-aways

- WASH is important for quality care, saving lives; reduces cost to the hospital, extra bed days, and extraneous drug use; reduces productivity-loss to patient, patients' families, and hospital staff; and helps address antimicrobial resistance.
- Barriers to WASH in HCFs: lack of accountability within health system, poor infrastructure, and disempowered healthcare workers.
- Implementing existing prevention practices, including improved access to WASH facilities in health settings, can help reduce certain HCAIs by 70%.
- WASH in HCF standards and measures are embedded in at least 5 major health strategies and frameworks by 2017, and all major frameworks by 2020.

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Highlights & Key Take-aways

- Supply is essential in the beginning, as well as maintaining the level of quality requires consistent supervision.
- Monitoring data for decision-making & motivation systems for providers are critical.
- Key priorities & strategic considerations: elevating urgency of WASH in HCFs, training & empowerment, innovative & sustainable financing, monitoring, accountability, strengthening & sharing evidence, and fostering partnerships.
- Important considerations for WASH programming and implementation: adopting doable actions, government ownership, integration of WASH action plans into existing systems, planning/budgeting, leadership training and staff empowerment, supervision, inspections, and emergency response capacity.
- The role of government is equally important in essential to establish and enforce hygiene compliance protocols for infection prevention control.

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Thank you!

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Keep the conversation going:
#WASHforHealth
#WASHinHCF
#HandHygieneDay
#SafeSurgicalHands

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