

What does ‘clean hands for all’ mean?

Global Handwashing Day Fact Sheet

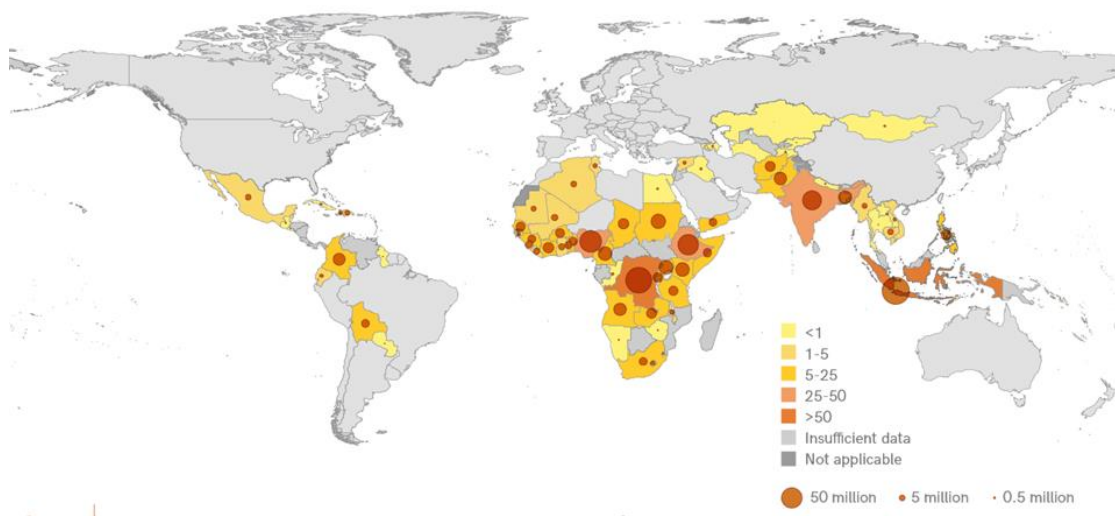
Global Handwashing Day is a global advocacy day dedicated to increasing awareness and understanding about the importance of handwashing with soap as fundamental to good health and development. The 2019 Global Handwashing Day theme is ‘clean hands for all,’ which focuses on the importance of handwashing equity. This fact sheet provides insight on what this year’s theme means in the context of handwashing advocacy and programming.

It means that people in all regions of all countries have access to basic handwashing facilities with soap and water.

The Joint Monitoring Program (JMP) run by UNICEF and WHO define a ‘basic handwashing facility’ as the ‘availability of a handwashing facility on the premises with soap and water’. Handwashing facilities can be ‘fixed’ or ‘mobile.’ ‘Fixed’ facilities include sinks with taps, buckets with taps, and tippy-taps, while ‘mobile’ facilities include jugs or basins designated for handwashing. The term soap includes bar soap, liquid soap, powder detergent, or soapy water.

- Only 60% of the world’s population has access to a basic handwashing facility.¹
- In the world’s least developed countries, only 28% of people have access to basic handwashing facilities. In some countries like Liberia, only 1% of the population has access to such facilities.¹
- Currently, there are 17 countries where more than 10 million people lack handwashing facilities (See Figure 1). The availability of soap and water at handwashing facilities varies substantially. For example, in Ethiopia, only 0.1% of households had soap and water at the handwashing facility while in Iraq, 91% had these items available.²

Figure 1: in 17 countries >10 million people had no handwashing facility at home in 2017. Source: WHO/UNICEF JMP.¹



- Only 47% of basic handwashing facilities are ‘fixed’. People are much less likely to keep soap and water at ‘mobile’ handwashing facilities, and therefore, wash their hands less frequently.¹
- In some counties, whole districts or regions may have lower access to handwashing facilities. For example, only 12% of households in the Kuntaur Region of the Gambia have access to basic handwashing facilities while in the West Region, 68% of people have such facilities.²

It means that urban and rural populations have equal ability to practice handwashing with soap.

Geographic disparities often exist among rural and urban areas, with handwashing infrastructure lacking for many rural populations.

- Currently, only 34% of people living in rural areas have access to a basic handwashing facility.¹ In some countries like Tunisia, people in rural areas are 54% less likely than those in urban areas to have access to a basic handwashing facility.¹
- People in rural areas are less likely to have access to soap and water. For example, people in rural areas of Sierra Leone are 24% less likely to have access to soap and 11% more likely to have insufficient water than those who live in urban areas.³
- There has not been progress on reducing the gap between urban and rural populations since data collection on handwashing started in 2012.¹

It means that a person’s financial status should not be a barrier to handwashing with soap.

Globally, basic handwashing coverage among the richest wealth quintile was at least twice as high as coverage among the poorest quintile.¹ Overall, wealthier individuals are more likely to practice handwashing with soap, as they can afford basic handwashing facilities with soap more readily. By bringing low-cost handwashing facilities to market, these disparities in handwashing rates could change.

- In Nepal, 95% of people in the richest wealth quintile have basic handwashing facilities whereas only 38% of people in the poorest wealth quintile have access to basic handwashing facilities.²
- The higher rates of handwashing facilities with soap among the wealthiest portion of a population makes it easier for them to wash their hands with soap regularly compared to poorer sub-populations.⁴⁻¹⁶

It means that vulnerable groups, such as older people and people with disabilities, have equal access to acceptable and appropriate handwashing facilities, and that they are equally involved in handwashing programming and promotion.

For vulnerable groups, it is particularly important that soap and water are kept at a handwashing facility, as it can be more challenging for them to access these materials independently.

- Approximately 15% of the world’s population has a disability.¹⁷ For people with disabilities, accessing WASH facilities is often their most significant challenge of daily life.¹⁸
- When hygiene and sanitation facilities are not well adapted, people with disabilities must touch sanitation surfaces that others do not - putting them at greater risk for disease.^{19, 20}
- Between 2015 and 2050, the proportion of the world's population over 60 years will nearly double from 12% to 22%.²¹

Handwashing facilities should be designed with the involvement of older people and people with disabilities. The WASH Accessibility and Safety Audit process is a participatory way to design sanitation and handwashing facilities.²² The compendium of accessible WASH technologies provides some guidance about the inclusivity of common handwashing designs.²³

It means that marginalized groups, including displaced and indigenous populations, have an equal ability to practice handwashing with soap.

Marginalized groups, such as displaced populations and indigenous groups, do not have equal access to handwashing facilities or soap. This makes them more susceptible to diarrheal diseases and other related illnesses.

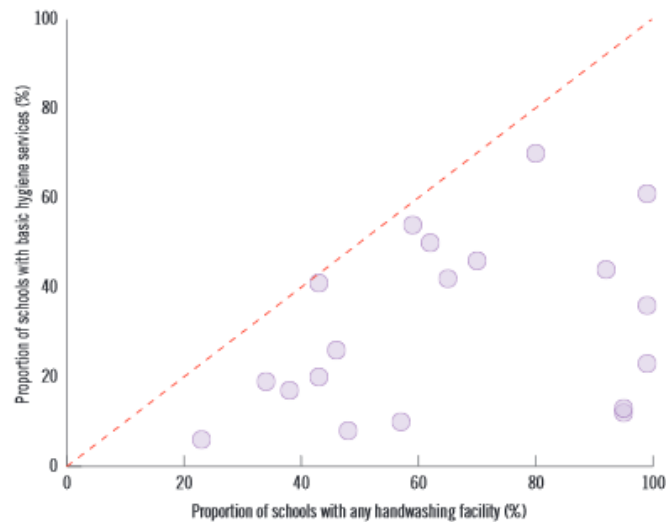
- In conflict-affected settings, children under the age of 5 years old are 20 times more likely to die from diarrhea than they are from violence.²⁴ This is, in part, due to insufficient functional handwashing facilities. In these circumstances, displaced individuals are often unable to buy their own soap or build their own facilities due to lack of finances and access to markets.^{25,26}
- When people are displaced, they frequently share handwashing facilities.²⁶ Sharing can cause people to worry about soap being stolen or wasted, which often results in people keeping their soap inside the house.²⁷
- The soap distributed to crisis-affected populations is often poor quality or not designed for handwashing. This means that populations tend to prioritize it for other tasks such as laundry and bathing rather than handwashing.^{26,28}
- Crisis-affected populations are more likely to suffer from mental health issues. Studies have shown that when people are depressed, they are less able to wash their hands with soap at critical times.^{29,30}
- Indigenous populations often do not have equal access to handwashing facilities or soap.^{31,32} This is because indigenous populations often live in geographically remote areas and are more likely to live in crowded or informal housing environments, making it hard to maintain facilities.
- Indigenous populations are less likely to have full-time formal employment, making it more difficult to afford soap regularly.^{31,32}
- Mainstream hygiene promotion may not be relevant to indigenous populations' geographic and cultural differences.^{31,32}

It means that all children have access to handwashing facilities with soap at their schools.

Only 53% of the world's schools provide 'basic handwashing facilities' for their students. This means that 900 million students currently have nowhere to wash their hands.

- Access to basic handwashing facilities is typically higher in secondary schools than primary schools and higher in urban schools compared to rural schools.³³
- As shown in Figure 2, many schools have handwashing facilities, but soap and water are frequently unavailable. In India, for example, 5% of schools report their main water source to be from students bringing their own water to school.³³

Figure 2: Proportion of schools with any handwashing facilities compared to those who have a 'basic hygiene service' including water and soap present. Source: WHO/UNICEF JMP.



It means that all health workers and patients have access to handwashing facilities with soap at their health centers.

A 'basic handwashing facility' in a health care setting is defined as a 'functional hand hygiene facility (with water and soap and/or alcohol-based hand rub available) at points of care, and within five meters of the toilet.'

- In low- and middle-income countries, patients are exposed to rates of healthcare-associated infections (HCAIs) at least 2-fold higher than in high income settings. Hand hygiene is known to be a key factor in reducing healthcare-associated infections.³⁴
- Globally, 57% of health care facilities have basic hand hygiene facilities at points of care.
- Data from 54 low- and middle- income countries showed that 35% of health care facilities do not have water and soap available for handwashing.³⁵
- There are inequities within countries and between levels of health care. For example, in sub-Saharan Africa, 84% of hospitals had hand hygiene facilities at points of care, but among lower level health facilities, this fell to 64%.³⁶

In all that we do, we must ensure that communities contribute to the design of handwashing programs, and that policy makers and program managers create an environment where hygiene-related discrimination is not tolerated.

'Clean hands for all' means no one is left behind in these efforts.

References

1. United Nations Children's Fund (UNICEF) and World Health Organization (WHO). *Progress on household drinking water, sanitation and hygiene 2000-2017: A special focus on inequalities*. New York: WHO and UNICEF;2019.
2. Kumar S, Loughnan L, Luyendijk R, et al. Handwashing in 51 Countries: Analysis of Proxy Measures of Handwashing Behavior in Multiple Indicator Cluster Surveys and Demographic and Health Surveys, 2010-2013. *American Journal of Tropical Medicine & Hygiene*. 2017;97(2):447-459.
3. Statistics Sierra Leone. *Sierra Leone Multiple Indicator Cluster Survey 2017: Survey Findings Report*. Freetown, Sierra Leone: Statistics Sierra Leone.;2018.
4. Halder AK, Tronchet C, Akhter S, Bhuiya A, Johnston R, Luby SP. Observed hand cleanliness and other measures of handwashing behavior in rural Bangladesh. *BMC public health*. 2010;10(1):545.
5. Yang C, Sangthong R, Chongsuvivatwong V, McNeil E, Lu L. Effect of village income and household income on sanitation facilities, hygiene behaviours and child undernutrition during rapid economic growth in a rural cross-border area, Yunnan, China. *Journal of Epidemiology and Community Health*. 2009;63(5):403-407.
6. Luby SP, Halder AK, Tronchet C, Akhter S, Bhuiya A, Johnston RB. Household characteristics associated with handwashing with soap in rural Bangladesh. *The American journal of tropical medicine and hygiene*. 2009;81(5):882-887.
7. Aunger R, Greenland K, Ploubidis G, Schmidt W, Oxford J, Curtis V. The determinants of reported personal and household hygiene behaviour: A multi- country study. *PLoS ONE*. 2016;11 (8) (no pagination)(e0159551).
8. Aunger R, Schmidt WP, Ranpura A, et al. Three kinds of psychological determinants for handwashing behaviour in Kenya. *Soc Sci Med*. 2010;70(3):383-391.
9. Rabbi SE, Dey NC. Exploring the gap between hand washing knowledge and practices in Bangladesh: a cross-sectional comparative study. *BMC public health*. 2013;13:89.
10. To KG, Lee JK, Nam YS, Trinh OT, Van Do D. Hand washing behavior and associated factors in Vietnam based on the Multiple Indicator Cluster Survey, 2010-2011. *Glob Health Action*. 2016;9:29207.
11. Hirai M, Graham JP, Mattson KD, Kelsey A, Mukherji S, Cronin AA. Exploring Determinants of Handwashing with Soap in Indonesia: A Quantitative Analysis. *Int J Environ Res Public Health*. 2016;13:868.
12. Greenland K, Iradati E, Ati A, Maskoen YY, Aunger R. The context and practice of handwashing among new mothers in Serang, Indonesia: a formative research study. *BMC public health*. 2013;13:830-830.
13. Rheinlander T, Samuelson H, Dalsgaard A, Konradsen F. Hygiene and sanitation among ethnic minorities in Northern Vietnam: Does government promotion match community priorities? *Social Science & Medicine*. 2010;71(5):994-1001.
14. Scott BE, Lawson DW, Curtis V. Hard to handle: understanding mothers' handwashing behaviour in Ghana. *Health policy and planning*. 2007;22:216-224.
15. Miao YY, Huang JH. Prevalence and associated psychosocial factors of increased hand hygiene practice during the influenza A/H1N1 pandemic: findings and prevention implications from a national survey in Taiwan. *Tropical Medicine & International Health*. 2012;17(5):604-612.
16. Luby SP, Halder AK. Associations among handwashing indicators, wealth, and symptoms of childhood respiratory illness in urban Bangladesh. *Trop Med Int Health*. 2008;13(6):835-844.
17. WHO, World Bank. *World Report on Disability*. 2011.

18. White S, Kuper H, Itimu-Phiri A, Holm R, Biran A. A Qualitative Study of Barriers to Accessing Water, Sanitation and Hygiene for Disabled People in Malawi. *PLoS ONE*. 2016;11(5):e0155043.
19. Jones H, Parker K, Reed R. *Water supply and sanitation access and use by physically disabled people - a literature review*. 2002.
20. Groce N, Bailey N, Lang R, Trani JF, Kett M. Water and sanitation issues for persons with disabilities in low- and middle-income countries: a literature review and discussion of implications for global health and international development. *Journal of water and health*. 2011;9(4):617-627.
21. World Health Organisation. 10 facts on Ageing and Health 2017; <https://www.who.int/features/factfiles/ageing/en/>. Accessed 30/7/2019.
22. WEDC. *Accessibility audit of water & sanitation facilities*. UK: Loughborough University;2012.
23. Jones H, Wilbur J. *Compendium of accessible WASH technologies*. WEDC, SHARE, WaterAid;2014.
24. UNICEF. *Water Under Fire Report*. New York, USA: UNICEF;2019.
25. White S, Petz JF, Desta K, Holm Larsen T. Could the Supertowel be used as an alternative hand cleaning product for emergencies? An acceptability and feasibility study in a refugee camp in Ethiopia. *PLOS ONE*. 2019;14(5):e0216237.
26. Phillips RM, Vujcic J, Boscoe A, et al. Soap is not enough: handwashing practices and knowledge in refugee camps, Maban County, South Sudan. *Conflict and Health*. 2015;9:39.
27. Torondel B, Khan R, Holm Larsen T, White S. Efficacy of the SuperTowel®: An Alternative Hand-washing Product for Humanitarian Emergencies. *The American journal of tropical medicine and hygiene*. 2019.
28. Biran A, Schmidt WP, Zeleke L, et al. Hygiene and sanitation practices amongst residents of three long-term refugee camps in Thailand, Ethiopia and Kenya. . *Trop Med Int Hlth*. 2012;17(9):1133-1141.
29. Slekiene J, Mosler H. Does depression moderate handwashing in children. *BMC public health*. 2018;18(82).
30. Slekiene J, Mosler HJ. The link between mental health and safe drinking water behaviors in a vulnerable population in rural Malawi. *BMC psychology*. 2019;7(1):44.
31. McDonald E, Bailie R, Grace J, Brewster D. A case study of physical and social barriers to hygiene and child growth in remote Australian Aboriginal communities. *BMC public health*. 2009;9(1):346.
32. McDonald E, Cunningham T, Slavin N. Evaluating a handwashing with soap program in Australian remote Aboriginal communities: a pre and post intervention study design. *BMC public health*. 2015;15:1188.
33. United Nations Children's Fund (UNICEF) and World Health Organization (WHO). *Drinking water, sanitation and hygiene in schools: Global baseline report 2018*. . New York: United Nations Children's Fund (UNICEF) and World Health Organization, ;2018.
34. Loftus MJ, Guitart C, Tartari E, et al. Hand hygiene in low- and middle-income countries. *International Journal of Infectious Diseases*. 2019;86:25-30.
35. World Health Organisation and UNICEF. *Water, sanitation and hygiene in health care facilities: Status in low- and middle-income countries and way forward*. Geneva: WHO;2015.
36. World Health Organization and the United Nations Children's Fund. *WASH in health care facilities: Global Baseline Report 2019*. Geneva: WHO and UNICEF;2019.