



What does 'Hand Hygiene for All' mean?

Global Handwashing Day Fact Sheet

Global Handwashing Day (GHD) is a global advocacy day dedicated to increasing awareness about the importance of hand hygiene, especially through handwashing with soap, and triggering lasting change from the policy-level to community-driven action. The 2020 GHD theme is 'Hand Hygiene for All', a call to action to make hand hygiene a reality for all. This theme aligns with the new **Hand Hygiene for All Initiative** led by the WHO and UNICEF.

The current COVID-19 pandemic has highlighted the critical role hand hygiene plays in disease transmission. The theme reminds us of the need to take immediate action on hand hygiene across all public and private settings to respond and control the COVID-19 pandemic. Hand hygiene must become everybody's business. It also reminds us of the need to build on the current momentum to make hand hygiene a mainstay in public health interventions beyond the pandemic and create a culture of hand hygiene. This fact sheet provides an overview on what this year's theme means for handwashing advocacy and programming.

Hand hygiene impacts health and COVID-19.

Handwashing with soap can help reduce the transmission of a range of diseases:

- Handwashing can reduce diarrheal diseases by **30%** to **48%**.
- Handwashing can reduce acute respiratory infections by **20%**.
- Handwashing plays an important role in reducing the transmission of outbreak-related pathogens such as **cholera, Ebola, shigellosis, SARS** and **hepatitis E**.
- Hand hygiene is protective against **healthcare-associated infections** and reduces the spread of **antimicrobial resistance**.
- Hand hygiene may contribute to the reduction of **Neglected Tropical Diseases**.

Handwashing is also key in the fight against COVID-19. Handwashing with soap destroys the outer membrane of the virus and thereby inactivates it. One study found that regular handwashing with soap can reduce the likelihood of COVID-19 infection by **36%**.

'Hand Hygiene for All' in the COVID-19 response.

Making hand hygiene available and accessible for all requires a multi-faceted, society-wide approach. First, this means an urgent need for improvement in access to sustainable hand hygiene services (handwashing facilities, regular water supply, soap or alcohol based handrub [ABHR]). Second, behavior change interventions should address the full range of drivers to support optimal hand hygiene behavior. And finally, components such as policy, coordination, regulation and financing which underpin hand hygiene services and behavior change need to be strengthened.

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Improving access to hand hygiene facilities, soap and water

For people to be able to practice hand hygiene, they need hand hygiene facilities that are **conveniently located and easy to use**. People are more likely to wash their hands if they have soap and water present **near the handwashing facility**.

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'. This includes 'fixed' handwashing facilities such as sinks with taps or buckets with taps or tippy-taps, or 'mobile' facilities, such as jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent and soapy water but does not include ash, soil, sand or other handwashing agents.

Hand hygiene access within households

- **60%** of the world's population has access to a basic handwashing facility.
- Many high-income nations have almost universal coverage of basic handwashing facilities, yet in the world's least developed countries only **28%** of people in have access to basic handwashing facilities.
- In 42 of the 78 countries which the **JMP** has data for, less than half of the population have a basic handwashing facility at home.
- Currently, there are 17 countries where more than **10 million** people lack handwashing facilities.
- Only **47%** of basic handwashing facilities are 'fixed'. This is a problem because people are much less likely to keep soap and water at 'mobile' handwashing facilities and may therefore wash their hands less frequently.
- The availability of soap and water at handwashing facilities **varies substantially**. In Ethiopia, for example only 0.1% of households had soap and water at the handwashing facility where as in Iraq 91% of people had these items available.
- 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.
- We have made limited progress on closing the gap in hygiene access between urban and rural populations, with only **34%** of people in rural areas having access to a basic handwashing facility. In rural areas of **Sierra Leone** people are 24% less likely to have access to soap and 11% more likely to have insufficient water than those in urban regions.
- There are also inequities within populations. For example, in **51 out of 82 countries** with disaggregated JMP data, basic handwashing coverage among the richest wealth quintile was at least twice as high as coverage among the poorest quintile. In Nepal, **95%** of people in the richest wealth quintile have a basic handwashing facility, while only **38%** of people in the poorest wealth quintile do. Vulnerable groups such as **people with disabilities**, older people, **displaced populations** and indigenous populations also typically have reduced hygiene access and may have increased hygiene needs.
- In **120 countries**, we do not have any reliable information about access to handwashing facilities. The COVID-19 pandemic provides a unique opportunity for actors to track and document infrastructural improvements.

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Hand hygiene access in public places

During the COVID-19 pandemic, the WHO released new **recommendations** and **guidelines** stipulating that hygiene facilities should be established at the entrance to all public and private commercial buildings (for use on entry and exit), at all major transport hubs (such as bus and train stations, airports, and seaports) and at markets, shops, places of worship, health care facilities and schools. Prior to the pandemic, hand hygiene facilities in public places had not been a priority for governments or the private sector. We do not have any global data on the availability of hand hygiene facilities in public locations. Despite the lack of prior learning on public handwashing facilities, the COVID-19 pandemic has sparked a wealth of local-level innovations, particularly in the area of 'touch free' handwashing facilities to minimize cross-contamination. Resources have been developed to pull together these emerging **innovations** and aid actors in the construction of **handwashing stations in public locations**.

Hand hygiene access in health care facilities

- The JMP's definition of a '**basic handwashing facility**' in a health care setting is 'functional hand hygiene facility (with water and soap and/or alcohol-based hand rub available) at points of care, and within five metres of the toilet'.
- We lack data about the availability of handwashing facilities in health care settings. For example, only **16** countries have data on the availability of handwashing facilities at toilets in health care facilities and only **55** countries have data on handwashing facilities at points of care.
- **57%** of health care facilities globally had 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.
- 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%.

Hand hygiene access in 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. In some countries, like Yemen, coverage is much poorer, with 84% of schools providing no handwashing facilities for students.⁴⁰
- 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.
- Access to basic handwashing facilities is typically **higher** in secondary schools than primary schools and higher in urban schools compared to rural schools.



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Improving Hand Hygiene Behaviors

Having access to handwashing facilities, soap and water is an important first step but this needs to be complemented with actions to change handwashing behavior at an individual and societal level so that handwashing becomes a long-term habit and a norm. Below we highlight some evidence-based recommendations for changing handwashing behavior.

- **Hygiene promotion is one of the most cost effective public health interventions in general and for COVID-19 prevention.**

However, this does not mean that it is easy or cheap to implement. Hygiene promotion should not be thought of as a one-off event but rather an adaptive process that gets revised and adjusted in order to support sustained change.

- **It is valuable for people to know the health benefits of handwashing, how to wash their hands and the critical times it should be practiced.** However, programs that focus only on **hygiene education** typically do not achieve **behavior change**. This is because most people know about handwashing and because hygiene behavior is influenced by a **range of determinants**.

- **Try changing the physical environment to cue and enable handwashing behavior.** For example, a **study** in Bangladesh showed that painting footprints on the path between the toilet and the handwashing facility increased handwashing behavior by 64% in schools. Another **study** in a displacement camp found that putting toys in soap made handwashing more fun for children and made them 4 times more likely to wash their hands with soap.

- **Handwashing behaviors naturally increase during outbreaks, but work should be done to ensure sustainable behavior long-term.** When people are suddenly **flooded with information** about a new pathogen and subsequently experience fear, they perceive that they are at risk, and see social norms changing to adapt to the pandemic. Unfortunately, the effect of outbreaks on hygiene behavior is short-lived. As fear subsides or if the outbreak becomes endemic and normalized, hygiene behavior will **decline** too. The key role of response agencies is to learn about the priorities for local populations, enable handwashing behavior (e.g. through infrastructure and products) and motivate practice by positioning it as the 'right thing to do'. Yet, during outbreaks, actors often **compromise** on the program design process in order to respond quickly. This can result in populations often becoming disengaged and bored with hygiene promotion programs because they **don't seem relevant to their experiences** of the pandemic. Rapid assessments or even short periods of learning from communities are critical for developing acceptable, relevant and context-adapted programs. During crises, it is also particularly important to share information between actors and to learn from and engage populations throughout the **project design and implementation**.



Credit: World Vision

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Multi-sectoral coordination

No one actor or agency can make hand hygiene for all a reality by themselves. 'Hand Hygiene for All' is a call for coordination and collaboration across sectors. The COVID-19 pandemic has shown that preventing the spread of infectious diseases is not just the task of the Ministry of Health. To keep everyone healthy, everyone has a role to play. For hand hygiene, this ranges from employers and school principals, to innovators and government ministries, to communities themselves.

Previous outbreaks have highlighted that **effective coordination** and **collaboration** mechanisms can lead to reduced disease transmission – of course where coordination is lacking, outbreaks may be prolonged, secondary socio-economic impacts may be more severe, and misconceptions are likely to be more common. It is key that national governments take the lead in establishing mechanisms for coordination, however this can often be complemented by other structures. For example, the Global WASH Cluster developed guidance for coordinating COVID-19 preventative programming and the Global Handwashing Partnership outlined a process for establishing national handwashing coalitions to ensure that traditional and new actors were **collaborating** as part of the response.

Coordination and collaboration are necessary to ensure all COVID-19 hygiene initiatives are reaching all of the population. It is also key to ensuring the sustainability and cost effectiveness of programming. For example, hand hygiene facilities need to be regularly maintained, restocked, refilled and cleaned to enable hand hygiene. For this, the right policies and plans, institutional arrangements, capacity development, financing and monitoring need to be in place.

Hand Hygiene for All' beyond the COVID-19 response: Rebuilding and reimagining hand hygiene

This year's Global Handwashing Day calls on countries to celebrate hand hygiene as a central part of their COVID-19 response and at the same time start planning to create the future. Once the immediate crisis is over, rebuilding better than before means that countries will need to strengthen their hygiene systems. This will help them to control COVID-19, prevent other new emerging diseases, and fight against long term challenges like diarrheal diseases.



Credit: FHI 360

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Systems change, policy, planning and financing

COVID-19 has reminded decision makers about the importance of hand hygiene, but systems may need to be reimagined to sustain a culture of hand hygiene. This may include structural reforms within governments and institutions; enhancing the institutional, regulatory and legal foundations for hygiene access and hygiene promotion; implementing inclusive hygiene programming at scale, integrating hygiene programming across various sectors; and monitoring and enforcing hygiene requirements in public and private commercial settings, including schools and health care facilities.

Building back better after the pandemic means planning for structural reforms to fill the gaps in the legal and regulatory frameworks, policies, capacities, resourcing and monitoring as well as developing and/or improving programming to ensure supply and demand for hand hygiene at scale and for all. At the moment, hand hygiene is often **overlooked** within national policies and planning documents in comparison to water and sanitation. Hygiene has also been historically underfunded. Currently hygiene comprises just 6% of national budgets for water, sanitation and hygiene (WASH). Financial planning remains poor with only 9% of countries having costed national hygiene plans that are sufficiently funded and only 10% of countries having sufficient human resources to implement these plans. Data on handwashing facilities is sorely lacking and almost 60% of countries do not have national targets to meet basic handwashing facility coverage.

This year's Global Handwashing Day calls on countries to develop roadmaps for hygiene. These will allow governments and partners to leverage the current momentum around COVID-19 and hand hygiene and translate this into hygiene becoming a mainstay of public health programming. More detailed technical and step-by-step guidance to develop multisectoral roadmaps will be available around Global Handwashing Day 2020.

Evidence and learning

In the last 20 years, there has been an increasing amount of research on handwashing and hygiene behavior change. However, there are still important gaps in our understanding. For example, we do not have good evidence about the conditions required for soap to remove and inactivate certain pathogens. We don't know that much about soap **alternative products** like handwashing with ash. We **lack agreement** on the **determinants of handwashing behavior**, what the **key ingredients** are for successful interventions, and we still **lack reliable methods** for measuring hygiene behavior effectively. Hygiene programs are often only monitored for a short period of time so we still know relatively little about **sustaining hygiene behavior change**. The Hand Hygiene for All initiative aims to strengthen monitoring and evaluation processes for hygiene, promote learning across cultures and contexts, and shape the future research agenda.



Learn More

Visit the **Global Handwashing Day** website for more Global Handwashing Day resources. For a full list of references for this fact sheet, visit [here](#). To learn more about the WHO/UNICEF-led Hand Hygiene for All initiative in which this year's Global Handwashing Day theme is based on, visit [here](#).