

Hand Hygiene for All 2020

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The global response to COVID-19 cannot succeed without effective hand hygiene. This is critical to preventing infection and reducing transmission of COVID-19, and to safely care for those who are infected. And as well as being one of the most cost-effective ways to protect global health, it is a human right and is fundamental to human dignity.

Yet, current access levels are critically low. Three billion people – 40 per cent of the world's population – do not have a place in their homes to wash their hands with water and soap, and access is lacking in institutional settings and public spaces too. Persistent lack of political prioritisation and chronic under-investment go hand in hand with insufficient global access.

The [Hand Hygiene for All Initiative \(HH4A\)](#) sets out to change this, by accelerating progress towards hand hygiene for all by 2030 and supporting the most vulnerable communities to protect their health, including against COVID-19. Launched in June of this year it is [jointly led by UNICEF & WHO](#) in partnership with international partners, national governments, public and private sectors, and civil society, across multiple settings. Core partners include World Bank, Sanitation and Water for All, International Federation of the Red Cross and the Red Crescent Societies (IFRC), International Labour Organization, London School of Hygiene and Tropical Medicine/Hygiene Hub, International Labour Organization, United Nations Refugee Agency (UNHCR), Global Handwashing Partnership and WaterAid.

HH4A brings partners around a shared vision and a joint plan to achieve it. Our partnership agrees that effective hand hygiene scale-up requires [four key ingredients](#): robust access to supplies and innovative behaviour change strategies, a strong enabling environment, and the political will and leadership to drive this. Our [results framework](#) places country action at its heart and aligns global support behind this. This support is coordinated around five key 'accelerator' themes, as identified under the UN-Water SDG 6 Global Acceleration: Governance & advocacy, financing, capacity development, data and information, and innovation.

The momentum is palpable and achievements to-date are manifold.

At the national level, examples of [innovative supply](#) include in Iraq where critically low hand sanitizer supply is being bolstered through local production, in [Kenya](#), where a new public-private partnership is working to ensure handwashing stations are available to everyone, in [Burundi](#), where a public-private partnership reduced the cost of soap by half, and in Cambodia, where the Government has achieved 100% hand hygiene access in schools.

There are also examples of [successful behaviour change](#) approaches, including in [Bangladesh](#) where behavioural insights are driving communications materials, [Burkina Faso](#) where radio is being leveraged for mass communication, [Afghanistan](#) where faith leaders are being engaged as influential community leaders in the fight against COVID-19, in the Philippines, where efforts to marry local job creation with improved access to water and handwashing stations in Maguindanao have borne fruit, and the Krygyz Republic, where a national behaviour change campaign is linking up with community-led communications campaigns for greater impact.

And, beyond the immediate response, a number of countries are already focusing on a multi-faceted approach to system-strengthening, to create an [enabling environment](#) that is conducive to sustainable change. In [Indonesia](#), the Government has shown leadership with the release of a Joint Decree across four Ministries mandating minimum WASH and infection prevention requirements for safe reopening of schools, Safe Schools Protocols and a [national monitoring system](#) to track use in public settings. In Bangladesh and Ethiopia, the respective governments are leading a multi-sectoral working group to develop an intersectoral roadmap to achieve hand hygiene for all by 2030. Still other countries are leveraging existing initiatives to further elevate hand hygiene, including in Bhutan, through its recently finalised national policy for sanitation, in Nigeria through the open defecation free roadmap and in Rwanda, where the existing hygiene sub-strategy is enabling quick distribution of handwashing stations in public spaces and enforcing use.

Strong efforts are also noted to target vulnerable groups, including Venezuelan migrants in parts of [Brazil](#), prison inmates in [Tanzania](#) and refugee populations in [Zimbabwe](#).

Regional efforts to support national activity are also flourishing, including regional events to launch collaborative efforts on Global Handwashing Day, the development of a "Hand Hygiene for Asia" group set up by UNICEF, WHO, WaterAid, SWA, and FANSA, and a regional hygiene strategy Southern Africa led by the Southern African Development Community (SADC).

The global community has demonstrated an unprecedented appetite for collaboration, coordination and investment to support national progress. We have gathered [104 commitments](#) from our core partners across the five accelerators and we expect our list of partners to continue to grow at pace.

We have been the strongest advocates. Our partnership comprises a number of veteran hand hygiene advocates. But, this year, under the banner of HH4A, our individual efforts have come together to equal more than the sum of their parts. The greatest example of this was [Global Handwashing Day](#). Through unprecedented levels of global coordination, our reach was amplified: A [global high-level event](#) convened by the United Nations (UN) Permanent Missions of the UK and Finland with support from a number of core partners secured commitments from Principals of key UN agencies. Our social media reach has also grown: we reached over 450 million people on Global Handwashing Day alone; more than double our 2019 reach, and the COVID-19 [Hygiene Hub](#) have reached over 1 million people.

And **commitments** to support hand hygiene scale-up are already bearing fruit. Highlights of influence to-date include ensuring a prominent role for hand hygiene and WASH more broadly within the [Strategic Preparedness](#)

[and Response](#) plan (currently under renewed revision) and any public health/[IPC](#) intervention to reduce the spread of COVID-19; securing inclusion of hand hygiene-associated costs within costing exercises led by the [ACT-Accelerator](#); and a new Ministerial [champion for hand hygiene](#) in the UK Foreign, Commonwealth and Development Office, one of the largest donors to the WASH sector. [Commitments to hand hygiene improvement in health care](#) have been forthcoming under WHO's leadership since 2009, through [142 ministerial pledge signatures](#). Now is the time to renew these and for health to play a part in influencing demonstrable support across other sectors.

Joint efforts are set to continue to grow, with 2021 seeing the joint development of a global advocacy strategy, a dedicated webpage for the initiative with a function to track commitments, and the establishment of a representative working group. Within the health sector, reach is expected to grow exponentially in 2021 with HH4A partner support. One key milestone for this is the WHO [SAVE LIVES: Clean Your Hands](#) 5 May campaign.

We are facilitating increased financing. Beyond highlighting persistent financing gaps through a special [hygiene highlight](#) summarising data collected by the [GLAAS initiative](#), WHO partnered with UNICEF, World Bank and others to produce global and country-specific [cost estimates](#) for meeting basic WASH standards in health care facilities and has convened key potential investors around these findings. The Sanitation and Water for All Partnership published a [handbook](#) for ministers of finance on the economic case for WASH investment, with a special focus on COVID-19 and hygiene, and convened three regional [Finance Ministers meetings](#). In 2021, the partnership will continue to push for hand hygiene investment, with plans developing for a value proposition and costing tool with a specific hand hygiene focus across settings.

We are helping build sector capacity. HH4A partners have collectively produced over 220 resources, webinars and other tools to support hand hygiene policy and programming. Highlights include the [WHO interim recommendations](#) on obligatory hand hygiene and [technical brief](#) on improving hand hygiene in health care facilities, the International Labour Organisation's [technical brief](#) on hand hygiene at the workplace, UNICEF's [brief](#) on country roadmaps that is being piloted in a number of countries (with more detailed guidance to follow), and a [Handwashing Handbook](#), published by the Global Handwashing Partnership and socialised via a series of topic-based webinars. The COVID-19 [Hygiene Hub](#) produced [180 technical resources](#) and [a learning brief](#) synthesising lessons learnt across these. Global partners have also provided numerous technical webinars, and in-depth support through tailored collaborations.

We are nurturing innovation. Acknowledging the critical importance of horizontal learning as we grapple with a new disease, and the wealth of expertise and knowledge of those working at the frontline, several partners have collected case studies on a variety of aspects critical to effective scale-up. The COVID-19 [Hygiene Hub](#) has collaborated with over 20 organisations to collect their stories and published 24 case studies to-date, with at least one new case study a week. Other active partners include [World Bank](#), the [International Labour Organisation](#) and UNICEF. In parallel, the COVID-19 Hygiene Hub, UNICEF and WHO are collaborating to carry out a comprehensive hand hygiene evidence synthesis and gap map, and driving forward the collaborative development of research agendas to fill these. In addition, the private sector has been active in driving innovation in this space. One highlight is the [new collaboration](#) between UNICEF and the World Economic Forum has emerged to mobilise the private sector towards innovation in product design and distribution, and the approach will be piloted in three countries initially in early 2021. The [Hygiene Behaviour Change Coalition](#) is Unilever's flagship support to the COVID-19 response, in partnership with the UK government and jointly representing a £100 million. Lixil have launched the Sato tap in partnership with UNICEF, to support access to handwashing for underserved, low-income populations.

We are bolstering monitoring efforts. WHO and UNICEF have leveraged existing tools to improve our understanding of the hand hygiene landscape, through the special GLAAS [hygiene highlight](#), the UNICEF & WHO progress report on [WASH in schools](#) (JMP) and [WASH in health care facilities](#). Through a monitoring working group, HH4A has [catalogued](#) the breadth of monitoring tools and resources available for multiple settings. This has informed unprecedented efforts led by the Joint Monitoring Programme to develop standardised monitoring

tools for public settings. Consultation on these will take place in early 2021. The new year will also see a stronger hygiene focus within the GLAAS survey, publication of findings from two global surveys on hand hygiene in health care and IPC health care facility assessments, and renewed efforts to strengthen existing monitoring instruments in other settings. This includes publishing results of a global survey on hand hygiene programmes in health care facilities conducted by WHO in 126 countries in 2019.

FOR MORE INFORMATION

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