

# State of the World's Hand Hygiene



Making hand hygiene a priority in policy and practice

The <u>State of the World's Hand Hygiene</u> is the first-of-its-kind report on hand hygiene, detailing the current status of access and practice, and highlighting challenges and recommendations. This policy brief provides clear messages to guide governments and other stakeholders in the drive toward universal hand hygiene.

Hand hygiene: A critical and cost-effective public health intervention

Hand hygiene helps prevent respiratory and diarrhoeal diseases and has been shown to reduce the incidence of COVID-19. Hand hygiene is also a very cost-effective intervention, with a benefit to cost ratio of approximately 15:1.1

### Hand hygiene:

- Reduces annual deaths from respiratory diseases by 21 per cent<sup>2</sup>;
- Halves the incidence of COVID-19;3
- Reduces annual deaths from diarrhoeal diseases by 30 per cent;<sup>4</sup>
- Reduces health care facility infections by 50 per cent;<sup>5</sup>
- Generates \$15 in economic returns for each dollar invested.6

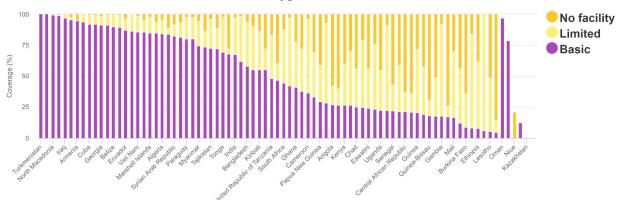
### What is hand hygiene?

Hand hygiene is the overall, generic term for behaviours that clean hands. This is inclusive of hand washing with soap and water and use of alcohol-base hand rubs (e.g., hand sanitizers).

### Hand hygiene progress: Low coverage and limited progress

Governments often promote hand hygiene as a critical intervention during public health crises. However, in many countries, hand hygiene coverage and practices remain low. Despite a strong evidence base supporting the many benefits of hand hygiene, access to facilities lags within critical settings, including schools and health care facilities, hindering hand hygiene's potential impact.





At current rates of progress, two billion people will still lack access to hand hygiene by 2030, negatively impacting other development priorities, including education, health, nutrition and economic growth. The rate at which hand hygiene coverage is increasing across all settings needs to quadruple to achieve universal access by 2030.



**50%** of health care facilities lack hand hygiene facilities



70% of schools in leastdeveloped countries lack hand hygiene facilities



**65%** of homes in leastdeveloped countries lack hand hygiene facilities



Fragile states need to quintuple efforts to reach universal hand hygiene



Restaurants, markets and other public spaces are critical to hand hygiene, but performance data are lacking

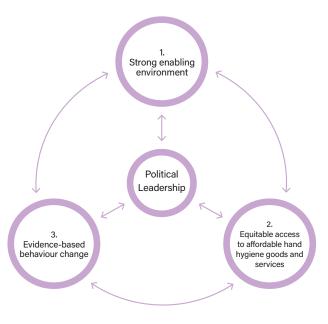
Poor performance is due to a combination of factors. At the national level, programmes are plagued by poor funding, lack of regulation, limited availability of facilities, poor access to water, insufficient data and lack of institutional ownership for the hand hygiene agenda. At the programme level, hand hygiene programmes may fail due to:

- Lack of affordable, continuous access to soap, water and handwashing facilities;
- Lack of effective behaviour change strategies; and
- Lack of a robust enabling environment, including inadequate frontline staff capacity.

### **Components of effective hand hygiene programmes**

Effective hand hygiene programmes identify strategic opportunities to improve hand hygiene and guide actions that are grounded in three priorities:

- 1. Strong enabling environment;
- 2. Equitable access to affordable hand hygiene products and services; and
- 3. Evidence-based behaviour change interventions.



Collectively, the priorities depend upon effective political leadership and buy-in to embed a culture of hand hygiene across all levels of government.

Hand hygiene is everyone's business, including governments, the private sector, implementing partners and individuals. To address poor progress on hand hygiene, in June 2020 UNICEF, WHO and other sector leaders launched the Hand Hygiene for All (HH4A) initiative. HH4A supports governments in accelerating hand hygiene programmes through development of robust hand hygiene roadmaps. Hand hygiene roadmaps are a helpful tool for developing national programmes that bring everyone together. Roadmaps help countries identify gaps in governance, financing, monitoring and capacity. They highlight strategic goals and opportunities for investments to improve hand hygiene and guide actions by aligning

stakeholders from multiple sectors and investments around a common, codeveloped vision and course of action. Roadmaps may exist independently, or may be integrated into other national strategies (e.g., health, environment, humanitarian).

### The destination: Hand hygiene for everyone, everywhere, always

Achieving universal hand hygiene will have dramatic ripple effects across a nation, positively impacting health, education, nutrition and economic development. Fundamentally, it means that everyone has access to hand hygiene facilities (stocked with soap and water or an alcohol-based hand rub) whenever and wherever they need it. But practice has shown that while there may be an initial surge of interest in hand hygiene, such as during a pandemic, good practice rapidly drops off. Achieving the necessary habit formation that realizes the intended health benefits requires sustained activities across the enabling environment, including governance, financing, capacity development, data and information and innovation. The State of the World's Hand Hygiene report provides several concrete recommendations across these five pillars to accelerate progress on hand hygiene. Each pillar provides activities governments can take towards sustained access to universal hand hygiene.

The following diagram (adapted from the UN-Water SDG6 Global Acceleration Framework launched at the UN High-level Political Forum in July 2020) captures suggested interventions to reach the common destination.

# DATA AND INFORMATION

Establish national hand hygiene definitions and standards for all settings, and improve monitoring systems:

- Strengthen hand hygiene data collection at homes, schools and health facilities.
- Incorporate standardized hand hygiene module in household surveys.



### CAPACITY DEVELOPMENT

Create sufficient capacity to effectively implement sustained hand hygiene programmes:

- Assess current hand hygiene capacity.
- Develop capacity-building strategies.
- Invest in necessary skillsets.
- Build capacity at all levels, across all settings.

#### **FINANCING**

# Fully cost, budget and finance hand hygiene programmes:

- Ensure public spending maximizes impact and stimulates investments from households and the private sector.
- Define how the cost of hand hygiene can be shared among governments, the private sector and citizens.
- Invest in hand hygiene in schools and health facilities.
- Regulate hand hygiene businesses.
- Invest in water supply systems.

### **GOVERNANCE**

# Establish a national hand hygiene policy, with a lead agency and a coordination mechanism:

- Establish clear hand hygiene policies.
- Identify a hand hygiene champion (e.g., head of state, minister).
- Create a coordination mechanism.
- Secure local leadership.
- Define hand hygiene targets, strategies, roadmaps and budgets.

### **INNOVATION**

# Create a policy, financing and regulatory environment that encourages innovation:

- Encourage innovation, particularly for the private sector.
- Develop new ideas to overcome challenges, such as lack of water supply, uneven soap availability and affordability.



### **Case Studies:**

### **Country examples from the State of the World's Hand Hygiene**

Financing: Lao People's Democratic Republic (SoH Report p. 70)

The Ministry of the Environment mobilized over US\$2 million from multilateral and bilateral donors. Funds will be used to install handwashing stations in 40 hospitals and 300 automatic hand-gel dispensers in 50 hospitals.

# Governance: South Africa (SoH Report p. 67)

UNICEF supported the Government of South Africa to develop a national five-year strategy for hand hygiene that established ministerial accountability. These efforts contributed to the rapid development of a national COVID-19 strategy.

**Data: Indonesia** (SoH Report p. 76)

Indonesia developed an SMS-based COVID-19 monitoring system that tracked hand hygiene in public spaces. Using citizen volunteers, it collected over 13,000 observations of handwashing stations in November 2020 alone.

Capacity: Timor-Leste (SoH Report p. 73)

The World Health Organization (WHO) created a twinning partnership between Timor-Leste and Macao that strengthened hand hygiene access in health care facilities.

Innovation: Tanzania (SoH Report p. 80)

WaterAid and the University of Dar es Salaam, Tanzania, introduction handwashing facilities designed for people living with disabilities. The facilities include hands-free taps at various heights appropriate for people using wheelchairs.

### **Resources: Leveraging existing work**

There are extensive resources available for hand hygiene programming. The following is a curated list.

#### **Settings**

- Field Guide: The Three Star Approach for WASH in Schools
- Hand hygiene at the workplace
- Guidance documents on Hand Hygiene Programming
- Guidelines on hand hygiene in health care
- Minimum requirements for IPC programmes
- UNHCR Hygiene Promotion Guidelines
- Technical guide for handwashing in public places and buildings

### **Organizations**

- Global Handwashing Partnership
- UNICEF
- <u>WHO</u>
- USAID
- World Bank
- WaterAid

### **Contact information**

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<sup>1</sup> OECD, Stemming the Superbug Tide: Just A Few Dollars More, OECD Health Policy Studies, OECD Publishing, Paris, 2018. The US\$1:US\$15 was extrapolated from Section 6.9, which states that implementation of improved hand hygiene policy "generates savings in health expenditure that represent, depending on the country, on average 15 times the implementation costs".

<sup>2</sup> Prüss-Ustün, A., et al. 'Burden of disease from inadequate water, sanitation and hygiene for selected adverse health outcomes: An updated analysis with a focus on low- and middle-income countries', Int J Hyg Environ Health, 2019, 222: 765–777.

<sup>3</sup> From an early systemic review: Tallic, S., et al. Effectiveness of public health measures in reducing the incidence of covid-19, SARS-CoV-2 transmission, and covid-19 mortality: systematic review and meta-analysis. BMJ, 2021;375:e068302.



<sup>&</sup>lt;sup>4</sup> Prüss-Ustün, A., et al.

<sup>&</sup>lt;sup>5</sup> Luangasanatip, N., et al., 'Comparative efficacy of interventions to promote hand hygiene in hospital: Systematic review and network meta-analysis' BMJ (Clinical research ed.), 2015.

<sup>6</sup> OECD

<sup>&</sup>lt;sup>7</sup> Joint Monitoring Programme. https://washdata.org/data/household#!/, Accessed April 2022.