



2021 HANDWASHING INNOVATIONS THINK TANK || REPORT



Think Tank
presentations and
materials are
available **here**.

ACKNOWLEDGEMENTS

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ABOUT THE GLOBAL HANDWASHING PARTNERSHIP

The Global Handwashing Partnership is a public-private partnership that serves as a global advocate and knowledge hub for hand hygiene programming. It leverages the collective expertise of the public and private sectors to accelerate progress toward universal hand hygiene. For more information on the Global Handwashing Partnership, please visit www.globalhandwashing.org

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INTRODUCTION

CONTEXT

Handwashing with soap is a critical component of health and development. Research suggests that handwashing with soap can reduce diarrheal episodes by 28–47% and can reduce acute respiratory infections, such as pneumonia, by 20 to 50% ([Ejemot-Nwadirao et al., 2015](#); [Curtis & Cairncross, 2003](#); [Rabie & Curtis, 2006](#); [Ejemot et al., 2008](#); [Townsend, Greenland, & Curtis, 2017](#); [Luby et al., 2005](#)). These benefits are especially evident among vulnerable groups, including young children, who are particularly susceptible to infectious diseases. Beyond its health benefits, handwashing with soap has cross-cutting impacts for nutrition, early childhood development, education, equity, and economic growth.

Despite the known benefits of handwashing with soap, rates of proper, consistent handwashing remain low. It is estimated that nearly 30% of people worldwide lack access to proper handwashing facilities with soap and water at home ([WHO and UNICEF, 2021](#)). About 47% of schools do not have proper handwashing facilities, and 16% of healthcare facilities do not have proper handwashing facilities in critical areas, such as at point-of-care or near toilets ([World Bank, 2020](#)).

The COVID-19 pandemic spotlighted the importance of hand hygiene to prevent the spread of disease and save lives. Hand hygiene champions around the world worked together to galvanize this momentum through the Hand Hygiene for All initiative and other hand hygiene response efforts. The last year presented major shifts in how hand hygiene was framed within programs, plans, and policies, because hand hygiene has been key to COVID-19 emergency response and public safety. This unprecedented time provides a unique opportunity to institutionalize hand hygiene as a fundamental component of health and safety and to enable a culture of hand hygiene.



ABOUT THE THINK TANK

The Global Handwashing Partnership Handwashing Innovations Think Tank brings together global experts from civil society, government, multilateral organizations, research institutions, and the private sector to drive learning and action in handwashing innovation. The 2021 Think Tank theme was, **“Re-imagining the future of hand hygiene: Post-COVID shifts and big ideas for change.”** This theme is consistent with the need to sustain hand hygiene beyond the pandemic.

The objectives of the 2021 Think Tank were to:

1. Identify and build consensus regarding key shifts and lessons learned from the COVID-19 hand hygiene response
2. Facilitate discussions to address critical hygiene sector gaps
3. Develop a set of actionable recommendations to achieve hand hygiene for all by 2030

EVENT OVERVIEW

The Handwashing Innovations Think Tank was held virtually over five days in May 2021. Think Tank sessions included:

The State of Hand Hygiene. The opening session of the Think Tank aligned participants on the current state of hand hygiene with a catalyst presentation on major shifts and lessons learned from the COVID-19 response. Overall, the discussions reinforced the importance of proven behavioral drivers of handwashing while recognizing the historic neglect of hand hygiene access, policy, and investment, emphasizing the need to seize current opportunities for improvement. Priorities discussed include the need to reframe hand hygiene beyond the WASH sector; continued investments in behavior-centered programming that prioritize hand hygiene; fostering innovation and building resilient systems; stronger, more standardized monitoring and evaluation; and a collective effort to share learnings from the past year.

Hand Hygiene Habits. This session of the Think Tank focused on how habit principles might be adapted and applied to maintain the extraordinarily high rates of handwashing spurred by COVID-19. The session reviewed habit science, distinguishing habit from consistent but conscious practice; defined and differentiated nudges from habit formation; and looked at the relationship of short-term triggers such as emotions, dances, and songs to longer term, sustained handwashing practice. To build on the handwashing momentum of the epidemic, champions must ensure a supportive enabling environment – the first principle of handwashing habit formation. COVID-19 created a focus on new junctures for handwashing (e.g., handwashing after coming into the house) and the need to ensure prompts or cues at these junctures to set the stage for habit formation. In addition, leveraging the current context, eliminating friction, providing

ownable cues, encouraging practices, and promoting motivation are all principles to forming handwashing habits.



Leverage the current context and set the stage for hand hygiene habit formation



Gender & Hygiene. The third session of the Think Tank focused on understanding the implicit gender bias in hygiene program design, the role of gender in hygiene promotion, and developing actionable ideas to make programs more gender aware. The catalyst presentations highlighted key differences between sex-specific hand hygiene needs (menstrual hygiene management) and gender-specific expectations (a woman's role) for hand hygiene, and showcased case examples from gender-aware hygiene programs, including the SuperAmma and Mum's Magic Hands approaches. Participants worked in groups to discuss gender implications for hygiene programming, considering the unintended consequences of gender roles regarding hand hygiene and how to develop campaigns and messaging focused on shared values and humanity to avoid gender stereotypes in programming.

Purposeful Partnerships. This session of the Think Tank focused on the need for purposeful partnerships for handwashing. Partnerships provide joint resources, expertise, and knowledge that can help drive the scale of impact. A panel discussion highlighted examples from successful partnerships initiated during COVID-19, including the Hygiene Behavior Change Coalition, the Public-Private Partnership for Handwashing in Indonesia, and the National Business Compact on Coronavirus in Kenya. Participants joined breakout groups to discuss criteria for successful partnerships, including the need for an aligned vision and goal as well as working with partners with complementary skills.

The Next Big Goal for Hand Hygiene. The closing session of the Think Tank leveraged the insights gained from previous Think Tank sessions to better define a universal rallying call for hand hygiene and reflect on the next big, quantifiable goal. Beyond indicators for hand hygiene infrastructure, hand hygiene is notoriously difficult to measure. To move forward, countries need clear targets to achieve. Examples of such goals include Open Defecation Free campaigns in certain countries. Lessons learned from these initiatives can be applied toward universal hand hygiene initiatives. There remains a need to develop practical protocols for universal hand hygiene and clearly define goals and indicators to measure progress.



KEY LEARNINGS AND RECOMMENDATIONS

KNOWLEDGE EXCHANGE

Handwashing rates increased during the pandemic; however, focus on hand hygiene has already started to trend towards pre-pandemic levels. It is critical to take stock of the progress made over the last year to identify persisting gaps in research on handwashing programming and consider how best practices can be applied in future outbreaks.

INFRASTRUCTURE AND ACCESS

Infrastructure for hand hygiene remains an important factor for universal hand hygiene. COVID-19 presents different handwashing junctures (e.g., handwashing after coming into the house), which calls for facilities to be available at these junctures to prompt or cue hand hygiene behavior. The past year has brought innovative solutions to promote inclusive facility design and improvements in supply chains for hand hygiene products; however, availability of soap and water remains a huge challenge for the Global South. Hand hygiene for all cannot be achieved until every person has access to proper hand hygiene infrastructure.

HABIT FORMATION

Building on the momentum from COVID-19, hand hygiene champions must look toward long-lasting behavior change. Programs must address a range of determinants, including handwashing knowledge, social and cultural norms, and access, to enact behavior change. Because handwashing with soap occurs repeatedly throughout the day, principles of habit formation must also be applied to move hand hygiene from a reflective (deliberate, conscious) action to a reflexive (automatic, nonconscious) behavior by using the principles of habit formation.

PROGRAM DYNAMICS

Program implementers must also go beyond traditional approaches and consider other factors that impact hand hygiene practice. Gender, in particular, plays a significant role in a person's hand hygiene needs. It is critical for program implementers to understand where burden falls for creating supportive conditions (i.e., access to water and soap) and note how behavioral interventions may enforce these norms. Ensuring hand hygiene programs are gender-sensitive can prevent inadvertent harm, while maintaining the program's goal to improve hand hygiene behavior.

PARTNERSHIPS

The pandemic has framed hand hygiene as part of the safe operation of society, creating stronger alignment with health and safety. While the cross-cutting benefits of hand hygiene are widely known, an intentional shift is needed to move hygiene beyond the WASH sector. Diversifying partnerships to include actors beyond the WASH sector can strengthen hand hygiene resiliency beyond the pandemic. Building these strong partnerships with other sectors is vital to the success and sustainability of hand hygiene efforts. A shared vision and end goal with clear expectations from all involved can help a partnership flourish and succeed to address universal hand hygiene.

MONITORING AND EVALUATION

Stronger tools for monitoring and evaluation of hand hygiene are needed. There is a need to identify stronger, more standardized monitoring and evaluation approaches that can be adapted to different handwashing moments, settings, and target populations.

THINK TANK SESSION NARRATIVES

DAY 1. THE STATE OF HAND HYGIENE

Session Overview and Objectives

The opening session focused on building a shared understanding of the purpose of the Think Tank before holding more focused discussions. This session was facilitated by Nat Paynter, who is the Global Coordinator for the Hand Hygiene for All initiative, and Ron Clemmer, Secretariat Director of the Global Handwashing Partnership.

Session objectives were to:

- Provide an overview of the Think Tank
- Present an overview of new hand hygiene insights and initiatives since early 2020
- Build consensus around major shifts, changes, and lessons learned in the sector in light of COVID-19.

The current state of hand hygiene: Major shifts and lessons learned

Nat Paynter presented a catalyst presentation, highlighting a framework focused on the key pillars to address universal hand hygiene (see figure 1). His presentation was broken down into lessons learned and major shifts around behavior and demand, access, and the enabling environment for hand hygiene. Based on what is known, lessons learned from previous epidemics were not completely applied in the COVID-19 response. Hygiene market systems revealed vulnerability to external shocks, and operations and maintenance (O&M) provision suffered from lockdowns, increasing costs, and shortages of materials. In addition, historic neglect of hand hygiene in policy, investment, and monitoring emphasizes the importance of opportunities for future improvement.

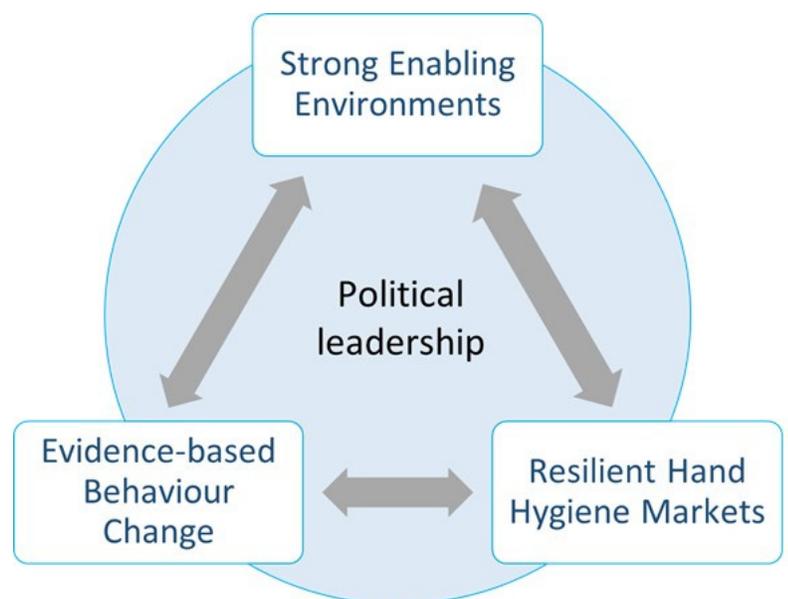


Figure 1: Key pillars to address hand hygiene

Day 1 Key Takeaways and Actionable Recommendations

Ron Clemmer moderated the breakout group and plenary sessions. Groups discussed major shifts and new approaches for hand hygiene and identified top priorities. The session concluded with the following recommendations for hand hygiene champions:

Take advantage of the recent hand hygiene focus to influence broader buy-in. Over the last 18 months, there has been an inherent shift in the way hand hygiene is discussed and framed in the context of health and safety. A concerted effort is needed to improve messaging to influence buy-in. Make hygiene more attractive to implement by emphasizing the broad successes made possible by more funding and better hygiene practices. Focus on return on investment as a motivator for hand hygiene programming. Consider the larger handwashing system in hand hygiene advocacy, looking not just for political buy-in – which includes funding for infrastructure as well as behavior change programming – but also to other sectors and stakeholders affected by handwashing. The recent focus on public safety as a driver of handwashing behavior has emphasized the cross-cutting impact handwashing can have on multiple sectors and the need to actively integrate hand hygiene with sectors beyond WASH.

Conduct formative research for handwashing as a public behavior. Handwashing campaigns have most often targeted handwashing within the household, often targeting mothers and children. This past year has seen a shift in the target population, with handwashing going from a private to a more public behavior. Little research has been conducted on hand hygiene in public settings. Over the past year, many government agencies and organizations have, with varying success, tried to launch campaigns in public settings. This shift in thinking about handwashing as a public behavior warrants additional formative research in such settings.

Fill other knowledge gaps. Questions regarding microbiology, cost-effectiveness, regulation, and what works to facilitate sustainability, as well as other innovations, still need to be addressed. Some studies on hand hygiene are not available to the public or are hidden behind paywalls. Private sector partners, in particular, have findings from market research and consumer data that would be useful to share in public forums. As a hand hygiene community of practice, we should continue to take stock of the evidence on “what works” and what does not, and then distill that learning into useful rules of thumb rather than detailed instructions. Getting these best practices to implementers will be critical.

Develop approaches that reach everyone. From the design stage of programs, plan for how handwashing products and facilities can be inclusive, breaking down the barriers for each vulnerable group. Look to apply innovations in product design and supply chains that contribute to increased access to handwashing facilities.

Implement stronger monitoring and evaluation. Measuring handwashing behavior is notoriously challenging. Stronger, more standardized monitoring and evaluation approaches are needed that can be adapted to different handwashing moments, settings, and target populations.

DAY 2. HAND HYGIENE HABITS

Session Overview and Objectives

The second session of the Think Tank focused on habit principles and their application for handwashing behavior. This session was facilitated by Nga Nguyen, a Senior Technical Advisor at USAID, and Julia Rosenbaum, a Senior Technical Advisor at FHI 360, and featured a guest speaker, Dr. Christina Gravert from the University of Copenhagen, Denmark.

Session objectives were to:

- Provide an overview of new data on reported handwashing during COVID-19
- Review and apply the six habit principles toward handwashing
- Present the rationale for why habit science is necessary for handwashing
- Brainstorm how habit principles could be applied to make COVID-motivated handwashing an ongoing habit

Hand Hygiene Habits: Introduction and Context

Nga Nguyen shared new data on handwashing and COVID-19 to showcase current rates of handwashing as well as other COVID prevention behaviors. These data include findings from the [USAID WASHPaLS assessment](#) of the effects of COVID-19 on WASH and the MIT/Facebook [COVID-19 Beliefs, Behaviors & Norms Survey](#) dashboard, with the latter reanalyzed for the Think Tank to better examine trends over time. The data show unprecedented high rates of handwashing, with rates highest in the early months of the epidemic and (in most cases) declining but still exponentially higher than pre-pandemic rates (reported from other sources, as the MIT/Facebook data collection only began during the early months of the pandemic). Additional WASHPaLS data demonstrated a related positive social norm shift around handwashing during COVID-19. These data underscore the need to leverage the high rates of handwashing during COVID-19 to build handwashing habits over time.

Habits and nudges for handwashing behavior change

Following an introduction of the latest data and the opportunity it presents for improved handwashing practice, Julia Rosenbaum discussed habit science and principles of habit formation. The brain includes two systems that direct behavior, and the part of the brain that drives habits is distinct from the part that drives more goal-oriented behaviors. When a behavior becomes habitual, deliberate performance shifts to unconscious behavior. Habits are therefore reflexive, as opposed to goal-oriented or reflective practices.

Encouraging handwashing habit formation is different from promoting consistent and correct practice because it engages different parts of the brain and therefore requires complementary but distinct approaches. Six handwashing habit principles (see Figure 2), first developed by David Neal and colleagues in 2015, are still relevant and timely even when considering all the new developments in habit science, behavioral economics, and nudging.

Nudges and habits are different but have overlapping constructs. A nudge is any aspect of the choice environment that alters people's behavior in a predictable way without forbidding any options or significantly changing their economic incentives. Nudges are a category of interventions (not a type of behavior) and may or may not lead to lasting behavior change. Habits, on the other hand, describe a category of behavior (not a type of intervention).

PRINCIPLES	DEFINITION
1. Ensure Supportive Environment	Ensure supportive environments/products for new behavior are immediately/consistently available
2. Leverage Context	Leverage context by disruption or piggybacking on old behavior
3. Eliminate Friction	Eliminate choice, steps, and perceived effort
4. Provide Ownable Cues	Create cuing ecosystem, ideally rewarded
5. Encourage Practice	Foster procedural memory through doing
6. Promote Meaning & Motivation	Encourage meaning-making around habit

Figure 2: Six principles of handwashing habits



Encouraging handwashing habit formation is different from *promoting* consistent and correct practice because it engages different parts of the brain and therefore requires complementary but distinct approaches.



Both are anchored in more unconscious thinking. Nudges can effectively trigger a one-time or infrequent behavior, but they do not necessarily create habits unless they are designed with habit formation in mind and incorporate the laws of habit. In the case of handwashing, nudges can be critical part of a strategy for building handwashing habits, but they are not the “magic bullet.” Habit formation requires a comprehensive approach that combines nudges, practice of the behavior, a supportive environment, and behavioral motives. The key is to go beyond promotional messaging and incorporate habit principles, looking beyond just the WASH sector to find more innovative approaches.

Why triggering emotions alone will not lead to long-term behavior change

Dr. Christina Gravert, an Assistant Professor of Economics at the University of Copenhagen in Denmark, shared her research findings on broad long-term behavior change. In the context of COVID-19, the world got creative with handwashing “fun theory” that uses emotions to encourage handwashing practice. Practitioners linked fun dances, songs, and images to motivate handwashing practices for at least 20 seconds. Dr. Gravert asserted that because emotions are temporary, they alone cannot sustain long-term behavior change. Using activity-mobilizing emotions such as fun, hope, anger, or fear can work to kick-start trials of a new behavior, but more needs to be done to sustain the practice. Using nudges that do not require attention or an emotional response can motivate people to do something (behavior) with minimum attention or emotional drive. To create lasting behavior change, design choice environments are also needed to convert initial attention to long-term habits that will be practiced without the need for emotional triggers.

Following the catalytic presentation, discussion ensued about behavioral or emotional motives such as nurture or affiliation being different and more enduring than triggering emotions such as fear.

Day 2 Key Takeaways and Actionable Recommendations

The session revealed several key insights, including the importance of defining terminology, particularly for handwashing habit formation programming. The group noted that the term “habits” is often used to mean consistent practice, which may or may not be habitual. With pandemic fatigue, hand hygiene champions must look beyond handwashing messages and triggering emotions alone to ensure lasting behavior change. The following takeaways and recommendations are organized around the six habit principles (as shown in Figure 2):

Ensure a supportive enabling environment. Because different junctures for handwashing have taken on greater focus during COVID-19 (e.g., handwashing after coming into the house), there is a need to ensure that prompts or cues are available at these junctures. The availability of handwashing facilities with soap and water remains a huge challenge for the Global South, and water-saving devices for handwashing are needed now more than ever.

Leverage the current context. COVID-19 signifies a major change in context. As with other context changes, such as moving locations or a birth of a child, the momentum from the current context can be leveraged to promote handwashing. Also called habit stacking or anchoring, leveraging is underused in handwashing programming.

Eliminate friction. Place handwashing stations (or alcohol hand rub dispensers) convenient to each particular juncture and consider newly supportive norms that can help eliminate friction. Make hand hygiene practices as easy as possible by having all needed supplies available and convenient.

Provide ownable cues. While the use of nudges can be useful, not all nudges are the same. Moral nudges (conscious motivators, i.e., guilt) are significantly different from pure nudges (unconscious). Pure nudges are less likely to backfire and more likely to lead to long-term habit change.

Encourage practice. Just like learning a new cell phone app or musical scales, making handwashing a habit requires repetition in a stable context. This repetition literally forms the pathways in the brain that shift handwashing from a conscious act to an unconscious habit.

Promote meaning and motivation for handwashing. Every member of a household has a unique role in influencing or “championing” handwashing behavior, and it is important to understand behavioral motives. Behavioral motives may be more useful than emotional triggers in the long-term and less influenced by context specificity. Short-term emotions, such as fear, may be effective when closely linked to a “doable action” to mitigate risk.



DAY 3. GENDER AND HAND HYGIENE

Session Overview and Objectives

This session of the Think Tank focused on understanding the implicit gender bias within hygiene program design, the role of gender in hygiene promotion, and developing actionable ideas to make programs more gender aware. The session was facilitated by Sian White, a Research Fellow at the London School of Hygiene and Tropical Medicine, and Janita Bartell, a Hygiene Specialist at UNICEF.

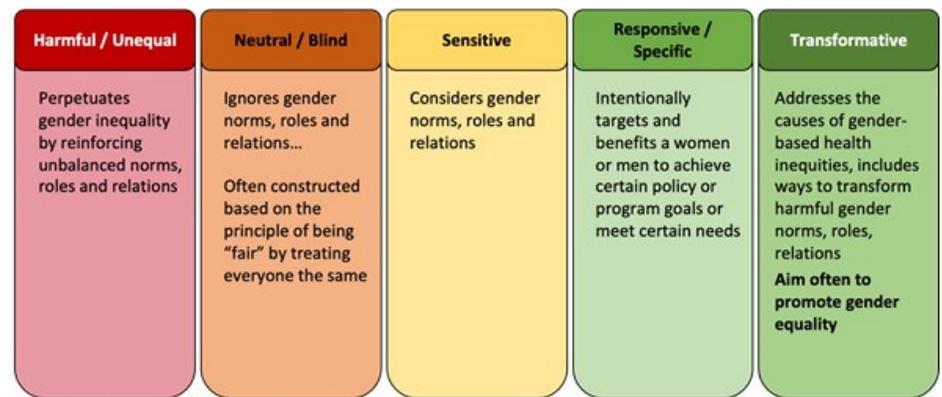
Session objectives were to:

- Articulate the connection between hand hygiene and gender roles and norms and gender inequality
- Identify how hand hygiene programming is influenced by and might contribute to perpetuating existing gender norms, roles, and power structures
- Learn from other sectors about the successes and challenges of programs aiming to contribute to changing gender norms
- Identify actionable recommendations for making hygiene programming more gender aware

Setting the scene: What is gender-sensitive hygiene programming?

Dr. Bethany A. Caruso, Assistant Professor at the Rollins School of Public Health at Emory University, began her presentation by explaining the key concepts of sex, gender, and intersectionality. Throughout her presentation, she highlighted sex and gender-specific hand hygiene needs and practices in real-life situations. For example, the need for hand hygiene during menstruation, other vaginal bleeding, and post-pregnancy is sex-specific, whereas changing diapers, preparing food, or caring for sick relatives is often gender-specific and typically falls on women. In addition, women may lack control over crucial hygiene resources, such as soap, because in many circumstances men control family finances. These factors increase adverse health consequences, such as pain, stress, anxiety, and social conflict.

Dr. Caruso suggested the World Health Organization (WHO) gender responsive assessment scale (Figure 3) as a potential tool for incorporating gender into handwashing programs.



http://www.who.int/gender/mainstreaming/GMH_Participant_GenderAssessmentScale.pdf

Figure 3: WHO Gender Responsive Assessment Scale

Case Study #1: The SuperAmma Intervention

Dr. Katie Greenland of the London School of Hygiene and Tropical Medicine provided a case example using the well-known SuperAmma (SuperMum) intervention. Handwashing with soap at key times were assessed in 14 different southern Indian villages at the beginning and six weeks, six months, and 12 months after an intervention that included a behavior change approach. Substantial increases in handwashing with soap were observed in a scalable manner for a sustained duration (up to 12 months) among the intervention group households.

Dr. Greenland suggested that the study targeted the whole family but emphasized the behaviors of mothers as primary caregivers, building a narrative that was informed by formative research and therefore aligned with gender norms. Adopting a “good parent” approach (rather than a sole focus on the “good mother”) would have been more equitable but may not have resonated with populations as well. Finally, she criticized the biased gender stereotype that was used as a powerful social norm in this intervention, which emphasized that the mothers’ actions contribute to the future success of their sons (not daughters) to rise up as a doctor.

Case Study #2: Mum's Magic Hands

Biju Dangol of Oxfam Nepal presented an adapted version of Mum’s Magic Hands. The adapted program actively tried to address the extent to which it had previously focused primarily on women. Using this new approach, both the men and women in a family discussed the need for equal division of household and care duties. Male family members started to support those duties, including serving guests, preparing tea, fetching water, helping children with their homework, and caring for pets and children. The programmatic improvements to be more gender aware have had a positive effect on mobilizing the community by engaging men in gender-care work and building ownership for change to promote gender norms.



Introduction to Gender and Social Norms

Ben Cislighi, an Assistant Professor at the London School of Hygiene and Tropical Medicine, provided an overview of what works to change social and gender norms. His presentation highlighted the role of gender norms in shaping a woman’s and a man’s (often unequal) access to resources and freedoms, thus

affecting their voice, power, and sense of self. Different strategies for changing norms – law and policies, mass media, personalized normative feedback, and group discussions – can be helpful in designing gender-sensitive hand hygiene programs. He explained that changing social norms means correcting misperceptions.

Day 3 Key Takeaways and Actionable Recommendations

Build capacity among program staff. There are key differences between sex-specific hand hygiene needs (menstrual hygiene management) and gender-specific expectations (a woman’s role) regarding hand hygiene. Facilitate regular discussions about gender within hygiene programming and build capacity among staff to ensure more gender-aware programming.

Understand the unintended consequences of gender roles regarding hand hygiene. Be cognizant of programs perpetuating restrictive gender norms and be mindful of how programs may contribute to pressure, guilt, and shame when linking motherhood and child health outcomes. By reflecting on existing gender roles and dynamics, programs can avoid stereotyping through their efforts. Instead, utilize common norm-based behavior change techniques to change behavior norms.

Develop campaigns and messaging focused on shared values and humanity. Campaigns should present a range of gender roles in program materials to avoid stereotyping and include messages that are not gendered in nature.

Work with partners, especially governments, to change gender norms. Embed hand hygiene into larger gender norms programs. Work with other partners and encourage them to lead gender norms change through their existing efforts. If the aim is to change gender norms, start with WASH-related norms. Building on emerging trends related to positive gender norms change can also help facilitate long-term sustainability.

Build moments of pause and reflection. When implementing programs, build in time to reflect on how the program may be influencing gender norms or unintentionally perpetuating gender stereotypes and adjust accordingly. Also, be realistic about what programs can and cannot achieve.



DAY 4. PURPOSEFUL PARTNERSHIPS

Session Overview and Objectives

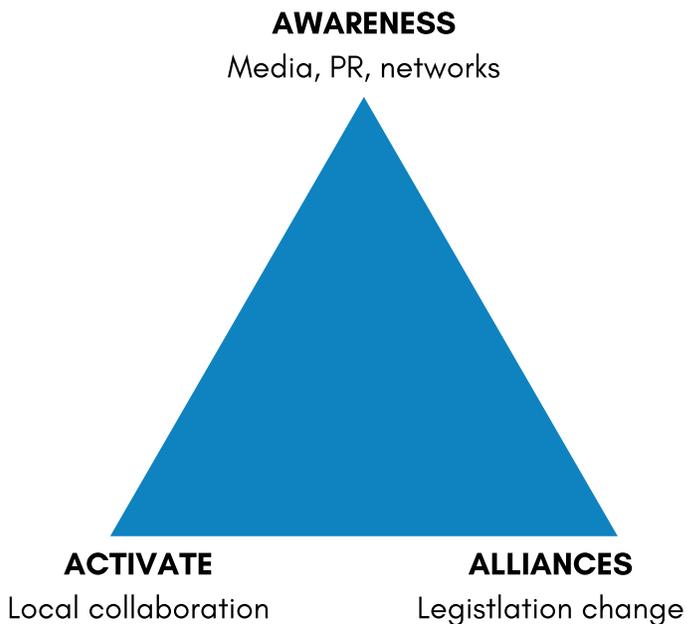
This session of the Think Tank focused on purposeful partnerships for handwashing. The session was facilitated by Renee Remijnse, Communications Director of Essity, and Myriam Sidibe, Founder and Chief Mission Officer of Brands on a Mission.

The session objectives were to:

- Showcase innovative models of partnership models between the private sector and public or nonprofit entities
- Identify the value proposition of engaging and collaborating with private sector partners

Setting the Scene: What is a Purposeful Partnership?

To start the session, the facilitators provided insights on the potential value of purposeful partnerships. Dr. Myriam Sidibe discussed how partnerships can support business goals and social impact. Describing the three-win framework, she explained how partnerships are a win (for partners) -win (for brands) - win (for people). Private sector partners offer more than philanthropic giving to an endeavor; they bring expertise, scale, and credibility. Not only do partnerships provide joint resources, expertise, and knowledge that drive scale and increase private sector sales, but they can also position individual partners within a wider forum to improve awareness and drive dialogue and to influence policy.



Renee Remijnse followed up with examples of how Essity, a private sector company that produces and sells health and hygiene products, works through collaborative partnerships. She highlighted different domains of partnerships, focusing on the 3As – awareness, alliances, and activation. Awareness in partnerships highlight issues to a broader group of people and may include research, media partnerships, or broader networks. Alliances tackle a specific issue, such as handwashing, and create shared project teams or working groups to fulfill a specific goal, such as policy reform. Activation allows partners to work together on local projects to improve well-being and health directly. Essity participates in all three of these domains of partnerships. Working together can help break barriers to hand hygiene for all.

Figure 4: The 3 A's of successful partnerships

Panel discussion: case examples of successful partnerships

A panel discussion further highlighted successful handwashing partnerships.

Helena Dollimore, a Senior Manager at Unilever, shared successes from the Hygiene and Behavior Change Coalition, which was enacted during the COVID-19 pandemic. The coalition was first formed when Unilever and the U.K. Foreign, Commonwealth and Development Office both committed to contributing EU 50 million to hand hygiene behavior change. The coalition creates social impact by working through 21 partner organizations, reaching more than 1.2 billion people in 37 priority countries.

Preetha Bisht, a WASH Specialist at UNICEF, offered lessons learned from a public-private partnership for handwashing based in Indonesia. Using a similar model to the Global Handwashing Partnership, this national-level partnership is a multi-stakeholder platform for handwashing with soap. A total of 18 steering committee members are actively working toward hand hygiene for all in Indonesia.

Maggie Rarieya, Head of the Secretariat for the National Business Compact on Coronavirus (NBCC), discussed how the NBCC delivery model addresses behavior change communications and hygiene interventions by leveraging private sector scale, creativity, and resources combined with a broad set of NGO/development partners and community-focused interventions supported by Kenyan Government.



“ The public-private partnership for handwashing with soap in Indonesia strengthens advocacy, demands generation and supply innovation, and builds capacity to work toward hand hygiene for all. ”



Day 4 Key takeaways and actionable recommendations

Breakout groups contributed their perspectives on successful partnerships, including the best learnings and practices to ensure scale and sustainability. These insights were used to initiate the development of a unified set of criteria for successful partnerships. Key takeaways and recommendations include:

Ensure leadership from the government. Private sector and development partners have found that strong government leadership makes initiatives more sustainable. Strong government leadership also ensures the legitimacy and continuity of an initiative and enables long-term, larger impact. Multistakeholder partnerships led by governments can achieve long-term impact by engaging the whole system within a country.

Find the right partners. Start with existing partners with complementary skill sets and look toward equitable representation within the community or within organizations. Support from leaders at each partner organization is essential, but the appropriate point of contact may not always be in a leadership role.

Understand the institutional structures and incentives for long-term sustainability. Sometimes the “right” partners to engage and collaborate with are not the ones which were expected, but they benefit from partnering and strengthen the overall partnership through their unique networks and contributions.

Build trust for sustainable partnership. The framework to drive a successful partnership comprises governance, implementation model, transparency, coordination, and communication. These elements ultimately build trust among the partners to sustain and scale the partnership.

Look for the value added. Partnerships should be structured around issues that are related to your core business (both for public and private partners). Understand and align partnership goals and make efforts to meet the needs of all partners.

Ensure partnerships have the resources to be sustained. Long-term investment in the partnership, coordination, communication, and a clear governance structure (including a coordinator position) are critical to ensuring sustainability.

There is no right or wrong partnership. Ensure a shared vision and be open and clear from the start about expectations, goals, and resources. Some partnerships are meant to be time-bound. Partnerships are “learning by doing and doing what you have learned.”

DAY 5. THE NEXT BIG GOAL OF HAND HYGIENE

Session overview and objectives

The closing Think Tank session sought to better define the rallying call for universal hand hygiene, reflecting on the next big goal for hand hygiene and how it will be measured. The session was facilitated by Nicole Klaesener-Metzner, a WASH Specialist at UNICEF's South Asia Regional Office, and Ron Clemmer, Secretariat Director of the Global Handwashing Partnership.

The session objectives were to:

- Develop a list of goals to achieve “Hand Hygiene for All”
- Identify a set of indicators toward those goals

“

After seeing unprecedented political support and buy-in toward hand hygiene, we need to be ready for a discussion on the need for a **big, ambitious goal** that leaders can get behind.

”

The next big goal for hand hygiene

Nicole Klaesener-Metzner presented three successful (public) health campaigns (one global and two national) as a catalyst for Think Tank participants' efforts to conceptualize an overall goal for universal hand hygiene and to define it in a way that facilitates the support of political leaders. The [Clean Green Pakistan campaign](#) “underpins behavioral change and institutional strengthening while envisaging the need to address five components: tree-plantation, solid waste management, liquid waste management/hygiene, total sanitation, and safe drinking water.” The Swachh Bharat, or Clean India Mission, aims to achieve an Open Defecation Free India. The Global Polio Eradication Initiative was also highlighted. The presentation

showcased that each of these initiatives has a clearly defined, powerful message with an easily understandable goal that all stakeholders can work toward. What makes them successful is having a comprehensive, at-scale target and an ambition-driven approach guided by strong political commitment. Lessons learned from these initiatives can and should be applied to universal hand hygiene. In closing, she emphasized the need to develop a practical framework for universal hand hygiene at the global and country levels.



Day 5 Key takeaways and actionable recommendations

Breakout groups discussed how to define universal hand hygiene and proposed global and national-level indicators. Key takeaways and recommendations include:

Learn from and build on existing WASH (or other relevant) campaigns. It is crucial to learn from successful campaigns, such as Clean Green Pakistan and Swachh Bharat Mission, as well as campaigns that were not successful. A combination of political sponsorship, financing from various sources, a clear allocation of funds, and a variety of campaign strategies to increase community buy-in has been found to be very effective in similar campaigns in the past and should be considered best practices.

Standardize hand hygiene protocols across the globe. There is no universal definition of hand hygiene for all, and different cultures, countries, and regions have a wide range of hand hygiene experiences, attitudes, and practices. While it would be challenging and is probably not necessary to standardize hand hygiene globally, creating a universal definition and monitoring framework could support the efforts toward improved hand hygiene behavior in a variety of contexts, such as the Hand Hygiene for All initiative.

Measuring hand hygiene indicators is complex. Monitoring and assessing handwashing is challenging, and indicators to monitor handwashing facilities do not necessarily provide an accurate picture of hand hygiene behaviors. Proxy indicators and self-reporting are useful as a starting point for monitoring hand hygiene; however, monitoring systems need to be improved and made more concise, including for settings that are “new” to the WASH sector due to the COVID-19 pandemic, such as public places and transportation hubs.

Hand hygiene behavior and infrastructure are inextricably linked. Proper hand hygiene is impossible if the infrastructure for washing hands does not exist, yet the presence of infrastructure does not guarantee the behavior. It could be observed that even when handwashing awareness was at a peak during the COVID-19 pandemic, approximately 30% of people worldwide did not have consistent access to handwashing facilities in their homes ([WHO and UNICEF, 2021](#)). Although handwashing facilities do not guarantee hand hygiene behaviors, ensuring their availability is one of the first steps to enabling handwashing practice.

CONCLUSION

The 2021 Handwashing Innovations Think Tank provided a platform for hand hygiene champions around the world to reflect on the progress made thus far and the big questions that remain for hand hygiene. Key learnings and recommendations are included after the introduction to the report. The Think Tank offered a space for reflection on the range of approaches, interventions, and innovations used to improve handwashing and an opportunity for hand hygiene champions around the world to align with one another to maximize their impact. This unprecedented time provides a unique impetus for institutionalizing hand hygiene as a fundamental component of health and safety. Ultimately, re-imagining the future of hand hygiene calls for embracing the major shifts and lessons learned over the past year to achieve hand hygiene for all.