

HAND HYGIENE

FOR ALL



World Health
Organization



for every child



A CALL TO ACTION FOR ALL OF SOCIETY TO ACHIEVE UNIVERSAL ACCESS TO HAND HYGIENE¹

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. Three quarters of those who lack access to water and soap live in the world’s poorest countries and are amongst the most vulnerable: children and families living in informal settlements, migrant and refugee camps, or in areas of active conflict. This puts an estimated 1 billion people at immediate risk of COVID-19 simply because they lack basic handwashing facilities.²

Hand hygiene facilities are lacking even in places where they are most needed: nearly half of all schools do not have handwashing facilities with water and soap, affecting 900 million school-age children. Forty-three per cent of health care settings do not have hand hygiene facilities at points of care where patients are treated. With limited or no hand hygiene facilities and improvement programmes, health care workers’

compliance with hand hygiene best practices can be as low as 8 per cent.³ This puts teachers, doctors, nurses, patients – all of us – at risk.

This must change.

The COVID-19 pandemic is a stark reminder that one of the most effective ways to stop the spread of a virus is also one of the simplest: hand hygiene. It not only protects us from contracting the disease, but also stops transmission to other people.

To beat the virus today – and be better prepared for future pandemics – universal access to hand hygiene must become a reality for everyone, in all settings, especially in health care facilities, schools and crowded public spaces. This approach is reiterated in WHO’s recommendations on ensuring universal access to hand hygiene and improving hand hygiene practices to prevent COVID-19 transmission.⁴

To get there, we need to not only improve access through water supply and physical infrastructure, we also need innovative solutions to fit different contexts, and make soap, alcohol-based handrub and hygiene supplies both available and affordable. And we need individual behaviours to change. Handwashing must become an integral part of our daily lives.

The Hand Hygiene for All initiative aims to move the world towards this goal: supporting the most vulnerable communities with the means to protect their health and environment. It brings together international partners, national governments, public and private sectors, and civil society to ensure affordable products and services are available, especially in disadvantaged areas, and to enable a culture of hygiene.

The success of the initiative will require investments to ensure access to the supplies and services required to practice hand hygiene. It also requires leadership at all levels – at home, in communities, in health care facilities nationally and globally – to create a culture where keeping our hands clean is a social norm, and everyone’s habit. All of us have to play our part: staff in health care facilities, children at school, families at home, and employees at their place of work.

Universal access to handwashing facilities with soap and water is already part of the Sustainable Development Agenda. We can do more. The COVID-19 pandemic provides us with a once-in-a-lifetime opportunity to rally around this goal and achieve what is most needed to save lives today and in the future. As this pandemic has shown, together we can succeed.

WHY HAND HYGIENE?

Saving lives

Access to hand hygiene in health care facilities, schools, public places and homes is essential to protect global health and reduce the risk of future outbreaks. Scaling up hand hygiene in all settings could potentially prevent an estimated 165,000 deaths from diarrhoeal diseases each year.⁵ Scientific evidence and experience from WHO has also shown that improving hand hygiene strategies in health care can reduce health care-associated infection and antimicrobial resistance.^{6, 7, 8}

Saving money

Hand hygiene is also one of the most cost-effective ways to prevent the spread of infectious diseases. The cost of implementing hand hygiene strategies in health care facilities is low: estimated between US\$0.90 and US\$2.50 per capita per year, depending on the country. Improving hand hygiene policies can generate savings in health expenditure up to 15 times the cost.⁹

Preparing for the future

Hand hygiene is key to stopping the spread of COVID-19 now – but smart investments now will also prepare us better for any future disease. Adopting strong hand hygiene strategies is the single most effective intervention to prevent disease and death due to antimicrobial resistance (AMR). Hand hygiene also protects against a range of other diseases, including common colds, flu, diarrhoea and pneumonia.^{10, 11, 12, 13}



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OUR AIM FOR THE FUTURE

A culture shift around hand hygiene will not happen overnight – it will come with significant advances in the short, medium and long term. Building on the health and WASH targets of the Sustainable Development Goals, the Hand Hygiene for All initiative envisions a future where all communities have the resources and are able to practice hand hygiene, and everyone does so habitually.

RESPOND

In the short term, controlling the outbreak is most urgent, with an immediate need to improve hand hygiene access and practices in public spaces and health care facilities. Governments need to rapidly roll out hand hygiene stations in public settings, ensure health workers have access to hand hygiene and infection prevention and control (IPC) supplies, ensure hand hygiene facilities are available to those caring for COVID-19 patients at home and for essential workers, and ensure continuity of water supply services. Health workers, teachers and community leaders must be given the tools and guidance they need to practice and teach hand hygiene in their places of work. At the same time, countries should review financing and investment opportunities, put in place national hand hygiene policies and plans, strengthen legal and regulatory frameworks, and assess gaps in hand hygiene policies, capacities and monitoring.

REBUILD

In the medium term, the response needs to ensure that hand hygiene systems are built or changed to be better than before, so that if COVID-19 or another infectious disease appears, countries are better placed to block transmission. Countries need costed roadmaps and timelines for scaling up and sustaining hand hygiene beyond COVID-19. Globally, the initiative will develop a system for monitoring hand hygiene, and a platform for knowledge exchange and best practices among countries and thought leaders. It will establish partnerships with businesses, as well as cross-sectoral partnerships in the fields of health, education and other sectors.

REIMAGINE

Our vision for 2030 is to achieve hand hygiene for all – which ultimately means a new way of working and living, where hand hygiene is embedded not only in health systems to prevent infection, but also in our everyday lives. It means all people will have access to the supplies they need to clean their hands at critical moments – in public spaces, schools, health care facilities, workplaces and homes. It also means a fundamental shift in education, attitudes and behaviours, so that hand hygiene becomes normalized and habitual.

For a detailed roadmap of short-, medium- and long-term solutions, see Annex.

WHERE SHOULD WE FOCUS OUR EFFORTS?

Many organizations and government entities with a mandate for water, sanitation and hygiene (WASH) have focused primarily on water and sanitation services, with hygiene often only an afterthought. The COVID-19 crisis presents a unique moment to focus attention and action among WASH partners and influencers on the critical importance of hygiene in the community. It also presents an opportunity for health actors to redouble efforts in basic IPC that can outlast the current epidemic.¹⁴ Technical guidance on hand hygiene for preventing COVID-19 exists.^{15, 16} What is needed now is collective action.

Taking full advantage of the opportunity to create better conditions for hand hygiene will mean working across sectors, and in partnership with governments, manufacturers, schools, hospitals and other public institutions, including but not limited to:

- Health care facilities
- Schools and day care centres
- Workplaces and commercial buildings
- Refugee, migrant and other camp-like settings
- Prisons and jails
- Markets and food establishments
- Transport hubs, places of worship and other public spaces
- Long-term care facilities
- At home

WHO ARE THE KEY ACTORS AND WHAT ROLE DO THEY PLAY?

In order to truly reimagine a world where no one is left without access to hand hygiene, all of society has to play a part. Hand Hygiene for All initiative calls for:

Governments

- High-level political leadership from ministries of health, other ministries (water and sanitation, education, local government, labour and employment, commerce and industry, transportation, finance, etc.) to join forces behind comprehensive national roadmaps for hand hygiene.
- National and sub-national governments, and implementing agencies to strengthen internal capacity to deliver on hand hygiene and mobilize service providers, institutions, employers and the public through incentives and regulations.
- Increased commitment by donor governments for hand hygiene as a share of WASH and health budgets, including specific outputs and indicators for hand hygiene in agreements to monitor and learn from investments.

SPOTLIGHT

Improving hand hygiene proof of concept: Experience from health care facilities

Over the last 15 years, WHO has promoted a multimodal strategy to improve hand hygiene in health care focusing on five actions.⁶ The strategy has proven to be highly effective to improve hand hygiene practices and reduce health care-associated infection and AMR.^{3, 7, 8} Over 23,500 health care facilities in 182 countries have adopted it in the context of the WHO global hand hygiene campaign¹⁷ or through national campaigns. The Hand Hygiene for All initiative will build up and accelerate these successes and work to develop similar setting-specific strategies for other high-risk populations.

Schools

- Education ministries, school principals, administrators and teachers to include evidence-based hand hygiene behaviour change approaches in the curriculum to promote hand hygiene among children and their families and wider communities at critical times (before and after using the bathroom, before meals, and after outdoor play).
- Education ministries, school administrators, and parent and teacher associations to ensure schools have adequate hand hygiene facilities (e.g., water and soap)

Health care facilities

- Ministries of health and local health authorities to ensure that a system-wide, multi-stakeholder and multimodal approach for implementing WHO's recommendations on hand hygiene is developed and implemented as a priority in the context of wider IPC and WASH plans.¹⁸ Engaging relevant sectors such as finance, infrastructure, education, and research.
- As primary role models, health workers to promote and practice hand hygiene as part of efforts to stop COVID-19 spread.

Private sector

- Employers to show their commitment to the health of their employees by putting both policies and facilities in place for hand hygiene.
- Producers and manufacturers to make hand hygiene accessible and affordable through product and supply chain innovation, working with public entities on accessible pricing models.

Public and private financial institutions

- Financers to contribute to this initiative by funding both producers and consumers of hand hygiene supplies and services.
- Major financial institutions including the World Bank and regional development banks to influence policy and spending in support of improved hand hygiene.

Civil society, thought leaders, community leaders and young people

- To represent, advocate for and support programmes that aim to reach the most vulnerable people.
- Support research and evidence to facilitate learning.

Media outlets and communication agencies

- To craft and disseminate messages that will effectively reach different population segments.
- Work with trusted community leaders to embed hand hygiene in wider health, societal justice and development efforts.



GLOBAL LEADERSHIP AND SUPPORT

The following partners have joined forces to drive the Hand Hygiene for All initiative across five key areas of work:

Leadership

UNICEF and WHO will co-lead the initiative, committing human and financial resources towards coordinating the global efforts and channelling resources towards and supporting regional and country implementation efforts.

Partnership

UNICEF and WHO will be supported by a select group of core partners, including but not limited to World Bank, Sanitation and Water for All, International Federation of the Red Cross and the Red Crescent Societies (IFRC), London School of Hygiene and Tropical Medicine/Hygiene Hub, International Labour Organization, United Nations Refugee Agency (UNHCR), Global Handwashing Partnership and WaterAid.

Supporting stakeholders

The Initiative welcomes engagement from a broad range of supporting stakeholders (e.g., governments, non-governmental organizations, civil society, investment banks, philanthropy, academia, business sector). Such stakeholders must commit to strengthening and streamlining hand hygiene investments, programming and advocacy within their own organization's efforts and to reporting to the co-leads their efforts and outcomes on an annual basis.

Task teams

Time-bound task teams will be open to all committed organizations to develop and implement tools and workstreams for four main areas of action:

- facilitate learning and exchange and distil evidence,
- support implementation through intersectoral and multi-stakeholder engagement,
- increase and influence investments, and
- monitor and regularly report on global progress.

Global advisory group

A global advisory group composed of leaders from multiple sectors (e.g., health, water and sanitation, human rights, education, labour, humanitarian, government, private sector) and community leaders promoting behaviour change (e.g., refugee leaders, faith-based leaders, youth) will be established to regularly review progress, advise on strategic actions, and advocate within their own spheres of influence.

HOW TO ACHIEVE UNIVERSAL ACCESS TO HAND HYGIENE AT THE COUNTRY LEVEL

As countries develop and implement response plans to the COVID-19 pandemic, access to hand hygiene must be included as a key component of the response. Every country's roadmap should include three kinds of activities to build and sustain a culture of hand hygiene:

- 1. Political leadership** to embed a culture of hygiene across all levels of government and society (government, private sector, civil society)
- 2. Policy action** to strengthen the enabling environment for hand hygiene programming, including the five building blocks promoted by Sanitation and Water for All (SWA)¹⁹:
 - Policies and strategies
 - Institutional arrangements
 - Financing
 - Planning, monitoring and review
 - Capacity development
- 3. Sustainable, inclusive programming at scale** to increase supply and demand for hand hygiene
 - Supplying hand hygiene and other hygiene products and services
 - Promoting hand hygiene and other hygiene practices

Respond Short-term: controlling the outbreak	Rebuild Medium-term: building back better	Reimagine Long-term: sustaining a culture of hand hygiene
Political leadership		
<ul style="list-style-type: none"> Champion hand hygiene as a key part of the COVID-19 response and frame hand hygiene in the broader context of IPC 	<ul style="list-style-type: none"> Establish hand hygiene as a key part of public health and preparedness strategies 	<ul style="list-style-type: none"> Make hand hygiene everyone's business for a healthy population and clean care provision
Hand hygiene behaviour change		
<ul style="list-style-type: none"> Rapid behaviour change approaches and messages Strengthen hand hygiene promotion in the community and health care according to existing strategies Disseminate technical guidance on evidence-based behavioural change strategies 	<ul style="list-style-type: none"> Continued behaviour change interventions, increasingly following a strategy to adapt interventions to the evolving context and remaining gaps 	<ul style="list-style-type: none"> Mobilize communities and relevant players to actively engage with service providers and policy-makers, and create and maintain hand hygiene as a social norm
Supplying hand hygiene products and services		
<ul style="list-style-type: none"> Identify and disseminate recommendations and supply options for hand hygiene stations Provide technical guidance on all aspects of hand hygiene in different settings Rapidly roll out hand hygiene stations in public settings Ensure health care workers have continuous access to high-quality hand hygiene and IPC supplies at the point of care Ensure hand hygiene facilities are available to those caring for COVID-19 patients at home and for most vulnerable populations Ensure continuity of clean water supply services 	<ul style="list-style-type: none"> Work with local private sector on gaps in the supply chain for hand hygiene products Review product system designs, develop new solutions Identify supply chain bottlenecks and inefficiencies, including accessibility and affordability for the most vulnerable 	<ul style="list-style-type: none"> Collaborate with government partners on building supportive business environments and regulatory frameworks Support small-scale private sector Support robust supply chains and encourage businesses to offer a range of affordable, durable and high-quality hand hygiene products

Respond Short-term: controlling the outbreak	Rebuild Medium-term: building back better	Reimagine Long-term: sustaining a culture of hand hygiene
Policies and strategies		
<ul style="list-style-type: none"> Review policies and standards/ requirements about hand hygiene in health care facilities, schools, and other settings 	<ul style="list-style-type: none"> Issue inter-ministerial/ inter-agency policy roadmaps with steps to accelerate attention and action to scaling-up hand hygiene Map hand hygiene policies across agencies with suggestions for alignment and operationalization at local and facility levels 	<ul style="list-style-type: none"> Convene all stakeholders to review existing gaps and agree strategies for addressing them Set timebound targets to benchmark advances in scaling up hand hygiene Develop and approve new hand hygiene provision and education policies in different settings to address bottlenecks Advocate for hand hygiene curriculum
Institutional arrangements		
<ul style="list-style-type: none"> Convene a national coordination group with representation from different government authorities (health, WASH, education), private sector and civil society Coordinate in-kind support on hand hygiene products and supplies as well as promotion activities and messaging Set standards for hand hygiene equipment to be used in public settings Establish and enforce protocols for critical tasks Assign budget for critical supplies for hand hygiene stations in public and health care settings 	<ul style="list-style-type: none"> Give schools and businesses the appropriate guidance and support to implement improved hand hygiene measures for re-opening Plan for and begin structural or policy reforms as needed Develop mechanisms for working with private sector, identify new win-win partnerships to fill gaps and build on opportunities 	<ul style="list-style-type: none"> Approve and/or implement new or strengthened policies or regulations regarding hand hygiene in different settings Implement legal and regulatory frameworks for hand hygiene in public spaces, including standard operating procedures in schools and hospitals Implement WHO hand hygiene multimodal improvement strategies across all levels of the health system

Respond Short-term: controlling the outbreak	Rebuild Medium-term: building back better	Reimagine Long-term: sustaining a culture of hand hygiene
Financing		
<ul style="list-style-type: none"> • Set and budget for targets in terms of coverage of hand hygiene facilities in public spaces and health care facilities • Activate contingency funds, supplementary budgets • Reprogramme activities and budgets towards hand hygiene • Direct emergency funding to where it reaches the most vulnerable people and those with disabilities 	<ul style="list-style-type: none"> • Support schools with adequate planning and financing of hand hygiene measures as they re-open • Reprogramme activities and budgets • Resource mobilization to meet immediate needs with a longer-term vision 	<ul style="list-style-type: none"> • Ensure that targets are costed, and financed plans for hand hygiene in different settings feature in national plans, loans and grants. • Increase budget allocations to hand hygiene programmes and monitoring • Include budget for hand hygiene in preparedness plans for public health emergencies
Planning, monitoring, review		
<ul style="list-style-type: none"> • Set up systems for rapid data collection about hand hygiene stations in schools, health care facilities and public settings • Identify vulnerable populations who are most at risk and least likely to be able to practise hand hygiene measures 	<ul style="list-style-type: none"> • Fill data gaps on hand hygiene in health care facilities, schools and other public settings • Identify and prioritize vulnerable populations who still lack hand hygiene at home • Prioritize schools that lack hand hygiene facilities for upgrading prior to reopening • Build on the momentum to get hand hygiene included in upcoming surveys of households, schools and health care facilities 	<ul style="list-style-type: none"> • Conduct comprehensive baseline and follow-up assessments of hand hygiene facilities and behaviours across multiple settings • Mainstream hand hygiene data collection into routine administrative data collection systems (e.g., Management Information Systems) as well as surveys or spot checks (e.g., household surveys, regulatory checks) • Ensure that hand hygiene features in regular sector reviews

Respond Short-term: controlling the outbreak	Rebuild Medium-term: building back better	Reimagine Long-term: sustaining a culture of hand hygiene
Capacity building		
<ul style="list-style-type: none"> • Rapidly train community health workers, hygiene promoters, health care staff and other essential workers in hand hygiene promotion and best practices • Facilitate knowledge exchange of lessons learned and examples of best practices at international, national and subnational levels • Support local suppliers and manufacturers to scale up production and distribution of hand hygiene facilities and supplies 	<ul style="list-style-type: none"> • Map existing capacities and identify gaps and opportunities for development, including strengthening the enabling environment, promoting hand hygiene practices and market shaping 	<ul style="list-style-type: none"> • Invest in leadership development of key staff responsible for hand hygiene activities at institutional and community levels • Incentivize investments by institutions and individuals into hand hygiene, including recognition of contributions • Develop or update context-specific programming guidance and tools to roll out hand hygiene programmes at scale • Invest in the professionalization of the hand hygiene work force • Integrate hand hygiene into national training programmes and curricula

Endnotes

- ¹ 'Universal' as defined by the Sustainable Development Agenda: applicable to all, taking into account different national realities, capacities and levels of development and respecting national policies and priorities.
- ² The INFORM COVID-19 Risk Index identifies countries at risk of health and humanitarian impacts of COVID-19 overwhelming national response capacity and requiring humanitarian assistance. The index combines information on hazards and exposure, vulnerability and coping capacity and categorizes 60 countries as either 'high' or 'very high risk'. Prioritizing access to WASH and more particularly to handwashing facilities should remain a highest priority for these countries.
- ³ Allegranzi B, Gayet-Ageron A, Damani N, Bengaly L, McLaws ML, Moro ML, et al., Global implementation of WHO's multimodal strategy for improvement of hand hygiene: a quasi-experimental study. *Lancet Infect Dis* 2013 Aug 22. doi:pii: S1473-3099(13)70163-4. 10.1016/S1473-3099(13)70163-4
- ⁴ WHO, 2020. Interim recommendations on obligatory hand hygiene against transmission of COVID-19. <https://www.who.int/publications/m/item/interim-recommendations-on-obligatory-hand-hygiene-against-transmission-of-covid-19>
- ⁵ Prüss-Ustün, Annette, 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." *International journal of hygiene and environmental health* 222.5 (2019): 765-777.
- ⁶ The WHO multimodal strategy comprises several components or elements (three or more, usually five) implemented in an integrated way with the aim of improving hand hygiene behaviour. The five most common elements include: (i) system change (availability of alcohol-based handrub products and of the appropriate infrastructure for hand washing: clean water, adequate number of functioning sinks, and soap and disposable towels); (ii) education and training on evidence-based best practices for hand hygiene; (iii) monitoring of hand hygiene infrastructures and compliance with best practices, and providing data feedback; (iv) reminders in the workplace/communications; and (v) culture change with hand hygiene promotion embedded within a safety climate.
- ⁷ Evidence of hand hygiene as the building block for infection prevention and control. WHO 2017. <https://www.who.int/infection-prevention/tools/core-components/evidence.pdf?ua=1>
- ⁸ *BMJ* 2015;351:h3728 doi: 10.1136/bmj.h3728
- ⁹ OECD (2018), *Stemming the Superbug Tide: Just A Few Dollars More*, OECD Publishing, Paris. <https://doi.org/10.1787/9789264307599-en>
- ¹⁰ Aiello AE, Coulborn RM, Perez V, Larson EL. Effect of hand hygiene on infectious disease risk in the community setting: a meta-analysis. *Am J Public Health*. 2008;98(8):1372-81 <<http://www.ncbi.nlm.nih.gov/pubmed/18556606>>
- ¹¹ Rabie T and Curtis V. Handwashing and risk of respiratory infections: a quantitative systematic review. *Trop Med Int Health*. 2006 Mar;11(3):258-67. <<http://www.ncbi.nlm.nih.gov/pubmed/16553905>>
- ¹² Ejemot RI, Ehiri JE, Meremikwu MM, Critchley JA. Hand washing for preventing diarrhoea. *Cochrane Database Syst Rev*. 2008;(1):CD004265. Published 2008 Jan 23. doi:10.1002/14651858.CD004265.pub2
- ¹³ McGuinness SL, Barker SF, O'Toole J, et al. Effect of hygiene interventions on acute respiratory infections in childcare, school and domestic settings in low- and middle-income countries: a systematic review. *Trop Med Int Health*. 2018;23(8):816-833. doi:10.1111/tmi.13080
- ¹⁴ WHO, 2019. Minimum requirements for IPC programmes. <https://www.who.int/infection-prevention/publications/core-components/en/>
- ¹⁵ WHO/UNICEF, 2020. Water, sanitation, hygiene and waste management for COVID-19 virus. 23 April 2020. https://apps.who.int/iris/bitstream/handle/10665/331846/WHO-2019-nCoV-IPC_WASH-2020.3-eng.pdf?ua=1
- ¹⁶ WHO, 2020. WHO Save Lives: Clean Your Hands in the context of COVID-19. https://www.who.int/docs/default-source/coronaviruse/who-hh-community-campaign-finalv3.pdf?sfvrsn=5f3731ef_2
- ¹⁷ SAVE LIVES: Clean Your Hands. <https://www.who.int/infection-prevention/campaigns/clean-hands/en/>
- ¹⁸ WHO, 2020. Hand hygiene at scale initiative: improving hand hygiene access and behaviour in health care facilities at the critical interface between WASH and infection prevention and control. <https://www.who.int/infection-prevention/en/>
- ¹⁹ Sanitation and Water for All: Building Blocks. <https://www.sanitationandwaterforall.org/about/our-work/priority-areas/building-blocks>



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IFRC



UNHCR
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