



# HEALTH AND HYGIENE ACROSS THE LIFE COURSE

## WORLD HEALTH ASSEMBLY 2017 SIDE SESSION REPORT

24 MAY 2017, 8:00-10:00

INTERCONTINENTAL HOTEL, GENEVA

Co-hosted by: the Water Supply and Sanitation Collaborative Council (WSSCC), SCA, Government of Kenya and WaterAid



## INTRODUCTION

Sustainable Development Goal 6 represents some of the most influential cross-cutting topics in the world: Water, Sanitation and Hygiene (WASH). For too long, sanitation and hygiene have been taboo topics, often forgotten in development work, despite the 2.4 billion people on the planet who still lack access to them. In international fora and elsewhere, these issues are now front and centre, an acknowledgement that the essential links between WASH and health (SDG 3), education (SDG 4), nutrition (SDG 2), the workplace (SDG 8), human rights, gender (SDG 5) and the environment cannot be ignored.

Those who suffer most from a lack of safe hygiene are the most vulnerable: women and girls, the elderly, the disabled, sanitation workers, migrants, and those living in rural areas, especially in Sub-Saharan Africa and South and Southeast Asia, but also affects people in the more developed world. The need for information, community involvement and people-centred policies and facilities is essential.

During the World Health Assembly 2017, the [Water Supply and Sanitation Collaborative Council](#) (WSSCC), [SCA](#), [Government of Kenya](#) and [WaterAid](#) came together to share approaches to ensure good hygiene and health practices and to raise standards across the life course, from childhood to adolescence, from motherhood to menopause, to old age and responding to disabilities. The session took place in the morning on 24 May 2017 at the Intercontinental Hotel in Geneva, and was attended by more than 40 international delegates from UN agencies, private sector, member states, NGOs and academia.

### Session Objectives and Key Speakers

The aims of this session included:

- To understand important barriers to and solutions for sustainable hygiene and health across the life course, especially for those who are most vulnerable –what needs to be done?
- To share evidence, best practice and innovations in programming and policy
- To explore the roles and responsibilities for different stakeholders to promote health and hygiene at different stages of life within the SDG framework— what’s next?

Key Speakers (in order of presentation):

- Keynote: **Dr. Jackson Kioko**, Director of Medical Services, Government of Kenya
- Chilufya Chileshe, Regional Advocacy Manager, Southern Africa, WaterAid
- Alison Macintyre, Health Advisor, WaterAid Australia
- Archana Patkar, Head of Policy, WSSCC
- Kersti Strandqvist, Senior VP, Sustainability, SCA
- Olivia Wigzell, Director General, [Socialstyrelsen](#) (National Board of Health and Welfare, Sweden)
- Moderator: Anna af Ugglas, Independent Consultant and Midwife

## SUMMARY OF PROCEEDINGS

### Welcome and Opening Remarks

Ms Anna af Ugglas, an Independent Consultant and Midwife with experience working with UNFPA and WHO, kicked off the session as the moderator with a provoking question: How many times have you washed your hands this morning, with soap? After a few laughs from the audience, she mentioned: “I’ve washed mine two times already...and I’m thinking about the millions who can’t do this.” She then welcomed onstage Dr Chris Williams, Executive Director of the Water Supply and Sanitation Collaborative Council (WSSCC), for the opening remarks.

Dr Williams acknowledged the delegations from both Kenya and Uganda for their partnership, and welcomed the Minister of Health from Uganda, Hon. Dr Jane Ruth Aceng, for joining the session. He thanked SCA, WaterAid and other development colleagues for their participation in the event. He mentioned the importance of partnership in the SDG era, including private sector entities, stating: “WSSCC’s continued partnership with SCA is extremely important; it is exciting to partner with a company of this scale for impactful change. We’ve learned a lot.”

He spoke passionately on the role of Ministers of Health in achieving SDG target 6, and mentioned that while it was key to include other ministries in country linked to WASH (education, gender, environment, rural development, etc), Ministries of Health provide an important overview of the issues of sanitation and hygiene, as they are fundamental to preventative health. He encouraged discussion during the session and within the World Health Assembly on these important issues.

### Keynote Speech

Dr Jackson Kioko, the Director of Medical Services from the Government of Kenya, gave the keynote address for the session. He focused on progress and innovation in Kenya linked to health and hygiene, particularly linked to Menstrual Hygiene Management (MHM). He stated: “There has been a lot of progress in Kenya, on the policy side as well. A key word for us is dignity for young girls and women, during puberty but also during menopause.” Dr Kioko also mentioned that there were continued challenges, including a high number of preventable deaths linked to sanitation and hygiene, as well as the large risk of infection due to poor hand hygiene, especially linked to pregnancy, childbirth and neonatal survival.



Dr. Jackson Kioko. ©WSSCC/Jacquetta Hayes

He outlined that despite efforts, barriers to high-quality Menstrual Hygiene Management persist. “Today in Kenya, it is still not a tradition to discuss menstruation – it is not common to discuss openly. This is a major challenge for girls attending primary and secondary school, and this stigma leads to risk and inequality – only 1 in 4 girls associate menstruation with pregnancy in Sub-Saharan Africa.” Dr Kioko mentioned that work on these taboo topics has been going on for several years, and that large investments have been made to lower the price of sanitary pads in the country. He also stated it was essential to integrate MHM with other sectors, such as gender, education and youth to ensure agenda is taken forward. He shared that the government is taking the MHM issue seriously, and that in Kenya’s 47 counties, county first ladies are emerging as MHM champions.

Dr Kioko announced that Kenya has developed a stand-alone MHM policy which will be published shortly. The policy highlights safety and quality standard of products, provision for MHM waste, disposal and education. Mainstreaming MHM management into monitoring and evaluation is included. In closing, he stated: “We will be proud of this and advocate for its use to ensure that the MHM agenda is advocated across the entire country and those who are in need of service can get it in a timely and cost-effective way.”

### Presentation: WASH in Healthcare Facilities: Maternal and Newborn Child Health, WaterAid

Chilufya Chileshe, Regional Advocacy Manager, Southern Africa, and Alison Macintyre, Health Advisor, jointly presented on behalf of WaterAid during the session. Ms Chileshe began with a case study from Malawi, highlighting the inadequate facilities (and sometimes absence of facilities) in the healthcare settings, including maternity units, meaning no water or sanitation access for patients or healthcare workers. She mentioned the importance of monitoring within these situations, stating “With poor monitoring, we don’t know what the challenges are...” and highlighting the difficulties to benchmark and measure in these settings. In addition, inadequate training and hygiene behaviour in health centres is a hidden crisis. Ms Chileshe also explained the important role of national coordination for a central reporting



Ms. Macintyre and Ms. Chileshe. ©WSSCC/Jacquetta Hayes

system in order to support the monitoring and measuring process.

Alison Macintyre presented on WaterAid's global and regional advocacy and partnerships on WASH in Healthcare Facilities (HCF). WaterAid's work on WASH in HCF is focused on maternal and newborn health and health facilities, as SDG 6 has a strong link to SDG 3.8, Universal Health Coverage, in this context. She explained that partnerships with a range of actors are important to ensure WASH in HCF is embedded in broader health system strengthening and quality of care initiatives. She indicated that a woman's vulnerability around birthing period is very high and that no woman should be encouraged to deliver in facilities that are unsafe and potentially harmful.

Anti-microbial resistance (AMR) is another challenging aspect of these issues. The impact of poor WASH in HCF has multiple impacts on AMR. Resistant infections can be spread through the lack of infection prevention and control. In South Asia, studies have shown that prophylactic use of antibiotics at birth happens as a result of poor Water, Sanitation and Hygiene as well as infection prevention.

WaterAid also shared achievements of their close collaborator, SoapBox. [The SoapBox Collaborative](#) work to save lives of women and newborns through a safe, clean environment. Ms Macintyre shared SoapBox's activities targeted at training cleaners, and often forgotten but essential cadre of health care workers. She indicated that cleaning staff are often low status in society with lack of training. Soapbox responds with a cleaner's training package, targeted at low literacy, highlighting important role of cleaners in patient safety. The project is being piloted in Gambia, and the SoapBox Collaborative is looking to develop a Community of Practice on these topics. Participants were invited to join the [Community of Practice](#).

Ms Macintyre concluded the presentation by stating that WASH in health care facilities can create a compassionate environment for patients and their families, where health care workers can enjoy the work they do. Dignity, compassion and care are important at this crucial time.

At the end of the presentation, Anna af Ugglas commented: "As a midwife, I cannot imagine delivery without water – not only is it unethical, but it is difficult to maintain any hygiene standards. 38% of birthing facilities worldwide do not have access to water."

#### **Presentation: Hygiene and Vulnerability Across the Life Course, WSSCC**



Ms. Patkar. @WSSCC/Jacquetta Hayes

Ms Patkar began her presentation by asking the audience to consider the everyday challenges for women and girls. She underlined that under SDG 6.2, there is a clear focus on women and girls and those in vulnerable situations. She stated: "Women and girls are built differently and need more time, dignity, safety to answer the call of nature. Many women experience psycho-social and environmental stressors every single day of their lives. How much worse does this get during menstruation in informal market places, government buildings and even the formal sector?" Facilities tend to be designed with virile men in mind. How does this play out across the life course? These designs are not suitable for a pregnant woman, or someone who is blind, or someone who can't squat. She further elaborated: "These issues link to significant

points of vulnerability dictated by a society that is ridden with social inequality." She outlined that women have physical moments of vulnerability across their life course that are more exacerbated when carrying a baby, or looking after young children – and in many communities, the loss of fertility also linked with loss of status.

Ms Patkar stated: "It is essential to note the 'one' in everyone. Another unspoken challenge is trans men and women, suffering stigma and discrimination in addition to lack of knowledge." She also added that current data estimates 1/7 of earth's population is transgender. In addition to transgender populations, WSSCC is focusing its work on Equality and Non-discrimination linked to WASH on other often-forgotten groups, such as sanitation workers (including rag pickers in South Asia), the blind, and the elderly.

WSSCC works on both policy transformation (ensuring MHM and other key issues are included in national policies with linked budgets) and practice, where they have developed an MHM training toolkit that is region-specific, and have recently finished testing the toolkit in Braille. These toolkits are published in partnership with national governments. Through WSSCC's technical support, in India, Nepal, Senegal, Niger, Cameroon and Kenya, there have been significant changes to government-led policy transformation to reflect these issues, and hundreds of Trainings of Trainers (those who are mandated to train others, usually linked to the government) have been implemented.

### **Presentation: Hygiene and Health Matters in the later stages of life (Incontinence and Elder care), SCA**

The presentation began with Ms Kersti Strandqvist, Senior VP, Sustainability of SCA, making an announcement that in June 2017, the hygiene business of SCA will split into a new company called Essity. She focused her intervention on hygiene and health matters in the later stages of life from the business perspective. She mentioned that Essity links to SDGs, they work in 150 countries around the world, and have decided to focus on SDG 3 and 6 as a part of their business. She outlined the strong links between well-being and health through sanitation and hygiene, especially in developing societies, but also in countries that are more developed.



Ms. Strandqvist. ©WSSCC/Jacquetta Hayes

“The SDGs are 17 business opportunities,” she stated. “We are there to do good but within a profitable and sustainable business

model.” Ms Strandqvist mentioned that education was a key component of their business, by sharing SCA knowledge and expertise, including with WSSCC. One of the recent milestones in the public-private partnership with WSSCC was a joint research initiative called Hygiene Matters, which included a study of 12,000 people across 12 countries to understand the importance and role of hygiene in their lives.

Ms Strandqvist then presented some of SCA's work on incontinence care. She mentioned that often we assume incontinence occurs later in life, but it can happen early in life as well. 400 million people across the world are affected, meaning 1 in 3 people. She also mentioned that 1 in 4 men are also affected. Incontinence is a big issue across the world, shrouded in taboo. SCA conducted a study in China with several academic institutions that found if untreated, incontinence can mean a loss of 13 days of productivity every year. Care-giving relatives lose four hours weekly to looking after the patient linked to incontinence. With treatment, there is 40% less leakage, 47% improved skin, more time to spend on patients, less laundry and less costs. She stated: “Solutions are available.”

After speaking on the importance of hygiene in health care settings throughout the different stages in life, Ms Strandqvist mentioned a common denominator regardless of where one is on the life course: hand hygiene. SCA has also conducted extensive research on hand hygiene, including a study in China with Erasmus and local institutions, which looked at 8,000 children in kindergartens who were taught to wash their hands through a handwashing app. It was examining the effectiveness of a fun way to teach kids how to wash hands over six months. The results showed that infections were reduced by 60% by teaching kids the importance of washing hands. Ms Strandqvist mentioned that this was “Very encouraging – simple measures to improve lives.” This kind of solution could also feed into managing resistant bacteria. In a healthcare setting, patients catch infections in hospital and some are deadly. Pathogens are present that are resistant, what can be done?

She cited the WHO study on health care workers - hand hygiene is important but needs to be convenient. WHO has developed guidelines on when hands need to be cleaned but there was one area neglected – after touching the patient's surroundings. In a two year study looking at privacy curtains, nest for neonatal babies, handrails and doing swabs, there were 2,000 swabs analyzed – much more bacteria and pathogens. This knowledge needs to be taken into account for workers and visitors. She also mentioned: “We need to look at this from healthcare worker's perspective.”

Ms Strandqvist finished her presentation by stating that Essity brings thoughts and facts from a company perspective. She closed

by saying: “The rights to hygiene and sanitation are issues we are proud to be working with.”

**Intervention from Olivia Wigzell, Director General, Socialstyrelsen (National Board of Health and Welfare, Sweden)**

Ms Olivia Wigzell provided a brief intervention to open up the moderated discussion during the session. She spoke on regulation, accountability and responsibility, and highlighted some of Sweden’s efforts to respond to the SDGs. Ms Wigzell outlined that access to clean water, awareness around behavior, monitoring training, lack of resources, stigma, hygiene standards were some of the challenges, and that it should be noted that these are not only for low income countries but also in Europe. She stated: “In Sweden, 500 patients die every year from hospital-related infections”. Infections are closely related to antimicrobial resistance, and this affects all of our futures. Investing in hygiene and hygiene standards now is critical for future generations.



Ms. Wigzell. ©WSSCC/Jacquetta Hayes

Ms Wigzell mentioned that Sweden also involved in WASH in development work. SIDA supported programmes supply WASH for 6.5 million people in crisis spots, including Afghanistan. SIDA also

supports WASH through UNICEF, WaterAid, WSSCC and World Bank Water Global Practice. She called on all participants to share best practice in countries, stating: “We need the evidence base and strong political focus to translate SDGs into action at national, regional and local levels.”

**MODERATED DISCUSSION**

Ms Anna af Ugglas opened the floor for wide-ranging discussion, including:

**How to attract the WASH funding required in schools? Where is the leveraging of funds?**

Response from WaterAid: It is a health systems issue – from a sustainability perspective, it may be good to advocate for earmarked funding for this issue. WASH in health care facilities and investment in health systems is necessary to provide quality of care. For effective investment in



Participants during the session. ©WSSCC/Jacquetta Hayes

WASH, governments need to have specific instruction on what they need to be investing in. Be focused. WaterAid also underscored the importance of WASH in schooling, including information for girls in MHM and to build a supportive culture from boys in MHM. It is necessary to go beyond traditional health actors, bringing in human rights, faith-based groups as well.

**What about Partnerships and Collaboration?**

Response from SCA: To achieve the SDGs we can play different roles: education is important, policy is important, donations are important - but without a sustainable business model to providing care and facilities, it won’t work. Companies, NGOs, schools are needed to work together. Ask companies to participate, and invite the private sector to be part of change.

Response from WSSCC: We are at the beginning of SDGs era, we can maintain the political focus but redirect it towards prevention, in order to mobilize resources on prevention.

**A few key elements regarding appropriate facilities:**

- There is a large focus on maternal and child infections, but we forget about the obstruction in labour from a full bladder because of bad or absent facilities. This is dangerous and can cause post-partum hemorrhage.
- From Ministry of Health, Uganda: We need water before handwashing, we need toilets of course, but we also need healthcare facilities with water before training. Ensuring investments in health systems is key.

## CLOSING AND NEXT STEPS

Ms. Anna af Ugglas closed the session by giving a few key words to participants to take with them into the deliberations during the World Health Assembly and beyond, including: collaboration, dignity, partnerships, investment and hygiene for all. She invited the participants to continue the dialogue with one another, and with other important colleagues linked to hygiene and health across the life course. Several upcoming milestones were mentioned as important next steps in the conversation, including:

- [International Council of Nurses Congress](#) in Barcelona, May 2017
- [International Midwives Congress](#) in Toronto, June 2017
- [World Water Week](#) in Stockholm, August 2017
- [Menstrual Hygiene Management in Emergency Settings](#) Conference in Geneva, Sept 2017

*WSSCC would like to thank the co-hosts, speakers, moderator and delegates for participating in this event. Report compiled by Emily Deschaine (WSSCC) with support from Jacquetta Hayes and Anthony Dedouche (WSSCC). For more information on this event and linked presentations, please visit [www.wsscc.org](http://www.wsscc.org).*