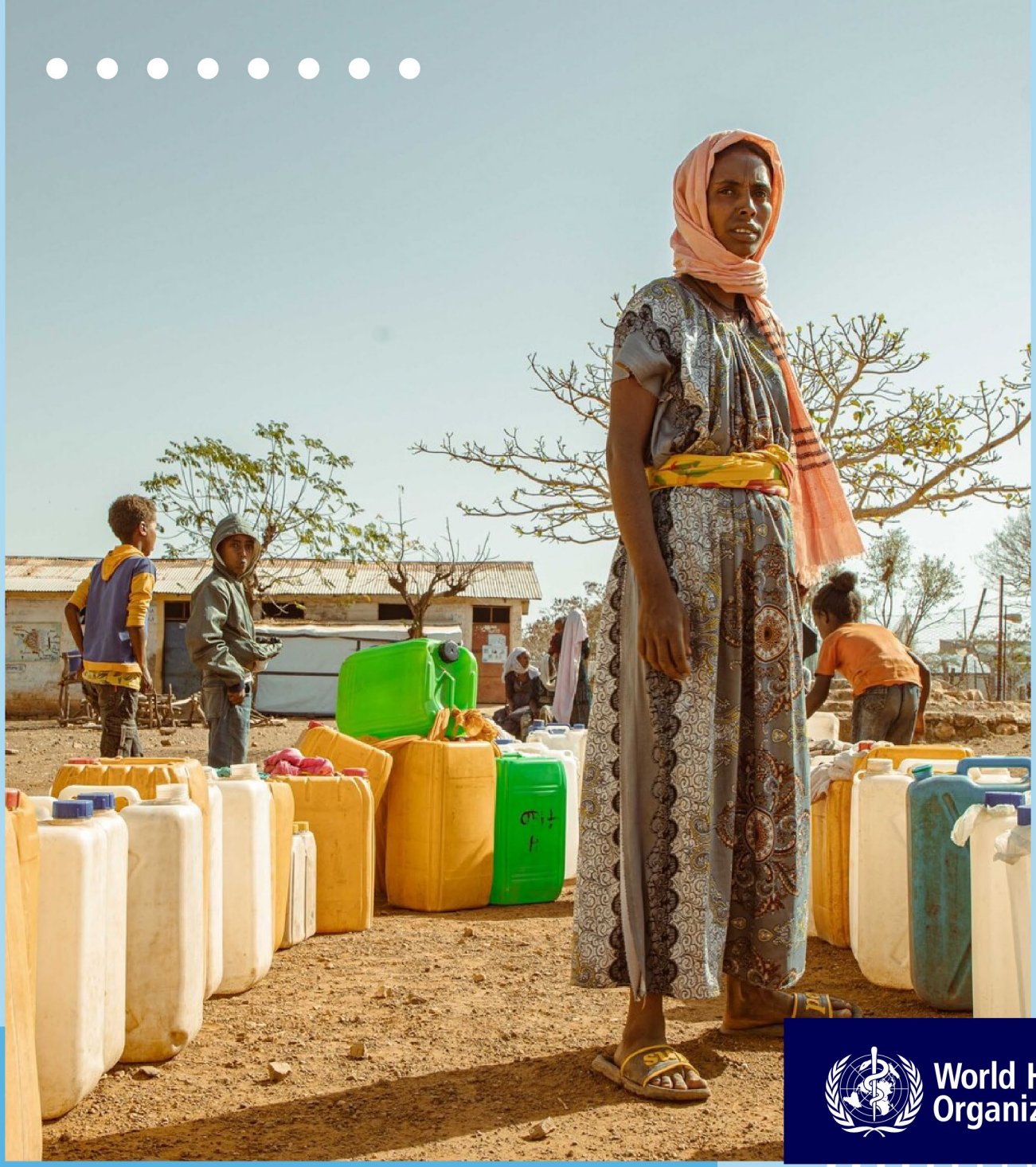


World Health Organization

Evaluation of WHO's contribution to Water, Sanitation, Hygiene and Health

Annexes

WHO/DGO/EVL/2025.5

Cover Photo: Residents of the Adi Dahro Internally Displaced Persons (IDP) Camp in Tigray, Ethiopia line up to get water. The camp is a repurposed former school and accommodates over 9000 people. April, 2024

Contents

List of tables

List of figures

Acknowledgements

This report is issued by the WHO Evaluation Office. It is based on the independent evaluation conducted by the evaluation team from Euro Health Group (please see below). The WHO Evaluation Office would like to express its appreciation to the team members for their dedication and excellent work. This evaluation was managed and quality controlled by the WHO Evaluation Office.

The WHO Evaluation Office would like to thank all participating representatives from Member States for their generous time, insights and candid feedback and contributions; the WHO Secretariat, notably the Water, Sanitation, Hygiene and Health (WSH) Unit and partners for their dedicated support to the evaluation and for providing the evaluation team with a wealth of background documentation.

In addition, the WHO Evaluation Office would like to thank all members of the WSH Evaluation Reference Group (ERG), and in particular UNICEF, for their participation in fruitful discussions and input and for sharing their valuable insights and honest perspectives to inform the evaluation.

A special thanks to organizers and facilitators of the two country case studies for this evaluation in the Philippines and Ethiopia, and the WHO country offices in each country, for their invaluable advice, support and input.

Independent evaluation team (Euro Health Group)

Jeremy Colin, team leader/water quality, sanitation and wastewater specialist
Katharina Welle, deputy team leader/WASH and public health evaluation specialist
Rachel Norman, WASH monitoring and evidence specialist
Penny Dutton, GEDSI/WASH in health care facilities specialist
Maiken Mansfeld Jacobsen/Michele Gross, project director/quality assurance
Giulia Mantovani, research assistant

Evaluation manager

Marie Bombin, Senior Evaluation Officer, WHO Evaluation Office

Evaluation Reference Group

Experts from six WHO headquarters technical departments and from each of WHO'S regional offices acted as the Evaluation Reference Group.

Philippines country case study:
Independent Evaluation Team (Euro Health Group)

Penny Dutton, GEDSI/WASH in healthcare facilities specialist

Ethiopia country case study:
Independent Evaluation Team (Euro Health Group)

Jeremy Colin, Team leader/Water quality, sanitation and wastewater specialist

Acronyms

ADB	Asian Development Bank
AMR	Antimicrobial resistance
CO	Country office
CASH	Clean and Safe Health Care
CCS	Country Cooperation Strategy
CR-WASH	Climate resilient WASH
CR-WSP	Climate resilient water safety planning / plan
CWA	Consolidated WASH Account
DENR	Department of Environment and Natural Resources
DFAT	Department of Foreign Affairs and Trade
DGIS	Directorate-General for International Cooperation (Netherlands)
DILG	Department of Interior and Local Government
DoH	Department of Health
ESPEN	Expanded special project for elimination of neglected tropical diseases
FCDO	Foreign and Commonwealth Development Office (UK)
FGD	Focus group discussion
GEDSI	Gender equality, disability, and social inclusion
GLAAS	Global Analysis and Assessment of Sanitation and Drinking-Water
GPW	Global Programme of Work (WHO)
GTP	Growth and Transformation Programme
FIT	Facilities improvement tool
HCF	Health care facility
HH4A	Hand Hygiene for All
HSTP	Health Sector Transformation Programme
IACEH	Inter-agency Committee for Environmental Health
INGO	International non-government organization
IPC	Infection Prevention and Control
JMP	UNICEF/WHO Joint Monitoring Programme
KCDA	Korean Disease Control and Prevention Agency
KII	Key informant interview
KOICA	Korea International Cooperation Agency
LGU	Local Government Unit
LWUA	Local Water Utility Association

MFA	Ministry for Foreign Affairs (Finland)
MOH	Ministry of Health
MOWE	Ministry of Water and Energy
MWSS RO	Metropolitan Waterworks and Sewerage System Regulatory Office
NEHAP	National Environmental Health Action Plan 2023-2030
NTD	Neglected Tropical Disease
NWRB	National Water Resources Board
OWNP	One WASH National Programme
PAWD	Philippines Association of Water Districts
PWWA	Philippines Water Works Association
SDGs	Sustainable Development Goals
SSP	Sanitation safety planning
UNICEF	United Nations Children's Fund
WASH	Water, sanitation and hygiene
WASH FIT	Water and Sanitation for Health Facility Improvement Tool
WPRO	Western Pacific Regional Office of WHO
WSH	Water, Sanitation, Hygiene and Health (Unit at WHO HQ)
WSP	Water Safety Planning

Annexes

Annex 1. Terms of Reference

Evaluation of WHO's contribution to WASH and Health: the WHO global WASH Strategy 2018-2025
Terms of Reference –2 October 2023

I Background of WHO WASH strategy

1.1 Global WASH context

1. The United Nations has identified access to water and sanitation as human rights. However, at the midpoint of global efforts to achieve the Sustainable Development Goals (SDGs), billions globally still lack access to clean drinking water, safe sanitation and basic hygiene (WASH), impacting their quality of life and health. The World Health Organization (WHO), playing a pivotal role in global efforts to enhance these services, underscores the gravity of this crisis: annually, up to 1.4 million deaths could be prevented with improved WASH services, according to its June 2023 report, *Burden of disease attributable to unsafe drinking water, sanitation, and hygiene: 2019 update (1)*.

2. SDG 6 is dedicated to ensuring universal access to water and sanitation by 2030. Its targets 6.1 and 6.2 explicitly emphasize equitable access to safely managed drinking water, sanitation and hygiene. Still, the vision is distant from the current reality. As of 2022, according to the latest WHO/UNICEF report *Progress on drinking water, sanitation and hygiene (2)*, 2.2 billion individuals lack safely managed drinking water, and 3.5 billion are without safely managed sanitation. Furthermore, 2 billion people can't wash their hands with soap and water at home, contributing for example to the resurgence of cholera in some low and middle-income countries, including places where cholera had been previously eradicated. Furthermore, the latest *UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) 2022 report (3)* revealed that over 75% of governments reported inadequate funds for their WASH plans.

3. However, there is progress: since 2015, global coverage for basic water rose from 88% to 91% and basic sanitation from 73% to 81%. Some of this progress is certainly linked to the incremental application at the country level of health-based norms, standards and regulations for water, sanitation and hygiene services. These norms, such as those articulated in WHO's guidelines for drinking-water quality *(4)*, and for sanitation and health *(5)*, respectively, support standard-setting and regulations at the national level. Nonetheless, achieving SDG 6 by 2030 will require a six-fold increase in current rates of progress for safely managed drinking water, a five-fold increase for safely managed sanitation, and a three-fold increase for basic hygiene services.

4. Unsafe water, sanitation and hygiene therefore represents a persistent health burden and disproportionately impacts marginalized groups, especially women and girls. The implications of the WASH crisis aren't restricted to immediate health threats. Inadequate facilities widen health disparities and obstruct economic growth. The burden of disease *2019 update* reported that diarrhoeal diseases alone resulted in over a million deaths, with the majority being children under five and with regional disparities, especially in Africa, Southeast Asia and the Western Pacific. However, even these figures might likely understate the crisis due to data constraints. Beyond health

repercussions, deficient WASH impacts mental and social well-being, amplified by rapid urbanization and climate change challenges.

5. To accelerate progress, the consensus is growing that delivering safely managed water and sanitation services requires significant strengthening of government systems, professionalization of service delivery and major increases in investment. Achieving universal access to safely managed WASH services by 2030 demands transformative change from key stakeholders, including UN and multi-lateral bodies, national governments, NGOs and the private sector. Entities like UNICEF, the World Bank and WHO are instrumental in the drive, providing funding, policy guidance and WASH programme implementation.

1.2 The WHO WASH Strategy

6. Historically, WHO's work has included drinking-water, sanitation and hygiene components from the inception of the Organization in 1948. Sanitation and hygiene are enshrined in the WHO constitution. WHO has consistently issued health-based guidelines and good practice publications on WASH, designed to assist countries in developing national standards, informing regulations and establishing effective surveillance systems. For decades, WHO has monitored global and country access to water and sanitation. While the Organization has had various flagship priorities over the years, technical work on WASH issues has been a constant and is often included in broader initiatives. For example, drinking-water supply and sanitation made up one of the pillars of the 1978 *Health for All* declaration *(7)*. As an active member of UN-Water, an umbrella mechanism for UN agencies and programmes, WHO provides leadership and engages in the latest developments and agenda-setting in the global water, sanitation and hygiene sector.

7. WHO's Water, Sanitation, Hygiene and Health Unit ('WSH'), comprised of a small team at WHO Headquarters in Geneva and augmented by professional staff at regional and country levels, has been guided by the Strategy 2018–2025 *(6)* ('the Strategy'). This Strategy underscores the intrinsic connection between WASH and health, highlighting the necessity for WASH access and practices to prevent diseases and promote overall well-being. It also outlines the imperative for transformation in the SDG context. Specifically, the Strategy guides WHO's work on WASH approaches[1], priority intervention areas and alignment with WHO's broader global programmes. The Strategy also touches upon resource allocation, investment considerations, value propositions and mechanisms for progress assessment. The priority intervention areas in the Strategy include drinking-water quality, sanitation, WASH in health care settings, global monitoring initiatives like the UN-Water GLAAS and WHO/UNICEF JMP[2], *(8)* environmental surveillance, climate change, and the relationship between water resources and health are also addressed and supplemented[3] *(9)* as new knowledge, evidence or priorities emerge. **The Strategy serves as a guiding document for WHO and its partners to ensure universal access to safe water, sanitation and hygiene, adopt transformative approaches, reduce the associated disease burden and improve global health outcomes**.

8. **As the Strategy nears its conclusion in 2025, there is a pressing need for a new framework to guide WHO's future WASH work**, especially as the SDG midpoint offers a timely juncture for course corrections, ensuring that adjustments are not just feasible but could also have a meaningful impact before 2030 and respond to consensus approaches in the sector. This is especially true as the global

1 From the Strategy: Develop, update, and disseminate health-based guidance; empower countries through multi-sectoral technical cooperation; monitor, research, and report WASH data; coordinate with multi-sectoral partners and advocate for WASH; promote integration of WASH with other health programmes; and respond to emerging issues such as climate change and AMR.
[2] Both contribute to the UN-Water Integrated Monitoring Initiative for SDG 6 (IMI-SDG6)
[3] For example, 'Addressing climate change: supplement to the WHO water, sanitation and hygiene strategy 2018-2025',

commitment to expedite efforts on WASH is greater than ever, as evidenced by discussions and the voluntary commitments from governments, businesses and civil society entities participating in the UN 2023 Water Conference in March. The UN system and the wider international community are also embracing or proposing fresh approaches and promising strategies. These include a focus on WASH systems strengthening, designing a UN system-wide strategy for water and sanitation, integration of WASH into UNFCCC and other intergovernmental processes, diversifying and disaggregating data collection, appointment of high-level envoys, improving capacity and country-level engagement, and following up on the UN 2023 Water conference through a 'Water Action Agenda', among others. These trends underscore the need for WHO to remain adaptive. Moreover, the launch of new partner strategies, such as UNICEF's Sanitation Gameplan, and efforts such as WHO's Alliance for Action on Climate Change and Health (ATACH), highlight the importance of partnership and synergistic actions.

9. Additionally, the forthcoming GPW 14 will continue to emphasize the importance of WASH in health programmes, particularly in the face of overarching challenges such as climate change and re-emerging challenges such as cholera.

10. The new Strategy should retain effectiveness at its core but, importantly, relevance for WHO in the face of the existing WASH gaps and evolving challenges and in WHO's capacity to seize learning opportunities, adapt and remain agile.

1.3 Main challenges/opportunities in global context for the Strategy

11. Governments and the development partners that support them require an '**enabling environment'** that facilitates WASH progress. The UN-Water GLAAS 2022 report, analyzing WASH data from its largest-ever data set of 121 countries, gave evidence to the weakness of these systems, which include governance, monitoring, human resources and finance. For example, the COVID-19 pandemic accentuated the importance of WASH in health care, yet only 3% of countries have adequate resources to implement related policies. Climate change's impact on WASH services is often overlooked in policy planning, and while 45% of countries are on track to meet drinking-water goals, only 25% are for sanitation. Funding disparities in WASH are apparent, with households contributing 61% of expenditure, and external aid for the sector decreasing by 5.6% between 2017 and 2020. Despite many nations endorsing inclusivity in WASH policies, they often lack monitoring and resources, especially concerning gender and vulnerable populations. There are marked disparities in access to safely managed WASH services between urban and rural areas. While urban settings face their unique challenges, rural communities often grapple with an even greater infrastructure deficit, which is of particular concern given WHO's strategic priority on small water supplies. Additionally, a significant human resource deficit exists, and while data plays a key role in WASH decisions, challenges like data fragmentation persist.

12. Despite a number of other challenges including examples in Fig 1, there are **opportunities to harness** to accelerate access to water and sanitation:

Figure 1. Challenges and opportunities

Challenges	Opportunities
Infrastructure deficit in many regions, particularly in low- and middle-income countries. This encompasses a need for more wastewater systems, water treatment facilities, and efficient distribution networks. Small on-site sanitation or drinking-water systems in rural communities are particularly lacking. **Climate change**, with its unpredictable weather patterns, leads to droughts, floods and pressure on existing WASH infrastructure, and other extreme events that disrupt water availability and quality and increase the risk of vector-borne diseases. **Rapid urbanization**, where the swift expansion of urban centers often outpaces infrastructure development and places immense strain on existing water and sanitation systems. Informal settlements or slums, which frequently emerge in rapidly urbanizing areas, are often devoid of basic WASH facilities, posing significant health risks to their inhabitants. Economic disparities further exacerbate the situation, as the poorest segments of the population in many areas find clean water and sanitation services financially out of reach, perpetuating a cycle of poverty and ill health. **Pollution** from industrial activities, agriculture, and other human endeavors can contaminate freshwater sources, rendering them unsafe for consumption and posing environmental hazards. **Cultural and behavioural barriers** in some communities might impede the adoption of improved sanitation methods or the utilization of clean water sources, necessitating culturally sensitive interventions.	Adopting **a WASH systems approach** that emphasizes interconnected networks of stakeholders, resources and systems (both tangible and intangible) at national and local levels to ensure the provision of consistent, sustainable water, sanitation and hygiene services. Improving targeting of **existing government budgets and limited external support**. One key action is to prioritize water, sanitation and hygiene programming in national health strategies, recognizing its cost–effectiveness as a means to prevent disease, reduce health care costs and improve productivity. For example, the world's 46 least developed countries could have universal handwashing facilities by 2030 if governments invested less than US$ 1 per person per year in hand hygiene *(10)*. Using WASH and health surveillance data to spotlight high-need areas. The power of **data and monitoring** remain critical. The WHO/UNICEF Joint Monitoring Programme (JMP) and GLAAS provide invaluable data on WASH progress and systems, facilitating evidence-based interventions and informed policymaking as part of the broader UN-Water Integrated Monitoring Initiative for SDG 6. The universal nature of the SDGs fosters global solidarity, allowing countries to share insights, successes and challenges, promoting collaborative research, solutions and strategies. Incorporating **health-based norms**, such as WHO's guidelines for drinking-water quality and sanitation and health, is vital to craft national standards, especially considering that water quality is the most common limiting factor for safely managed drinking water services. Supporting **professional service delivery** by strengthening the capacity of WASH professionals (i.e. sanitation workers, regulators, staff in health care facilities, etc.) to drive facilities operation and implementation of risk-based quality improvements like water and sanitation safety planning, to ensure effective service delivery and enhancements across countries. **Using technological and conceptual innovations** such as Citywide Inclusive Sanitation to harness promising avenues for cost-effective and sustainable interventions.

II WASH Governance, management structure and implementation processes

2.1 Positioning of the WHO WASH Strategy in the global water architecture

13. The WASH sector largely exhibits institutional dispersion, divided among global, regional and national stakeholders, leading to a lack of robust leadership and coordination. At the national level, ministries or departments engaged in WASH encompass those for water, sanitation, health, environment, energy, climate, and urban development, among others. WASH is both a human right and fundamental to human existence, however, achieving SDG 6 faces hurdles due to multifaceted factors like human behaviour, political dynamics, geographical constraints, disparities, escalating urbanization, climate variations, funding gaps, and more. This results in disjointed coordination and distinct execution strategies. WASH stakeholders are required to navigate a multifarious environment to accomplish their objectives.

14. However, SDG 6 lacks a dedicated United Nations programme or agency to coordinate implementation and there is an absence of an inter-governmental framework that facilitates nations to formally report back to the UN to the General Assembly. To fill this void, governmental bodies and institutions are gravitating towards the structural framework of related SDGs, such as the High-Level Political Forum on Sustainable Development, and the World Health Assembly concerning health-related issues. The SDG period has seen, and will continue to see, WASH stakeholders forging specialized collaborations focusing on WASH, climate resilience, environmental health, and more.

15. Within this broader architecture, WHO has played a longstanding and significant role in promoting WASH for health as an objective and respected source of international guidelines, standards and normative information; authoritative technical guidance on water quality management, sanitation and wastewater; and WASH policies and regulations. WHO has performed the function of global WASH monitoring for access in households, schools and health care facilities, together with UNICEF through the JMP. WHO is also the global custodian with UN-Habitat for monitoring of wastewater (SDG Target 6.3.1) and reports on the WASH-related burden of disease (SDG Target 3.9.2). Through GLAAS, WHO provides an increasingly reliable and comprehensive evidence base to inform country policy decisions as well as WASH resource allocations by countries, partners and donors. It does so by monitoring SDG 6 targets on enhancing international support for water and sanitation solutions in developing nations (6a) and empowering local community participation in water and sanitation management (6b). Hygiene and sanitation are recognized in WHO's constitution, and WASH is the subject of several World Health Assembly resolutions[4] *(11, 12, 13*).

16. WHO, as a technical agency, does not directly implement WASH infrastructure projects but recognizes that infrastructure needs to be improved to attain sustainability in the face of a changing climate, and effective in its service delivery. Therefore, the Organization focuses on its roles of generating and disseminating standards and guidelines, strengthening health sector capacities in providing WASH support and public health oversight through surveillance and regulation, promoting the generation of evidence, and empowering countries through technical cooperation to strengthen national systems and institutions, set health-based WASH objectives, carry out safe management, and to establish effective monitoring of WASH inputs and outputs, often in conjunction with partners.

17. WHO also plays a role responding to public concern regarding WASH issues that may have health implications, such as emerging pollutants in drinking-water and the environment. WASH issues are increasingly being recognized within other WHO programmes as prerequisites to reaching objectives and achieving health gains. WHO's WASH and neglected tropical disease (NTD) teams are

[4] Including Water, sanitation and hygiene in health care facilities (2019) (WHA72.7); Neglected tropical diseases (WHA66.12) and Drinking-water, sanitation and health (WHA64.24)

implementing a strategy *(14)* acknowledging that WHO's commitment to eliminate or intensify control of NTDs can only be achieved with WASH improvements. Similarly, partners within the Global Task Force on Cholera Control have committed to end cholera by 2030 and have positioned WASH as a central platform in that approach. Experts agree that the administration of drugs or vaccines for control of NTDs or cholera is necessary but must be complemented by WASH interventions if progress is to be accelerated or sustained.

18. Recent WHO/UNICEF evidence on lack of access to WASH in health care facilities has informed WHO departments dealing with antimicrobial resistance (AMR); emergencies; infection prevention and control (IPC); maternal, newborn and child health (MNCH); quality of care and Universal Health Care. Understanding that lack of WASH in health care facilities undermines any efforts to improve the quality of care, there is a clear need for input and mainstreaming of WASH into these programme areas. Similarly, WASH interventions in schools and other educational facilities are essential in promoting healthy school environments and positive health and educational outcomes.

2.2 Positioning within WHO

19. The Strategy exists within a broader institutional and sector environment. WHO's 13th General Programme of Work (GPW) 2019–2023 describes how the Organization's work will contribute to the health of three billion: one billion becoming "healthier populations" through multisectoral actions and addressing environmental risk factors and health determinants; one billion benefiting from better emergency preparedness and response; and one billion with universal health coverage (UHC). A limited number of high-profile framework impact indicators centred around these targets have been developed. Two of these indicators reference water and sanitation and aim to accelerate the Organization's work to increase access to safely managed drinking-water, sanitation and hygiene in households, and additional targets associated with UHC are linked to improving WASH in health care facilities (HCF). Moreover, seven other indicators, largely linked to essential health services, child and maternal mortality, and antimicrobial resistance (AMR), require improving water, sanitation and energy, especially in HCFs. The integration of WASH indicators into GPW 13 indicators helps drive the prioritization of WASH in regional and country work plans.

20. As with many organizations in the development space, in 2020, WHO was compelled to respond to the COVID-19 pandemic and served a central role during the COVID-19 pandemic. WASH became crucial in response strategies. WHO's focus was on understanding the virus's transmission pathways, leading to the development of essential guidance for WASH professionals. Emphasis on hand hygiene and medical waste increased, and wastewater surveillance emerged as a potential early detection method. WHO identified WASH as essential for post-pandemic recovery. Amidst this pressure, the WHO WASH staff adeptly adapted to new work paradigms, leveraging virtual collaboration and diversifying their roles by serving, for example, on emergency response task forces while reprogramming activities as appropriate.

21. Within the Environment, Climate Change and Health (ECH) Department and its strategy *(15)*, substantive cooperation already exists between WHO's WASH work and different departments and units at all levels of the Organization. Climate-resilient water supply and sanitation is a key pillar of both the WASH and climate change strategies. For day-to-day implementation, the WASH Strategy guides WHO's work through priority intervention areas:

Figure 2. WASH Priority intervention areas

Drinking-water and recreational water quality and safety	Enhancement of water safety was pursued, in alignment with SDG 6. The aim was regional and national water quality standards, guided by WHO. The strategy prioritized water safety planning, risk-based water quality surveillance, public health criteria for recreational water, and equitable access. Emerging threats, including micropollutants, were addressed following WHO's expertise.
Sanitation and Wastewater	The objective was refinement of sanitation and wastewater management using reliable global metrics and health-based standards. Interventions were informed by the newly produced Guidelines on sanitation and health emphasizing health benefits, health risk assessment, and sanitation safety planning. A focus remained on wastewater reuse, addressing emerging risks through evidence-based reviews, and climate-resilient sanitation.
WASH in health care facilities (HCF)	Together with UNICEF, a key partner, WHO sought integration of water, sanitation, hygiene and health care waste management into health agendas at the policy level and, practically, at the facilities level, through WASH FIT and in response to the World Health Assembly resolution. Advocacy from decision-makers was crucial. Monitoring efforts at global and national levels employed core and extended indicators for WASH in HCF; to aid the following, a Country Tracker was developed to monitor country implementation of 'practical steps' to improve access in health care facilities.
UN-Water GLAAS	Emphasis was on data's role in shaping WASH frameworks and enabling environments, financial structures and External Support Agency-driven actions. The development of national monitoring systems for the WASH enabling environment was encouraged, as well as greater roll-out of the WASH accounts using country co-horts, to track financial flows for WASH within a country. With the JMP, exploration of monitoring climate resilience in WASH was initiated.
WHO/UNICEF Joint Monitoring Programme (JMP)	Objectives highlighted the importance of consistent standards for evaluating WASH services. The JMP aimed to integrate its indicators within national frameworks, ensuring its role as the primary global custodian of WASH data on access in households, health care facilities and schools. There was also an increased focus on gender disaggregation of data, and piloting of Small On-Site Sanitation Systems (SMOSS).
Estimation of burden of disease from inadequate WASH	WHO is the Custodian Agency for reporting the mortality from unsafe water, sanitation and hygiene (Indicator 3.9.2). In this role, WHO has reported regularly and developed methods and tools to estimate health gains based on the latest available evidence linking water, sanitation and hygiene with mortality and morbidity from diarrhoeal disease as well as other health outcomes.
WASH and health programme linkages	The Strategy prioritized intersectoral planning and collaboration, addressing challenges cholera, NTDs and emergencies, including humanitarian response.
WASH and emerging issues	Objectives centered on the intersection of WASH with climate change and antimicrobial resistance. Responses necessitated integrated intersectoral planning including, for example, WHO engagement as a member of the 'Quadripartite' which also includes the Food and Agriculture Organization of the United Nations (FAO), United Nations Environment Programme (UNEP) and World Organisation for Animal Health (WOAH).
Hand Hygiene for All Global Initiative	The initiative, led by WHO and UNICEF, emphasized the importance of hand hygiene in public health, with a focus on development of national hand hygiene roadmaps, infrastructure and behavior, and development of global guidelines.
International Network of Drinking-water and Sanitation Regulators (RegNet)	RegNet, hosted by WHO, served as a global platform, promoting good practices in regulating drinking-water and sanitation services. RegNet champions the enhancement of drinking-water and sanitation regulations to bolster public health, endorses the formulation of globally acknowledged guidance for such regulations, and offers assistance to regulators keen on refining or instituting their regulatory blueprints. During the Strategy period it increased its regional representation, including the participation of sanitation regulatory authorities and utilities, and developed its own sub-strategy and communications tools.

2.3 Coordination with main partners

22. Key WHO partners and stakeholders for WASH include:

Figure 3. Key partners and stakeholders

Member States	National and local government agencies with responsibilities for policies and programmes in public health, the planning and regulation of drinking-water supply, sanitation and wastewater management, water resources development and management, environmental protection and management, education, economics and finance, and statistics.
Practitioners	Water suppliers, sanitation service providers, wastewater management entities, managers of water resources, health and education practitioners including health extension workers and midwives, etc.
Institutions for research and development	Scientists organized in expert advisory panels, academia, research groups and WHO Collaborating Centres.
Regional platforms and instruments	For example, the European Environment and Health Process and the Protocol on Water and Health, the Asia Pacific Forum on Health and Environment, the African Ministers' Council on Water (AMCOW), the Inter-American Association of Environmental Health Engineers (AIDIS), Sahel Alliance.
WASH sector partners	For example, UNICEF and other UN agencies participating in UN-Water, Hand Hygiene for All Partnership, IRC, the International Water Association (IWA), the International Water Management Institute/CGIAR, Sanitation and Water for All (SWA), Sanitation Workers Initiative, the Stockholm International Water Institute (SIWI), WaterAid, World Vision, and WHO networks of good practice.
Health sector & other partners	For example, global level partners such as the Global Task Force on Cholera Control (GTFCC), AMR Global Action Plan, AMR Quadripartite (WHO + FAO, UNEP & WOAH), neglected tropical diseases (NTDs) networks, infection prevention and control (IPC) practitioners including the Infection Control Africa Network (ICAN), United States Centers for Disease Control and Prevention (US CDC),
External support agencies (ESAs)	Bi-lateral donor governments, multi-lateral agencies and foundations.

III Purpose, scope and objectives

23. With the world now realizing the need for acceleration in water, sanitation and hygiene, including fresh approaches in UN system strategies, new commitments from the global community, and recognizing the role of WASH in climate resilience, the **purpose** of the evaluation is to assess the effectiveness and value-added of WHO's engagement on WASH, through the activities articulated in WHO's Global WASH strategy, and draw the way forward for the subsequent strategy.

24. The **scope** of the evaluation will cover the strategy time frame 2018-2025 with a focus on the Strategy's priority intervention areas. It will also consider the changing global landscape, especially commitments to acceleration in water, the emerging focus on climate resilience, and the integration of health and WASH in light of such changes.

25. The evaluation will have the following **objectives**:

    1) document progress towards the Strategy's objectives and result, the added value and comparative advantage of WHO's role in WASH and its contribution to advancing global, regional and national WASH development;

2) identify achievements, good practices, challenges, gaps, opportunities, and areas for improvement in the design and implementation of the Strategy;
3) identify the key contextual factors and changes that are affecting implementation of the Strategy, and influencing results; and
4) make recommendations for the future to inform how the strategy revision in 2025 could adapt to emerging global challenges successfully, while ensuring WHO's contribution to WASH and health remains fit-for-purpose (in terms of leadership, normative activities, evidence provision through monitoring, support for Member States in both technical cooperation and professional development, emergency response, knowledge management, global reporting, and fostering collaboration) and maintaining effective alignment with the WHO's broader programme of work.

26. This evaluation aims to generate learning and identify improvement opportunities that can be used to enhance implementation and programme performance, as well as to inform relevant discussions and decisions for the next iteration of the Strategy.

IV Evaluation approach and methodology

4.1 Overall design and approach

27. This section provides guidance on the methodological approach foreseen for this evaluation, which the independent external team that will be hired to conduct this evaluation is expected to adapt, refine and adjust e.g. with additions to the evaluation design; data collection and analysis methods; and an evaluation framework. Proposals should also refer to methodological limitations and mitigation measures.

28. With a strong focus on utilization, the approach of the evaluation will concentrate on engaging with principal users of the evaluation process and report. The evaluation process and recommendations are intended to foster ownership and the Evaluation Team are expected to create opportunities for discussions with stakeholders and iterative feedback loops throughout the evaluation.

29. Evaluation findings, conclusions and recommendations will be used for organizational learning, informed decision-making, and accountability. Findings should be based on triangulated evidence, and conclusions and recommendations should derive from findings. Multiple sources should be used to ensure that findings can be generalized and do not result from single sources or views. An evaluation matrix with a description of the methods to be used to address each evaluation question and data sources will be included in the inception report.

30. The evaluation will follow the principles set forth in the WHO Evaluation Practice Handbook (*16)*, the United Nations Evaluation Group Norms and Standards for Evaluation (2016) *(17)* and its Ethical Guidelines *(18)*. It should also respect **UNEG Guidance on integrating Human Rights and Gender Equality** in Evaluation, the WHO 2023 guidance (19, 20), and the UN-SWAP Evaluation Performance Indicators.

4.2 Evaluation criteria and questions

31. The evaluation will apply the OECD criteria of relevance, efficiency, effectiveness, coherence and sustainability *(21).* It will seek answers to evaluation questions and provide relevant operational recommendations :

Figure 4. Potential evaluation sub-questions to be discussed and validated at inception phase.

OECD Criteria and related overarching question	Evaluation sub-questions (to be refined and prioritized during the inception phase)
Relevance: How relevant have the Strategy, its strategic objectives and core support activities been since 2018, both in terms of positioning within the global water architecture, the WHO GPW, and in terms of meeting country needs, adapting to changing priorities?	- To what extent are the objectives, strategic approaches and implementation modalities of the WHO WASH Strategy adapted to the current global, regional and country (i.e. Member States policy frameworks and priorities) and to meet emerging challenges and changes? - How does the Strategy contribute to the SDG 6 Acceleration Framework regarding financing, improved data and information, capacity development, innovation and governance and how does it align with other WASH initiatives and strategies at the global, regional and national levels (e.g. emerging UN-System strategy on water, the UNICEF Game Plan)? - To what extent does the Strategy and its activities position WHO to strengthen its added value and comparative advantage by bringing in its unique contributions, whether through WHO functions of monitoring, norms, and leadership or through addressing thematic priorities such as WASH systems strengthening, human rights, or climate resilience WASH services? - How comprehensively were GEDSI (Gender Equality, Diversity, and Social Inclusion) and equity aspects, particularly in relation to vulnerable and marginalized groups, including rural inhabitants and those reliant on smaller sanitation and drinking-water systems, integrated into the Strategy?
Effectiveness: What results have been achieved in the implementation of the Strategy at global, regional and country levels and what challenges have emerged?	- To what extent has implementation of the Strategy reached its targets and achieved results globally and at the country level according to its theory of change and results framework? - What factors have influenced the achievement or non-achievement of the Strategy's objectives? What alternative actions could have been taken to better achieve Strategy objectives? What challenges/gaps, opportunities have emerged? - Which initiatives, programming approaches, and leadership activities have been the most effective and why? Which initiatives are novel and which practices could be suggested for termination? - To what extent has WHO influenced improvements in global, regional and national WASH access and systems development? How successful has WHO been in monitoring WASH access, systems and disease burden globally (e.g. how effective are GLAAS and JMP in capturing, evaluating and disseminating data related to WASH access, progress, investments, facilitating environments, and disease burdens due to WASH)? - To what extent have manuals and tools (i.e. water safety planning, sanitation safety planning, WASH and NTDs, WASH FIT/HCFs, hand hygiene, costing, burden of disease estimation etc.), contributed to improvements and actionable results in their respective domains of application? - How effectively have WHO's communication initiatives (methods, web platforms, conference participation and tools) raised awareness and promoted WHO's work, norms, tools, and advocacy since 2018? - To what extent has WHO's approach in the WASH sector effectively supported professional development, capacity building and professionalization working with global WASH partners at the country level, especially in regions with significant challenges and vulnerable populations?
Efficiency: How efficiently have resources (human and financial) been used to implement the Strategy (governance structures, processes and mechanisms to implement and coordinate activities)?	- How adequate has the allocation of resources been in terms of utilization (time, human, financial, and technological), for 1) guidelines, standards and normative information; 2) monitoring; 3) manuals, tools and technical assistance; 4) leadership, communication and advocacy, 5) research and 6) professionalization, development, and capacity-building in the WASH sector? - How efficiently have the resources (funds, expertise, time), been used for results at the country level? What measures has WHO taken to optimize their use, leveraging successes and achievements, and where do the opportunities lie for improved collaboration and coordination, i.e. in areas like water quality monitoring and long-term surveillance capacity building?

Coherence: How does the Strategy support coherence of interventions within WHO (current operating framework including GPW 13, country offices priorities, funding opportunities and constraints, etc.), and with global WASH partners for results at the country level?	- How has WHO coordinated efforts with partners towards achieving the Strategy and broader WASH objectives? (e.g. UN-system partners like UNICEF and the World Bank, civil society like WaterAid and IRC, NGOs in Official Relations with WHO like IWA, donors like FCDO and BMGF, academia like UNC and LSHTM). How can these be improved? - What are the strengths and weaknesses of WHO partnerships in the context of the Strategy, including on communication and advocacy? - To what extent has the Strategy promoted the integration of WASH into the WHO GPW priorities? How has it integrated WHO health and environment-related priorities and programming, e.g.: antimicrobial resistance, cholera, climate change, emergencies, infection prevention and control, maternal and child health, neglected tropical diseases, vector-borne diseases, nutrition, universal health coverage chemical and radiation safety, occupational health? - How coherent are WHO interventions, both in terms of design, and implementation to 1) target high-risk areas through WASH research, 2) influence, through technical guidance, global health norms in relation to WASH, 3) address emerging pollutants and disease control in the WASH context, 4) support the development of low-carbon, climate-resilient WASH infrastructure, 5) foster prioritization of hygiene, sanitation, drinking water, and hand hygiene in critical settings including health care facilities; and 6) encourage cross-sector collaboration in the WASH sector? - How coherently has the WASH strategy been implemented through WHO's three levels, i.e. Headquarters, Regional and country level, and across departments?
Sustainability: To what extent has the Strategy supported sustainability of health gains?	- To what extent has the Strategy used evidence and learning to inform programme design and implementation, and to what degree has the Strategy used learning from partnerships in countries? How can WHO strengthen its partnerships looking forward (e.g. subnational entities, civil society, private sector, academia…) in the health sector and beyond? - To what extent has a vision been developed to scale up new initiatives, programming approaches, and activities and to sunset practices that are no longer supporting results? - To what degree have steps been designed to ensure sustainability of results achieved, including, for example, systems strengthening work aimed at ground-level change (i.e. operationalization) and, in turn, improvement?

32. Evaluation criteria and questions may be commented on and adjusted by bidders in their technical proposal. Based on the principles of feasibility, importance/priority, usefulness, and timeliness, evaluation questions will be revised and refined by the Evaluation Team during the inception phase, including prioritization of questions, additional specific sub-questions and areas of enquiry, in consultation with the Evaluation Manager.

4.3 Methods

33. The evaluators will assess the options and describe in detail the suitable methods to meet the purpose, scope, and objectives of this evaluation. The methodology is expected to be innovative, gender responsive and enable rigorous and systematic data collection and rigorous analysis, and identification of emerging good practices that could be replicated. The evaluation will be conducted using a theory based approach combining quantitative and qualitative methods, to be further refined during the inception phase, including:

- a **desk review** of available documentation, including the WHO WASH Theory of Change (see Annex), implementation reports and data, annual reports, partners' documents, including available WHO guidance and tools, strategic documents and past reviews/evaluations *(22)*/donor reports[5]/audits, and WASH partners' relevant documents and Theories of change;
- **key informant interviews/focus group discussions: based on a map of key WASH stakeholders to be prepared by the Evaluation Team during the inception phase, including** relevant WHO staff at headquarters, regional and country levels (e.g. staff working on matters related to WASH areas); external partners of the global Strategy, and Member States;

[5] i.e. WHO Final Report to DGIS for 'WASH monitoring and evidence' 2018-21 (DGIS programme activity number 4000001425)

- an **online survey/questionnaire** for key stakeholders at the country level; and
- **"deep dives" or case studies**: data collection from a number of selected countries to be further identified during the inception phase.

V Evaluation management

34. The evaluation will be managed by the WHO Evaluation Office with support from the Water, Sanitation, Hygiene and Health Unit, or "WSH Unit" for the provision of relevant data, identification of key stakeholders and informants, dissemination of relevant information across partners, and consolidation of comments to evaluation deliverables. The Evaluation Manager will support the Evaluation Team during the evaluation exercise (facilitation of the evaluation process, identification of relevant documentation and data, access to key interlocutors within and outside WHO, dissemination of evaluation deliverables for comments, organization of meetings and stakeholder workshop).

35. The Evaluation Manager will be supported by an informal advisory technical Evaluation Reference Group (ERG), that will provide advice to the Evaluation Manager throughout the evaluation process and be kept informed throughout the evaluation process. The role of the ERG is as follows:

- Review these ToRs, with particular attention to evaluation questions
- Offer insights on issues under discussion, particularly during the inception phase when methods, design and data sources are determined
- Review the draft inception report, and the draft final report
- Act as a source of knowledge for the evaluation

36. The evaluation will be conducted by an external independent Evaluation Team, selected competitively. The Evaluation Team should have strong technical understanding of the Strategy, and an appropriate skill mix of relevant evaluation methodologies. It is desirable that the team has relevant experience in performing similar evaluations and understanding of WHO and the United Nations system. The Evaluation Team will be responsible for:

- Designing, planning and implementing the evaluation, drafting the evaluation report, using the approach to be agreed in the inception report, and for delivering in accordance with the ToRs specifications and timeline;
- Consulting and liaising, as required, with the Evaluation Manager, and to ensure satisfactory delivery of all deliverables;
- Scheduling and conducting all meetings, interviews, focus group discussions and final workshop with stakeholders.

37. The Evaluation Team is expected to carry out the evaluation with a high degree of independence and manage their own travel and other administrative arrangements as relevant.

VI Evaluation deliverables

38. The proposed organization of the evaluation phases is as follows:

6.1 Inception report and presentation

39. During the inception phase, the Evaluation Team is expected to gain a deep understanding of the proposed documentation, map relevant key stakeholders in WASH across different sectors (including the health, environment, development and humanitarian sectors) with respective roles and ToC,

assess possible information gaps, refining the scope, methods, and critical stakeholders. The main deliverable for this phase will be the **inception report**, that will detail the evaluators' understanding of what is being evaluated and why, including an agreed set of questions and showing how each evaluation question will be answered by way of: proposed methods and data sources and collection procedures. The inception report should include an evaluation matrix with a description of the methods to be used to address each evaluation question and data sources, proposed schedule of tasks, activities and deliverables, and identified key interviews.

40. The inception report will outline how the Evaluation Team will adhere to UNEG Ethical Guidelines *(18)* including: confidentiality and anonymity, do no-harm approaches in the administration of qualitative methods with respondents, data management and storage, and integration of appropriate cultural/language considerations.

41. The Evaluation Team will submit the draft inception report to the evaluation manager and will **present the main contents** to the evaluation manager and relevant stakeholders either online or in person. The draft inception report will be reviewed by the Evaluation Manager, the technical department commissioning the evaluation and stakeholders, and the ERG. The Evaluation Team will finalize the inception report taking into account comments received.

6.2 Presentation of preliminary findings

42. Based on the inception report, the evaluation starts the data collection phase, keeping the Evaluation Manager informed of progress regularly. The data collection phase ends with the second deliverable, a **presentation of preliminary findings and conclusions** by the Evaluation Team either online or in-person to relevant stakeholders. The presentation is intended to validate findings and strengthen the ownership of key stakeholders. It is foreseen to be shared with key stakeholders during data analysis and early stages of report drafting.

6.3 Draft final evaluation report

43. The third deliverable is the **draft final evaluation report** submitted by the Evaluation Team to the Evaluation Manager. The draft report is expected to present the evidence found in response to all evaluation questions and should be relevant to decision-making needs. The report will contain findings, conclusions and recommendations based on evidence derived directly from the evaluation findings and conclusions. The draft report will be finalized following discussion with key stakeholders, and considering comments received from the ERG.

6.4 Stakeholder workshop (PowerPoint presentation)

44. The Evaluation Team will present the draft final report (main findings, conclusions and recommendations), the revised ToC (as relevant), to the main stakeholders of the evaluation in a **stakeholder workshop** (e.g. Power Point presentation to be share with Evaluation Manager) to be held either online or in person.

6.5 Final evaluation report and communication documents

45. The Evaluation Team will submit a **final evaluation report**, including findings, conclusions and recommendations, to the Evaluation Manager after due consideration of comments received. The report will include a five page **executive summary**. The report will be disseminated internally and posted on the WHO Evaluation Office website (www.who.int/about/evaluation/en/).

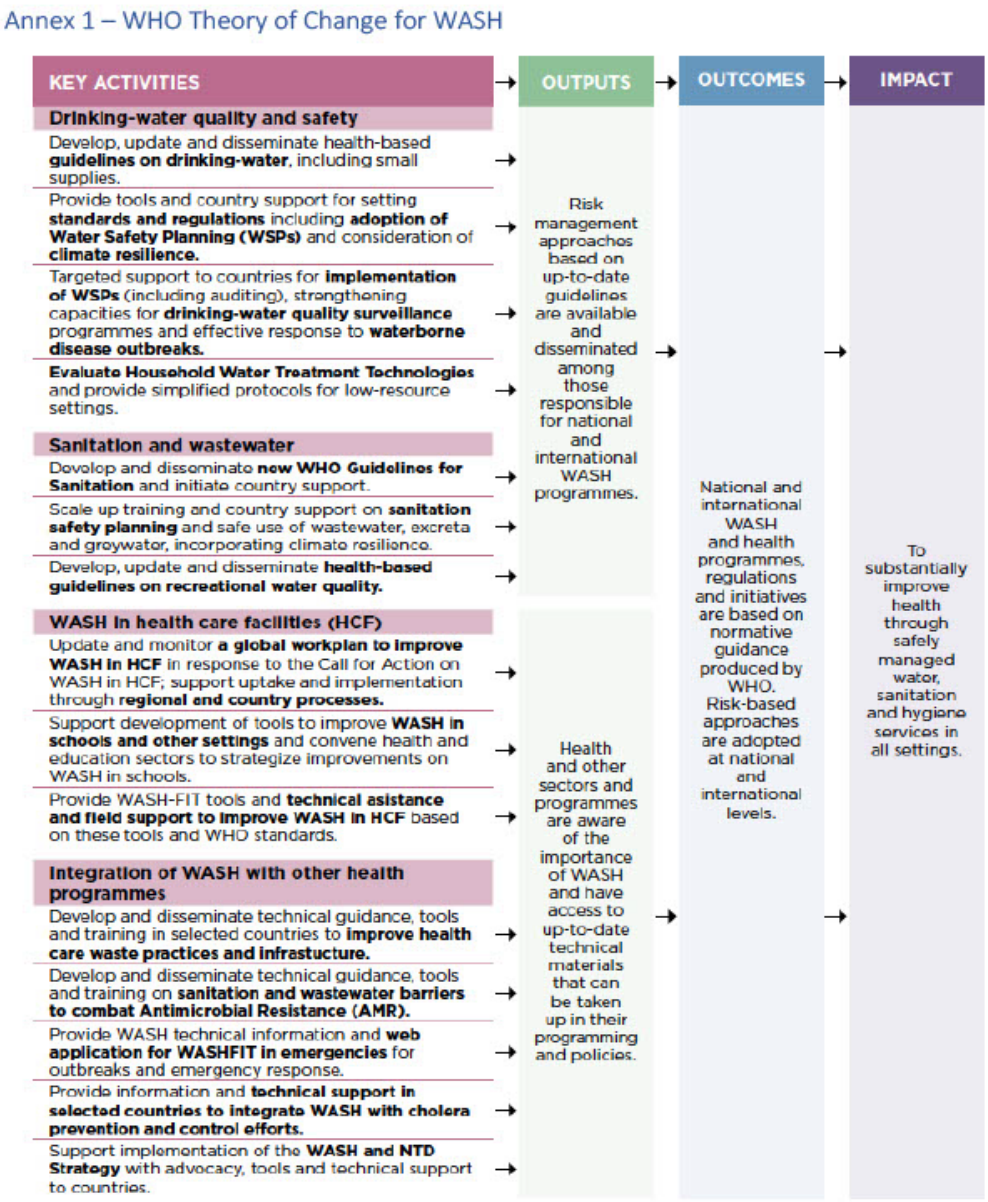
46. The final report will be delivered together with a **two-page brief**, highlighting main findings/conclusions and recommendations. The Evaluation Team may also collaborate with the communication expert at the WHO Evaluation Office to develop **messaging and visual information** for social media, including a short summary video and infographics.

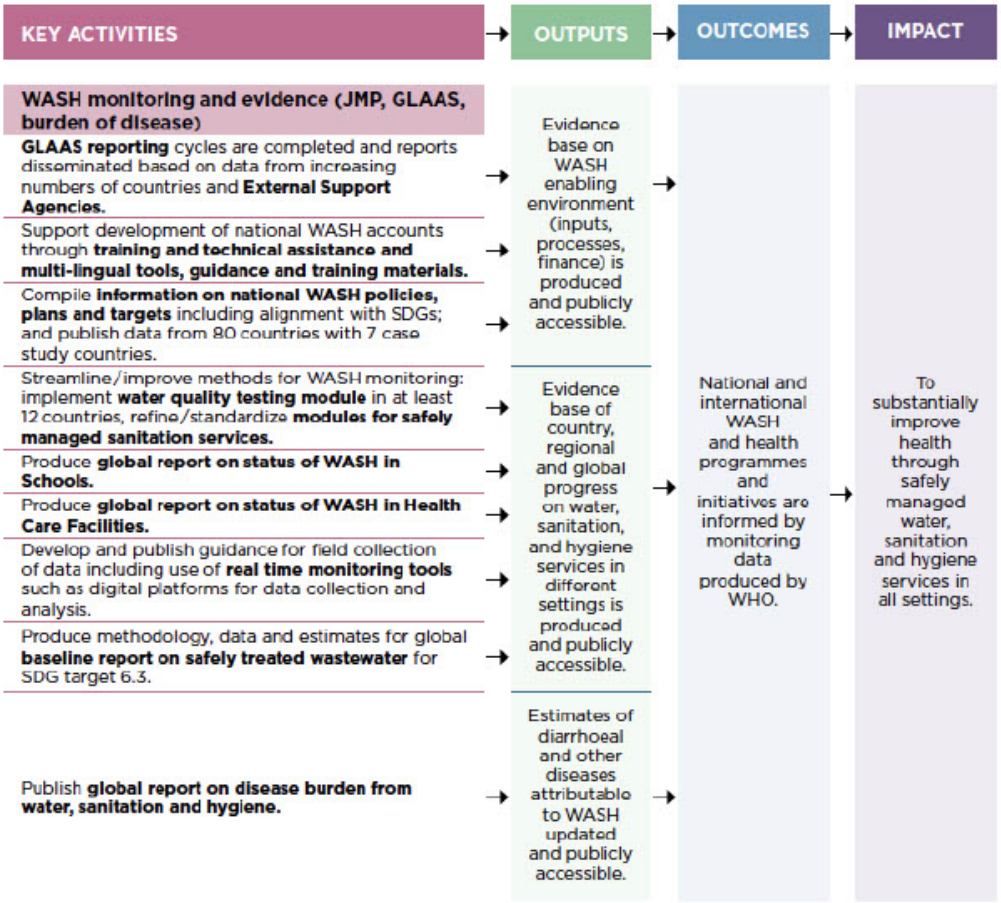
VII Timetable

47. A tentative timeline of around 10 months is envisaged for the evaluation, from October 2023 to July 2024. Key milestones envisaged for the evaluation are provided below (tentative):

- Development of specific terms of reference for the evaluation: 3 October 2023
- Selection of the Evaluation Team: 30 October 2023
- Draft Inception report: 15 December 2023
- Data collection: January – March 2024
- Presentation of preliminary findings – April 2024
- Draft final report: 30 April 2024
- Stakeholder workshop: 30 May 2024
- Final report: 30 July 2024

Figure 5. WHO Theory of Change for WASH




KEY ACTIVITIES
OUTPUTS
OUTCOMES
IMPACT
WASH monitoring and evidence (JMP, GLAAS, burden of disease)
GLAAS reporting cycles are completed and reports disseminated based on data from increasing numbers of countries and External Support Agencies.
Support development of national WASH accounts through training and technical assistance and multi-lingual tools, guidance and training materials.
Compile information on national WASH policies, plans and targets including alignment with SDGs; and publish data from 80 countries with 7 case study countries.
Streamline/improve methods for WASH monitoring: implement water quality testing module in at least 12 countries, refine/standardize modules for safely managed sanitation services.
Produce global report on status of WASH in Schools.
Produce global report on status of WASH in Health Care Facilities.
Develop and publish guidance for field collection of data including use of real time monitoring tools such as digital platforms for data collection and analysis.
Produce methodology, data and estimates for global baseline report on safely treated wastewater for SDG target 6.3.
Publish global report on disease burden from water, sanitation and hygiene.
Evidence base on WASH enabling environment (inputs, processes, finance) is produced and publicly accessible.
Evidence base of country, regional and global progress on water, sanitation, and hygiene services in different settings is produced and publicly accessible.
Estimates of diarrhoeal and other diseases attributable to WASH updated and publicly accessible.
National and international WASH and health programmes and initiatives are informed by monitoring data produced by WHO.
To substantially improve health through safely managed water, sanitation and hygiene services in all settings.

Annex 2. Revised evaluation questions

The table below presents the revisited list of EQs and sub EQs structured according to OEDC DAC evaluation criteria of: relevance, effectiveness, efficiency, coherence and sustainability. These EQs were discussed during the workshop with the WSH team in January 2024 and later refined to arrive at a set of agreed EQs/sub-EQs. The original EQs and sub-EQs as provided in the ToR, the proposed rewording of EQs/sub-EQs and justifications for the revisions are provided in Table 7 below.

Table 1: Evaluation questions and proposed revisions

OECD DAC evaluation criteria and related questions in ToR	Proposed rewording by the Evaluation team	Justification for changes
Relevance		
High level question (ToR)	Proposed rewording	Justification for revision
EQ1. How relevant have the Strategy, its strategic objectives and core support activities been since 2018, both in terms of positioning within the global water architecture, the WHO GPW, and in terms of meeting country needs, adapting to changing priorities?	**EQ1: How relevant is the Strategy and associated activities to country needs, and to what extent has it maintained its relevance?**	EQ1: 'Positioning within the global water architecture'- element has been moved to coherence section (EQ4) to be more aligned to the OECD criteria definitions of relevance and coherence *(21)* and to avoid duplication between the two EQs. WHO GPW is mentioned as an area of enquiry for this EQ.
Evaluation sub-questions (ToR)	Proposed rewording	Justification for revision
1.1 To what extent are the objectives, strategic approaches and implementation modalities of the WHO WASH Strategy adapted to the current global, regional and country (i.e. Member States policy frameworks and priorities) and to meet emerging challenges and changes? 1.2 How does the Strategy contribute to the SDG 6 Acceleration Framework regarding financing, improved data and information, capacity development, innovation and governance and how does it align with other WASH initiatives and strategies at the global, regional and national levels (e.g. emerging UN-System strategy on water, the UNICEF Game Plan)? 1.3 To what extent does the Strategy and its activities position WHO to strengthen its added value and comparative advantage by bringing in its unique contributions, whether	EQ 1.1 To what extent is the Strategy design and its implementation relevant and how has implementation adapted to changing circumstances? EQ 1.2 To what extent is GEDSI (Gender Equality, Disability and Social Inclusion) adequately addressed by the Strategy and associated implemented activities?	ToR EQ1.1 remains as in ToR, but slightly shortened. ToR EQ1.2 proposed in the ToR is covered under EQ4 on coherence (justification as above) ToR EQ1.3 covered under EQ4 (area of enquiry – see evaluation matrix in Annex 3) Added a sub-question on GEDSI as critical according to ToR and UNEG but not reflected in this EQ.

OECD DAC evaluation criteria and related questions in ToR	Proposed rewording by the Evaluation team	Justification for changes
through WHO functions of monitoring, norms, and leadership or through addressing thematic priorities such as WASH systems strengthening, human rights, or climate resilience WASH services?		
Effectiveness		
High level question (ToR)	Proposed rewording	Justification for revision
EQ2. What results have been achieved in the implementation of the Strategy at global, regional and country levels and what challenges have emerged?	**EQ2: To what extent have results been achieved through implementation of the Strategy, and what lessons have emerged?**	ToR EQ2 Revised slightly – 'challenges' amended to 'lessons' to capture more comprehensively challenges, successes, best practices, gaps, opportunities.
Evaluation sub-questions (ToR)	Proposed rewording	Justification for revision
EQ2.1 To what extent has implementation of the Strategy reached its targets and achieved results globally and at the country level according to its theory of change and results framework?	EQ.2.1 Is the Strategy on track to meet its targets, and what have been the successes, best practices, and main challenges?	ToR EQ2.1: this is implicit in the methods and design and will be covered under high level EQ 2 - no need to specify as a sub-EQ,
EQ2.2 What factors have influenced the achievement or non-achievement of the Strategy's objectives? What alternative actions could have been taken to better achieve Strategy objectives? What challenges/gaps, opportunities have emerged?	EQ 2.2 What external and contextual factors affected the achievement of results?	ToR EQ2.2: this is covered by the proposed EQ 2 and 2.1 (see also areas of enquiry in evaluation matrix)
EQ2.3 Which initiatives, programming approaches, and leadership activities have been the most effective and why? Which initiatives are novel and which practices could be suggested for termination?		ToR EQ2.3: this is covered by the proposed EQ 2 (see areas of enquiry in evaluation matrix)
		ToR EQ2.4: this is covered by the proposed EQ 2 (see areas of enquiry in evaluation matrix)
		ToR EQ2.5: this is covered by the proposed EQ 2 (see areas of enquiry in evaluation matrix)
2.4 To what extent has WHO influenced improvements in global, regional and national WASH access and systems development? How successful has WHO been in monitoring WASH access, systems and disease burden globally (e.g. how effective are GLAAS and JMP in capturing, evaluating and disseminating data related to WASH access, progress,		ToR EQ2.6: this is covered by the proposed EQ 2 (see areas of enquiry in evaluation matrix)
		ToR EQ2.7: this is covered by the proposed EQ 2 (see areas of enquiry in evaluation matrix)

OECD DAC evaluation criteria and related questions in ToR	Proposed rewording by the Evaluation team	Justification for changes
investments, facilitating environments, and disease burdens due to WASH)? 2.5 To what extent have manuals and tools (i.e. water safety planning, sanitation safety planning, WASH and NTDs, WASH FIT/HCFs, hand hygiene, costing, burden of disease estimation etc.), contributed to improvements and actionable results in their respective domains of application? 2.6 How effectively have WHO's communication initiatives (methods, web platforms, conference participation and tools) raised awareness and promoted WHO's work, norms, tools, and advocacy since 2018? 2.7 To what extent has WHO's approach in the WASH sector effectively supported professional development, capacity building and professionalization working with global WASH partners at the country level, especially in regions with significant challenges and vulnerable populations?		
Efficiency		
High level question (ToR)	Proposed rewording	Justification for revision
EQ3. How efficiently have resources (human and financial) been used to implement the Strategy (governance structures, processes and mechanisms to implement and coordinate activities)?	**EQ3. How efficiently has WHO used its human and financial resources to implement the Strategy?**	ToR EQ3: slightly reformulated (governance structures, processes and mechanisms to implement and coordinate activities are covered under areas of enquiry for EQ3 in the evaluation matrix)
Evaluation sub-questions (ToR)	Proposed rewording	Justification for revision

OECD DAC evaluation criteria and related questions in ToR	Proposed rewording by the Evaluation team	Justification for changes
EQ3.1 How adequate has the allocation of resources been in terms of utilization (time, human, financial, and technological), for 1) guidelines, standards and normative information; 2) monitoring; 3) manuals, tools and technical assistance; 4) leadership, communication and advocacy, 5) research and 6) professionalization, development, and capacity-building in the WASH sector? EQ3.2 How efficiently have the resources (funds, expertise, time), been used for results at the country level? What measures has WHO taken to optimize their use, leveraging successes and achievements, and where do the opportunities lie for improved collaboration and coordination, i.e. in areas like water quality monitoring and long-term surveillance capacity building?	EQ 3.1 Has WHO struck an appropriate balance in the allocation of resources (personnel and funding) across its priority areas of WASH work at HQ level? EQ 3.2 How has WHO sought to use its limited human and financial resources to greatest effect and what are the lessons learned to improve efficiency?	ToR EQ.3.1 proposed reformulated and focusing on HQ level – covers the same ground, but shorter (see also areas of enquiry) ToR EQ 3.2 proposed shortened and reformulated for clarity
Coherence		
High level question (ToR)	Proposed rewording	Justification for revision
EQ4. How does the Strategy support coherence of interventions within WHO (current operating framework including WHO GPW13, country offices priorities, funding opportunities and constraints, etc.), and with global WASH partners for results at the country level?	**EQ4: How has Strategy implementation complemented or added value to WASH interventions within the global WASH architecture?**	ToR EQ4: proposed reformulation to avoid duplication with EQ1

Evaluation sub-questions (ToR)	Proposed rewording	Justification for revision
EQ 4.1 How has WHO coordinated efforts with partners towards achieving the Strategy and broader WASH objectives? (e.g. UN-system partners like UNICEF and the World Bank, civil society like WaterAid and IRC, NGOs in Official Relations with WHO like IWA, donors like FCDO and BMGF, academia like UNC and LSHTM). How can these be improved? EQ 4.2 What are the strengths and weaknesses of WHO partnerships in the context of the Strategy, including on communication and advocacy? EQ 4.3 To what extent has the Strategy promoted the integration of WASH into the WHO GPW priorities? How has it integrated WHO health and environment-related priorities and programming, e.g.: antimicrobial resistance, cholera, climate change, emergencies, infection prevention and control, maternal and child health, neglected tropical diseases, vector-borne diseases, nutrition, universal health coverage chemical and radiation safety, occupational health? EQ 4.4 How coherent are WHO interventions, both in terms of design, and implementation to 1) target high-risk areas through WASH research, 2) influence, through technical guidance, global health norms in relation to WASH, 3) address emerging pollutants and disease control in the WASH context, 4) support the development of low-carbon, climate-resilient WASH infrastructure, 5) foster prioritization of hygiene, sanitation, drinking water, and hand hygiene in critical settings including health care facilities; and 6) encourage cross-sector collaboration in the WASH sector? EQ 4.5 How coherently has the WASH strategy been implemented through WHO's three levels, i.e. Headquarters, Regional and country level, and across departments?	EQ 4.1 How does Strategy implementation contribute to the SDG 6 Acceleration Framework and how does it align with and complement initiatives of partners? EQ 4.2 How well has WHO coordinated and collaborated in its WASH sector support with partners when implementing the strategy?	ToR EQ4.1 reformulated ad shortened and also incorporating specifically the SDG6 acceleration framework which was previously mentioned under relevance but seems to be better situated under the Coherence question. ToR EQ 4.2 Reformulation suggested for clarity ToR EQ 4.3 GPW mentioned under relevance question and WHO dept/disease specific programmes mentioned under 'areas of enquiry' for EQ4 – see evaluation matrix ToR EQ 4.4 this is covered under EQ4.1 ToR EQ 4.5: These aspects are covered under efficiency questions – see evaluation matrix

Sustainability		
High level question (ToR)	Proposed rewording	Justification for revision
EQ 5. To what extent has the Strategy supported sustainability of health gains?	**EQ 5: To what extent is the Strategy and its associated activities promoting sustainability?**	Proposed reformulation, as evaluating sustainability of health gains is considered beyond the scope of this evaluation.
Evaluation sub-questions (ToR)	Proposed rewording	Justification for revision
EQ 5.1 To what extent has the Strategy used evidence and learning to inform programme design and implementation, and to what degree has the Strategy used learning from partnerships in countries? EQ 5.2 How can WHO strengthen its partnerships looking forward (e.g. subnational entities, civil society, private sector, academia…) in the health sector and beyond? EQ 5.3 To what extent has a vision been developed to scale up new initiatives, programming approaches, and activities and to sunset practices that are no longer supporting results? EQ 5.4 To what degree have steps been designed to ensure sustainability of results achieved, including, for example, systems strengthening work aimed at ground-level change (i.e. operationalization) and, in turn, improvement?	EQ 5.1 To what extent is the Strategy and its implementation supporting an enabling environment for sustainable health gains? EQ 5.2 To what extent have WASH approaches and tools promoted via the Strategy been embedded in national strategies and systems as well as in the strategies and approaches of major development partners?	ToR EQ 5.1: reformulated to better reflect sustainability criteria EQ 5.2: question does not directly relate to sustainability - this will be answered under coherence questions and form part of the recommendations, EQ 5.3 This is covered under revised EQ 1 - areas of enquiry (Scale up of effective approaches and scale down of ineffective activities.) EQ 5.4 This area is covered through the suggested revised EQ 5,1

Annex 3. Evaluation matrix

The evaluation matrix below depicts the evaluation criteria, the EQs/sub-EQs, the areas of enquiry, the ToC assumptions and data sources

Table 2: Evaluation matrix

Evaluation criteria	Evaluation questions	Areas of enquiry	Sources of evidence
Relevance	**EQ1: How relevant is the Strategy and associated activities to country needs, and to what extent has it maintained its relevance?** ToC assumptions: (A) Strategic objectives and actions of the Strategy and its implementation are aligned with country needs and priorities; (B) WHO country and regional offices were involved in Strategy development; (C) Implementation has adapted to changes in the environment		
	EQ 1.1 To what extent is the Strategy design and its implementation relevant and how has implementation adapted to changing circumstances?	• Use of data, evidence and learning to inform Strategy design and implementation • Relevance in regard to Member State's policy frameworks and the GPW13 • Incorporation of emerging issues (e.g. COVID-19, chemicals, climate etc). • Response to new declarations/ commitments.	• Document and data review • KIIs/FGDs • Country case studies • Online survey
	EQ 1.2 To what extent is GEDSI (Gender Equality, Disability and Social Inclusion) adequately addressed by the Strategy and associated implemented activities?	• Specific attention to vulnerable and marginalized groups (incl. Rural communities; Urban slum dwellers, low-income communities, users of small sanitation and drinking water systems, climate vulnerable communities, people with disabilities, women, girls, children and elderly, sanitation workers) • Disaggregated data and monitoring	• Document and data review • KIIs/FGDs • Country case studies • Online survey

Evaluation criteria	Evaluation questions	Areas of enquiry	Sources of evidence
Effectiveness	**EQ2: To what extent have results been achieved through implementation of the Strategy, and what lessons have emerged?** ToC assumptions: (A) WHO prioritises WASH internally and allocate adequate resources to WASH at all three levels; (B) WHO regional and country offices provide adequate support to government and partners; (C) WHO and partners have sufficient capacity (human and financial) to implement the strategy; (D) WHO guidelines remain international reference point; (E) Functioning institutional structure at national level to update/adopt /adapt WHO WASH products. (F) WHO monitoring data is considered relevant and appropriate for use by partners and governments		
	EQ.2.1 Is the Strategy on track to meet its targets, and what have been the successes, best practices, and main challenges?	• Reported results against Programme Budget, Workplan top tasks, strategy and logframe objectives/targets, (global level, potentially regional disaggregation) with attention to GEDSI and climate activities and indicators. • The most effective approaches/best practices for a reduction in disease transmission • Key WHO internal enablers for Strategy implementation. • Key WHO internal barriers/challenges for Strategy implementation and how challenges were addressed.	• Document and data review • KIIs/FGDs • Country case studies • Online survey
	EQ 2.2: What external and contextual factors affected the achievement of results?	• Growing demands from partners on the WSH Unit • Key external barriers: (e.g. contextual factors such as climate change, competing priorities, insecurity/wars, institutional structures at country level) • Key external enablers (e.g. COVID-19 and attention to handwashing, increased attention to AMR)	• Document and data review • KIIs/FGDs • Country case studies • Online survey

Evaluation criteria	Evaluation questions	Areas of enquiry	Sources of evidence
Efficiency	**EQ3: How efficiently has WHO used its human and financial resources to implement the Strategy?** ToC assumptions: (A) WHO teams, units and departments engage internally to achieve synergies; (B) Collaboration across the 3 levels of WHO is efficient.		
	EQ 3.1 Has WHO struck an appropriate balance in the allocation of resources (personnel and funding) across its priority areas of WASH work at HQ level?	• Prioritization of resources (i.e. the extent to which resources were allocated to different PIAs / results areas)	• Document and data review • KIIs/FGDs
	EQ 3.2 How has WHO sought to use its limited human and financial resources to greatest effect and what are the lessons learned to improve efficiency?	• Synergies within WHO: Across the WSH Unit, and integration of WASH into other WHO health strategies/actions: malaria, NTDs, IPC, AMR, MCH, cholera, Public Health emergencies (esp. COVID-19), • Efficient collaboration across the 3 levels of the organization • Scale up of effective approaches and scale down of ineffective activities. (e.g. WASH priorities at regional level and the human/financial resources deployed in support of them and WHO country WASH activities/ priorities) • Timeliness of implementation	• Document and data review • KIIs/FGDs • Country case studies • Online survey

Evaluation criteria	Evaluation questions	Areas of enquiry	Sources of evidence
Coherence	**EQ4: How has Strategy implementation complemented or added value to WASH interventions within the global WASH architecture**? ToC assumptions: (A) Countries are motivated to align with SDGs (including SDG6); (B) Donor strategic objectives align with the Strategy; (C) Sufficient collaboration structures between WHO and partners (WASH and Health sectors) exist.		
	EQ 4.1 How does Strategy implementation contribute to the SDG 6 Acceleration Framework and how does it align with and complement initiatives of partners?	• Complementarity with WHO external WASH actors, partners and initiatives within the SDG 6 acceleration framework (e.g., various UN-water taskforces, expert groups, funders, other partnerships/coalitions) at all three levels. • Complementarity with WHO external health actors/partners/initiatives at all three levels (e.g. for UHC/PHC, cholera control, malaria, NTDs AMR, MCH, public health emergencies etc.) • Added value of WHO's support to WASH and Health (including normative function, convening power, targeting, influencing etc.)	• Document and data review • KIIs/FGDs • Country case studies • Online survey
	EQ 4.2 How well has WHO coordinated and collaborated in its WASH sector support with partners when implementing the Strategy?	• Key partnerships and coordination platforms (including with UN agencies, government, iNGOs, networks, academia and donors). • Collaboration with partners and ministries of health / other relevant government departments.	• Document and data review • KIIs/FGDs • Country case studies • Online survey

Evaluation criteria	Evaluation questions	Areas of enquiry	Sources of evidence
Sustainabilty	**EQ5: To what extent is the Strategy and its associated activities promoting sustainability?** ToC assumptions: (A) Political interest and willingness to work on and prioritise WASH; (B) Partners are integrating WHO normative work/guidelines in their programming approaches.		
	EQ 5.1 To what extent is the Strategy and its implementation supporting an enabling environment for sustainable health gains? EQ 5.2 To what extent have WASH approaches and tools promoted via the Strategy been embedded in national strategies and systems as well as in the strategies and approaches of major development partners?	• WHO advocacy and communications • WHO WASH capacity building efforts. • Sector strategies and national WASH policies, regulation and guidelines (e.g. on WASH in HCF, DWQ, Sanitation). • WASH monitoring	• Document and data review • KIIs/FGDs • Country case studies • Online survey

Annex 4. Interview guides for stakeholders

The semi structured interview guides for key informant interviews / small group discussions are presented below. The team developed several guides for different audiences. The following guides present generic broad areas of themes to be covered during interviews, however the interviewer was allowed to tailor questions to each individual stakeholder and to probe as necessary.

WHO HQ WSH Unit member - KII guide

Euro Health Group has been commissioned by the WHO Evaluation Office to conduct an evaluation of The WHO WASH Strategy, 2018-2015. The evaluation has both a summative component, which will assess progress of strategy implementation to date; and a formative component, which will focus on the way forward. The evaluation covers the period January 2018 to April 2024.

The main objectives of the evaluation are to:

- Document progress towards the Strategy's objectives, and the added value of WHO's role in WASH.
- Identify achievements, good practices, challenges, gaps and opportunities for improvement in the design and implementation of the Strategy.
- Identify the key contextual factors and changes affecting implementation of the Strategy.
- Make recommendations for strategy revision in 2025.

We will limit this interview to one hour. Please note that all information shared for this evaluation will be treated as confidential and anonymised. Any citations and quotes with not be traceable to individuals nor their titles/positions.

Introductory question: Please introduce yourself and your role within the WSH Unit and tell us a bit more about the work of your team.

Interview questions – generic:

1. In your opinion, what have been the key achievements related to implementing the WASH strategy since 2018? Specific examples, and enablers?

2. In your opinion, what have been the major challenges/barriers related to implementing the WASH strategy since 2018? Specific examples

3. How have implementation of the strategy/WSH activities adapted to changing context, needs and priorities? Examples?

4. How is Gender Equality, Disability and Social Inclusion incorporated in your work?

5. What is the added value of WHO in relation to WASH?

6. How have you sought to use limited human and financial resources to greatest effect at country level? examples

7. From your point of view, how well is WHO coordinating and collaborating with:

   – external partners (UNICEF))? WHO internal departments? Across the three levels of WHO?

8. Are there any untapped opportunities for greater country impact?

9. What should the next WHO WASH strategy focus more on?

Wrap up questions:

- Do you wish to add anything further?
- Any comments or questions for us?

WHO HQ (beyond WSH)– KII guide

Euro Health Group has been commissioned by the WHO Evaluation Office to conduct an evaluation of The WHO WASH Strategy, 2018-2015. The evaluation has both a summative component, which will assess progress of strategy implementation to date; and a formative component, which will focus on the way forward. The evaluation covers the period January 2018 to April 2024.

The main objectives of the evaluation are to:

- Document progress towards the Strategy's objectives, and the added value of WHO's role in WASH.
- Identify achievements, good practices, challenges, gaps and opportunities for improvement in the design and implementation of the Strategy.
- Identify the key contextual factors and changes affecting implementation of the Strategy.
- Make recommendations for strategy revision in 2025.

We will limit this interview to one hour. Please note that all information shared for this evaluation will be treated as confidential and anonymised. Any citations and quotes with not be traceable to individuals nor their titles/positions.

Introductory question: Please introduce yourself and your role within WHO

Interview questions - generic

1. Please tell us a bit more about the work of your unit/department
    - What is the geographical scope of engagement?
    - What key partnerships are you involved in / who are other important stakeholders?

2. How do you collaborate with the WSH team ? (regular touchpoints? specific examples of work you've carried out with the WSH Unit)

3. What are the current priorities and challenges to progress in your area of work – why is WASH important for your field of work?

4. Can you give examples of successful WASH related initiatives in your work?

5. Are there any untapped opportunities for closer collaboration with the WSH Unit and your team/department? If so, please provide examples

Wrap up

- Do you wish to add anything further?
- Can you suggest any key documents / publications that the evaluation should be aware of?
- Any comments or questions for us?

WHO WASH Regional Advisers – KII guide

Euro Health Group has been commissioned by the WHO Evaluation Office to conduct an evaluation of The WHO WASH Strategy, 2018-2015. The evaluation has both a summative component, which will assess progress of strategy implementation to date; and a formative component, which will focus on the way forward. The evaluation covers the period January 2018 to April 2024.

The main objectives of the evaluation are to:

- Document progress towards the Strategy's objectives, and the added value of WHO's role in WASH.
- Identify achievements, good practices, challenges, gaps and opportunities for improvement in the design and implementation of the Strategy.
- Identify the key contextual factors and changes affecting implementation of the Strategy.
- Make recommendations for strategy revision in 2025.

We will limit this interview to one hour. Please note that all information shared for this evaluation will be treated as confidential and anonymised. Any citations and quotes with not be traceable to individuals nor their titles/positions.

Introductory question: Please introduce yourself and your role within WHO

Interview questions – generic:

Regional engagement in WSH

1. Please give an overview of how WASH features in WHO's work in this region.
    - What level of priority is given to WASH compared to other areas of WHO's work?
    - How did the COVID pandemic affect this?
    - Which thematic areas within WASH are COs most (or least) involved with?
    - To what extent does WHO WASH activities relate to emergencies?
    - Which countries are most active in WASH?

WASH Strategy, planning and co-ordination

2. Are you familiar with the content of WHO's Global WASH Strategy? If so, to what extent is it used as framework for WASH planning, operations and monitoring in the region?
    - What other factors determine how far a CO gets involved in WASH?

Human and financial resources for WASH

3. What is the level of WASH-related staffing at regional level?
    - Do all designated WASH personnel have relevant technical expertise?

4. To what extent do regional and country offices generate their own funding for WASH?
    - How does HQ contribute to the funding of WASH at regional and country level?

Relevance, coherence

5. Is the regional office involved in any significant institutional collaboration or partnerships related to WASH? Please give examples. For each:
    - What are you trying to achieve via this collaboration?

- How is the collaboration structured - is there an agreement or project document?
- What does WHO bring to the partnership? What do other parties bring?

6. Do you think that WHO's work in WASH is well aligned with sector needs and priorities?
   - At regional level, is WHO actively supporting any specific global WASH initiatives and strategies, for example SWA, SDG Acceleration Framework, global action on climate resilient WASH, WASH in Schools and HCF?
   - How does this work in practice?

7. How is Gender Equality, Disability and Social Inclusion incorporated in your work on WASH? Examples?

8. How have implementation of the Strategy/WSH activities adapted to changing context, needs and priorities? Examples?

Effectiveness

9. What do you see as WHO's most significant contribution to WASH at regional and country level? WHO's added value vis-à-vis partners?

10. What challenges limit WHO's effectiveness in WASH at regional and country level?

11. What opportunities do you see for WHO to improve its effectiveness in WASH? / what should the next WHO Strategy on WASH focus on?

Sustainability

12. In your opinion, which of WHO's WASH tools/standards/guidelines have been adopted most widely: (By national governments, By international development agencies?)

Wrap up questions

- Do you wish to add anything further?
- Any comments or questions for us?

External global and regional partners – KII guide

Euro Health Group has been commissioned by the WHO Evaluation Office to conduct an evaluation of The WHO WASH Strategy, 2018-2015. The evaluation has both a summative component, which will assess progress of strategy implementation to date; and a formative component, which will focus on the way forward. The evaluation covers the period January 2018 to April 2024.

The main objectives of the evaluation are to:

- Document progress towards the Strategy's objectives, and the added value of WHO's role in WASH.
- Identify achievements, good practices, challenges, gaps and opportunities for improvement in the design and implementation of the Strategy.
- Identify the key contextual factors and changes affecting implementation of the Strategy.
- Make recommendations for strategy revision in 2025.

We will limit this interview to one hour. Please note that all information shared for this evaluation will be treated as confidential and anonymised. Any citations and quotes with not be traceable to individuals nor their titles/positions.

Introductory question: Please introduce yourself and the role you play in your organisation.

Interview questions – generic:

Relevance, coherence

Collaboration with WHO

1. In what ways do you collaborate with WHO on WASH and related subjects?
2. How is this collaboration structured - is there an agreement or project document?
   - Is there a regional and/or or country level component to this collaboration?
   - What specially are you trying to achieve via this collaboration?
3. What does WHO bring to the partnership? What does your organisation bring?

About WHO Global WASH Strategy

4. Are you familiar with WHO's Global WASH Strategy?
5. Do you think that WHO's work in WASH is well aligned with sector needs and priorities?
6. To what extent does WHO prioritise action on gender, equity and human rights in its work?

Contribution to global initiatives

7. In your view, how does WHO actively support global WASH initiatives and strategies,
   (For example SWA, the SDG Acceleration Framework, global action on climate resilient WASH, WASH in Schools and HCF, Are you aware of WHO WASH advocacy and communications in any specific thematic areas?)

Effectiveness

8. What do you see as WHO's most significant contribution to WASH, globally and at regional/country level? (what is the added value/comparative advantage of WHO in WASH?)
9. Are you aware of any challenges that limit WHO's effectiveness in WASH?

(At global/regional level - country level?)

10. What opportunities do you see for WHO to improve its effectiveness in WASH? (At global / regional level, country level)

Sustainability

11. In your opinion, which of WHO's WASH tools/standards/guidelines have been adopted most widely: (By national governments/By international development agencies?)

Wrap up questions

- Do you wish to add anything further?
- Any comments or questions for us?

Annex 5. Country case study protocol

Purpose of country case studies

The purpose of carrying out country case studies for the evaluation is two-fold:

- To generate evidence for the evaluation questions of the global evaluation serving as a triangulation point;
- To generate learning on the different ways in which WHO is supporting countries to operationalise components of the Strategy and analysing how this support across selected WASH thematic areas is working in practice at country level. The successes and challenges within key activity areas from two selected countries will be analysed in detail for key enablers, critical factors, specific results and potential for replication.

Country case study selection criteria

Two countries were selected based on criteria agreed between the evaluation team and the WHO WASH Unit which comprise:

- Presence of a dedicated WASH-focused individual or team in the country office (+ regional office a bonus)
- Countries that are active on all / most WHO WASH strategy intervention areas (drinking water quality and safety, sanitation and wastewater, WASH in HCFs, WASH monitoring and accounts, integration of WASH with health and other programmes, climate resilience, emerging areas)
- Countries with which WHO has had a substantial engagement since 2018
- A range of WASH related partners with some government uptake of WHO WASH outputs
- Logistically feasible to travel to the country
- Relevant WHO strategy areas are implemented in rural and urban areas
- Countries from different regions, representing various WASH contexts (humanitarian, development) and stages of progress on SDGs
- Countries that have not hosted a recent major evaluation

Operation, timing and duration

An international evaluation team member will travel to the selected country through a 5-day in-country mission during the period 15 February to 15 April 2024.

Data collection methods for country case studies include: a document and data review; key informant interviews (KIIs); and focus group discussions (FGDs). In each country, the evaluation team member will conduct KIIs (face-to-face) with up to 16 key stakeholders and two-three FGDs each with 4-6 people. The final identification of relevant stakeholders will depend on the number of intervention areas that country stakeholders worked in with WHO in the specific country. See list of potential key informants for interviews/FGDs below:

Government representatives (exact ministries and departments will depend on national context)

- Ministries of health, education, finance, economics, water, rural development, public works, infrastructure, planning, environment, energy, climate, urban development
- Regulatory bodies and/or Regional/local government representatives if applicable

WHO and UN country office relevant staff

- WHO WRs
- WHO WASH/ Environmental Health focal point
- Other relevant WHO staff

- UNICEF staff

Service Providers, health workers
- WASH committees and WASH service providers
- Health extension workers/midwives

Others as applicable to context
- Donors supporting WHO in WASH, and national WASH financing mechanisms
- CSOs collaborating with WHO in WASH
- Research, academic institutions involved in WASH

The country visit will conclude with a presentation of preliminary findings to the WHO representative and other relevant in-country stakeholders.

Expected output
Country case study reports will be generated after the country visit (approximate length: 20-25 pages). Country level stakeholders will have possibility to comment on and validate the draft reports. The country case reports can be utilised by key stakeholders in country by providing evidence on achievements, challenges, risk and opportunities as well as suggestions on the way forward. The reports will further inform and contextualize the findings of the global evaluation report with case study reports annexed and published on the WHO website.

Expected support from WHO country offices
- Nominate a focal point for the evaluation team
- Assist with informing national entities and getting any necessary permission to undertake the country case study
- Assist with identifying and availing key documents at least two weeks before of the country mission
- Identify and schedule interviews, group discussions and (if applicable) field visits, and participate in WHO-specific interviews.

Annex 6. Online survey analysis

Purpose: An online survey generated further data and evidence for the EQs and ToC assumptions at country level and was used mainly as a triangulation for other evidence generated through the evaluation.

Sampling: The online survey targeted WASH country-level key stakeholders (WHO internal as well as WHO external stakeholders). Countries targeted for the online survey included all countries with a WHO Country Office. In total, 143 countries across all WHO six regions were targeted. A purposive sample frame within each country for the online survey was developed to capture evidence relevant to the specific EQs and ToC assumptions and included:

- WHO internal stakeholders: WHO country office representative (WR), the nominated WASH focal point and/or a focal point for Environment, climate change and Health and/or other relevant WHO country office staff from departments /teams related to WASH (up to 5 nominations)
- WHO external stakeholders: Representatives from key WASH partners in country (Key government staff, UNICEF WASH staff, CSO WASH partners) (up to 8 nominations)

The survey thus targeted up to 13 respondents per country, however in some countries less stakeholders was appropriate or nominated. The agreed-upon list of targeted respondents was developed by WHO Headquarters (WSH), regional and country offices in collaboration with the WHO Evaluation Office based on the sampling frame listed above. In total 714 people across 143 countries received the survey link.

Content: The online survey concentrated on obtaining evaluative information that was directly relevant to the widest possible range of EQs or ToC assumptions while balancing the time most respondents are willing to devote to completing this type of survey. The survey consisted of 19 quantitative questions (a Likert scale when appropriate) and four entirely open-ended questions, however with the option of adding a comment to all quantitative questions.

The following themes were covered through the online survey questionnaire

- Basic demographic questions: country, organization/sector, gender identification
- Perception of WHO's role, mandate and added value on WASH
- Level of familiarity with the WHO WASH strategy
- Relevance of Strategy to country needs/priorities
- Major achievements within WASH at country level
- Main enablers and barriers for WASH outcomes at country level
- Key gaps and opportunities for WASH outcomes at country level
- Human and financial resource adequacy to deliver on WASH at country level
- Partnership and collaboration on WASH at country/regional levels (across the 3 levels of WHO, with UNICEF, government, CSOs) and any untapped opportunities
- Knowledge and usage of key normative guidance, key tools developed by WSH HQ and key training products/webinars
- WHO support on GEDSI within WASH at country level
- Priorities for the next WHO strategy on WASH

Conduct: The survey was administered by EHG using Survey Monkey, an online survey tool. The survey was available in English, French, Spanish, and Russian. Respondents had an initial deadline of two weeks

to complete the survey. The survey was open for about one month between 18 April 2024 and 21 May 2024. Four reminder emails were sent to survey link recipients during this period to increase the response rate.

Description of survey respondents: In total, 213 responses were received from the targeted sample of 714. Respondents represented all six WHO regions and 98 of the 143 targeted countries, and which equals a response rate of 30%. Most respondents (51%) represented of WHO in country offices. Of the remaining respondents, most represented national governments, ministries, agencies (27%). Only 7% (n=15) of the respondents represented UNICEF. Of the total number of respondents, 42% identified as female, 54% as male, and the remaining either did not wish to disclose or identified as non-binary. In terms of regional distribution, respondents from the WHO African region were overrepresented in the sample, but Africa is also the largest region with most countries and respondents targeted for the survey. Response rates per region ranged from 22% in AMRO and WPRO to 39% in SEARO.

Q1. Please indicate what type of organisation you work for (select only one option)

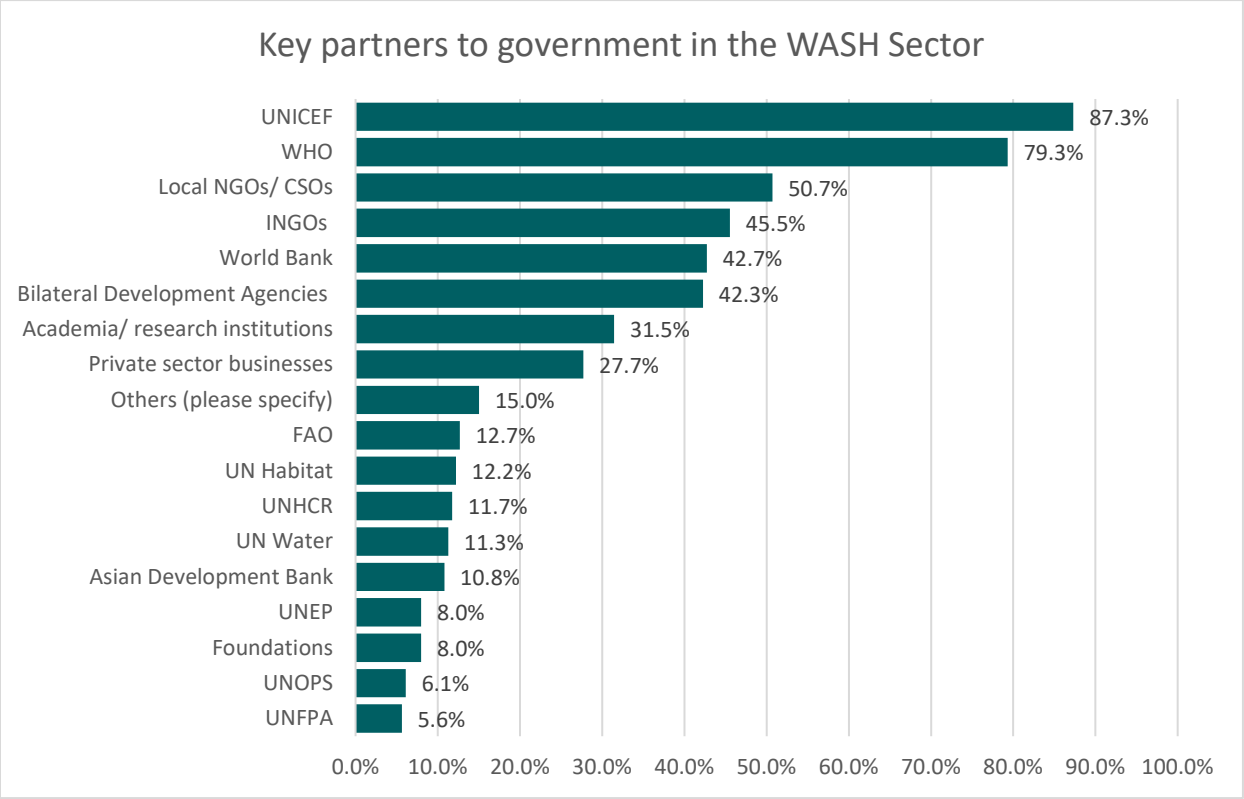
The online survey was answered by 213 respondents, of which 51% from WHO and 27% from Government Ministry, Agency or Department.

Figure 6. Survey respondents

Organization	Responses	Responses (%)
Government Ministry, Agency, or Department (national, provincial, district, local level)	57	26.76%
WHO	108	50.70%
UNICEF	15	7.04%
Other United Nations Organization	1	0.47%
Multilateral or Bilateral Development Agency, development partner or foundation	3	1.41%
Non-Governmental Organization or Civil Society Organization	20	9.39%
University, Academia, Research Institute	4	1.88%
Private sector	1	0.47%
Other	4	1.88%

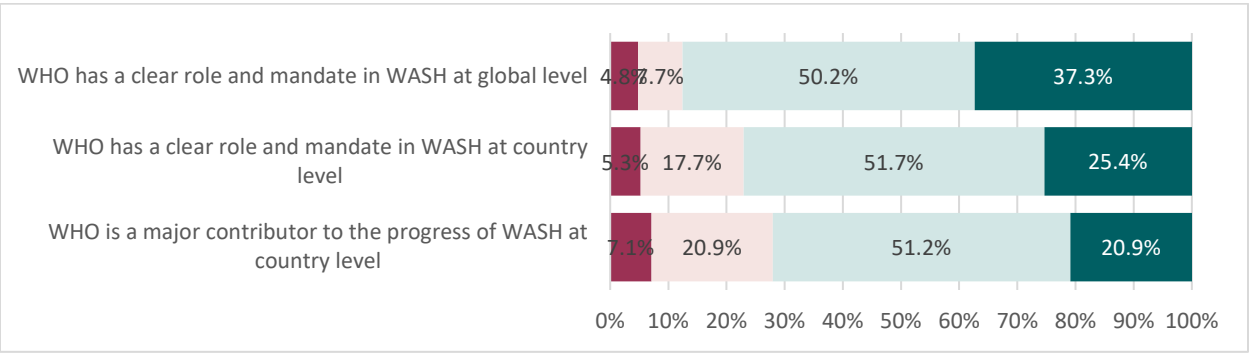
Q2. Which of the following external organisations are key partners to government in the WASH sector in the country where you work? (Select all that apply)

Figure 7. Key partners to government in the WASH sector



Q3. Please indicate to what extent you agree or disagree with the following statements:

Figure 8. WHO WASH mandate



Q3. Comments

WHO has a clear mandate in WASH at global level

- The mandate of WHO in WASH at global level is not clear to all stakeholders.
- The mandate of WHO is WHO is primarily understood as the development of global standards, guidelines and norms, data gathering and monitoring at the global level.
- WHO plays an important lead role in WASH in healthcare facilities and IPC.

WHO has a clear mandate in WASH at country level

- At country level, the role and mandate of WHO is not clear.
- At country level, WHO mainly supports WASH in emergencies, IPC, and WASH in HCF.
- WHO's mandate in WASH overlaps with UNICEF but, due to limited funding, at country level UNICEF is the implementation agency, rather than WHO.
- At country level, WHO supports the government to adapt, disseminate and implement WHO guidelines and standards, as well as implement national strategies and policies.

WHO is a major contributor to the progress of WASH at country level

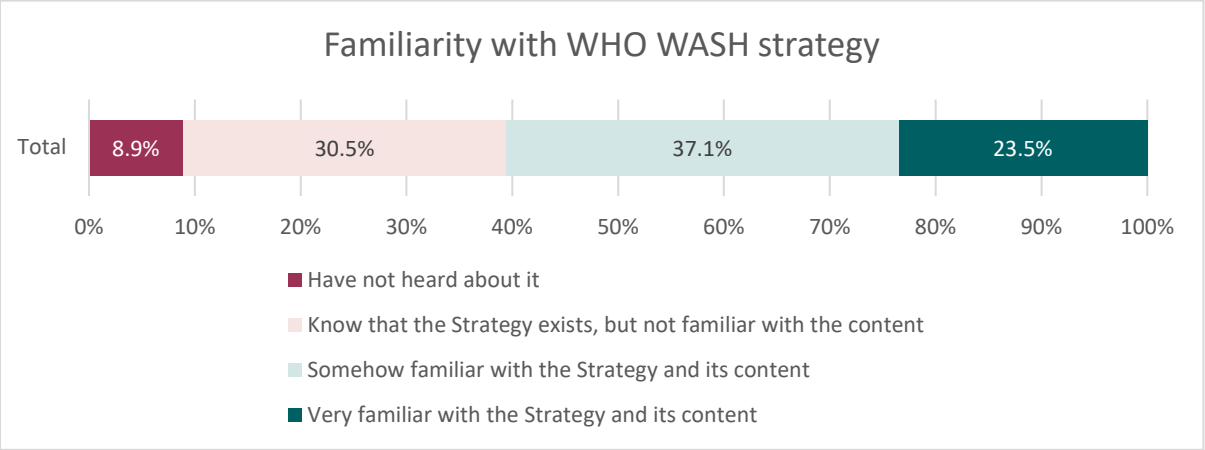
- WHO supports the progress of WASH at country level but its contribution depends on the country.
- WHO investments in WASH at country level are not sufficient.
- WHO contributes to WASH in countries through partners
- At the country level, WHO does not do WASH implementation.
- At country level, WHO collaborates with Ministries, UN Agencies and partners to support WASH.

Q4. We would like to understand your perception of the specific role(s) that WHO plays in the WASH sector in the country where you work. Please tell us what you think is WHO's place in the WASH sector and its main duties or responsibilities.

- WHO's role in the WASH sector is not clear/not recognized.
- WHO plays a role in advocating for WASH and its integration into the health agenda.
- WHO plays a leading role in providing capacity building and technical support.
- WHO produces evidence-based guidelines and standards for the WASH sector.
- WHO plays a leading role in WASH at health care facilities and IPC.
- WHO has a role in WASH data gathering, surveillance and monitoring.
- WHO provides limited financial support.
- WHO provides support to manage WASH issues in emergencies and for climate resilience.
- WHO Provide strategic direction for WASH in countries and enhances political will.

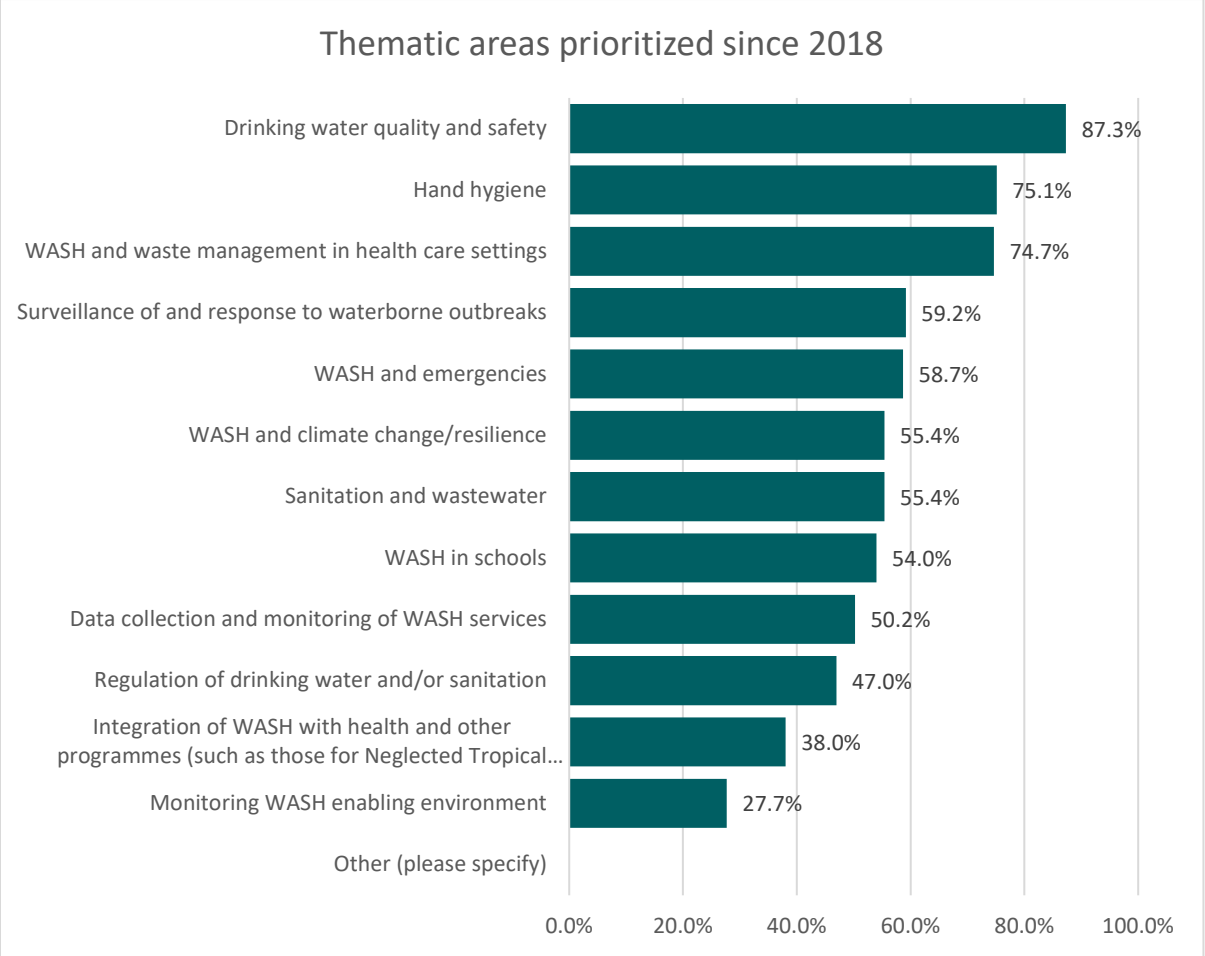
Q5. How familiar are you with the WHO "WASH Strategy 2018-2025"?

Figure 9. Familiarity with WHO WASH strategy



Q6. Which of the following WASH thematic areas have been prioritised in the country where you work since 2018? (Select all that apply)

Figure 10. Thematic areas prioritized since 2018



Q6. Comments

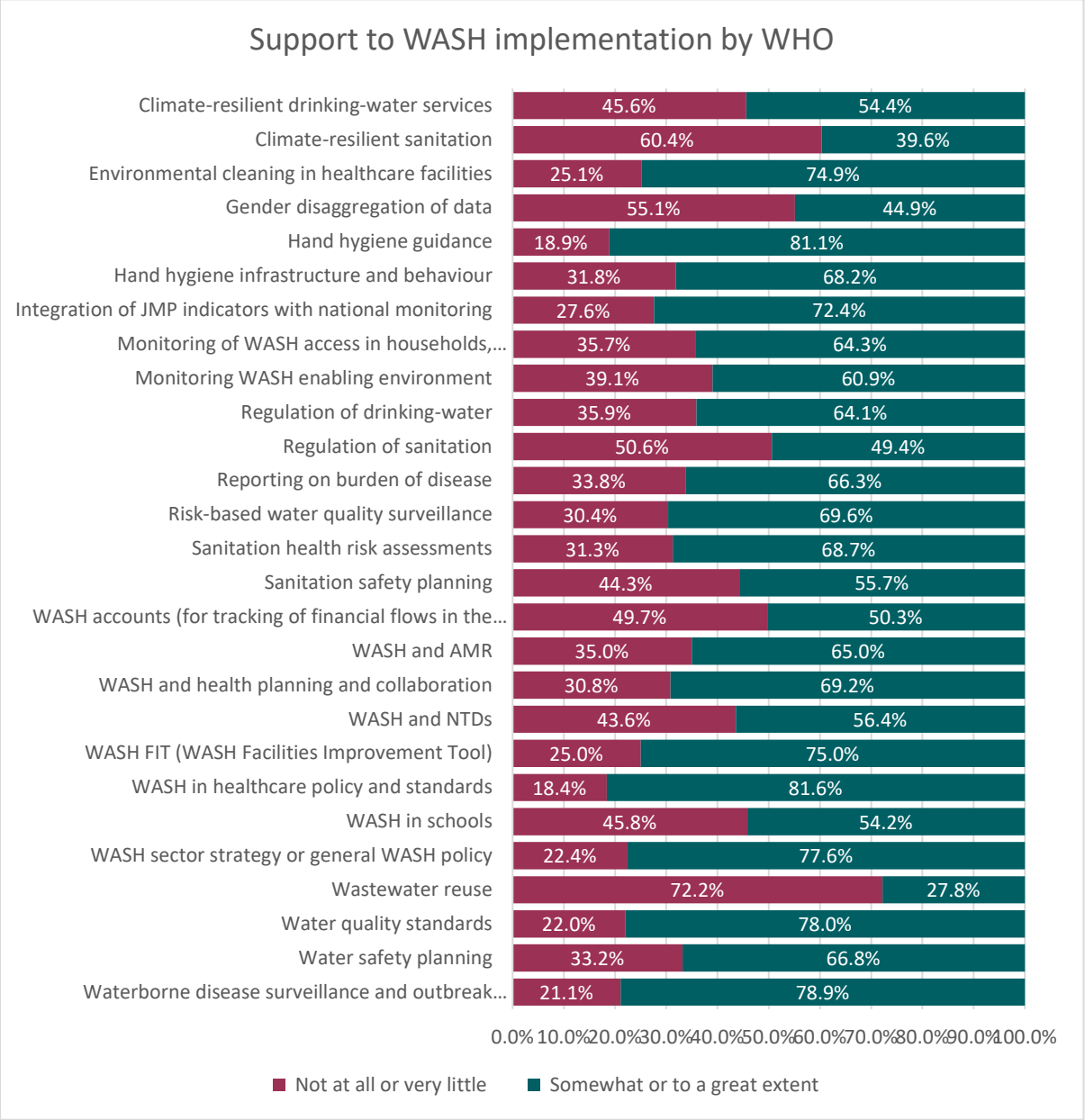
Other areas mentioned included WASH innovation and in communities.

Q7. What have been the major achievements within the WASH sector generally in the country where you work since 2018? Please describe.

- WASH in schools: increased coverage, assessments carried out and development national standards.
- Enhanced coordination within the WASH sector.
- WASH integrated with health.
- Reviewed, updated or developed national strategies, standards, policies and guidelines and development of water safety plans.
- WASH in healthcare facilities: adoption and adaptation of WASH FIT tools, WASH assessments in HCFs.
- WASH services provided during emergencies.
- Improved access to clean and safe drinking water and improved sanitation.
- Availability of WASH data and strengthened WASH monitoring and surveillance.
- Established and developed WASH Accounts.
- Conducted GLAAS, JMP and other surveys and assessments.
- Implemented water safety plans and sanitation safety plans.
- Increased investments in WASH.
- Climate change included in WASH.
- Increased awareness and promotion of hand hygiene.

Q8. To what extent has the country where you work been supported by WHO in its WASH implementation since 2018 in the following areas

Figure 11. Support to WASH implementation by WHO

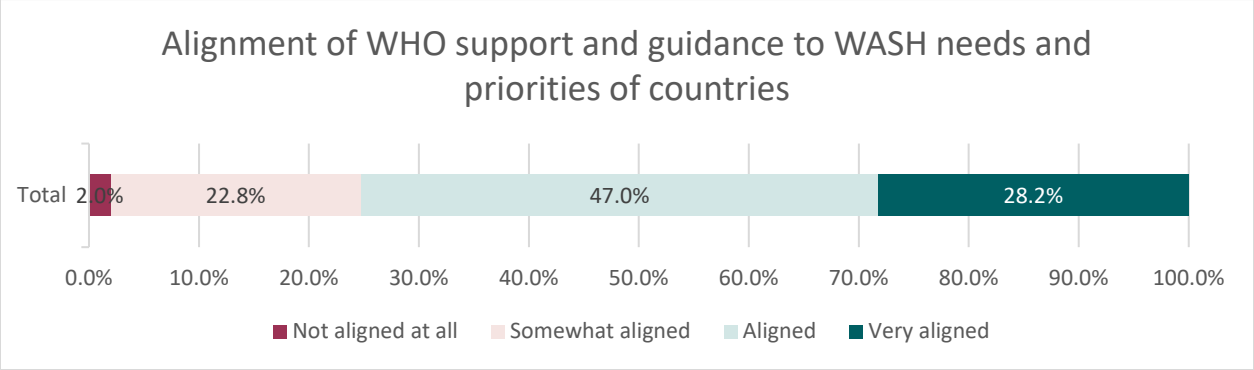


Q8. Comments

- WHO provides technical support to countries to develop policies and guidelines.
- Poor funding limits WHO support in the country.
- WHO support to WASH is integrated with other areas.
- WHO support countries through its partners.
- WHO support to WASH is not visible in all countries.

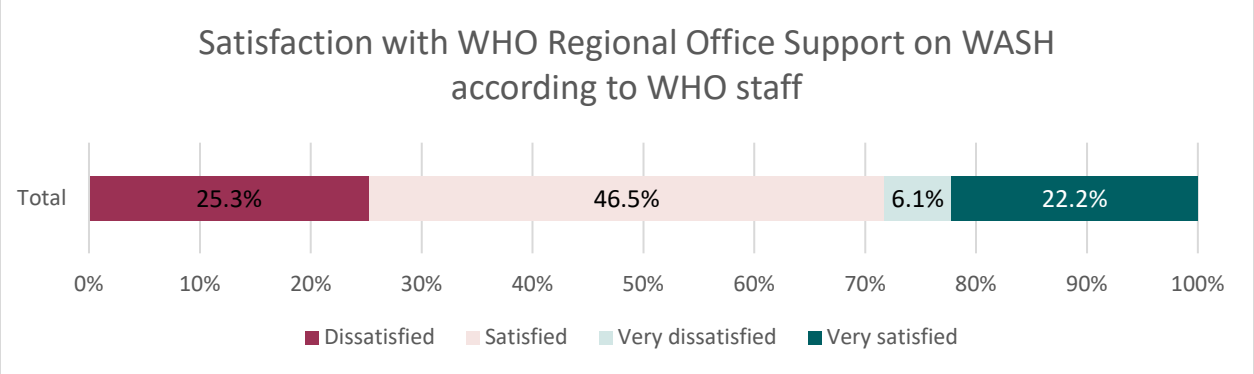
Q9. To what extent is WHO's support and guidance aligned to the WASH needs and priorities of the country where you work? (select one)

Figure 12. Alignment of WHO support and guidance to WASH needs and priorities of countries



Q10. How satisfied are you with the support you receive from WHO regional office on WASH? (Applicable to WHO country offices only)

Figure 13. Satisfaction with WHO Regional Office support on WASH

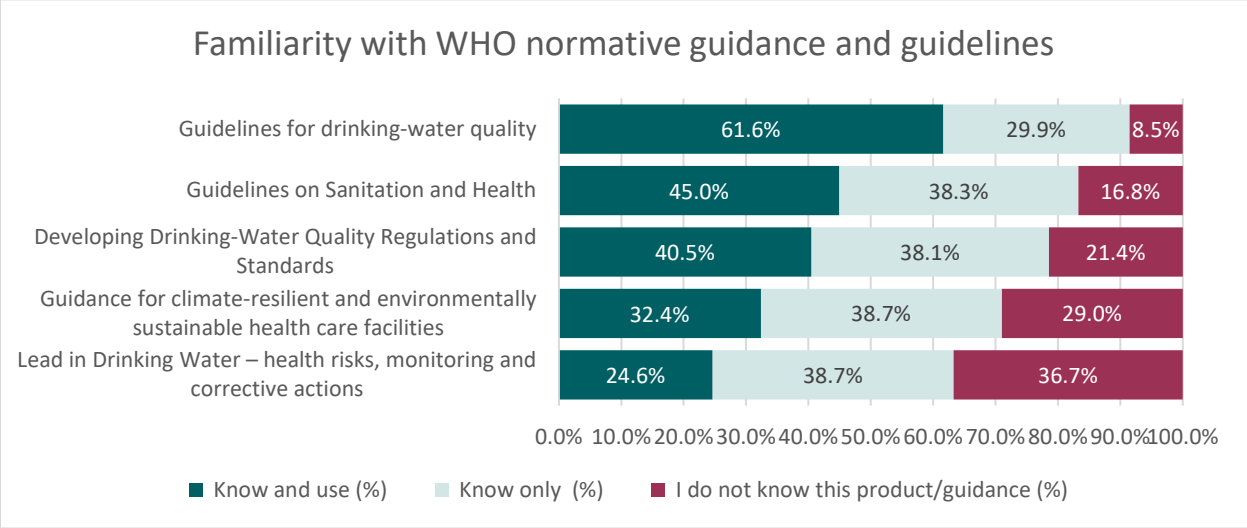


Q10. Comments

- WHO Regional Offices provide technical support but insufficient financial support to country offices to support human resources for locally recruited staffs and fund WASH activities.
- Some countries have received support from WHO RO, while others have not, depending on the region. In some regions, the WHO RO is available for technical and financial support, providing continuous and instant response and support.

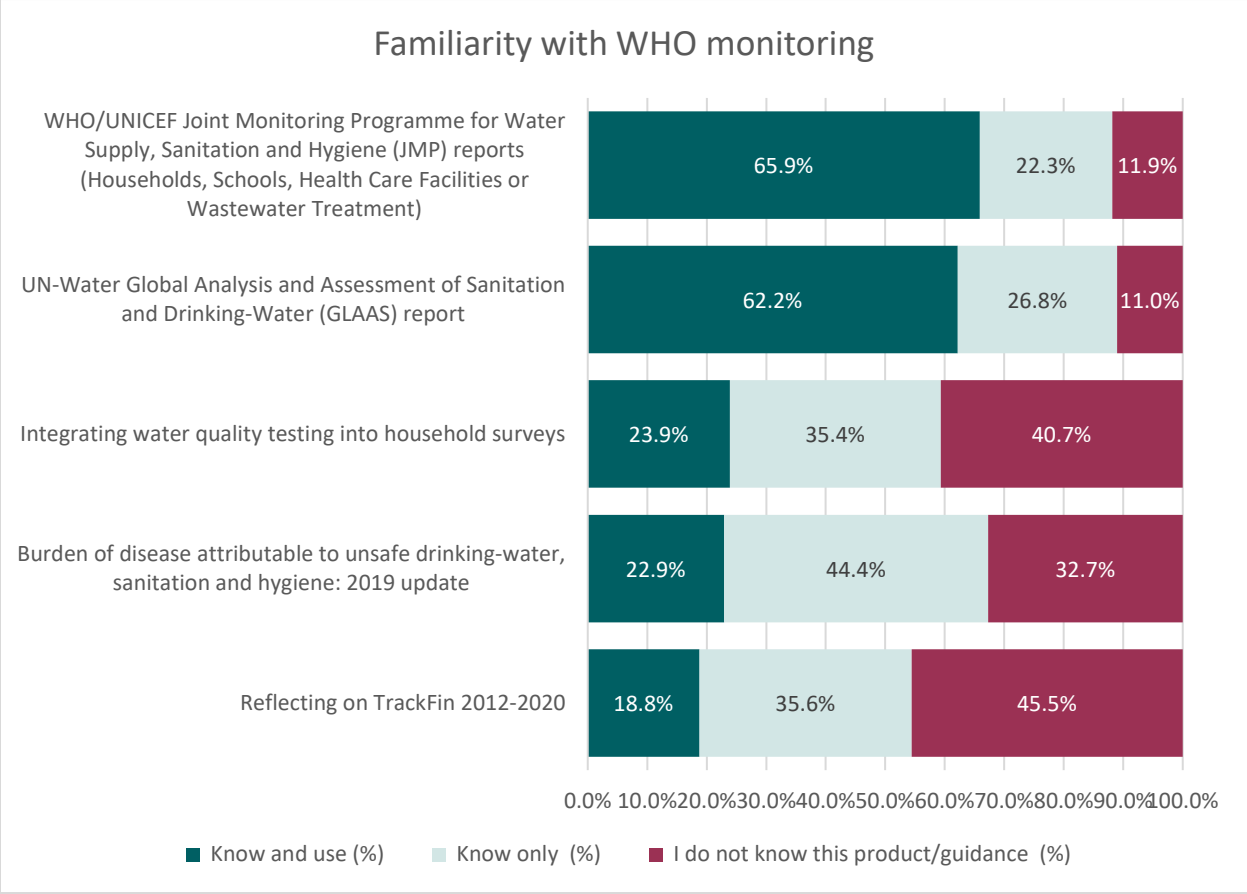
Q11. Which of the following WHO documents are you familiar with? Normative guidance and guidelines

Figure 14. Familiarity with WHO normative guidance and guidelines



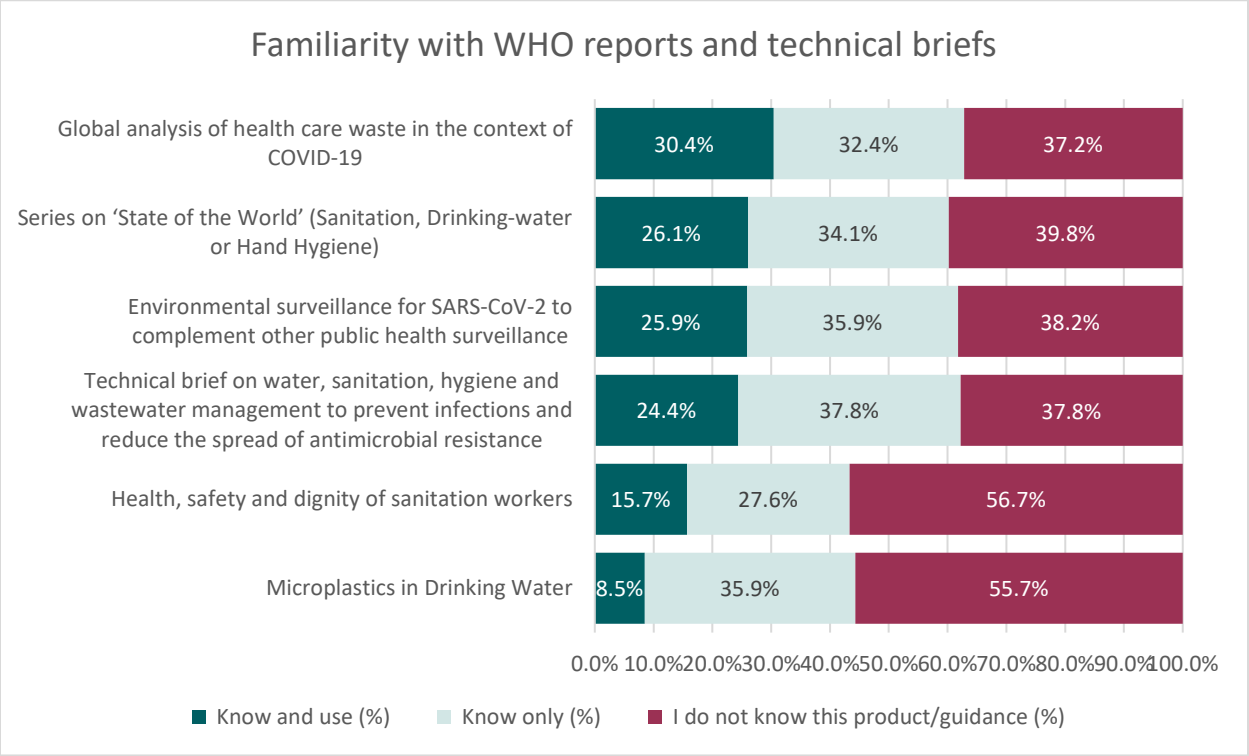
Q12. Which of the following WHO documents are you familiar with?

Figure 15. Familiarity with WHO monitoring



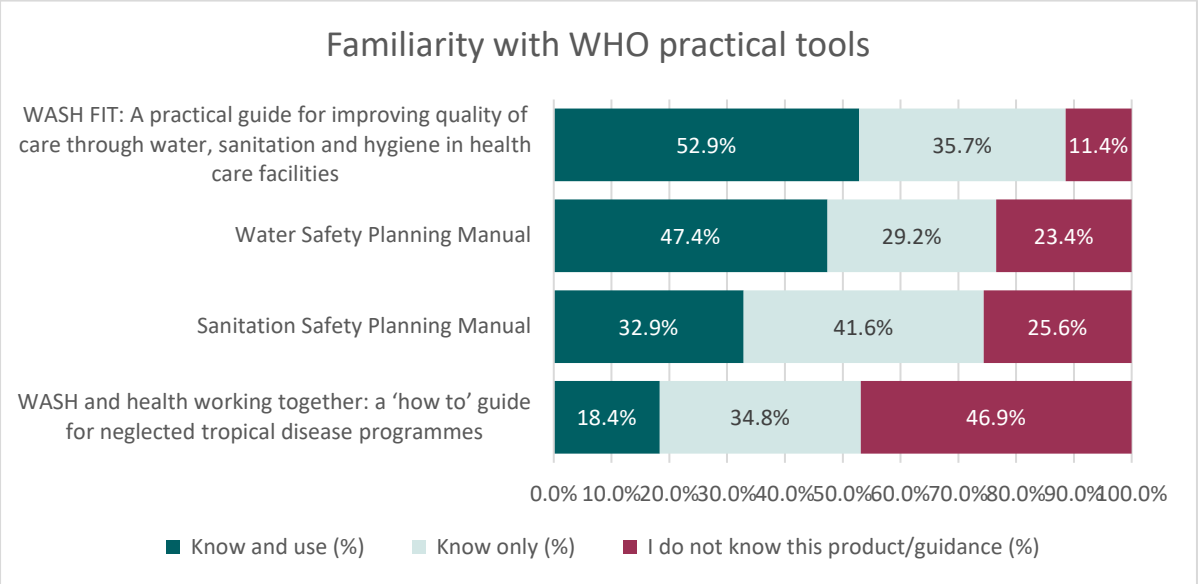
Q13. Which of the following WHO documents are you familiar with? Reports and technical briefs

Figure 16. Familiarity with WHO reports and technical briefs



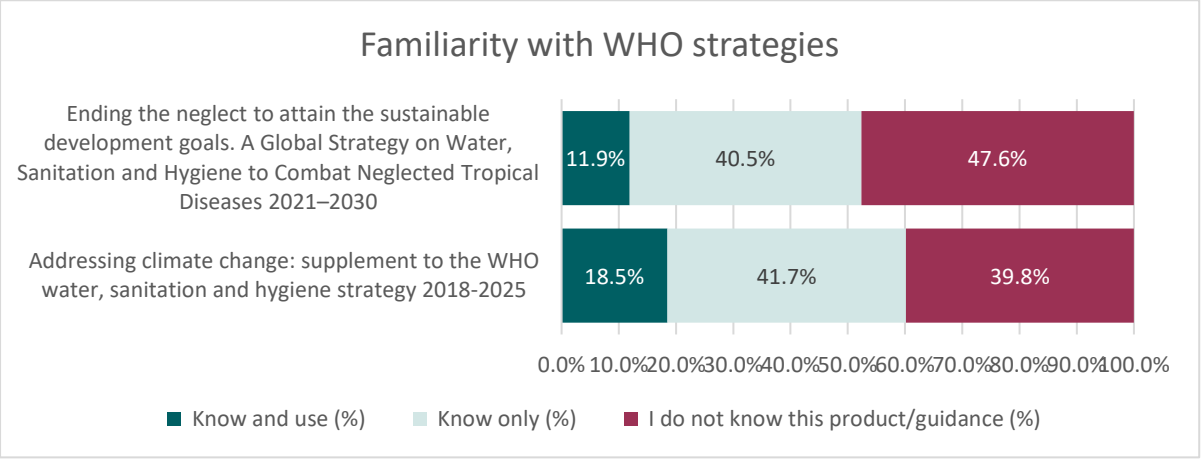
Q14. Which of the following WHO documents are you familiar with? Practical tools: Risk management, practical steps, etc.

Figure 17. Familiarity with WHO practical tools



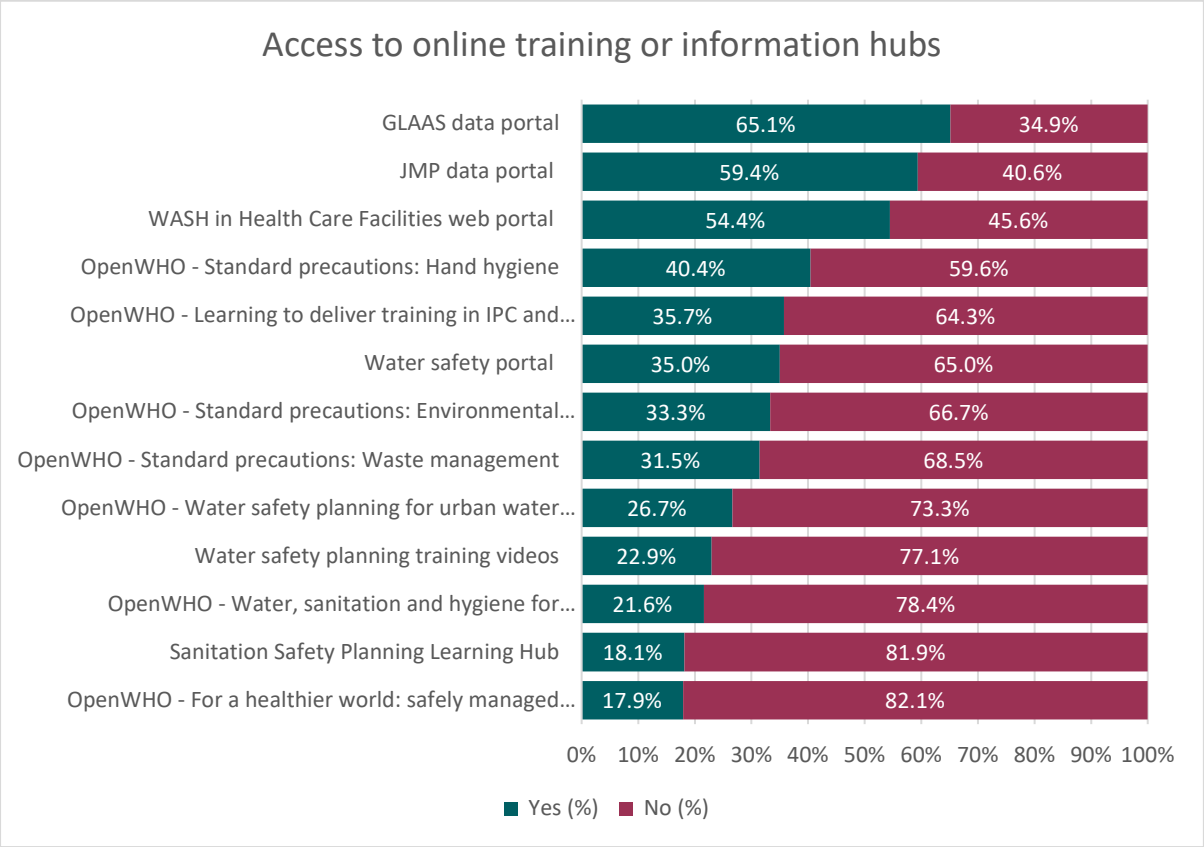
Q15. Which of the following WHO documents are you familiar with?

Figure 18. Familiarity with WHO strategies



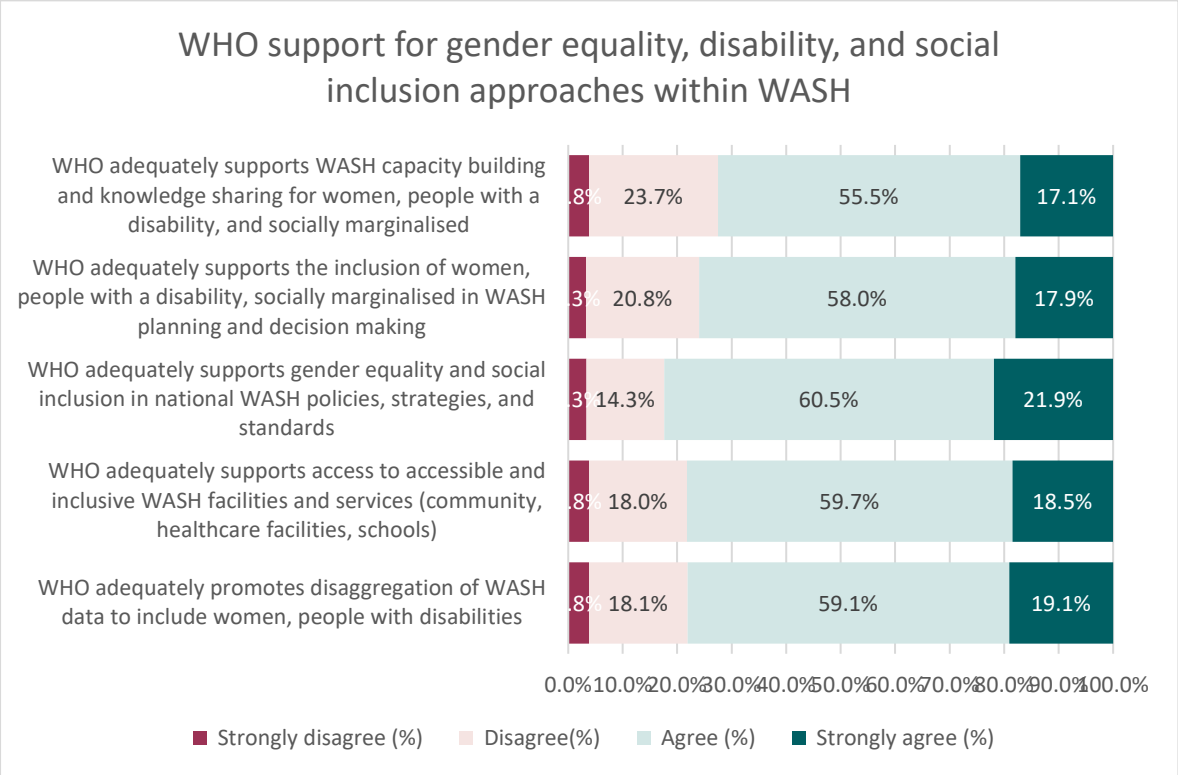
Q16. Have you accessed any of the following online training or information hubs?

Figure 19. Access to online training or information hubs



Q17. Please indicate to what extent you agree or disagree that WHO is adequately supporting gender equality, disability, and social inclusion sensitive approaches within WASH:

Figure 20. WHO support for gender equality, disability and social inclusion approaches within WASH

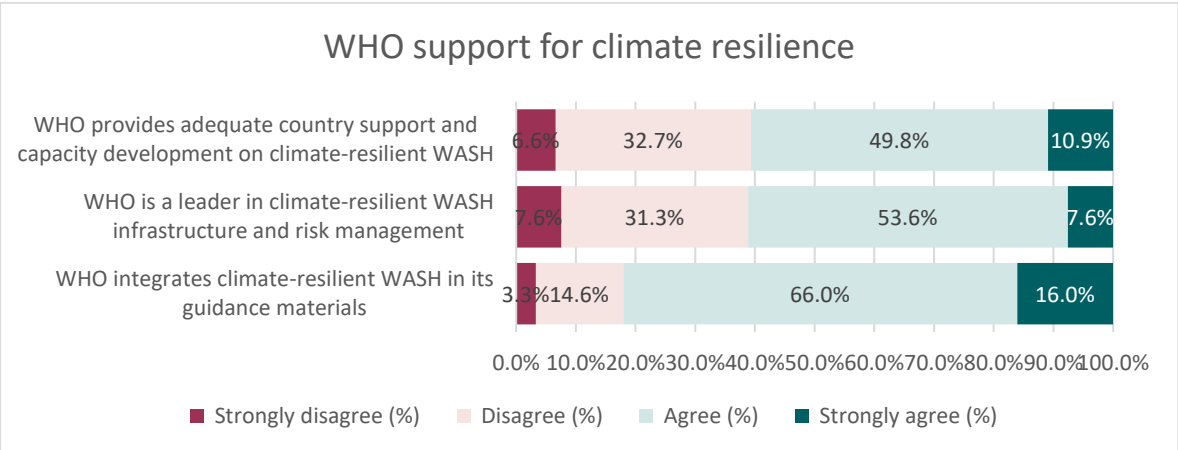


Q17 Comments

- Where WHO is involved in WASH, it has mainly supported gender but not has not adequately supported people with disabilities.
- To some extent, WHO supports GEDSI through its guidelines and policies but not in the implementation of programmes.
- There is little awareness of WHO support to GEDSI.
- There is a need for awareness raising and training on GEDSI in countries.

Q18. Please indicate if you agree or disagree with the following statements:

Figure 21. WHO support for climate resilience

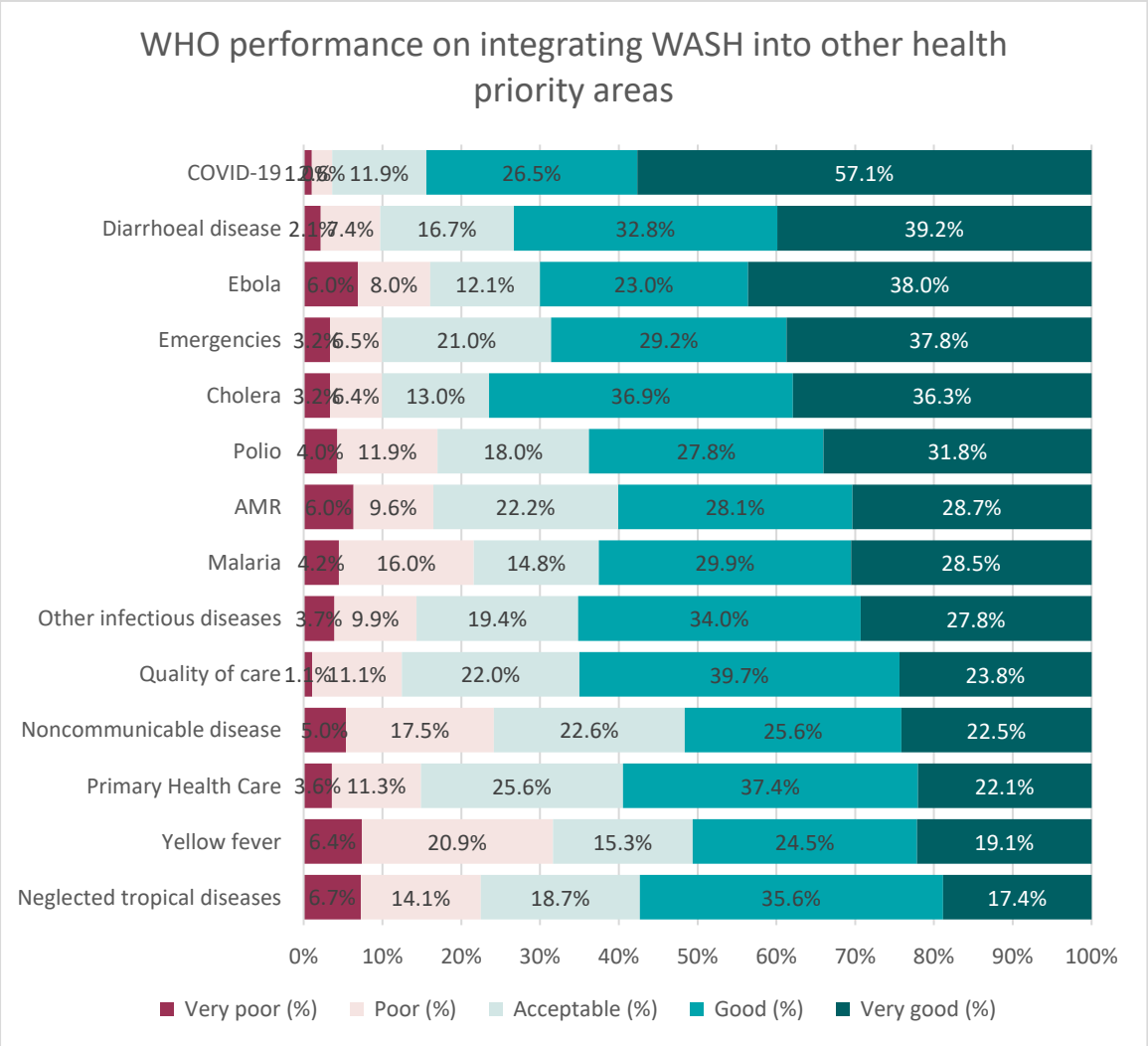


Q18 Comments

- Climate change is addressed in WHO guidelines, training and documents.
- In some countries, there is no awareness of the support of WHO to climate change.
- WHO does not have a leadership role in WASH and climate resilience.
- Lack of funding limits WHO support to WASH and climate change.

Q19. How would you rate WHO's performance on integrating WASH into other health priority areas in the country where you work? This could include support and guidance on strategies, policies, and initiatives.

Figure 22. WHO performance on integrating WASH into other health priority areas

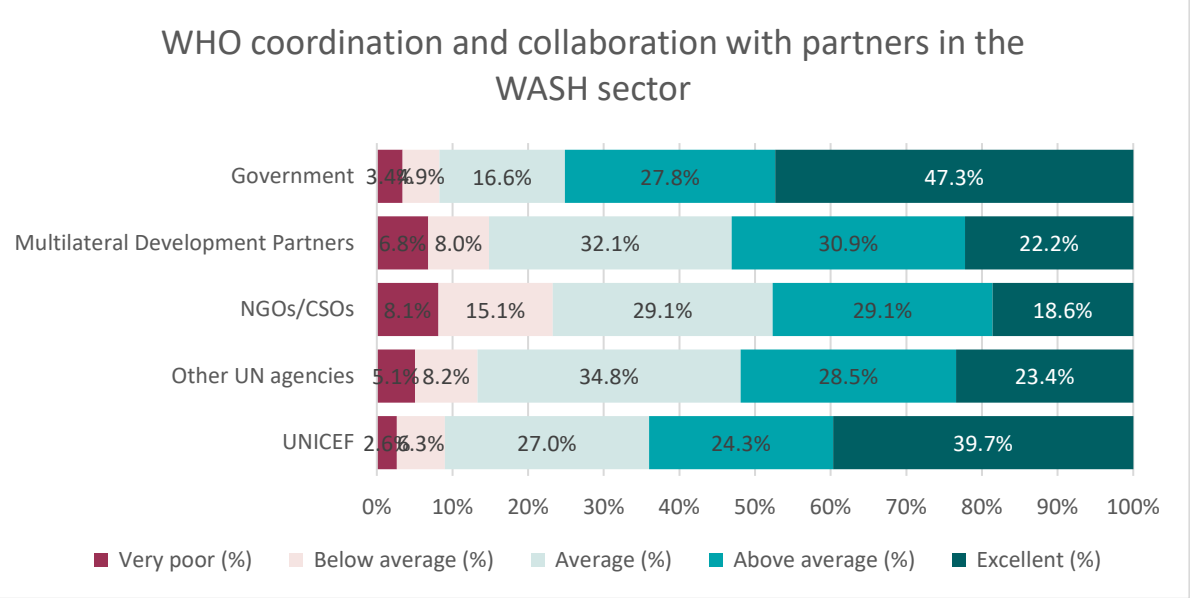


Q19. Comments

- WASH needs to be integrated in other programmes.
- WHO is not visible in the WASH Sector and WASH issues are not sufficiently prioritized.
- WHO has insufficient capacity and resources.
- WHO focuses on emergencies and disease prevention and control.

Q20. How well has WHO coordinated and collaborated with partners in its WASH sector support in the country where you work?

Figure 23. WHO coordination and collaboration with partners in the WASH sector



Q20. Comments

- In some countries WHO collaborates well with UNICEF, government and other partners, especially in emergencies.
- Outside of emergencies, where there is no WASH cluster, WHO support is unsatisfactory, and there is poor coordination with other WASH partners, mostly due to limited human resources and lack of knowledge on WHO's mandate.

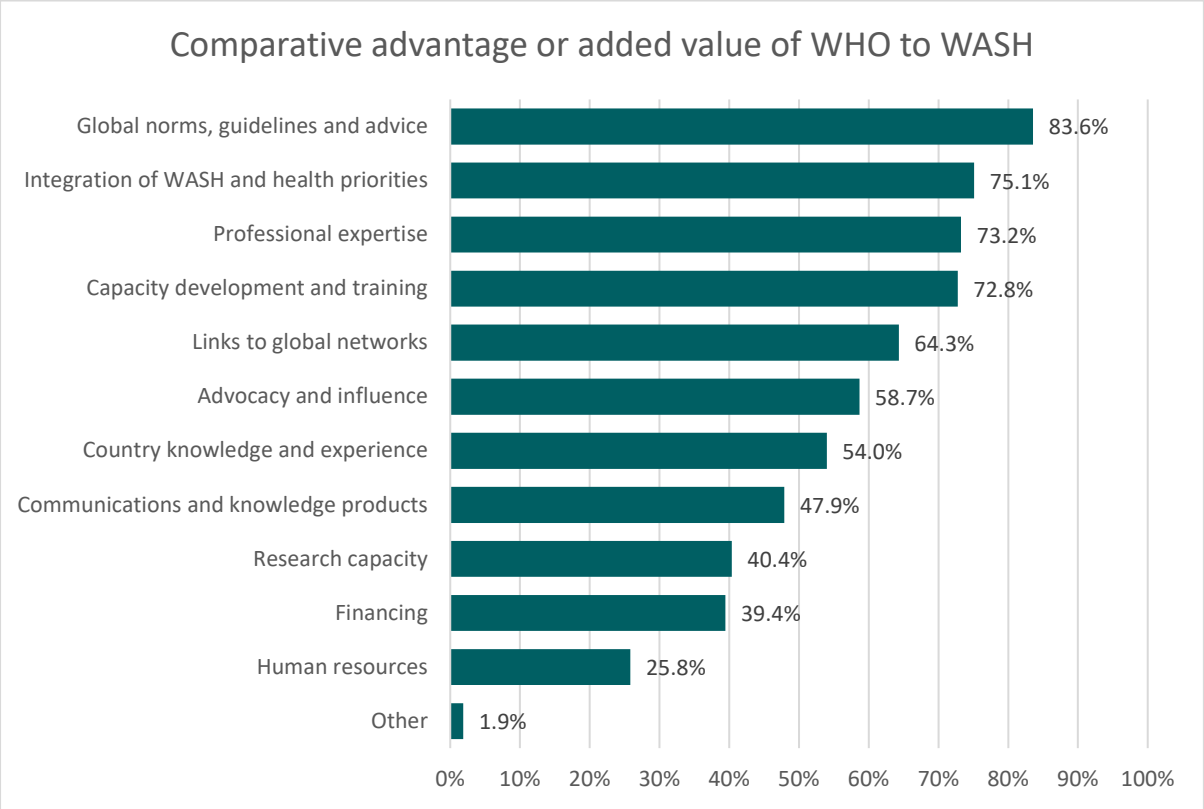
Q21. Can you suggest opportunities for closer coordination and improved synergies within WHO and/or with other partners in WASH in the country where you work?

- WHO can strengthen collaboration with government and Ministries, beyond the Ministry of Health, the WASH cluster, UN Agencies, NGOs and national WASH actors through WASH working groups and sector meeting and other relevant national WASH coordination platforms. National governments or WHO/UNICEF should be leading such forums.
- Collaborate with other WASH actors (UNICEF, national WASH agencies, NGOs) to develop and implement harmonized WASH policies, strategies, and monitoring frameworks.
- Disseminate WASH knowledge and share experiences.
- Within WHO, promote coordination/collaboration and teamwork between departments and other relevant WHO programs.
- Streamline data collection across WASH programs and implement a shared system for monitoring and evaluating WASH programs.
- Build capacity at country level.
- Foster partnerships with non-governmental organizations and private sector.
- Engage local partners, communities and civil society organizations.
- Strengthen advocacy and raise awareness on WASH.
- Promote research and innovation in WASH.

- Harmonize WASH policies at the national and international level.
- Climate change presents an opportunity for closer coordination and improved synergy.
- Ensure integration of WASH with other programmes/sectors.
- Strengthen CO human resource capacity and contribute to the mobilization of funding for country support.
- Clarify which areas within WASH UNICEF and WHO will be supporting to avoid duplication and avoidance and improve collaboration.
- Coordinate actions with donor agencies based on country priorities to avoid duplication.

Q22. What is the comparative advantage or added value that WHO brings to WASH in the country where you work? (tick all you agree with)

Figure 24. Comparative advantage or added value of WHO to WASH

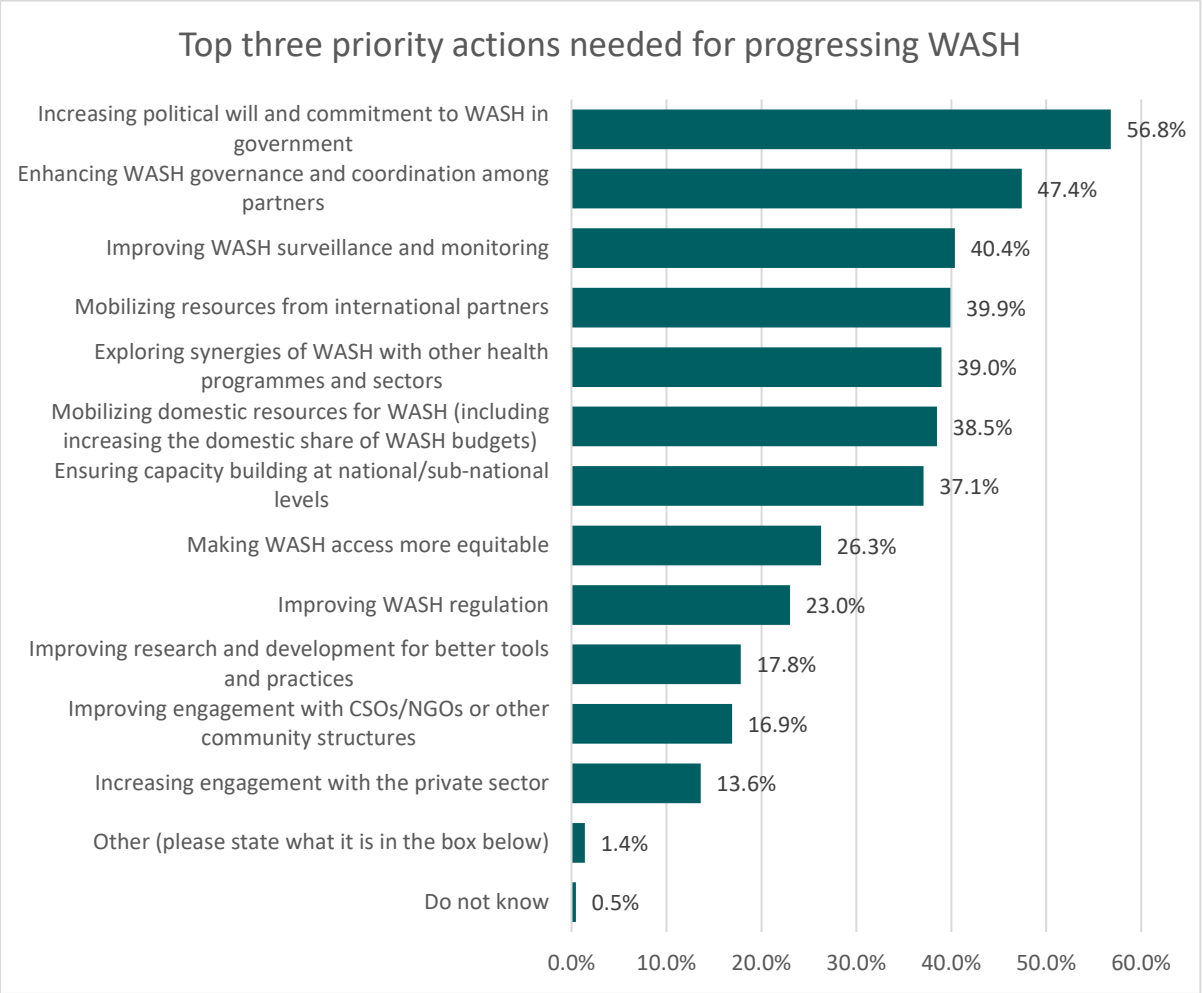


Q22. Comments

- WHO provides WASH global norms, guidelines and advice.
- Due to their highly trained WASH staff, WHO increases trust with country authorities.
- WHO provides support to government.
- WHO is able to disseminate information and knowledge.
- WHO provides links to the global networks.
- WHO contributes to the integration with health, emergency preparedness and response and climate change.

Q23. In your view, what are the top three priority actions needed for progressing WASH in the country where you work to 2030: (select up to three options)

Figure 25. Top three priority actions needed for progressing WASH



Q23. Comments

- **Increasing political will and commitment to WASH in government.** Lack of political will and commitment from national and local governments is the main reason why WASH projects are not sustained and WASH remains under-funded and poorly integrated in other sectors . Without political will and commitment for WASH, the WASH sector cannot improve. The government's commitment will drive a strong mobilization of national resources to make WASH programs more operational. Good governance and coordination will make the resources mobilized (human, material and financial) for WASH more profitable.
- **Enhancing WASH governance and coordination among partners**. Strengthening sector coordination is key to mobilize resources and prevent duplication of efforts.
- **Mobilizing domestic resources for WASH**. Local investments and funding WASH activities should be increased by governments.
- **Improving WASH surveillance and monitoring.** WASH support must be coupled with data for informed decision making and advocacy.

- Mobilizing resources from international partners. In addition to national budgets, mobilizing resources from international partners could enhance existing WASH practices, and improve the quality of interventions and sustainability of the achievements.

Q24. What should WHO's next Global WASH strategy emphasise or focus on?

- Climate change and sustainability of WASH projects, including climate resilient health systems, WASH services and infrastructure
- Strategic sustainable financing and resource mobilization (domestic and external) for WASH in priority areas, including finding new and sustainable ways to finance WASH programs, especially in low- and middle-income countries, renewing interest by donors to support WASH, advocating for increasing WASH funding and domestic investments in WASH. The strategy could explore innovative financing mechanisms like public-private partnerships, impact investing, and user fees with social safety nets.
- Equitable access to WASH and inclusion, addressing inequalities and improving access to WASH in rural and remote areas, marginalized communities and areas with limited resources. The strategy could focus on promoting gender equality, disability and social inclusion sensitive approaches in WASH decision-making and service provision and ensuring menstrual hygiene management (MHM) is addressed. The strategy could prioritize reaching the most vulnerable populations like those living in informal settlements, refugees, and people with disabilities. This might involve developing context-specific solutions and ensuring inclusive service delivery.
- Strengthen advocacy with the government and private sector to improve governance of the WASH sector and commitment to WASH
- Build national and sub-national capacities for WASH with i.e. training of trainers programmes and strengthen human resources for WASH
- Scale up WASH FIT and boost WASH in healthcare settings, ensuring clean water, sanitation and hygiene practices
- Leverage new technologies and innovative solutions to improve WASH services and infrastructure based on the contextual factors e.g. geographical areas, socioeconomic status, climatic conditions.
- Strengthen WASH data collection, monitoring, surveillance, and research to track progress, generate evidence for WASH, inform policies, programmes, and resource allocation and make evidence-based decisions. More targeted and streamlined monitoring efforts should be supported, harmonizing data at the national level for countries to track their WASH progress.
- Support WASH in emergencies, building capacity and preparedness for emergencies and community resilience using Humanitarian-Development Peace Nexus to improve access to safe drinking water and sanitation services in fragile, conflict-affected and vulnerable areas.
- Promote alignment and integration of WASH with the health sector and other sectors/programmes. The strategy could strengthen collaboration between WASH and health sectors to address specific health challenges like diarrhoeal diseases and neglected tropical diseases.

- WHO should engage with global and regional platforms for multi-sectoral collaboration. Structures that bring together sectors with responsibility to enhance the health agenda within WASH should be strengthened.
- Emphasizing more community engagement in WASH in the strategy, promoting local community action.
- Link WASH to AMR, IPC, NTDs.
- Update the evidence-based standards in drinking water, strengthening safely managing drinking water quality monitoring and improving safely managed drinking water supply.
- Promote hygiene, sanitation, hand washing and behaviour change.
- Review of the impact of current strategy, successes, lessons learned and gaps identified should be addressed in the next strategy with a focus on accelerating progress towards the achievement of the SDG
- Support countries and governments in the implementation and sustainability of the achieved results
- Develop, update and disseminate best practice guides, standards, norms, policies and guidelines
- Knowledge and experience sharing
- Involvement of local CSO/NGOs
- Ensuring commitment of governments, states and CSOs to WASH.
- Increase the uptake of existing guidance and resources, institutionalization of tools, integrating global WASH tools and guidance with national policies to make WASH more practical and successful in countries.

Q25. In which country are you located? Please select from the following drop-down list.
In total: at least 1 response from 98 out of 143 targeted countries.

Figure 26. Location of respondents

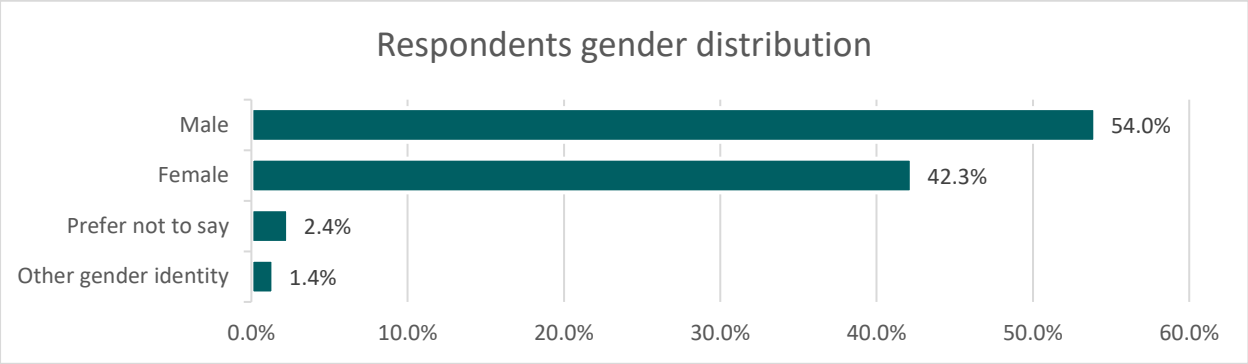
Region	Country	Responses
AFRO	Algeria	1
AFRO	Benin	1
AFRO	Botswana	1
AFRO	Burkina Faso	3
AFRO	Burundi	6
AFRO	Central African Republic	1
AFRO	Chad	1
AFRO	Comoros	1
AFRO	Congo	5
AFRO	Eritrea	1
AFRO	Ethiopia	4
AFRO	Gabon	2
AFRO	Ghana	3
AFRO	Guinea	4
AFRO	Guinea-Bissau	1
AFRO	Kenya	1
AFRO	Lesotho	4
AFRO	Liberia	4
AFRO	Madagascar	4
AFRO	Malawi	2
AFRO	Mali	6
AFRO	Mauritania	1
AFRO	Mauritius	1
AFRO	Mozambique	3
AFRO	Namibia	2
AFRO	Niger	1
AFRO	Nigeria	1
AFRO	Rwanda	1
AFRO	Sao Tome and Principe	1
AFRO	Senegal	1
AFRO	Seychelles	1
AFRO	Sierra Leone	1
AFRO	South Africa	1
AFRO	South Sudan	1
AFRO	Sudan	7
AFRO	Togo	1
AFRO	Uganda	3
AFRO	Zambia	1
AFRO	Zimbabwe	3
AMRO	Argentina	1
AMRO	Belize	2
AMRO	Bolivia (Plurinational State of)	1

AMRO	Brazil	1
AMRO	Colombia	1
AMRO	Dominican Republic	1
AMRO	Ecuador	2
AMRO	El Salvador	1
AMRO	Guatemala	3
AMRO	Haiti	1
AMRO	Paraguay	1
AMRO	Peru	1
AMRO	Venezuela (Bolivarian Republic of)	1
EMRO	Bahrain	1
EMRO	Egypt	2
EMRO	Iran (Islamic Republic of)	7
EMRO	Iraq	6
EMRO	Jordan	2
EMRO	Kuwait	1
EMRO	Morocco	2
EMRO	Oman	1
EMRO	Saudi Arabia	2
EMRO	Somalia	3
EMRO	Syrian Arab Republic	2
EMRO	Tunisia	3
EMRO	Yemen	1
EURO	Albania	1
EURO	Azerbaijan	2
EURO	Georgia	3
EURO	Hungary	1
EURO	Kazakhstan	1
EURO	Kosovo	1
EURO	Lithuania	1
EURO	North Macedonia	2
EURO	Republic of Moldova	1
EURO	Serbia	1
EURO	Slovenia	1
EURO	Tajikistan	2
EURO	Turkmenistan	1
EURO	Ukraine	5
SEARO	Bangladesh	1
SEARO	Bhutan	2
SEARO	India	1
SEARO	Indonesia	7
SEARO	Maldives	3
SEARO	Myanmar	3
SEARO	Nepal	8
SEARO	Sri Lanka	3
SEARO	Thailand	1
SEARO	Timor-Leste	4
WPRO	China	1

WPRO	Lao People's Democratic Republic	2
WPRO	Malaysia	1
WPRO	Mongolia	4
WPRO	New Zealand	1
WPRO	Papua New Guinea	2
WPRO	Philippines	3
WPRO	Solomon Islands	2
WPRO	Vanuatu	1
WPRO	Viet Nam	3

Q26. What is your gender?

Figure 27. Respondents gender distribution



Q27. Is there anything else you think we should know about WHO's contribution to WASH in the country where you work?

- WHO is the reference and authority in health but is not recognized as the lead in the WASH sector, nor it has a lot of visibility. UNICEF is the leader in the WASH sector in many countries.
- WHO's WASH guidelines and interventions need to respond better to the needs of countries and communities.
- WHO is a recognized technical authority in WASH and provides technical expertise and support to countries.
- WHO should strengthen the capacity of health systems, workers and governments in countries to deliver WASH
- WHO advocates for the importance of WASH in health at all levels, from communities to global platforms.
- WHO supports research and innovation in WASH, including on new technologies, approaches, and their health impacts e.g., innovation for sustainable WASH in School as Seven-Flag Approach of Total Sanitation (7FATS)
- WHO supports countries to monitor and evaluate their WASH programs, including through the Joint Monitoring Program with UNICEF
- In some countries, WHO has contributed to advancing WASH in the health sector whilst at the same time strengthening collaboration with the WASH sector
- WHO should develop a list of interventions supported by WHO to improve WASH programmes
- Limited funding and human resources are a barrier to the contribution of WHO's contribution to WASH and health. WHO should prioritize funding WASH activities and strengthen capacity of human resources.
- WHO is an opportunity for WHO to position its strength and technical expertise in climate-resilient WASH infrastructure.

Annex 7. Organisations, departments, institutions, ministries and networks consulted through key informant interviews or group discussions

Table 3: Organizations, departments, institutions, ministries, and networks consulted through key informant interview or group discussions

Stakeholders	Global level	Regional level	Country level (excluding country case studies)	Country case studies in Ethiopia and Philippines
Academia	• University of Bristol • LSHTM • Emory University • UNC-Water • EWAG-SANDEC			• University of Philippines Centre for Public Health
Donors	• FDCO • USAID • SIDA • AFD • DGIS • DFAT • World Bank			• ADB
Governments			• Iran Ministry of Health and Medical Education (Center for Environmental and Occupational Health) • Iran Ministry of Energy • Hamedan University of Medical Sciences • Nepal Ministry of Health • Belize Ministry of Health and Wellness • Belize Ministry of Environment • Belize Ministry of Sustainable Development, Climate Change and Disaster Risk Management • Ukraine Department of Public Health	• Ethiopia Ministry of Water and Energy • Ethiopia Environmental Health Desk, Ministry of Health • Philippines Department of Health • Philippines Department of Interior and Local Government, Office of

Stakeholders	Global level	Regional level	Country level (excluding country case studies)	Country case studies in Ethiopia and Philippines
				Project Development Services
Healthcare facilities				• Gandhi Memorial Hospital (Addis Ababa, Ethiopia)
International networks	• Rural Water Supply Network • Sanitation and Hygiene Fund • International Water Association (IWA) • The NTD-NGO network • IRC-WASH • World Vision • WaterAid UK • Stockholm International Water Institute (SIWI) • Global Water 2020			• Plan International • Swiss Church Aid • IRC-WASH
National councils, agencies and institutes			• Environmental Public Health Division, First Nations and Inuit Health Branch, Canada (RegNet) • Water Sector Regulatory Council (WSRC), Occupied Palestinian Territories (RegNet) • Federal Food Safety and Veterinary Office, Switzerland (RegNet) • National Water Supply and Sanitation Council (NWASCO), Zambia (RegNet) • PUB Singapore, National Water Agency - Water Quality Office (WHO Collaborating Centre) • KWR Water research institute	• Local Water Utilities Association (Philippines) • Philippines Association of Water Districts (Philippines) • Water Works Association • Metropolitan Waterworks and Sewerage System Regulatory Office (Philippines)

Stakeholders	Global level	Regional level	Country level (excluding country case studies)	Country case studies in Ethiopia and Philippines
			• NSF, WHO Collaborating Centre on Water Quality and Health • RIVM, National Institute for Public Health and the Environment, The Netherlands	• Maynilad (Philippines) • Manila Water (Philippines)
Regional water councils and networks			• African Ministers' Council on Water (AMCOW) • ESAWAS (Eastern and Southern African Network of WASH Regulators)	
UNICEF	• JMP • Sanitation, Hand Hygiene for All • Emergencies • WASH	• UNICEF EAPRO		• UNICEF Philippines • UNICEF Ethiopia
WHO	• WSH team • IPC • SP-PHC • NTDs • Emergencies/IPC • Climate change and health • Maternal and child health • DDI • Cholera • UHC/life course • UHC/healthier populations • AMR	• WHO Regional Office for the Western Pacific • PAHO • WHO Regional Office for Africa • WHO Regional Office for Europe • WHO Regional Office for Eastern Mediterranean • WHO Regional Office for South-East Asia	• WHO Ukraine Country Office • WHO Iran Country Office • WHO Nepal Country Office • WHO • WHO Belize Country Office	• WHO Ethiopia Country Office • WHO Philippines Country Office
Other UN agencies	• UNEP • UN-Habitat • UN-Water			

Stakeholders	Global level	Regional level	Country level (excluding country case studies)	Country case studies in Ethiopia and Philippines
Total number of informants	**65**	**11**	**25**	**73**

Annex 8. Financial analysis summary

Table 4: Breakdown by thematic area and region of funding channeled through WHO headquarters to regional and country offices (in US$)

WSH Thematic Area		2018/19	2020/21	2022/23	Sub totals	Proportion	AF	AM	EM	EU	SE	WP
CC	AF Africa	139,505	54,892	141,337	***335,734***	3.62%	335,734					
	EM Eastern Mediterranear	76,789	-	11,686	***88,475***	0.95%			88,475			
	EU Europe	35,000	-	-	***35,000***	0.38%				35,000		
	SE South East Asia	-	-	32,999	***32,999***	0.36%					32,999	
	WP Western Pacific	24,994	-	-	***24,994***	0.27%						24,994
DWQ	AF Africa	980,893	557,510	-	***1,538,403***	16.59%	1,538,403					
	SE South East Asia	1,065,555	1,611,275	267,795	***2,944,625***	31.76%					2,944,625	
	WP Western Pacific	394,110	298,552	311,903	***1,004,565***	10.84%						1,004,565
GLAAS	AF Africa	309,900	44,302	406,941	***761,143***	8.21%	761,143					
	AM Americas	130,000	98,741	144,571	***373,312***	4.03%		373,312				
	EM Eastern Mediterranear	117,205	-	112,199	***229,404***	2.47%			229,404			
	EU Europe	168,851	12,720	70,000	***251,571***	2.71%				251,571		
	SE South East Asia	99,058	10,000	47,770	***156,828***	1.69%					156,828	
	WP Western Pacific	154,411	-	76,669	***231,080***	2.49%						231,080
HCF	AF Africa	106,331	92,697	27,016	***226,044***	2.44%	226,044					
	AM Americas	5,000	6,000	-	***11,000***	0.12%		11,000				
	EM Eastern Mediterranear	-	-	80,000	***80,000***	0.86%			80,000			
	EU Europe	20,000	30,200	16,000	***66,200***	0.71%				66,200		
	SE South East Asia	5,000	-	-	***5,000***	0.05%					5,000	
	WP Western Pacific	-	10,000	-	***10,000***	0.11%						10,000
JMP	AF Africa	61,301	109,256	29,850	***200,407***	2.16%	200,407					
	AM Americas	30,000	20,500	-	***50,500***	0.54%		50,500				
	EM Eastern Mediterranear	41,278	23,723	115,831	***180,832***	1.95%			180,832			
	EU Europe	46,367	219,139	40,000	***305,506***	3.30%				305,506		
	SE South East Asia	7,000	-	-	***7,000***	0.08%					7,000	
	WP Western Pacific	-	-	43,427	***43,427***	0.47%						43,427
REGNET	AF Africa	-	-	10,389	***10,389***	0.11%	10,389					
SAN	AF Africa	28,189	19,435	18,245	***65,869***	0.71%	65,869					
		4,046,737	**3,218,942**	**2,004,628**	***9,270,307***	**100.00%**	**3,137,989**	**434,812**	**578,711**	**658,277**	**3,146,452**	**1,314,066**

Source: Evaluation team analysis of: WSH award distribution implementation by region and country offices, World Health Organization, unpublished, 2024.
Abbreviations: cross-cutting (CC), drinking-water quality (DWQ), global analysis and assessment of sanitation and drinking-water (GLAAS), health care facilities (HCF), Joint Monitoring Programme (JMP), International Network of Drinking-water and Sanitation Regulators (RegNet), sanitation (SAN).

Table 5: Breakdown of WHO headquarters staffing costs by year (in US$)

HQ Staffing Costs	2018	2019	2020	2021	2022	2023
Flexible funding	47,916	21,391	218,672	1,189,802	1,006,469	894,181
Specified donor funding	2,512,165	2,907,103	2,644,642	1,818,279	1,870,359	2,253,801
Totals	***2,560,080***	***2,928,494***	***2,863,315***	***3,008,081***	***2,876,828***	***3,147,982***
% Flexible	2%	1%	8%	40%	35%	28%
% Specified	98%	99%	92%	60%	65%	72%

Source: evaluation team analysis of: WSH HR expenditure analysis 2018 to 2023 Expenditure Details Report, World Health Organization, unpublished, 2024; and WSH Activity expenditure analysis 2018 to 2023, World Health Organization, unpublished, 2024.

Table 6: Breakdown of activity expenditure by biennium (in US$)

Activity expenditure	2018-2019		2020-2021		2022-2023	
Flexible funding	60,670		508,666		290,464	
Designated	32,515		685,703		338,361	
Specified donor funding	5,930,349		4,579,449		6,273,535	
Totals	***6,023,534***	-	***5,773,818***	-	***6,902,360***	-
% Flexible	1.01%		8.81%		4.21%	
% Designated	0.54%		11.88%		4.90%	
% Specified	98.45%		79.31%		90.89%	

Source: evaluation team analysis of: WSH Activity expenditure analysis 2018 to 2023, World Health Organization, unpublished, 2024.

Table 7: Combined headquarters staffing expenditure and activity workplan funding by funding type (in US$)

Combined HQ & Activity	2018-2019	2020-2021	2022-2023
Flexible (core) funding	129,977	1,917,140	2,191,114
Designated	32,515	685,703	338,361
Specified (donor) funding	11,349,616	9,042,371	10,397,695
Totals	***11,512,108***	***11,645,214***	***12,927,170***
% Flexible (core)	1.13%	16.46%	16.95%
% Designated	0.28%	5.89%	2.62%
% Specified (donor)	98.59%	77.65%	80.43%

Source: evaluation team analysis of: WSH HR expenditure analysis 2018 to 2023 Expenditure Details Report, World Health Organization, unpublished, 2024; and WSH Activity expenditure analysis 2018 to 2023, World Health Organization, unpublished, 2024.

Table 8: Proportion of allocation of funding to headquarters and regional country offices funding (in US$)

Impl RO & CO (donor funds)	2018-2019	2020-2021	2022-2023
HQ funding	11,762,319	8,296,545	10,052,442
Regions / countries	4,046,737	3,218,942	2,004,628
Totals	***15,809,056***	***11,515,487***	***12,057,070***
% Regions/countries	26%	28%	17%

Source: evaluation team analysis of WSH Award distribution implementation by region and country offices, World Health Organization, 2024.

Annex 9. Key outputs, successes, lessons learned and challenges by thematic logframe area

Overview

The outputs reported in this section are based on the WSH Unit's annual reports against the Strategy from 2018-2022 and the updated logframe results for 2023, key informant interviews (KIIs), online survey results (noted as 'respondents') and key publications shared with the evaluation team.[6]

The log frame does not set any final (2025) targets, and WSH management have confirmed that milestones in each thematic areas of the strategy are often set retrospectively. Several logframe indicators have been updated over the strategy period, some have been discontinued and new ones have been added. Such changes are documented under each output area. In general, the logframe targets and reporting do not adequately reflect the extensive collaboration and activity occurring across the thematic areas and the results achieved.

Below we present key outputs over the strategic period highlighted and referenced in table formats by output area accompanied by a narrative of achieved results along with key successes, challenges and opportunities.

1. Output 1: Drinking Water

1.1 Introduction

In this area of the Strategy, the stated 'change objectives' includes, amongst other things, support to the achievement of the SDG6 indicator on safely managed drinking-water services; the incorporation of public health criteria in national and regional recreational water quality regulations; and the reduction of inequalities in access by targeting endemic areas and vulnerable groups and by tailoring interventions to better interrupt disease transmission.

The related output statement in the logframe is 'Risk management approaches based on up-to-date guidelines for drinking water are available and disseminated to national and international WASH partners'. Associated indicators relate to the development of health-based guidelines (1.1); development and dissemination of resources and training materials to facilitate implementation (1.2); the publication and dissemination of results from the household water technology evaluation scheme (1.3); and technical support to implementing drinking water quality guidelines (1.4), which WHO increasingly supports through regulation. Equity-related objectives are not captured in the indicators.

1.2 Key outputs and successes over the strategy period

As mentioned, the logframe does not set any final (2025) targets, nevertheless it is evident from WSH annual reports and KIIs with WSH personnel that this component is substantially on track. Many of the planned publications were produced within the first two to three years of the strategy period, while outputs relating to dissemination, training and guidance updates have also been delivered, and are continuing in the case of country technical support.

Throughout the strategy period, the WSH Unit has continued to promote climate resilient water safety planning (WSP) a risk-based approach which is foundational to the Guidelines on Drinking Water Quality (GDWQ), one of WHO's flagship WASH publications. WHO began promoting WSP

[6] World Health Organization. WHO Global Water, Sanitation and Hygiene: Annual report 2018 (2019), Annual report 2019 (2020), Annual 2020 (2021), 2021 (2022), and 2022 (2023).

prior to 2018, but during the strategy period both the GDWQ and WSP guidelines have been updated, in the latter case to ensure greater emphasis on equity.

The 2018 WSH annual report confirmed that awareness of WSP was already high, with plans being implemented in over 90 countries worldwide; many countries had also introduced policy or regulatory instruments promoting or requiring WSPs. However, exactly how many national governments are currently using WSPs is not clear. WSH staff believe the number has increased but acknowledge that WSP auditing (a practice promoted by WHO to monitor and reinforce WSP implementation) has not reached the same conclusion to the same scale.

Country support and regional backstopping is typically led by consultants supporting implementation of the GDWQ and since 2018 has primarily related to WSP and associated sanitary surveillance and auditing. There has also been some support on laboratory strengthening. According to WSH annual reports, WHO headquarters provided technical support on WSP to 24 countries in 2018, and somewhat lower numbers since then. WHO is also providing technical support to countries indirectly, via RegNet (see below).

In the original Strategy document, climate change was presented as an emerging issue relevant to WASH. No outputs or outcomes on **climate resilience** were included in the programme logframe, but the Strategy identified change objectives relating to a strengthened evidence base on climate, WASH and health linkages; intersectoral planning and collaboration at all levels; and the inclusion of climate considerations in relevant WASH risk assessments, management approaches and WASH monitoring systems. Since 2018, climate resilience has progressed from an emerging to a mainstream issue for the WSH Unit and related measures have been incorporated into much of the normative guidance, WSP being one of the principal vehicles for addressing climate impacts on WASH services.

1.3 Normative guidance: production and adoption

Amongst WHO's many publications relating to DWQ since 2018, the following have been highlighted in annual reports and/or cited by evaluation respondents as some of the most significant globally:

A Guide to Equitable Water Safety Planning, Ensuring No-one is Left Behind (2019) (23). This guidance document builds on earlier WSP guidelines and describes how to systematically integrate equity considerations into WSP programming and practice for both urban and rural water supply systems.

Guidelines for drinking-water quality, Fourth edition incorporating the first and second addenda (2022) (24). The addenda included updates to the fourth edition of the guidelines published in 2017 and addressed a number of focal technical areas including lead in drinking-water. Webinars were held with WHO country staff and other sector stakeholders to raise awareness of the update. A third addendum is currently under development and will include updates to around 50 pathogen factsheets. A fifth edition of the guidelines is due to be published by 2025 but might be delayed due to the time taken to complete the ongoing addenda. The updated guidelines were WHO's 10th-most downloaded publication in 2022, and findings of the evaluation survey confirm that they are universally known and used in the WASH sector.

State of the world's drinking water: An urgent call to action to accelerate progress on ensuring safe drinking water for all (2022) (25). This report presents a call to action for governments and development partners to accelerate progress on access. The report is based on evidence produced under JMP and GLAAS. It was launched at the UN Water Conference in 2022.

Guidelines for drinking-water quality: small water supplies (2024) (*26).* These guidelines and accompanying sanitary inspection packages address water quality for small water supply schemes

which are typically not under professional management and are more prone to breakdown and contamination than more complex, utility-run services. The guidelines set out a risk-based approach that is similar to water safety planning, but less complex, with an emphasis on practical action and includes 59 case examples. The sanitary inspection packages provide pictorial guidance and have been piloted.

Dissemination of Household Water Treatment results. In 2022 and 2023, additional product evaluation reports were published on the WHO website, bringing the total number of household water treatment technologies evaluated under this scheme to 51. Findings were shared at annual meetings of the HWTS network and global conferences and webinars.

The WSH Unit also develops normative guidance on new topics in drinking-water quality (DWQ) surveillance (for example, emerging pollutants), and respondents acknowledged that some of these are 'niche' subjects that might not be of widespread interest in the sector (for now at least) but are receiving attention because dedicated funding has been provided.

1.4 Partnerships

In this thematic area, WHO partners with other global organisations to support the development and dissemination of normative guidance, provide orientation and training on its use, and to encourage and support implementation at scale. Many WSH respondents highlighted the importance of partnerships and global platforms for amplifying WHO's influence and impact on the WASH and health sectors.

As in all thematic areas under the Strategy, the COVID-19 pandemic prompted the WSH Unit to lay more emphasis on webinars and collaboration with online platforms. Key partners include, amongst others:

The International Network of Drinking-Water Regulators (RegNet). This is hosted by WHO and, amongst other things, serves as a vehicle for disseminating the GDWQ and related tools and guidance, and promoting their use. For members, the network offers a forum to share experience on regulatory challenges, discuss solutions and best practices, and gain access to WHO experts on emerging risks. Since 2020, WHO has strengthened its engagement with affiliated regional networks ESAWAS in East and Central Africa and with ADERASA in PAHO. From 2020 onwards, the network has broadened its scope to include sanitation and wastewater regulators. A RegNet strategy was developed in 2023 (*27)*, which aims to strengthen the capacity of water and sanitation regulators to support the delivery of safe, professionalised services. Funders to RegNet include the Public Health Agency of Canada, the Dutch Ministry of Foreign Affairs and the Bill and Melinda Gates Foundation. External KIs acknowledged the value of RegNet not only as a source of information and guidance but also as a 'safe space' for discussion on relevant topics amongst members.

The International Water Association (IWA). WHO has a long history of collaboration with IWA. During the strategy period a principal area of focus has been to support and encourage climate resilient water safety planning; UNICEF has also partnered in this effort, especially for East and West Africa. IWA has contributed to the development and promotion of publications and a considerable amount of orientation and training has been conducted online and through in-person workshops and conferences. IWA also collaborates with WHO on regulation related to both drinking water and wastewater. WHO, via RegNet, sits on IWA's advisory board on this effort providing substantial contributions.

UNICEF. In addition to the work with RegNet, WHO has collaborated with UNICEF on the dissemination of the GDWQ and associated addenda, for example joint webinars have already been

held in 2024 on lead in drinking-water and the small water supplies guidelines. This is in addition to ongoing country level collaboration on DWQS and WASH in general.

The Rural Water Supply Network (RWSN). RWSN is also an established partner and in 2024 collaborated with WHO on the launch of the small water supplies guidelines.

1.5 Challenges and opportunities

WSH staff acknowledge that more needs to be done to support the assessment and understanding of climate change risks relating to WASH, and associated responses. One particular concern relates to the complexity of analysing climate data and its resource-intensive nature, hence service providers might not have the expertise to complete a full water safety planning process. The Ethiopia case study confirm this; here sector stakeholders also voiced a concern that insufficient guidance is available (not just from WHO) on what constitutes a climate resilient WASH service, and related infrastructure options.

Some WSH respondents also felt that the different technical functions within the Unit tend to work in silos and that there could be a more holistic approach to the development of some normative guidance – for example by linking water safety planning and sanitation safety planning. The inclusion of sanitation in the work of RegNet appears to be a positive step in this direction.

A more general challenge cited by WSH respondents was the sheer volume of normative work, relating to DWQS, keeping in mind that guidelines must be updated regularly if they are to remain authoritative. This requires resources, but some donors are reluctant to fund work on WSH's flagship products such as the GDWQ, taking a view that this should be covered from WHO'S own funds. In 2022 and 2023, WHO also reported that there was limited budget for country support.
Priorities cited by WSH staff for completion during 2024 include:

- a landscape review of per-and poly fluoroalkyl substances (PFAS) with chemical safety colleagues and the assessment of pesticide metabolites, plus development of a framework to assess pesticide metabolites;
- further dissemination of the small water supplies guidelines; and
- limited publication of additional resources for example on disinfection byproducts and cyanobacteria.

Looking towards 2025, respondents identified a need to look further into progress with WSP implementation and to assess the application of the small water supplies guideline.

2. Output 2: Sanitation and Wastewater

2.1 Introduction

In this area of the Strategy, the stated 'change objectives' includes that:

- policy-makers are informed by reliable global estimates on burden of disease, sanitation coverage and wastewater treatment and safe reuse;
- health benefits from sanitation policies and interventions are enhanced through application of new WHO sanitation and health guidelines and updated wastewater use guidelines;
- health risk assessments and management are built into national policies and local level service delivery, including through a sanitation safety planning approach;
- a reduction of inequalities in access by targeting endemic areas and vulnerable groups and by tailoring interventions to better interrupt disease transmission are realized;
- a substantial increase of safe reuse of wastewater and climate resilient planning of sanitation systems implemented as climate change adaption measures is realized; and

- emerging risks and priorities characterised through evidence-based reviews and disseminated are identified and targeted.

The output statement is that 'risk management approaches based on up-to-date guidelines for sanitation, safe use wastewater, excreta and greywater, and recreational water are available with tools to support implementation (SSP) and disseminated to national and international WASH partners'. The output indicators concern the publication and dissemination of key advocacy documents (2.1); technical guidance and training materials (2.2, 2.4); and the number of countries receiving technical support for the implementation of WHO guidance in this area (2.3).
The WSH Unit established a dedicated sanitation team in 2015 and respondents observed that its normative and advocacy output in the first few years served to demonstrate its technical competence and establish its role in within the WASH sector. During this period, WSH supported the global shift in focus (both in operations and monitoring) from sanitation facilities to services, in line with the SDG indicators which focus on the use of 'safely managed' sanitation. Sanitation Safety Planning (SSP), which adopts a similar risk-based approach to water safety planning, was also introduced before 2018.

2.2 Key outputs and successes over the Strategy period

SSP promotion has continued since 2018 through a combination of advocacy, guidance and training. Annual reports and WSH personnel and external stakeholders confirmed that, in addition to the publication of tools and guidelines, the Unit has provided technical support to countries through a mix of online training and guidance; direct engagement with partners on the ground, including some pilot projects; and a number of strategic partnerships (see below) which enable WHO to promote and support implementation at scale despite its limited in-house human and financial resources.

In addition to several landmark publications on sanitation and wastewater (see below), another significant milestone was WHO leadership, at COP27, of the first sanitation-specific session showcasing climate risks, adaptation measures and opportunities for cross-sectoral resilience and mitigation through reuse. The session launched the UNICEF-led call to action on climate-resilient sanitation. WHO, together with UNICEF and Sanitation and Water for All, also organized a full thematic day on Climate, Water and Sanitation Solutions for Health and Sustainable Development.

WSH annual reports confirm that, as in other thematic areas of the Global WASH Strategy, WHO adapted to the pandemic through increased use of virtual methods for providing training and guidance. This was done in close engagement with colleagues in the WHO health emergency programme, and departments dealing with, amongst other things, quality of care; patient safety; maternal, newborn and child health; infection prevention and control; antimicrobial resistance; neglected tropical diseases; nutrition; food safety; and tropical disease research and training.

As with DWQ, no final targets are set in the logframe and milestones are sometimes set retrospectively. Nevertheless, it is evident from reported results that this component, too, is substantially on track, as summarised in Annex 10 and the narrative below.

2.3 Normative guidance: production and adoption

The following publications have been highlighted in annual reports and/or cited by evaluation respondents as some of the most significant globally since 2018:

WHO Guidelines on Sanitation and Health (2018) (5). The WSH annual report described this as 'the most significant new normative document introduced by WHO WASH since 1958'. The guidelines were based on a comprehensive review of evidence and wide expert and stakeholder consultation.

Health, Safety and Dignity of Sanitation Workers (2019)(28). This report accompanied an exhibition on the health, safety and dignity of sanitation workers and led to the establishment in 2020 of the Sanitation Workers Initiative, a three-year collaboration with WaterAid, World Bank, ILO and SNV (Netherlands Development Organisation). The partnership developed a research agenda to update related health evidence and develop monitoring tools for use in GLAAS and sanitation programming.

State of the World's Sanitation: An urgent call to transform sanitation for better health, environments, economies and societies (2020) *(29)*. This report was a global call to action, using evidence from JMP and GLAAS on the current status of sanitation services, policy and finance. WHO's Annual WASH Report 2020 noted that the report triggered new commitments from other UN agencies and informed the development of UNICEF's Sanitation Game Plan. This was a significant output for WHO as it was the first time they had produced such a comprehensive analysis on sanitation.

Sanitation safety planning – Second edition (2022) (30). This was a simplified update to the 2015 SSP manual and linked to the Guidelines on Sanitation and Health (2018) and safe reuse guidelines. It also considered the impacts of climate change on sanitation systems. A recently launched SSP Learning Hub provides online SSP training via six modules on YouTube. The course is also available through PAHO's website.

Guidelines for recreational water quality (2021) (32). These guidelines outline health-based water quality targets and best practices for monitoring and surveillance, pollution control and communication approaches to let users know in real time when it is safe to go in the water. *Guidance documents on monitoring safely managed on-site sanitation (SMOSS) (2021).*[7] WHO conducted pilots in six countries to develop or refine tools and methods for monitoring SMOSS and published a synthesis report.

2.4 Partnerships

Key partnerships on sanitation and wastewater over the strategy period include:

UNICEF: WHO has a close collaboration with UNICEF, a current focus being on the roll-out of UNICEF's sanitation game plan of 2022. The 2022 Game Plan builds on the State of the World's Sanitation report and is UNICEF's compass for implementing safely managed sanitation. This collaboration is key for the WSH Unit as the game plan follows WHO normative guidance and provides a vehicle for scaling up the implementation of safely managed sanitation – something which WHO cannot manage directly given its limited human and financial resources, especially at country level. WHO support is helping UNICEF managers at global and regional level to work out how their programming needs to change and adapt to address safely managed sanitation, which has implications for system strengthening given it encompasses not only the safe containment of excreta but also its treatment and disposal – aspects of sanitation in which UNICEF does not have a long track record.

The Initiative for Sanitation Workers: a global advocacy partnership between SNV, the ILO, World Bank, WHO and WaterAid. The Initiative supports greater recognition of sanitation workers and aims to support policy and regulatory reforms aimed at safeguarding their rights.

The Climate Resilient Sanitation Coalition: this was formed in 2022 in response to a Joint Call for Action at COP27 and aims to integrate sanitation into global and national climate policy and practice. It is a growing collaboration of international organisations, research organisations and practitioners

[7] World Health Organization, United Nations Children's Fund. Guidance for monitoring safely managed on-site sanitation (SMOSS): Draft prepared for Phase 2 pilots. 2022.

representing almost 35 organisations including WHO, UNICEF, UN-Habitat, World Bank, USAID, GIZ, ADB, BMGF, WaterAid, SNV, WSUP, and Green Climate Fund.

RegNet and associated organisations: RegNet has expanded its mandate to include wastewater and sanitation regulators and strengthened its scope of activities with new funding to support public health regulation of sanitation. For WHO, it has become an important platform for supporting the implementation of SSP and the Guidelines on sanitation and health, and their incorporation into national regulations and standards for sanitation services. Given that WHO's capacity for country support is small compared to major financing partners, this partnership offers another means for promoting and supporting the implementation of WHO sanitation guidelines and tools, as well as facilitating the exchange of good practices among members.

Other initiatives. The sanitation and wastewater team collaborate with various health initiatives, task forces and departments in WHO on AMR, NTDs, cholera, the Burden of Disease and wastewater and environmental surveillance (see outputs 3 and 6 for more information).

2.5 Challenges and opportunities

Obstacles to the implementation of this component of the Global WASH Strategy include not only WHO's limited human and financial resources for WASH at country level but also the low priority afforded to sanitation by some WRs. The partnerships outlined above – especially with UNICEF and RegNet – are therefore increasingly important, offering an alternative route for supporting the adoption and implementation of WHO guidance.

Looking forward, three priorities identified by respondents include:

- to devote more resources to cholera and typhoid control in areas where sanitation has been persistently poor for years (parts of West Africa, for example), to support long term solutions rather than repeated emergency responses;
- further support to the adoption and implementation of guidance on recreational water quality and wastewater surveillance; and
- the continued provision of OpenWHO courses relating to sanitation and wastewater, to increase knowledge in the public domain.

3. Output 3: WASH and other Health Programmes

In the Strategy's logframe, the output related to 'integration of WASH into health' is described as "*health and other programmes being aware of the importance of WASH and having access to up-to-date technical materials for their programming and policies"*. The logframe tracks indicators related to:

- WASH in HCFs (indicators 3.1-3.3),
- WASH and public health emergencies (indicator 3.4)
- WASH and NTDs (indicator 3.5)
- WASH and cholera prevention and control (indicator 3.6)
- WASH and anti-microbial resistance (indicator 3.7) and
- Hand hygiene for all (indicator 3.8)

The 2018 and 2019 versions of the logframe also had an output indicator related to infection prevention and control (IPC).[8] From 2021 onwards, reporting on this indicator was integrated into WSH's work on WASH and cholera and hand hygiene for all.[9]

In the WASH Strategy theory of change, the integration of WASH and health is portrayed as an output and as a cross-cutting area of work.

In addition to the work related to specific output areas 3.1 – 3.8 listed above, WSH has supported units across WHO (e.g. maternal child health and universal health care and health systems throughout the strategy period) and with other specific health programming areas such as malaria and nutrition. This ongoing support and collaboration is referred to across annual reports but not systematically tracked via indicators or specific narrative reporting.

An important document highlighting the need for integration of WASH in health is the 2019 publication: Water, sanitation, hygiene and health: a primer for health care professionals (*32*). Over the strategy period, WSH has continued to refer to this publication in annual reports and in internal meetings.

3.1 WASH in health care facilities (HCFs) (Indicators 3.1 - 3.3)

3.1.1 Introduction

WASH in HCFs refers to the provision of water, sanitation, health care waste management, hygiene and environmental cleaning infrastructure and services across all parts of the facility. Recently the definition used by WHO and UNICEF has been extended to include electricity *(33)*.

Global momentum on WASH in HCFs is relatively new but has gained pace rapidly. In 2015 WHO and UNICEF reported on the status of WASH in HCFs in low- and middle-income countries, using available data from 54 countries, representing 66,101 facilities (*34)*. This report laid bare a dire picture of the status of WASH in HCFs – a significant factor undermining the positive health aspects and efficiency of health care facilities. The study found 38% of surveyed HCFs did not have an improved water source, 19% did not have improved sanitation and 35% did not have water and soap for handwashing. In health care settings this lack of services compromises the ability to provide basic, routine services, such as child delivery and to prevent and control infections. Also highlighted in the report was the lack of action by governments on these issues and the absence of situation assessments by most low- and middle-income countries.

This data led to a joint action plan (2015) between WHO, UNICEF and partners, including WaterAid, for all healthcare facilities to have access to basic WASH services by 2030; a UN Secretary General Global Call to Action in 2018; and most recently the declaration of a Global Framework for Action to 2030 (*35)*.

WHO's partnership with UNICEF has been highly effective and complementary. According to WHO, there is regular communication, and joint events and publications. WHO leads most of the upstream work due to its greater connection with the health sector while UNICEF is more involved in country-level the Water and Sanitation for Health Facility Improvement Tool (WASH FIT) training and has more funding for infrastructure and can help support the gaps that were found from country situation assessments and WASH FIT assessments. Ukraine is an example where collaboration

[8] The full indicator wording reads: "Number of countries receiving technical assistance related to health care waste management and integration with broader WASH and IPC"

[9] For hand hygiene, logframe indicators include in the detail: coordinate activities and partners (including IPC, ILO, private sector) towards achieving global goals

through joint missions, national events and publications has taken place. WHO also enjoys positive collaboration with other organisations including WaterAid, World Vision, World Bank.

3.1.2 Key outputs and successes over the Strategy period

The Eight Practical Steps (2019) *(36)* is a blueprint providing a unique pathway for what countries need to do to achieve improved WASH in HCF including systems strengthening. As of April 2023, there were 73 countries implementing various stages of the Eight Practical Steps who voluntarily report their progress for the WASH in HCF tracker *(37*).

WHO has been exceptional in sharing resources and information. The washinhcf.org web site *(38)*, hosted by Emory University, is a valuable one-stop shop for resources on WASH in HCF, including examples of country roadmaps or standards, guidance on the Eight Practical Steps, WASH FIT portal, and links to webinars and information on training events.

WASH FIT has been adopted by more than 40 countries as a tool to assess the status of WASH in individual facilities.[10] According to WHO it is an effective tool for helping facilities understand the changes that they can make themselves and to empower them to petition municipal governments for funding larger capital-intensive improvements. The first edition of the WASH FIT technical guide was published in 2018 (*39*), the second edition was released in 2022 *(40)* and includes user-friendly and GEDSI-sensitive training materials and technical briefs, along with links to other resources to help countries implement WASH in HCF. A global evaluation of WASH FIT is underway.

Developing global indicators for WASH in HCFs through JMP *(41)* has been a major achievement by WHO. This allows comparability between countries and over time to measure progress on the domains of WASH in HCF. Since 2019 the JMP has maintained a global database on WASH services in health care facilities, following the development of core indicators in 2018 for monitoring WASH in HCF. A global baseline report was produced in 2019 using data from 125 countries drawing upon assessments of over 560,000 HCFs *(42)*. Global progress reports have subsequently been published in 2020 *(43)* and 2023 *(44)*, with another one scheduled for 2025. In 2019 a set of WASH and IPC indicators was developed for delivery rooms *(45)*. Data in 2023 was available for 185 countries and nearly 1 million health care facilities *(33)*.

WASH in HCF has had many supporting seminars, workshops, and technical webinars to support country implementation, including during COVID. A global WASH in HCF event is held annually in different locations to foster a regional perspective.

The development of resources at the regional level has also contributed to WASH in HCF implementation, e.g., a Toolkit for Mainstreaming GEDSI from SEARO *(46)*.

The efforts by WHO are making a difference to HCFs. For example, prior to 2018 only 38% of Ghana's HCFs had water services, but now the proportion is 58%. This is attributed to WHO promoting WASH in HCFs and influencing the Ministry of Health to prioritise the topic.[11]

WASH in HCF thematic area fits comfortably within WHO's operating framework with ministries of health and addresses an overlooked area of health care service delivery. WHO KIs commented that the organization can credibly build on existing relationships with ministries of health to advance WASH in HCF and is a trusted source of standards, tools, and guidance by member states.

[10] Reported on the washinhcf.org website as over 40 countries, however WHO staff reported 70 countries were using WASH FIT.

[11] Key informant interview with partner organization.

Significant impetus for WASH in HCF has come from high level political commitments including the global call to action by the UN Secretary General in 2018, the World Health Assembly Resolution on WASH in health care facilities, agreed to by 194 member states in 2019, and the UN General Assembly resolution on sustainable, safe and universal water, sanitation, hygiene, waste and electricity services in HCFs in 2023 *(47)*. These resolutions have ensured global prominence and made countries accountable for their progress on WASH in HCF. The latest declaration in 2023 further increased awareness and action among political leaders, national governments and development partners, demanding an accelerated and multisector response to the urgent need to improve the situation.

Attaining these political commitments has involved significant preparation by WHO through discussion and development of resolutions up to nine months before the declarations. Funding for some HQ staff costs from partners such as Global Water 2020 has been essential for delivering essential advocacy and communications around the initiatives.

Support from a global taskforce comprising 30 key partners and thought leaders, to provide input to WHO and UNICEF on global strategic direction, coordination, and to allow for information exchange and dialogue has been critical to the development of the WASH in HCF approach. The taskforce operated between 2020 and 2023. A UN Group of Friends in support of WASH in HCF was established in 2021. Co-chaired by the Philippines and Hungary, the Group of Friends aims to generate commitment and accountability amongst peer countries on the WHA resolution of 2019 and coordinate the issue across UN organizations and related UN thematic priorities *(48)*.

WASH in HCF contributes to both SDG3 and SDG6 and therefore is attractive to countries wanting to achieve their development goals. It is also important to promote the benefits of WASH in HCF (including health services efficiency, health and safety of workers, disease reduction, and health service cost saving) through global calls to action and country advocacy. Additional cost analysis in terms of burden of disease might be even more convincing.

3.1.3 Challenges and opportunities

Collecting data for JMP monitoring of WASH in HCFs has been difficult due to the low availability of WASH data in country health monitoring and information systems. At best WASH in HCF data indicates the presence of water sources and toilets at HCFs but does not consider continuity and safety of water supply, or sufficiency, cleanliness or waste treatment of sanitation facilities – all services which impact on quality health care. Limited data sets exist for HCFs particularly for environmental cleaning.

Assisting ministries of health to implement WASH in HCFs and contextualise it to the country is, according to WHO, very difficult to do without a country focal point. Country focal points with WASH expertise have declined in number over recent years.

Lack of donor funds is also a challenge for country uptake of WASH in HCF and developing the necessary outputs from the Eight Practical Steps. In the absence of WHO support, others such as UNICEF, WaterAid, Terres des Hommes or World Vision may take WASH in HCF forward however this work is entirely dependent on donor funding. Of the 73 countries implementing WASH in HCF 64% have drafted costed roadmaps, but only 15% have validated roadmaps being implemented with dedicated resources.

WASH FIT is difficult for countries to apply without local contextualisation and matching indicators to local standards. This takes human and financial resources to achieve. The current WASH FIT tool has 96 indicators which some NGO implementers have reported as confusing with some indicators irrelevant *(49)*. Implementing WASH FIT at the facility level also requires some mentoring or support

and it is unlikely that HCFs will initiate use of the tool by themselves without coaching. The use of WASH FIT as a continuous improvement tool for HCFs is unlikely without a national system of accreditation or supervision, and training.

A recent systematic review was unable to conclude whether observed improvements in environmental health services outputs or health outcomes and impacts could be attributed to WASH FIT *(50)*.

3.2 WASH and Public Health Emergencies (Indicator 3.4)

3.2.1 Introduction

The output indicator related to public health emergencies (PHE) refers to the publication of outbreak and health emergency documents integrating WHO WASH guidance and evidence. During the strategy period, Covid-19 has dominated WSH's work on PHE, complemented by technical guidance updates on Ebola in 2021.

3.2.2 Key outputs and successes over the strategy period

Overall, WSH's documented evidence on integrating WASH in PHE suggests an initially reactive (yet fast reacting) stance, publishing and updating guidance in response to WASH-relevant emergencies, i.e. Covid-19 and Ebola. After the initial Covid-19 outbreak, WSH Unit's work shifted to supporting preventative approaches via hand hygiene, with a dedicated staff member and output indicator (3.8, see further information below). This is an example of a significant scaling-up of activities in response to observed needs.

Looking at WSH's outputs over the strategy period in more detail, the following key achievements are noted on PHE: at the start of the Covid-19 pandemic, in 2020, WSH focused on assessing the virus's transmission pathways related to water and wastewater and quickly published interim guidance *(51)*, which was updated as more evidence became available *(52)*. This guidance was highly appreciated by funding partners *(53)*. WSH then shifted to communications related to hand hygiene as the most significant WASH contribution to disease control (see report on output indicator 3.8). Based on new evidence that Covid-19 circulation in wastewater can provide an early warning regarding the virus circulating in communities, WSH issued further guidance on the environmental surveillance of the virus, translated into all UN languages *(54)*. WSH also contributed to an agency-wide manifesto on recovery planning from Covid-19 and at regional level, the Africa and Americas regions both supported IPC efforts related to Covid-19.

Country case studies for this evaluation report reported the appointment of regional WASH officers in Ethiopia to support the Covid-19 emergency response. The regional WASH officers initially promoted hand hygiene actions and subsequently supported ongoing cholera prevention and control work at the regional and local levels. In the Philippines, the WASH Technical Officer is reportedly sometimes involved in emergency work, mostly by conducting assessments, providing training or procuring equipment. The Philippines case study also noted that both UNICEF and WHO are working on WASH in emergencies guidance and a need to consolidate efforts to avoid confusion. On Ebola, the WSH team published a questions and answers document concerning WASH in 2021 *(55)*, complemented by questions and answers related to health care waste *(56)*.

3.3 WASH and NTDs (Indicator 3.5)

3.3.1 Introduction

WHO's work to integrate WASH and Neglected Tropical Diseases (NTDs) started around 2014, leading to an initial global WASH and NTD strategy (published in 2015), which was added as a companion document to the first global NTD roadmap.

Over the strategy period, WSH has collaborated closely with the NGO NTD Network (NNN) which has a working group on WASH. Within WHO, the WSH Unit and the NTD programme collaborate across departments and coordinate with a WHO focal point at the NNN. Both internal and external collaborations are reportedly going well, despite a set of leadership changes at the department overlooking the NTD programme.

3.3.2 Key outputs and successes during the strategy period

The collaboration between WSH and NNN led to the development of a WASH and NTD strategy (an update of a 2015 strategy) *(57)*, complemented by practical 'how-to' guidance on how WASH and health sectors can collaborate to eliminate NTDs, first published in 2019 *(58)* (also published in French and Spanish) and updated in 2023 *(59)*. The WASH specific strategy and guidance support the global NTD roadmap *(60)*, which, in itself, emphasizes the importance of cross-sectoral action. Internal KIIs explained that the recognition by the NTD community of the crucial role that WASH plays in the elimination of NTDs has been an important enabler for practical integration. WHO and NNN also produced a web-portal for the Africa region *(61)*. The portal overlays administrative areas with high NTD prevalence with access to WASH services in these areas for countries where this is sufficient data. The latest work on WASH and NTDs focusses on developing a monitoring framework, based on case studies, to understand to what extent and how cross-sectoral collaboration is improving at country level. One of the indicators of the NTD strategy is about uptake and use. To what extent the strategy has been implemented at country level has not yet been comprehensively assessed according to KIs.

In terms of dissemination, the WASH and NTD toolkit was promoted through the Sustainable Sanitation Alliance (SuSanA) and through NNN. WHO and NNN also held joint sessions at World Water Week, at a UNC conference and at the All Systems Connect symposium, which helped to get traction for the toolkit. During the early strategy period, implementation was also supported in 13 African countries at regional and country level and through regional trainings in East Asia. In response to the cancellation of funding on NTDs from FCDO and to the pandemic in 2020/21, WHO moved its capacity support to a self-paced online training course via an OpenWHO course. The training has the highest completion rate of WSH's OpenWHO courses (8,513 learners enrolled, 4,096 participants completed the course in June 2024).

The Ethiopia case study demonstrates good levels of integration between WASH and health sectors, supported by a strong WHO NTD team in country.[12] There is a national WASH and NTD technical working group chaired by the Ministry of Health, which, in 2024, implemented the third national NTD Strategic Plan 2022-2025, under the umbrella of the global roadmap. A district-level WASH and NTD toolkit was launched in 99 districts in 2019 and a national framework was developed in 2021, translated into local languages. Data on access to WASH services and NTD endemicity is available on the country's health information platform and WHO actively coordinates with UNICEF to prioritize WASH infrastructure development and rehabilitation in geographic areas where WASH-related NTDs are endemic. The prevalence of WASH-related NTDs is reportedly a selection criterion for WASH projects in the national WASH development plan. On the behavior change side, a minimum WASH package has been developed to support NTD interventions.

Ethiopia is likely to be a positive outlier on WASH and NTD integration because it served as a basis for developing and revising global WASH and NTD tools and was reported as a key example for good practice by several global KIs. The Philippines case study documents a weak integration and coordination between WASH and NTDs in the WHO country office.

[12] WHO's NTD team in Ethiopia had 19 staff members in April 2024, of which six were deployed at the regional level.

3.4 WASH and Cholera (Indicator 3.6)

3.4.1 Introduction

Global action on cholera is led by the Global Task Force on Cholera Control (GTFCC), a partnership of over 50 institutions, chaired by UNICEF and hosted by WHO, which holds the Secretariat. WSH collaborates closely with the WASH focal point in WHO's epidemic diarrhoeal disease team, who was appointed in 2023, and who also chairs the GTFCC's WASH working group under WHO's cholera programme.

The work of the GTFCC is guided by a global roadmap for cholera control *(62)*, which aims to reduce cholera deaths by 90% by 2030 *(63)*. The integration of WASH and health features strongly in the roadmap (it is one of five technical axes) and across the 20 research priorities identified in the related global research agenda *(64)*, drawn up by WHO through a wide consultation of experts. Operationally, the roadmap focuses on implementing national cholera plans (NCPs) at country level through country support platforms. This includes identifying priority areas for multisectoral intervention (PAMI) for delivering WASH services. The strategy identifies 47 countries for support and specifically targets 20 countries for elimination. Due to an unprecedented global rise in cholera since 2020, the epidemic was classified as a grade 3 emergency (still at that level in June 2024) and a global cholera Incident Manager Support Team has been established in January 2023 supporting 19 countries *(65)*. WASH has been integrated into the country support plans.

3.4.2 Key outputs and successes during the strategy period

In the logframe, WSH tracks its progress on support to cholera prevention and control through the number of countries to which it has provided backstopping in implementing national cholera plans. Whilst annual technical support targets were exceeded during the early strategy period, they were not achieved in more recent years and no milestones were set for 2023 (see overview table in Annex 10). The recent decline in technical support to countries relates to WASH staff recruitment into the cholera team, which shifted the WSH Unit focus on communicating existing WASH guidelines, tools and resources. Other factors were a lack of funding and competing priorities within WSH.

WSH's support to the GTFCC on the provision of WASH-related technical guidance and evidence production over the strategy period includes the following: the WSH team has supported the GTFCC through technical guidance on WASH and IPC and on chlorination in cholera treatment centres (2019) *(66)*, by working with partners e.g. to implement sanitation safety planning in cholera hotspots[13] and through advice on household water treatment technologies. GTFCC uses WSH tools e.g. on sanitation safety planning. Data has been used to identify correlations between access to basic WASH services and cholera globally. A recent global review meeting of GTFCC's roadmap in June 2024 *(67)* sharpened the focus on WASH within the roadmap and identified WASH-related milestones for 2026.

In addition to planned support, the team has also provided support on a demand-responsive basis. For example, in Ukraine, WSH supports the Ministry of Health in cholera prevention, according to KIIs with national stakeholders.

The case study on Ethiopia, where cholera is endemic, found a good level of WHO human resources to support cholera prevention and control. A dedicated environmental health emergency officer was in post, supported by regional WASH officers to support the emergency response.[14] WHO technical support has focused on capacity strengthening at national and regional level via Ethiopia's emergency preparedness and response cluster. Technical support has included (i) support to the

[13] E.g. trainings conducted in 18 countries in the Americas with the support of ADERASA in 2021

[14] The emergency officers were contracted to support the response to the Covid-19 emergency and their contracts were due to end soon in April 2024.

production/revision of standard operating procedures, (ii) activation of local WASH coordination mechanisms and support to local emergency response and preparedness plans, (iii) capacity building for health extension workers on water quality management, disease surveillance and IPC, (iv) case assessments and (v) quarterly monitoring visits. Collaboration between the WASH and health sectors is a vital part of the response and Ministry of Health recently initiated a 'STOP Cholera' campaign in collaboration with the Ethiopia Public Health Institute, WHO, UNICEF and other agencies.

Most of WSH's guidance is relevant for cholera prevention and control but guidelines are more focused on development contexts and need to be adjusted to emergency settings.

Internally, WSH has reportedly had a strong collaboration with GTFCC and WHO's cholera team via frequent meetings with the WASH focal point in the team. In addition to contributing to technical guidance and updates when necessary, this has included sharing information and participating in regional and global events including at the World Health Assembly and Stockholm World Water Week.

3.5 WASH and AMR (Indicator 3.7)

3.5.1 Introduction

WSH work on integrating WASH and AMR started prior to the strategy period. In 2014, WSH developed a briefing note highlighting AMR as an emerging WASH issue *(68),* followed by contributions to a WHO Global AMR Action Plan.[15]

During the strategy period, WSH's work on AMR was part of a UN inter-agency partnership, first between WHO, the Food and Agriculture Organisation (FAO) and the World Organisation for Animal Health (OIE), which, from 2020, also included the United Nations Environment Programme (UNEP). In 2020, the 'quadripartite' partnership attracted funding to set up a trust-fund for global awareness raising, advocacy and capacity building. Outside the quadripartite, one internal KI identified UNICEF as a key stakeholder, with whom coordination on WASH and AMR has lacked consistency over the past years at the global level.

Internally within the WSH Unit, they have mainstreamed WASH and AMR in their work on WASH and HCFs, in the global HH4A Initiative and in environmental surveillance. For example, a special JMP report on WASH in HCFs highlighted the lack of access to WASH in increasing the risk of AMR and the updated WASH FIT tool includes AMR.

Within WHO, WSH is part of an inter-departmental coordination group, which also supports intra-WHO cooperation at country level and supports WHO's AMR team in addressing gender and equity dimensions. WHO's thematic AMR work has included WASH as part of the overall approach and key interventions and AMR is represented as a thematic area in the WASH strategy. The work between the departments translates into joined advocacy at the global level e.g. at this year's upcoming UNGA high level meeting on AMR, WASH will be included in the political declaration.
Regional level coordination is reported as patchier. RA meeting minutes[16] refer to increased collaboration across units and organisations in SEARO.

3.5.2 Key outputs and successes during the strategy period

In terms of technical outputs, see Annex 10 for a summary. WSH contributed to an inter-agency discussion paper on the optimised use of AMR, into a self-assessment questionnaire that globally monitors country progress in addressing AMR, and to other regional and global policy and guidance documents in 2018. In 2019, WSH supported the production of a Burden of Disease study on WASH

[15] World Health Organization. Global Action Plan on Antimicrobial Resistance. 2015
[16] Notes WASH Regional Advisor meeting 25 September 2023, World Health Organization, unpublished, 2023.

and AMR. A key milestone on WASH and AMR was the 2020 WHO/FAO/ OIE technical brief on WASH and wastewater management to prevent infections and reduce the spread of AMR *(69)*, translated into French, Spanish, Russian and Portuguese. The brief explains how WASH actions can contribute to national action plans to fight AMR. It identifies six action areas for coordinated and multi-sectoral action. This publication was complemented by a technical brief on combatting AMR through WASH and IPC in HCFs *(70)*, co-published with WaterAid and UNICEF. Most recently, the WSH team provided significant inputs into a WHO people-centred approach to addressing AMR across 13 key interventions identified for a country to consider in their national action plan *(71)*.

Global advocacy activities under the quadripartite highlight AMR as a case for mainstreaming environmental threats into a one-health approach, attracting visibility at the G7 summit in 2021. The initiative worked with a 'Global Leaders Group' on AMR. The WSH team also contributed to a four-part webinar on AMR and the environment in 2022.

In terms of dissemination, WSH set itself a 2021 milestone of reaching 90 countries with awareness raising activities related to WASH and AMR in national action plans. This target was reported as delayed in 2022, due to delays in FAO. The target was not reproduced in the 2023 logframe.

According to an internal KI, around 40 countries revise their national action plans every year. A new dissemination-related milestone for 2023 is the development of an OpenWHO course on WASH and AMR, to be launched in 2024 and in-depth capacity building on AMR and the environment in six countries by quadripartite partners. At the regional level, WHO provided training on AMR and wastewater management in in SEARO in 2022. According to an internal KII, the WSH team is currently exploring how the 13 proposed WASH interventions to tackle AMR in national action plans can be made more context-specific and implemented at PHC and sub-national level based on in-depth work in four countries.

At the national level, WHO supports countries in developing national action plans and taking forward critical interventions. There is reportedly now more recognition of the importance of WASH in combatting AMR, including the critical importance of WASH infrastructure, but this is often seen as expensive and complicated by the fact that the necessary infrastructure development sits under different line ministries to health. A related observation from internal KIs is that national WHO WASH teams are not yet fully aware of the benefits of being part of a global AMR response and are therefore not asking national AMR teams for inputs.

There is also integration of WASH and AMR, NTDs and cholera units at headquarters, with the WASH and other departmental strategies complementing each other. WASH is well integrated into the three global disease strategies / action plans and research agendas.

3.6 Hand Hygiene (Indicator 3.8)

3.6.1 Introduction

The Hand Hygiene for All (HH4A) Initiative is a call to action to accelerate progress towards universal hand hygiene by 2030 *(72).* The initiative grew out of the focus on hand hygiene during the COVID-19 pandemic, and WHO's global recommendations on hand hygiene at the time. The jointly led WHO and UNICEF initiative was launched in September 2020, with an initial objective of supporting country responses to COVID-19, however the longer-term strategy is to ensure a transition to sustainable funding for hand hygiene as part of a building back better agenda.

The HH4A initiative aims to "inspire, engage, and coordinate hand hygiene access and improvement". It aims to improve hand washing through a focus on four pillars: political leadership, access (to facilities and products), behaviour change to form handwashing habits, and enabling environment (policies, strategies, financing, capacity building, monitoring and evaluation).

The initiative's core partners include the World Bank, Sanitation and Water for All, International Federation of the Red Cross and the Red Crescent Societies (IFRC), International Labour Organization, London School of Hygiene and Tropical Medicine/Hygiene Hub, United Nations Refugee Agency (UNHCR), Global Handwashing Partnership, and WaterAid.

3.6.2 Key outputs and successes over the Strategy period

The HH4A is developing normative and implementation guidance on hand hygiene which should be published from December 2024.

*World Health Organization and UNICEF. Hand Hygiene for All, n.d. (73):*A summary call to action to achieve universal access to hand hygiene and why it is important. This document highlights the different contexts for hand hygiene including 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.

Hand Hygiene for all - Joint Statement. June 2020 (74): A joint statement by Executive Director UNICEF and Director-General WHO on the launch of Hand Hygiene for All joint initiative to make handwashing accessible to all. The statement highlights the need for joint efforts and collaboration. Governments are urged to increase investment in hygiene, water, and sanitation.

GLAAS Special thematic publication on hand hygiene, 2020 (75): This report finds that countries had national plans and policies for hygiene but lacked the financial and human resources to fully implement them and achieve their targets. Data on hygiene was limited. Overall, there was a lack of an internationally agreed-upon definition of hygiene against which to report on and compare data. As a step to promote better monitoring and reporting of hygiene data in WASH systems, WHO committed to revise the GLAAS country and external surveys to clarify its definitions and questions on hygiene in future data collection cycles, and to improve the reporting of hygiene expenditure data in TrackFin.

State of the World's Hand Hygiene, 2021 (76): This report sets out the case for hand hygiene, particularly for prevention of diarrhoea, respiratory diseases and COVID, and why hand hygiene is a low-cost effective investment. Three out of ten people, 2.3 billion globally, lack a facility with water and soap available to wash their hands at home, including 670 million who have no handwashing facility at all. Facilities are also missing in many HCFs, schools and public places. It outlines what governments can do to accelerate progress in hand hygiene in their countries. The Report shows that investment in five key 'accelerators' – governance, financing, capacity development, data and information, and innovation – identified under the UN-Water SDG 6 Global Acceleration Framework – can be a pathway towards achieving hand hygiene for all.

Hand hygiene costing tool, 2021 (77): Adequate levels of funding are recognized as critical to achieving universal hand hygiene by 2030. The hand hygiene costing tool (an Excel spreadsheet) aims to facilitate estimation of the cost of achieving basic hand hygiene for all by 2030 at the national level. The tool provides annual cost estimates from 2021-2030 using base costs (derived from country prices and personal advice), population projections, and coverage rates from JMP. The tool was developed jointly by WHO and UNICEF, through a consultancy with WASH economics, and with input from the London School of Hygiene and Tropical Medicine, the World Bank and WaterAid.

Hand Hygiene Acceleration Framework Tool (HHAFT), 2023 (78): The HHAFT was developed by UNICEF, WHO, and WaterAid as a tool (an Excel spreadsheet) to be used at the national level by governments to track their progress on developing and implementing a plan of action for hand hygiene improvement. The tool has a Process Tracker (20 questions) and an Enabling Environment

Assessment (21 questions) across 5 pillars from the SD6 Global Acceleration Framework – governance, financing, data and information, capacity development, innovation. The tool uses traffic light coding (0-3) plus commentary and provides a summary score to show which areas require action. Results from 17 countries are posted to the handhygieneforall.org website (updated 11 October 2023).

The HH4A initiative has been a success with countries. The evaluation survey found that hygiene was in the top three thematic areas which countries have prioritised since 2018. A case study example is the adoption of the HH4A initiative by the Government of Ethiopia, which developed and endorsed a costed Hand Hygiene for All Roadmap 2022-2032, with ongoing implementation. In other countries hand hygiene promotion activities are being extended beyond the healthcare sector into food and beverage, education, and agriculture. A progress report in 2020 indicated 104 signed commitments from core partners across the accelerators *(79)*.

The "coalition of the willing" at the global level has been a success factor for the HH4A initiative. According to WHO, the collaboration and consultative processes with global partners, and regional and country partners has led to a clear scope for HH4A guidelines.

WHO's commissioning of a scoping review of existing recommendations on hand hygiene has been fundamental to the evidence base for developing the subsequent guidelines. Through a systematic review of 51 global documents, WHO was able to identify specific gaps in global guidelines, and through consensus, include this evidence in the HH4A agenda for targeted guidance and further research. The guidance will respond to these gaps such as where to situate hand washing facilities; what to do if there is no water; effective alternatives at removing pathogens from hands; roles in governments to take action; and how to advocate for hand hygiene.

As a result of the ongoing consultative process and the evidence base, a change of mindset within the WASH sector was noted by WHO staff on the importance of hand hygiene and allocation of resources. Several key partners have allocated resources to hand hygiene either through creating a dedicated role for hand hygiene within their organization, or through specific engagement with WHO on the guidelines.

WHO and UNICEF and WaterAid have worked on joint projects on the back of the global coalition. WHO's transformation agenda aims for a greater focus on making sure that the guidelines produced are accessible and implementable to people. In May 2023 the HH4A initiative convened 48 people from 18 countries to share the plan of activities and guidance and test the potential for implementation across countries. This forum contributed to a narrative on how to implement the hand hygiene recommendations.

The implementation guidance is taking a systems approach which is informed by a group of 10 champion countries formed (in January 2024) to provide input into the implementation guidance. These were countries either well advanced in implementing hand hygiene, or who were interested and had political commitment and buy in but did not necessarily know the path forward. The implementation guidelines are planned to be published in December 2024 and piloted in 2025. The HHAFT provides a framework and step by step process that governments can take. The recommended approach for implementation is one ministry leads and convenes other ministries and stakeholders (including UNICEF, WHO, WaterAid as appropriate) to complete the HHAFT together through discussion. This process acknowledges that either of the three HH4A partners (WHO, UNICEF, or WaterAid) can support the analysis.

The costing tool provides additional support to financing of hand hygiene by estimating costs. There is no other similar guide available.

In addition to consultations, the HH4A initiative has delivered training and webinars, progress reports and newsletters (although not since 2021). It has also published a HH4A Country Roadmap Guidance Document *(80)* which can help countries develop their own costed Roadmap to 2030; a number of countries have done so – Tajikistan, Nigeria, Ethiopia, Iraq, Pakistan, and Bangladesh. Several publications in the British Medical Journal have also increased attention to hand hygiene. A web portal for hand hygiene has also been set up *(81)*. It links to resources including State of the World Report, costing tool, HHAFT, examples of hand hygiene policies, GLAAS special report. It also links to resources in hand hygiene by setting eg. HCF, humanitarian, schools, workplaces, and to other resources from other platforms: COVID-19 Hygiene Hub; WASH in HCF Knowledge Portal; and ILO Hand Hygiene at the workplace: Policy Brief.

3.7 Challenges and opportunities in the integration of WASH into other health programmes

Hand hygiene

Feedback from KIs confirms that the intense level of attention given to handwashing during COVID-19 has since tapered off. As one country stakeholder noted, hand hygiene efforts involved a lot of temporary facilities, using emergency money, which not sustainable. The HH4A initiative came at the right time and built momentum and ownership, as well as an approach to hand hygiene that was previously missing. In fact, the lack of focus on hand hygiene was surprising to WHO staff, as illustrated by an internal KII:

> *"It is shocking that WHO doesn't have guidelines on hand hygiene outside of HCF. WHO has been very silent in terms of what type of hand washing, what agents, how long, what about the cleanliness of water".*

The importance of having a HH4A Steering Group is a lesson learned. With comprehensive membership, the Steering group represents a diverse range of interests and individuals who have contributed to the development of the normative guidance and implementation guidelines through comments and feedback.

The HH4A initiative is a case study in the importance of developing guidelines and implementation guidance in tandem. The strong focus on the enabling environment or accelerating factors is practical for countries. Feedback from Governments is they want clear guidance, and to understand *how* they can implement the recommendations - not just what needs to be in place, but how to put it in place. They also wanted guidance which is not lengthy or dense, but which is practical, and evidence based.

The HH4A initiative has been a process over time. Initial reaction from countries was at first that guidance already existed, and hand hygiene was not rocket science, with WHO's involvement questioned. Through sustained engagement and the scoping review, this attitude changed. Developing the WHO hand hygiene guidelines involves a very strict process and protocol which is time consuming. However, this process retains WHO's rigour and quality as noted elsewhere in this report.

The initiative was intended to be broad in nature, including collaboration with the International Labor Organization (in the context of COVID-19, and trying to encourage improved hand hygiene practices in the workplace). Initially 13 partners were part of the global collaboration, however, as described by WHO personnel, global partnerships are complicated. The commitments are soft, although there might be a mandate to set the partnership up, there is no Secretariat, no strong monitoring, and funding is needed. Some partners who are not WHO's traditional partners have dropped off the initial partnership due to the COVID pandemic passing and less interest in and fewer funds for preventative health measures. WHO and UNICEF have made flagship commitments, but other parties have not stuck with the original collaboration.

While the global collaboration does continue in a modified form, partnerships at country level are not always as strong as they need to be, which limits what the global team can do. An example is the 18-country collaboration in 2023 during which it was apparent that many UNICEF and WHO country colleagues had never met. Global KIs referred to a clear division of labour between the two agencies at country level whereby UNICEF leads hand hygiene work in community settings and WHO in health care settings, but there is no evidence from this evaluation on how this division of labour is practiced at country level. Resources are also a challenge at the country level because country officers are working on various tasks. Dedicated hand hygiene funding, even in the short term, may be needed to get their focus on hand hygiene and allocate some time to it, even if this is to integrate it within other programmes.

Finding the right ministry is also a challenge. Global guidelines for hand hygiene for community settings may not involve the ministry of health, but another ministry eg. water. The approach needs to reflect this.

Other health programmes
An important lesson related to Covid-19, Ebola and cholera reported in consecutive annual reports during this strategy period is the role of HCFs in preventing the spread of disease outbreaks. HCFs were typically the first point of engagement with infected, underscoring the importance of WASH facilities so that they can continue to provide health services and do not become a source of infection.

WSH work experience in PHE also points to the need for a broader approach to infectious disease prevention and control at HCF, school and community level. Rather than being disease/outbreak specific, there is a need to streamline efforts within primary health care, pandemic preparedness and WASH in HCFs. Key actions are described in the WASH for health care professionals primer *(32)*. WSH's reported outputs relate to technical guidance on specific diseases following outbreaks or pandemics. There is currently no strategic direction discernible in this area of work judging from annual reports alone.

A common external challenge across the integration of WASH into AMR, cholera and NTDs is a lack of funding for WASH infrastructure, which is considered expensive and is the responsibility of line ministries outside the health sector (except in the case of HCFs). For cholera, there is also a reluctance from the side of some governments to forward information on outbreaks because of potentially negative political implications.

Development of infrastructure also generally features under the preventative side, which KIs commented on as tending to be neglected in the face of emergencies and as not sufficiently emphasised within the health sector and WHO. For example, the recent resurgence of cholera has led to a focus on rapid response via oral cholera vaccines at the expense of preventative work.

NTD reduction efforts further suffered from a global decline in bilateral donor funding, with a lot of NTD work in country relying on NGOs.

External challenges related to cholera prevention and control include the Covid-19 pandemic, which drained resources. The ebbing of resources coincided with an increase in climate change-related events and a global rise in armed conflicts, which led to increased vulnerabilities and population movements. This, in turn, contributed to a recent global rise in cholera cases.

Internal challenges related to WHO's cholera work are a continued focus on emergencies at the expense of medium to long term prevention work, a lack of WASH focal points at country level and difficulties in implementing monitoring. [17]

For AMR, KIIs identified blurred lines between IPC and AMR whereby countries may end up developing parallel IPC and AMR action plans, which both include WASH. One internal KI commented that*, "it's a bit blurry between WASH IPC, and AMR, we all seem to have plans that all talk about each other's works".*

According to KIs the practical WASH and NTD toolkit is transferrable to other areas of WASH and health such as cholera and nutrition.

The decline of donor funding to the elimination of NTDs has prompted the NNN to promote prevention more strongly and to push further integration of NTD work into wider health systems. For cholera, a recent meeting in Geneva pointed to the need of greater political leadership support for WASH, including by calling attention to the multiple benefits of WASH. More WASH implementation partners and national governments need to be involved in cholera discussions, and there is a need to think through a multiple-disease lens as the same communities affected by cholera may be affected by other WASH-related diseases and / or are affected by humanitarian crises. For cholera prevention and control, improved disease data to help the WASH sector better target WASH service delivery to cholera hotspots. Conversely, improved public health surveillance so countries can support a more rapid detection of cholera cases. Related to this are opportunities for collaboration with major WASH implementing partners and opportunities for evidence production e.g. new cholera strategy identifies the level of WASH services needed to prevent major cholera outbreaks as a key evidence gap *(67)*.

There is also a question of whether cholera could fall under public health emergencies and whether WSH's work on this topic could generally be strengthened to take on more of a preventative stance rather than focusing on the production of guidelines. WSH's work on HH4A has already started pivoting in this direction.

There is an opportunity for the WSH team to more fully exploit the AMR challenge, by using AMR as a reason to strengthen WASH services at the national level. According to an internal KI: "*WASH infrastructure is critical, and AMR could be seen as one of the indicators, so the WSH team should be also willing to exploit that strengthening WASH will significantly impact the AMR response".* As for cholera, AMR also presents as a challenge in vulnerable sections of populations e.g. spreading of AMR noted among refugees and migrants in Ukraine, Iraq and Syria. This speaks to a stronger integration of other health programmes with PHE work.

4. Output 4: Joint Monitoring Programme

4.1 Introduction

The JMP was launched in 1990s, taking over from a history of WHO reporting and use of the Minimum Evaluation Procedures dating from the 1980s. The JMP and is considered 'instrumental in establishing WASH related global benchmarks which have enabled comparison of progress across countries'*(6)*.

The initiative's main collaboration partner is UNICEF which at HQ level is a good complementary partnership that works well. However, at regional and country level sometimes there is an imbalance. Other partners include NGOs in addition to working with country governments. Within

[17] Presentation on WASH and cholera, World Health Organization, unpublished, 2024.

WHO collaboration also exists with other units/departments that conduct other monitoring at national and global level e.g. burden of disease (BoD).

4.1 Key outputs produced over the strategy period

The programme output is to generate reputable data. Updates of the global database are produced every two years. According to the results tables, global WASH Household data updates (within the strategy period) have been produced every two years (2019, 2021, 2023), WASH in schools (2018) with an update in 2022 (Progress on drinking water, sanitation and hygiene in schools: 2000-2021 data update), WASH in Health Care Facilities (2019) with an update in 2022 (Progress on WASH in health care facilities 2000-2021: special focus on WASH and infection prevention and control (IPC) and the latest data update to be published in October 2024.

In addition, as evidenced through the JMP data portal *(82)*, specific thematic reports are produced, e.g., JMP 2022 data update on WASH in schools, the thematic pullout on pandemic preparedness, and the disability inclusive WASH services, but are not necessarily reported in the logframe or specified in the WSH annual report. The most recent of these is the Progress on drinking water sanitation and hygiene in schools 2015-2023: special focus on menstrual health.

Key outputs also include the continuous development and refinement of global indicators for example, gender specific indicators (March 2024) recommending fifteen priority indicators, and safely managed on-site sanitation monitoring guidance Annex A (Indicators) - a technical document (in draft) setting out details on global indicators for monitoring SMOSS (August 2022). Global data on wastewater treatment and reuse (SDG 6.3) published in 2018 was updated in 2021 and presents a summary of available data on total wastewater flows generated and treated in 2015 with disaggregated analyses on flows from industrial sources in 2015 and households in 2020.

Technical support on monitoring WASH services has been provided on average to between 10-15 countries every year between 2018 and 2022; results are not known for 2023. The technical support includes those countries conducting water quality testing where surveys are being carried out, support on SMOSS, technical support on SDGs as well as contribution to regional workshops on monitoring.

Successes, challenges and opportunities are reported jointly for JMP and GLAAS below.

5. Output 5: Global Analysis and Assessment of Sanitation and Drinking-Water

5.1 Introduction

UN-Water GLAAS was established in 2008 to provide policy- and decision-makers at all levels with reliable, easily accessible, comprehensive data on WASH systems including governance, monitoring, human resources and finance *(83)*.

In terms of collaboration, various members across the WSH Unit have been working with the GLAAS team to strengthen components i.e. hand hygiene. In terms of efficiencies, WSH Unit members have also been as providing input to the survey questions rather than conducting a standalone survey.

Collaboration beyond the WSH Unit includes UNICEF and IRC with GLAAS likely to continue to strengthen the partnership on WASH Accounts but with the shift to UNICEF having a more formal role in the initiative. The move is in part due to the inclusion of climate resilience across both initiatives, which provides an opportunity to make GLAAS stronger with UNICEF capacity support (Source: FCDO). In terms of the ability to support countries the team considered a need to work with a range of other external partners (such as Aguaconsult, World Bank, Water for People, WaterAid).

5.2 Key outputs and successes over the strategy period

This output area has had several indicator changes. From 2020 indicator 5.2 was revised, activities were then paused at the request of the donor to allow for more coordination, by 2022 activities were temporarily put on hold until in 2023 funds were redirected, with agreement of the donor, to indicator 5.1.

Also in 2020, the indicator 5.3 was replaced with a new indicator coupled with the creation of indicator 5.4. In 2022, indicator 5.3 was subsequently revised. The reasons for this reprogramming are not explicitly clear however, they coincide with COVID-19, a funding deficit and then securing new donor funds.

Key outputs during the strategy period include the GLAAS survey guidance now available and translated into seven languages with data received, analyzed and published every two years from an increasing number of countries (115 countries in 2019, 123 countries in 2021). Furthermore, the data of 124 countries is also available on the newly launched updated and improved GLAAS data portal. Additionally the dissemination of GLAAS data at various global, regional and national level workshops is notable and linked to key outputs.

WASH acounts aims to help countries understand financial flows in the sector by answering four key questions: 1) What is the total expenditure in the WASH sector? 2) What are funds being spent on? 3) Who pays for WASH services and how much do they pay? And 4) Who are the main WASH service providers and how much are they spending?. Using the TrackFin methodology, developed by WHO, WASH Accounts, aided by the WASH Accounts production tool (WAPT) are developed through the collection and mapping of financial flows *(84)*. Piloted some 10 years ago, with a gradual roll out in 2018-2019, by 2023 a total of 22 countries have been supported and applied the tool, some countries already on their second, third or fourth cycle. Material is also available in English, French and Spanish and regional co-horts have been developed for ongoing training and support.

Integrated Monitoring Initiative (IMI)

IMI (formerly referred to as the Global Expanded Monitoring Initiative – GEMI), was established in 2015 by UN-Water to bring together the UN organizations that are custodians of the various SDG 6 global indicators and enable synergies across the UN organizations as well as harmonize methodologies and requests for data *(85)*. IMI-SDG aims to support countries to collect, analyse and report SDG6 data and to support policy and decision makers at all levels to use this data in a holistic manner. JMP and GLAAS are part of the integrated monitoring initiative with UNICEF as the co-custodian for JMP and OECD for GLAAS. WHO are also co-custodians with UN-Habitat, of SDG 6.3.1, wastewater indicators and are supported more by IMI as opposed to JMP and GLAAS.

5.3 Outputs and successes for JMP and GLAAS over the strategy period

Within the WSH Unit, JMP and GLAAS are considered a key part of the WASH strategy as WHO is a custodian agency of the SDG framework and are embarking on reviewing of monitoring of climate resilience in WASH services.[18]

JMP and GLAAS evidence is produced and used effectively to support other priority intervention areas of the team e.g. set of core questions and indicators for WASH in schools in 2018, followed by a global report on WASH in schools in the same year; publication of hand hygiene data in 2020 in response to Covid-19 *(86)*, and questions on AMR included in JMP and special focus on HCFs. GLAAS data is also used to inform State of the World's sanitation report.

[18] KII.

As a department ECHD sees GLAAS as providing powerful evidence. For example, the WASH Accounts have a baseline of more than 10 years ago, from 3 pilots increasing to 38 countries with at least one WASH cycle or in process of developing WASH Accounts, and the momentum is increasing all the time.

There is a consensus amongst external partners that JMP is doing well, especially with presentation of data. However, the GLAAS is perceived as harder to work with (Source: RWSN), although, with the new GLAAS portal there is a gradual shift toward JMP standards. Also GLAAS is recognised for its improved strength in terms of depth and breadth from when it was first conceived.

Donors reported they are regularly and continually using both JMP and GLAAS monitoring data for country prioritization, and financing of grants[19], despite some questioning whether WHO are the right people to lead GLAAS, suggesting the WB may be an alternative (Source: USAID; Bristol University).

Regional and country level partners also report good collaboration with GLAAS and mention "JMP is like a Bible".[20] Online survey respondents echoed these opinions acknowledging the role and mandate of WHO in terms of benefiting from the data collection exercises of JMP/GLAAS and provision of guidance to WASH global standards e.g. JMP service ladders. They also mentioned the achievements of JMP and WASH in HCF, aligning with WASH core indicators, including the help and support provided to align reporting and monitoring to JMP standards as well as support with TrackFin and WASH Accounts nationally.

Challenges and opportunities for JMP and GLAAS

Regionally there are variances in terms of the extent of engagement with GLAAS and JMP. EMRO reported to engage on a routine basis and has for example, secured funding from HQ to have combined regional workshop on both JMP and GLAAS. PAHO, also reported working with GLAAS (27 countries submitting survey data), and TrackFin (17 WASH Accounts). In contrast in WPRO the number of countries submitting GLAAS and JMP is considered low. That said the last GLAAS cycle is reported to have 11/37 countries submit – the first time numbers so high.

The weaker presentation of GLAAS data compared to JMP is, in part, due to GLAAS being projectized meaning relying on donor funding. In addition, respondents also cited GLAAS being reliant on people willing to answer a questionnaire with information being more valuable when large numbers of countries respond accurately and completely.[21]In addition, as mentioned previously, JMP has a longstanding history and GLAAS is at a newer state of maturity.

Annual reports highlight the need for JMP and GLAAS data to be communicated in a straightforward manner to enable WASH and health decision-makers to translate data into practical action. In the WSH Annual report (2020) the lesson learned was that due to relevant and timely WASH data (both JMP and GLAAS) and use of such data, policies had been informed and/or attention raised to critical issues. This was highlighted with the compilation and publication of hygiene data during 2020, in terms of COVID-19 response.

In particular, GLAAS acknowledges that trustful and meaningful relationships with governments is paramount and not to underestimate the convening power of WHO: if GLAAS existed but not within WHO, it would not be the same relationship with countries. This is also linked to trust in WHO. Convening power is a combination of WHO as a brand but also trust built up with collaborators. National government ownership and strong stakeholder engagement is also one of four essential

[19] KII.
[20] KII.
[21] KII.

elements for successful TrackFin implementation and institutionalization as highlighted in the specific report in 2020 "Reflecting on TrackFin 2012-2020" *(87)*.

Resourcing is the primary challenge highlighted in terms of both JMP and GLAAS whether mentioned as declining funding or interest of particular donors (i.e. FCDO or BMGF in sanitation) putting both GLAAS and WASH Accounts at risk[22] or the limited WHO core funding year-on-year.

GLAAS specifically has the challenge of ensuring a survey can take into account 190 contexts and ensure that countries are adapting their responses. Again, in terms of funding, at an approximate cost of US$ 5,000 to participate in GLAAS multiplied by 100, equates to US$ 0.5 million and then considering it is not part of a national process, to what extent is this considered an attractive funding package.[23]

Whilst GLAAS provides powerful evidence, there is also recognition that monitoring through the JMP and GLAAS needs to go beyond a figure that gets cited.[24]

The sanitation policy and monitoring tool (PMAT) was piloted in six countries in 2020 and highlighted the need for further emphasis on climate change and clearer roles and responsibilities for government ministries and departments related to sanitation *(86)*. As mentioned above, the activity was then changed and put on hold before being discontinued. The reasons for this pathway, beyond requiring more coordination, are unclear with the view to merging with African Ministers Council on Water's African Sanitation Policy Assessment Tool (ASPAT).

6. Output 6: Burden of Disease

6.1 Introduction

The estimation of Burden of Disease (BoD) is also a long-standing initiative as part of the Global Health Estimates, with the first Global Burden of Disease Study in 1990 *(88)*. Since 2012, WHO has regularly produced estimates of BoD attributable to unsafe WASH, in alignment with wider Global Health Estimate updates, which provide the total mortality data by cause. Reports are usually published with a time lag between the updated data and publication, due to the time taken for data analysis. The WASH BoD data is used to formally report on SDG 3.9.2.

6.2 Key outputs over strategy period

Between 2018 and May 2024, WHO has produced two BoD updates, one in 2019 *(89)* based on 2016 data and a second in 2023 *(90)* based on 2019 data (including a corrigendum). The latest update included the BoD from acute respiratory infections in global estimates, thanks to more WASH and epidemiological data being available *(91)*.

In addition to publishing BoD estimates, WHO also contributed to related scientific publications e.g. a systematic review published in The Lancet in 2022 *(92)*, to inform the updated WASH-attributable burden of disease estimates in the Global WASH BoD Report and on the Global Health Observatory. WHO also developed an analytical tool that enables the calculation of national BoD estimates *(93)*.

6.3 Challenges and opportunities

One important challenge in the WASH field highlighted by external experts is that the BoD estimate tends to rely on a small set of experts, which can form an 'echo-chamber'. WHO deliberately

[22] KII.
[23] KII.
[24] KII.

addressed this challenge in the consultation process for the most recent BoD update. This was done by engaging with a wider range of experts in terms of technical fields (eg. Including nutrition experts) and also including more experts from low- and middle-income countries. This was positively acknowledged by external WASH stakeholders. Furthermore, WHO put more effort into communicating the latest BoD update at global sector fora such as the Stockholm World Water Week, through regional webinars and through the aforementioned tool to support countries with their own BoD estimates.

Going forward, WHO's intention is to continue to widen the pool of scientists contributing to the BoD estimate review process and to further encourage the use of BoD data at country level. The inclusion of WASH mortality as an indicator in GPW14 is thought to support WHO in moving in this direction.

Annex 10. Summary of progress against Strategy logframe, as reported by the WSH Unit since 2018

OUTCOME 1 – National and international WASH and health programmes, regulations and initiatives are based on normative guidance produced by WHO. Risk-based approaches are adopted at national level.	
Outcome indicators	**Results over the strategy period (2018-2023) as reported in log frame and annual reports**
1.1: Number of countries with water safety planning policies (using risk-based approaches)	• Baseline 46. • Reached 64 by 2021 against milestone of 65 • No results reported vs log frame since then
1.2: Number of countries that are implementing a) WHO sanitation guidelines and b) sanitation safety planning (using risk-based approaches)	• Baseline a) 0, b) 10 • By 2019: a) 40 b) 21 • By 2021: single figure of 94 reported against milestone of 47). • No results reported vs log frame since then
1.3 Evidence of international partners integrating WHO guidelines/information in their programming approaches	• Baseline unknown • No results reported vs log frame since then but lists of examples provided in annual reports. • Examples from annual report 2023: Global Infection Prevention and Control Plan and Monitoring Framework includes WHO WASH in HCF standards and indicators (JMP + country tracker); Global PHC Framework includes JMP indicators; AMR People-Centered Framework includes WHO standards on drinking water, sanitation and WASH in HCF alongside WASH gender considerations.

OUTPUT 1 – DRINKING-WATER: Risk management approaches based on up-to-date guidelines for drinking-water are available and disseminated to national and international WASH partners	
Output indicators	**Results over the strategy period (2018-2023) as reported in the annual reports**
1.1 Health-based guidelines that respond to Member State needs and emerging issues published and disseminated.	• 2 health-based supporting resources published (2018) • Published report on microplastics and associated journal article (2019) • Chemical background documents published, including on asbestos, manganese nickel and silver (2020-2021) • 9 microbial fact sheets finalized (2020) • 4 sanitary inspection packages finalized (2020) • Guidelines for drinking-water quality, incorporating the first and second addenda published (2022)
1.2 Supporting resources and/or training materials on regulations, (climate resilient) WSPs and surveillance for drinking-water developed and disseminated to facilitate implementation of the Guidelines.	• 4 publications (2018) • 4 publications including a guide on equitable WSPs, articles on WSPs, training toolkit with 12 elements (2019) *Output indicator revised in 2020. From 2020 started reporting against Revised 1.2.*
Revised 1.2 Supporting resources and/or training materials on water quality management including WSP developed and disseminated to facilitate implementation of the Guidelines.	• Domestic water quantity, service level and health, second edition published (2020) • Second editon of Toxic cyanobacteria in water finalized (2020) • 5 documents published (including translations) and progress on other documents (2021) • Second edition Water Safety Planning Manual 2nd finalized (2022) • Management of radioactivity in drinking-water and Developing drinking-water quality regulations and standards, published in translated versions (2022) • Lead in drinking-water: Health risks, monitoring and corrective actions, published including French version (2022)
1.3 Results from WHO International Scheme to evaluate household water treatment and safe storage documented and disseminated.	• Round II report published, harmonized protocol finalized, and training package completed (2019) *Output indicator discontinued in 2019. From 2020 started reporting against Revised 1.3.*

Revised 1.3 Results from WHO International Scheme to Evaluate household water treatment documented and disseminated.	• 11 product reports developed and published on WHO website (2020) • Seven products were evaluated, and test reports published for six of them; the report for the seventh product is undergoing re-test (2021) • Round IV evaluations completed, bringing the number of evaluated products to 50 (2022) • Scheme findings shared at Household Water Treatment and Safe Storage (2022) • Annual meeting hosted by CAWST and the UNC Water and Health conference (2022)
1.4 Number of countries receiving technical support for implementation of the Guidelines for Drinking-water quality (GDWQ).	• Technical support to 24 countries (2018) • Direct technical support to 14 countries (2019) • Continued technical support to 7 countries, new support to 13 countries (2020) • Targeted technical support continues to 7 countries + 5 countries added in 2020 (2020) • Support provided to at least 4 additional countries (2020) • Technical support consistently supplied to 7 countries and others supported through ad hoc requests (2022)
OUTPUT 2 – SANITATION AND WASTEWATER: Risk management approaches based on up-to-date guidelines for sanitation, safe use of wastewater, excreta and greywater and recreational water are available with tools to support implementation and disseminated to national and international WASH partners.	
Output indicators	**Results over the strategy period (2018-2023) as reported in log frame and annual reports**
2.1 Evidence-based WHO Sanitation and Health Guidelines published and disseminated to countries and end users.	• WHO Sanitation and Health Guidelines published (2018) • Global and regional dissemination: webinars, events and workshops with partners reached over 1,500 professionals (2019) • Guidelines available in 5 languages (2019) *Output indicator discontinued in 2019.*
New 2.1 Publication of the State of the world's sanitation report (linked to the SDG6 Global Acceleration Framework).	• State of the world's sanitation report published and available on WHO's website (2020) • Launched World Toilet Day (2020) • Report published in French and Spanish (2021) • Report findings continued to be leveraged i.e. in module 1 of OpenWHO 'Safely Managed Sanitation' course, webinars etc.
2.2. Supporting materials published and regional training capacity established for Sanitation Safety Planning (SPP) and Safe Use of Wastewater, Excreta, and Graywater in Agriculture and Acquaculture	• Supporting materials published (2018, 2019) • SSP incorporated in 2 training hubs (2019) *Output indicator revised in 2020. From 2020 started reporting against Revised 2.2.*

Revised 2.2 Global guidance documents and training materials to support country level implementation of WHO Sanitation and Health Guidelines and Sanitation Safety planning (SSP).	• Digitized inspection forms published on mWater platform and tested (2020) • Guidelines training package completed (2021) • SSP training platform completed and SSP V2 manual final draft and layout completed (2021) • Pathogen fact sheet pre-final draft (2021) • Safely Managed Sanitation (SMS) learning package published, including updated SSP manual, SSP learning hub and Global research agenda for sanitation workers (2022)
2.3 Guidelines on recreational water quality updated and publicly available	• Recommendations to European Commission Bathing Water Directive and publication (2018) • Draft guidelines on recreational water quality updated ready for consultation (2019) *Output indicator discontinued in 2019. From 2020 started reporting against New 2.4.*
New 2.3 Number of countries receiving technical support for implementation of WHO sanitation guidance and SSP (through technical cooperation, regional trainings, RegNet).	• Ongoing direct support to 3 countries for SSP (Ethiopia, Nepal, Nigeria) (2020-2022) • Sanitation regulators from five countries joined RegNet (2021) • Regional training workshops on SSP with regulators from 14 countries (2021) • SSP training for an additional 23 countries (5 in AFRO, 18 in PAHO) (2021) • Regional support via training to ESAWAS and ADERASA and with EPWH, support to AMCOW, and globally via RegNet meeting (2022)
2.4 Number of countries receiving technical support for implementation of WHO guidance (through technical cooperation or regional trainings)	• Plans for WHO Guidelines outreach with partners (2018) • Technical support to 26 countries (2018) *Output indicator discontinued in 2018. From 2019 started reporting against New 2.4.*
New 2.4 Publication of the WHO Guidelines for safe recreational water quality	• Edit and end-user consultation completed (2020) • Guidelines on recreational water quality published (2021)
OUTPUT 3 - WASH IN HEALTH PROGRAMMES: Health and other programmes are aware of the importance of WASH and have access to up-to-date technical materials for programming and policies	
Output indicators	**Results over the strategy period (2018-2023) as reported in log frame and annual reports**
3.1 Global workplan to improve WASH in health care facilities, responding to Secretary General's Call to Action, is updated and disseminated	• Updated global workplan (2018) • Comprehensive global report and knowledge portal revised with commitments (2019) *Output indicator discontinued in 2019*

New 3.1 Publication of global progress report on WASH in health care facilities; up-to-date tracking and country information on country progress on WASH in health care facilities available on the website; delivery of virtual global and regional leadership events.	• Global progress report on WASH in health care facilities published (2020) • Global webinar + 2 invitation only think tanks (2020) • Price tag analysis of WASH in HCF in 46 least developed countries completed and published in pre-print, regular updates to tracker (2021) • WHO/UNICEF Global Progress Report on WASH in Health Care Facilities 2nd Ed. draft prepared (2022) • 2023 Global Summit on WASH in HCF (2022) • Country Tracker data available from 72 countries – 25 new countries in 2022 (2022)
3.2 Number of countries receiving technical assistance for improving quality of care and WASH in health care facilities based on WASH FIT and WHO standards	• Technical assistance to 12 countries (2018) • Country missions to provide technical support on policy development and WASH FIT implementation to Bhutan, Ethiopia, Ghana, Mali, Philippines, Rwanda, Viet Nam and remote support to 13 additional countries (2019) *Output indicator discontinued in 2019. From 2020 started reporting against New 3.3.*
New 3.2 Publication and dissemination of updated and new technical guidance materials to support improving WASH in health care facilities.	• WASH-FIT draft in process (2020) • WASH-IPC-AMR brief (2020) • Country briefs published (2020) • WASH FIT assessment form completed and disseminated (2021) • WASH FIT 2.0 final draft and draft WASH FIT training manual complete, materials available (2021) • WASH FIT 2.0 (practical guide & training manual) published (2022) • Materials online (YouTube, OpenWHO) and mobile application freely available (2022) • Global report on health care waste in the context of COVID-19 published (2022)
3.3 Number of countries receiving technical assistance related to health care waste management and integration with WASH and IPC efforts	• Technical assistance to 9 countries (2018) • Technical assistance to 7 countries (2019) *Output indicator discontinued in 2020.*

New 3.3 Number of countries receiving technical support to implement WASH in HCF (using technical guidance and materials) and number of partners engaged.	• Technical support to 6 additional partners 7 additional target countries + 10 countries SEARO, WPRO trainings (2020) • 5 additional partners and 7 additional countries (2021) • 10 additional countries supported to strengthen health care waste standards, developed costed-national roadmaps and implement WASH FIT: Fiji, Iran, Malawi, Maldives, South Sudan, Sri Lanka, Sudan, Thailand, Uganda and Ukraine (2022)
3.4 Policy brief and action plan (derived from technocal inputs on surveillance and research) on sanitation and wastewater barriers to combat AMR infections published and disseminated.	• Study on WASH and AMR burden of disease and exposure completed (2019) • Policy brief published (2020) *Output indicator discontinued in 2019*.
New 3.4 Published outbreak and health emergency documents integrating WHO WASH guidance and evidence.	• Technical guidance published in April and updated in July (2020) • Updated Ebola questions and answers concerning WASH and Ebola questions and answers concerning health care waste (2021) • Interim Guidance on Environmental Surveillance for SARS-COV-2 published (2022)
3.5 WASH technical information for outbreaks and emergency response published and disseminated	• Information on web (2018) • Chlorination in emergencies guidance available (2019) *Output indicator discontinued 2019. From 2020 started reporting against New 3.4 indicator.*
New 3.5 Publication of WASH and NTD strategy 2021-2030 to action WASH elements of the NTD roadmap to 2030 completed and used by countries for implementation of the strategy.	• Draft ready but deferred to align with NTD roadmap in 2021 (2020) • Regional training on toolkit completed (AFRO and PAHO) (2021) • WASH and NTD strategy 2021-2030 published alongside NTD roadmap (2021) • Initiation of complementary materials for publication in 2023, including an updated WASH & NTD toolkit, an OpenWHO course on WASH and NTDs (2023) and a vector-borne disease review (2022)
3.6 Number of countries receiving technical support to integrate WASH with cholera prevention and control efforts.	• Technical support to 5 countries (2018) • Technical support to 5 countries (2019) • Technical support to 3 countries ((2020) • 3 countries with CSP established (DRC, Nigeria, Zambia). 1 country partially achieved (CSP support for hotspot analysis) in Mozambique (2021) • 1 additional country with CSP established (Bangladesh). 1 country partially achieved (CSP support for hotspot analysis) in Mozambique (2022)

3.7 Technical resources to support implementation of the WASH and NTD Strategy developed and disseminated.	• WASH and NTD toolkit published (2019) • In-depth national framework case study in Ethiopia (2019) *Output indicator discontinued in 2019. From 2020 started reporting against New 3.5 indicator.*
New 3.7 Publication of WHO/FAO/OIE technical brief on WASH and wastewater management to combat AMR.	• Technical briefs published in 5 languages (2020) • Awareness raising under development by FAO (2021) • AMR and Environment Webinar Series hosted by Quadripartite (2022)
New 3.8 Publication of the global framework and targets for the UNICEF/WHO Hand Hygiene for All (HH4A) Initiative and country case studies on hand hygiene to feed into a global report on the State of the World's Hygiene in 2021.	• Launched in 2020 • Frameworks and targets published (2020) • Global report on the State of the World's Hygiene co-published with UNICEF (2021) • Hand Hygiene Acceleration Framework Tool (HHAFT) published (2022) • Systematic reviews initiated to inform forthcoming guidelines (2022)

Annex 11. List of documents reviewed

Published documents

Below is a list of references of the documents reviewed during the data collection phase.

Al-Emam R, Shakkour EM, World Health Organization Regional Centre for Climate Change H and E (CHE). Regional snapshot of Drinking Water, Sanitation and Hygiene in Households in the WHO Eastern Mediterranean Region. 2023; (https://washdata.org/sites/default/files/2023-08/who-2023-regional-snapshot-eastern-mediterranean.pdf, accessed 13 February 2024).

Al-Emam R, Shakkour EngM, World Health Organization Regional Centre for Climate Change H and E (CHE). Regional Snapshot of Water, Sanitation, Hygiene, Healthcare Waste Management and Environmental Cleaning in Healthcare Facilities in the WHO Eastern Mediterranean Region. 2022; (https://www.emro.who.int/images/stories/Regional_snapshot_WASHinHCFs_EMR_2022_JMP_website.pdf?ua=1, accessed 13 February 2024).

Amebelu A, Ban R, Bhagwan J, brown J, Chilengi R, Chandler C, et al. The Lancet Commission on water, sanitation and hygiene, and health. The Lancet. 2021 Oct;398(10310):1469–70. doi: 10.1016/S0140-6736(21)02005-5.

Caruso BA, Conrad A, Salinger A, Patrick M, Youm A, Sinharoy S, et al. A conceptual framework to inform national and global monitoring of gender equality in WASH. 2021 (https://washdata.org/report/jmp-2021-gender-review-conceptual-framework, accessed 9 February 2024).

Caruso BA, Salinger A, Patrick M, Conrad C, Sinharoy S, WHO/UNICEF Joint Monitoring Programme for Water Supply S and H. A. Review of measures and indicators for gender in WASH. 2021 (https://washdata.org/report/jmp-2021-gender-review-final-report, accessed 9 February 2024).

Chorus I, Welker M, World Health Organization. Toxic Cyanobacteria in Water; A Guide to Their Public Health Consequences, Monitoring and Management - Second Edition. 2021; (https://www.who.int/publications/m/item/toxic-cyanobacteria-in-water---second-edition, accessed 1 February 2024).

Global Task Force on Cholera Control. Cholera roadmap research agenda. 2021 (https://www.gtfcc.org/wp-content/uploads/2021/01/gtfcc-global-roadmap-research-agenda-full-report-with-methodology.pdf, accessed 30 January 2024).

Global Taskforce on Cholera Control. Ending cholera: a global roadmap to 2030. n.d. (https://www.gtfcc.org/about-cholera/roadmap-2030/; accessed 6 March 20204).

Gordon B, Boisson S, Johnston R, Trouba D, Cumming O. Unsafe water, sanitation and hygiene: a persistent health burden. Bull World Health Organ. 2023 Sep 1;101(09):551-551A. doi:10.2471/BLT.23.290668.

GTFCC WASH working group. Reviewing our joint vision mid-way through the implementation period of the GTFCC's global roadmap to 2030. 2024.

Howard G, Bartram J, Williams A, Overbo A, Fuente D, Geere JA, et al. Domestic water quantity, service level and health - Second Edition. Geneva; 2020; (https://www.who.int/publications/i/item/9789240015241, accessed 1 February 2024).

Lyons S, World Health Organization. Discussion paper: Climate, sanitation and health. 2019; (https://www.who.int/publications/m/item/discussion-paper-climate-sanitation-and-health, accessed 1 February 2024).

Mott J, Brown H, Kilsby D, Eller E, Choden T. Gender equality and social inclusion Self-Assessment Tool. 2021. Water for Women Fund and Sanitation Learning Hub, DOI: 10.19088/SLH.2021.016.

NSF. NSF receives designation as a WHO collaborating centre on water quality, food safety and medical device safety [website]. (https://www.nsf.org/news/nsf-receives-designation-who-collaborating-centre, accessed 25 June 2024).

NSF. Water systems [website]. (https://www.nsf.org/water-systems, accessed 25 June 2024).

Prüss-Üstün A, Wolf J, Corvalán C, Bos R, Neira M, World Health Organization, et al. Preventing disease through healthy environments: a global assessment of the burden of disease from environmental risks. 2018; (https://www.who.int/publications/i/item/9789241565196, accessed 1 February 2024).

Ross I, Bick S, Ayieko P, Dreibelbis R, Wolf J, Freeman MC, et al. Effectiveness of handwashing with soap for preventing acute respiratory infections in low-income and middle-income countries: a systematic review and meta-analysis. The Lancet. 2023 May;401(10389):1681–90. doi: 10.1016/S0140-6736(23)00021-1.

Ross I, Esteves Mills J, Slaymaker T, Johnston R, Hutton G, Dreibelbis R, et al. Costs of hand hygiene for all in household settings: estimating the price tag for the 46 least developed countries. BMJ Glob Health. 2021 Dec 16;6(12):e007361. doi: 10.1136/bmjgh-2021-007361.

Sanitation and Water for All (SWA). Become a partner [website]. (https://www.sanitationandwaterforall.org/become-a-partner, accessed 9 February 2024)

Sanitation and Water for All (SWA). Strategic Framework 2020-2030 All, always and everywhere -The Sanitation and Water For All Partnership. 2020; (https://www.sanitationandwaterforall.org/sites/default/files/2020-04/SWA%20Strategy%202020-2030%20EN%20Web.pdf, accessed 31 January 2024).

Sanitation and Water for All (SWA). SWA Partnership Strategy 2020-2030 Regional Roadmaps 2021-2025. 2021; (https://www.sanitationandwaterforall.org/sites/default/files/2021-06/SWA-REGIONAL_ROADMAPS-master-WEB-MBWSSCC001.pdf, accessed 31 January 2024).

Seventy-second World Health Assembly. Agenda item 12.5 Water, sanitation and hygiene in health care facilities (http://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R7-en.pdf , accessed 23 July 2024)

The Fourteenth General Programme of Work, 2019–2023, presented to the Seventy-seventh

The Global Handwashing Partnership. Hand Hygiene for All Initiative [website]. (https://handhygieneforall.org/, accessed 9 February 2024).

UN Water. The Sustainable Development Goal 6 Global Acceleration Framework. 2020; (https://unsceb.org/sites/default/files/2021-06/Global-Acceleration-Framework.pdf, accessed 31 January 2024).

United Nations Children´s Fund. The UNICEF Game Plan to Reach Safely Managed Sanitation 2022–2030. 2020; (https://www.unicef.org/documents/sanitation-game-plan, accessed 31 January 2024).

United Nations Children's Fund, World Health Organization. Progress on drinking water, sanitation and hygiene in schools: 2000-2021 data update. New York; 2022 (https://www.who.int/publications/m/item/progress-on-drinking-water--sanitation-and-hygiene-in-schools--2000-2021-data-update, accessed 9 February 2024).

United Nations Children's Fund, World Health Organization. State of the World's Hand Hygiene: A global call to action to make hand hygiene a priority in policy and practice. New York; 2021 (https://www.who.int/publications/i/item/9789240036444, accessed 9 February 2024).

United Nations Children's Fund, World Health Organization. State of the World's Sanitation: An urgent call to transform sanitation for better health, environments, economies and societies. New York; 2020 (https://www.who.int/publications/i/item/9789240014473, accessed 9 February 2024).

United Nations Children's Fund. Evaluation Synthesis of United Nations System and Development Bank Work Towards SDG 6: evaluation synthesis report. 2021; (https://evaluation.iom.int/sites/g/files/tmzbdl151/files/docs/resources/SDG%206%20Evaluation%20Synthesis%20Report_Final.pdf, accessed 12 February 2024).

United Nations Children's Fund. Formative Evaluation of the UNICEF WASH regional and country programming strategies in the East Asia and the Pacific Region 2014-2017/8: Final Report. 2021; (https://www.unicef.org/pacificislands/media/3051/file, accessed 12 February 2024).

United Nations Children's Fund. Guidance for monitoring health and hygiene. New York; 2020 (https://www.unicef.org/documents/guidance-monitoring-menstrual-health-and-hygiene, accessed 9 February 2024).

United Nations General Assembly Resolution 78/130. Sustainable, safe and universal water, sanitation, hygiene, waste and electricity services in health-care facilities. 2023.

United Nations Human Settlements Programme, World Health Organization. Progress on wastewater treatment: global status and acceleration needs for SDG indicator 6.3.1. Geneva; 2021 (https://www.unwater.org/publications/progress-wastewater-treatment-2021-update, accessed 9 February 2024).

United Nations Secretariat. Concept paper on the United Nations 2023 Water Conference - Interactive dialogue 1: water for health. 2023; (https://sdgs.un.org/sites/default/files/2023-01/23-00148%20Concept%20Paper%20UNWC_ID1_Website.pdf, accessed 31 January 2024).

United Nations, UN Water. United Nations. Progress on Wastewater Treatment – 2021 Update: Wastewater Sources, Collecting Systems and Treatment. 2021; (https://www.unwater.org/sites/default/files/2022-08/SDG-631-Infographic_Representation-of-wastewater-sources-collecting-systems-and-treatment_Sep-2021-scaled.jpg, accessed 12 February 2024).

United Nations, UN-Water. Integrated monitoring initiative [website]. (https://www.unwater.org/our-work/integrated-monitoring-initiative-sdg-6/background, accessed 23 July 2024)

United Nations. Blueprint for Acceleration: Sustainable Development Goal 6 Synthesis Report on Water and Sanitation 2023. New York; 2023 (https://www.unwater.org/publications/sdg-6-synthesis-report-2023, accessed 12 July 2024)

United Nations. UN System-Wide Strategy for Water and Sanitation. 2024; (https://www.unwater.org/publications/united-nations-system-wide-strategy-water-and-sanitation, accessed 23 July 2024)

United Nations. United Nations Conference on the midterm comprehensive review of the implementation of the objectives of the international decade for action "Water for Sustainable Development", 2018-2028: summary of the proceedings by the President of the General Assembly. 2023; (https://www.un.org/pga/77/wp-content/uploads/sites/105/2023/05/PGA77-Summary-for-Water-Conference-2023.pdf, accessed 14 February 2024.)

United Nations. United Nations Report of the United Nations Conference on the midterm comprehensive review of the implementation of the international decade for action, "Water for Sustainable Development", 2018-2028. 2023; (https://sdgs.un.org/sites/default/files/2023-10/Final%20report%202023%20Water%20Conference%20%28as%20submitted%29_website.pdf, accessed 14 February 2024=).

University of Melbourne, Nossal Institute for Global Health. Evaluation Report for DFAT-WHO water, sanitation and hygiene (WASH) Evaluation across the Asia Pacific 2018-2022. Final Report. 2023; (https://cdn.who.int/media/docs/default-source/evaluation-office/dfat-who-wash-evaluation-report-final-for-dfat.pdf?sfvrsn=c9f45932_3&download=true, accessed 12 February 2024).

UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) Strategy: 2023-2030. 2023 (https://www.who.int/publications/m/item/un-water-global-analysis-and-assessment-of-santation-and-drinking-water-(glaas)-strategy--2023-2030, accessed 31 January 2024)

UN-Water. The Sustainable Development Goal 6 Global Acceleration Framework. Geneva; 2020; (https://www.unwater.org/publications/sdg-6-global-acceleration-framework, accessed 31 January 2024).

Water for Women Fund. Towards Transformation in GEDSI WASH Continuum [website]. (https://www.waterforwomenfund.org/en/learning-and-resources/towards-transformation-in-gedsi-wash-continuum.aspx, accessed 9 February 2024).

WaterAid. Technical fact sheet 2: Gender equality, disability and social inclusion (GEDSI). n.d. (https://www.washinhcf.org/wash-fit-fact-sheets/, accessed 9 February 2024).

WHO Evaluation Office. Evaluation of the integration of gender, equity and human rights in the work of the World Health Organization, Vol 1 report. 2021; (https://cdn.who.int/media/docs/default-source/documents/about-us/evaluation/gehr-report-september-2021.pdf, accessed 23 July 2024)

WHO Evaluation Office. Evaluation of WHO's work with Collaborating Centres, Volume 1: Report. May 2020; (https://www.who.int/publications/m/item/evaluation-of-who-s-work-with-collaborating-centres-volume-1-report, accessed 2 May 2024).

Wolf J, Hubbard S, Brauer M, Ambelu A, Arnold BF, Bain R, et al. Effectiveness of interventions to improve drinking water, sanitation, and handwashing with soap on risk of diarrhoeal disease in children in low-income and middle-income settings: a systematic review and meta-analysis. The Lancet. 2022 Jul;400(10345):48–59. doi: 10.1016/S0140-6736(22)00937-0.

Work Health Organization, International Water Association. Strengthening Operations & Maintenance through Water Safety Planning - A Collection of Case Studies. 2018; (https://www.who.int/publications/i/item/WHO-CED-PHE-WSH-18.69, accessed 1 February 2024).

World Bank, International Labour Organization, WaterAid, World Health Organization. Health, safety and dignity of sanitation workers: An initial assessment. Washington, DC; 2019 (https://www.who.int/publications/m/item/health-safety-and-dignity-of-sanitation-workers, accessed 9 February 2024).

World Health Assembly, A77/16 provisional agenda item 17. 2024; (https://www.who.int/about/general-programme-of-work/fourteenth, accessed 23 July 2024)

World Health Organization Guidelines for drinking-water quality: small water supplies. Geneva; 2024. (https://www.who.int/publications/i/item/9789240088740, accessed 25 June 2024).

World Health Organization Regional Office for Africa. The expanded social project for elimination of neglected tropica diseases [website]. (https://espen.afro.who.int/, accessed 2 August 2024).

World Health Organization, Department of Foreign Affairs and Trade, Joint management response WHO evaluation: DOC, 2023; (https://www.dfat.gov.au/sites/default/files/joint-management-response-who-evaluation.docx, accessed 12 February 2024).

World Health Organization, Food and Agriculture Organization of the United Nations (FAO), World Organization for Animal Health (OIE). Technical Brief on water, sanitation, hygiene and wastewater management to prevent infections and reduce the spread of antimicrobial resistance. World Health Organization; 2020; (https://www.who.int/publications/i/item/9789240006416, accessed 31 January 2024).

World Health Organization, International Water Association. Water Safety Portal [website]. (https://wsportal.org/, accessed 9 February 2024).

World Health Organization, Regional Office for South-East Asia. Toolkit on mainstreaming of gender equality, disability and social inclusion (GEDSI) in WASH in health-care facilities. New Delhi; 2023 (https://www.washinhcf.org/resource/toolkit-on-mainstreaming-of-gender-equality-disability-and-social-inclusion-gedsi-in-wash-in-health-care-facilities/, accessed 9 February 2024).

World Health Organization, Seventy-Second World Health Assembly. Water, sanitation and hygiene in health care facilities. 2019; (https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R7-en.pdf, accessed 12 February 2024).

World Health Organization, Seventy-Second World Health Assembly. Health, environment and climate change; Draft WHO global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments. 2019.

World Health Organization, Seventy-Second World Health Assembly. Water, sanitation and hygiene in health care facilities. 2019; (https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R7-en.pdf, accessed 12 February 2024).

World Health Organization, Sixty-Fourth World Health Assembly. A64-R24. Drinking-Water, Sanitation and Health. 2011; (https://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_R24-en.pdf, accessed 12 February 2024).

World Health Organization, Sixty-Sixth World Health Assembly. A66-R12. Neglected tropical diseases. 2013; (https://www.who.int/publications/i/item/WHA66.12, accessed 12 February 2014).

World Health Organization, UNICEF. Safely managed drinking water - thematic report on drinking water. 2017; (https://www.who.int/publications/i/item/9789241565424, accessed 1 February 2024).

World Health Organization, United Nations Children Fund. Hand Hygiene for All. 2020 (https://www.unicef.org/media/71776/file/Hand-hygiene-for-all-2020.pdf, accessed 1 February 2024).

World Health Organization, United Nations Children's Fund, Joint Monitoring Programme for Water Supply S and H (JMP). Progress on Sanitation and Hygiene in Africa 2000-2022. 2023; (https://www.unicef.org/documents/progress-sanitation-and-hygiene-africa-2000-2022#:~:text=This%20snapshot%20provides%20the%20first,used%20basic%20hygiene%20in%202022, accessed 13 February 2024.)

World Health Organization, United Nations Children's Fund, Joint Monitoring Programme for Water Supply S and H (JMP). Progress on drinking water, sanitation and hygiene in Africa 2000-2020: Five years into the SDGs. 2022; (https://www.unicef.org/media/117726/file/JMP%20Snapshot%20on%20Progress%20on%20Drinking%20Water,%20Sanitation%20and%20Hygiene%20in%20Africa%202000-2020.pdf, accessed 13 February 2024).

World Health Organization, United Nations Children's Fund, Joint Monitoring Programme for Water Supply S and H (JMP). Progress on Drinking Water, Sanitation and Hygiene in Latin America and the Caribbean; 2000-2020: 5 years into the SDGs. 2022; (https://washdata.org/report/jmp-2022-regional-snapshot-lac, accessed 13 February 2024.)

World Health Organization, United Nations Children's Fund, Joint Monitoring Program. Progress on Household Drinking Water, Sanitation and Hygiene East Asia and Pacific Region 2000-2020. 2021; (https://www.unicef.org/eap/media/10346/file, accessed 13 February 2024.)

World Health Organization, United Nations Children's Fund, Joint Monitoring Programme for Water Supply S and H (JMP). Progress on Household Drinking Water, Sanitation and Hygiene Pacific Region and Pacific Islands 2000-2020. 2021; (https://www.unicef.org/eap/media/10361/file/JMP%20Snapshot%20of%20Household%20Drinking

%20Water,%20Sanitation%20&%20Hygiene%20in%20Pacific%20Region%20&%20Pacific%20Islands.pdf, accessed 13 February 2024).

World Health Organization, United Nations Children's Fund, Joint Monitoring Programme for Water Supply S and H (JMP). Proposed questions on menstrual health for inclusion in household survey questionnaires for individual women. 2022; (https://washdata.org/reports/jmp-2022-proposed-questions-menstrual-health-household-surveys-draft, accessed 14 February 2024.)

World Health Organization, United Nations Children's Fund, Joint Monitoring Programme (JMP). The Measurement and Monitoring of Water Supply, Sanitation and Hygiene Affordability: A missing element of monitoring of Sustainable Development Goal (SDG) Targets 6. 1 and 6.2. 2021; (https://www.who.int/publications/i/item/9789240023284, accessed 14 February 2024.)

World Health Organization, United Nations Children's Fund, Joint Monitoring Programme for Water Supply S and H (JMP). Progress on drinking water, sanitation and hygiene in schools: Special focus on COVID19. 2020; (https://www.who.int/publications/i/item/9789280651423, accessed 14 February 2024.)

World Health Organization, United Nations Children's Fund, Joint Monitoring Programme. Progress on drinking water, sanitation, and hygiene 2000-2022: Special focus on gender. 2023; (https://www.who.int/publications/m/item/progress-on-household-drinking-water--sanitation-and-hygiene-2000-2022---special-focus-on-gender, accessed 30 January 2024).

World Health Organization, United Nations Children's Fund, Joint Monitoring Programme for Water Supply S and H. Progress on Drinking Water, Sanitation and Hygiene in Schools East Asia and the Pacific- 2021 Update. 2022; (https://washdata.org/sites/default/files/2022-03/unicef-2021-regional-snapshot-East-Asia-Pacific.pdf, accessed 13 February 2024.)

World Health Organization, United Nations Children's Fund, WaterAid. Combating antimicrobial resistance through water, sanitation and hygiene and infection prevention and control in health care. (https://www.who.int/docs/default-source/wash-documents/wash-in-hcf/combatting-antimicrobial-resistance.pdf?sfvrsn=cbca673f_4, accessed 31 January 2024).

World Health Organization, United Nations Children's Fund, World Bank. State of the world's drinking water: an urgent call to action to accelerate progress on ensuring safe drinking water for all. 2022; (https://www.who.int/publications/i/item/9789240060807, accessed 1 February 2024).

World Health Organization, United Nations Children's Fund. Core questions and indicators for monitoring WASH in health care facilities in the Sustainable Development Goals. Geneva; 2018 (https://www.who.int/publications/i/item/9789241514545, accessed 9 February 2024).

World Health Organization, United Nations Children's Fund. Ebola Virus Disease: Key questions and answers concerning health-care waste. 2021 (https://www.who.int/publications/i/item/WHO-HEP-ECH-WSH-2021.2, accessed 9 February 2024).

World Health Organization, United Nations Children's Fund. Ebola Virus Disease: Key questions and answers concerning water, sanitation and hygiene. 2021 (https://www.who.int/publications/i/item/ebola-virus-disease-(evd)-key-questions-and-answers-concerning-water-sanitation-and-hygiene, accessed 9 February 2024).

World Health Organization, United Nations Children's Fund. Global taskforce on WASH in health care facilities. 2023 (https://www.washinhcf.org/resource/a-global-taskforce-on-wash-in-health-care-facilities-synthesis-2022-2023/, accessed 9 February 2024).

World Health Organization, United Nations Children's Fund. Guidance for monitoring safely managed on-site sanitation (SMOSS): Draft prepared for Phase 2 pilots. 2022. (https://washdata.org/monitoring/sanitation/safely-managed-on-site-sanitation, accessed 9 February 2024).

World Health Organization, United Nations Children's Fund. Hand Hygiene for all - Joint Statement. 2020 (https://www.who.int/publications/m/item/who-unicef-joint-statement-on-the-launch-of-hand-hygiene-for-all-initiative, accessed 1 February 2024).

World Health Organization, United Nations Children's Fund. Hand Hygiene for All 2020 - Progress Report. 2020 (https://globalhandwashing.org/wp-content/uploads/2021/01/HH4A-progress-report-final_en.pdf, accessed 1 February 2024).

World Health Organization, United Nations Children's Fund. Integrating water quality testing into household surveys - WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene. 2021; (978-92-4-001402-2, accessed 1 February 2024).

World Health Organization, United Nations Children's Fund. JMP 5 Year Strategy 2021-2025. 2021; (https://washdata.org/report/jmp-2021-strategy, accessed 17 January 2024).

World Health Organization, United Nations Children's Fund. JMP 5 Year Strategy 2016-2020. 2016; (https://washdata.org/reports/jmp-strategy-2016-2020, accessed 4 March 2024).

World Health Organization, United Nations Children's Fund. Progress on household drinking water, sanitation and hygiene, 2000-2020: Five years into the SDGs. 2021; (https://data.unicef.org/resources/progress-on-household-drinking-water-sanitation-and-hygiene-2000-2020/, accessed 17 January 2024).

World Health Organization, United Nations Children's Fund. Progress on drinking water, sanitation and hygiene in schools: 2000-2021 Data update. 2022; (https://iris.who.int/bitstream/handle/10665/360841/9789240054943-eng.pdf?sequence=1, accessed 17 January 2024).

World Health Organization, United Nations Children's Fund. Progress on household drinking water, sanitation and hygiene, 2000-2017: Special focus on inequalities. 2019; (https://washdata.org/sites/default/files/documents/reports/2019-07/jmp-2019-wash-households.pdf, accessed 17 January 2024).

World Health Organization, United Nations Children's Fund. Progress on WASH in health care facilities 2000-2021: special focus on WASH and infection prevention and control. Geneva; 2023 (https://www.who.int/publications/i/item/9789240058699, accessed 9 February 2024).

World Health Organization, United Nations Children's Fund. Terms of Reference of Strategic Advisory Group of the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) and the UN-Water/WHO Global Analysis and Assessment of Sanitation and Drinking-Water. n.d.; (https://washdata.org/report/jmp-glaas-tor-march-2018, accessed 31 January 2024).

World Health Organization, United Nations Children's Fund. WASH in Health Care Facilities. Global policy and coordination [website] (https://www.washinhcf.org/governance/#:~:text=Resolution%2072.7&text=The%20Resolution%20frames%20improvement%20of,equitable%20and%20quality%20health%20services, accessed 28 June 2024).

World Health Organization, United Nations Children's Fund. WASH in health care facilities: Global Baseline Report 2019. 2019; (https://www.who.int/publications/i/item/9789241515504, accessed 12 February 2024).

World Health Organization, United Nations Children's Fund. WASH in health care facilities [website] (https://www.washinhcf.org/, accessed 19 February 2024).

World Health Organization, United Nations Children's Fund. WASH in health care facilities. Eight practical steps to achieve universal access to quality care [website] (https://www.washinhcf.org/practical-steps/, accessed 19 February 2024).

World Health Organization, United Nations Children's Fund. Water, sanitation, hygiene, and waste management for SARS-CoV-2, the virus that causes COVID-19: Interim guidance. 2020 (https://www.who.int/publications/i/item/WHO-2019-nCoV-IPC-WASH-2020.4, accessed 9 February 2024).

World Health Organization, United Nations Children's Fund. Water, sanitation, hygiene, waste and electricity services in health care facilities: progress on the fundamentals - 2023 Global Report. 2023; (https://www.who.int/publications/i/item/9789240075085, accessed 12 February 2024).

World Health Organization, United Nations Children's Fund. WHO/UNICEF. WHO UNICEF JMP WASH Data [website]. (https://washdata.org, accessed 17 January 2024).

World Health Organization, United Nations Children's Fund. WHO/UNICEF Joint Monitoring Program for Water Supply, Sanitation and Hygiene. Progress on household drinking water, sanitation and hygiene East Asia and Pacific region (2023 update). 2023; (https://washdata.org/reports/progress-household-drinking-water-sanitation-and-hygiene-east-asia-and-pacific-region-2023, accessed 29 January 2024).

World Health Organization, United Nations Children's Fund. WHO/UNICEF. WHO UNICEF JMP WASH Database [website]. (https://washdata.org, accessed 17 January 2024).

World Health Organization, United Nations Children's Fund. Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines. 2017; (https://washdata.org/sites/default/files/documents/reports/2018-01/JMP-2017-report-final.pdf, accessed 17 January 2024).

World Health Organization, United Nations Children's Fund. WASH in the 2030 Agenda: new global indicators for drinking water, sanitation and hygiene. 2017 (https://data.unicef.org/resources/wash-2030-agenda/, accessed 1 March 2024).

World Health Organization, United Nations Children's Fund. WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene: Annual Report 2018. 2018; (https://washdata.org/reports/jmp-2018-annual-report, accessed 07 February 2024).

World Health Organization, United Nations Children's Fund. WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene: Annual report 2020. 2020; (https://washdata.org/reports/jmp-2020-annual-report, accessed 07 February 2024).

World Health Organization, United Nations Children's Fund. WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene: Annual report 2021. 2021; (https://washdata.org/reports/jmp-2021-annual-report, accessed 07 February 2024).

World Health Organization, United Nations Children's Fund. WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene: Annual Report 2022. 2022; (https://washdata.org/reports/jmp-2022-annual-report; accessed 07 February 2024).

World Health Organization, United Nations Economic Commission for Europe, United Nations Environment Programme. Declaration of the seventh ministerial conference on environment and health. Budapest; 2023 (https://iris.who.int/bitstream/handle/10665/371461/Budapest-decl-2023-eng.pdf?sequence=5, accessed 25 June 2024).

World Health Organization, United Nations Human Settlements Programme. Progress on safe treatment and use of wastewater: piloting the monitoring methodology and initial findings for SDG indicator 6.3.1. Geneva; 2018 (https://www.who.int/publications/i/item/9789241514897, accessed 9 February 2024).

World Health Organization, United Nations. GPW 13 WHO Impact Framework Programmatic targets and indicators: Mapping SDGs to GPW13 (highlight) [Internet]. 2019; (https://www.who.int/docs/default-source/documents/gpw/gpw13-wif-targets-and-indicators-en.pdf?sfvrsn=81cf3546_20, accessed 12 February 2024).

World Health Organization, Untied Nations Children's Fund, Joint Monitoring Programme for Water Supply S and H (JMP). Hygiene Baselines pre-COVID-19 WHO Regional Office for Eastern Mediterranean. 2020; https://www.unwater.org/sites/default/files/2022-07/JMP-2020-COVID-global-hygiene-snapshot.pdf, accessed 13 February 2024.)

World Health Organization, WHO and Disney Junior's "Doc McStuffins" team up to remind young kids to wash their hands [website]. 2020; https://www.who.int/news-room/feature-stories/detail/who-and-disney-junior-s-doc-mcstuffins-team-up-to-remind-young-kids-to-wash-their-hands#:~:text=Through%20the%20Hand%20Hygiene%20for,importance%20of%20keeping%20hands%20clean., accessed 14 February 2024.)

World Health Organization. 10th meeting of the WHO International Network of Drinking-water Regulators (RegNet). 2019 (https://www.who.int/docs/default-source/wash-documents/regnet/tenth-meeting-of-the-international-network-of-drinking-water-regulators-geneva-2019.pdf?sfvrsn=429c28ce_4; accessed 25 June 2024)

World Health Organization. 11th meeting of the WHO International Network of Drinking-water Regulators (RegNet). 2021 (https://cdn.who.int/media/docs/default-source/wash-documents/regnet/regnetmeeting2021_summaryreport_final.pdf?sfvrsn=948f90b2_7; accessed 25 June 2024)

World Health Organization. 2023 corrigendum to 2019 updated on Burden of disease attributable to unsafe drinking-water, sanitation and hygiene. Geneva; 2023; (https://www.who.int/publications/i/item/9789240075610, accessed 1 February 2024).

World Health Organization. A global overview of national regulations and standards for drinking-water quality - Second edition. 2021; (https://www.who.int/publications/i/item/9789240023642, accessed 1 February 2024).

World Health Organization. A global overview of national regulations and standards for drinking-water quality - Second edition. 2021; (https://www.who.int/publications/i/item/9789240023642, accessed 1 February 2024).

World Health Organization. A global overview of national regulations and standards for drinking-water quality. Geneva; 2021 (https://www.who.int/publications/i/item/9789241513760, accessed 9 February 2024).

World Health Organization. A Global Strategy on Water, Sanitation and Hygiene to Combat Neglected Tropical Diseases, 2021-2023. Geneva; 2021; (https://www.unwater.org/sites/default/files/app/uploads/2021/03/WHO_17-Mar_21049_WASH-NTD-Strategy.pdf, accessed 31 January 2024).

World Health Organization. A guide to equitable water safety planning: Ensuring no one is left behind. 2019; (https://www.who.int/publications/i/item/9789241515313, accessed 1 February 2024).

World Health Organization. Achieving quality health services for all, through better water, sanitation and hygiene: Lessons from three African countries. 2020; (https://www.who.int/publications/i/item/9789240009493, accessed 9 February 2024).

World Health Organization. Addressing climate change Supplement to the WHO Water, Sanitation and Hygiene strategy 2018-2025. Geneva; 2023; (https://www.who.int/publications/i/item/9789240071995, accessed 1 February 2024).

World Health Organization. Alliance for Transformative Action on Climate and Health [website] (https://www.who.int/initiatives/alliance-for-transformative-action-on-climate-and-health/, accessed 23 July 2024)

World Health Organization. Asbestos in drinking-water Background document for development of WHO Guidelines for drinking-water quality. 2021; (https://www.who.int/publications/i/item/WHO-HEP-ECH-WSH-2021.4, accessed 1 February 2024).

World Health Organization. Basic documents. Forty-ninth edition. Constitution of the World Health Organization. 2020; (https://apps.who.int/gb/bd/pdf_files/BD_49th-en.pdf#page=6, accessed 30 January 2024).

World Health Organization. Briefing note: Antimicrobial resistance: An emerging water, sanitation and hygiene issue. Geneva; 2014; (https://www.who.int/publications/i/item/briefing-note-antimicrobial-reistance-an-emerging-water-sanitation-and-hygiene-issue, accessed 31 January 2024).

World Health Organization. Climate resilience and sanitation [website] (https://www.who.int/teams/environment-climate-change-and-health/water-sanitation-and-health/sanitation-safety/climate-resilience-and-sanitation, accessed 23 July).

World Health Organization. Collaborating centers [website]. (https://www.who.int/about/collaboration/collaborating-centres, accessed 25 June 2024).

World Health Organization. Compendium of WHO and other UN guidance on health and environment 2022 update. Geneva; 2022 (https://www.who.int/publications/i/item/WHO-HEP-ECH-EHD-22.01, accessed 30 January 2024).

World Health Organization. Corrigendum: Burden of disease attributable to unsafe drinking-water, sanitation, and hygiene: 2019 update. 2023; (https://www.who.int/publications/i/item/9789240075610, accessed 1 February 2024).

World Health Organization. Developing drinking-water quality regulations and standards: general guidance with a special focus on countries with limited resources. Geneva; 2018; (https://www.who.int/publications/i/item/9789241513944, accessed 9 February 2024).

World Health Organization. Draft fourteenth general programme of work. 2024; (https://www.who.int/about/general-programme-of-work/fourteenth, accessed 2 May 2024)

World Health Organization. Draft global action plan for infection prevention and control. 2023 (https://apps.who.int/gb/ebwha/pdf_files/EB154/B154_8-en.pdf, accessed 25 June 2024)

World Health Organization. Drinking-water, sanitation and hygiene in the WHO European Region: Highlights and progress towards achieving sustainable development goal 6. 2022 (https://www.who.int/europe/publications/i/item/9789289058063, accessed 13 February 2024.)

World Health Organization. Ending the neglect to attain the Sustainable Development Goals: a road map for neglected tropical diseases 2021–2030. Overview. 2021.

World Health Organization. Ending the neglect to attain the Sustainable Development Goals: a road map for neglected tropical diseases 2021–2030. Geneva; 2020;(https://www.who.int/publications/i/item/9789240010352, accessed 1 March 2024)

World Health Organization. Environmental surveillance for SARS-COV-2 to complement public health surveillance - Interim Guidance. 2022; (https://www.who.int/publications/i/item/WHO-HEP-ECH-WSH-2022.1, accessed 9 February 2024).

World Health Organization. Environmental surveillance for SARS-CoV-2 to complement other public health surveillance. Geneva; 2023; (https://www.who.int/publications/i/item/9789240080638, accessed 9 February 2024).

World Health Organization. Evaluation of WHO 13th General Programme of Work. 2023; (https://www.who.int/publications/i/item/who-dgo-evl-2023.8, accessed 1 March 2024)

World Health Organization. Evaluation of WHO normative function at country level: Report. 2023; (https://www.who.int/publications/i/item/who-dgo-evl-2023-7, accessed 1 March 2024)

World Health Organization. Final Terms of Reference of the Alliance for Transformative Action on Climate and Health (ATACH). 2022; (https://www.who.int/publications/m/item/atach-terms-of-reference, accessed 1 February 2024).

World Health Organization. For a healthier world: safely managed sanitation course (OpenWHO) [website]. (https://openwho.org/courses/wash-safely-managed-sanitation, accessed 13 February 2024).

World Health Organization. Global Action Plan on Antimicrobial Resistance. 2015; (https://www.who.int/publications/i/item/9789241509763, accessed 31 January 2024).

World Health Organization. Global progress report on WASH in health care facilities: fundamentals first. 2020 (https://www.who.int/publications/i/item/9789240017542, accessed 9 February 2024).

World Health Organization. Global report on infection prevention and control. Geneva; 2022 (https://www.who.int/publications/i/item/9789240051164, accessed 25 June 2024).

World Health Organization. Global research agenda for improving the health safety and dignity of sanitation workers. Geneva; 2022 (https://www.who.int/publications/i/item/9789240062900, accessed 9 February 2024).

World Health Organization. Global strategy on infection prevention and control: draft resolution. 2022.

World Health Organization. Global strategy on infection prevention and control. Geneva; 2023. (https://www.who.int/publications/m/item/global-strategy-on-infection-prevention-and-control, accessed 2 May 2024)

World Health Organization. GPW Impact measurement metadata: Proposed new outcome (programmatic) indicator and updates to existing indicators. 2024; (https://cdn.who.int/media/docs/default-source/documents/ddi/gpw14-who-results-framework_new-proposed-indicators_metadata_7mar24.pdf?sfvrsn=74cc5a8d_1&download=true, accessed 2 May 2024)

World Health Organization. Guidelines for drinking-water quality, 4th edition, incorporating the 1st addendum. 2017; (https://www.who.int/publications/i/item/9789241549950, accessed 1 February 2024).

World Health Organization. Guidelines on recreational water quality. Volume 1, Coastal and fresh waters. 2021; (https://www.who.int/publications/i/item/9789240031302, accessed 1 February 2024).

World Health Organization. Guidelines on sanitation and health. Geneva; 2018 (https://www.who.int/publications/i/item/9789241514705, accessed 9 February 2024).

World Health Organization. Hand hygiene for all initiative: improving access and behaviour in health care facilities. 2020 (https://www.who.int/publications/i/item/9789240011618, accessed 1 February 2024).

World Health Organization. Health and environment country scorecards: reading guide. 2023 (https://www.who.int/publications/m/item/health-and-environment-scorecards-reading-guide, accessed 12 February 2024).

World Health Organization. Health and environment country scorecards. (https://www.who.int/teams/environment-climate-change-and-health/monitoring/scorecards, accessed 12 February 2024).

World Health Organization. Health and environment country scorecards. (https://www.who.int/teams/environment-climate-change-and-health/monitoring/scorecards, accessed 12 February 2024).

World Health Organization. International Network of Drinking-water and Sanitation Regulators (RegnNet) [website]. (https://www.who.int/groups/international-network-of-drinking-water-and-sanitation-regulators, accessed 25 June 2024)

World Health Organization. Lead in drinking-water - Health risks, monitoring and corrective actions, technical brief. 2022; (https://www.who.int/publications/i/item/9789240020863, accessed 1 February 2024).

World Health Organization. Management of Radioactivity in Drinking-water. Geneva; 2018 (https://www.who.int/publications/i/item/9789241513746, accessed 1 February 2024).

World Health Organization. Manganese in drinking-water - Background document for development of WHO Guidelines for drinking-water quality. 2021; (https://www.who.int/publications/i/item/WHO-HEP-ECH-WSH-2021.5, accessed 1 February 2024).

World Health Organization. Microplastics in drinking-water. 2019 (https://www.who.int/publications/i/item/9789241516198, accessed 1 February 2024).

World Health Organization. Minimum requirements for infection prevention and control programmes. Geneva; 2019. (https://iris.who.int/handle/10665/330080; accessed 25 June 2024)

World Health Organization. Multi-country outbreak of cholera External Situation Report n. 13, 17 April 2024. 2024; (https://www.who.int/publications/m/item/multi-country-outbreak-of-cholera--external-situation-report--13---17-april-2024 , accessed 23 July 2024)

World Health Organization. National systems to support drinking-water, sanitation and hygiene: global status report 2019. UN-Water global analysis and assessment of sanitation and drinking-water (GLAAS) 2019 report. Geneva; 2019 (https://www.who.int/publications/i/item/9789241516297, accessed 31 January).

World Health Organization. Nickel in drinking-water: Background document for development of WHO Guidelines for drinking-water quality. 2021 (https://www.who.int/publications/i/item/WHO-HEP-ECH-WSH-2021.6, accessed 1 February 2024).

World Health Organization. OpenWHO. About us [website] (https://openwho.org/pages/about, accessed 23 July 2024)

World Health Organization. Overview of technologies for the treatment of infectious and sharp waste from health care facilities. 2019 (https://www.who.int/publications/i/item/9789241516228, accessed 9 February 2024).

World Health Organization. Recommendations to Member States to improve hand hygiene practices widely to help prevent the transmission of the COVID-19 virus. 2020 (https://iris.who.int/bitstream/handle/10665/331661/WHO-2019-nCov-Hand_Hygiene_Stations-2020.1-eng.pdf?sequence=1, accessed 9 February 2024).

World Health Organization. Reflecting on TrackFin 2012-2020: key results, lessons learned and the way forward. Geneva; 2021 (https://www.who.int/publications/i/item/9789240028432, accessed 31 January 2024).

World Health Organization. Regional Office for South-East Asia. Toolkit on mainstreaming of gender equality, disability and social inclusion (GEDSI) in WASH in health-care facilities. New Delhi; 2023 (https://iris.who.int/handle/10665/373608, accessed 23 July 2024)

World Health Organization. Regional offices [website] (https://www.who.int/about/who-we-are/regional-offices, accessed 23 July).

World Health Organization. RegNet WHO International Network of Drinking-Water and Sanitation Regulators. 2023 (https://www.who.int/publications/m/item/regnet-flyer, accessed 9 February 2024).

World Health Organization. Results of Round II of the WHO International Scheme to Evaluate Household Water Treatment Technologies. 2019 (https://www.who.int/publications/i/item/9789241516037, accessed 1 February 2024).

World Health Organization. Safer Water Better Health Update 2019. 2019 (https://www.who.int/publications/i/item/9789241516891, accessed 1 February 2024).

World Health Organization. Safer water, better health. 2019 (https://www.who.int/publications/i/item/9789241516891, accessed 1 February 2024).

World Health Organization. Sanitation Safety Planning Learning Hub [website]. (https://ssp-learninghub.creation.camp, accessed 19 February 2024).

World Health Organization. Sanitation safety planning, second edition. 2022 (https://www.who.int/publications/i/item/9789240062887, accessed 23 July 2024)

World Health Organization. Sanitation safety planning: step-by-step risk management for safely managed sanitation systems. Geneva; 2022 (https://www.who.int/publications/i/item/9789240062887, accessed 9 February 2024).

World Health Organization. Silver in drinking-water: Background document for development of WHO Guidelines for drinking-water quality. 2021 (https://www.who.int/publications/i/item/WHO-HEP-ECH-WSH-2021.7, accessed 1 February 2024).

World Health Organization. Sixty-fourth World Health Assembly: Resolutions and decisions Annexes. 2011; (https://apps.who.int/gb/ebwha/pdf_files/WHA64-REC1/A64_REC1-en.pdf, accessed 13 February 2024).

World Health Organization. Strong system and sound investments evidence on and key insights into accelerating Progress on Sanitation, Drinking-Water and Hygiene UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water GLAAS 2022 Report. Geneva; 2022; (https://www.unwater.org/sites/default/files/2022-12/GLAAS_2022_REPORT.pdf, accessed 16 January 2024).

World Health Organization. Terms of reference: WHO International Network of Drinking-water and Sanitation Regulators (RegNet). 2010 (https://www.who.int/publications/m/item/terms-of-reference-of-the-who-international-network-of-drinking-water-and-sanitation-regulators-(regnet), accessed 9 February 2024).

World Health Organization. Understanding barriers to quality of care: an approach for conducting a situational analysis of water, sanitation and hygiene (WASH) and quality in health care facilities. Geneva; 2021 (https://www.who.int/publications-detail-redirect/9789240022577, accessed 9 February 2024).

World Health Organization. UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) Data Portal [website]. (https://glaas.who.int/, accessed 19 February 2024).

World Health Organization. UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) Strategy 2017-2020. 2017 (https://www.who.int/publications/m/item/un-water-global-anaysis-and-assessment-of-sanitation-and-drinking-water-(glaas)-strategy-2017-2020, accessed 31 January 2024).

World Health Organization. UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) Data Portal [website]. (https://glaas.who.int/, accessed 19 February 2024).

World Health Organization. WASH and climate change adaptation and mitigation for health, 2023-2030 - Supplement to the WHO WASH strategy 2018-2025. 2022 (https://www.who.int/publications/m/item/wash-and-climate-change-adaptation-and-mitigation-for-health--2023-2030, accessed 31 January 2024).

World Health Organization. WASH and health working together: a "how-to" guide for neglected tropical disease programmes. Geneva; 2019 (https://www.who.int/publications/i/item/9789241515009, accessed 9 February 2024).

World Health Organization. WASH and health working together: a "how-to" guide for neglected tropical disease programmes. Second edition. Geneva; 2023 (https://www.who.int/publications/i/item/9789240068032, accessed 9 February 2024).

World Health Organization. WASH in Health Care Facilities. Country progress tracker [website](https://www.washinhcf.org/country-progress-tracker/#country-progress-tracker, accessed 9 February 2024)

World Health Organization. WASH in health care facilities: practical steps to achieve universal access. Geneva; 2019 (https://www.who.int/publications/i/item/9789241515511, accessed 23 July 2024)

World Health Organization. Water and sanitation for health facility improvement tool (WASH FIT): a practical guide for improving quality of care through water, sanitation and hygiene in health care

facilities. Geneva; 2018 (https://www.who.int/publications/i/item/9789241511698, accessed 9 February 2024).,

World Health Organization. Water and sanitation for health facility improvement tool (WASH FIT): manual for trainers. Geneva; 2022 (https://www.who.int/publications/i/item/9789240047730, accessed 9 February 2024).

World Health Organization. Water and Sanitation for Health Facility Improvement Tool (WASH FIT): A practical guide for improving quality of care through water, sanitation and hygiene in health care facilites; second edition. 2022 (https://www.who.int/publications/i/item/9789240043237, accessed 12 February 2024).

World Health Organization. Water and Sanitation: WASH Accounts [website]. (https://www.who.int/teams/environment-climate-change-and-health/water-sanitation-and-health/monitoring-and-evidence/wash-systems-monitoring/un-water-global-analysis-and-assessment-of-sanitation-and-drinking-water/wash-accounts, accessed 23 July 2024)

World Health Organization. Water safety plan manual: Step-by-step risk management for drinking-water suppliers - Second edition. 2023 (https://www.who.int/publications/i/item/9789240067691, accessed 1 February 2024).

World Health Organization. Water safety planning for urban water supply systems: an introduction course (OpenWHO) [website]. (https://openwho.org/courses/water-safety-planning, accessed 13 February 2024).

World Health Organization. Water, sanitation and health [website]. (https://www.who.int/teams/environment-climate-change-and-health/water-sanitation-and-health, accessed 25 June)

World Health Organization. Water, sanitation and hygiene (WASH) [website]. (https://www.who.int/health-topics/water-sanitation-and-hygiene-wash#tab=tab_1, accessed 19 February).

World Health Organization. Water, sanitation and hygiene (WASH) [website]. (https://www.who.int/health-topics/water-sanitation-and-hygiene-wash#tab=tab_1, accessed 19 February).

World Health Organization. Water, sanitation and hygiene for the prevention and care of neglected tropical diseases course (OpenWHO) [website]. (https://openwho.org/courses/wash-ntds, accessed 13 February 2024).

World Health Organization. Water, sanitation and hygiene: burden of disease. [website] (https://www.who.int/data/gho/data/themes/topics/water-sanitation-and-hygiene-burden-of-disease, accessed 12 July 2024)

World Health Organization. Water, sanitation, and hygiene in health care facilities: practical syeps to achieve universal access to quality care. 2019 (https://www.who.int/publications/i/item/9789241515511, accessed 12 February 2024).

World Health Organization. Water, sanitation, hygiene and health: A Primer for Health Professionals. 2019; (https://www.who.int/publications-detail-redirect/WHO-CED-PHE-WSH-19.149, accessed 12 February 2024).

World Health Organization. WHO AMR surveillance and quality assessment collaborating centres network [website]. (https://www.who.int/initiatives/glass/network, accessed 23 July 2024).

World Health Organization. WHO consolidated guidelines on tuberculosis: Module 1: Prevention - Infection prevention and control. 2022 (https://www.who.int/publications/i/item/9789240055889, accessed 9 February 2024).

World Health Organization. WHO Global Strategy on Health, Environment and Climate Change: The transformation needed to improve lives and wellbeing sustainably through healthy environments. Geneva; 2020 (https://www.who.int/publications/i/item/9789240000377, accessed 31 January 2024).

World Health Organization. WHO Global Water, Sanitation and Hygiene: Annual report 2018. Geneva; 2019; (https://www.who.int/publications/i/item/WHO-CED-PHE-WSH-19.147, accessed 31 January 2024).

World Health Organization. WHO Global Water, Sanitation and Hygiene: Annual report 2019. Geneva; 2020 (https://www.who.int/publications/i/item/9789240013391, accessed 31 January 2024).

World Health Organization. WHO Global Water, Sanitation and Hygiene: Annual report 2021. Geneva; 2022 (https://www.who.int/publications/i/item/9789240057258, accessed 31 January 2024).

World Health Organization. WHO Global Water, Sanitation and Hygiene: Annual report 2022. Geneva; 2023 (https://www.who.int/publications/i/item/9789240076297, accessed 30 January 2024).

World Health Organization. WHO Results Framework: Technical Paper, 15 January 2024. 2024; (https://cdn.who.int/media/docs/default-source/documents/ddi/who-results-framework_technical-paper_15jan24_.pdf?sfvrsn=5fe25c97_1&download=true, accessed 12 February 2024).

World Health Organization. WHO Water, Sanitation, and Hygiene Strategy 2018-2025. World Health Organization. 2018; (https://www.who.int/publications/i/item/WHO-CED-PHE-WSH-18.03, accessed 31 January 2024).

World Health Organization. World Toilet Day [website]. (https://www.un.org/en/observances/toilet-day, accessed 12 February 2024).

World Health Organization. World Water Day [website]. (https://www.un.org/en/observances/water-day, accessed 12 February 2024).

World Health Organizations. Alternative drinking-water disinfectants: Bromine, iodine and silver. 2018; (https://www.who.int/publications/i/item/9789241513692, accessed 1 February 2024).

World Health Program, United Nations, Joint Monitoring Programme. JMP Reports [website]. https://washdata.org/reports, accessed 14 February 2024).

World Health. Organization. WHO Global Water, Sanitation and Hygiene Annual report 2020. 2021; (https://www.who.int/publications/i/item/9789240033085, accessed 31 January 2024).

World Vision. Integrating gender equality and social inclusion in water, sanitation and hygiene: A reference guide. 2023 (https://reliefweb.int/report/world/integrating-gender-equality-and-social-inclusion-water-sanitation-and-hygiene-gesi-and-wash-reference-guide, accessed 9 February 2024).

Unpublished documents

In addition, the following unpublished documents were also reviewed.

12th meeting of the WHO International Network of Drinking-water and Sanitation Regulators (RegNet), World Health Organization, unpublished, 2022.

13th meeting of the WHO International Network of Drinking-water and Sanitation Regulators (RegNet), World Health Organization, unpublished, 2023.

2022 Workplan activities ETRAS, Regional Advisor meeting 16 May 2022, Pan American Health Organization, unpublished, 2022.

Accelerating towards universal hand hygiene: strengthening systems, establishing norms, WASH Regional Advisor meeting 15 May 2023, World Health Organization, unpublished, 2023.

Action plan by the Action for Results Group: Making WHO reliable, impactful, relevant in every country, World Health Organization, unpublished, 2024.

Agenda and introduction Regional Advisor meeting 16 May 2022, World Health Organization, unpublished, 2022.

Agenda and introduction Regional Advisor meeting 18 July 2022, World Health Organization, unpublished, 2022.

Agenda and introduction Regional Advisor meeting 19 September 2022, World Health Organization, unpublished, 2022.

Agenda and introduction Regional Advisor meeting 21 March 2022, World Health Organization, unpublished, 2022.

Agenda WASH Regional Advisor meeting 10 July 2023, World Health Organization, unpublished, 2023.

Agenda WASH Regional Advisor meeting 16 January 2023, World Health Organization, unpublished, 2023.

An introduction to equitable water safety planning, World Health Organization, unpublished, n.d.

Annex 3: Polls, Regional Advisor meeting 16 May 2022, World Health Organization, unpublished, 2022.

Cholera presentation, World Health Organization, unpublished, 2024.

Climate resilient and sustainable water, sanitation, hygiene, waste and electricity services in all health care facilities: the foundation for quality care - Discussion with Regional WASH Advisors,

WASH Regional Advisory meeting 25 September 2023, World Health Organization, unpublished, 2023.

Climate resilient sanitation: coalition for action key messages, World Health Organization, unpublished, n.d.

Climate resilient sanitation: coalition for action, WASH Regional Advisor meeting 25 September 2023, World Health Organization, unpublished, 2023.

Climate resilient sanitation: coalition for action, World Health Organization, unpublished, 2024.

Connecting the dots: how do we achieve universal hand hygiene? The role of partnerships in systems strengthening efforts, WASH Regional Advisor meeting 15 May 2023, World Health Organization, unpublished, 2023.

Conrad N.Hilton Foundation progress report part 1, World Health Organization, unpublished, 2023.

Conrad N.Hilton Foundation progress report part 2, World Health Organization, unpublished, 2023.

Core predictable country presence, World Health Organization, unpublished, n.d.

Country consultation: WASH in households (JMP) and wastewater treatment (6.3.1), WASH Regional Advisor meeting 16 January 2023, World Health Organization, unpublished, 2023.

Domestic hand hygiene costing tool, World Health Organization, United Nations Children´s Fund, unpublished, 2021.

Draft Fourteenth General Programme of Work, 2025–2028 Advancing health equity and health systems resilience in a turbulent world: a global health agenda for 2025–2028, World Health Organization, unpublished, 2024.

Draft Specific Agreement under the General Arrangement between the Netherlands Minister for Foreign Trade and Development Cooperation and the World Health Organization, Netherlands Minister for Foreign Trade and Development Cooperation, unpublished, 2019.

EHC Department Activity Workplan for 2022-2023, Data compilation tool, World Health Organization, unpublished, 2022.

Environment, climate change and health at WHO - A global assessment of resources: Briefing note, World Health Organization, unpublished, n.d.

Environment, climate change and health at WHO - A global assessment of resources: Summary report, World Health Organization, unpublished, 2023.

Ethiopia operation plan health and environment 2024-2025, World Health Organization, unpublished, 2024.

Fourteenth General Programme of Work, 2025-2028, 2nd consultation document, World Health Organization, unpublished 2023.

Global assessment of resources in environment, climate change and health (ECH) at the three levels of the organization: Outcomes of the survey, World Health Organization, unpublished, 2023.

Global situation cholera 2023, World Health Organization, unpublished, 2023.

Global WASH Implementation update 2023 agenda, World Health Organization, unpublished, 2023.

Global WASH Implementation Update Meeting 2023: 3-level initiative for scaling up action in environment, climate change and health, World Health Organization, unpublished, 2023.

Global WASH Implementation Update Meeting 2023: Capacity/collaboration update, World Health Organization, unpublished, 2023.

Global WASH Implementation Update Meeting 2023: Climate resilient and environmentally sustainable health care facilities, World Health Organization, unpublished, 2023.

Global WASH Implementation Update Meeting 2023: Country case study Ukraine, World Health Organization, unpublished, 2023.

Global WASH Implementation Update Meeting 2023: Country highlights from 2022, World Health Organization, unpublished, 2023.

Global WASH Implementation Update Meeting 2023: Departmental presentation, World Health Organization, unpublished, 2023.

Global WASH Implementation Update Meeting 2023: Discussion points/follow up points from WSH retreat, World Health Organization, unpublished, 2023.

Global WASH Implementation Update Meeting 2023: Evolving WHO strategies, tools and responses for WASH in emergencies, World Health Organization, unpublished, 2023.

Global WASH Implementation Update Meeting 2023: HQ highlights and reflections from 2022, World Health Organization, unpublished, 2023.

Global WASH Implementation Update Meeting 2023: Regional highlights and reflections from 2022, World Health Organization, unpublished, 2023.

Global WASH Implementation Update Meeting 2023: The game changers in fostering collaborations for WASH in primary health centers in Indonesia, World Health Organization, unpublished, 2023.

Global WASH Implementation Update Meeting 2023: Using WASH to influence health officials and integrate with health programmes, World Health Organization, unpublished, 2023.

Global WASH Implementation Update Meeting 2023: Vigilancia sanitaria de la calidad del agua para consumo humano a nivel municipal, Pan American Health Organization, World Health Organization, unpublished, 2023.

Global WASH Implementation Update Meeting 2023: WHO's role in strengthening WASH systems for health, World Health Organization, unpublished, 2023.

Global WASH implementation update meeting 7-8 March 2023: Summary report, World Health Organization, unpublished, 2023.

GPG Annex 1 CPCP building the foundation draft 2 28 July 2023, World Health organization, unpublished, 2023.

GPG Meeting agenda 31 July 2023, World Health Organization, unpublished, 2023.

GPW 13 WHO Impact Framework, Programmatic targets and indicators: Mapping SDGs to GPW13, World Health Organization, unpublished, 2019.

GPW13 Results framework and measurement system, World Health Organization, unpublished, n.d.

Grant Report from New Venture Fund to WHO: Water, sanitation and hygiene in health care facilities, World Health Organization, unpublished, 2022.

Grant Report from New Venture Fund to WHO: Water, sanitation and hygiene in health care facilities, World Health Organization, unpublished, 2023.

Hand hygiene acceleration framework tool, World Health Organization, United Nations Children´s Fund, unpublished, 2023.

Health, water, sanitation and hygiene: WPRO progress on work on BOD attributable to unsafe WASH, Regional Advisor meeting 10 July 2023, World Health Organization, unpublished, 2023.

How we work together and with partners for scale, World Health Organization, unpublished, n.d.

Investment document grant, Bill and Melinda Gates Foundation, unpublished, 2023.

Looking ahead: key launches and events, WASH Regional Advisor meeting 16 January 2023, World Health Organization, unpublished, 2023.

Memorandum of understanding between UNICEF and The World Health Organization regarding the operational aspects of the Joint Monitoring Programme for Water Supply, Sanitation and Hygiene, World Health Organization, United Nations Children's Fund, unpublished, 2020.

National Professional Officers' comments on WASH activities, non-WASH activities, partnerships, challenges and opportunities, and induction package, World Health Organization, unpublished, 2023.

New resources available on WHO website and SharePoint, WASH Regional Advisor meeting 15 May 2023, World Health Organization, unpublished, 2023.

Notes from the Regional WASH Advisor call 18 July 2022, World Health Organization, unpublished, 2022.

Notes from the WASH Regional Advisors meeting 19 September 2022, World Health Organization, unpublished, 2022.

Notes Regional Advisor call 10 May 2021, World Health Organization, unpublished, 2021.

Notes Regional Advisor call 16 November 2020, World Health Organization, unpublished, 2020.

Notes Regional Advisor call 18 March 2020, World Health Organization, unpublished, 2020.

Notes Regional Advisor call 2 July 2020, World Health Organization, unpublished, 2020.

Notes Regional Advisor call 20 February 2020, World Health Organization, unpublished, 2020.

Notes Regional Advisor call 27 November 2019, World Health Organization, unpublished, 2019.

Notes Regional Advisor call 28 June 2021, World Health Organization, unpublished, 2021.

Notes Regional Advisor call 28 May 2020, World Health Organization, unpublished, 2020.

Notes Regional Advisor call 29 April 2020, World Health Organization, unpublished, 2020.

Notes WASH Regional Advisor meeting 15 May 2023, World Health Organization, unpublished, 2023.

Notes WASH Regional Advisor meeting 25 September 2023, World Health Organization, unpublished, 2023.

One-page summary WASH Regional Advisor meeting 25 September 2023, World Health Organization, unpublished, 2023.

Operational planning: Activity workplan for PB2024-25, World Health Organization, unpublished, 2023.

Organizational Chart WHO Headquarters, World Health Organization, unpublished, 2023.

Organizational Chart WHO Regional Office for Africa, World Health Organization, unpublished, 2019.

Organizational Chart WHO Regional Office for South-East Asia, World Health Organization, unpublished, 2019.

Organizational Chart WHO Regional Office for the Eastern Mediterranean, World Health Organization, unpublished, 2019.

Organizational Chart WHO Regional Office for the Western Pacific, World Health Organization, unpublished, n.d.

Organizational charts WHO Water, Sanitation, Hygiene and Health (WSH), World Health Organization, unpublished, 2023.

Presentation and discussion on enhanced WCO support: Initiatives and tools to reinforce and support WCOs and WASH core competencies, World Health Organization, unpublished, 2022.

Presentation on WASH and cholera, World Health Organization, unpublished, 2024.

Reflections on virtual WASH trainings, World Health Organization, unpublished, 2021.

Reviewing our joint vision midway through the implementation period of the GTFCC's global roadmap to 2030: draft, WASH working group of the GTFCC, unpublished, 2024.

Scope of DFI work: Supporting action results group in development in country typology, World Health Organization, unpublished, n.d.

Selected reflections and highlights from 2022: American Samoa Country Office, World Health Organization, unpublished, 2023.

Selected reflections and highlights from 2022: Ethiopia Country Office, World Health Organization, unpublished, 2023.

Selected reflections and highlights from 2022: Fiji Country Office, World Health Organization, unpublished, 2023.

Selected reflections and highlights from 2022: Guinea Country Office, World Health Organization, unpublished, 2023.

Selected reflections and highlights from 2022: Headquarters, Drinking-water quality, World Health Organization, unpublished, 2023.

Selected reflections and highlights from 2022: Headquarters, Hand hygiene, World Health Organization, unpublished, 2023.

Selected reflections and highlights from 2022: Headquarters, Health care facilities , World Health Organization, unpublished, 2023.

Selected reflections and highlights from 2022: Headquarters, International Network of Drinking-water and Sanitation Regulators (RegNet), World Health Organization, unpublished, 2023.

Selected reflections and highlights from 2022: Headquarters, Sanitation, World Health Organization, unpublished, 2023.

Selected reflections and highlights from 2022: Headquarters, UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS), World Health Organization, unpublished, 2023.

Selected reflections and highlights from 2022: Headquarters, WHO/UNICEF Joint Monitoring Programme (JMP), World Health Organization, unpublished, 2023.

Selected reflections and highlights from 2022: Indonesia Country Office, World Health Organization, unpublished, 2023.

Selected reflections and highlights from 2022: Iran Country Office, World Health Organization, unpublished, 2023.

Selected reflections and highlights from 2022: Nepal Country Office, World Health Organization, unpublished, 2023.

Selected reflections and highlights from 2022: Pan American Health Organization, World Health Organization, unpublished, 2023.

Selected reflections and highlights from 2022: Philippines Country Office, World Health Organization, unpublished, 2023.

Selected reflections and highlights from 2022: Regional Office for Africa, World Health Organization, unpublished, 2023.

Selected reflections and highlights from 2022: Regional Office for South-East Asia, World Health Organization, unpublished, 2023.

Selected reflections and highlights from 2022: Regional Office for the Eastern Mediterranean, World Health Organization, unpublished, 2023.

Selected reflections and highlights from 2022: Regional Office for the Europe, World Health Organization, unpublished, 2023.

Selected reflections and highlights from 2022: Regional Office for Western Pacific, World Health Organization, unpublished, 2023.

Selected reflections and highlights from 2022: Sudan Country Office, World Health Organization, unpublished, 2023.

Selected reflections and highlights from 2022: Ukraine Country Office, World Health Organization, unpublished, 2023.

Selected reflections and highlights from 2022: Yemen Country Office, World Health Organization, unpublished, 2023.

Standard administrative arrangement between the UK Foreign Commonwealth and Development Office (UK FCDO) and UNICEF, UK FCDO, United Nations Children's Fund, unpublished, 2019.

Steps to achieve universal access for safely managed sanitation, World Health Organization, United Nations Children's Fund, unpublished, 2024.

Strengthening the quality and sustainability of water, sanitation and hygiene services, including in health care facilities: 2020 Annual report, WHO-DFAT partnership project (2018-2022), World Health Organization, unpublished, 2021.

Summary of Virtual Meeting of WHO WASH Donors, UNICEF and the WASH Team, World Health Organization, unpublished, 2021.

TB Database, World Health Organization, unpublished, n.d.

Tracking: Reports for Retreat & AR, World Health Organization, unpublished, 2023.

Ukraine WASH Readiness Checklist, World Health Organization, unpublished, 2022.

UN System-Wide Strategy for Water and Sanitation: Concept Note, World Health Organization, United Nations Children's Fund, unpublished 2023.

UN System-Wide Strategy for Water and Sanitation: Draft Strategy, World Health Organization, unpublished, 2023.

UN System-Wide Strategy for Water and Sanitation: Uniting the UN system around water and sanitation for all - Draft for HLCP approval, UN-Water, unpublished 2023.

UN system-wide strategy results chain, World Health Organization, unpublished, n.d.

WASH - related courses on OpenWHO.org, Regional Advisor meeting 10 July 2023, World Health Organization, unpublished, 2023.

WASH in health care facilities: tracking country progress and strategic directions, WSH Regional Focal Point Call 19 September 2022, World Health Organization, unpublished, 2022.

WASH Regional Advisory meeting 25 September 2023, World Health Organization, unpublished, 2023.

Water, Sanitation, and Hygiene Strategy 2018-2025, logframe 2022-2023, World Health Organization, unpublished, 2023.

Water, sanitation, hygiene and health (WSH) 2019 retreat, World Health Organization, 2019.

Water, sanitation, hygiene and health (WSH) 2021 retreat: Highlights of 2020 and 2021 plans by regions and countries, World Health Organization, 2021.

Water, sanitation, hygiene and health (WSH) Team Retreat Reflections on 2021 and planning for 2022: Agenda Session 2, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health (WSH) Team Retreat Reflections on 2021 and planning for 2022: Agenda, unpublished, 2022.

Water, sanitation, hygiene and health (WSH) Team Retreat Reflections on 2021 and planning for 2022: Notes and resources, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health 2022 Retreat: Highlights of 2021 and 2022 plans by regions and counties, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health 2022 Retreat: HQ highlights of 2021 and 2022 plans, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 310 - 14/06/2021, World Health Organization, unpublished, 2021.

Water, sanitation, hygiene and health newsletter Issue Nº 311 - 16/06/2021, World Health Organization, unpublished, 2021.

Water, sanitation, hygiene and health newsletter Issue Nº 312 - 01/07/2021, World Health Organization, unpublished, 2021.

Water, sanitation, hygiene and health newsletter Issue Nº 313 - 13/07/2021, World Health Organization, unpublished, 2021.

Water, sanitation, hygiene and health newsletter Issue Nº 314 - 27/07/2021, World Health Organization, unpublished, 2021.

Water, sanitation, hygiene and health newsletter Issue Nº 315 - 19/08/2021, World Health Organization, unpublished, 2021.

Water, sanitation, hygiene and health newsletter Issue Nº 316 - 02/09/2021, World Health Organization, unpublished, 2021.

Water, sanitation, hygiene and health newsletter Issue Nº 317 - 14/09/2021, World Health Organization, unpublished, 2021.

Water, sanitation, hygiene and health newsletter Issue Nº 318 - 22/09/2021, World Health Organization, unpublished, 2021.

Water, sanitation, hygiene and health newsletter Issue Nº 319 - 28/09/2021, World Health Organization, unpublished, 2021.

Water, sanitation, hygiene and health newsletter Issue Nº 320 - 12/10/2021, World Health Organization, unpublished, 2021.

Water, sanitation, hygiene and health newsletter Issue Nº 321 - 15/10/2021, World Health Organization, unpublished, 2021.

Water, sanitation, hygiene and health newsletter Issue Nº 322 - 27/10/2021, World Health Organization, unpublished, 2021.

Water, sanitation, hygiene and health newsletter Issue Nº 323 - 11/11/2021, World Health Organization, unpublished, 2021.

Water, sanitation, hygiene and health newsletter Issue Nº 324 - 18/11/2021, World Health Organization, unpublished, 2021.

Water, sanitation, hygiene and health newsletter Issue Nº 325 - 02/12/2021, World Health Organization, unpublished, 2021.

Water, sanitation, hygiene and health newsletter Issue Nº 325.1 - 16/12/2021, World Health Organization, unpublished, 2021.

Water, sanitation, hygiene and health newsletter Issue Nº 326 - 14/01/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 327 - 21/01/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 328 - 01/02/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 329 - 02/02/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 330 - 14/02/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 331 - 23/02/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 332 - 14/03/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 333 - 21/03/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 334 - 22/03/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 335 - 31/03/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 336 - 07/04/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 337 - 19/04/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 338 - 25/04/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 339 - 12/05/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 340 - 02/06/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 341 - 09/06/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 342 - 23/06/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 343 - 07/07/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 344 - 21/07/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 345 - 05/08/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 346 - 22/08/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 347 - 31/08/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 348 - 08/09/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 349 - 21/09/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 350 - 29/09/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 351 - 10/10/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 352 - 24/10/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 353 - 09/11/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 354 - 18/11/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 355 - 21/11/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 356 - 30/11/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 358 - 14/12/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 359 - 21/12/2022, World Health Organization, unpublished, 2022.

Water, sanitation, hygiene and health newsletter Issue Nº 360 - 26/01/2023, World Health Organization, unpublished, 2023.

Water, sanitation, hygiene and health newsletter Issue Nº 361 - 07/02/2023, World Health Organization, unpublished, 2023.

Water, sanitation, hygiene and health newsletter Issue Nº 362 - 20/02/2023, World Health Organization, unpublished, 2023.

Water, sanitation, hygiene and health newsletter Issue Nº 363 - 01/03/2023, World Health Organization, unpublished, 2023.

Water, sanitation, hygiene and health newsletter Issue Nº 364 - 16/03/2023, World Health Organization, unpublished, 2023.

Water, sanitation, hygiene and health newsletter Issue Nº 365 - 20/03/2023, World Health Organization, unpublished, 2023.

Water, sanitation, hygiene and health newsletter Issue Nº 366 - 05/04/2023, World Health Organization, unpublished, 2023.

Water, sanitation, hygiene and health newsletter Issue Nº 366 - 27/04/2023, World Health Organization, unpublished, 2023.

Water, sanitation, hygiene and health newsletter Issue Nº 368 - 23/05/2023, World Health Organization, unpublished, 2023.

Water, sanitation, hygiene and health newsletter Issue Nº 369 - 31/05/2023, World Health Organization, unpublished, 2023.

Water, sanitation, hygiene and health newsletter Issue Nº 370 - 13/07/2023, World Health Organization, unpublished, 2023.

Water, sanitation, hygiene and health newsletter Issue Nº 371 - 21/06/2023, World Health Organization, unpublished, 2023.

Water, sanitation, hygiene and health newsletter Issue Nº 372 - 28/06/2023, World Health Organization, unpublished, 2023.

Water, sanitation, hygiene and health newsletter Issue Nº 373 - 08/07/2023, World Health Organization, unpublished, 2023.

Water, sanitation, hygiene and health newsletter Issue Nº 374 - 02/08/2023, World Health Organization, unpublished, 2023.

Water, sanitation, hygiene and health newsletter Issue Nº 375 - 15/08/2023, World Health Organization, unpublished, 2023.

Water, sanitation, hygiene and health newsletter Issue Nº 376 - 01/09/2023, World Health Organization, unpublished, 2023.

Water, sanitation, hygiene and health newsletter Issue Nº 377 - 14/09/2023, World Health Organization, unpublished, 2023.

Water, sanitation, hygiene and health newsletter Issue Nº 378 - 25/09/2023, World Health Organization, unpublished, 2023.

Water, sanitation, hygiene and health newsletter Issue Nº 379 - 10/10/2023, World Health Organization, unpublished, 2023.

Water, sanitation, hygiene and health newsletter Issue Nº 380 - 19/10/2023, World Health Organization, unpublished, 2023.

Water, sanitation, hygiene and health newsletter Issue Nº 381 - 23/10/2023, World Health Organization, unpublished, 2023.

Water, sanitation, hygiene and health newsletter Issue Nº 382 - 07/11/2023, World Health Organization, unpublished, 2023.

Water, sanitation, hygiene and health newsletter Issue Nº 388 - 17/01/2024, World Health Organization, unpublished, 2024.

Water, sanitation, hygiene and health newsletter Issue Nº 389 - 26/01/2024, World Health Organization, unpublished, 2024.

Water, sanitation, hygiene and health newsletter Issue Nº 390 - 06/02/2024, World Health Organization, unpublished, 2024.

Water, sanitation, hygiene and health newsletter Issue Nº 391 - 15/02/2024, World Health Organization, unpublished, 2024.

Water, sanitation, hygiene and health newsletter Issue Nº 392 - 07/03/2024, World Health Organization, unpublished, 2024.

WCO Staff Working on WASH: Consultation Summary and Recommendations June-July 2021, World Health Organization, unpublished, 2021.

WHO 2020 WASH Publications, World Health Organization, unpublished, 2020.

WHO and UNICEF cooperation, WHO WSH meeting 18 July 2022, World Health Organization, unpublished, 2022.

WHO Collaborative Framework, World Health Organization. United Nations Children's Fund, unpublished 2020.

WHO Final Report to DGIS for WASH monitoring and evidence 2018-21, World Health Organization, unpublished, 2022.

WHO Guidance on waste and wastewater management in pharmaceutical manufacturing with emphasis on antibiotic production, World Health Organization, unpublished, 2023.

WHO International Network of Drinking-water and Sanitation Regulators (RegNet) Strategic Plan 2023–2030, World Health Organization, unpublished, n.d.

WHO Operating model, World Health Organization, unpublished, 2021.

WHO Results Framework: Outcome Indicators, Fourteenth General Programme of Work (GPW14).

WHO WASH Logical Framework for monitoring progress and performance: 2018 results, World Health Organization, unpublished, 2023.

WHO WASH Logical Framework for monitoring progress and performance: 2019 results, World Health Organization, unpublished, 2023.

WHO WASH Logical Framework for monitoring progress and performance: 2020 results, World Health Organization, unpublished, 2023.

WHO WASH Logical Framework for monitoring progress and performance: 2021 results, World Health Organization, unpublished, 2023.

WHO WASH Logical Framework for monitoring progress and performance: 2022 and 2023 results, World Health Organization, unpublished, 2024.

WHO/UNICEF JMP global monitoring of drinking water, sanitation and hygiene, Regional Advisor meeting 10 July 2023, World Health Organization, unpublished, 2023.

Workplan approval report 2022-2023, World Health Organization, unpublished, 2021.

WSH 2021 Virtual Retreat: Draft Notes, World Health Organization, unpublished, 2021.

WSH 2022-23 Workplan Structure HQHEP2220815 - HQ/HEP/ECH/WSH-ACT 22/23, World Health Organization, unpublished, n.d.

WSH Activity expenditure analysis 2018 to 2023, World Health Organization, unpublished, 2024.

WSH Admin task coordination schedule, World Health Organization, unpublished, 2023.

WSH Award distribution implementation by region and country offices, World Health Organization, 2024

WSH Global Retreat and Strategic Discussions: Rapporteur Notes Session 1, World Health Organization, unpublished, 2023.

WSH Global Retreat and Strategic Discussions: Rapporteur Notes Session 2, World Health Organization, unpublished, 2023.

WSH Global Retreat and Strategic Discussions: Rapporteur Notes Session 3, World Health Organization, unpublished, 2023.

WSH Global Retreat and Strategic Discussions: Rapporteur Notes Session 4, World Health Organization, unpublished, 2023.

WSH Global Retreat and Strategic Discussions: Rapporteur Notes Session 5 Part 1, World Health Organization, unpublished, 2023.

WSH Global Retreat and Strategic Discussions: Rapporteur Notes Session 5 Part 2, World Health Organization, unpublished, 2023.

WSH Global Retreat and Strategic Discussions: Rapporteur Notes Session 5 Part 6, World Health Organization, unpublished, 2023.

WSH HR expenditure analysis 2018 to 2023 Expenditure Details Report, World Health Organization, unpublished, 2024.

WSH Retreat February 2021: Agenda, World Health Organization, unpublished, 2021.

WSH Retreat February 2021: Breakout discussion, World Health Organization, unpublished, 2021.

WSH Retreat February 2021: List of participants, World Health Organization, unpublished, 2021.

WSH Retreat February 2021: Training reflections Indonesia, World Health Organization, unpublished, 2021.

WSH Retreat participant list, World Health Organization, unpublished, 2023.

WSH Team overview, World Health Organization, unpublished, 2021.

WSH Team Retreat February 2021: Improving strategic preparation, readiness and response to Public Health Emergencies through enhanced WHO and UNICEF cooperation on WASH/IPC, United Nation Children's Fund, unpublished, 2021.

WSH Team retreat, Highlights 2023 and 2024 plans: cholera team, World Health Organization, unpublished, 2024.

WSH Team retreat, Highlights 2023 and 2024 plans: drinking-water quality, World Health Organization, unpublished, 2024.

WSH Team retreat, Highlights 2023 and 2024 plans: GLAAS and WASH Accounts, World Health Organization, unpublished, 2024.

WSH Team retreat, Highlights 2023 and 2024 plans: hand hygiene, World Health Organization, unpublished, 2024.

WSH Team retreat, Highlights 2023 and 2024 plans: Joint Monitoring Programme and wastewater monitoring, World Health Organization, unpublished, 2024.

WSH Team retreat, Highlights 2023 and 2024 plans: regulation of drinking-water and sanitation, World Health Organization, unpublished, 2024.

WSH Team retreat, Highlights 2023 and 2024 plans: WASH in health care facilities and emergencies, World Health Organization, unpublished, 2024.

WSH Team retreat, Sanitation team: 2024 activities, World Health Organization, unpublished, 2024.

WSH Team Retreat: Closing reflections, World Health Organization, unpublished, 2022.

WSH Workplan 2022-2023 HQHEP2220815 - HQ/HEP/ECH/WSH-ACT 22/23, World Health Organization, unpublished, n.d.

WSH Workplan, salary contributions, spending plans, and donor reports, World Health Organization, unpublished, 2022.

Annex 12. GPW14 Goal, strategic objectives and joint outcomes related to WASH

Table 9: GPW14 goal, strategic objectives and joint outcomes related to WASH

GPW 14 Goal: To promote, provide and protect health and well-being for all people, everywhere					
Strategic objectives					
Promote health		Provide health		Protect health	
1. Respond to climate change, an escalating health threat in the 21st century	2. Address health determinants and the root causes of ill health in key policies across sectors	3. Advance the primary health care approach and essential health system capacities for universal health coverage	4. Improve health service coverage and financial protection to address inequity and gender inequalities	5. Prevent, mitigate and prepare for risks to health from all hazards	6. Rapidly detect and sustain an effective response to all health emergencies
Joint Outcomes which specifically mention WASH					
1.1 More climate-resilient health systems are addressing health risks and impacts *(strengthening of WASH)*	2.1. Health inequities reduced by acting on social, economic, environmental and other determinants of health (*risks of WASH and importance of WASH in improving health)*			5.1. Risks of health emergencies from all hazards reduced and impact mitigated *(WASH initiatives)*	5.2. Preparedness, readiness and resilience for health emergencies enhanced *(wastewater surveillance)*
Joint Outcomes which have WASH related indicators					
	2.2 Priority risk factors for noncommunicable and communicable diseases, violence and injury, and poor nutrition, reduced through multisectoral approaches (*SDG indicators on mortality due to unsafe WASH, and access to safely managed water, sanitation and hygiene)*	3.1. The primary health care approach renewed and strengthened to accelerate universal health coverage *(coverage of essential health services; service readiness of HCFs)*		5.1. Risks of health emergencies from all hazards reduced and impact mitigated *(coverage of WASH in communities and HCFs)*	

Source: Draft Fourteenth General Programme of Work, 2025–2028 Advancing health equity and health systems resilience in a turbulent world: a global health agenda for 2025–2028, World Health Organization, unpublished, 2024; WHO Results Framework: Outcome Indicators, Fourteenth General Programme of Work (GPW14), World Health Organization, unpublished, 2024.

Annex 13. Line of sight matrix

OECD/ DAC Criteria	Evaluation Questions	Key findings	Conclusions	Recommendations (apply to all key findings and conclusions)
RELEVANCE	**EQ1: How relevant is the Strategy and associated activities to country needs, and to what extent has it maintained its relevance?**			**Recommendation 1 –** Develop a new WASH strategy. The new strategy should be based on recognized core areas, newly identified priorities where WHO's contributions add value, and increased intersectoral engagement. It should be aligned with internal and external strategies, mechanisms and programmes of work, primarily the WHO 14th Global Programme of Work (GPW14) and the UN System-wide Water and Sanitation Strategy and consider the strategies of other key international WASH actors like UNICEF **Timeframe:** Next six months. Action: WSH Unit to initiate development of the new strategy. **Rationale** The new WASH strategy should build on well-recognized core areas of strengths, established expertise, processes and relationships of WHO in WASH that have demonstrated effectiveness. These include Guideline development, normative standard setting, monitoring, tools and implementation frameworks, and leadership. At the same time, GPW14, the SDG 6 Global Acceleration Framework and the UN System-wide Water and Sanitation Strategy highlight global WASH and health trends. Drivers of these trends include accelerated climate change, water scarcity and water pollution, human migration and
	EQ 1.1 To what extent is the Strategy design and its implementation relevant and how has implementation adapted to changing circumstances?	**Finding 1.1:** Ensuring access to safe WASH services is highly relevant to global needs and critical to promote and protect health. **Finding 1.3:** Familiarity with the WASH Strategy varies among target audiences. **Finding 1.2:** WASH activities are well aligned to country needs, but the Strategy does not prioritize specific target geographies or populations. **Finding 1.4:** The Strategy serves mainly the WHO WASH team at the global level with limited accountability for implementation at the country level. **Finding 1.5:** The results framework and associated monitoring processes do not provide a sound basis for tracking progress in Strategy implementation. **Finding 1.6:** WASH normative guidance and tools are invaluable outputs of the Strategy and have been tailored to country needs **Finding 1.7:** The draft GPW14 (2025-2028) gives greater prominence than GPW13 (2019-2023) to environmental health, with climate	**Summary conclusion:** Access to safe WASH services is highly relevant to global needs and critical to promote and protect health, given especially that global progress on WASH is falling behind. WHO's WASH work is well aligned to country needs and is appreciated. WASH normative guidance and tools are invaluable outputs of the Strategy and inform implementation at scale by others. WHO has maintained its relevance through global efforts to improve WASH including through the UN. However, WHO will need to further leverage its core strengths in normative, monitoring and technical work and, importantly, increase the focus of the next strategy to incorporate wider WASH issues (including climate change, water resources, emergencies), linkages with PHC-oriented health system, ensure	

		change as one of its six overall strategic objectives. WASH also features more than in the GPW13. **Finding 1.8:** WHO has been responsive to emerging issues and new commitments since the Strategy was developed. **Finding 1.9:** There is a demand for climate resilient WASH to be covered more extensively in the next WASH Strategy.	alignment with GPW14 and the UN System-wide Strategy for Water and Sanitation,[25] and define the role and accountability of country offices in implementing the Strategy. GEDSI needs to be prominent in the next Strategy to reflect the goals of GPW14 and the UN System-wide Strategy for Water and Sanitation. **Conclusion 1: WASH and the WHO engagement in the sector are highly relevant to country needs and critical to health outcomes, however the Strategy itself focusses on global level activities.** The WASH Strategy is a starting point from which WHO has adapted and incorporated new topics and approaches. However, the related targets and logframe mainly define efforts at the global level. Although the draft GPW14 gives greater recognition to WASH than GPW13, its use of WASH access indicators is not well aligned with the Strategy given that WHO does not improve WASH access directly. The next WASH Strategy becomes more important with increased attention to WASH under the GPW14 and in light of the UN System-wide Strategy for Water and Sanitation, the run up to the SDG 2030 deadline and	displacement, growing inequities within and between countries, and the growing number of crises and emergencies - all which impact access to safe WASH services. The UN System-wide Water and Sanitation Strategy places emphasis inter-agency and sector-wide collaborative priority actions to meet the water and sanitation needs of developing countries, including least developed countries, small island developing States, and countries with other special circumstances. WHO's agenda for Universal Health Coverage (UHC) and Leaving No One Behind are strong drivers for engaging with GEDSI, climate resilient WASH, WASH in emergencies, and integration with other health programmes to maximise the impact of WASH. WASH in turn is significantly influenced by water resources management and the broader 'big water' sector, in terms of WASH service sustainability. Furthermore, climate change finance will become more dominant in the WASH sector and under GPW14, presenting opportunities for WHO but also requiring WHO to be ready to respond. There is expressed demand for information and guidance on these issues from stakeholders. The new strategy should be informed by the following points: • Sustain areas that underpin WHO's authority in WASH such as setting international standards and guidelines while monitoring progress towards national and international WASH targets, using data-driven approaches and research to inform decision-making and guiding policies, identifying
	EQ 1.2 To what extent is GEDSI (Gender Equality, Disability and Social Inclusion) adequately addressed by the Strategy and associated implemented activities?	**Finding 1.10:** GEDSI considerations are critical to advance on WASH indicators, but the Strategy missed an opportunity to explicitly articulate its contribution to GEDSI principles. **Finding 1.11:** Through Strategy implementation WHO has made constructive efforts in integrating GEDSI in global monitoring and normative guidance. **Finding 1.12:** Stakeholders find that WHO adequately addresses gender, but more could be done to systematically address GEDSI. **Finding 1.13:** There is scope to assign a GEDSI focal point within the WSH Unit to drive the agenda forward.		

[25] https://www.unwater.org/publications/united-nations-system-wide-strategy-water-and-sanitation

			the degree to which WASH progress has fallen behind. **Conclusion 2: The WASH Strategy does not align well with GPW13 to promote gender equality, disability and social inclusion (GEDSI).** While important normative issues such as gender, equity, and human rights are part of WHO's work, they could be addressed more comprehensively. This is especially true for areas like disability and the social inclusion of marginalized groups, including informal settlers, displaced people, and those living in fragile or conflict-affected regions, as well as areas impacted by climate change. Within WHO, the focus on Gender Equality, Disability, and Social Inclusion (GEDSI) is not particularly strong, and there is no dedicated advocate or leader for these issues within the Water, Sanitation, and Hygiene (WSH) Unit.	priorities and targeting the most vulnerable populations effectively, and strengthening of WASH systems at country level, including developing the capabilities of government institutions (e.g. WASH regulators), in a coordinated manner with partners. • Connect with entry points of the UN System-wide Water and Sanitation Strategy. The latter include: - Entry Point 2: Enhancing country engagement by leveraging whole-of-UN support and mobilizing stakeholders and partnerships for water and sanitation. - Entry Point 3: Aligning UN system support to integrate water and sanitation issues across sectors and mainstreaming them into intergovernmental processes. - Entry Point 4: Accelerating progress and transformational change by unifying UN system support through the SDG 6 global accelerators: financing, data and information, capacity development, innovation, and governance. • Use the drive towards PHC-oriented health systems highlighted in GPW14 as an overarching framework in WHO to link WASH activities conducted at all levels of WHO and step up intersectoral coordination. This includes themes that are increasingly mainstreamed by WASH (e.g.
EFFECTIVENESS	**EQ2: To what extent have results been achieved through implementation of the Strategy, and what lessons have emerged?**			

	EQ.2.1 Is the Strategy on track to meet its targets? and what have been the successes, best practices, and main challenges?	**Finding 2.1:** Results reported against the log frame since 2018 indicate that progress is generally on track across the thematic areas, with the majority of targets and milestones (where set) achieved. **Finding 2.2:** The high quality of normative guidance produced by the WSH Unit was noted by KII and survey respondents at all levels, within and beyond WHO. **Finding 2.3:** The WSH unit delivers a prolific output of publications, despite its modest in-house staffing. **Finding 2.4:** A valued contribution from WHO at country level (at least where COs have dedicated WASH/EH personnel) lies in adapting and contextualising global guidance to ensure that it is locally relevant and usable **Finding 2.5:** WHO is highly influential in global agenda setting in WASH. **Finding 2.6:** The low priority afforded to WASH within WHO operations at all levels is a critical constraint. **Finding 2.7:** WHO WASH funding and country staffing have declined substantially in recent years, and this decline is continuing, except in the case of emergencies. **Finding 2.8:** Within WHO, the extent of integration of WASH into other health programmes varies and could be taken further in some cases. **Finding 2.9:** Climate resilience has progressed from an emerging to a mainstream issue for the WSH Unit and has been incorporated into much of the normative guidance – but more guidance is needed at country level.	**Summary conclusion:** The Strategy has been implemented successfully and has proven realistic in its ambitions given the huge constraints under which the WASH function operates within WHO, including the relatively low prioritisation given to WASH within the organisation; the impact of COVID-19 and other emergencies; and declining WASH funding within WHO and staffing at country level. A critical question is whether the next Strategy could provide a framework for action at country level (not just a menu of thematic options from which country offices can choose) as the current Strategy only addresses the role of the WSH Unit at global level. Such action would, however, be contingent on the existence of dedicated WASH staff in WHO country teams. **Conclusion 3: The quantity and quality of normative output is impressive given the rigorous process by which it is developed and increasing demands on the WSH Unit, especially for more guidance on how to implement the various tools and approaches promoted**. The WSH Unit achieves this through extensive use of online platforms for providing orientation,	climate resilience, WASH in emergencies, including cholera, as well as gender equality, disability, and social inclusion GEDSI) within the WHO Environment, Climate Change and Health Department (ECH) and with other health programmes such as antimicrobial resistance (AMR), vector-borne diseases, cholera, neglected tropical diseases (NTDs) and health system resilience. • Position WASH strategically for its role in building resilience to climate change as the Climate Change team transitions from a technical unit to a mainstreaming role across WHO under GPW 14, , particularly in health systems and facilities. This includes developing guidelines, supporting climate-adaptive infrastructure such as in health care facilities, informing communities to enable climate-resilient WASH practices and supporting the adaptation of relevant WASH guidance to specific diseases and contexts (e.g. emergencies, cholera). • Increase engagement of 'WASH in emergencies' with the health emergencies programme by adapting WASH tools to emergencies and, where appropriate, supporting the transitioning of emergency WASH to a development focus and clarifying roles, undertaking joint assessments, participating in taskforces, joint research, integrating guidance and adapted WASH tools into health emergencies e.g. WASH FIT, Water Safety Planning (WSP) and water quality testing, Sanitation Safety Planning (SSP), hygiene guidance, etc.. • Build upon existing efforts to prioritize Gender Equality, Disability, and Social Inclusion (GEDSI) in

			training and guidance; collaboration with numerous external experts and advisory groups in the development of normative guidance; and strategic partnerships with a range of global and regional organisations which help the WSH Unit to extend its reach. Additionally, guidance has been expanded and updated, especially in relation to climate change. The WSH Unit has also been instrumental in securing the integration of WASH into other core global health strategies and programmes. **Conclusion 4: WHO's 'convening power' in WASH is evident at global level with the WSH Unit playing a pivotal role in steering sector strategy and securing global commitments.** At country level, however, WHO tends to have a lower profile in the WASH sector than other international development agencies including UNICEF. The decline in WASH funding and staffing makes it increasingly difficult for WHO to play its intended role in WASH advocacy and technical support at this level and has implications for the implementation of GPW14 which aims to 'promote, provide and protect health and well-being'.	WASH into thematic guidance materials and monitoring, and support country level implementation such as policy development, and capacity building —ideally reinforced by a focal point/champion for GEDSI at ECH Department level. **Recommendation 2 –** To implement the new strategy, develop an operational plan anchored in the GPW 14. This should go together with a monitoring framework spelling out clear accountabilities and defining clear roles for regional and country offices. **Timeframe:** Next 12 months. Action: WSH Unit, based on new strategic approach. **Rationale** The next Strategy should be anchored in the GPW14, aligned to WASH and WASH-related outputs and outcomes and supported by a results framework to track progess in the next WASH strategy implementation. Defining specific target geographies would help delineate the role of regional and country offices in developing and implementing regional and country level strategies, such as providing guidance on adapting global strategy components to country needs, ensuring alignment with national WASH strategies and plans. For country offices, it should go beyond providing a menu of technical subjects within WASH that may be pursued to move toward providing guidance on the development of country level strategies and plans interlinked with the WASH strategy and GPW14.

				Going forward WHO should: • Connect the future WASH strategy to GPW outcomes and outputs and develop a results framework (logframe) based on a Theory of Change (ToC) that aligns with and clearly contributes to GPW14 and provides a sound basis for tracking progress in strategy implementation. • Develop common monitoring WASH-related indicators linked to GPW14 indicators on GEDSI, climate resilience, climate and health, maternal and child health, primary health care/UHC, vector-borne diseases, and other disease-specific with other WHO units and departments • Ensure WASH activities are included in as much as is feasible in the GPW14 operational, budgeting and country support processes and plans. • Articulate clear global, regional and country level roles, capitalising on the strength of each level,
	EQ 2.2 What external and contextual factors affected the achievement of results?	**Finding 2.10**: The content of each country office's work plan emerges in part from dialogue with national government - primarily the ministry of health - and they do not always prioritise WASH. **Finding 2.11:** The COVID-19 pandemic was an enabler in that it generated more attention to HH4A; but lockdowns were also a major interruption to government and development agency operations. **Finding 2.12:** Beyond COVID-19, conflicts and other emergencies have caused major disruption to routine government activities and external support in some countries		
	EQ3: How efficiently has WHO used its human and financial resources to implement the Strategy?			

EFFICIENCY	EQ 3.1 Has WHO struck an appropriate balance in the allocation of resources (personnel and funding) across its priority areas of WASH work at HQ level?	**Finding 3.1:** An estimated 1-2% of the global flexible budget is reported to have been allocated to WSH. **Finding 3.2:** Allocation of personnel across the priority areas is widely considered as being constrained at HQ, while resource constraints (human and financial) are even more evident at regional and country level and has been in decline over the past decade. **Finding 3.3:** GLAAS has the highest level activity expenditure, followed by cross-cutting activities and JMP. **Finding 3.4:** The WSH unit has historically not benefitted significantly from flexible (core) WHO funds. **Finding 3.5:** Resource mobilisation involves a complicated internal and external (with donors) negotiation resulting in unpredictability of funding; in turn the way resources are mobilised makes it hard to allocate sufficient funding to specific thematic areas. **Finding 3.6:** There is scope to improve the way the WSH strategy is linked with financial reporting.	**Summary conclusion:** Cooperation across the WSH Unit and improving collaboration across the three levels of the organisation have contributed to the efficient use of limited human and financial resources to implement the Strategy and yield results. There is nevertheless potential for further efficiency gains if core funding is improved to enable optimal allocation of staff across the priority intervention areas and objectives at country level are made clearer and tied to GPW14. **Conclusion 5: The limited level of core funding combined with the high proportion of donor funding compromises the efficiency of Strategy implementation.** When considering what the Strategy aims to deliver, overall, each priority intervention area (PIA) at all levels is resource constrained both in terms of	and provide guidance on how to adapt relevant strategy components to country needs so that country offices can ensure elements are included in national plans. Consider developing regional ECH strategies with a clear focus on WASH. • Involve country offices in strategy development via regional offices (Deputy programme Managers [DPMs] WASH Regional Advisers [RAs]) and consider prioritising specific target geographies related to disease burden, populations. • Ensure that country cooperation strategies include indicators related to the GPW14 and WASH Strategy, noting that GPW indicators are aligned with SDG indicators. **Recommendation 3 –** To position WASH strategically, expand and capitalize on internal and external partnerships to leverage and strengthen awareness, understanding and use of WHO's WASH programme. This will support advocacy, fundraising and joint efforts. **Timeframe:** Next twelve months - Action: WSH Unit and WHO Environment, Climate Change and Health Department (ECH):

	EQ 3.2 How has WHO sought to use its limited human and financial resources to greatest effect and what are the lessons learned to improve efficiency?	**Finding 3.7:** Good cooperation across the WSH unit has contributed to efficient use of its limited human and financial resources. **Finding 3.8:** A range of opportunities exist to enable closer coordination and improve synergies within WHO, including joint resource mobilisation, joint training, joint missions and joint planning and programming. **Finding 3.9:** Substantive efforts aimed at improving collaboration across the three levels of the organisation have yielded results. **Finding 3.10:** There are more examples where activities have been scaled-up as opposed to scaling down potential ineffective activities.	financial and human resource capacity. This is evidenced by an estimated mere 1-2% of the global flexible budget allocated to WSH coupled with declining donor funds over the Strategy period. In many cases the human resource deficit is being addressed through consultants, which on the one hand responds to fluctuations in funding but on the other hand does not allow for retained institutional capacity or improved capability. **Conclusion 6: There is clear need to establish a results framework, an improved resource mobilisation strategy, and a narrative based financial report to demonstrate an appropriate balance in the allocation of resources across priority areas.** At present the priority thematic areas do not seem to correspond with the resourcing levels. Coupled with this is unpredictable funding levels due to complicated internal processes as well as negotiation with donors. **Conclusion 7: WHO has sought to make the best use of its limited human and financial resources via cooperation across the WSH Unit and collaboration with other units within the ECH Department and beyond (including other WHO departments,**	• in consultation with Regional Offices • with support from internal communication team • in collaboration with UNICEF, development banks, global health initiatives and partnerships with other key implementation stakeholders. **Rationale** WHO's role in the WASH sector is central to achieving health goals and SDG targets and addressing the cross-cutting nature of healthy environments and preventive health measures. Yet, while WHO's leadership in setting global guidelines, norms and standards for sanitation and drinking-water quality, and global monitoring (as co-custodian for several SDG 6 indicators) is well acknowledged, WASH is often overshadowed by higher-profile health issues, particularly at the country level. Within WHO, there is an urgent need to integrate WASH more visibly and substantively across WHO's health programmes building on the links between health and WASH as advocated in GPW14 and developing a compelling argument for WASH with adequate resource allocation. Within the UN system, WHO has positioned itself successfully as a leading player on WASH and health, developing strong global partnerships amongst most stakeholder groups to implement its Strategy. WHO requires strong partnerships at all levels to support the dissemination and implementation of key standards, guidance and monitoring at country level and collaboration is less well defined at regional and country level, and not yet fully exploited with development banks. WHO should:

			UN partners and external partners). There have been mechanisms that have been introduced or scaled up to improve closer collaboration and coordination which has translated into high satisfaction levels of support felt by regions and countries. However, the direct channel of communication between headquarters and countries, although appreciated by countries, increases the burden and threatens the efficiency of headquarters work given the limited human resources at that level.	• Draw on WHO health and economic research and data and build on the links between health and WASH laid out by the GPW14, and in WHO's WASH Primer for Health Professionals, to continue to advocate for increased investment in WASH. Messaging should highlight WHO's unique contribution and value for money in achieving the goals of GPW14, and the role of WASH in other major areas of work (eg. climate change, emergencies and cholera, AMR); the high burden of disease due to poor WASH, the demand for WHO's normative and monitoring information, and the pivotal roles of health sectors and Ministries of Health in integrating WASH into health programmes; the risks of non/disengagement and the counterfactual impact with a reduced WHO focus on WASH.
COHERENCE	**EQ4: How has Strategy implementation complemented or added value to WASH interventions within the global WASH architecture?**			• Use the development of the next WASH strategy to consult and raise awareness, clearly articulating

	EQ 4.1 How does Strategy implementation contribute to the SDG 6 Acceleration Framework and how does it align with and complement initiatives of partners?	**Finding 4.1:** WHO has a clear and unique mandate for WASH and health according to its constitution and WHA resolutions. WHO's mandate at global level is well recognized by external WASH stakeholders but is not fully appreciated across WHO and less evident at country level. **Finding 4.2:** WHO adds value by providing global leadership on WASH and Health and actively fulfilling its role as a normative, standard-setting organization. **Finding 4.3:** WHO has played a foundational role in the development of the SDG6 Global Acceleration Framework and continues to drive forward related initiatives. **Finding 4.4:** External health stakeholders view the WSH team as playing a key role in the prevention and control of communicable diseases. They see WHO as having an important seat at the table, which could be further leveraged for disease prevention through safe WASH services.	**Summary conclusion:** WHO has a clear global mandate on WASH and health and successfully fulfils its leadership role within the global WASH architecture, supported by effective collaboration. However, at the regional and country level, WHO's decentralised structure, coupled with human and financial resource gaps, prevents WHO from effectively fulfilling its mandate and from maximising collaboration. Strengthening specific implementation partnerships could help to fill these gaps. **Conclusion 8. WHO has a clear mandate for WASH and health which it fulfils well at the global level, however this does not translate into consistent support at the country level.** WHO's mandate at global level is clear and undisputed. WHO sets directions for WASH in health globally, which others follow. There is an expectation by external WASH stakeholders that WHO's global mandate also extends to the country level, but a lack of mandate (via country collaboration strategies), financial and human resources do not enable WHO to effectively take on this role in many country contexts.	WHO's role in WASH, the areas of strategic priority for the next strategy period, and links with health. Increase understanding of WHO's WASH mandate, assets and associated efforts and reach out to WHO Regional Directors, Deputy Programme Managers (DPMs) and WHO Representatives leading Country Offices; and advance WASH for health such as through the development of regional strategies, peer to peer exchange, or the development of induction courses to new staff to include WASH basics, WHO's scope of WASH work, and country office responsibilities for WASH. Consult Members States and continue to build upon existing visibility and presence in major conferences and other fora as a key entry point for future funding opportunities. • Define necessary resources to deliver the new Strategy including the regional and country levels within GPW14 biennial budget and ensure that WASH is reflected in biennial workplans. • Carry out a donor/stakeholder mapping exercise (considering regional strategies for PHC-oriented health systems) to capture existing and new relationships/partners and funding opportunities such as global health initiatives, philanthropy, private sector, Global Financing Facility at World Bank; UHC-partnership, Global fund (malaria) and feed into the resource mobilisation strategy. Expand joint mobilisation of funding with existing partnership approaches such as those with UNICEF, and with other key implementation partners at regional and country level.

			Conclusion 9: Despite strong collaboration at global level, in particular with UNICEF, there is room for further strengthening of partnerships and clarifying WHO mandates at regional and country level. WHO is a strong collaborator in WASH at the global level, playing a pivotal role in setting directions for the sector via evidence, convening and effective collaboration, in particular with UNICEF. WHO could further strengthen partnerships at the regional and country level, including with UNICEF, to complement its lack of sufficient human and financial resources and avoid mandate confusion. **Conclusion 10: WHO's strong technical collaboration on WASH and health does not yet translate into effective disease prevention and control via sustainable access to water supply and sanitation services in disease hotspot areas.** WHO has effectively contributed to WASH and health collaboration under specific initiatives such as NTDs, AMR and under the GTFCC but could play a more pro-active role in terms of bringing WASH stakeholders onboard in specific disease spaces. There is untapped potential with other key implementers, in particular the World	• Develop a practical resource mobilisation sub-strategy and workplan that identifies funding sources, including development banks, global health initiatives and partnerships with other key implementation stakeholders, to support delivery against the strategy. Emphasis should include funding to establish minimum WASH capabilities in country offices, with corresponding regional and HQ support, and ensuring a baseline level of WASH support where it is most needed. • Engage with Department/Division senior leadership to include WASH in WHO's proposed "core predictable country presence" focused on 'empowering and transforming' country offices to 'drive impact', regional and headquarters level. This should include sufficient ECH personnel with relevant qualifications including WASH as a detailed component of their job descriptions to respond efficiently to country and regional demand for normative guidance while also continuing WASH-health integration efforts as envisaged under GPW14. • Capitalise fully on partnerships to increase efficiencies and effectiveness and ensure that WHO continues to play a catalytic role within the UN architecture related to SDGs (specifically SDG 6) and the UN System-wide Strategy for Water and Sanitation. Strengthen existing partnerships, explore new collaborations (particularly with development banks and regional actors), and clarify mandates with key partners like UNICEF at the regional and country levels. • Accelerate engagement with development banks on strategic areas of collaboration e.g. regulation,

			Bank and regional development banks, which could help WHO further advance key topics closely related to its mandate e.g. support to infrastructure prioritization for disease prevention and control and in the area of regulation.	identification of priorities for infrastructure investment based on spatial analysis of WASH-related disease burden and of marginalised population segments, enhanced collaboration in fragile and conflict-affected areas, transitioning to sustainability.

	EQ 4.2 How well has WHO coordinated and collaborated in its WASH sector support with partners when implementing the strategy?	**Finding 4.5:** At global level, WHO has developed a strong partnership with UNICEF that harnesses both agencies' strengths. **Finding 4.6:** At global level, WHO has a wide range of other key collaborators (academia, funding partners, UN agencies, NGOs, networks, multi-agency partnership) and works effectively with them along a cycle of evidence production – norm development – global advocacy - dissemination – support to uptake and monitoring. Yet, there is scope for more strategic engagement with the World Bank for making more use of Collaborating Centres. **Finding 4.7:** At regional level WHO collaboration with partners is variable, with room for more clarity on the division of roles between UNICEF and WHO. **Finding 4.8:** At country level, WHO collaborates closely with health ministries on WASH. However, further cross-sector support is constrained by the level of human resources and funding available and not prioritized in country cooperation strategies. **Finding 4.9:** At country level, UNICEF is WHO's critical partner, but the level of collaboration and clarity of respective roles varies depending on context.		**Recommendation 4 –** Improve the sustainability of WHO WASH and health interventions at country level by clarifying where WHO's mandate ends. Working with key implementing partners, support the development of strategies and associated country-level partnerships to progressively embed WASH standards, guidance and tools in national policies and regulatory frameworks. **Timeframe:** Next twelve months - Action: WSH Unit, in consultation with Regional Offices and Country Offices and in collaboration with UNICEF and other key partners **Rationale** While sustainability also depends on available funding for WASH, the next Strategy needs to clarify where WHO's mandate ends in terms of supporting the adaptation, dissemination and implementation of standards and guidance at country level, how to assess activities to be phased out and work with key implementation partners (such as UNICEF) and country level to identify effective transition strategies and support their implementation. To this end, WHO should: • Support efforts to clarify mandates with UNICEF and other key partners at regional/country level and clarify where WHO's mandate ends in terms of supporting the adaptation, dissemination and implementation of standards and guidance at country level i.e. with the dissemination of guidance for some technical areas in the Strategy log-frame, while it moves into implementation for

		Finding 4.10: There are opportunities for WHO to play a more active role in WASH sector coordination and in the integration of WASH and health at country level.		others (e.g. WASH in HCFs, Sanitation Safety Planning). • Work with key implementing partners (e.g. UNICEF) to support the adaptation and implementation of WHO's normative guidance and monitoring at country level and specific country-level technical assistance and advocacy. • Take stock of capacity and capability development to identify gaps, what worked well and what did not, and define which activities are being phased in and out based on assessments of relevance and need, and develop a coherent approach to resourcing and delivery at country level • Support exploration of options for country-level partnerships including collaborating with national training / research institutions for national level capacity building and ensuring the operationalisation of national policies and regulatory frameworks at the local level. • Continue transitioning away from primary data collection for GLAAS, towards a joint programme with UNICEF, similar to JMP, contextualized within the broader theory of change and Align to Accelerate initiatives with UNICEF and the World Bank. • Plan for technical assistance to country level where there are identified human resources gaps,
SUSTAINABILITY	**EQ5: To what extent is the Strategy and its associated activities promoting sustainability?**			
	EQ 5.1 To what extent is the Strategy and its implementation supporting an enabling environment for sustainable health gains?	**Finding 5.1:** Advocacy and communication activities have scaled-up in recent years with the introduction of new tools/approaches being applied and publication of certain documents. **Finding 5.2:** Some pre-existing advocacy and communication modalities could be improved and enhanced in terms of timeliness and/or application. **Finding 5.3:** Internal advocacy and communication (about WASH) could be strengthened across WHO more broadly. **Finding 5.4:** There is a strong training and capacity building focus, particularly in recent years, across a number of thematic areas, countries and regions and via new approaches. **Finding 5.5:** Informants and survey respondents suggest continued demand for training.	**Summary conclusion:** WHO has scaled up advocacy, communication and capacity development initiatives to support sustainable health gains. There is strong awareness and good levels of use of key WSH knowledge products, which suggests that, in principle, Strategy implementation promotes sustainability. Despite the strong and renewed focus on training and capacity development, continued demand for training exists at country level. The extent to which WHO is mandated to embed Strategy content into national and partner systems and approaches remains vague. To further support the contextualisation and implementation of its guidance and monitoring at country level, WHO	

	EQ 5.2 To what extent have WASH approaches and tools promoted via the Strategy been embedded in national strategies and systems as well as in the strategies and approaches of major development partners?	**Finding 5.6:** WHO tracks integration of key WASH standards and guidance into policy and national targets; their achievement at country level is largely outside WSH's control and uncertainty pertains as to where WHO's role in implementation of guidance ends. **Finding 5.7:** The evaluation survey reports good levels of knowledge and use of key WSH global knowledge products by government and partners. **Finding 5.8:** In-country support is crucial for the contextualization of WHO WASH guidance and its implementation; but resources are insufficient to provide this in many contexts.	should clarify the extent of its mandate and revise its approach to capacity building, advocacy and communication considering the current resource constraints. **Conclusion 11: The Strategy outlines various activities and mechanisms within its thematic areas aimed at supporting advocacy, communication, capacity and capability development. These efforts are designed to foster an enabling environment for sustainable health gains.** Over time, new tools and approaches have been introduced to scale up advocacy and communication activities across all three levels. However, some existing tools could benefit from improvements in their timeliness and application. To ensure sustainability of the WSH Unit's achievements within WHO, advocacy and communication aspects could be further strengthened. This should focus on increasing the visibility of WSH initiatives and highlighting the integrated nature of WASH across WHO's global mandate. **Conclusion 12: WHO plays a vital role in contextualising global guidance. However, it is necessary to clarify and communicate the extent of the**	e.g. through the use of consultant pools, potentially via regional offices.

			agency's mandate in supporting its progressive implementation at country level, particularly given human and financial resource constraints. WHO and its partners play a crucial role in supporting the contextualisation of WHO norms and standards and their progressive implementation. Survey responses indicate that there is a good level of knowledge and use of WHO key knowledge products at country level. However, the boundaries of WHO's mandate in terms of implementing global guidance at country level remain unclear. WHO human and financial resource constraints at the national level mean that, in many country contexts, WHO is unable to fulfil a substantial technical support function on a continuous basis, let alone a lead role.	

Annex 14: Philippines country case study

1 Introduction

1.1 Purpose and scope of case study

This country case study was one of two produced to inform the findings of the evaluation of WHO's engagement in WASH via its Global WASH Strategy 2018-2025. The purpose of the country case studies was two-fold:

1. To generate evidence for the evaluation questions of the global evaluation, serving as a triangulation point.
2. To generate learning on the different ways in which WHO is supporting countries to operationalise components of the Strategy across selected WASH thematic areas.

The two countries selected were Ethiopia and the Philippines. Selection was based on the following criteria agreed between the evaluation team and the WASH team at WHO headquarters:

- Presence of a dedicated WASH-focused individual or team in the country office (and presence of regional office an advantage)
- Countries that have been active in all or most WHO WASH strategy intervention areas since 2018, in both rural and urban areas
- A range of WASH-related partners with some government uptake of WHO WASH outputs
- Logistically feasible to travel to the country
- Countries from different regions, representing various WASH contexts (humanitarian, development) and stages of progress on Sustainable Development Goals (SDGs)
- Countries that have not hosted a recent major evaluation.

1.2 Methods

Development of the case study included a short in-country mission (five working days) to Manila, Philippines. Data collection methods included a preliminary document and data review; key informant interviews (KIIs); and focus group discussions (FGDs) with WHO partners within and beyond government. Key stakeholders were purposely selected to take part in KIIs and FGDs to collect relevant information and encourage experience sharing for learning. Key informants were from the WHO Country Office; WHO Western Pacific Regional Office (WPRO); Department of Health (DoH); Local Water Utilities Association (LWUA); Philippines Association of Water Districts (PAWD); Philippines Water Works Association (PWWA); Metropolitan Waterworks and Sewerage System Regulatory Office (MWSS RO); utilities Maynilad and Manila Water; Department of Interior and Local Government (DILG); UNICEF; Asian Development Bank; and University of Philippines College of Public Health. A total of 52 people were consulted during the field visit, through three KIIs and nine FGDs. Additional information on key informants can be availed upon request to the WHO Evaluation Office.

Based on discussions with WHO, it was agreed that the country visit would focus mainly on two thematic areas in which the Country Office has had substantial recent engagement with government and other partners: Water Safety Planning (WSP) and WASH in health care facilities. The case study would however also develop an overview of the full range of WASH-related subjects in the Country Office's portfolio.

KIIs were conducted using a semi-structured interview guide that listed a predetermined set of questions related to the themes of this country case study. Informants in the FGDs were asked to reflect on the questions asked by the interviewer, provide comments, listen to what others in the group had to say and react to their observations. Data from KIIs and FGDs were recorded in notes, analysed and organized according to themes and content.

The data collection was able to include information from the regional perspective through meetings and interviews with the Health and Environment Coordinator for WPRO. On the last day of the mission, a de-briefing presentation was made by the consultant to the country and regional representatives including the WPRO Director, Programme Management.

1.3 Limitations

The country case study was limited in time; however, key informants were carefully selected to bring forward perceptions from a variety of stakeholders on the selected themes and learnings to be documented. Site visits were not undertaken due to the length of time required to visit sites, such as health care facilities outside of Manila. The principal constraint on data collection was that there was limited information available on the Country Office budget for WASH, although biennium budgets were provided later. Interpretation of report findings should take into consideration these limitations. Nevertheless, important learnings and opportunities are presented in this report.

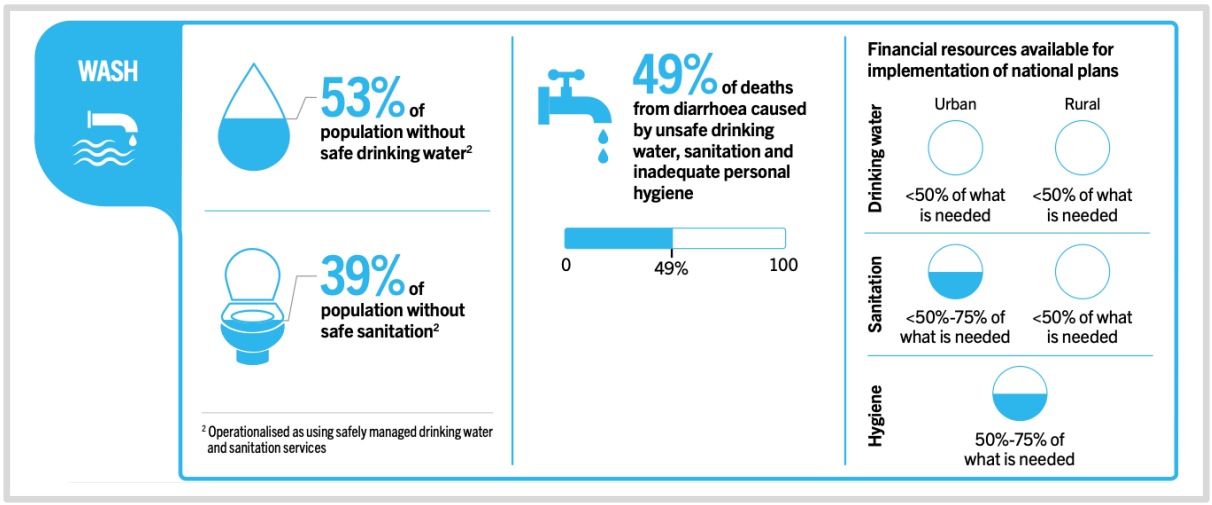
National WASH context

Progress towards WASH-related SDGs

Figure 1 presents a scorecard published by WHO in 2022 summarising the state of health and WASH in the Philippines, drawing on 2020 data from WHO itself and other sources. Table 1 presents key WASH access data for the year 2022. The scorecard presents a set of key indicators illustrating local exposure to environmental health risks, and the health impact of these risks, and which related policies have been put in place. Based on UNICEF/WHO Joint Monitoring Programme (JMP) criteria, in 2022 53 per cent of the population in the Philippines did not have access to safely managed drinking water services while 39 per cent did not have access to safely managed sanitation. In addition, 49 per cent of deaths from diarrhoea were caused by unsafe drinking water, sanitation and inadequate hygiene. JMP data for 2022 shows a slight reduction in the population that do not have access to safely managed drinking water (52 per cent) and do not have access to safely managed sanitation (37 per cent) (See Table 1).

With a population of 113.9 million (56 million females and 57.8 million males) in 2021, these JMP figures are significant. For sanitation, this means that 17 million people have limited, unimproved or no sanitation. For water supply, 5.7 million people cannot access a basic level of water supply.

Figure 28: Philippines WASH scorecard 2020



- Source: WHO health and environment scorecard (2022)

Table 10: Access to WASH in the Philippines 2022

Philippines	Drinking water			Sanitation			Hygiene		
	National 2022	Rural 2022	Urban 2022	National 2022	Rural 2022	Urban 2022	National 2022	Rural 2022	Urban 2022
Safely managed	48	35	62	63	69	56	-	-	-
Basic service	47	57	36	22	17	27	82	79	85
Limited service	3	4	2	10	7	13	12	13	10
Unimproved	2	4	1	2	3	2	-	-	-
No service	0	0	0	3	4	2	7	9	4

Source: World Health Organization, United Nations Children's Fund. Joint Monitoring Programme. The WHO/UNICEF Joint Monitoring Programme. Data [website]. (https://washdata.org/data, accessed 2 August 2024).

The lack of WASH in rural areas, including poor water supply infrastructure, high rates of open defecation, and inadequate septage management were concerns raised by stakeholders during the case study visit. Common reflections were that water resources were not an issue in the Philippines but lack of systems and satisfactory infrastructure to provide people with safely managed services was the challenge. There was also believed to be financing available locally for WASH, especially through Local Government Units (LGUs) and their mayors, but WASH was a low priority at all levels of government.

WASH-related health challenges

The most recent WHO Philippines Country Cooperation Strategy (CCS) 2017-2022 *(94)* notes that the Philippines has undergone astounding economic and social development, recording the highest growth among emerging Asian economies in 2016, and significant improvements in health. According to WHO data (95), life expectancy has increased to 70.4 years as of 2019 (73.6 for females and 67.4 for males). The leading cause of death for males and females are non-communicable diseases, with a probability of dying from any cardiovascular disease, cancer, and diabetes between the age of 30 and 70 at 24.5 per cent (2019). The maternal mortality ratio is 78 per 100 000 live births (2020), with an under-five mortality rate of 26 per 1,000 live births (2021), and a neo-natal mortality rate of 12 per 1 000 live births (2021). The reported number of people requiring

interventions against neglected tropical diseases (NTDs) was 47 533 799 in 2021. The prevalence of stunting in children under 5 is 28.8 per cent (2022).

The CCS notes a higher number of women delivering at health facilities and more births being attended by professional service providers. Maternal and neonatal tetanus has been eliminated in all regions of the country except the Autonomous Region of Muslim Mindanao. Malaria still exists in pockets of the country. Recurrent cholera outbreaks were reported in June 2022 with 6 490 reported cases and 80 deaths. These rates were three times higher than in 2021 *(96)*. Cases in 2023 totalled 3 756 with 19 deaths, however data was not received from the Government of the Philippines for January and February 2024 *(97)*.

Lying on the Pacific Ring of Fire and the so-called typhoon belt, with an average of 20 typhoons annually, the Philippines has one of the highest disaster risk and exposure values. Climate change is compounding these risks. The Philippines also has a complex legacy of continuing civil conflicts and mass displacement of people in some regions. UNHCR estimated that 228 141 people were displaced in the first half of 2023 in the Mindanao region, largely due to natural disasters, armed conflict, crime, and clan feuds *(98)*.

In the past three decades, the Philippines has made remarkable progress in reducing poverty. Driven by high growth rates and structural transformation, the poverty rate fell by two-thirds—from 49.2 per cent in 1985 to 16.7 per cent in 2018 *(99)*. Income inequality has only recently begun to fall and in 2018 the Philippines had one of the highest income inequality rates in East Asia. Inequality is perpetuated over the life cycle in the Philippines, beginning with poor maternal nutrition and health, and then childhoods with disparities in access to health care, safe drinking water and sanitation, and quality education. While the Philippines has been making progress in many of these areas, including safe drinking water, improved sanitation, and school enrolment, persistent large disparities between regions remain. Gendered social norms, which place responsibility for family care on women, have held back female participation in the labour market – only 49 per cent in 2019 (one of the lowest in the East Asia and Pacific region). This is despite the Philippines having comprehensive gender equality laws, high levels of female participation in leadership, and a ranking of 16 out of 146 countries in the 2023 Global Gender Gap Index (100).

Antimicrobial resistance (AMR) also poses a threat to health security. The AMR surveillance programme has registered alarming levels of drug resistance in many pathogens of critical public health significance.

The CCS further notes that addressing the determinants of health requires a multi-sector approach which has yet to be fully achieved, despite recent cross-sectoral collaboration initiatives.

The role of WASH within national health policy

The DoH together with the Department of Environment and Natural Resources (DENR) set out priorities for WASH in the National Environmental Health Action Plan 2023-2030 (NEHAP) *(101)*. The Plan contains the overall strategic direction for environmental health and distinct plans of issue-based sectors, one of which is safe water supply, sanitation, and health. Climate change and health, as a major cross-cutting concern, is integrated within all sectors. The DoH is chair and DENR is vice chair for the safe water supply, sanitation and health sector, with responsibility to oversee the NEHAP implementation and monitoring of planned activities. The acknowledgments section indicates that the strategy and associated Action Plan were developed with technical and financial support from WHO, and collaboration with the Inter-agency Committee on Environmental Health (IACEH) member agencies, other national and regional government agencies, non-governmental organisations, academia and other development partners, such as UNICEF.

WASH is fundamental to improving standards of living. The main vision of the WASH sector is to reach universal and equitable access to safe and affordable drinking water and adequate sanitation for all Filipinos by 2030.

Environmental health issues noted in the NEHAP are:

- High burden of disease and increasing incidence of water and sanitation-related diseases due to rapid urbanisation and climate change
- Breaks in the sanitation chain and persistence of open defecation in disadvantaged areas
- Increasing disease burden and incidence of chemical poisoning as a result of contamination by human activity
- Water scarcity and insecurity induced by climate change, degradation of natural sources and water pollution.

The Action Plan references the Global Burden of Disease data for the Philippines and the country's commitment to SDG6. A total of 55 action points are identified, together with broad timeframes and responsibilities, across a range of actions: improving institutional arrangements, advocacy, developing policies and standards, communications, capacity development, monitoring, and integrating climate resilience in WASH.

No budget is provided for implementation of the Action Plan; however, reference is made to laws and resolutions which require government entities to pool resources and allocate funds from their respective General Appropriations budget lines and Special Health Fund budgets towards Universal Health Care, and annual fiscal budgets. Potential funding sources are identified at the national, local and external level.

The Philippine Water Supply and Sanitation Master Plan (2019-2030) is a national action plan to achieve universal access to water supply and sanitation by 2030 *(102)*. It has budget estimates on how to reach the 2030 targets for SDGs.

2 Findings related to the WHO WASH portfolio in the Philippines

WHO Country Office structure and WASH staffing

The WHO Philippines Country Office has two people working in WASH - one full-time Technical Officer for Environmental and Occupational Health which includes WASH, and a Technical Assistant for Environment and Occupational Health who supports WASH in Health Care Facilities work under periodic Agreement for Performance of Work contracts. Both have environmental and sanitary engineering qualifications.

WASH is positioned within Environment and Occupational Health, under the Health Systems team, within the Health and Environment Unit. WHO has 62 personnel at the Philippines Country Office, of which 30 are consultants and contractors.[26] The WHO Country Office was established in Manila in 1973. The Country Office is located within the Department of Health premises. The WHO Representative for the Philippines has been in place for 12 months.

Scope of WHO WASH sector engagement

The Philippines does not have a current CCS with the DoH. The previous 2017-2022 CCS, extended to 2023, sets out five strategic priorities under the headings of: Save lives; promote well-being; protect health; optimize health architecture; and use platforms for health. WASH and environmental health

[26] As of July 2024.

are positioned under the Protect Health pillar which seeks to "Anticipate and mitigate disasters, and environmental and emerging health threats." Five key actions are identified under this heading:

Support the Government in the implementation of the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies and disaster risk management for health approaches to build generic capacities for preparedness, alert and response.

Co-lead the national Health Cluster response in emergency situations following natural and human-induced disasters and support the Department of Health in the planning, implementation and coordination of disaster risk management initiatives.

Improve access to clean air, safe water and safe food by providing technical support for air quality monitoring to strengthen health risk assessments and technical support for water and sanitation safety planning, as well as SDG monitoring on water and sanitation.

Advocate for green health care facilities and the reduction of carbon emissions and support the Government in anticipating and addressing risks associated with climate change.

Support the implementation of the Philippine Action Plan to Combat Antimicrobial Resistance: One Health Approach.

WASH is an issue of concern for the WHO Philippines. Country Office management noted that poor water quality and water contamination at household level is indicated by the presence of food and waterborne diseases including skin diseases such as scabies, and cholera. Recent Government data is not available on cholera, and it is difficult to say how many cases or the extent of cholera in the country due to lack of recent reports (see section 2.2). Improving quality of health care with good water and sanitation for health care facilities is also a priority for the Country Office.

Recent priorities envisioned by the WPRO Regional Director in a meeting with WHO representatives and other senior managers from countries in the region include:

- Integrated health system
- Accelerated efforts in tackling the impact of climate change (including greater investment in WASH in health care facility (HCFs)
- Preparedness for emergency.

The sub-sections below explore the thematic areas of WASH which the Country Office has been engaged in since 2018.

Water Safety Planning and Surveillance

The Philippines is an early adopter of WSP.[27] This was underpinned by the Philippines Code on Sanitation (1975) and its Implementing Rules and Regulations that require drinking water to be protected from all types of contamination. WHO has been a long-term exponent of scaling up sustainable WSP in the Philippines through strengthening the enabling environment, developing policies and regulation, and capacity development.

The urban utility Maynilad first adopted a WSP in 2007 through WHO support. WHO supported DoH in the development of a National Policy for Water Safety Plans in 2014, requiring all drinking water service providers to develop and implement WSPs. WHO also supported updating the 2007 Philippine National Standards for Drinking Water (2017) as a basis for water safety planning and surveillance (including WSP auditing) of drinking water supply facilities. The National Standards for

[27] In 2006, with funding from AusAID, WHO assisted the Department of Health to pilot a water safety plan in the urban water supply utility, Maynilad Water Services Inc. This was facilitated by WPRO and CO staff and a consultant to provide orientation and training to Maynilad, LWUA, MWSS and DOH. Maynilad was the first utility to draft a WSP. WPRO contracted a consultant to conduct a series WSP trainings for water districts, with PWWA.

Drinking Water includes provisions for 10 mandatory parameters which are the required parameters for water quality targets in all water safety plans, and are verified through WSP auditing.
In recognition of the necessity to have policies and administrative orders to create change in the Philippines, WHO has provided critical ongoing support to DoH in this area including for the review and approval of WSPs (2017), water laboratory accreditation guidelines (2020), local drinking water quality surveillance and monitoring (2022), WSP monitoring and audit (in development), and accreditation of WSP training providers (draft). An Operations Manual for Local Drinking Water Quality Monitoring Committee on Drinking-Water Quality Surveillance was finalised in 2021. A large component of support has been in development of national training and guidance materials, and delivering training including on WSP monitoring and audit, using national training materials.

WSP in the Philippines has benefited from four phases of Australian Department of Foreign Affairs and Trade (DFAT)/AusAID support. Much of the support during the Strategy period to operationalize the Philippines WSP through WHO funding, has come from Phase 4 - DFAT-WHO Strengthening the quality and sustainability of water, sanitation and hygiene services programme 2018-2023 which aimed to increase sustainable access to safely managed drinking-water through strengthened surveillance of water quality and risk management practices. [28] WHO has worked with partners other than DoH to support scale up of WSP such as the LWUA and PWWA.

Water safety planning to date has been implemented by the major utilities (Manila Water and Maynilad in Manila), and water districts, where independent self-funded utilities operate. The PAWD is assisting water districts through training on development of WSPs using the guidelines transferred to them by WHO. WHO attends the training to share experience and current policy developments and references on WSPs. Funding for the trainer is provided through provincial PAWD budget. PAWD is committed to WSPs for its effectiveness in achieving water quality for water supply.

WHO supported LWUA to undertake the function of reviewing WSPs of water districts nationwide by providing guidelines and training. It has also provided assistance to LWUA in reviewing many WSPs due to lack of resources within LWUA.

WHO provides limited financial assistance for training, provision of subject matter expertise, workshops on guidelines for monitoring and auditing WSPs, and ceremonies to award certificates of acceptance to support the sustainability of the programme. WHO is supporting the auditing function of WSPs to ensure that the WSPs are implemented, and not just developed.

The implementation of WSP in the Philippines faces challenges:

- There are thousands of water service providers. Only the larger utilities and water districts have the capacity to prepare WSPs whereas smaller more marginalised water districts with fewer connections cannot join the training because they cannot afford travel costs to attend training and the staff time away from the business.
- The institutional arrangements for LGUs are complex and highly fragmented with no regulator and each LGU equivalent to a standalone utility. LGUs have many competing responsibilities and low capacity. The WSP guidelines and process are overly detailed for them.
- A number of LWUA reviewers have retired and there has not been succession planning by LWUA to fulfil vacancies. Retraining is needed however the training provided by WHO is yet to be institutionalised in a local entity.

[28] Implemented in four countries: Bhutan, Indonesia, Philippines and Vietnam, the program also supports capacity building, guidance development and leadership on surveillance and WASH in health care facilities at regional and global levels through WHO regional offices (SEARO and WPRO) and at headquarters.

- Updating the Philippines WSP guidelines to reflect WHO second edition of the WSP requires collaborating with DoH to update the training materials and the evaluation tool. DOH expressed concern that the documents and tools will not align.

WASH in health care facilities

WHO supports DoH strategies and targets for WASH in HCF. The Philippines Health Facility Development Plan 2020-2040 (2020) aims for equitable access to the health system for all people. The Plan recognizes the availability of sustainable water, sanitation and environmental, chemical and health care waste management services are essential to quality of care and infection prevention and control in health care facilities. DoH has a goal that by 2028 at least 50 per cent of the 440 government hospitals are recognized as climate resilient and environmentally sustainable facilities.

WHO's support to WASH in HCF was fostered by the WHO-DFAT Strengthening the quality and sustainability of water, sanitation and hygiene services, including in health care facilities, programme 2018-2023. This program worked to improve monitoring for WASH in HCF and supported country adoption and implementation of WHO/UNICEF's WASH facilities improvement tool (WASH FIT). With partners in country, including government, UNICEF, and others, WHO has supported the contextualisation, piloting and roll out of WASH FIT in selected health care facilities, capacity building of DoH staff, and developing policies and guidelines. WHO has helped integrate water safety planning and sanitation safety planning into WASH in HCF guidelines. WHO at the regional level supported training in WASH in HCF and WASH FIT.

In mid-2019 the Philippine DoH and the WHO assessed health care facilities in selected areas. The assessment report recommended improvements or upgrading and greening of WASH facilities visited to further improve performance of health care facilities in the delivery of quality health care. A shortened version of WASH FIT was used for the assessment, which was later developed and adapted for the Philippines context with 50 indicators in 2020. WHO helped the training rollout through DoH and supported a number of HCFs with an improvement plan.

As the DFAT funding ended for the Philippines Country Office, other sources of funds were explored, such as the Korea International Cooperation Agency (KOICA) and Korean Disease Control and Prevention Agency (KDCA) to support physical improvements to WASH in HCF emphasizing the integration of WASH in maternal and child health. This could be interpreted as "implementation" however the scale is limited with the purpose to pilot and make recommendations for the future. The approach involves reviewing the WASH FIT assessment undertaken by the HCF and their improvement plan, check technical specifications for correctness and adequacy, and then procure items to improve WASH. Improvements are made by the local government using their own budget. WHO does not support the entire improvement plan but selected components. The KOICA project will conclude in mid-2024, while KDCA project will continue for another three years and involve upgrading of WASH in a total of six sites. A new collaboration with the World Plumbing Council in piloting plumbing for health is being explored. The European Union is supporting solar energy at HCFs in one disadvantaged province.

WHO has provided long term consistent technical assistance to DoH for a number of key documents including Health Care Waste Management Manual (4th edition 2020); a draft Philippine Roadmap for WASH in HCFs (2021); and Green and Safe Health Facilities Manual 2021 which has a strong emphasis on climate change, WASH, and energy efficiency of building design and operations such as electricity use, and climate resilience through rainwater harvesting and green plumbing. The Manual includes minimum standards for water supply, sanitation, environmental cleaning, hygiene and waste management. WSPs and sanitation safety plans have been incorporated into hospital settings.

In 2023 DoH announced a mandatory assessment of WASH for all HCFs using the localized WASH FIT tool, with a deadline of end of July 2024. Around 600 assessments have been received from HCFs,

but this is only 2 per cent of HCFs in the Philippines. Both UNICEF and WHO are integrating WASH in HCF data into JMP reporting.

The Philippines has followed the Eight Practical Steps for Improving WASH in HCF, and as much as possible WHO is supporting DOH to integrate these into the government system. However, the order may have complicated the process with a situation analysis and assessment of facilities completed in 2023, while the draft Road Map, which would normally be informed by the situation assessment on what changes need to be made to improve WASH in HCF, was prepared in 2021. The Road Map has not been approved by DoH.

WASH in HCF is an area of close collaboration between WHO and UNICEF. WHO covers improvements in hospitals and primary HCFs, while UNICEF focusses on primary health care facilities. Both organizations provide interchangeable training in WASH FIT assessment, and both are providing physical upgrading of facilities but through local government. It was noted by the DFAT project that "hospitals have relatively good services, but services in primary health care facilities are much poorer" *(103)*.

Challenges include:

- The sheer number and need of HCFs - estimated to be 30,000 nationally
- A lot of primary HCFs are falling behind on water supply
- Health care waste is difficult to manage and to find acceptable solutions which would pass Philippines environmental standards
- A lack of capacity to implement the Green and WASH guidelines
- A technical working group exists but there have not been regular or recent meetings.

WASH in Emergencies

The WHO WASH focal point at times is involved in emergencies, mainly in assessments. Local small-scale emergencies are usually dealt with by the government who may or may not request further assistance from WHO. During the cholera outbreak, support was not requested from WHO initially except a request for water test kits and training because of WHO was able to procure this more quickly than the government system.

WHO partners with the WASH cluster lead, UNICEF, for assessments during emergencies, however a limitation is the lack of regular budget. During Typhoon Haiyan, WHO was able to access unused WHO health emergency funding from donors for WASH purposes, including training on water quality monitoring in three regions (Region 6, 7, and 8), and healthcare waste management equipment for the government.

During a joint meeting between UNICEF and WHO for this evaluation, it was noted that both UNICEF and WHO are working on WASH in emergencies guidance. Both organisations acknowledged the need to work together and share guidance, so it is aligned. WHO staff reflected on the closer collaboration between UNICEF and WHO at the global level as a model for cooperation at the country level.

WASH and NTDs and other diseases

The CCS includes a goal of accelerating progress towards the targeted elimination of NTDs (especially filariasis, schistosomiasis and leprosy) by articulating evidence-based policy options and innovations; and providing technical support for implementation, monitoring and assessment of epidemiological and programmatic trends.

Integration and coordination between NTDs and WASH within the Country Office is weak, despite headquarter guidelines on the topic. In the past, coordination on schistosomiasis occurred as this

disease was a priority of the government at the time, and participation of the WASH focal point in several meetings on soil transmitted helminths has occurred with support from WPRO.

The WHO Country Office has officers working on malaria and other diseases, however coordination between WASH and the malaria team and on the topic of dengue has historically been weak. Recently the opportunities for collaboration were noted and a joint mission (WASH and malaria team) to Palawan Province is planned in recognition of the role that WASH can play in tackling this disease.

Collaboration between WHO WASH and the Country Office nutrition team or with external stakeholders was not evident. However, both Manila Water Foundation and UNICEF are collaborating with the Department of Social Welfare and Development and DoH on nutrition.

Collaboration occurs with maternal and child health, largely through WASH in HCFs activities. Joint missions between WASH and the emergency department have occurred in the past for cholera risk assessments as well in response to flooding, volcanic eruptions, earthquakes, and typhoons.

Hand Hygiene for All (HH4A)

Hand hygiene was not a focus of discussions during the case study visit. However, hand hygiene is an emerging area of work for the Philippines Country Office, and it supports the Hand Hygiene for All (HH4A) initiative. WHO Country Office WASH staff coordinate with government and UNICEF for hand hygiene workshops and training of hand hygiene facilitators and provides technical inputs to the government. The focus for the DoH and WHO is on hand hygiene in public settings, such as the workplace, schools, evacuation centers, and transportation areas. WHO will collaborate with DoH to develop a case study for the Philippines and feed this into global guidelines in 2025. Later the Philippines will develop its own guidelines based on this experience.

Sanitation and Wastewater

Sanitation safety planning (SSP) has had limited introduction in the Philippines. WHO Philippines Country Office has helped integrate SSP into WASH in HCFs through WASH FIT. ADB and WHO CO cooperated on developing a SSP guideline with pilot testing in 2016 *(104)*. WHO global guidance on SSP is used by one metro utility although this is challenging and they would like locally contextualised guidance, including guidelines which can be applied to the reuse of wastewater for drinking. DoH has also requested support from WHO on local adaptation of SSP. SSP pilot testing was done in selected areas in 2017 with support from WHO headquarters. A draft national SSP guideline was developed in support of the Sanitation Code-Chapter 17 Implementing Rules and Regulations. DoH is yet to approve the draft national SSP guidelines, despite the constraint on the approval – the revision of Chapter 17 Implementing Rules and Regulations - being completed in 2021.Funding is not currently available to advance this area of work.

WHO had limited engagement in broader sanitation, although there is recognition of the need to improve sanitation services in rural areas and LGUs. Sanitary engineers and sanitarians at LGU level are seen as crucial to improve sanitation services. The Country Office, through the environmental health officer, is invited by DoH on consultations about a zero open defecation program, and by World Bank as part of the working group discussing the potable and non-potable use of treated wastewater.

WASH monitoring (JMP, Global Analysis and Assessment of Sanitation and Drinking-Water, TrackFin)

The Government of the Philippines is interested in Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) and supports data collection with the aid of WHO. Until 2023 the National Economic Development Authority had responsibility for GLAAS, but this function has transferred to the DENR Water Resources Management Office at the initiative of the Secretary for DENR to strengthen water sector leadership within one agency. The unit has only five people. WHO is

proposing to fund a person or team to help DENR to organize meetings for GLAAS and gather data. The Philippines was one of the countries to trial e-GLAAS. Training of government participants who are new to e-GLAAS is being considered by WHO.

A dialogue between WHO and UNICEF during the case study visit confirmed the global and regional coordination between the two organisations and a willingness by UNICEF at the country level to support WHO in conducting GLAAS. However, the main bottleneck for UNICEF is lack of funding, and no specific funding for GLAAS.

WHO Country Office also supports JMP data collection. It recently confirmed with the JMP team at headquarters that data captured as part of the WASH FIT assessment of 600 health facilities could be included in JMP data for the Philippines.

The use of TrackFin has been discussed with the National Economic Development Authority (NEDA) and the Department of Finance with UNICEF back in 2018. WHO would like to revisit this collaboration with UNICEF. A challenge is that there are several systems in the Philippines at various stages of implementation including USAID's WASH Finance (WASHFin) *(105)*, which creates confusion and duplication. Furthermore, NEDA would like to wait for the creation of the Department of Water – a new water agency whose future is uncertain - before adopting Tracking Financing to WASH (TrackFin). The new water agency is considered the most appropriate agency to lead TrackFin.

WASH Funding

Information on budgets specifically related to WASH is not available. However, Table 2 shows expenditure levels for Health and Environment (including WASH) from recent biennia.

Table 11: Expenditure on Health and Environment, Philippines Country Office (US$)

Biennium	Activities	Human Resources	Total
2018-19	82 505	93 000	175 505
2020-21	365 494	107 219	472 713
2022-23	371 213	133 832	505 045

- Source: WHO Philippines

3 Findings against the global WASH strategy evaluation questions

EQ1: How relevant is the Strategy and associated activities to country needs, and to what extent has it maintained its relevance?

The WHO Global WASH Strategy is relevant to country needs, and several of the priority themes align well with those of the Government, particularly the DoH e.g. water safety planning, SDG monitoring, and green health care facilities. As illustrated by a WHO partner in a key informant interview:

> "*The work of WHO has always been very relevant with the country priorities and needs of the community in particular. It has been able to push government counterparts to take note of the policy gaps in the sector and other capacity development needs in the sector.*"

The Country Office WASH portfolio is usually framed by the CCS and determined by a combination of the following:

- Global WASH priorities and targets identified in the WHO Global Programme of Work (GPW) 13 and the WHO Global WASH Strategy
- WHO Biennial plan
- WPRO regional Five-Year Action Plan on Environment and Health and Regional Director's recently announced priorities of 1. Integrated health system, 2. Accelerated efforts in tackling climate change (including WASH in HCF), 3. Preparedness for emergencies
- DoH annual operations plan, and eight-point agenda for the health sector which includes strengthening climate resilience and environmental sustainability of health care facilities
- National Environmental Health Action Plan (NEHAP) five-year plan of activities to 2030.
- Consultation with DoH on annual priorities as these are subject to change.
- National Objectives for Health which includes SDG 6.1 and 6.2.

There is no current CCS (the last one was for the 2017-2022 period, extended to 2023) and the current Biennial Plan has not been officially endorsed by WHO. Given the status of these plans, the WASH focal point has developed an independent plan for the WASH programme based on available budget and alignment to government requests and priorities. The limited joint planning between headquarters, WPRO and the Country Office for WASH means that current activities are mainly reliant on government priorities and plans. While the Country Office takes care to align WHO WASH activities with DoH priorities, these priorities can change depending on political agenda.

Climate resilience has been a part of WHO and the DoH approach to health care facilities, most notably through the Green and Safe Health Facilities Manual 2021 which aims for improved indoor environmental quality, site sustainability, health care waste management, energy and water efficiency in all facilities.

The approach to gender equality, disability and social inclusion (GEDSI) in WHO's WASH work in the Philippines is described by stakeholders as "general". While the strong Philippines regulatory requirements are met in various guidelines, there is no special attention to gender or people with disabilities, transgender or third gender people (of significant relevance in the Philippines), and marginalized groups beyond this. One partner noted that elements of GEDSI are not emphasized in training or guidance for implementation, which tend to have a technical emphasis.

An example is the Philippines WASH FIT manual which includes indicators for sex-segregated toilets, and accessible toilets for people with disabilities, and including women and cleaners in the WASH FIT assessment team. However fully inclusive GEDSI principles, outlined in WHO's WASH FIT Guide (2nd edition) are not reflected in the Philippines guide. It is noted that the Philippines manual was developed using the first edition of the global WASH FIT guide 2018, while the second edition,

published in 2022, has much greater emphasis on GEDSI, going beyond gender and disability to inclusion of all marginalised groups and reaching those furthest behind.

It should be noted that the Country Office was involved in the development of the WHO headquarters Guide to Equitable Water Safety Planning (2019) *(106)*. Currently, the Country Office is involved in pilot testing the development of gender indicators for SDG 6 to be used by UN-Water.

The MWS RO and water utilities demonstrate GEDSI principles in their organizations and employment policies and through WSPs, but this is reportedly from their own initiative and corporate goals, and SDGs, not due to advocacy or deliberate support from WHO. See Box 1.

Figure 29. Gender equality, disability and social inclusion and Water Safety Planning

The MWSS RO believes strongly in the interconnectedness of SDG5 and SDG6 and has recently intensified their commitment to gender responsiveness and women's empowerment. Its largest project is to gather sex-disaggregated baseline data on water in Metro Manila, which will then inform the development of gender responsive programmes and policies in the water sector and raise awareness on the gender gaps, as well as contribute to national and global monitoring of SDG5 and 6. Its concessionaire utilities Manila Water and Maynilad are on board and will help enable gender to be further integrated into WSPs. MWSS RO has also inspected the utilities' customer offices to ensure inclusive services and information is available for PWDs and marginalised people.

EQ2: To what extent have results been achieved through implementation of the Strategy, and what lessons have emerged?

For many of the thematic areas covered by the Strategy, WHO ambitions at country level relate largely to national adoption by government of its WASH tools and guidance; no targets are set for improvements in the level of access to WASH services. The Country Office has been successful in securing the national adoption of WSPs and WASH FIT, including developing necessary policy which make these tools mandatory requirements for utilities and health care facilities respectively. The Hand Hygiene for All initiative has also been well received though the initiative is at an early stage. There is interest in Sanitation Safety Planning; however, this has not been localised or rolled out.

The Philippines highlights the challenges of transforming global guidelines into a nationally adopted approach, particularly where institutional arrangements are complex.

Funding and human resource constraints

Funding and human resource constraints are evident within and beyond WHO. Within the Country Office, WHO funding for WASH is severely constrained and limits the ability to support priority areas, despite requests. For example, WHO is committed to support efforts in Mindanao but does not have the resources to do so.

A resource mobilisation person will join the Country Office soon to help obtain funding from donors. There is a recognition that WASH is not prioritised by donors, government, and within WHO at

headquarters where WASH is perceived to be buried under environmental health and with limited attention. As an illustration, this concern was articulated by a key informant from WHO:

> *"It would be good if globally there was some way of bringing a very fundamental issue of WASH back on the agenda. Many donors do not realize how much is still to be done."*

The Philippines Country Office management is very supportive of WASH in the country programme, a factor that was registered as unusual in WHO country offices.

DoH and DILG lacked budget to implement WASH. At the time of the country visit, UNICEF stated that it only had 50 per cent of its annual workplan funded therefore it could not commit to common initiatives such as GLAAS.

Regarding staffing, WHO Country Office has only two people working in WASH of which the technical officer is due for retirement in a few years which is a major risk to the WASH programme.

The WHO Country Office also has a Technical Assistant for WASH in HCF projects. Employment with WHO is through a series of short-term contracts with gaps between contracts, which may pose a risk to retaining this person if continuous reliable employment cannot be provided.

WHO staffing levels severely constrain the work that can be done. By comparison, the Philippines DoH central office has five people in WASH, with at least 1 WASH coordinator in each of the 18 regions. The Manila Water Foundation (CSR arm of Manila Water) has 16 people. There are more than 20 agencies involved in the WASH sector, all with WASH staff.

The importance of having human resources to implement the WASH Strategy was described by a WHO key informant as follows:

> *"A good strategy at the global level cannot be implemented without people. WHO at the global level is emphasizing more and more that we are here to support the countries, but we also have to put human resources in countries."*

Water safety planning

Considerable achievements are noted prior to the Strategy period in getting WSP established in the Philippines, beginning with the metro Manila Utility Maynilad in 2007. WHO assisted the process through an adapted local process based on Global Guidance, training, technical support, and drafting of policy with DoH.

Ongoing continuous support from DFAT and WHO was noted by a recent program evaluation as a key enabler for the development of water quality surveillance and management in the Philippines *(107)*. The DFAT support allowed continual policy strengthening over time and supported the Philippines to update and modify strategies and guidelines in line with up-to-date global guidance. WHO's global guidance contributed to strengthening national policies, and its country level coordination and engagement with ministries and partners was recognised as an enabler to progress on water quality surveillance and the implementation of WSPs.

Stakeholders consulted during this WASH evaluation also acknowledged that WHO has been essential in capacitating regulators in the Philippines, who in turn have capacitated WDs and metropolitan utilities to implement WSPs. According to one government counterpart:

> *"Without WHO it (WSP) would not have been implemented in the Philippines since 2007"*

It is now a DoH requirement for all Water Service Providers to have a WSP. However, it is much easier for larger and more affluent utilities and water districts to develop WSPs. Smaller water

districts, LGUs, and informal service providers are not able to develop WSPs as they do not have the money to attend training and do not have access to technical support, or for the thousands of water filling stations and community water supply schemes there is no regulator, and their location is unknown which makes them effectively out of the system. Table 3 highlights the uptake of WSPs by service provider type.

Table 12. Uptake of WSPs in the Philippines

Service provider	Regulator	Scale	WSPs
Manila Water	MWSS	East Manila, 1.17 million connections, serving 7.6 million people	1 utility
Maynilad	MWSS	West Manila, 1.526 million connections, serving 9.7 million people	1 utility
Water District	LWUA	Provincial city or municipality, 534 operational water districts (out of 847 total number of water districts) 30 water districts have at least 30 000 service connections, 69 water districts at least 10 000 connections, 143 water districts at least 3,000 connections, 292 water districts below 3,000 connections	441 water districts have developed WSPs (mostly larger water districts) 272 water districts have approved WSPs 0 water districts have audited WSPs
LGU	DILG	1 371 LGUs	73 LGUs have prepared WSPs. 750 have established committees but are not active
Community-based water providers	None	Unknown	10 pilot WSPs
Water refilling stations	LGUs and DOH	7 459 water refilling stations registered at the Philippine Business Registry (2014)	10 pilot WSPs
Private water supply providers	NWRB	Unknown	10 pilot WSPs

- Source: LWUA records, KIIs, WHO project reports

WSP also highlights the long-term support needed to get WSP adopted nationally and that having nationally adapted guidelines does not logically lead to WSPs being implemented and followed at the subnational level. In the Philippines this has required a series of regulations for the development of WSPs, a system for reviewing WSPs, and then auditing their implementation. WHO has provided recent strategic support to develop policy on setting up local government monitoring committees (2022) and review the process to take WSP forward. Without further funding, WHO's support to tackle the smaller and more marginalized water service providers to reduce the risk of their drinking water supplies will be diminished. Despite the need, there are few agencies or partners waiting to take up this support role. USAID is providing support on water safety planning to selected LGUs as part of their water security program.

A related challenge for the sector is that there remains inadequate understanding of what constitutes a 'climate resilient' water supply or sanitation service.

WASH in HCF

A national approach to WASH in HCF is embedded with DoH. National Guidelines and WASH FIT guidelines have been adapted from Global Guidance (2018 WASH FIT guide). The Philippines version of WASH FIT has reduced the number of indicators to 50 to make it easier to conduct assessments and align with country objectives.

Support from WHO to develop manuals and guides includes:

- Health care waste management manual 4th ed 2020
- Green and Safe Health Facilities Manual 2021
- Operational Guidelines Green, Safe and Climate-Resilient Health Facilities, 2022
- Guidelines of WASH FIT, 2023.

There is much to do around WASH in HCFs including awareness for and leveraging LGUs to finance WASH in HCF improvements, and in particular sharing lessons learned so that scale can be achieved. Convincing Environmental Health Departments on the importance of WASH in HCF requires a level of trust and patience and resources to engage over the long term.

EQ3 How efficiently has WHO used its human and financial resources to implement the Strategy?

The WHO WASH focal point has multiple roles related to environmental health – WASH, chemical safety, food safety, occupational health, air quality etc. Most time, 60-70 per cent is spent on WASH as that is where the funding is available, approximately 10-20 per cent of time is spent on the health emergency team doing assessments, and 20 per cent of time on other projects such as maternal and child health where there is a recent interest in integrating WASH.

The WASH Country Office staff coordinate with other WHO Country health programmes if they have budget, so WASH is implemented in their programme. However, if a request comes from DoH to support an area of environmental health, then only limited support (such as attending meetings or membership to technical working groups) can be offered if there is no budget. Piggybacking to other financial opportunities e.g. through KOICA and KDCA health programmes has been opportunistic but does not address severe underfunding for WHO's WASH work.

Coordination with the WPRO is reportedly very good, aided by the Regional Office proximity to the Country Office in Manila.[29] The WASH focal point has an efficient relationship with staff at WSH headquarters and will contact them directly for advice on water, sanitation, hygiene, climate change, and also respond to direct requests for information from WSH headquarters. Advice from the Regional Adviser is sought on other issues.

The WASH focal point brings a rare skill set for WHO offices, by combining engineering training with the ability to do field assessments, and capacity and policy development. The provision of specialist technical advice is highly appreciated by generalist UNICEF WASH staff and DoH.

[29] WPRO is located in Manila in a separate dedicated compound to the Country Office. WPRO has been established in Manila since 1951.

EQ4: How has Strategy implementation complemented or added value to WASH interventions within the global WASH architecture?

At country level WHO plays a valued role in providing technical advice and training, particularly on WSP. WHO collaborates and coordinates in the WASH sector in the Philippines including through technical working groups chaired by DoH.

WHO's key partnership with UNICEF at country level is reflective of global initiatives. These include knowledge sharing on implementation of WASH in HCF.. Both organizations support each other in capacity development. There is a verbal agreement to collaborate on GLAAS and TrackFin, but UNICEF has a lack of budget. Both support WASH in emergencies but see a need to combine guidance. Other collaborations have been around the development of an Environmental Sanitation Information System in DOH (still ongoing), Global Handwashing Day, World Toilet Day, and conduct of the Sanitation Learning Exchange (SanLex).

There is clearly mutual respect between the organisations and appreciation for their respective track records in WASH. According to UNICEF, WHO has been supporting the government in WASH for much longer and helped open the door for UNICEF and get buy in with common government counterparts. UNICEF sees WHO as providing upstream, high-level support to government with very little direct service delivery on the ground except to demonstrate a policy (e.g. WASH in HCF improvements).

The collaboration with UNICEF stalled somewhat during COVID-19, but some online collaboration occurred including conducting webinars on WASH in HCF, incorporating health care waste management and the adaptation of WASH FIT to the Philippine context. Meetings to discuss areas of common interest have waned. A coordination meeting between UNICEF and WHO during the case study visit appeared to be the first for a long time, however there are many areas of joint interest and complementarity.

Future collaborations identified were:

- Request to UNICEF to support two government delegates to the Global Summit on Sanitation and Hygiene in Nepal the end of June 2024
- A joint mission with DoH on cholera and WASH risk assessment to Region 8
- An invitation to UNICEF to join the DoH working group on climate change and health (WHO already attends)
- An invitation to WHO to attend the UN Country Team meeting on WASH – UNWATER provided USD 10 000 to UNICEF to help unlock WASH funds sitting in government agencies that are not moving.
- WHO and UNICEF collaboration on GLAAS at the national level.

Prior to the Strategy period, WHO CO participated in WASH in schools with UNICEF, including reviewing the Ministry of Education's policy on WASH in schools. UNICEF indicated it would like WHO to re-join in the technical working group on WASH in schools as its presence was considered valuable, and schools should be considered as a healthy learning environment. However, WHO has not been formally invited to these meetings, it has resource constraints, and this is not a primary area of work for WHO Country Office due to limited resources.

WHO is not currently collaborating with the Asian Development Bank (ADB) although in 2023 ADB and WHO did work together on Health Impact Assessment training for DOH and in Green and Safe HCF initiatives. Future opportunities are identified around water regulation, climate change, and WASH accounts. In the past WHO and ADB worked together to produce a water safety guide for ADB staff *(108)* and a sanitation safety guide for the Philippines *(109)*.

EQ5: To what extent are the Strategy and its associated activities promoting sustainability?

Taking WSPs and WASH in HCFs as examples, WHO's approach has been to provide orientation and training plus some level of technical support to the piloting of new tools and approaches; and to engage in national level advocacy to secure their formal adoption and integration into government strategies, policies and plans. It has provided direct support to development of policy and administrative orders with DoH which are critical to the implementation of WSP and WASH FIT – "nothing can happen without government policy". As new insights emerge as to the drivers of change WHO has been there, e.g. supporting the development of policy to review WSPs – previously there was no mechanism to review WSPs. The degree to which WSP has been embedded in government systems and the relevance to consumers is described by one water districts manager in a focus group discussion:

> *"The WSP is our bible in the water district…The WSP is part of the commission of audit so water districts must have one. The people have more confidence in the water if there is a WSP."*

WHO has supported local adaptation of tools and guides e.g. Green and Safe Health Facilities Manual, WASH FIT for the Philippines. These are firmly owned by DoH. Regulations have been put in place to make these mandatory requirements, however there are constraints around the capacity of all HCFs to meet these requirements.

Other documents referred to include the Sanitation Safety Plan manual, and WHO/DoH Infection Prevention and Control advice during COVID-19 which was essential and frequently referred to.

WHO provides capacity support to government however stakeholders commented that there needed to be training institutionalized in Philippine organizations so the capacity development would be ongoing and not piecemeal as it currently is. Other stakeholders commented on the need for more support from WHO to interpret guidelines locally and to choose the most reliable and relevant source from the many standards and guidelines that now exist on the internet. It was daunting for non-academically minded people to identify the most useful resources – what is necessary versus nice to know.

4 Conclusions and considerations going forward

Conclusions

Key WHO country staff are aware of the Global WASH Strategy, and Country Office WASH activity since 2018 has been well aligned with it. The expertise of the WHO WASH staff is highly valued by other WASH stakeholders at national level and there is clearly demand for WHO to provide further advocacy, training and technical guidance in key a number of thematic areas prioritized by the Global WASH Strategy – including the new area of sanitation safety planning.

The WHO Country Office long term commitment and efforts with limited resources have helped establish WSP and WASH in HCF within relevant national institutions. WHO has provided critical support for contextualization of global guidance, piloting and roll out, capacity building, and developing policies and regulations. The achievements have been significant given the complex institutional arrangements.

With one permanent and one contracted WASH and environmental health professional, the Philippines Country Office is better resourced than many others in the region. However, the principal constraint on providing more support to roll out WASH to attain safely managed services for all lies in a lack of funding.

Considerations for strengthening WASH Strategy implementation or content for the next Global WASH strategy

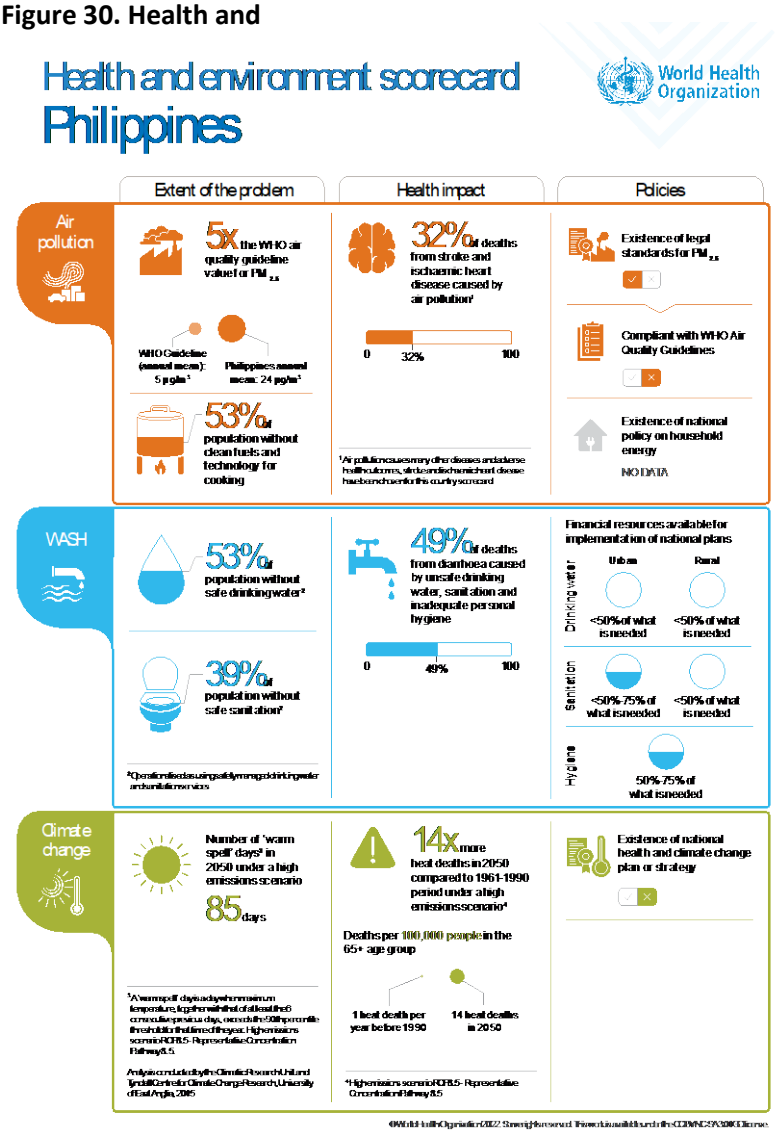
The new WHO GPW 14 will prioritize (amongst other things) action on the determinants of health, implying an important role for WASH within the WHO country programme. This will only be possible however, if increased, and more predictable, funding is made available so that the WASH staff can play a more effective role at national level in orientation, training, technical guidance and WASH advocacy at national level, within and beyond the health sector.

Specific areas which could be prioritized for WHO support in the Philippines include:

1. Tackling the water service providers who are currently not reached with WSP e.g. smaller water districts, private water supply providers, refilling stations, community-managed water supply systems, and service providers at LGU level. These providers need water safety planning advice and support to broaden the impact of WSP in the Philippines, particularly benefitting smaller and rural communities. Devising a strategy with government stakeholders on how best to tackle this target group would be a first step. WHO is investigating USAID support for this work.
2. Responding to demand for contextualized sanitation safety planning guidance, improving sanitation services, and developing wastewater guidance for utilities. A rethink on the role and qualification standards of sanitary inspectors might be catalytic in improving their functions at LGU level.
3. Leveraging other WHO teams and departments for integration of WASH, e.g. maternal and child health, NTDs, health systems/Universal Health Coverage, Primary Health Care, cholera, malaria, nutrition and AMR. There are some promising signs of co-working with the malaria team however there are opportunities for greater collaboration between WASH and other teams and departments at the country level to reflect global integration efforts. Funding from health to support WASH technical inputs would be necessary.
4. Alignment of UNICEF and WHO guidance on WASH in emergencies would be critical to speak with one voice and avoid duplication of efforts and confusion among government counterparts
5. Strengthening GEDSI in guidance and training to reflect the gender and equity principles of GPW14 and demonstrate WHO's commitment. Experiences from Southeast Asia Regional Office region, especially for WASH in HCF, could be helpful. Staff training, including of Country Office leadership, and specialist GEDSI inputs may be useful. This may entail updating current guidelines on WASH FIT.
6. Given the extent of WASH issues in the country, WHO needs a system to determine the required number and qualifications of staff for the context. Succession planning in the current context is also critical.
7. Emerging concerns on AMR, environmental footprints, environmental safeguards, GEDSI, and integration with other health programs demand additional skills for WASH staff which should be considered in biennium/General Program of Work/CCS planning.
8. Future global guidelines on WASH should follow the experiences of WSP, SSP, WASH FIT, and Health Care Waste Management on local contextualization and government ownership for sustainability. GLAAS is one such example that needs a strategy for institutionalization at country level.

Environmental Scorecard for Philippines

Figure 30. Health and environment scorecard, Philippines



Philippines country case study bibliography

Department of Health. Administrative Order No. 2014-0027. National Policy on Water Safety Plan (WSP) For All Drinking-Water Service Providers. September 04, 2014

Department of Health. Department Circular no. 2021-0437. Dissemination if the Green and Safe Health Facilities Manual 1st Edition. September 29, 2021

Department of Health. Department Circular no. 2023-0185. Circulation of the Guidelines on Water and Sanitation for Health Facility Improvement Tool (WASH FIT). April 18, 2023

Department of Health. Green and Safe Health Facilities Manual 1st Edition. 2021

Department of Health. Guidelines for Water and Sanitation for Health Facility Improvement Tool (WASH FIT). 2021

Department of Health. Health Care Waste Management Manual 4th Edition. 2020

Department of Health. Operational Guidelines for Green, Safe, and Climate-Resilient Health Facilities. 2023

Department of Health. Philippine Health Facility Development Plan 2020-2040. 2020

Department of Health. Philippines Road Map to Attain Functional Wash Services and Practices in all HCFs (2021 – 2030). Draft / Annotated Outline version 22 January 2021.

Department of Health/Department of the Interior and Local Government. Joint Administrative Order No. 2022-0002. Guidelines on Establishing Local Drinking Water Quality Surveillance (LDWQS)

Program through the Creation of Local Drinking Water Quality Monitoring Committee (LDWQMC) as Mandated By the Code on Sanitation (PD 856). June 21, 2022.

Nossal Institute for Global Health at the University of Melbourne. Evaluation Report for DFAT-WHO water, sanitation and hygiene (WASH) Evaluation across the Asia Pacific 2018-2022. Final Report.

Republic of the Philippines. National Environmental Health Action Plan 2023-2030.

UNHCR. Mindanao Displacement Bullet, Issue No. 1 June 2023

WHO. An equitable guide to Water Safety Planning 2019

WHO WASH Retreat Session 4, March 7. Strengthening government accountability and operations through drinking-water and sanitation monitoring, surveillance and regulation.

WHO-DFAT. Strengthening the Quality and Sustainability of Water, Sanitation and Hygiene Services, Including in Health Care Facilities 2018-2022. 2020 Annual Report.

WHO-DFAT. Strengthening the Quality and Sustainability of Water, Sanitation and Hygiene Services, Including in Health Care Facilities 2018-2022. Meeting Report. Project Inception Meeting, Bali 27-29 September 2018.

World Bank. Overcoming Poverty and Inequality in the Philippines. International Bank for Reconstruction and Development / The World Bank 2022.

World Economic Forum. Global Gender Gap Report 2023. 2023.

World Health Organization. Multi-country outbreak of cholera. External Situation Report no. 12. 14 March 2024.

World Health Organization. Philippines Health and environment scorecard 2022

World Health Organization. Philippines-WHO Country Cooperation Strategy 2017-2022; 2017

World Health Organization. World health statistics 2023: monitoring health for the SDGs, sustainable development goals. Geneva; 2023.

World Health Organization (11 February 2023). Disease Outbreak News; Cholera – Global situation. Available at: https://www.who.int/emergencies/disease-outbreak-news/item/2023-DON437

Annex 15. Ethiopia country case study

Introduction

Purpose and scope of the case study

This country case study is one of two produced to inform the findings of the evaluation of WHO's engagement in WASH via its Global WASH Strategy 2018-2025. The purpose of the country case studies is two-fold:

1. To generate evidence for the evaluation questions of the global evaluation, serving as a triangulation point.
2. To generate learning on the different ways in which WHO is supporting countries to operationalise components of the Strategy across selected WASH thematic areas. Successes and challenges within key activity areas from two selected countries will be analysed in detail for key enablers, critical factors, specific results and potential for replication.

The two countries selected were Ethiopia and the Philippines. The selection was based on the following criteria agreed between the evaluation team and the WHO WSH Unit:

- presence of a dedicated WASH-focused individual or team in the country office (presence of a WHO regional office also considered an advantage);
- countries that have been active in all or most WHO WASH strategy intervention areas since 2018, in both rural and urban areas;
- a range of WASH-related partners with some government uptake of WHO WASH outputs;
- logistically feasible to travel to the country;
- countries from different regions, representing various WASH contexts (development/humanitarian) and stages of progress on the UN Sustainable Development Goals; and
- countries that have not hosted a recent major evaluation.

Methods

Development of the case study included a short in-country mission (five working days) to Ethiopia. Data collection methods included a preliminary document and data review; key informant interviews (KIIs); and focus group discussions (FGDs) with WHO and partners within and beyond government. Key stakeholders were purposely selected to take part in KIIs and FGDs in order to collect relevant information and encourage experience sharing for learning. Key respondents identified were from the WHO country office; Ministry of Health; Ministry of Water and Energy; UNICEF; the bilaterally funded COWASH Project; and three international NGOs with local presence: IRC WASH, Plan International and Swiss Church Aid. The total number of KIIs was seven and there were two FGDs with a total of 12 people. Additional information on key informants can be availed upon request to the WHO Evaluation Office.

Based on discussions with WHO country office staff, it was agreed that the country visit would focus mostly on two thematic areas in which the country office has had substantial recent engagement with government and other partners: Climate Resilient Water Safety Planning and WASH in health care facilities. The case study would, nevertheless, develop an overview of the full the range of WASH-related subjects in the country office portfolio. In addition to office-based interviews and discussions, the mission included a visit to a government hospital in the capital, Addis Ababa, where WHO had recently provided technical support to improve WASH facilities and practices.

Key informant interviews were conducted using a semi-structured interview guide that listed a predetermined set of questions related to the themes of this country case study. Informants in the focus group discussions were asked to reflect on the questions asked by the interviewer, provide comments, listen to what others in the group had to say and react to their observations. Data from key informant interview and focus group discussions were recorded in notes, analysed and organized according to themes and content.

Limitations

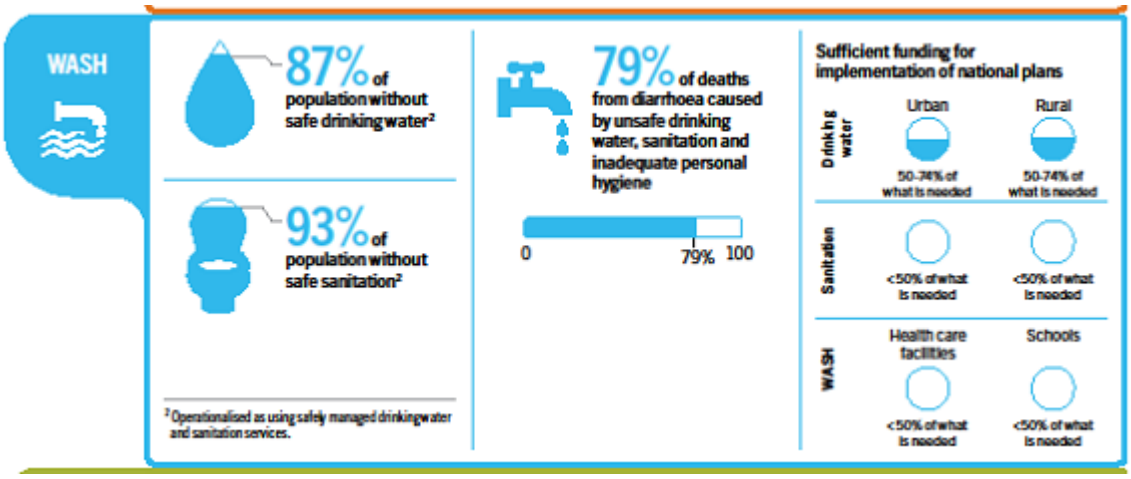
The country case study was restricted by time and scope to include relatively few informants. However, key informants were carefully selected to bring forward perceptions from a variety of stakeholders on the selected themes and learnings to be documented. Competing priorities of key stakeholders was a limitation to this country case study. Many key informants were occupied with assignments in and outside the country by the time of data collection, which was a constraint to obtain information, including on budgets available at the country office. Similarly, availability of senior management was limited, which reduced the scope for exploring the role of WASH within the wider WHO country programme. Interpretation of report findings should take these limitations into consideration. Nevertheless, important learnings and opportunities are presented in this report.

National WASH context

Progress towards WASH-related SDGs

Figure 1 is an extract from a Health and Environment Scorecard for Ethiopia published by WHO in 2023 and summarises the status of health and WASH in Ethiopia, drawing on data from WHO itself and other sources. Table 1 presents further key WASH access data for the year 2022. The scorecard, produced by the Department of Environment, Climate Change and Health, to which WSH belongs, is presented in full in Annex A and presents a set of key indicators illustrating local exposure to environmental health risks, the associated health impact and related policies that have been put in place. Based on Joint Monitoring Programme (JMP) criteria, 87% of the population in Ethiopia do not use safely managed drinking water services while 93% do not use safely managed sanitation; see Table 1. In addition, 79% of deaths from diarrhoea are caused by unsafe drinking water, sanitation and inadequate hygiene. Furthermore, the scorecard shows that 70% of health care facilities lack basic water supply and 41% lack basic sanitation.

Figure 31: Ethiopia WASH scorecard 2023



Source: WHO Health and Environment Scorecard (2023).

Table 13: Access to WASH in Ethiopia 2022

Ethiopia	Drinking water			Sanitation			Hygiene		
	National 2022	Rural 2022	Urban 2022	National 2022	Rural 2022	Urban 2022	National 2022	Rural 2022	Urban 2022
Safely managed	13	6	39	7	4	17	-	-	-
Basic service	38	36	45	2	1	5	8	5	20
Limited service	28	32	14	8	3	29	54	52	60
Unimproved	16	20	1	65	70	46	-	-	-
No service	4	5	1	18	22	3	38	43	20

Source: WHO/UNICEF JMP (2023)

WASH-related health challenges

The WHO Ethiopia Annual Report for 2022 *(110)* notes that Ethiopia has achieved significant progress in recent years in terms of poverty reduction and overall human development. The share of the population living below the national poverty line fell from 44% in 2000 to 24% in 2017, and the country aims to gain middle-income status and become a leading manufacturing hub in Africa by 2025. Life expectancy is now more than 66 years, up from 47 in 1990 and more children live beyond infancy.

The WHO Ethiopia Country Cooperation Strategy 2021-25 notes, nevertheless, that maternal mortality remains among the highest in the world. Furthermore, while the country is witnessing a significant decline in the morbidity and mortality associated with common communicable diseases including malaria, HIV, tuberculosis and vaccine-preventable diseases, there is growing prevalence of noncommunicable diseases, injuries and mental illness. And while the burden of neglected tropical diseases has declined, a large proportion of the population remains affected. Many Ethiopians continue to suffer from diseases for which well-proven, cost-effective interventions are available.

Surprisingly, in relation to preventable illness, the national overview does not say more about the impact of inadequate water and sanitation services given that progress towards the SDG6 in the country is seriously off-track, as shown in Table 1.

To add to the burden of ill health, inequities persist between regions and population groups and recently Ethiopia has suffered considerable loss of life due to emergencies; not only the COVID-19 pandemic but also internal conflict, other diseases including cholera, meningococcal meningitis and yellow fever plus drought and floods. As of the week of 27 May 2024, Ethiopia had reported about 3400 new cases of cholera and acute watery diarrhoea over the last 28 days and 28 related deaths *(111)*. According to the WHO country corporation strategy, 1.8 million Ethiopians were internally displaced in 2020 as a result of conflict, drought or flooding, and 1 million returning internally displaced persons required humanitarian assistance.

Antimicrobial resistance (AMR) also poses a threat to health security. The AMR surveillance programme has registered alarming levels of drug resistance in many pathogens of critical public health significance.

The strategy further notes that addressing the determinants of health requires a multi-sector approach which has yet to be fully achieved, despite some recent initiatives.[30]

[30] WHO Ethiopia Country Cooperation Strategy 2021-25

The role of WASH within national health policy

In recent years, government efforts driving health sector planning and funding have been framed by the Health Sector Transformation Plan *(112)* (HSTP), Phase II that runs from 2021-2025. Sub-sector initiatives and plans developed by the Ministry of Health are positioned under the umbrella of the HSTP.

WASH features in the health sector strategy and plans, and there are ongoing initiatives related to sanitation, WASH in health care facilities (HCF) and hand hygiene, amongst other subjects. However, WASH within the health sector is poorly funded by government, so action is heavily dependent on external funding from bilateral and multilateral donors. Some Ministry of Health WASH-related activity is funded via the One WASH National Programme (OWNP), which is coordinated by the Ministry of Water and Energy (MOWE); see section 2.4.

The National WASH and Environmental Health Strategy

Ministry of Health priorities in WASH are set out in the National WASH and Environmental Health Strategy, 2021-2025 *(113)*. The acknowledgments section indicates that the strategy and associated Action Plan were developed with technical and financial support from UNICEF, though WHO is included in a long list of contributors, as are a number of INGOs. A large part of the document is given over to a situation assessment, the findings being closely aligned to the information summarised in sections 2.1 and 2.2 above. Amongst other things, it cites WHO data from 2019 *(113)*, indicating that diarrhoeal disease was the third most common cause of death for males at 44.4 per 100,000 population, and the fourth most common for females at 34.7 per 100,000 population.

The strategic objectives of the National WASH and Environmental Health Strategy 2021-2025 cover the following thematic areas:

1. Water quality monitoring and promotion of safe water handling
2. Household and community sanitation
3. Hand hygiene
4. Menstrual hygiene management
5. Oral and body hygiene
6. Baby WASH
7. WASH in health care facilities
8. Food hygiene and safety
9. Solid and liquid waste management
10. Air pollution and health
11. Rodents and vector control
12. Occupational health and safety
13. Chemical handling and use
14. Climate change and health
15. WASH in emergencies
16. Enabling environment

The strategy is light on specific implementation plans and the budget presented is an estimate of implementation costs without any clear indication as to what is actually funded. Staff of the Environmental Health Desk in Ministry of Health confirmed that WASH and environmental health are marginalised within the ministry and receive less funding than in the past, hence much of the strategy is aspirational rather than setting out funded commitments. The principal elements of WASH currently addressed by Ministry of Health and development partners are outlined in section 3 below.

The One WASH National Programme[31]

The One WASH National Programme has been in operation since 2013 and is supported jointly by government and development partners via a sector-wide approach. The programme operates under

[31] Information in this section is taken largely from two documents: Federal Democratic Republic of Ethiopia (2018) One WASH National Programme, A Multi-Sectoral SWAp, Phase II Programme Document; and OWNP-CWA Phase II Mid Term Review (MTR), unpublished

the umbrella of the Government of Ethiopia's broader Growth and Transformation Programme (GTP), which is currently in its second phase. OWNP targets and indicators are aligned with those of GTP II. WHO WASH activities are supportive of the OWNP, and WHO participates in related technical working groups and national multi-stakeholder forums, which are expected to take place annually.

The objective of the OWNP is to increase access to safe water supply, sanitation, and hygiene services and strengthen capacity for water resources management and service delivery. A new addition to Phase II of the OWNP was to mainstream climate resilience, especially for water supply services, drawing on lessons from three consecutive years of severe drought resulting from El Niño (2015/2016) and the Indian Ocean Dipole (2016/2017). Accordingly, the programme has five components: Rural WASH; Urban WASH; Institutional WASH; Climate Resilient WASH (CR-WASH); and Institutional Strengthening and Project Management. Phase II aims to provide access to improved WASH services to roughly 4.9 million people in 355 woredas (districts), both urban and rural; 48 of these are designated as 'climate resilient WASH' woredas. In addition, the programme aims to improve WASH facilities in nearly 1,500 schools and 1,400 health care facilities.

The indicative budget for Phase II was US$ 6.5 billion, with US$ 2.5 billion allocated for the CR-WASH component including US$ 410 million for mainstreaming climate resilience and a further US$ 2.1 billion for WASH infrastructure development in drought prone areas (both rural and urban). It is common knowledge among government and development partners, however, that the actual funds available are considerably less than these amounts.

While some external funding to the OWNP is routed through government via a basket fund known as the Consolidated WASH Account (CWA), other donors and some INGOs provide their support outside of the government framework but closely aligned to it. Contributors to the CWA include FCDO (UK), MFA (Finland), KOICA (Korea), DGIS (Netherlands), the Saudi Fund for Development, the World Bank and the African Development Bank. Phase II of the OWNP runs from 2019 to 2024 and a third phase is currently under development.

The programme is overseen by a National WASH Steering Committee at national level, which is chaired by the Minister for MOWE, with a National WASH technical team and coordination office managing the programme on a day-to-day basis. Similar structures are established at regional, zonal and woreda level. Regional WASH bureaus plus zonal and woreda WASH offices are also involved in implementation.

The programme was for many years lauded globally in the WASH sector as a model of 'joined up' sector-wide planning and implementation among multiple government ministries and development partners. However, it has faced severe challenges in recent years relating to, amongst other things, absorption capacity (the programme is severely underspent and off target); the COVID-19 pandemic; drought and floods; security constraints and conflict in some regions; changes in leadership; and ongoing restructuring of the MOWE, which has created uncertainty around institutional roles and responsibilities.

Findings related to the WHO WASH portfolio in Ethiopia

WHO Country office structure and WASH staffing

The WHO Ethiopia country office is different from many others in Africa in that it has two full-time WASH and environmental health staff, both environmental health professionals. One deals

Terms of Reference. These sources are supplemented by the author's own knowledge as technical advisor to an ongoing WASH project in Ethiopia which operates under the umbrella of the OWNP.

exclusively with emergencies while the other, hereafter referred to as the focal point, covers WASH in developmental contexts.

No organogram was available from the country office, but WASH and environmental health are currently positioned under the communicable and non-communicable diseases section, having been earlier located under health systems.

Scope of WHO WASH sector engagement

The WHO Country Cooperation Strategy sets out five strategic priorities under the headings of Promote, Prevent, Protect, Preserve and Partner. WASH and environmental health are positioned under the 'promote' pillar which seeks to 'empower people to lead healthy lives and enjoy responsive health services.'

Seven key actions identified under this heading include one to 'strengthen health sector capacities in promoting safe WASH and in strengthening health resilience to climate change, including threats arising from air pollution and changing patterns of vector- food- and water-borne diseases.' This suggest that the country office has not identified a role for itself in WASH beyond the Ministry of Health. WASH is in fact mentioned only three times in the whole document; the other references concern the OWNP, which is seen as a success story in modernising WASH service delivery, and a commitment to expand the resource base including funding for emergency WASH.

The sub-sections below explore the thematic areas of WASH which the country office has been engaged in since 2018.

Climate Resilient Water Safety Planning (CR-WSP)

Ethiopia has seen more WHO activity in this area than many other countries in the region, primarily because it was one of four countries included in a project funded by DFID (now FCDO) from 2013 – 2018; see Box 1. Prior to this project, WHO had a modest amount of core funding to support the coordination and capacity building around the uptake of water safety planning, which it used to provide training on demand, primarily for NGOs. The WHO country office did not have the resources, however, to support water safety planning at scale.

Box 1: Building adaptation to climate change in health in least developed countries through resilient WASH, 2013-2018.

This £6.85 million project, funded by the UK government's Department for International Development (now Foreign and Commonwealth Development Office, FCDO) aimed to assist countries to respond to changes in health risks arising from climate variability and change, through improved and more resilient health and WASH adaptation practices. It supported field testing in four countries: Bangladesh, Nepal, Ethiopia and Tanzania.

In Ethiopia, a national working group for climate resilient health was established in 2013, with representatives from relevant ministries and three UN agencies: WHO, UNICEF and UNDP. The working group provided technical guidance to the Ministry of Health and other stakeholders for project implementation. Under the guidance of this group, a national framework for a climate resilient health sector was developed in 2014.

Output 3 of the project concerned climate resilient water safety planning, for which a national expert working group was established in 2014. The group was tasked with driving the development and implementation of climate resilient water safety plans in urban pilot and rural pilot locations and supporting the development of a national framework for climate resilient water safety and guidelines for its implementation.

The guidelines and tools developed were based on global WHO guidance but tailored to the Ethiopian context.

To further support capacity building, a national training of trainers' workshop was held, and after which training was cascaded to regional and woreda (district) level in locations targeted for piloting. During local training events, participants conducted a catchment to consumer assessment of the target water supply, identifying and prioritising risks to the water supply system, included those posed by current and future climate change. Detailed system improvement plans were then developed to prioritise system upgrades to ensure the reliable supply of safe drinking-water into the future. Many of the improvements identified were simple, low-cost interventions, e.g. basic drainage improvements and consumer education campaigns.

Challenges identified during piloting included difficulty in communicating concepts to lay people with no technical background, particularly in rural settings where capacity for water security risk management linked to climate change was low. In addition to government staff, a number of external agencies supported implementation on the ground including UNICEF, the bilaterally funded COWASH project and a number of NGOs including WaterAid, Drop of Water and German Agro Action. By 2018, CR-WSPs had reportedly been developed for 31 water supply systems (14 urban and 17 rural) serving more than 1.2 million people.

Source: WHO, Government of Ethiopia and DFID (2018).

WHO was a key partner in the project, which was implemented on the basis that DFID supported it financially and WHO technically. WHO did this via the national working group, providing training and supporting the development of the strategic framework and associated guidelines. In addition to the ongoing contribution of the WHO focal point, WHO headquarters staff and a consultant also provided some short-term inputs.

While the project operated, there was a considerable activity at national level and in the pilot regions and woredas. Not only guidelines but learning products were developed and climate resilient water safety planning was eventually incorporated by MOWE into the OWNP.

Following project completion, an auditing exercise was conducted in 2019 to assess the status of 16 of the 31 pilot CR-WSPs developed. The results were mixed; while many of the utilities had taken some practical steps during the pilots to safeguard the quality and/or sustainability of their water supplies, most treated this as a one-off activity rather than an ongoing process, and plans were not being updated and revised periodically. Moreover, only 2 of the 16 pilot utilities had developed a complete CR-WSP; others had only completed some elements *(114)*.

At the end of the first phase in 2018, a second phase with £17 million of funding was proposed, which would scale up piloting from 31 to 80 sites. This did not go ahead, however. The exact reasons are unclear, but ultimately the Government of Ethiopia was unable to put in place the multi-agency institutional arrangements needed for scaling up, and the funds were returned to FCDO.

Following the project, further FCDO funding was offered to support the introduction of sanitation safety planning (another WHO WASH priority) but this funding was abruptly cancelled as part of global cuts in the UK aid budget, and the project did not proceed beyond some preliminary orientation and training.

Since the FCDO-funded project ended, the national CR-WSP framework has ceased to function. MOWE is currently not promoting water safety planning and has assigned minimal funding for it, despite its inclusion in the OWNP. There was reportedly no discussion of the subject at the last water sector multi-stakeholder forum, an annual event where government, development partners and civil society meet to review progress with the OWNP and plan for the year ahead.

Some CR-WSPs are still being developed by INGOs and under two bilateral projects, one of them FCDO-funded. However, it is proving extremely difficult to secure implementation of the plans, as the climate-related aspects typically require action beyond the control of a water utility, for example to reduce or reverse deforestation and facilitate groundwater recharge. Such interventions on a catchment-wide scale would be expensive and difficult to implement, requiring strong government leadership and effective co-ordination across multiple agencies.

A further challenge raised both by WHO and other respondents during the evaluation mission was that there is inadequate understanding in the sector of what constitutes a 'climate resilient' water supply service. This plus the technical complexity of risk and vulnerability assessments relating to climate and WASH mean that the development of a CR-WSP is not straightforward and local stakeholders need ongoing technical support.

Other factors cited by respondents as contributing to the loss of national momentum in water safety planning were that:

- WHO'S WASH focal point left Ethiopia for another posting from 2020-2023, limiting ability to further national level advocacy and guidance;
- there has been considerable staff turnover in MOWE since 2018 and the current senior management are less familiar with, or committed to, CR-WSPs than their predecessors; and
- MOWE is in the process of re-structuring, and lead responsibility for water safety planning is not clearly defined at present.

The WHO focal point recognises a role for WHO both in revitalising government commitment to water safety planning and in helping to develop better understanding of what constitutes climate resilient WASH services. However, the country office currently has no funding for this.

WASH in health care facilities

WHO's current support to WASH in HCF, including the application of WASH FIT, builds on a series of government-led initiatives dating back to 2014 when Ministry of Health undertook a national health care facility (HCF) assessment. This found, amongst other things, that only one quarter of HCFs had a functional latrine intended for patient use. In response to the findings, Ministry of Health adopted a Clean and Safe Health Care (CASH) initiative to improve WASH in HCFs.

Another initiative which sought to improve WASH in HCFs was entitled Health Sector Transformation in Quality. The Ethiopian National Healthcare Quality Strategy, *(115)* launched in 2016 with a five-year vision, built on this with support from the Health Services Quality Directorate, which sought to drive and scale up action on quality. The directorate implemented several initiatives including the Ethiopian Hospitals Alliance for Quality, a collaboration whereby HCFs were clustered in small groups to exchange knowledge, best practice and resources.

Ministry of Health has also incorporated WASH-related goals for HCFs into HSTP II. Targets for 2025 include:

- to increase access to basic toilets from 61% to 80%;
- to increase the percentage of HCFs with basic healthcare waste management service from 16% to 80%; and
- to raise the percentage of HCFs fulfilling climate resilience criteria to 25%.

Since 2023, WHO have collaborated closely with UNICEF on the introduction of WASH FIT, with WHO taking a lead on technical guidance while UNICEF funds related documentation. The approach is now being integrated with ongoing national efforts to improve WASH in HCF. WHO/UNICEF support has included national level orientation and training, production of a customised national WASH FIT manual (drafted but still to be finalised) and a tool for auditing WASH in HCFs. WHO had some small funds which enabled the focal point to play a proactive role in securing Ministry of Health adoption of WASH FIT for national use. As members of the Ministry of Health's technical working group on WASH in HCF, UNICEF and WHO continue to collaborate closely in taking this agenda forward, with WHO's role mostly at a national level. UNICEF can engage further at regional and sub-regional levels, though they do not currently have the funding to support implementation at scale; rather they are including limited support to WASH in HCF within its general WASH programming.

The implementation of WASH FIT nationwide is a work in progress. So far, much of the preparatory work has been done in terms of high-level orientation and training; completion of a national baseline; development of a national roadmap and targets; and preparation of national guidelines, tools and standards. What remains is local level orientation and training for health staff and communities; investments in improved WASH facilities; application of the standards at facility level; and monitoring. In the short term, Ministry of Health aims to pilot WASH FIT in 110 HCFs via its Regional Health Bureaux, and some work has already been completed. The mission included a visit to a city hospital in Addis Ababa where WASH FIT had recently been implemented and investments made to improve toilet and waste management facilities (including an incinerator) with support from the World Bank, amongst others.

Whether national targets and standards will be achieved on time is unclear but looks doubtful since the necessary funding for nationwide improvements is not yet in place. Data on the total funds required and available were not available during the mission, but staff of the Ministry of Health WASH and Environmental Health Desk reported that funding from Ministry of Health and the OWNP was far from adequate. Even if the OWNP were fully funded, it targets only 308 of the country's 1,070 woredas, equivalent to 1,392 heath centres out of a national total of 3,826. In addition, it only targets health centres, not hospitals.

Apart from UNICEF, some NGOs and bilateral projects are also active on WASH in HCFs, but none at scale. UNICEF, for example, does not have a dedicated stream of work on WASH in HCFs but aims to include some HCFs in its general WASH programming.

Respondents from the WASH in HCF Technical Working Group highlighted a need for more technical (and, ideally financial) support from WHO to help with the implementation of WASH FIT. This included support to the simplification and contextualisation of WHO guidance for use by local level health workers, some informants find the data collection templates in the WASH FIT manual too complicated.

WASH in emergencies

The country office second permanent WASH and environmental health staff member focuses on emergencies, which currently span conflict, disease outbreaks and natural disasters. During the COVID-19 pandemic, the country office also appointed several regional (i.e. sub-national) WASH officers to support the emergency response and they are still in post, however their contracts are due to end soon and it is unlikely that they will be replaced.

As with developmental work, WHO collaborates closely with UNICEF on WASH in emergencies as it does with many other agencies. WHO's main contribution is on strengthening the capacity of government health offices at regional and woreda level. It does this via the Emergency Preparedness and Response Cluster, which integrates infection prevention and control (IPC) with case management and WASH. At national level, meanwhile, much emergency-related work in the health sector is led by the Ethiopian Institute for Public Health (EPHI) rather than Ministry of Health headquarters.

In practice, WASH and environmental health emergency response is incorporated into the work of teams deployed by the WHO country office, and funded their emergencies budget. Across both preparedness and response, the range of tasks undertaken includes:

1. Case assessments.
2. Capacity building for health workers, for example on water quality management, disease surveillance (a current priority) and IPC. WHO develops the capacity of HCF staff to use water quality and morbidity data to identify hotspots and prioritise action.
3. As a part of the emergency response, WHO helps to reactivate local WASH co-ordination mechanisms via the Regional Health Bureau. The regional WASH officers play a key part in supporting local planning and mobilisation. Once the co-ordination mechanism is activated, the WASH officer supports the development or updating of local emergency response and preparedness plans.
4. Quarterly monitoring visits once local arrangements are established and operational.
5. Support to the production or revision of standard operating procedures. For example, the minimum WASH package to be provided for cholera response was recently updated in collaboration with EPHI.

Regarding cholera, the current outbreak started in 2022 and while cases are continuing, the reinfection rate has reduced and is now below 1.4, indicating that it is on the decline, though the disease remains present in most regions. Collaboration between the WASH and health sectors is a vital part of the response and Ministry of Health recently initiated a 'STOP Cholera' campaign in collaboration with EPHI, WHO, UNICEF and other agencies. Some cholera outbreaks originate at holy water sites in Ethiopia which receive large numbers of visitors but have poor sanitary facilities.

WASH and neglected tropical diseases

WHO national level staffing for neglected tropical diseases (NTDs) includes a team of nine technical staff led by a programme co-ordinator, supported by three monitoring personnel, plus a regional hub officer in each of six regions. There are also NTD officers for Guinea Worm eradication in

Gambella and Benishangul-Gumuz Regions, where there has been a high influx of displaced persons from South Sudan.

The WHO Country Strategy prioritises 12 NTDs: 5 for prevention and 7 for case management. The Government of Ethiopia is implementing its third national NTD Strategy (2021-2025), developed with WHO support, and this is backed up with a roadmap similar to WHO's own NTDs roadmap. WHO's two WASH personnel both assist with high level advocacy and training.

WHO has made efforts in the last few years to strengthen WASH-NTD co-ordination. While the WASH team could not offer funding, the country office drew on the budget of WHO's regionally funded 'Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN). A proposal was developed for district pilots involving local NTD co-ordination platforms, for which WHO headquarters contributed US$ 200,000 including a component of WASH-NTD integration.

WHO Ethiopia currently receives more ESPEN funding than most other countries in the region, but the amount dropped in 2023 and the allocation for 2024 had yet to be confirmed at the time of the mission (March 2024). Other donor support to NTDs is considered inadequate by the country office.

Beyond WHO, WASH-NTD integration improved from 2018 onwards because more WASH partners became involved in the subject via the national WASH and NTDs technical working group, co-chaired by Ministry of Health's National NTD programme manager and the Environmental Health Directorate. In 2019 a WASH-NTD woreda toolkit was launched in 99 woredas (in the largest regions), after which a national framework was developed with WASH input. This was translated into local languages in 2022. WHO actively supports these efforts and several INGOs are also active in WASH and NTDs, for example:

- World Vision International completed a project known as 'Transmission Break' which combined mass drug administration for the control of soil-transmitted helminths with WASH improvements in target locations. WHO provided some guidance at the planning stage;
- NALA has become a key partner to government and WHO in behaviour change communication related to NTDs in selected project locations; and
- Sightsavers is also very active on NTDs.

A further step forward came with the inclusion of NTDs in the Country Health Information Platform, which is supported by WHO. It can be accessed via the ESPEN portal.

Much of WHO's NTDs work in Ethiopia is now linked with WASH to some extent. For example, in locations where WASH-related NTDs are endemic, WHO often seeks support from UNICEF for WASH infrastructure development or rehabilitation. In one location, UNICEF rehabilitated a high-capacity borehole serving a large population.

There has also been progress at national level in that:

- Ministry of Health attention to NTDs has increased in recent years, and in 2015 it began assigning focal points for the biggest NTDs, some of them in EPHI;
- the OWNP project selection criteria now include the prevalence of WASH-related NTDs;
- WHO NTD training is available online; and
- a minimum WASH package has been identified to support NTD interventions.

Hand hygiene for all (HH4A)

The COVID-19 pandemic gave some impetus to hand hygiene promotion, but this did not produce lasting results at scale; respondents said it was a short-term shock that triggered short-term results. In response to this, WHO and UNICEF headquarters developed the global Hand Hygiene for All initiative, calling governments to develop roadmaps led by health ministries that transition from

short-term action to longer-term initiatives that not only promote hygiene but also ensure that hand washing infrastructure is available move their country beyond short-term emergency response efforts on hand hygiene, towards a long term, systemic approach. Ethiopia was one of the first countries to develop such a roadmap.

WHO headquarters has provided the country office with a modest budget for training and technical support. Amongst other things, the focal point supported the development of the ten-year roadmap for hand hygiene in collaboration with UNICEF and some INGOs including World Vision, WaterAid and Amref. Ministry of Health has adopted the roadmap under the HSTP. Hand washing facility designs are readily available and most HCFs already have them, but a critical challenge for both schools and HCFs – especially in more remote areas – is that they have an inadequate water supply.

WHO, in collaboration with UNICEF, has also helped lay the groundwork for adaptation of global Guidelines on Hand Hygiene in Community Settings – a flagship contribution of WHO and UNICEF under the banner of the HH4A initiative – to the national context. Ethiopia has been selected as one of 10 'champion' countries to co-design global guidance on guideline implementation that is responsive to national realities, rather than being developed through a top-down approach. This initiative is at a fairly early stage of development. As part of it, Ethiopia has received funds, training and tools to support the government in delineating roles and responsibilities for roadmap implementation. Thereafter, the hope is to leverage implementation funding not only from government but also from donors and the private sector as a corporate social responsibility initiative.

The collaboration with UNICEF is similar to that for WASH in HCFs in that both organisations are engaged in advocacy, training and guidance at national level, with UNICEF also supporting implementation within its WASH programming. UNICEF's intention is not to develop a stand-alone hand hygiene project but to incorporate HH4A into its general WASH programming, as it does with WASH in HCFs. The focal point noted that, while WHO leads on the promotion of HH4A at global level, at country level there is heavy reliance on UNICEF's human and financial resources.

It appears that WHO's support to HH4A is valued within and beyond government, nevertheless some respondents voiced a concern that WHO could do more to encourage behaviour change communication alongside infrastructure improvements, and to advocate for initiatives such as sanitation marketing to help households move up the sanitation ladder (that is, to invest in better quality toilets).

Sanitation and wastewater

WHO in Ethiopia is not currently involved in any substantive work on sanitation and wastewater except in relation to WASH in HCFs. The country office was, however, involved in preliminary work at national level on sanitation safety planning (SSP) roughly three years ago, under the FCDO-funded initiative. WHO headquarters provided about US$ 80,000 to the country office and an international consultant to support initial training at national and regional level over a three-month period. A baseline was also established for a proposed pilot in nine woredas. However, this initiative ended abruptly when FCDO funding was cancelled. At present, neither government nor any development partners are actively promoting SSP at national level, and the WHO Country Office has not prioritised it within its biennial health and environment operational plan.

UNICEF respondents commented that they would like to see the subject revitalised but that UNICEF does not have the in-house expertise needed to take this forward – WHO support would be required.

While SSPs are not currently being promoted at national level, Ministry of Health is developing a national campaign to end open defecation, with the acronym TSEDU, meaning 'Total Sanitation to End open Defection and Urination'. So far this has the support of just a few development partners but is gaining some traction in the sector and could feature in the next phase of the OWNP. Ministry of Health also hopes that the Prime Minister's office will take ownership of the campaign as it did not long ago for a very successful green initiative involving mass tree planting nationwide. WHO does not have a substantive role in this initiative.

One further sanitation-related initiative, not supported directly by WHO, is that a multi-stakeholder platform has been established for to support market-based sanitation promotion.

WASH monitoring

It was agreed prior to the mission that WASH monitoring would not be an area of focus for the case study, however the focal point noted that in Ethiopia the sector does not yet have the capacity to monitor whether services are 'safely managed'. UNICEF respondents confirmed that they occasionally play a small part in data collection for JMP and/or Global Analysis and Assessment of Sanitation and drinking-water (GLAAS).

WASH funding

While no information was shared on the country office budget for WASH, it is noted that health and environment biennial work plan includes tasks relating to WASH in HCFs, CR-WSPs and JMP/GLAAS.

For the country programme overall, budget information in the Country Co-operation Strategy, 2021-25 is summarised in Table 2. This shows that less than half of the proposed budget was available when the strategy was adopted, confirming that funding constraints were not limited to WASH and environmental health.

Table 14: WHO Ethiopia Country co-operation strategy 2021-2025 budget overview

Strategic priority	Estimated budget required (USD m)	Anticipated funding as at 2021 (USD m)	Anticipated funding gap (USD m)
Promote: Empower people to lead healthy lives and enjoy responsive health service	8.25	1.25	7.00
Prevent: Reduce mortality, morbidity and disability due to communicable diseases, non-communicable diseases and inadequate reproductive, maternal, newborn, child, adolescent health and nutrition	25.00	12.50	12.50
Protect: Boost health systems resilience to protect health and mitigate effects of emergencies	31.25	17.50	15.00
Preserve: Ensure more people benefit from universal health coverage	10.00	5.50	4.50
Partner: Strengthened harmonization, coordination and resource mobilisation for health and development	5.00	1.25	3.75
TOTAL	**79.50**	**38.00**	**41.50**

Source: WHO Ethiopia country co-operation strategy 2021-2025 (2021).

The Country Co-operation Strategy is closely aligned with the Government of Ethiopia's own strategy and priorities in health. However, the extent to which WASH features in the country portfolio also depends significantly on the interests and priorities of the WHO Country Office.

In terms of responsibility for generating country office funding for WASH, there seems to be no definitive answer. The focal point indicated that it is not the country office's responsibility and that he is not often involved in the development of proposals. The country office has a resource mobilisation team which has apparently become more effective, but it is not engaged in fundraising for WASH except in relation to emergencies.

The regional office, too, is rarely a significant source of funds (ESPEN being an exception), but WHO headquarters occasionally provides some funding for special projects developed at global level such as HH4A as mentioned above. Since 2018, however, there has been no project in Ethiopia on the scale of the earlier FCDO-funded project on water safety planning.

It is well understood among government and non-government partners in WASH that WHO is not an implementing agency, and that the country office will never be able to fund operations to the same extent as UNICEF. There is, however, considerable frustration among WHO's partners that, at present, the focal point does not have enough funding even for national level advocacy, orientation and training for most WASH-related subjects, and is highly dependent on other organisations (often UNICEF) to pay for room hire or documentation if a workshop or training event is proposed. Even funding for the salary of the focal point is apparently not assured, and the post could potentially be lost as has recently happened in some other countries in the region (Kenya and Uganda, for example).

Regional and global support

The Africa Regional Office (AFRO) is in Brazzaville, Congo, and has a WASH focal point. The regional office provides occasional guidance to the country office but does not provide a significant amount of ongoing technical support; this tends to happen only in the context of special initiative such as GLAAS data collection or, more recently, the development of updated guidance on WASH in HCF. Earlier, WHO headquarters issued guidance to country offices on the COVID-19 response and the regional office hosted some related webinars.

The country office focal point has a direct line of communication to the Water, Sanitation and Health (WSH) team – the unit at WHO HQ overseeing the WHO WASH portfolio, but progress reports are submitted to the regional office with headquarters in copy to ensure that the regional office is kept informed of country level developments. The regional office also plays a role in organising training events.

Findings against the global WASH strategy evaluation questions

EQ1: How relevant is the WHO global WASH Strategy and associated activities to country needs, and to what extent has it maintained its relevance?

The WHO Global WASH Strategy 2018-2025 is undoubtedly relevant to country needs, and several of the priority themes align well with those of the OWNP and the National WASH and Environmental Health Strategy. Country office WASH personnel are familiar with the content of the global strategy and at times uses it as a point of reference. However, country office WASH activity is officially framed by biennial work plans which are aligned with a different global document, WHO's Global Programme of Work (GPW) 13, and developed under the umbrella of WHO's Country Co-operation Strategy, which is closely aligned with the Government of Ethiopia's own strategy and priorities in health. The current health and environment work plan for Ethiopia developed under GPW 13 is provided in Annex B. The country office formally reports against this, while also providing more informal updates to the global WSH unit on progress against global strategy and associated logframe.

In summary, it appears that the content of the country office WASH portfolio is determined by a combination of the following:

- global WASH priorities and targets identified in the GPW 13 and global WASH strategy;
- national WASH priorities set out in relevant sector strategies and plans and confirmed by WHO in consultation with the Government of Ethiopia and development partners;
- the presence and extent of WASH-related emergencies such as COVID-19 and cholera;
- the funding available both to government and WHO for different thematic areas within WASH;
- offers of technical and financial support from WHO headquarters; and
- the interests and priorities of the WHO country representative.

COVID-19 generated greater attention nationwide to hand washing with soap but, as noted earlier, did not have a powerful impact on hand washing facilities or behaviour in the longer term.

The Government of Ethiopia and WHO have both prioritised climate resilience within their WASH and health sector strategies, and its relevance is not in doubt. However, there is currently insufficient understanding among both government and development partners as to what constitutes a climate resilient water supply or sanitation service. This points to a related issue raised by respondents, that WHO normative guidance relating to WASH, while authoritative, often needs to be contextualised (and in some cases simplified) to be locally usable, and in-person orientation from WHO staff and related experts is invaluable, even if there is a lot of information available online.

EQ2: To what extent have results been achieved through implementation of the WHO global WASH Strategy, and what lessons have emerged?

For many of the thematic areas covered by the WHO global WASH Strategy, WHO ambitions at country level relate largely to national adoption by government of its WASH tools and guidance; no targets are set for improvements in the level of access to WASH services. The country office has evidently been quite successful in securing the national adoption of CR-WSPs and WASH FIT, and the HH4A initiative has also been well received though it is at a fairly early stage. Despite these achievements, there are significant challenges, as outlined below.

1. Funding and human resource constraints

Funding and human resource constraints are evident within and beyond WHO. Within the country office, WHO funding for WASH is severely constrained and, apart from occasional special cases

where WHO headquarters provides small funds directly, WHO is heavily dependent on funding from other organisations (especially UNICEF) for basic costs such as meeting room hire or documentation if it wants to provide orientation and training at national level. It appears the country office's recently enhanced resource mobilisation efforts do not extend to WASH funding except for emergencies.

Beyond WHO, the relatively low priority afforded to WASH by the Ministry of Health is reflected in the fact that the National WASH and Environmental Health Strategy, and elements of the OWNP relating to WASH in HCFs and CR-WSP, are seriously underfunded.

2. Climate resilient water safety planning.

There was significant progress in introducing CR-WSPs in Ethiopia from 2013 -2018 under the FCDO-funded project, and WHO played a key role in taking this agenda forward. However, since the bilateral project ended in 2018, the national momentum for scaling up water safety planning has been lost. Some donor-funded projects continue to develop CR-WSPs, however there is little or nothing being done by government to continue their promotion, adoption, implementation or auditing, despite the inclusion of climate resilient WASH in the OWNP. Furthermore, WHO's focal point left Ethiopia for three years in 2020, limiting ability to pursue advocacy and promotion at national level.

National interest in CR-WSPs could potentially be revived if funding becomes available, but a fresh round of advocacy and orientation would be needed to secure the commitment of the current MOWE leadership. For now, it is unclear whether water safety planning will be prioritised and funded in the next phase of OWNP. The World Bank is the only donor to have made a substantial new commitment to OWNP and has not, up to now, shown much interest in the subject.

A related challenge for the sector as whole is that there remains inadequate understanding of what constitutes a 'climate resilient' water supply or sanitation service.

3. WASH in health care facilities

With modest funding, good progress has been made in terms of orientation, training and the development of national guidelines and tools. WASH FIT now has the potential to add value to the quality improvement initiatives introduced by government in recent years, though funding is yet to be identified for the improvement of WASH in HCFs at scale. The subject is included in the OWNP and the National WASH and Environmental Health Strategy but, as with water safety planning, it is poorly funded at present.

In the case of emergencies and NTDs, the funding situation is more positive within and beyond WHO in terms of human and financial resources.

EQ3 How efficiently has WHO used its human and financial resources to implement the WHO global WASH Strategy?

While the Ethiopia country office is better off than many others in terms of its WASH and environmental health staffing, there is just one person assigned to WASH in development contexts, which inevitably imposes limits on the breadth and depth of WHO engagement in WASH, even though the focus is on national level orientation and training and the development of frameworks, strategies and guidelines rather than implementation on the ground.

For the current strategy period there was no focal point in place from 2020-2023 as the officer left Ethiopia to take up an international post elsewhere and was not replaced. This created a critical gap during which WHO inevitably had less visibility and influence in WASH at national level, except in

emergencies. Their return to Ethiopia has been welcomed by WASH stakeholders, but the long-term viability of the position is not assured due to funding constraints.

EQ4: How has WHO global WASH Strategy implementation complemented or added value to WASH interventions within the global WASH architecture?

While the country case study does not shed light on this question directly, it is evident that at country level, WHO plays a valued role in providing technical assistance and training in WASH, and is seen as the lead source of WASH expertise in several areas including drinking water quality and safety, WASH in HCF, HH4A and climate resilient water safety planning; potentially also sanitation safety planning, though WHO is not currently prioritising this subject. Not only government but other international development partners and INGOs look to WHO to provide technical leadership in WASH. Furthermore, its convening power at national level is evident, though not backed up with funding.

In the case of HH4A, it was interesting to note that WHO and UNICEF hope to explore the potential for the corporate private sector to provide some implementation funding. This, however, is only an aspiration at this point.

EQ5: To what extent are the WHO global WASH Strategy and its associated activities promoting sustainability?

Taking CR-WSPs and WASH in HCF as examples, WHO's approach has been to provide orientation and training plus some level of technical support to the piloting of new tools and approaches; and to engage in national level advocacy to secure their formal adoption and integration into government strategies, policies and plans. Producing locally appropriate versions of WHO normative guidance has been integral to this effort. All these measures should, in principle, help to secure the long-term implementation of the approaches being promoted, and the introduction of HH4A at national level as a joint WHO/UNICEF initiative shows the potential value of relatively small amounts of initial funding from WHO headquarters. In general, however, the sustainability of WHO efforts in WASH is being undermined by the very limited funding available within WHO and the low priority afforded to WASH by country office management.

The decline in government interest and action on CR-WSPs, while it relates to activities prior to 2018 (when the Global WASH Strategy was introduced) nevertheless highlights the need for ongoing advocacy and capacity building support at national level if the valuable groundwork undertaken earlier is to have a lasting impact.

Conclusions and considerations going forward

Conclusions

Key WHO country staff are aware of the Global WASH Strategy, and country office WASH activity since 2018 has been well aligned with it. The expertise of the focal point is highly valued by other WASH stakeholders at national level, and there is clearly demand for WHO to provide further advocacy, training and technical guidance in a number of key thematic areas prioritised by the Global WASH Strategy – not least water safety planning, where there has been a serious loss of national momentum since 2018. There is also demand for WHO support to WASH in HCF and the HH4A initiative.

The Ethiopia country office is better resourced than many others with two full-time WASH and environmental health professionals. However, the principal constraint on providing more support to non-emergency WASH lies in a lack of funding and the relatively low priority assigned to WASH within the Country Co-operation Strategy.

Considerations for strengthening WASH Strategy implementation or content for the next WHO global WASH strategy

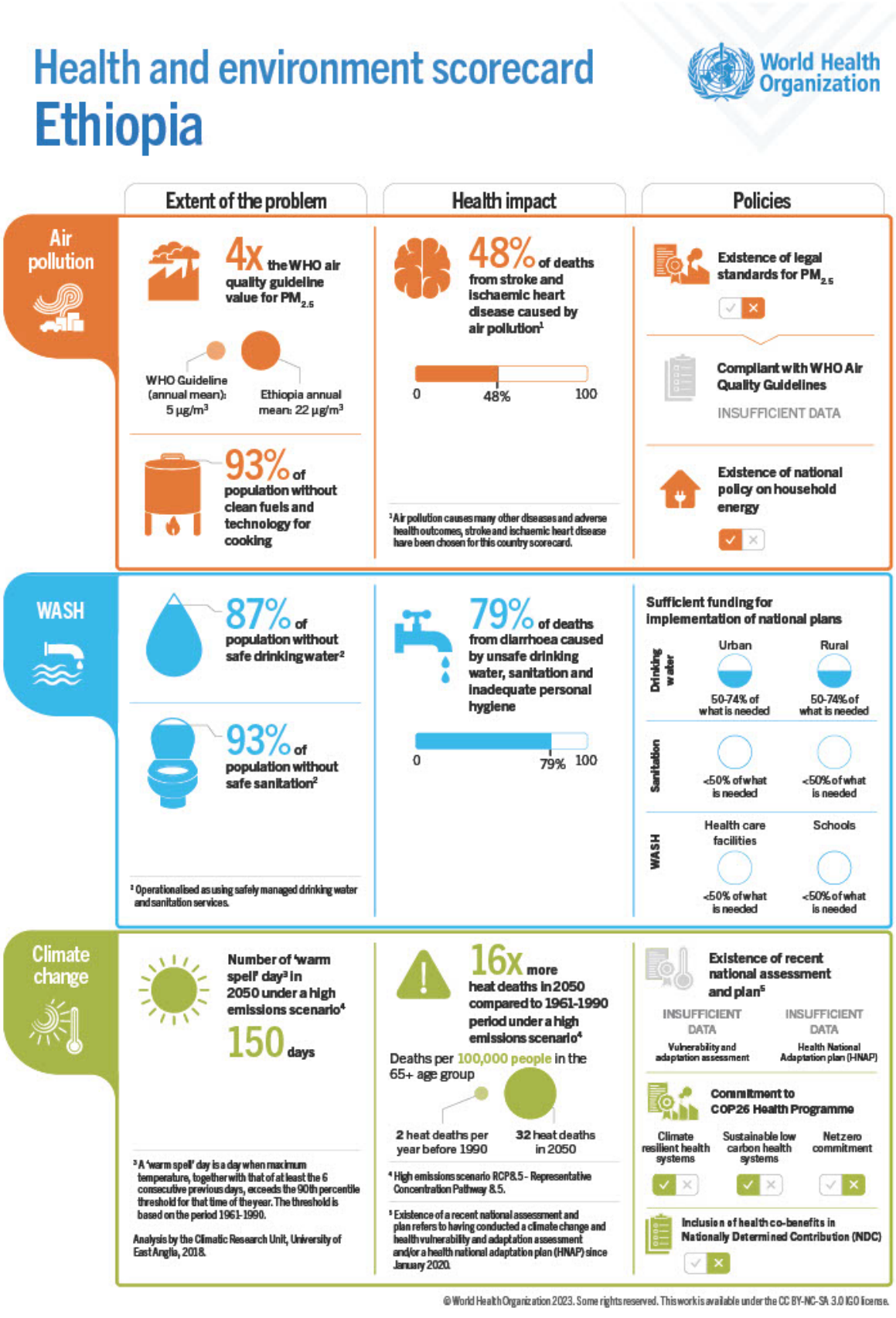
The GPW 14 will prioritise action on the determinants of health and climate resilience, implying an important role for WASH within the WHO country programme. This will only be possible, however, if increased and more predictable funding is made available so that the focal point can play a more effective role in orientation, training, technical guidance and WASH advocacy at national level, within and beyond the health sector.

Two specific areas which could be prioritised for WHO support include:

9. Helping to revitalise national action on climate resilient water safety planning.[32]
10. Helping government and other development agencies to deepen their understanding of what constitutes a 'climate resilient' WASH service.

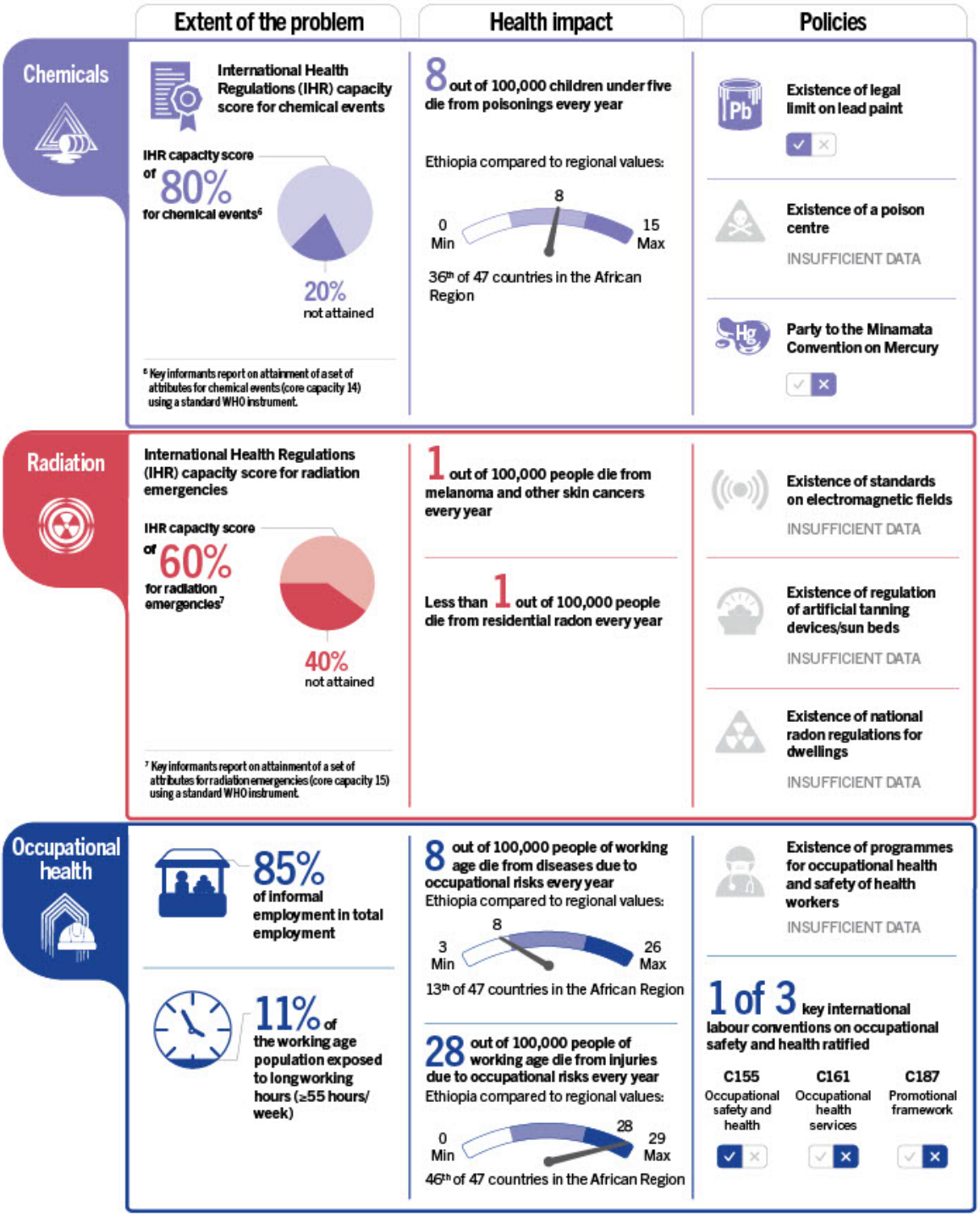
[32] Subsequent to the mission, in July 2024 the focal point made a presentation to the WASH sector Multi-Stakeholder Forum on CR-WSP to improve understanding of, and interest in, CR-WSP.

Figure 32. Environmental Health Scorecard for Ethiopia



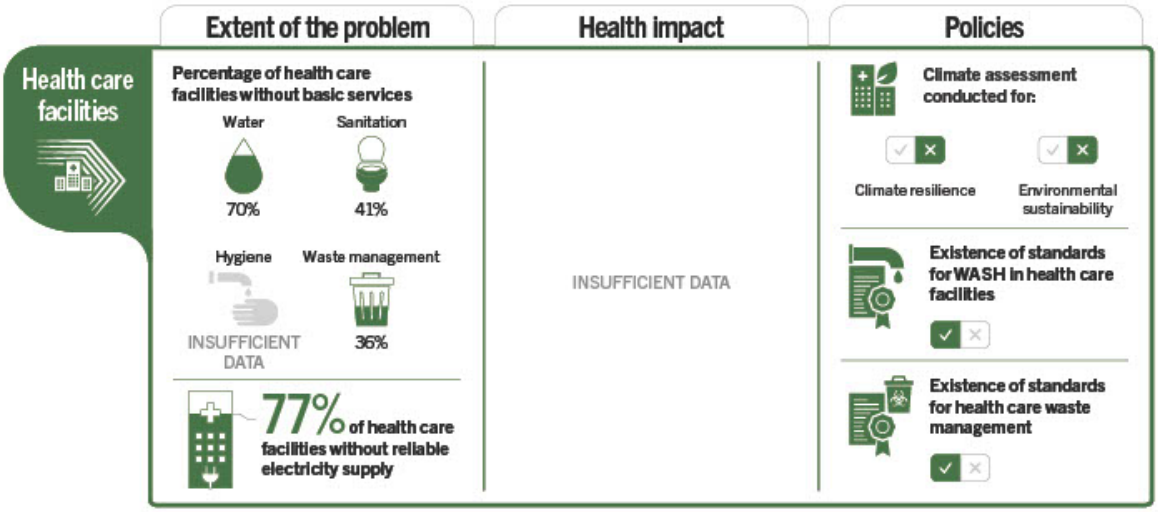
Health and environment scorecard
Ethiopia

World Health Organization



Health and environment scorecard
Ethiopia

World Health Organization



Please access the reading guide here

References

Air pollution: WHO global air quality guidelines 2021 • WHO SDG Indicator 11.6.2 Concentrations of fine particulate matter (PM2.5); 2019 data • WHO household air pollution data; 2019 data • WHO Air pollution data portal; health impact data for 2019 • UNEP 2021: Regulating air quality: the first global assessment of air pollution legislation; data for 2020 • WHO Household energy policy repository; data continuously updated. **WASH:** WHO, UNICEF: Joint Monitoring Programme for Water Supply, Sanitation and Hygiene, 2022 data • WHO water, sanitation and hygiene: burden of disease, 2019 data • WHO GLAAS 2021/2022 cycle. **Climate change:** WHO Health and Climate Change Country Profiles • Honda et al. 2014 • Kendrovski et al. 2017 • WHO Health and Climate Change Global Survey • WHO: Alliance for Transformative Action on Climate and Health (ATACH): Country Commitments. • WHO 2023: Health in the Nationally Determined Contributions [in press]. **Chemicals:** WHO: International Health Regulations core capacity scores, 2022 data • WHO: Mortality rate attributed to unintentional poisonings; data for 2019 • WHO: Legally binding controls for lead paint, updated 2022. • WHO: World directory of poisons centres, updated 2023 • UNEP: Minamata Convention on Mercury, 2021 data. **Radiation:** WHO: International Health Regulations core capacity scores, 2022 data • WHO: Deaths from melanoma and other skin cancers, 2019 data • IHME: Deaths from residential radon, 2019 data • WHO: Electromagnetic fields, updated 2018 • WHO: Sunbeds: Existence of national regulations, updated 2021 • WHO: Existence of national radon regulations, 2019 data. **Occupational health:** ILOSTAT: Statistics on the informal economy, updated 2023 • WHO: Disease burden from long working hours, 2016 data • WHO/ILO: Joint estimates of the work-related burden of disease and injury, 2016 data • Pega et al. 2023 • WHO: Occupational Burden of Disease Application • WHO: Existence of national policy instruments for occupational health and safety for health workers, 2021 data • ILO ratifications of C155, C161 and C187, updated 2023. **Health care facilities:** WHO/UNICEF 2022: Progress on WASH in health care facilities 2000–2021 • WHO: Database on electrification of health-care facilities, updated 2022 • WHO: Health and Climate Change Global Survey • WHO/UNICEF Country progress tracker, updated 2022.

This scorecard is based on already published data (see references). It is a tool to measure and track the progress of Member States and is not intended for ranking.

WHO Operational Plan for Health and Environment, 2024-2025

Outcome: 3.3 Healthy environments to promote health and sustainable societies
Output:3.3.1 Countries enabled to address environmental determinants of human health, including climate change

Top Task 1: Strengthening the resilience of health system to Climate variability and change Impact by 31 December 2025

Lower task1: Support Ministry of Health /EPHI the implementation of Early Warning, Alert and Response (EWARS) by integrating to existing health surveillance system (IDSR) for Climate-Sensitive Diseases (CSD) at 14 sentinel sites and build capacity of districts and health care facilities by 31 December 2025.

- **Short: Integrating EWARS of CSD to IDSR**

Lower Water task 2: Support Ministry of Health in implementing Health National Adaption plan (HNAP) 2023-2025 by mainstreaming to Health Programs at national and regional level by 31 December 2025.

- **Short: HNAP mainstreaming to Health Programs**

Lower Task 3: Support Ministry of Health and Regional Health Bureaus on the implementation of Environmentally Sustainable and Climate Resilient (EnviSusCR) Health care facilities (HCFs) aimed ensuring quality health care delivery.

- **Short: EnviSusCR HCFs**

Top task 2: Enhance the implementation Water, Sanitation and Hygiene interventions aimed at Improving public health by 31 December 2025

Lower Task 1: Support Ministry of Water and Energy and Ministry of Health on the implementation of Climate resilient Water and Sanitation Safety Plan (CR-W&S Safety Plan) at national, regional, districts and water supply system by 31December 2025.

- **Short: Implementation of CR-W&S Safety Plan**

***Lower Task 2*:** Support Ministry of Health and Regional Health Bureaus on the implementation of WHO/UNICEF WASH Improvement Tools (WASH FIT) in Health Care Facility) to ensure quality health care service delivery and addressing IPC and AMR by 31 December 2025

- **Short: Imp WASH FIT in HCF**

Lower Task 3: Support Ministry of Health and Partners at national, regional and districts level the implementation joint action and engagement on WASH and NTDs programs towards elimination and control of NTDs including implementation of WHO global WASH NTDs tool kit adopted by Ministry of Health by 31 December 2025.

- **Short: Impl WASH NTDs tool kit**

Lower task 4: Support Country Monitoring of Water, Sanitation and Hygiene (WASH) Progress through global WHO/ UNICEF Joint Monitoring Program (JMP) and UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (UN-GLAAS) as part of SDG6.1 & 6.2 progress monitoring

- **Short: Monitoring WASH JMP and UN-GLAAS**

Top task 3: Strengthen Capacity of Ministry of Health and other stakeholders to address air quality, chemical safety and occupational safety and health aimed at improving public health by 31 December 2025

Lower task1: Support sectoral coordination, advocacy, capacity building, design and implementation of evidence-based household air pollution prevention and mitigation strategies/interventions and ambient air quality monitoring aimed to reduce morbidity and mortality due to air pollution by 31 December 2025

- **Short: Household and ambient air quality**

Lower task 2: Support Ministry of Health and other stakeholders in health promotion and protection strategies and programs for the life cycle of high-priority chemicals, particularly for vulnerable populations by 31 December 2025

- **Short: Promoting Chemical Safety**

Lower task 3: Support Ministry of Health and other stakeholders on advocacy and policy work for occupational health and safety promotion to ensure healthier work environment by 31 December 2025

- **Short: Occupational health and safety promotion**

Ethiopia country case study bibliography

WHO

WHO/Ministry of Water, Irrigation and Energy (2015) Climate Resilient Water Safety, Strategic Framework
https://www.who.int/publications/m/item/climate-resilient-water-safety-strategic-framework

WHO/Ministry of Water, Irrigation and Energy (2015) Climate Resilient Water Safety, Plan Implementation, Guidelines for Community Managed Rural Drinking Water Supplies.
https://www.who.int/publications/m/item/guidelines-for-community-managed-rural-drinking-water-supplies

WHO/UKaid (2016) Building adaptation to climate change in health in least developed countries through resilient Water, Sanitation and Hygiene (WASH) Project, Climate Change and Health – Ethiopia, Lesson learned documentation, WASH sector.
https://www.who.int/publications/m/item/climate-change-and-health-lessons-learned-documentation

WHO/Government of Ethiopia/ DFID(2018) Ethiopia, Climate change, health & WASH. Case Study.
https://www.who.int/publications/m/item/ethiopia-climate-change-wash

WHO (2019) External-Informal CR-WSPs Audit Report, Ten Pilot Towns' Water Supply and Sewerage Enterprises and Six Pilot Rural Community Managed Water Supplies in Tigray, Amhara, Oromia, SNNP and Benishangul-Gumuz Regions in Ethiopia. Unpublished report.

WHO (2020) Achieving quality health services for all, through better water, sanitation and hygiene. Lessons from three African countries. https://www.who.int/publications-detail-redirect/9789240009493

WHO (2021) Country Co-operation Strategy 2021-2025 - Ethiopia. WHO Regional Office for Africa, Brazzaville. https://www.afro.who.int/countries/ethiopia/publication/ethiopia-country-cooperation-strategy-2021-2025

WHO (2023) 2022 Annual Report, Word Health Organization, Ethiopia.
https://www.afro.who.int/countries/ethiopia/publication/who-ethiopia-annual-report-2022

WHO (2023) Health and Environment Scorecard – Ethiopia https://cdn.who.int/media/docs/default-source/country-profiles/environmental-health/environmental-health-eth-2023.pdf

WHO/UNICEF (2023) Estimates on the use of water, sanitation and hygiene in Ethiopia, updated March 2023. https://washdata.org/data/downloads#ETH

Multi-country outbreak of cholera, External Situation Report n. 10, published 11 January 2024
https://www.who.int/publications/m/item/multi-country-outbreak-of-cholera--external-situation-report--10---11-january-2024

WASH NTD Coordination trajectory "working together" from 2016 until now. PowerPoint presentation by NTD Programme Coordinator, WHO Ethiopia, 2024.

Government of Ethiopia

Ministry of Water and Energy (2015) Climate Resilient Water Safety – Plan Implementation. Unpublished.

Federal Democratic Republic of Ethiopia (2018) One WASH National Programme, A Multi-Sectoral SWAp, Phase II Programme Document.

Ministry of Health (2021) Health Sector Transformation Plan II, HSTP II, 2020/21 -2024/25. Addis Ababa.
http://dataverse.nipn.ephi.gov.et/bitstream/handle/123456789/1414/HSTP-II.pdf?sequence=1

Ministry of Health (2021) Healthcare Facilities WASH Guideline. Unpublished.

Ministry of Health (2021) Multi-Sectorial Cholera Elimination Plan Ethiopia 2021 – 2028. https://ephi.gov.et/wp-content/uploads/2022/11/Multi_Sectorial_Cholera_Elimination_Plan_Ethiopia_2022_2028_V2.pdf

Ministry of Health (2022) National WASH and Environmental Health Strategy, 2021-2025. Unpublished.

Ministry of Health (2022) Hand Hygiene for All (HH4A) National Roadmap, A country wide approach to achieving sustainable and universal hand hygiene. https://www.afro.who.int/countries/ethiopia/publication/hand-hygiene-all-hh4a-national-roadmap

OWNP-CWA Phase II Mid Term Review. Unpublished Terms of Reference, 2022.

National WASH-NTDs Technical Working Group, unpublished Terms of Reference, 2023.

Tongi, Y.L. (2023) Best Practices and Success Stories related to implementation of CR-WSP approach: The case of Debere Tabor Town Water Utility in Amhara Region, Ethiopia. Unpublished report.

Overview of WASH in Health Care Facilities and Water Safety. PowerPoint presentation, Environmental Health Desk, Ministry of Health, 2024.

References

1. Burden of disease attributable to unsafe drinking-water, sanitation and hygiene, 2019 update. World Health Organization, 2023. License: CC BY-NC-SA 3.0 IGO https://apps.who.int/iris/handle/10665/370026.
2. Progress on household drinking water, sanitation and hygiene 2000–2022: special focus on gender. New York: United Nations Children's Fund (UNICEF) and World Health Organization, 2023. https://washdata.org/report/jmp-2023-wash-households
3. Strong systems and sound investments: evidence on and key insights into accelerating progress on sanitation, drinking-water and hygiene: UN-water global analysis and assessment of sanitation and drinking-water (GLAAS) 2022 report. World Health Organization. License: CC BY-NC-SA 3.0 IGO https://apps.who.int/iris/handle/10665/365297.
4. Guidelines for drinking-water quality: fourth edition incorporating the first and second addenda, 4th ed + 1st add + 2nd add. World Health Organization, 2022. License: CC BY-NC-SA 3.0 IGO https://apps.who.int/iris/handle/10665/352532.
5. Guidelines on sanitation and health. World Health Organization, 2018. License: CC BY-NC-SA 3.0 IGO https://apps.who.int/iris/handle/10665/274939.
6. WHO Water, Sanitation and Hygiene strategy 2018-2025. World Health Organization, 2018. License: CC BY-NC-SA 3.0 IGO https://apps.who.int/iris/handle/10665/274273.
7. Declaration of Alma-Ata International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978 https://cdn.who.int/media/docs/default-source/documents/almaata-declaration-en.pdf?sfvrsn=7b3c2167_2
8. UN-Water Integrated Monitoring Initiative for SDG 6 (IMI-SDG6), https://www.unwater.org/our-work/integrated-monitoring-initiative-sdg-6
9. Addressing climate change: supplement to the WHO water, sanitation and hygiene strategy 2018-2025', World Health Organization, 2023. https://www.who.int/publications/i/item/9789240071995
10. Ross I, Esteves Mills J, Slaymaker T, Johnston R, Hutton G, Dreibelbis R, et al. Costs of hand hygiene for all in household settings: estimating the price tag for the 46 least-developed countries: BMJ Glob Health; 2021. Dec;6(12):e007361. 10.1136/bmjgh-2021-007361
11. Water, sanitation and hygiene in health care facilities (2019) (WHA72.7). Geneva: World Health Organization; 2019 Water, sanitation and hygiene in health care facilities
12. Neglected tropical diseases (WHA66.12) Geneva: World Health Organization; 2013 https://www.who.int/publications/i/item/WHA66.12
13. Drinking-water, sanitation and health (WHA64.24) Geneva: World Health Organization; 2011 https://iris.who.int/handle/10665/3587
14. Ending the neglect to attain the sustainable development goals: a global strategy on water, sanitation and hygiene to combat neglected tropical diseases, 2021–2030. Geneva: World Health Organization; 2021. License: CC BY-NC-SA 3.0 IGO https://apps.who.int/iris/handle/10665/340240.
15. WHO global strategy on health, environment and climate change: the transformation needed to improve lives and wellbeing sustainably through healthy environments. Geneva: World Health Organization; 2020. License: CC BY-NC-SA 3.0 IGO https://apps.who.int/iris/handle/10665/331959.
16. WHO Evaluation Practice Handbook. Geneva: World Health Organization; 2013. WHO Evaluation Practice Handbook (2013)
17. Norms and Standards for Evaluation. New York: United Nations Evaluation Group; 2016 http://www.unevaluation.org/document/detail/1914

18. UNEG Ethical Guidelines for Evaluation, United Nations Evaluation Group Foundation Document, UNEG/FN/ETH; 2008 http://www.unevaluation.org/document/detail/102
19. UNEG Integrating Human Rights and Gender Equality in Evaluations. United Nations Evaluation Group; 2014 http://www.unevaluation.org/document/download/2107
20. Guidance note on Integrating Health Equity, Gender Equality, Disability Inclusion and Human Rights in WHO evaluations. Geneva: World Health Organization; 2023 https://www.who.int/publications/m/item/guidance-note-on-integrating-health-equity--gender-equality--disability-inclusion-and-human-rights-in-who-evaluations)
21. Organisation for Economic Co-operation and Development's Development Assistance Committee (OECD-DAC) professional evaluation criteria https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm
22. Evaluation Report for DFAT-WHO water, sanitation and hygiene (WASH) Evaluation across the Asia Pacific 2018-2022. Final Report. https://cdn.who.int/media/docs/default-source/evaluation-office/dfat-who-wash-evaluation-report-final-for-dfat.pdf?sfvrsn=c9f45932_3&download=true
23. A guide to equitable water safety planning: Ensuring no one is left behind. Geneva: World Health Organization; 2019; https://www.who.int/publications/i/item/9789241515313
24. Guidelines for drinking-water quality, 4th edition, incorporating the 1st addendum. Geneva: World Health Organization; 2017 https://www.who.int/publications/i/item/9789241549950
25. State of the world's drinking water: an urgent call to action to accelerate progress on ensuring safe drinking water for all. World Health Organization, United Nations Children's Fund, World Bank; 2022 https://www.who.int/publications/i/item/9789240060807
26. Guidelines for drinking-water quality: small water supplies. Geneva: World Health Organization; 2024 https://www.who.int/publications/i/item/9789240088740
27. WHO International Network of Drinking-water and Sanitation Regulators (RegNet) Strategic Plan 2023–2030. n.d. World Health Organization.
28. Health, safety and dignity of sanitation workers: An initial assessment. Washington, DC: World Bank, International Labour Organization, WaterAid, World Health Organization.; 2019 https://www.who.int/publications/m/item/health-safety-and-dignity-of-sanitation-workers
29. State of the World's Sanitation: An urgent call to transform sanitation for better health, environments, economies and societies. New York: United Nations Children's Fund, World Health Organization.; 2020 https://www.who.int/publications/i/item/9789240014473
30. Sanitation safety planning, second edition. Geneva: World Health Organization; 2022 https://www.who.int/publications/i/item/9789240062887
31. Guidelines on recreational water quality. Volume 1, Coastal and fresh waters. Geneva: World Health Organization; 2021 https://www.who.int/publications/i/item/9789240031302
32. Water, sanitation, hygiene and health: A Primer for Health Professionals. Geneva: World Health Organization; 2019 https://www.who.int/publications-detail-redirect/WHO-CED-PHE-WSH-19.149
33. Water, sanitation, hygiene, waste and electricity services in health care facilities: progress on the fundamentals. Geneva: World Health Organization and the United Nations Children's Fund; 2023 https://www.who.int/publications/i/item/9789240075085
34. Water, sanitation, and hygiene in health care facilities: status in low and middle-income countries and way forward. World Health Organization and the United Nations Children's Fund; 2015 https://www.who.int/publications/i/item/9789241508476
35. Universal water, sanitation, hygiene, waste and electricity services in all health care facilities to achieve quality care: global framework for action 2024–2030. Geneva: World Health Organization and the United Nations Children's Fund; 2024 https://www.who.int/publications/i/item/9789240095366
36. Water, sanitation, and hygiene in health care facilities: practical steps to achieve universal access to quality care. Geneva: World Health Organization; 2019 https://www.who.int/publications/i/item/9789241515511

37. WASH in Health Care Facilities. Country progress tracker. World Health Organization Country Progress Tracker | WASH in Health Care Facilities
38. WASH in health care facilities. World Health Organization, United Nations Children's Fund. https://www.washinhcf.org/
39. Water and sanitation for health facility improvement tool (WASH FIT): a practical guide for improving quality of care through water, sanitation and hygiene in health care facilities. Geneva: World Health Organization; 2018. https://www.who.int/publications/i/item/9789241511698
40. Water and sanitation for health facility improvement tool (WASH FIT): manual for trainers. Geneva: World Health Organization; 2022 https://www.who.int/publications/i/item/9789240047730
41. Core questions and indicators for monitoring WASH in health care facilities in the Sustainable Development Goals. Geneva: World Health Organization and the United Nations Children's Fund; 2018. https://www.who.int/publications/i/item/9789241514545
42. WASH in health care facilities: Global Baseline Report 2019. World Health Organization, United Nations Children's Fund; 2019. WASH in health care facilities: Global baseline report 2019 - UNICEF DATA
43. Global progress report on water, sanitation and hygiene in health care facilities: fundamentals first. Geneva: World Health Organization, United Nations Children's Fund;2020. Global progress report on water, sanitation and hygiene in health care facilities: fundamentals first
44. Progress on WASH in health care facilities 2000–2021: special focus on WASH and infection prevention and control. World Health Organization, United Nations Children's Fund; 2023. Progress on WASH in health care facilities 2000–2021: special focus on WASH and infection prevention and control
45. Monitoring water, sanitation and hygiene (WASH) and related infection prevention and control (IPC) in delivery rooms. Final Draft (September 2019). World Health Organization, United Nations Children's Fund; 2019 JMP-2019-core-questions-delivery-rooms-draft.pdf
46. Toolkit on mainstreaming of gender equality, disability and social inclusion (GEDSI) in WASH in health-care facilities. World Health Organization, Regional Office for South-East Asia; 2023. Toolkit on mainstreaming of gender, equality, disability and social inclusion (GEDSI) in WASH in health-care facilities
47. UN General Assembly A/RES/78/130 Sustainable, safe and universal water, sanitation, hygiene, waste and electricity services in health-care facilities; 2023. Sustainable, safe and universal water, sanitation, hygiene, waste and electricity services in health-care facilities :
48. Global taskforce on WASH in health care facilities. World Health Organization, United Nations Children's Fund; 2023 https://www.washinhcf.org/resource/a-global-taskforce-on-wash-in-health-care-facilities-synthesis-2022-2023
49. WASH FIT Assessment Tool. World Health Organization, unpublished; 2022
50. Lineberger H, Cronk R, Kpodzro S, Salzberg H, Anderson D. Does WASH FIT improve water, sanitation, and hygiene and related health impacts in healthcare facilities? A systematic review. PubMed. Preprint; 2024
51. Water, sanitation, hygiene, and waste management for SARS-CoV-2, the virus that causes COVID-19: Interim guidance. World Health Organization, United Nations Children's Fund ; 2020 https://www.who.int/publications/i/item/WHO-2019-nCoV-IPC-WASH-2020.4
52. Environmental surveillance for SARS-COV-2 to complement public health surveillance - Interim Guidance. World Health Organization; 2022 https://www.who.int/publications/i/item/WHO-HEP-ECH-WSH-2022.1
53. Summary of Virtual Meeting of WHO WASH Donors, UNICEF and the WASH Team, World Health Organization, unpublished; 2021
54. Environmental surveillance for SARS-CoV-2 to complement other public health surveillance. Geneva: World Health Organization; 2023 https://www.who.int/publications/i/item/9789240080638

55. Ebola Virus Disease: Key questions and answers concerning water, sanitation and hygiene. World Health Organization, United Nations Children's Fund.; 2021 https://www.who.int/publications/i/item/ebola-virus-disease-(evd)-key-questions-and-answers-concerning-water-sanitation-and-hygiene
56. Ebola Virus Disease: Key questions and answers concerning health-care waste. World Health Organization, United Nations Children's Fund; 2021 https://www.who.int/publications/i/item/WHO-HEP-ECH-WSH-2021.2
57. Ending the neglect to attain the sustainable development goals. A global strategy on water, sanitation and hygiene to combat neglected tropical diseases 2021-2030. World Health Organization; 2021. https://www.who.int/publications/i/item/9789240022782
58. WASH and health working together: a "how-to" guide for neglected tropical disease programmes. Geneva: World Health Organization; 2019 https://www.who.int/publications/i/item/9789241515009
59. WASH and health working together: a "how-to" guide for neglected tropical disease programmes. Second edition. Geneva: World Health Organization; 2023 https://www.who.int/publications/i/item/9789240068032
60. Ending the neglect to attain the Sustainable Development Goals: a road map for neglected tropical diseases 2021–2030. Geneva: World Health Organization; 2020 https://www.who.int/publications/i/item/9789240010352
61. The expanded social project for elimination of neglected tropical diseases [website]. World Health Organization Regional Office for Africa https://espen.afro.who.int/
62. Ending cholera: a global roadmap to 2030. Global Taskforce on Cholera Control; n.d. https://www.gtfcc.org/about-cholera/roadmap-2030/
63. Overview of 'Ending cholera: a global roadmap to 2030' https://www.gtfcc.org/wp-content/uploads/2019/10/gtfcc-ending-cholera-a-global-roadmap-to-2030.pdf
64. Cholera roadmap research agenda. Global Task Force on Cholera Control; 2021 https://www.gtfcc.org/wp-content/uploads/2021/01/gtfcc-global-roadmap-research-agenda-full-report-with-methodology.pdf
65. Presentation on WASH and cholera, World Health Organization, unpublished; 2024
66. Technical Note: WASH and IPC in Cholera Treatment Structures. Global Task Force on Cholera Control; 2019. https://www.gtfcc.org/wp-content/uploads/2019/10/gtfcc-technical-note-on-water-sanitation-and-hygiene-and-infection-prevention-and-control-in-cholera-treatment-structures.pdf
67. Reviewing our joint vision mid-way through the implementation period of the GTFCC's global roadmap to 2030. Global Task Force on Cholera Control WASH working group; 2024.
68. Briefing note: Antimicrobial resistance: An emerging water, sanitation and hygiene issue. Geneva: World Health Organization; 2014. https://www.who.int/publications/i/item/briefing-note-antimicrobial-reistance-an-emerging-water-sanitation-and-hygiene-issue
69. Technical Brief on water, sanitation, hygiene and wastewater management to prevent infections and reduce the spread of antimicrobial resistance. World Health Organization, Food and Agriculture Organization of the United Nations (FAO), World Organisation for Animal Health (OIE); 2020; https://www.who.int/publications/i/item/9789240006416
70. Combating antimicrobial resistance through water, sanitation and hygiene and infection prevention and control in health care. World Health Organization, United Nations Children's Fund, WaterAid. https://www.who.int/docs/default-source/wash-documents/wash-in-hcf/combatting-antimicrobial-resistance.pdf?sfvrsn=cbca673f_4
71. People-centred approach to addressing antimicrobial resistance in human health: WHO core package of interventions to support national action plans. World Health Organization; 2023 https://www.who.int/publications/i/item/9789240082496
72. Hand Hygiene for All Initiative [website]. The Global Handwashing Partnership. https://handhygieneforall.org/

73. Hand Hygiene for All. World Health Organization, United Nations Children Fund; 2020. https://www.unicef.org/media/71776/file/Hand-hygiene-for-all-2020.pdf
74. Hand Hygiene for all - Joint Statement. World Health Organization, United Nations Children's Fund; 2020. https://www.who.int/publications/m/item/who-unicef-joint-statement-on-the-launch-of-hand-hygiene-for-all-initiative
75. Hygiene: UN-Water GLAAS findings on national policies, plans, targets and finance. Geneva: World Health Organization; 2020 https://www.who.int/publications/i/item/9789240006751#:~:text=This%20highlight%20summarizes%20data%20collected%20by%20the%20GLAAS,information%20on%20national%20policies%2C%20plans%20targets%20and%20finance.
76. State of the World's Hand Hygiene: A global call to action to make hand hygiene a priority in policy and practice. New York: United Nations Children's Fund, World Health Organization; 2021. State of the world's hand hygiene: a global call to action to make hand hygiene a priority in policy and practice
77. Domestic hand hygiene costing tool, World Health Organization, United Nations Children´s Fund, unpublished; 2021
78. Hand hygiene acceleration framework tool, World Health Organization, United Nations Children´s Fund, unpublished; 2023.
79. Hand Hygiene for All 2020 - Progress Report. World Health Organization, United Nations Children's Fund, unpublished; 2020.
80. Hand Hygiene for All. Practical Steps to Developing a Country Roadmap. United Nations Children's Fund; 2021 Guidance-to-HH4A-country-roadmaps-.pdf
81. Hand Hygiene for All Initiative [website] The Global Handwashing Partnership. https://handhygieneforall.org
82. WHO/UNICEF. WHO UNICEF JMP WASH Data [website]. World Health Organization, United Nations Children's Fund. https://washdata.org
83. UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) Data Portal [website]. World Health Organization https://glaas.who.int/
84. Water and Sanitation: WASH Accounts [website]. World Health Organization. https://www.who.int/teams/environment-climate-change-and-health/water-sanitation-and-health/monitoring-and-evidence/wash-systems-monitoring/un-water-global-analysis-and-assessment-of-sanitation-and-drinking-water/wash-accounts
85. Integrated monitoring initiative [website]. United Nations, UN-Water. https://www.unwater.org/our-work/integrated-monitoring-initiative-sdg-6/background
86. WHO Global Water, Sanitation and Hygiene Annual report 2020. World Health. Organization; 2021 https://www.who.int/publications/i/item/9789240033085
87. Reflecting on TrackFin 2012-2020: key results, lessons learned and the way forward. Geneva: World Health Organization; 2021. https://www.who.int/publications/i/item/9789240028432
88. The global burden of disease: World Health Organization.; 2004 (update 2008); https://iris.who.int/bitstream/handle/10665/43942/9789241563710_eng.pdf?sequence=1
89. Safer Water Better Health Update 2019. World Health Organization; 2019. https://www.who.int/publications/i/item/9789241516891
90. Burden of disease attributable to unsafe drinking-water, sanitation, and hygiene: 2019 update. World Health Organization; 2023. https://www.who.int/publications/i/item/9789240075610
91. WHO Global Water, Sanitation and Hygiene: Annual report 2021. Geneva: World Health Organization; 2022 https://www.who.int/publications/i/item/9789240057258
92. Wolf J, Hubbard S, Brauer M, Ambelu A, Arnold BF, Bain R, et al. Effectiveness of interventions to improve drinking water, sanitation, and handwashing with soap on risk of diarrhoeal disease in children in low-income and middle-income settings: a systematic review and meta-analysis. The Lancet. 2022 Jul; 400(10345):48–59. doi: 10.1016/S0140-6736(22)00937-0.

93. WHO Global Water, Sanitation and Hygiene: Annual report 2022. Geneva: World Health Organization; 2023. https://www.who.int/publications/i/item/9789240076297
94. Philippines-WHO Country Cooperation Strategy. 2017-2022. World Health Organization; 2017
95. World health statistics 2023: monitoring health for the SDGs, sustainable development goals. Geneva: World Health Organization; 2023
96. Disease outbreak news: cholera – global situation. World Health Organization; 11 February 2023. (https://www.who.int/emergencies/disease-outbreak-news/item/2023-DON437
97. Multi-country outbreak of cholera: external Situation Report no. 12. World Health Organization; 14 March 2024
98. Mindanao Displacement Bullet, Issue No. 1 June 2023; United Nations High Commissioner for Refugees.
99. Overcoming Poverty and Inequality in the Philippines. Washington: International Bank for Reconstruction and Development; 2022. REPORT LAUNCH Overcoming Poverty and Inequality in the Philippines
100. Global Gender Gap Report 2023. World Economic Forum; 2023.
101. National Environmental Health Action Plan 2023-2030. Republic of the Philippines, Department of Health and Department of Environment and Natural Resources; 2022.
102. National Economic and Development Authority. Philippine Water Supply and Sanitation Master Plan 2019 – 2030. n.d. (https://neda.gov.ph/wp-content/uploads/2021/09/120921_PWSSMP_Main-Report.pdf
103. Strengthening the quality and sustainability of water, sanitation and hygiene services, including in health care facilities. WHO-DFAT project inception meeting 27-29 September 2018 Bali, Indonesia Meeting report.
104. A Guide to Sanitation Safety Planning in the Philippines. Asian Development Bank; 2016. https://www.adb.org/publications/guide-sanitation-safety-planning-philippines
105. Water, sanitation and hygiene finance (WASH-Fin) [website] USAID Global Waters. https://www.globalwaters.org/wash-fin
106. A guide to equitable water safety planning: Ensuring no one is left behind. World Health Organization; 2019. https://www.who.int/publications/i/item/9789241515313
107. Evaluation Report for DFAT-WHO water, sanitation and hygiene (WASH) Evaluation across the Asia Pacific 2018-2022. Final Report. Nossal Institute for Global Health.
108. Water Safety Planning for Urban Water Utilities Practical Guide for ADB Staff. Manila: Asian Development Bank, World Health Organization; 2017
109. A Guide to Sanitation Safety Planning in the Philippines. Step by Step Risk Assessment for Safe Reuse and Disposal of Wastewater, Greywater, and Excreta. Manila: Asian Development Bank; 2016.
110. 2022 Annual Report Ethiopia: World Health Organization; 2023. https://www.afro.who.int/countries/ethiopia/publication/who-ethiopia-annual-report-2022
111. Cholera and Acute Watery Diarrhoea cumulative cases and deaths reported since January 2024. Cholera and Acute Watery Diarrhoea Dashboard: World Health Organization [website] https://who-global-cholera-and-awd-dashboard-1-who.hub.arcgis.com/
112. Health Sector Transformation Plan II, HSTP II, 2020/21 -2024/25. Addis Ababa: Ministry of Health; 2021. http://dataverse.nipn.ephi.gov.et/bitstream/handle/123456789/1414/HSTP-II.pdf?sequence=1
113. National WASH and Environmental Health Strategy, 2021-2025: Ministry of Health Ethiopia, World Health Organization; 2022 https://data.who.int/countries/231
114. External-Informal CR-WSPs Audit Report, Ten Pilot Towns' Water Supply and Sewerage Enterprises and Six Pilot Rural Community Managed Water Supplies in Tigray, Amhara, Oromia, SNNP and Benishangul-Gumuz Regions in Ethiopia. World Health Organization; 2019. Unpublished report.

115. Ethiopian National Health Care Quality Strategy 2016-2020. Ministry of Health (undated) https://platform.who.int/docs/default-source/mca-documents/policy-documents/plan-strategy/ETH-CC-31-01-PLAN-STRATEGY-2016-eng-National-Health-Care-Quality-Strategy.pdf

Any enquiries about this evaluation should be addressed to:
Evaluation Office, World Health Organization
Email: evaluation@who.int
Website: Evaluation (who.int)