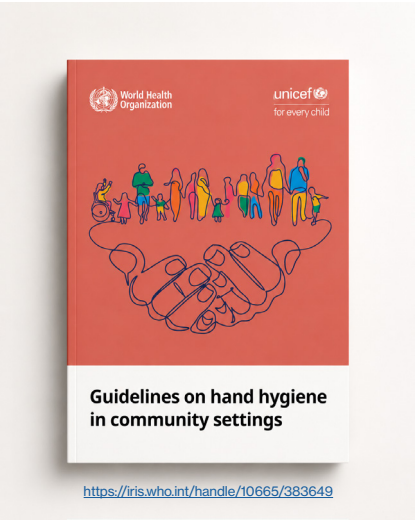
Global guidelines on hand hygiene in community settings: why they matter, what's different and how governments can act on them



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1. Why these Guidelines

The simple act of cleaning hands can save lives and reduce illness by helping prevent the spread of infectious diseases. Hand hygiene can lower the risk of diarrhoea and acute respiratory infections, two leading causes of morbidity and mortality worldwide, by around 30% and 17%, respectively. It can also help reduce skin and eye infections, such as trachoma, and intestinal worm infections, such as hookworm and ascaris.

Hand hygiene protects health, strengthens community resilience and contributes to more robust health systems. By reducing infectious disease transmission, it can ease pressure on health services, save resources for other health priorities and reduce the need for antibiotic treatment, thereby supporting efforts to address antimicrobial resistance.

The importance of hand hygiene to human development, emergency response and health emergency preparedness is internationally recognised. Yet global progress has consistently failed to match political commitments and pledges. In 2024, 1.7 billion people still lacked basic hand hygiene services at home, including 611 million with no handwashing facility at all. Achieving universal access by 2030 will require a major acceleration in progress .

With the rising risk of health emergencies worldwide, now is a critical moment to strengthen community resilience against infectious diseases. The new WHO/UNICEF *Guidelines on hand hygiene in community settings* can help governments take sustained, system-wide action.

2. Key aspects of the Guidelines

Highlighting government responsibility for hand hygiene
As a highly effective preventive intervention, hand hygiene is fundamentally a public good, rather than simply an individual habit. The health gains and economic benefits of hand hygiene are well established and justify sustained government prioritization and investment.

The Guidelines emphasise that, while multiple actors contribute to service delivery, governments hold overarching responsibility for enabling access and sustained practice. This reflects their mandate to protect public health, advance the right to health and fulfil international obligations.

Accordingly, governments are encouraged to implement policy and fiscal measures that remove barriers to hand hygiene and strengthen the conditions needed for sustained behaviour.

Distilling what drives hand hygiene behaviour into three simple core requirements
The factors that influence hand hygiene behaviour are highly context specific. Initiatives that identify influencing factors in the local context and design interventions to target them are therefore likely to be most effective. However, time and resource constraints can make it difficult to assess local behavioural drivers.

The Guidelines draw on the latest evidence to identify three universally applicable drivers of hand hygiene behaviour that should form the basis of any hand hygiene promotion strategy.

The core requirements are: (a) access to minimum materials; (b) access to information on why, when, how and where to clean hands; and (c) a conducive physical and social environment. The first two are minimum requirements without which people cannot practise hand hygiene effectively. The third helps make hand hygiene convenient, acceptable and routine, supporting both behaviour change and sustained practice.

The Guidelines clarify key technical questions, confirming plain soap and water as the preferred method for hand hygiene, with alcohol-based hand rubs as an effective alternative when hands are not visibly dirty. They also advise against materials such as ash or soil because of potential health risks. This clear direction helps governments set consistent standards and translate global guidance into national policies and programmes.

Recommendations were developed using a structured evidence-to-decision framework, ensuring consideration of effectiveness, feasibility and equity. Where evidence was limited, guidance was informed through a transparent consensus process involving an independent group of experts.

Key messages for decision-makers

- **Hand hygiene saves lives and is highly cost-effective**, reducing diarrhoeal disease by around 30% and acute respiratory infections by around 17%.
- **Progress is far too slow:** 1.7 billion people still lack basic hand hygiene services, and current rates are insufficient to meet 2030 targets.
- **Hand hygiene is a government responsibility** and a public good, requiring policy, regulation, financing and accountability.
- **The new WHO/UNICEF Guidelines clarify what works, when and with what**, and define three core requirements: materials, information and a conducive physical and social environment.
- **Stronger hand hygiene systems are a feasible, highly cost-effective "quick win" for cholera control, pandemic preparedness, emerging pathogen readiness, child health, antimicrobial resistance efforts, One Health and health system resilience.**

Jointly developed by:

World Health Organization unicef

Scan to read the WHO/UNICEF Guidelines on hand hygiene in community settings

Key technical clarifications

- **Handwashing with plain soap and water is recommended;** non-alcohol-based antiseptics, antimicrobial wipes, sand, soil or ash are not advised as alternatives due to potential health and environmental risks.
- **Alcohol-based hand rub is an effective alternative** when hands are not visibly soiled.
- Handwashing duration should be **sufficient to fully cover and rub both hands with soap,** rather than a fixed time.
- **Changing and/or sustaining hand hygiene behaviours requires three core components** that together provide both infrastructure and behaviour support.

Sources

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From short-term, emergency-driven campaigns to sustainable systems

Governments and international institutions often mobilise rapidly during disease outbreaks, deploying resources, strengthening health systems and raising public awareness. However, once an emergency is contained, momentum is often lost: budgets are cut, preparedness plans go dormant and political attention shifts elsewhere. This reactive approach undermines long-term resilience, leaving systems vulnerable when the next crisis arises.

The Guidelines support governments to move beyond project-based approaches and short-term service delivery by strengthening broader health systems to deliver hand hygiene services. Effective government measures include providing policy and legal frameworks, regulating and monitoring, allocating sufficient human and financial resources, and coordinating implementation through national institutions with clearly defined mandates.

3. How governments can act on these Guidelines

Governments can use the Guidelines to strengthen hand hygiene in community settings through seven practical actions.

1. **Provide strong leadership**
   Strong political leadership is essential to sustain progress on hand hygiene beyond short-term campaigns or emergency response. Governments can set a clear vision for hand hygiene as a public health priority that supports health, resilience, education and productivity. Leadership also means maintaining attention over time, supporting implementation, and establishing mechanisms to monitor progress and address bottlenecks.

2. **Identify and empower a ministerial lead**
   Because hand hygiene cuts across sectors, responsibilities can easily become fragmented. Governments should identify a lead ministry or authority with a clear mandate to coordinate action. In many countries this role may sit with the ministry of health. However, implementation will require defined roles for other ministries and local authorities, including those responsible for education, water and sanitation, local government, labour and emergency response.

3. **Integrate hand hygiene in existing priorities and platforms**
   Relevant entry points include health emergency preparedness and response, cholera prevention and control, maternal and child health, WASH in schools, workplace health, food safety, humanitarian response, antimicrobial resistance and health system resilience. This also makes hand hygiene a practical entry point for One Health action, helping reduce transmission risks from emerging and re-emerging infectious disease threats at the interface of people, animals and shared environments, while offering a feasible and visible intervention that can be scaled through existing systems.

4. **Assess the current situation and identify strengths and bottlenecks**
   Governments can conduct a situation analysis to understand the national enabling environment for hand hygiene. Such an assessment examines governance structures, monitoring frameworks, funding streams, and human resources for hand hygiene.

5. **Set targets and develop a roadmap**
   Based on the assessment, governments can set realistic targets and develop a costed roadmap for implementing the Guidelines. The roadmap should define priority settings, actions, timelines, responsible actors and accountability arrangements. It should also clarify how national policies will be implemented, including through schools, health programmes, public institutions, workplaces and community systems.

6. **Finance and implement priority actions**
   Roadmaps will require dedicated financing and implementation capacity. Governments should identify how priority actions will be funded through domestic budgetsand partner support, while also ensuring they have sufficient human resources.

7. **Monitor, evaluate and course correct**
   Hand hygiene indicators should be integrated into routine data collection and review processes in health, WASH, education and other relevant sectors. Data should be used not only to report progress, but to identify gaps, guide investment and hold stakeholders accountable. Governments should regularly review progress and update plans as needed.