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Guidelines on hand hygiene in community settings

Executive summary

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Hand hygiene is a fundamental public health measure. It is essential for infection prevention and control in health care, and also in non-health care settings – collectively referred to as “community settings” – such as households, public spaces and institutional settings. The importance of hand hygiene to human development, emergency response and health emergency preparedness is internationally recognized. Alongside water and sanitation services, hand hygiene protects community health, by reducing infectious disease transmission and contributing to community resilience.

Purpose and target audience

The purpose of these *Guidelines on hand hygiene in community settings* is to help governments and practitioners promote hand hygiene in community settings. This should lead to improved health outcomes such as reducing the incidence of diarrhoeal disease (including cholera), acute respiratory infections and other preventable diseases.

These Guidelines are primarily designed for use by any government ministry (or their local counterpart) with a mandate for leading hand hygiene efforts in community settings and coordinating cross-ministerial efforts. They are also relevant to ministries responsible for hand hygiene in particular community settings. Other government ministries, international organizations, funding agencies, nongovernmental organizations, civil society, academia and private sector organizations working on hand hygiene across multiple sectors may also have an interest.

Scope

These Guidelines are concerned with the practice of hand hygiene to protect community health outcomes, in particular the reduction of diarrhoeal diseases and acute respiratory infections.

The focus is on hand hygiene in non-health care settings, collectively referred to as community settings. Community settings are defined as those where health care is not routinely delivered. They include three broad domains: domestic (households), public and institutional settings.

The recommendations are relevant and implementable in any resource context. They are particularly relevant to long-term development contexts, complementing existing recommendations on hand hygiene in acute humanitarian response settings available through the Sphere standards for promotion of water, sanitation and hygiene. The Guidelines are intended for use in a routine health system context to improve population health, and also during health emergencies, as part of broader response strategies.

Guiding principles

These Guidelines present seven cross-cutting principles that are foundational to improving hand hygiene in community settings:

- prioritize meeting minimum material needs
- understand and target what drivers or hinders behaviour
- engage communities
- ensure efforts are intentionally gender responsive
- progressively improve
- strengthen systems
- monitor, evaluate and improve.

Recommendations

These Guidelines provide three recommendations. Recommendation 1 acknowledges hand hygiene as an important public health measure, recommends that governments promote the practice and defines what such promotion involves. Recommendation 2 outlines how hand hygiene should best be practised (technique), when (key times) and with what (materials) in order to be effective at removing or deactivating enough pathogens from hands to limit disease transmission. Recommendation 3 outlines the core requirements for hand hygiene, which are the foundational prerequisites for changing and/or sustaining the practice of effective hand hygiene.

The recommendations are as follows:

1. Governments should implement policy, legal, regulatory and fiscal measures to promote hand hygiene as a critical public health intervention. These actions should aim to remove barriers to the practice of hand hygiene and strengthen the factors that enable behaviour change and/or sustain practice. *(strong recommendation, moderate certainty evidence)*
2. To be effective, hand hygiene in community settings should be practised with plain soap and water for enough time to enable covering both hands entirely with soap and thoroughly rubbing at key times when disease can be transmitted via hands. Hand hygiene should be practised in community settings at the following key times: before preparing food, before eating or feeding/breastfeeding others, after using the toilet or handling faeces, after coughing, sneezing or nose blowing, and when hands are visibly dirty. Alcohol-based hand rub (ABHR) is an effective alternative to soap and water when hands are not visibly dirty. *(strong recommendation, moderate to high certainty of evidence for materials and technique; low certainty evidence for key times)*
3. The core requirements for changing and/or sustaining the practice of hand hygiene in community settings are: (a) access to the minimum material needs; (b) access to information on why, when, how and where to clean hands; and (c) a conducive physical and social environment. In particular:
 - (a) The minimum material needs are hand hygiene facilities situated on premises with reliable access for all to sufficient running or poured water and soap, or ABHR, and with safe disposal of wastewater. To be reliable, hand hygiene facilities should be consistently stocked with water and soap or ABHR, providing hand hygiene materials whenever needed.
 - (b) Information should include the importance of handwashing (why), the key times for practising hand hygiene (when) and the technique (how) to achieve effective hand hygiene.
 - (c) A conducive environment encourages consistent and sustained hand hygiene practices. A conducive physical environment achieves this by going beyond facilitating equitable access to materials (covered under core requirement (a)) to ensuring facilities are convenient, attractive and easy to use. A conducive social environment leverages social norms, interpersonal dynamics and routines to support and reinforce regular, effective hand hygiene among individuals and groups. *(strong recommendation, moderate to high certainty of evidence for minimum material needs, information and conducive environment)*

Guidance on government measures

Overarching responsibility for promotion of hand hygiene lies with governments, through their duty to advance the individual human right to health and protect public health, and, for most governments, through global health obligations enshrined in the International Health Regulations. Promotion of hand hygiene involves taking steps to enable access to all core requirements outlined in recommendation 3. Government promotion efforts should move beyond project-based approaches and short-term service delivery, towards government-led strengthening of national and local systems for hand hygiene.

To achieve this, governments should provide oversight and coordination to ensure the complementary components of a system function effectively together. Local government is responsible for ensuring equitable and sustained access to services related to hand hygiene within the defined administrative area. The role of national government is to develop policy, normative and legal frameworks, and institutional arrangements that set a common vision, priorities and targets, and to ensure appropriate financing of hand hygiene services.

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