Essential services for quality care

Water, sanitation, hygiene, health care waste and electricity services in health care facilities

Global progress report

World Health Organization

unicef
for every child

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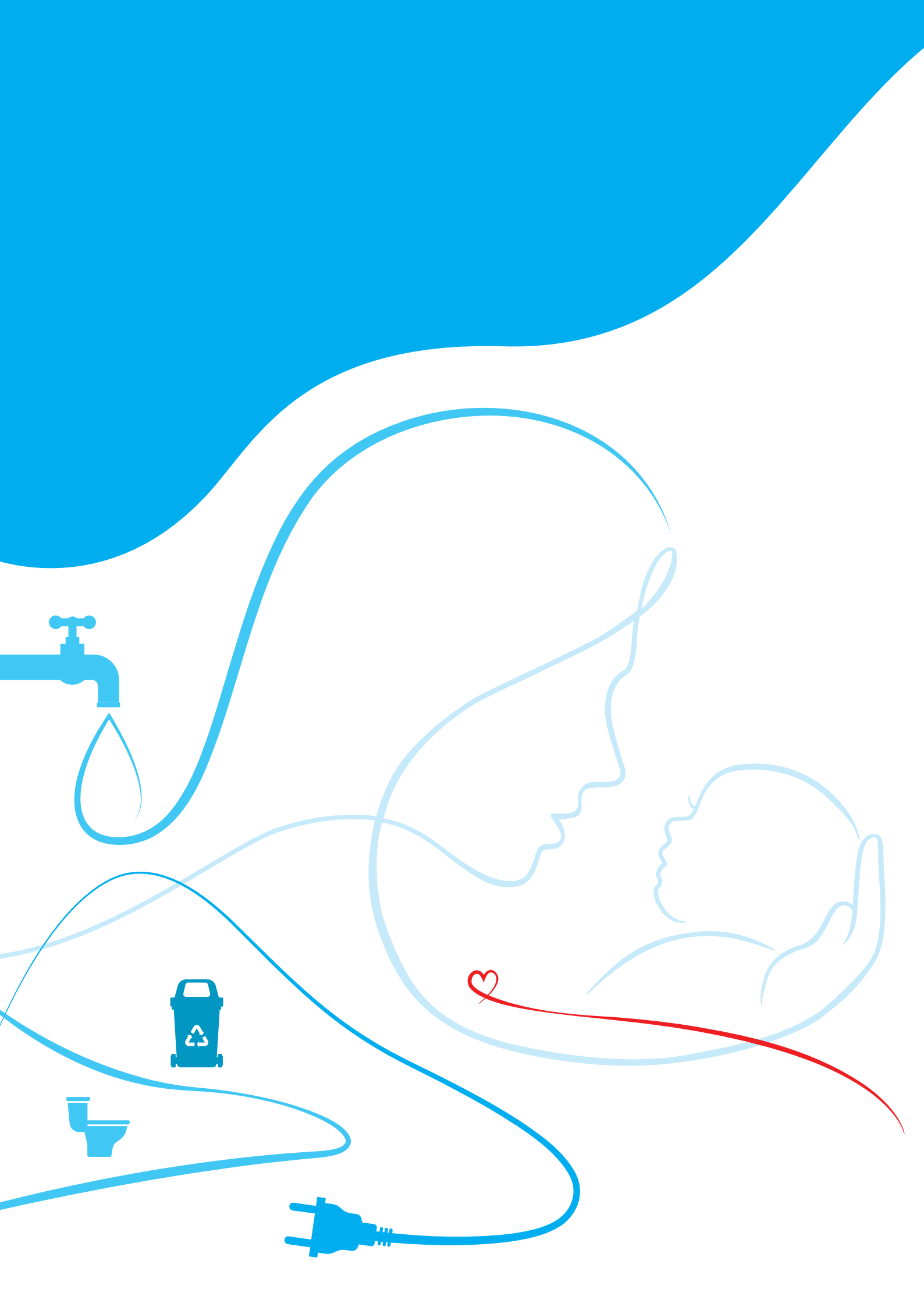
Abbreviations

AMR	antimicrobial resistance
GLAAS	Global Analysis and Assessment of Sanitation and Drinking Water
HMIS	health management information system
IPC	infection prevention and control
ILO	International Labor Organization
JMP	Joint Monitoring Programme for Water Supply, Sanitation and Hygiene
LDC	least developed country
SDG	Sustainable Development Goals
UNICEF	United Nations Children's Fund
WASH	water, sanitation and hygiene
WASH FIT	Water and sanitation for health facility improvement tool
WHO	World Health Organization



1 Executive summary – progress at a glance

1.1 Aims of report

This report provides the latest progress in ensuring universal access to water, sanitation, hygiene (WASH), waste and electricity services in health care facilities. It serves as the basis for reporting back on the 2023 United Nations General Assembly (UNGA) Resolution on WASH, waste and electricity in health care facilities (see Box 1).

This document highlights high-need countries that have demonstrated a readiness to scale up implementation (e.g., put in place national standards, roadmaps and monitoring); provides insights to improve WASH, waste and electricity in health care facilities; and presents recommendations on what needs to happen to achieve universal services and address inequities.

In 2022,
close to 1 billion people in low- and lower-middle-income countries are estimated to be served by health care facilities that

433 million people lacked access to electricity

478 million people had an unreliable electricity supply *(4)*

In 2023,
an estimated 1.1 billion people were served by health care facilities that lacked basic water services

3.0 billion lacked basic sanitation services

1.7 billion without basic hygiene services

2.8 billion lacked basic waste services in low- and lower-middle-income countries *(5)*

Box 1. Driving collective action through the United Nations General Assembly Resolution and supporting frameworks

The 2023 UNGA Resolution on "Sustainable, safe and universal water, sanitation, hygiene, waste and electricity services in health-care facilities" received broad support from Member States *(1)*. It outlines priority national actions which are summarized in this report, including strengthening standards, improving regular monitoring within health systems and developing costed and financed roadmaps. In response to the resolution, UNICEF and WHO developed the Global Framework for Action (2024–2030) with targets, indicators and operational ways of working *(2)*. Furthermore, a Consensus Statement, signed by leading organizations including WaterAid, World Bank, Gavi, Global Fund, and the International Federation of Red Cross and Red Crescent Societies (IFRC), outlines partner support to countries as they seek to implement the Resolution *(3)*.

Note: The figures of 433 million people and 478 million people refer to four developing regions: Latin America and the Caribbean, the Middle East and North Africa, South Asia, and sub-Saharan Africa.

1.2. Significant acceleration of effort and investment is needed to meet 2028 and 2030 targets

While service coverage needs significant acceleration, many countries have made concrete efforts to update standards, establish baselines and develop roadmaps. These actions provide the needed foundation for investing in better services. However, significant acceleration of effort and investment is needed to meet 2028 and 2030 targets (see Table 1).

Table 1. Status in meeting global targets on policies, service levels and equity for WASH, waste and/or electricity

Integration, policy and governance

Action	Baseline 2022 % of countries (n=47)	2025 % of countries (n=101)	Target (2028)[a] % of countries	Target (2030) % of countries
Baseline service levels	75%	90%	100%	100%
National standards	52%	58%	75%	100%
Costed roadmaps with dedicated resourcing for improved WASH, waste and/or electricity	No data	46%	80%	100%
National coordination mechanisms and intersectoral governance and action	No data	58%	70%	100%
Monitoring WASH, waste and/or electricity in health information systems	10%	21%	50%	100%
Sufficient financing for services[b]	11%	17%	40%	100%

[a] In the Global Framework for Action (2024–2030), the original targets were set at 2026. These have been adjusted to 2028 to align with reporting for the UNGA resolution, WHO/UNICEF Joint Monitoring Programme and Global Action Plan on IPC.

[b] These data are from preliminary findings (as of May 2025) from the UN-Water GLAAS 2024/2025 country survey and denote countries which report that they have secured at least 75% of the financing needed to reach natiional targets on WASH and waste in health care facilities. refer to the GLAAS portal at https://glaas.who.int/.

Service levels

Action		Baseline 2022 % of countries (n=47)	2025 % of countries (n=101)	Target (2028) % of countries	Target (2030) % of countries
Improve services globally[c]	Water	76%	78%	80%	100%
	Sanitation	No data	No data		
	Hand hygiene	54%	57%		
	Waste	55%	54%		
	Electricity	No data	Close to 1 billion health users with unreliable or no electricity *(4)*		
Improve services in least developed countries (LDCs)[d]	Water	55%	62%	70% have access to WASH and waste services and reliable electricity	100%
	Sanitation	21%	19%		
	Hand hygiene	36%	37%		
	Waste	31%	31%		
	Electricity	No data	No data		

Equity, inclusivity and community engagement

Action	Baseline 2022 % of countries (n=47)	2025 % of countries (n=101)	Target (2028) % of countries	Target (2030) % of countries
Inclusivity of WASH services and processes at national and facility levels[e]	No data	84%	50%	100%

[c] Data listed for 2020 are from 2019, and data listed for 2025 for water and hand hygiene are from 2022 and for waste from 2021, the most recent years for which global data estimates are available.

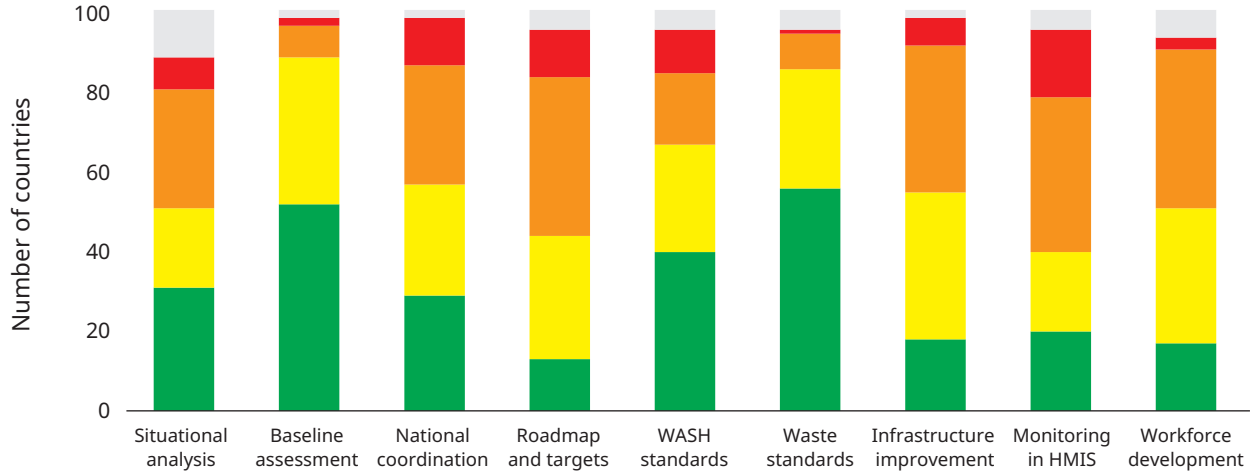
[d] Data for 2020 are from 2019, and data for 2025 are from 2023, except for hand hygiene which is from 2021, the most recent years for which data from LDCs is available.

[e] Denotes the percentage of countries that report having plans that address inclusivity of WASH services and mainstream gender-transformative WASH and rights (equity, disability) in designing and implementing WASH systems. Such plans are resourced, implemented and monitored.

1.3. Spotlight on key findings

The main findings on this report indicate that many countries have made efforts to scale up improvements in WASH, waste and electricity services in health care facilities, as demonstrated in Figure 1. This is especially the case for updating standards, establishing baselines and developing roadmaps. Progress on these actions suggests there is an immediate window of opportunity to build upon these fundamental systems strengthening efforts to invest in better services.

Fig. 1. Snapshot of country status on practical steps



Score 1: No progress made and/or no plans in place to start
Score 2: A need has been identified and/or plans are in place to start
Score 3: Practical step is under way or partially completed
Score 4: Practical step is completed or achieved on a national level, and/or large-scale implementation is ongoing
No data

Box 2. "Practical steps" in national actions to drive efforts on WASH, waste and electricity in health care facilities

The basis for the analysis of country progress discussed in this report is country evidence on addressing the "practical steps" (Fig. 2).[1] These are national actions which support sustainable, national scale-up, and include situational analysis, baseline, national coordination, costed roadmaps, WASH and waste standards, infrastructure improvements, monitoring, health workforce development, community engagement, and operational research.

[1] The practical steps, also known as national actions, are a synthesis of a review of what drives sustainable and improved services. They were first published in 2019 by WHO/UNICEF, and were included in the 2019 World Health Assembly and 2023 UNGA resolutions on this topic. More details can be found in *(6)*.

Fig. 2. National actions ("practical steps") to improve WASH and waste services in health care facilities

Country commitment to ensuring fully functional health care facilities is growing

In 2025, 101 countries provided validated data for the country tracker, more than doubling the 47 countries that submitted in 2020. This reflects a growing commitment by national authorities to assess their status and strengthen national capacities. A total of 24% of these 101 countries are low income, 40% are lower-middle income and 36% are upper-middle or high income.

Over half of countries have implemented multiple national actions, the most common being establishing baselines, updating national standards and conducting situational analyse

Most (81%) countries have fully implemented one or more national action, with the most common being developing standards on WASH and waste and undertaking baseline assessments.[2] Of these 82 countries, 24% have fully completed two actions and 56% have fully completed at least three actions.

Among many Least Developed Countries (LDCs), many national system actions have been implemented, reflecting readiness to implement

LDCs that have implemented most national actions, including assessing baselines, strengthening standards, regular monitoring and developing and implementing national roadmaps are Ethiopia, Lao People's Democratic Republic, Liberia, Madagascar, Malawi, Mali, Nepal, Niger, Rwanda, Sudan and Uganda.[3] To ensure these actions result in better services, committed leadership backed by regular, sustainable financing is needed.

Since 2020, more countries have conducted baseline assessments and situational analyses, and initiated regular monitoring

Across the 39 countries that submitted data in 2020 and 2025, the most progress occurred in conducting baseline assessments (from 38% to 67%), developing situational analyses (from 39% to 53%) and integrating WASH and waste into routine monitoring using health

[2] "Fully implemented" refers to countries which achieved a score of 4 (scale 1–4) for the specific action. Refer to Annex 3 for the scoring criteria for each action.

[3] The determination of the top performers is based on total score achieved across all nine actions (calculated as a percentage). The overall score is calculated by summing the score for each of the nine scored national actions (1–4), for a possible total of 36. These are countries with overall scores of >81%, indicating nearly or fully implementing most of the national actions.

management information systems (HMIS) (from 11% to 26%). Over the five years, the countries which made the greatest progress across all national actions were Niger, Malawi, Maldives, Papua New Guinea and Uganda.

Most countries have updated and validated WASH and waste standards and are expanding electrification.

The vast majority of countries have partially or fully implemented the national action focused on developing, updating and validating standards on waste (90% of countries) and WASH (70% of countries). Nearly half, 48% of countries (36 out of 75) have established a national baseline for electricity, 36% of countries (25 out of 69) have developed costed roadmaps, and 44% of countries (31 out of 71) have incorporated monitoring indicators for electricity access into their HMIS.

Few countries report sufficient funding to implement plans

While 54% of countries (n=97) have an approved national plan or strategy, only 21% of those countries have adequate dedicated funding (75% of more) to implement it.[4] Nearly two-thirds (62%) of countries report having insufficient funding (less than 50%). This gap indicates that countries need to both unlock and allocate domestic funding, which often is highly constrained. It also illustrates that external aid needs to align with and support national priorities and systems.

Gender and equity principles are streamlined within several national actions, but more efforts are needed to assess implementation

A large proportion (84%) of countries have integrated equity and inclusivity into their policies. This includes gender quality in planning and implementation processes, ensuring those with disabilities can access to toilet and hand hygiene facilities and targeting resources for vulnerable populations. However, limited monitoring has been conducted to assess how effectively these policies are being implemented.

Countries are integrating climate resilience and sustainability considerations into assessments, guidelines and policies on WASH in health care facilities

Nearly half (44%) of countries that are updating and/or implementing WASH and waste guidelines have integrated climate resilience, mitigation and sustainability considerations. These are specific to WASH, and include guidance such as installing safe water storage, upgrading pipes with green materials and reducing leaks and segregating and recycling non-hazardous waste. These efforts are an important step within a comprehensive approach towards climate resilient and environmentally sustainable health care facilities and health systems.

1.4. Strategic areas for focus

The findings highlight the need to continue to focus on the three main strategic areas of effort outlined in Global Framework for Action (2024–2030) *(2)* and the Consensus Statement on WASH, waste and electricity in Health Care Facilities (2024–2030) *(3)*. These are:

Integrate safe and sustainable WASH and electricity services in health system programming, financing, implementation and monitoring

Continued efforts are needed to integrate and institutionalize WASH, waste and energy services into core health systems functions, especially in regular health systems monitoring and review. WASH, waste and electricity services are essential enablers of primary health care (PHC) and critical for advancing universal, high quality care. Such integration efforts should include policy and monitoring measures to address inequities in services particularly in facilities used by women and children (e.g., maternity and paediatric wards, primary health care facilities). Finally, all integration efforts should align with the broader holistic framework of climate resilience and sustainability.

[4] This is based on preliminary data from the GLAAS 2024/2025 country survey. The data and full report will be published in late 2025. More information can be found at https://glaas.who.int/.

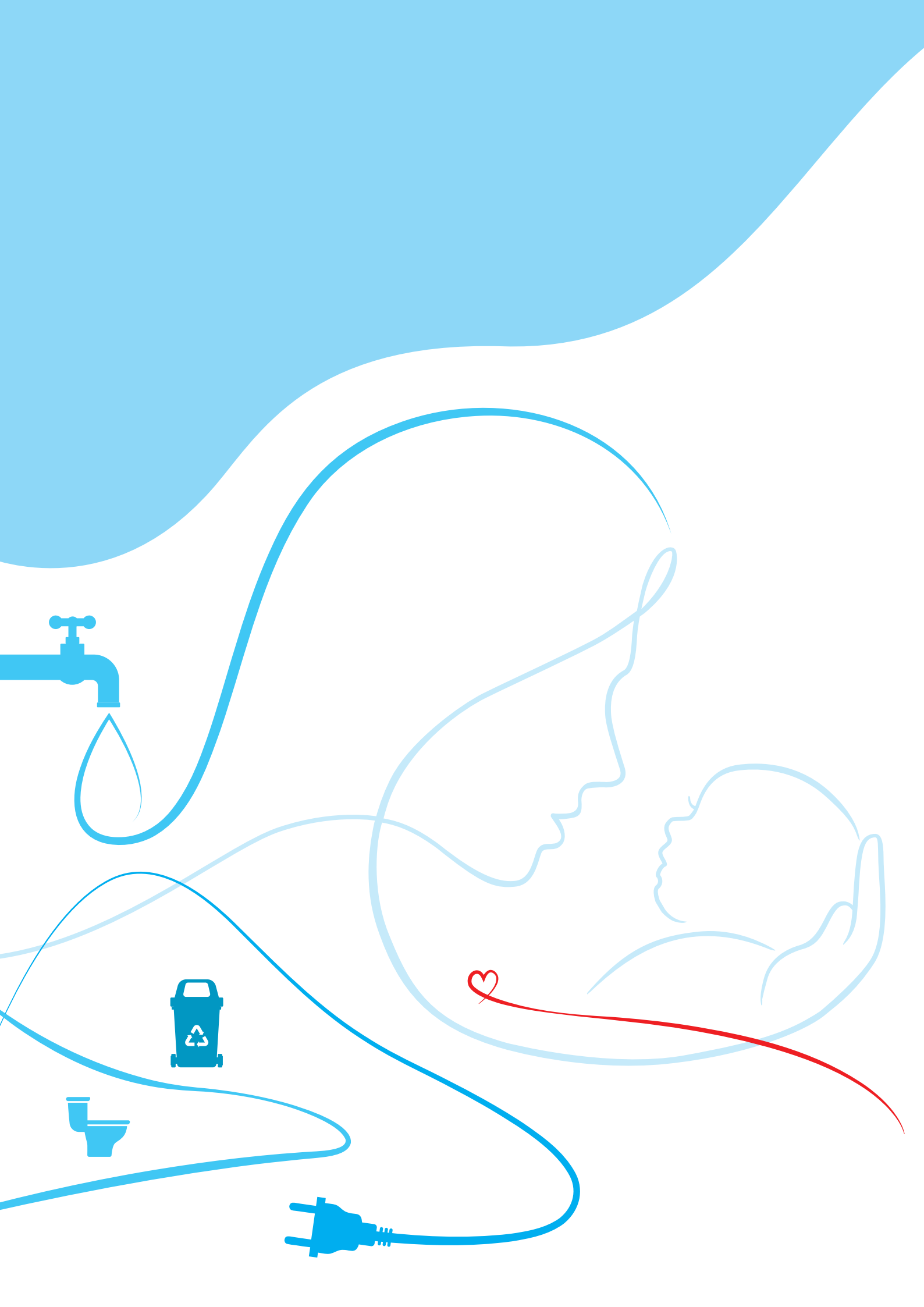
Regularly monitor and review progress and strengthen accountability

Regular monitoring of WASH, waste and electricity services should occur in all health care facilities to determine if services are safe, sustainable and responsive to diverse user needs. Monitoring of national actions is also important to assess progress, hold leaders to account and focus efforts. Finally, tracking and reporting on budgets and expenditures, within an overall performance monitoring framework, provides a mechanism to understand current practices and needs.

Develop and empower the health workforce to deliver and maintain WASH, waste and electricity services and practice good hygiene

Clinical and non-clinical staff (e.g. facility managers, waste workers, technicians, cleaners) will benefit from a greater understanding and knowledge on safe, sustainable and inclusive WASH, waste and electricity services and good hygiene practices. Health workers need safe and well-functioning infrastructure services and to be empowered to demand for and help improve the environments in which they work.

A mother and her child are washing their hands, outside the health center of Batouri, in the East of Cameroon.



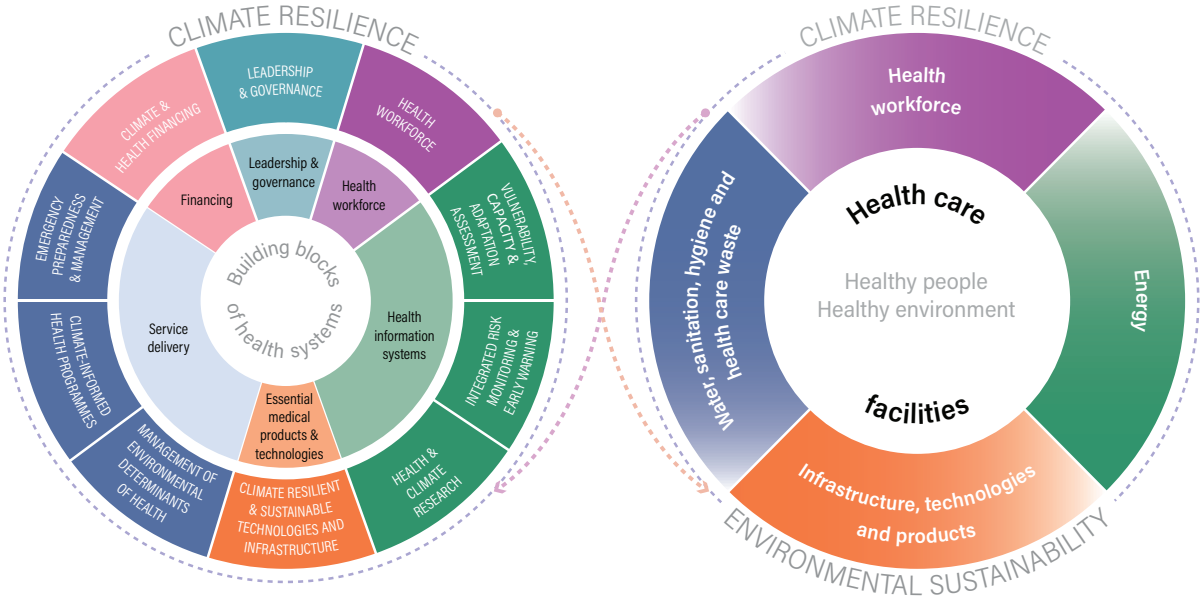
2 Making the case for better WASH, waste and electricity services in health care facilities

Safe and sustainable infrastructure services, alongside good infection prevention and control (IPC) practices, are critical for provision of quality care. A 2018 study estimated that poor quality health services in low- and middle-income countries result in over 8 million deaths and US$ 6 trillion in losses *(7)*. In addition, the latest estimates for maternal and newborn deaths (from 2023) indicate that over 182,000 women and one million newborns die each year in sub-Saharan Africa *(8,9)*. This region is also where health care facilities have the least access to basic WASH and waste services and reliable electricity *(4)*.

2.1. Fundamentals for safe, climate resilient and environmentally sustainable health care facilities

The four fundamentals for safe, climate resilient and environmentally sustainable health care facilities are health workforce, infrastructure and technologies, energy and water, sanitation and hygiene (WASH), and health care waste services (Fig. 3) *(10)*. Efforts to improve WASH, waste and electricity services should be done within the greater holistic framework of climate resilience and sustainability, from assessment and priority-setting, to developing, implementing and monitoring the improvement plan.

Fig. 3. Core elements of climate resilience and environmental sustainability in health care facilities



Source: (10)

Health care facilities are directly impacted by the ongoing climate crisis and play a critical role in managing the health effects on populations. They must be climate resilient to remain operational and environmentally sustainable, optimizing resources and reducing emissions and pollutants. Climate change will continue to exacerbate disease burdens and intensify climate-related stressors such as extreme weather events *(11)*. The actions needed to improve WASH, waste and electricity services in health care facilities require coordination alongside those efforts to strengthen climate resilience, sustainability and the health workforce. All countries and health care facilities will benefit from no-regrets resilience and sustainability measures which save costs and resources, and better prepare facilities for emergencies and responding to pandemics. Specific guidance exists to support actions in all these areas, and countries such as Ethiopia (Box 3), Indonesia and Philippines are working towards implementing an integrated approach.

Increasingly, as discussed in more detail in section 4, countries are integrating climate resilience and sustainability elements into national policies and planning. Opportunities exist to do even more, including through the Alliance for Transformative Action on Climate and Health (ATACH) (Box 4).

Box 3. Ethiopia WASH and Waste Management in Health Care Facilities Roadmap (2025–2035) places strong emphasis on climate resilience and sustainability

The lack of WASH services in Ethiopian health care facilities is dire; only 55% of facilities have water on-site or nearby, and only 39% have basic sanitation services. An alarming 79% of facilities lack cleaning protocols or training for staff. In response, the Ethiopian Ministry of Health has launched the Clean and Safe Health Care Facilities (CASH) and the Clean and Timely Care of Health (CATCH-IT) initiatives. Despite these efforts, there are still major gaps in funding and poor coordination among sectors have been identified as a major barrier to improving WASH services in health care facilities.

To address the situation, the Ministry of Health, with support from partners, has developed a costed Roadmap (2025–2035),[5] which aligns with the national Health Sector Transformation Plan and the pivot towards a PHC approach. The mission of the roadmap is "To ensure inclusive, sustainable, and resilient WASH services that meet the highest standards in all health care facilities in the country." The total roadmap cost over 10 years is US$ 652 million, with the greatest proportion, US$ 176 Million (27%), needed for climate resilient, reliable and safe water supplies. Climate resilience and inclusivity are mainstreamed across the six areas (water, sanitation, hand hygiene,waste management, cleaning and an enabling environment). The roadmap also covers emerging areas of concern around pharmaceutical waste and the spread of antimicrobial resistance (AMR). In addition, the Roadmap aims to fully solarize water pumping and for those facilities without reliable power, empower cleaners including through basic equipment and training, and support regular inspections and maintenance of services. Half of the needed financing to implement the Roadmap will be leveraged from federal and regional governments, with the remainder coming from development partners (20%) and local government/communities (30%).

[5] The Ethiopian WASH and Waste Management in Health Care Facilities Roadmap (2025–2035) was finalized in January 2025, and at the time of publishing this report was undergoing final approval and authorization. Once publicly available, it will be posted at www.washinhcf.org.

Box 4. ATACH: Using collective power to realize ambitions on climate resilient and sustainable health systems agreed at COP26

The Alliance for Transformative Action on Climate and Health (ATACH) is a WHO-led initiative that has emerged as a leading global network aiming to promote country-level action towards building climate resilient and low carbon sustainable health systems and facilities and health-promoting interventions in key sectors (such as WASH, nutrition, agriculture, food systems, energy and transport).

ATACH brings together over 90 countries/regions and over 90 partners in a dynamic global community that is collaborating to advance the implementation of climate change and health commitments and priorities. It supports and enables work happening at the country-level to help members progress towards meeting their climate and health commitments and priorities. It also serves as a platform for collaboration and cohesive action, bringing together experiences and expertise from across the globe. Find out more at http://atachcommunity.com/.

2.2. A foundation for quality and primary health care

In 2023 at the UNGA High-Level Meeting, country leaders approved a new Political Declaration on Universal Health Coverage. In this declaration, countries committed to take actions at the national level, make essential investments, and strengthen international cooperation to accelerate progress towards universal health coverage by 2030, using a PHC approach. This provides an important opportunity for synergy with the resolutions and action plans on WASH, waste and electricity. PHC is a whole-of-society approach to health that aims to maximize the level and distribution of health and well-being, placing an emphasis on integrated services, multisectorality and empowered people and communities. WASH services are essential for the provision of quality primary care services through PHC-oriented health systems. In most countries, hospitals are more likely than non-hospitals, the majority of which are primary health care facilities, to have better WASH and waste services. In some countries, there are substantial disparities of at least 50 percentage points *(5)*. Furthermore, drawing upon country case studies in the WHO PHC Country Case Study Compendium *(12)* there are clear synergies in engaging communities and addressing inequities through improving WASH in health care facilities as a means to strengthen the PHC approach (Box 5).

Box 5. Leveraging community engagement as a key component to address inequities in PHC and WASH services in health care facilities

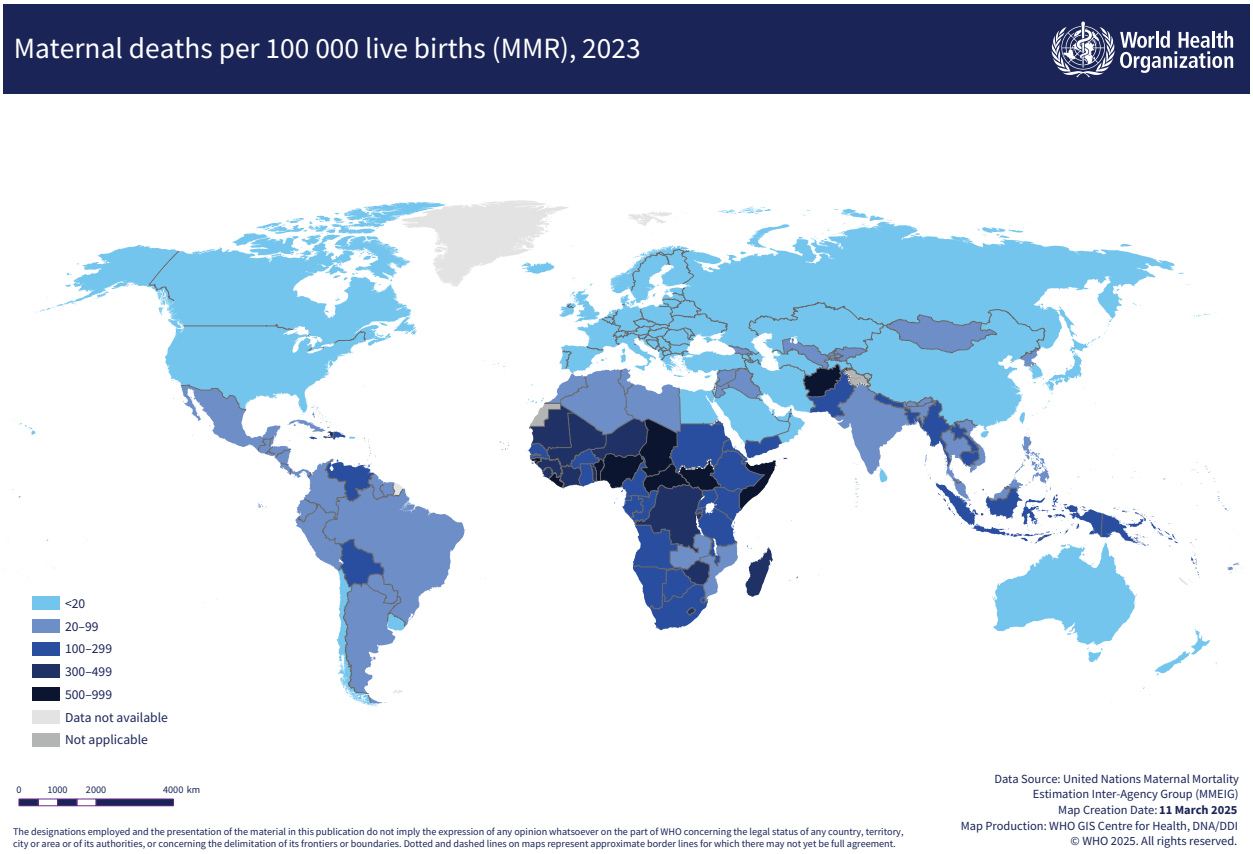
PHC-oriented policies, strategies and operational plans should be informed by the best available evidence of what works and how. The WHO PHC Country Case Study Compendium includes over 200 country case studies and serves as a central hub for providing insights on what works, and on encouraging, further practical action *(12)*. Several case studies note the importance of the WASH lever for advancing PHC, including in Indonesia, where health promotion and disease prevention activities have a strong focus on improving WASH services; in the Islamic Republic of Iran, where rural health houses provide comprehensive services including access to WASH and maternal and child health and vaccination services; and Kenya, where communities were engaged to support critical PHC aims, including expanding access to hand hygiene facilities.[6]

[6] A more thorough review of the WHO PHC Country Case Study Compendium with a focus on WASH and waste is planned for later in 2025.

2.3. Addressing preventable maternal and newborn deaths

For maternal and newborn health, the consequences of poor WASH, waste and electricity services in health care facilities are particularly devastating. Mothers globally are encouraged to give birth in health care facilities. Yet ill-equipped facilities may in fact be a danger to mothers and their babies, if the basics of hand hygiene, environmental cleaning and lighting cannot be offered, and if life-saving medical devices cannot be powered. Approximately 46% of global newborn deaths and 70% of maternal deaths occur in sub-Saharan Africa, where only 60% of health care facilities have basic water services and only 50% of hospitals have access to reliable electricity *(4,13)*. Globally, the latest published estimates show maternal and newborn deaths are still extraordinarily high, with a combined 2.5 million deaths and a significant slowing of progress in preventing such deaths in the last decade *(14)*. Figure 4 illustrates the maternal mortality ratio estimates. Countries have consequently prioritized ensuring that health care facilities that provide obstetric and newborn care services are able to meet the minimum standards for WASH, as part of the Every Woman Every Newborn Everywhere programme *(15)*. Furthermore, WHO estimates that providing electricity access and essential medical devices to 30,000 primary care facilities would save 7,844,498 lives by 2050, an average of about 290,537 lives every year *(16)*.

Fig. 4. Maternal mortality ratio estimates by country (2023)

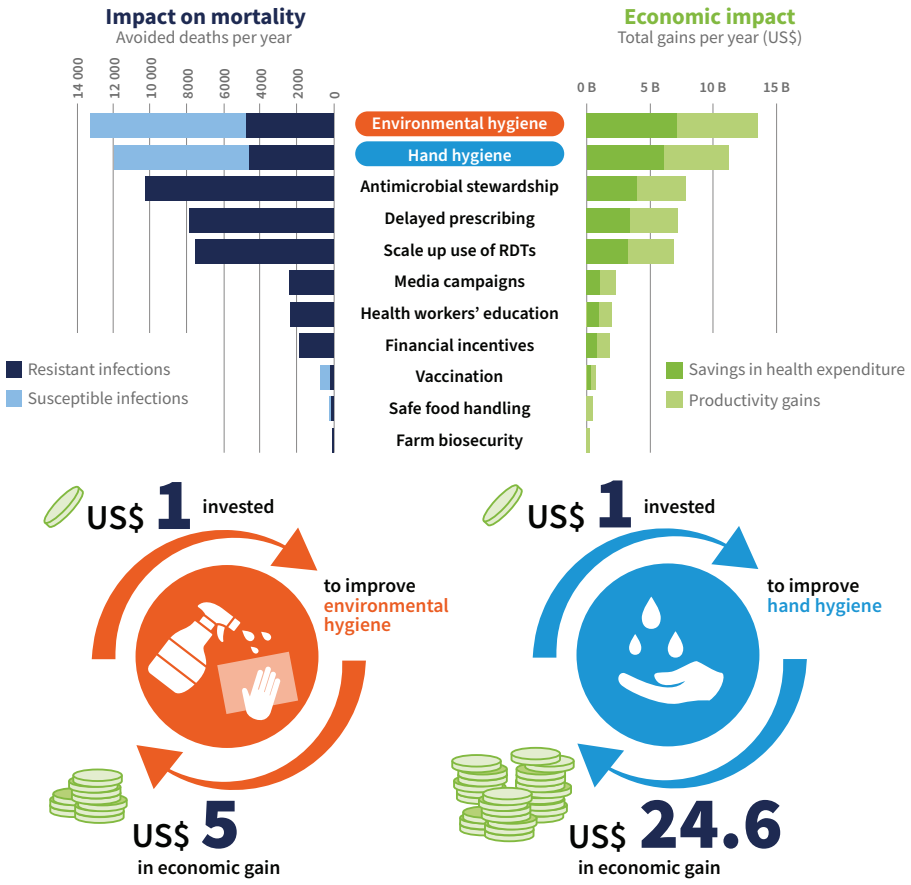


Source: (8)

2.4. WASH as a core element of the Global Action Plan for Infection Prevention and Control and monitoring framework

WASH is an essential requirement for achieving strong and effective IPC programmes and for implementing good IPC practices *(17)*. A recent modelling study estimated that nearly 600,000 AMR-associated deaths could be prevented annually in lower- and middle-income countries by improving IPC and WASH measures *(18)*. The importance of WASH and waste services for IPC has been strengthened through the Global Action Plan and Monitoring Framework for IPC (2024–2030), which emphasizes the criticality of WASH and includes several targets and indicators covering policies, standards and investments in WASH and waste in health care facilities *(19)*. Furthermore, investing in WASH and IPC in Health care facilities provides a high return on investment. Based on analyses from 34 middle- and high-income countries,[7] every US$ 1 invested in hand hygiene results in a US$ 24.6 economic gain, while a US$ 1 investment in environmental hygiene[8] results in a US$ 5 economic gain (Fig. 5) *(20)*.[9] These gains demonstrate the comparable economic value of such investments alongside other complimentary measures such as antimicrobial stewardship, vaccination and use of better diagnostics.

Fig. 5. Investment case for IPC



Source: (20)

[7] The countries included in the analysis are Organisation for Economic Co-operation and Development and European Union/ European Economic Area countries.

[8] In the economic analysis, environmental hygiene was defined as following WHO IPC recommendations for maintaining a clean and safe environment to prevent the spread of infections. It involves using a multimodal approach to improve training and cleaning practices, use of optimal cleaning and disinfection products, and regular monitoring for cleaning, disinfecting and sterilizing surfaces, and equipment to remove potential pathogens.

[9] While these economic figures are from high- and upper-middle-income countries, productivity gains are likely to be made in all settings. However, there is scarcity of evidence from lower-middle- and low-income countries.

2.5. Accelerating action and country commitments on AMR

In 2024, at UNGA High-Level Meeting on AMR, countries made a number of new commitments to address the growing threat of AMR *(21)*. One of these was to ensure that the minimum requirements for IPC are in place and that, by 2030, 100% of countries have basic WASH and waste services in all health care facilities. With prevention now clearly identified as the first pillar in the people-centred approach to addressing AMR in human health *(22)*, there are opportunities to strengthen coordination between AMR and WASH national stakeholders, leading to better aligned plans and investments to strengthen WASH and waste management in health care facilities. The people-centred approach also underpins WHO strategic and operational priorities to addressing drug-resistant bacterial infections *(23)*. One pathway to enhancing the WASH components of AMR national action plans is by ensuring WASH sector representation in national AMR coordination mechanisms and attaching a regular budget to WASH activities. While 73% of countries (n=186) have linked their AMR national action plan to WASH strategies and plans, focused efforts are required to support countries to invest and implement the planned actions.

2.6. Leveraging vaccine efforts to improve safe and sustainable health care waste management and expand electrification

Global efforts to expand immunization of both essential childhood vaccines and those critical for outbreaks provide an important platform for also addressing safe and sustainable WASH, waste and electrification in health care facilities. As detailed in the vaccine global strategy, Immunization Agenda 2030 *(24)*, there is a strong emphasis on cross-sectoral collaboration between WASH and waste. The strategy calls for integrating safe management and disposal of vaccine waste in all vaccination activities. The strategy also promotes climate resilient and sustainable infrastructure, including the use of non-burn waste treatment technologies, procuring vaccines with less packaging and contributing more generally to systems-strengthening.

Electricity is essential to ensure the cold chain necessary for vaccine storage. In this context, Gavi, the Vaccine Alliance and partners have been supporting the deployment of decentralized solar systems to enable immunization services in unelectrified facilities. Furthermore, leveraging on the decreasing costs of solar systems, WHO, Gavi and UNICEF have partnered to expand the scope of electrification efforts, in order to support the deployment of bigger solar systems able to cover all the electricity needs of health care facilities. This approach aims to maximize the health-impact of solarization interventions, by addressing the electricity needs of health centres in a holistic and coordinated manner.

2.7. Addressing equity and gender needs through inclusive WASH and waste services

Addressing gender and equity concerning WASH and waste in health care facilities is crucial for ensuring that everyone has access to safe and dignified health services. Women and girls are disproportionately affected by poor WASH in health care facilities. They are often the primary caregivers and the main users of health services. Improving WASH can lead to better health outcomes and increased dignity for women and girls. These encompass critical aspects such as gender equality, disability access and support for vulnerable populations (see Box 6 for an example of such efforts from Indonesia).

2.8. Providing essential WASH services enables health security and supports health emergency and outbreak preparedness and prevention

For health security, WASH is critical. Every year there are an estimated 1.3–4 million cholera cases. The recent trend of increasing cholera cases and even greater increase in cholera deaths is disturbing and unacceptable *(26,27)*.

Safe drinking water, hand hygiene and safely managed sanitation are at the core of preventing and controlling cholera, especially in cholera treatment centres. While many cholera national response plans include WASH-related actions for health care facilities, these components are often underfunded and not fully implemented *(28)*. Targeting investments in WASH services in cholera priority areas is a no-regrets action that will save lives immediately and reduce the economic burden of the rapid spread of cholera. As cholera is often localized (e.g. less than 5% of districts in sub-Saharan Africa constitute 50% of the cases), focusing WASH and other interventions in priority areas could more effectively address the disease burden *(29)*. At the same time, such investments will prevent other waterborne diseases, support the resilience of health care facilities for climate- and disease-related events, and better equip health care facilities to provide quality care.

Box 6. Indonesia addressing inclusivity and gender equity through policy, community engagement and smart design

Over the past five years, Indonesia has been making progress on the national actions with particular focus on inclusivity. In 2021, the Ministry of Health launched a national roadmap for WASH in community health centres *(25)*, which has seven strategic objectives. It also recognizes that availability, accessibility, acceptability and quality of WASH services in health care facilities are critical to improving patient safety and quality of care. It addresses the specific WASH needs of women and vulnerable populations, aims to prevent stigma and discrimination, and ensures that no one is left behind in access to WASH services. To inform the development of the roadmap, focus group discussions with key stakeholders were organized to gather perspectives on the specific WASH needs of women and vulnerable populations in health care facilities. Participants included facility management staff, health care workers, cleaners, civil society organizations and development partners.

The discussion concluded with a session with the Ministry of Health that explored the Ministry's policies and practices in integrating gender and social inclusion in their programmes. The discussions revealed gaps in awareness, infrastructure and policies for inclusive and gender-equal WASH. For example, while there was awareness of the importance of accessible toilets that provide for menstrual hygiene needs, these provisions were not always included in the budget planning processes of health care facilities. Recommendations from the focus group discussions included emphasizing the government's role to promote meaningful participation of women and vulnerable groups in the development of WASH policy and guidelines.

Indonesia's roadmap addresses gender and equity through multiple strategic objectives – from inclusive design, such as gender-based planning of infrastructure, to sensitization of staff on the needs of different user groups of the facility, to more frequent and meaningful community engagement. Action is already under way to implement the roadmap. In 2024, a technical background paper was issued to provide an evidence-based strategy for integrating WASH into the Ministry of Health's 2025–2029 Strategic Plan. Inclusivity considerations are part of the operational definitions of output indicators. Meanwhile, new guidelines on WASH in health care facilities are being drafted which include a strong focus on gender and inclusion. To improve monitoring, an additional tool was embedded in the existing WASH in health care facility monitoring platform, SIKELIM. This tool integrates gender equity, diversity and social inclusion principles across all environmental health domains.

The recent inclusion of monitoring of WASH in health care facilities as part of the strengthened International Health Regulations provides an opportunity to better highlight gaps nationally and globally. The International Health Regulations is a legal instrument, ratified in 196 countries, which requires member countries to develop and maintain minimum core public health capacities for surveillance, and response to any public health events of international concern. States Parties must report the status of implementation of these capacities annually *(30)*. WASH and IPC in health care facilities are one of 35 indicators (Box 7) which countries must report on through the States Parties Self-Assessment Annual Reporting Tool (SPAR) *(31)*.

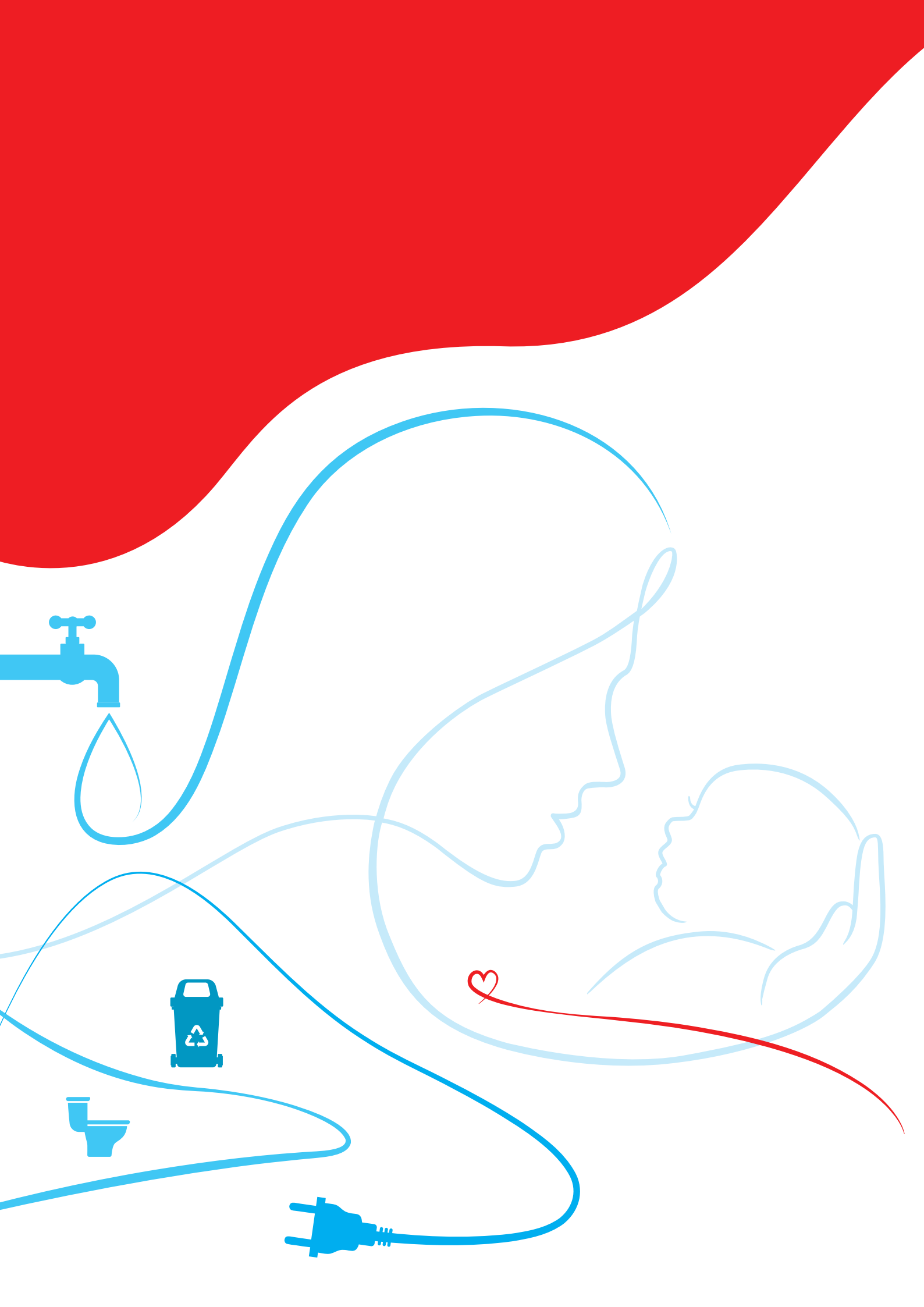
Decentralized renewable energies, such as off-grid solar systems, play a crucial role in ensuring reliable electricity supply in emergency contexts, compared to solutions that rely solely on diesel-fuelled generators. In several cases, the diesel fuel supply chain has indeed been subject to disruptions, particularly in emergency settings. The use of decentralized solar systems ensures the electricity security of health care facilities, making them independent from the diesel fuel supply. Rapidly deployable solar systems are available and reliable, and can be also used as part of rapid response to outbreaks.

Box 7. Strengthened monitoring of WASH in health care facilities within public health emergencies supports greater focus and investments in prevention

The SPAR scores from 2024 highlight that IPC and WASH continue to be one of the top challenges alongside human resources, radiation and chemical events, and implementing policy and legal instruments *(32)*. Of the 195 countries that provided data in 2024, only 59% indicated that they have sufficient IPC and WASH standards and measures in place in health care facilities. Capacities were lowest for sub-Saharan Africa, the Americas and Southeast Asia, with just 42%, 55% and 59% of countries in those respective regions indicating they had basic IPC and WASH measures in place *(33)*.

At the maternity home in Khujand, the nurse gives a vaccination to a one-day-old newborn.
© UNICEF/UNI568596/Umeda Fazylova.

Mariamo Jorge, 19 years old, with her 9-month old daughter Helena Assane at Ramiane Health Center, Mozambique.



3 Status of WASH, waste and electricity services in health care facilities

This section summarizes the latest national, regional and global estimates for water, sanitation, waste management, hand hygiene and environmental cleaning in Health care facilities. These were published in 2024 and present data up to 2023, where available.

3.1. What is the current status of WASH, waste and electricity services in health care facilities?

In 2022, an estimated one in five health care facilities (22%) globally lacked basic water services, affecting 1.7 billion people, including 874 million people who accessed health care facilities with no water service at all *(5)*. Hygiene services remain limited: 39% of health care facilities lacked basic hygiene services, and similar gaps exist for sanitation and health care waste management. More details on the status of electricity globally can be found in Box 8.

Box 8. Global status of electricity services in health care facilities

Close to 1 billion people in low- and lower-middle-income countries are estimated to be served by health care facilities that either lacked access to electricity (433 million people) or had an unreliable electricity supply (478 million people) *(4)*.[10]

The regions facing the biggest challenge are sub-Saharan Africa and South Asia. In particular, only half of hospitals in sub-Saharan Africa have access to reliable electricity. The unreliability of electricity is also the main cause of medical device failures. WHO estimates that about one third of medical device failures worldwide are due to low-quality electricity supply.

There is also a significant urban/rural divide, with health care facilities in rural and remote areas facing greater frequency of electricity problems, since they are often not reached by the national power grid. In these contexts, when electricity is provided, it often depends on diesel-fueled generators. However, diesel fuel is increasingly expensive and subject to fuel disruptions.

Decentralized solar systems have emerged as a reliable, climate resilient and fast deployable solution. The cost of solar electrification is lower compared to diesel-based solutions in the medium term. It is however essential to ensure adequate operation and maintenance of solar systems, to make sure that systems are used properly and that spare parts are replaced when needed. It is also essential to make sure that critical power-dependent medical devices are available in the health care facilities that are being electrified.

[10] These figures refer to four developing regions: Latin America and the Caribbean, the Middle East and North Africa, South Asia, and sub-Saharan Africa.

3.2. Spotlight on fragile settings

In the 60 countries, areas and territories classified as fragile contexts in 2023, more than a third (37%) of Health care facilities lacked a basic water service.[11] Less than a fifth (19%) had basic sanitation services, fewer than half (46%) had basic hygiene and a quarter (25%) had basic waste management (Fig. 6). Globally, 2 billion people lived in these fragile contexts in 2023. Of these, 1.6 billion people lacked basic sanitation at their Health care facilities and 1.5 billion lacked basic waste management. In addition, 1.1 billion people lacked basic hygiene and 717 million lacked basic water. In a particular fragile setting, the occupied Palestinian territory (oPt), the situation is especially dire (Box 9).

3.3. Status in primary health care settings

Primary care settings are often the first place people go to receive care, especially in rural areas. Many of the regular users of primary care facilities are women and children, who access vaccination, pediatric care and maternal health services at such facilities alongside a range of services. Achieving the broader goal of PHC requires a holistic approach to health and well-being, grounded in the delivery of integrated, high-quality services that meet people's needs *(36)*. However, many primary care facilities fall short in providing even basic WASH services. Compared to hospitals, non-hospitals often lag significantly behind.[12] For example, in LDCs, 81% of hospitals have basic water services, but only 61% of non-hospitals have such services (Fig. 7). For sanitation, just 3% of hospitals have no sanitation services, while 14% of non-hospitals have no bathroom facilities for staff or health users. Addressing this gap and inequity will be critical to delivering on the promise of PHC.

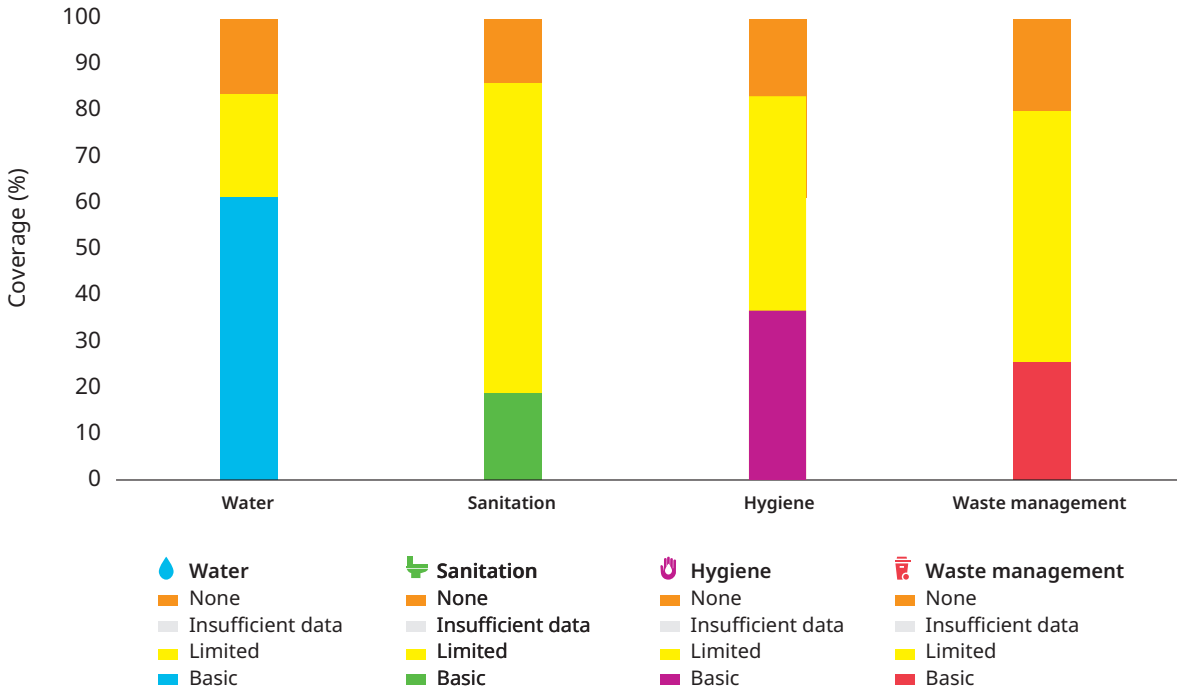
Box 9. WASH and waste services health care facilities in the oPt

The WASH situation in the oPt and, in particular, the Gaza Strip, has deteriorated dramatically since 2023 due to ongoing conflict, infrastructure damage and resource constraints. As highlighted by the HeRAMS (Health Resources and Services Availability Monitoring System) survey from February 2025, the capacity of hospitals and primary care centres to provide safe and dignified care has been critically undermined *(35)*. Between November 2024 and February 2025, water availability remained below 42%, with nearly 60% of Health care facilities lacking reliable access, severely impacting hygiene, sterilization and patient care. Waste management also deteriorated, with most facilities unable to segregate or dispose of medical waste. More than 80% reported insufficient environmental cleaning. Furthermore, unreliable energy sources impact the functionality and availability of WASH services in health care facilities, and most facilities rely on fuel for energy production.

[11] OECD States of Fragility 2022 groupings (50). Countries are classified according to a framework that encompasses six dimensions of fragility (economic, environmental, human, political, security and social).

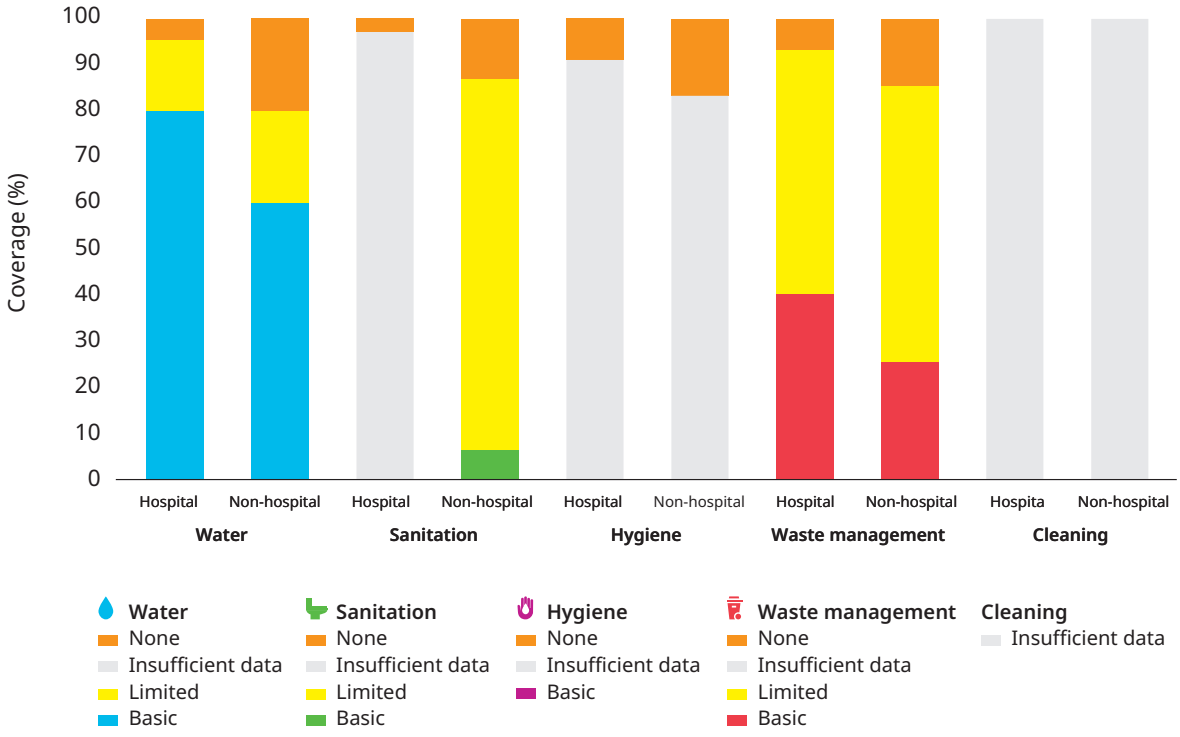
[12] JMF reports on WASH and waste services in hospitals and non-hospitals. While PHC services can in some cases be delivered in hospitals, non-hospitals deliver nearly exclusively PHC services, as well as some specialized services (e.g. dental clinics).

Fig. 6. WASH and waste services in fragile settings (2023)

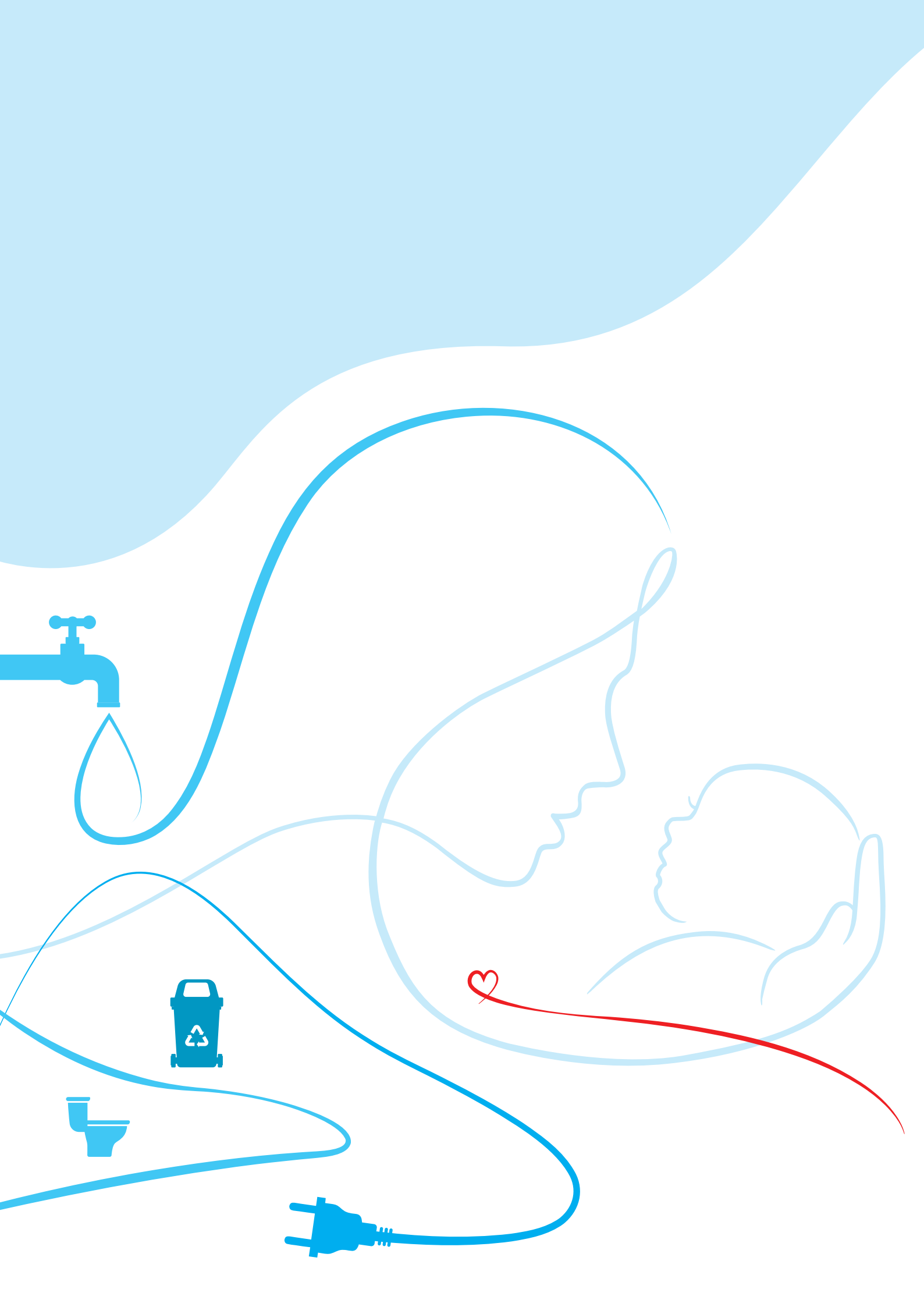


Source: (34)

Fig. 7. WASH services in hospitals compared to non-hospitals in LDCs (2023 data)



Source: (37)



4 Progress on improving national systems

4.1. Eight practical steps: a framework for national action

In 2019, all 194 WHO Member States approved a landmark World Health Assembly resolution with the ambition to achieve universal water, sanitation, hygiene and waste services in by 2030. To support country implementation, and as articulated in the resolution, WHO and UNICEF developed the eight practical steps which are evidenced-based national actions to improve WASH and waste in Health care facilities *(6)*. The practical steps are also articulated in the 2023 UNGA resolution. These steps are henceforth referred to as the national actions needed to improve WASH and waste services in Health care facilities.

To enabling credible and transparent reporting back on national actions agreed by Member States through the WHA resolution, WHO together with UNICEF established an online data portal in 2020. This tracker is maintained jointly by WHO and UNICEF. The first analysis was published in 2020 *(38)*, with an update to the data published in 2023 *(39)*. Details on the data collection and validation process can be found in Annex 2, and criteria for the indicators can be found in Annex 3.

4.2. Sample of countries

A total of 101 countries and territories provided data used for this report, a record number compared to previous data-collection rounds (47 in 2020 and 64 in 2022). The latest round included 34 countries submitting data for the first time. Thirty-seven countries have submitted data at all data points Table 2 provides a breakdown of these countries by WHO region, with the majority of countries submitting from the African region in 2025. In addition, 24% are low-income countries, 40% are lower-middle-income countries, and 36% are upper-middle- or high-income countries. For a full list of countries, refer to Annex 3.

Table 2. List of respondent countries and territories, by WHO region

WHO region	2020[a]	2023	2025	Any year	Total number of countries in region
Africa	19	24	33	38	47
Eastern Mediterranean	3	11	21	21	22[b]
Europe	3	6	10	10	53
Americas	7	8	12	13	35
Southeast Asia	8	7	10	10	10
Western Pacific	7	8	15	15	27
Total	**47**	**64**	**101**	**107**	**195**

[a] Refers to the year of publication of global progress reports. The 2020 report is based on data collected in 2020, the 2023 report is based on data from 2022, and the 2025 report is based on data collected in 2024.

[b] Includes oPt, which is not a WHO Member State.

Rehabilitated showers and latrines at the Carl Becker Health Centre in Beni, North Kivu province, DR Congo, © UNICEF/UNI792749/Jospin Benekire.

4.3. Status of national implementation of WASH in health care facilities

Figure 8 provides a snapshot of the current status of implementation of six monitored (out of eight) national actions, from no progress (red) to fully achieved (green). Orange and yellow denote some progress.

In 2025, among the 101 countries, the national actions that the highest number of countries have fully implemented are standards on waste (58% of respondent countries), baseline assessments (53%) and standards on WASH in Health care facilities (42%).[13] The national actions with fewest substantial and/or fully completed actions are the development and implementation of roadmaps (14%), national infrastructure improvements (18%) and health workforce development (18%).

In 2025, 17% of countries have substantially advanced or completed all the national actions (score 3 or 4). These are **Algeria, Bahrain, Democratic People's Republic of Korea, Ethiopia, Hungary, India, Kuwait, Lao People's Democratic Republic, Liberia, Lithuania, Madagascar, Niger, Oman, Philippines, Qatar, Rwanda** and **Thailand**.

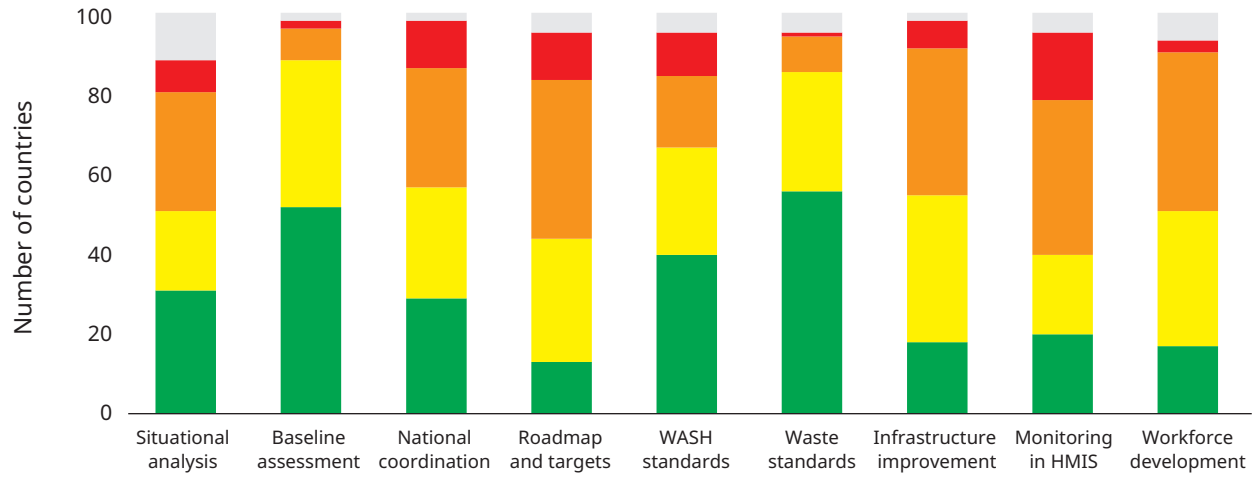
Figure 9 provides a snapshot of the progress in implementing the national actions in LDCs, where access to WASH and waste services is most limited.[14] Similarly to global trends, there has been the most progress in LDCs in developing national waste standards (65%) and WASH standards (52%) and undertaking baseline assessments (47%). Meanwhile, the least amount of progress has been made in fully implementing facility-level activities – national programmes for improving infrastructure (13%) and developing the health workforce (13%).

In 2025, the countries representing LDCs which had the highest overall score in national actions were **Ethiopia, Lao People's Democratic Republic, Liberia, Madagascar, Mali, Malawi, Nepal, Niger, Rwanda, Sudan** and **Uganda**. For some of the national actions, like monitoring, infrastructure improvements and developing the health workforce, achieving the national action indicates that initiatives and programmes have been established and are being implemented, representing ongoing and continuing efforts. While the achievement of national actions does not necessarily correlate with high coverage of WASH services, it serves to demonstrates a that a country has taken the foundational steps required to scale up implementation.

[13] This refers to countries which scored a 4 (green shading in Figure 8) or fully implemented the action.

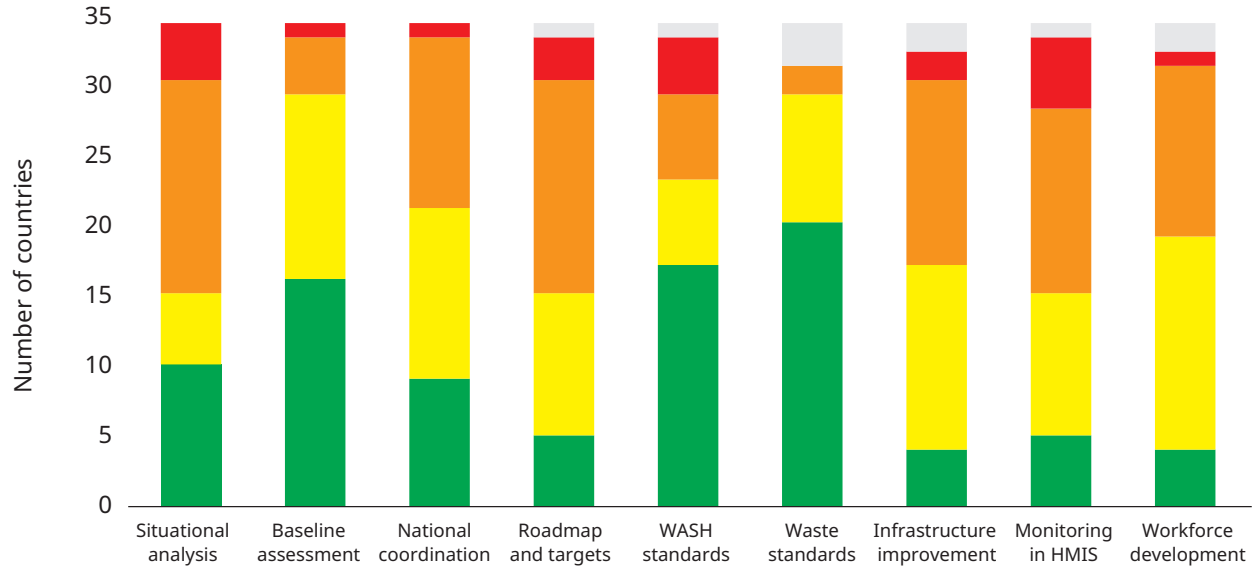
[14] Data are available for 34 of the 44 LDCs, 16 of which have ongoing graded health emergencies.

Fig. 8. Snapshot of global progress on national actions (n = 101)



Score 1: No progress made and/or no plans in place to start
Score 2: A need has been identified and/or plans are in place to start
Score 3: Practical step is under way or partially completed
Score 4: Practical step is completed or achieved on a national level, and/or large-scale implementation is ongoing
No data

Fig. 9. Snapshot of progress on national actions in LDCs (n = 34)



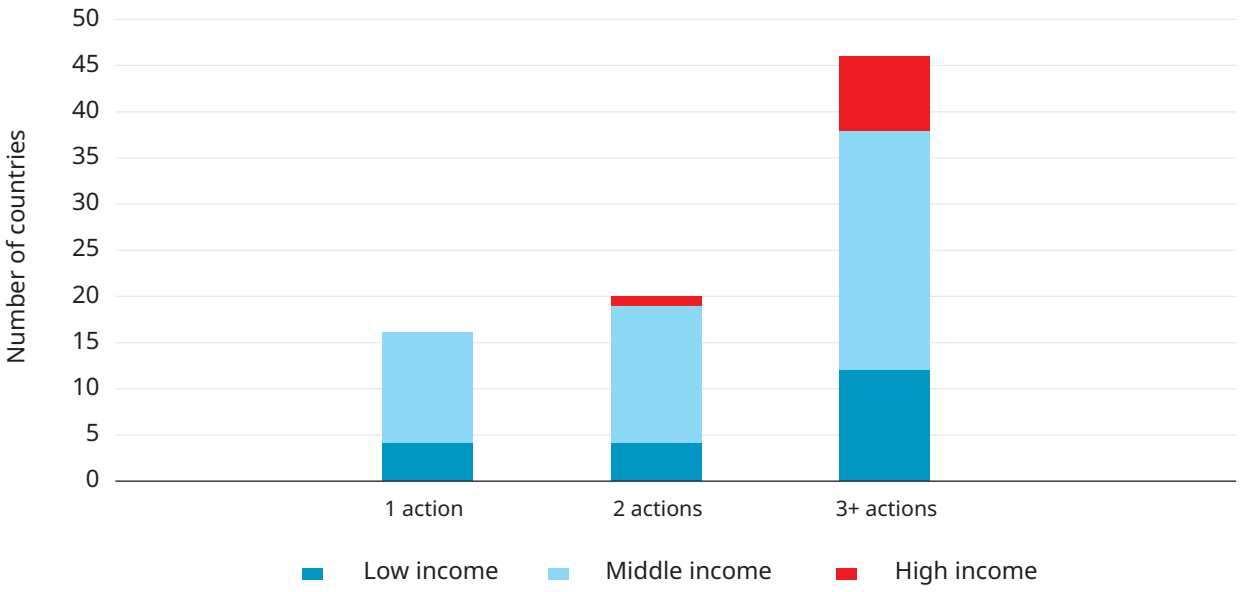
Score 1: No progress made and/or no plans in place to start
Score 2: A need has been identified and/or plans are in place to start
Score 3: Practical step is under way or partially completed
Score 4: Practical step is completed or achieved on a national level, and/or large-scale implementation is ongoing
No data

When looking across national actions, there is evidence that countries are working to strengthen multiple actions at once, with 56% of countries completing at least three national actions (Fig. 10). The most common of which are establishing baselines, conducting situational analyses and updating standards.

One important mechanism to support implementation of the national actions, and in particular infrastructure improvements is the WASH FIT framework. WASH FIT, which builds upon the risk-based incremental improvement approach of water safety and sanitation safety planning was first launched in 2015. Based on a global evaluation in 2025 (Box 10), WASH FIT is now used in over 70 countries as a means to improve planning and managing of water, sanitation, hygiene and waste services as well as support safer hygiene practices around hand hygiene and cleaning.

Table 3 provides a summary of status in completing the national actions in 2025. When compared to data from 2020, progress has been variable, ranging from negligible to good, but overall falling far short of completion of all national actions.

Fig. 10. Country implementation of national actions, by income (n = 82)



Box 10. Use of WASH FIT to support incremental infrastructure and hygiene improvements has grown to >70 countries

A recent global evaluation by WHO and UNICEF on the use of the tool found widespread adoption, with 70 countries reporting varying degrees of implementation *(40)*. Of these countries, 31% are classified as being in fragile and conflict-affected situations, 27% are low-income countries and 24% are upper-middle- or high-income countries, showing great diversity in application of the tool. Countries noted that WASH FIT resulted in improved WASH services and improved operation and maintenance, with 80% and 65% respectively noting such gains. In addition, use of the tool allowed for improved patient (60%) and staff (50%) satisfaction. In many instances, however, monitoring and follow-up on WASH FIT is lacking,

preventing a more accurate understanding of the tool's benefit and how it can best be adopted. Overall, more efforts are needed to institutionalize WASH FIT within national curricula and professional development platforms, health financing and health monitoring.

Governments are actively involved in implementation in over half of the countries where the tool is being used. However, fewer than one in four countries were found to be implementing the tool nationally. These findings support the data in this report.

Table 3. Summary of status of national actions (n = 101)

National action	Definition	Fully completed (2025)	Partially completed (2025)	Trend (since 2020)
1A. Situational Analysis 	Assess the enabling environment, specifically health and WASH policies, governance structures, and other institutional arrangements, funding streams and stakeholders.	35%	22%	Good progress 
1B. Baseline Assessment 	Provide nationally representative data on WASH and waste coverage for all types of health care facilities in a country.	53%	37%	Good progress 
2A. National Coordination 	An intersectoral national team or technical working group exists, with involvement and leadership of ministry of health, with an agreed mandate and defined membership.	29%	28%	Little progress 
2B. Costed Roadmap with Targets 	Roadmaps define the approach, intervention areas, responsibilities and costs (capital and recurrent) to meet agreed targets over a defined time period, supported by an intersectoral national team.	14%	32%	Some progress 
3A. WASH Standards 	National standards which define services that protect the health of users and the environment, and provide the basis for design, costing, implementation and operation of WASH services. They should reflect the national context and should be disseminated.	42%	28%	Some progress 
3B. Waste Standards 	National standards which define services that protect the health of users and the environment, and provide the basis for design, costing, implementation and operation of waste services. These can be standalone or integrated with WASH standards.	58%	31%	Good progress 
4. Infrastructure Improvement Programme 	National programme facilitates the improvement and maintenance of WASH and waste infrastructure to meet national standards, accompanied by policies, resources, and strategies, led by an intersectoral national team.	18%	37%	Little progress
5. Monitoring 	WASH indicators are integrated into national routine data collection and review processes for health care (e.g. HMIS), including digital platforms. Data are routinely collected and analysed, and the results are shared nationally.	21%	21%	Some progress 
6. Health Workforce Development Programme 	National capacity building programme for health workforce should increase knowledge and skills related to WASH and waste, through pre-service and in-service activities. Both clinical and non-clinical staff, including cleaners and health care waste operators.	18%	36%	Not monitored

Box 11. Conducting a national baseline assessment revealed hidden gaps in Montenegro

In 2020, Montenegro became a Party to the European Protocol on Water and Health, committing to set national targets. To meet these obligations, the Ministry of Health conducted a baseline assessment of WASH in Health care facilities. The findings showed that basic WASH services – particularly waste management, environmental cleaning and sanitation – were not universally available, especially in rural and primary health care facilities *(41)*. While some advanced services were present, often due to COVID-19-driven reforms, gaps remain, especially in water, hand hygiene and waste management.

Montenegro has a strong enabling environment, including legal frameworks aligned with WHO recommendations, defined institutional roles, coordination mechanisms and a surveillance system. However, challenges persist in facility-level responsibilities, intersectoral coordination and financing. For instance, while national budgets exist for drinking water monitoring and waste management, facility-level funds for WASH operations and tracking are lacking. Surveillance is also limited, and staff capacity and awareness need strengthening to improve facility-level practices.

The target-setting process under the Protocol catalysed action. The Ministry responded with several measures: integrating water quality control into surveillance, developing national procedures for WASH operations and cleaning, applying WASH FIT as an advocacy and capacity-building tool in primary Health care facilities *(42)*, and setting national training targets for 2025–2027. These steps reaffirm the importance of sustained investment to ensure safe, reliable and sustainable WASH services in health care.

Box 12. Case study: Institutionalization of WASH FIT in Philippines with a climate resilience and sustainability approach

The Philippines Department of Health, in partnership with WHO and UNICEF, simplified and localized the WASH FIT guideline to facilitate application and improvement actions. This application of WASH FIT incorporated water efficiency, sanitation, and hygiene performance standards of the Department of Health's Green and Safe Health Facilities Manual and the Green Viability Assessment tool. The Manual and WASH FIT directly support the implementation of the Philippine Health Facility Development Plan 2020–2040, the country's road map to accessible health care anchored on a modern, resilient and sustainable health care system.

To implement efforts, the Department of Health, with support from WHO, trained health personnel from the Centers for Health Development on greening and WASH. The personnel were then responsible for cascading the training in their respective Health care facilities, in line with existing health programmes and priorities. For example, in Aklan province, improved water plumbing, hand hygiene stations and solar panels were installed in nine primary care facilities as part of maternal and child health programming. External funding from the European Union, Republic of Korea and United States of America helped catalyse capital investments.

The new policy on greening health care facilities has been allocated funding through the General Appropriations Act. As a result, nearly 200 government national, regional and senior hospital staff were trained on green, safe and climate resilient care facilities, including use of WASH FIT. WASH FIT has been useful in identifying priority needs of WASH in health care facilities as it links to maternal and child health and IPC programmes.

Looking ahead, a WASH FIT digital monitoring system will be developed to facilitate baseline estimates. Moreover, the WASH FIT safety plans will promote holistic and advanced risk management in health care facility settings. The recently issued roadmap on WASH in health care facilities will be issued to serve as a guide for the national scale-up of improvements. Further capacity-building and roll-out of the approach will be done at the central, regional and health care facility levels to ensure effective implementation and realization of green, safe and climate resilient health care facilities, with a strong emphasis on safe and sustainable WASH and waste services.

Several country examples provide insights into what is possible, even in challenging situations. In Montenegro a national assessment revealed hidden gaps and sparked policy changes (Box 11), Philippines (Box 12) advanced WASH improvements with climate resilience and sustainability efforts, and Jordan is strengthening monitoring through accreditation and digital health systems-monitoring (Box 13). Finally, globally, WASH FIT is being adopted more widely in more than 70 countries, helping to spark important infrastructure changes and capacity-building (Box 14).

Box 13. Case study: Advancing national monitoring though leadership, accreditation and digital health systems monitoring in Jordan

Since 2022, Jordan's Ministry of Health, with support from WHO and UNICEF have implemented a WASH in health care facility programme, overseen by a High-level Steering Committee. Key milestones include a situation analysis and assessment, a high-level roadmap and the national WASH and IPC standards; followed by a monitoring and evaluation framework alongside a recognition and accreditation system developed in partnership with the Health Care Accreditation Council. These milestones encourage continuous progress and strengthen the enabling environment for improved access to WASH in health care facilities in Jordan.

One of the challenges identified by the Ministry has been the lack of a reliable system to track WASH and IPC in health care facilities. To address this, UNICEFengaged the University of Oslo to integrate the WASH FIT and IPC indicators into the DHIS2 platform.

This innovation, the first of its kind, aims at enabling real-time data collection and supporting decision-makers at all levels. The integration of WASH FIT into DHIS2 faced several challenges including coding new modules, training staff on the new digital tools, internet connectivity and concerns around a new accreditation system. Through stakeholder consultations, the distinct nature of the WASH FIT recognition and accreditation system was clarified, ensuring it complemented existing accreditation frameworks. Moreover, capacity-building initiatives and customized digital solutions streamlined data collection and reporting processes, addressed these barriers effectively.

A number of key insights can be drawn from the efforts in Jordan, including the following:

- Strong government leadership and regular consultations enhanced the uptake of new approaches and their sustainability.
- Integrating WASH and IPC with existing monitoring and evaluation platforms and accreditation systems promoted their adoption and continuous improvement.
- Building dedicated capacities for WASH and IPC has been crucial to successfully implementing and sustaining these systems.

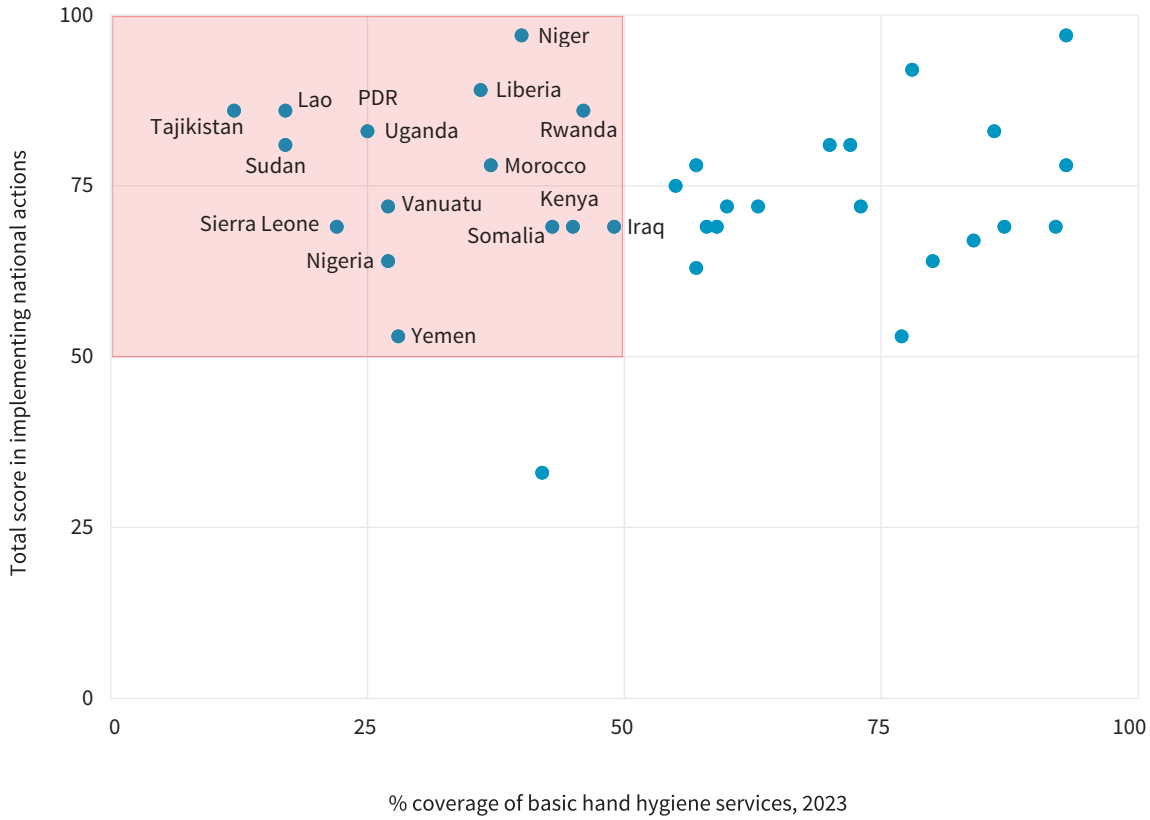
Looking ahead, the Ministry of Health will continue to support integration of WASH and IPC data collection into DHIS2 as a routine national monitoring practice. Through institutionalization, Jordan is creating a framework for sustained improvements in WASH and IPC, ensuring safer health care environments for all.

4.3.1. Comparison of WASH coverage to implementation of national actions

While it is assumed that there is a correlation between strong implementation of the national actions and higher WASH and waste coverage, there are many complicating factors. For example, lack of leadership to drive policy implementation, conflict, limited intersectoral cooperation, insufficient, regular budgets, may all undermine achieving high service levels, even where many/most of the national actions have been fully implemented. As an illustrative example, Figure 11 compares the implementation of the national actions to the coverage of hand hygiene services in health care facilities in low- and middle-income countries, based on the most recent WHO/UNICEF service-level data (*2023*). For hand hygiene, **Iraq, Kenya**, **Lao People's Democratic Republic, Liberia, Morocco, Niger, Nigeria, Rwanda, Sierra Leone, Somalia, Sudan, Tajikistan, Uganda, Vanuatu** and **Yemen** are working to put in place national

actions but continue to have low hand hygiene service coverage. Meanwhile, countries in the top right of Figure 11 demonstrate those which have made significant progress on implementing the practical steps and have achieved higher coverage of hand hygiene services, including **Mongolia**, **Nepal**, **Philippines**, **Serbia** and **Thailand**.

Fig. 11. High need countries (<50% hand hygiene coverage) that have implemented national actions to improve WASH in health care facilities



Note: Data on national actions are more current than WASH in health care facility coverage data. Any possible immediate impacts on WASH in health care facilities coverage, would therefore not be represented in the current figure.

4.4. Additional elements beyond the practical steps

4.4.1. Advancing electricity access

Of the 101 countries participating in the survey, 83 provided information about their work to advance access to electricity services in Health care facilities, related to baseline assessments, costed roadmaps and monitoring systems. Figure 12 summarizes these findings. A total of 48% of countries (36 out of 75) have established a national baseline for electricity and 36% of countries (25 out of 69) have developed costed roadmaps. Additionally, 44% of countries (31 out of 71) have incorporated monitoring indicators for electricity access into their health information systems.

Seventeen countries report having completed all three elements: a national baseline, costed roadmap and electricity indicators in monitoring systems. These are **Armenia, Bahrain, Democratic People's Republic of Korea, Ethiopia, Islamic Republic of Iran, Kuwait, Malaysia, Niger, Oman, Palau, Philippines, Qatar, Rwanda, Sri Lanka, Ukraine, United Arab Emirates** and **Vanuatu**. Note that many countries did not provide a response to one or all of these questions, so the number may be higher.

More is needed to develop national policy enforcement, increase investment in electrification planning, and develop robust monitoring systems to ensure consistent universal electricity access in health care facilities.

4.4.2. Integration of WASH into other health programmes

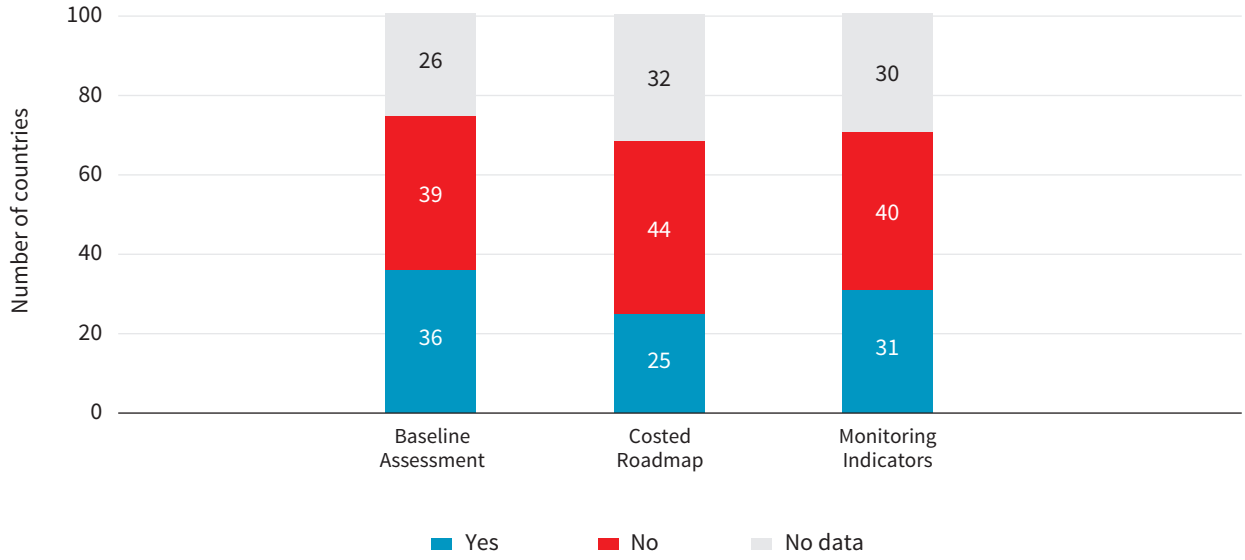
Progress has been made incorporating WASH into health sector programmes. A total of 71% of the countries reported integrating WASH into health system's planning, programming, financing and/or monitoring. Most successfully, countries reported having integrated WASH and waste into IPC guidance (69%). Additionally, 48% have integrated into maternal and child health standards, 46% into quality improvement standards, 37% into national AMR action plans and 17% into pandemic preparedness and response guidance.

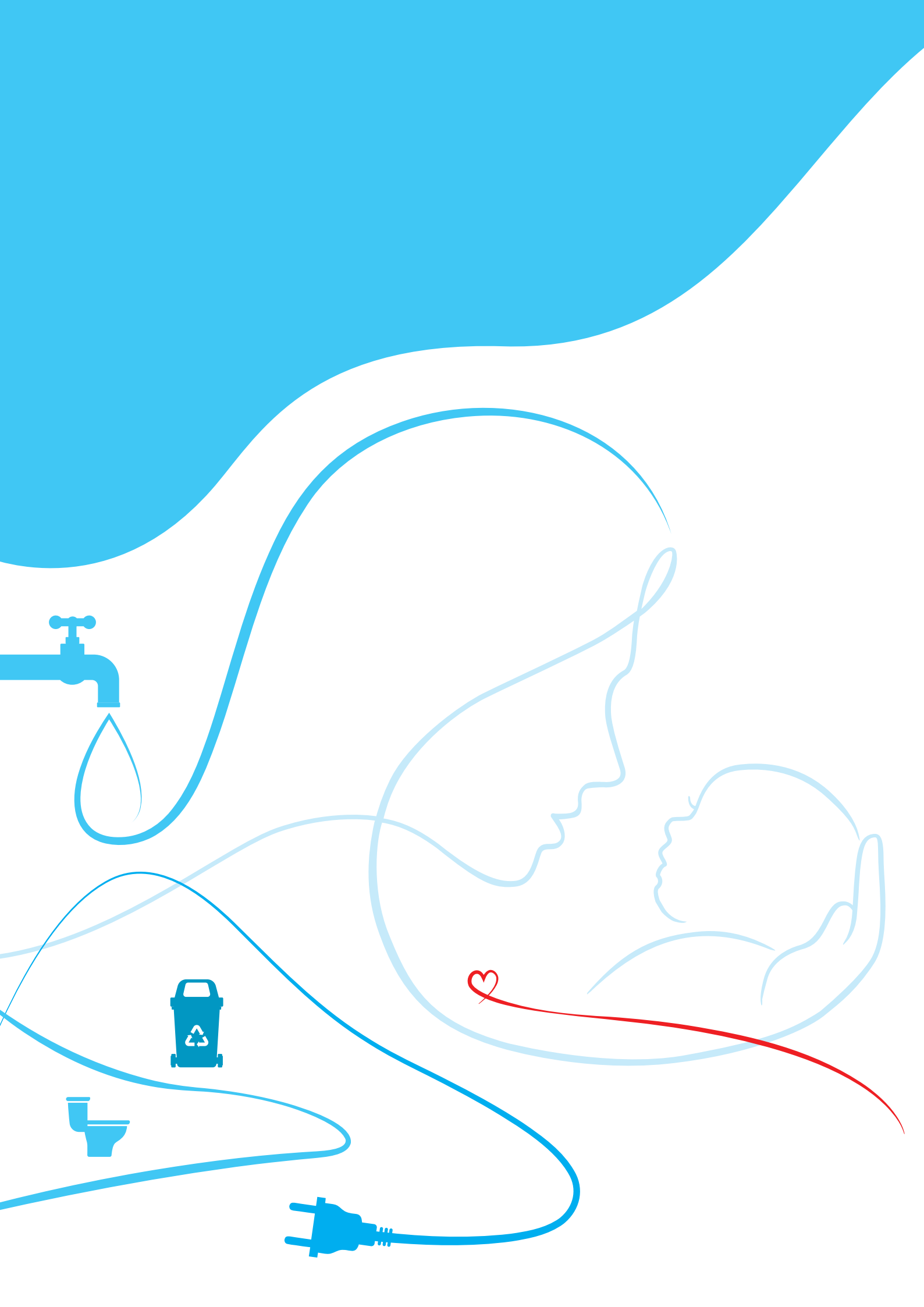
While integration has not been successful across all health programmes, two thirds of countries responded that they had integrated WASH and waste into guidance for at least two health programmes, and only five countries have not integrated WASH into any health programme.

4.4.3 Linking with financing and high level policy dialogue in the WASH Sector

The WASH sector plays an important role is support better WASH and waste services in health care facilities, in particular, through expanding and improving utility services. One important element of this is financing. The UN-Water Global Analysis and Assessment of Sanitation and Drinking Water (GLAAS) GLAAS survey indicates extremely low financing for WASH in health care facilities. According to the latest 2024/2025 country survey results, only 17% of countries indicated sufficient financing to implement WASH in health care facility plans. While this is an improvement from 11% in 2022, it is far off track for reaching the 100% target in 2030. One important upcoming opportunity to strengthen leadership and financing dialogue is through the preparatory processes for the 2026 UN Water Conference which is working to identify implementation gaps and explore strategies among countries and partners for accelerating action to achieve universal WASH access in all settings, including health care facilities.

Fig. 12. Snapshot of actions to advance electrification in health care facilities in 2025





5 Global and regional political commitments and strategic drivers

Political action and leadership are critical to address the main gaps discussed and drive forward the key recommendations. This section highlights some of the key global and regional commitments and frameworks that exist and which are being used to leverage policy changes and investments.

5.1. United Nations General Assembly 2023 resolution

The UNGA resolution on sustainable, safe and universal WASH, waste and electricity services in hwas unanimously adopted in December 2023 *(1)*. The Group of Friends of WASH in Health Care Facilities, co-led by Hungary and Philippines, were important drivers in developing the resolution, and continue to support country leadership and implementation. The resolution builds upon commitments made in the World Health Assembly resolution *(43)* calling on countries to integrate efforts with health policies, planning and financing, to develop and implement costed roadmaps, and to regularly monitor services and user acceptability. It ties directly to existing resolutions and high-level meetings on universal health coverage and AMR and a report of the United Nations Secretary-General. A short progress report was submitted and approved in March 2025 *(44)*. This report serves as a more detailed analysis of progress.

5.2. WHO/UNICEF Global Framework for Action and Consensus Statement (2024–2030)

WHO and UNICEF, the co-facilitators of global work on WASH, waste and electricity in health care facilities, launched a Global Framework for Action (2024–2030) to accelerate progress and focus collective efforts *(2)*. The framework has a strong focus on integration with health with a focus on PHC and outlines operational targets and actions in three main areas: integration, policy and governance; service levels; and equity, inclusivity and community engagement. A Consensus Statement, signed by leading organizations including World Bank, Gavi, Global Fund, and the IFRC, outlines partner support to countries as they seek to meet the objectives of the Resolution *(3)*. The data in this report feeds directly into service-level reporting and broader global efforts. One important subgroup of partners implementing the Global Framework for Action is those that support faith-based health care facilities (Box 14). In addition, health workers rights are being bolstered through a new global convention (Box 15).

A dispensary hygienist at Madudu Health Centre III, Mubende district, carries cleaning aids inside the health facility.
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5.3. Global Strategic Network on WASH, waste and electricity in health care facilities

In support of the Resolution and Global Framework, in November 2024 WHO and UNICEF kicked off the Global Strategic Network on WASH, waste and electricity in Health care facilities. This group is composed of 40 high-level strategic thinkers and experts from the WASH, energy, health and climate sectors.

The objectives of the group are to support global leadership and action informed by data provided by WHO, UNICEF and countries, stimulate regional and country leadership and action and identify and synthesize new thinking on solutions for scaling up systems change. The group has developed a set of collaborative priority actions, such as supporting integration within the PHC approach and AMR, including through country monitoring mechanisms and national planning and reporting. In addition, the group is working to strengthen multisectoral country awareness and action, including through more effective and increased investments.

Box 14. WASH in faith-based health care facilities

Millions globally are served by faith-based health care facilities, private, not-for-profit health systems that often target the poorest and most marginalized communities. The Catholic Church alone is the largest unified provider of health care services in the world. Encouraged by United Nations efforts to address WASH in health care facilities, the Vatican's Dicastery for Integral Human Development recognized the importance of the issue in achieving safe care for all people. An assessment of 186 Catholic Health care facilities across 23 countries found that all facilities were deficient in at least one area of WASH, with sanitation being the indicator most frequently unmet *(45)*. Though only a small portion of the facilities managed by the Catholic Church was studied, the findings align with global WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) data, demonstrating a need for improved WASH services in Catholic health care facilities in many low- and middle-income countries. The Dicastery launched a global initiative, bringing together Catholic partners to identify opportunities in addressing the need *(46)*. Other faith-based groups have followed suit, with an initiative headed by the Anglican Church now under way.

Box 15. Bolstering global safeguards to health worker conditions supports better WASH and waste services

In 2025, countries joined with employer and worker organizations to adopt the first-ever international labour standards on biological hazards in the workplace (ILO Convention no. 192 and Recommendation no 206 on the Protection against biological hazards in the working environment). Under the new standards any disease, injury, incapacity or death due to occupational exposure to biological hazards in the working environment shall give rise to an entitlement to employment injury benefits or compensation. In addition, employers have the duty to investigate occupational accidents and diseases and, as appropriate, dangerous occurrences related to exposure to biological hazards to identify their causes and take the necessary measures to prevent recurrence of similar events. Finally, member states should establish, implement and periodically review procedures for reporting and investigation of occupational accidents, diseases and dangerous occurrences, that are caused by exposure to biological hazards in the working environment and produce regular statistics on their occurrence and measures taken. This convention will serve to support the provision of safe water, sanitation, hygiene and waste services in health care facilities to ensure health workers can carry out their activities safely and by high quality.

5.4. Global health strategies

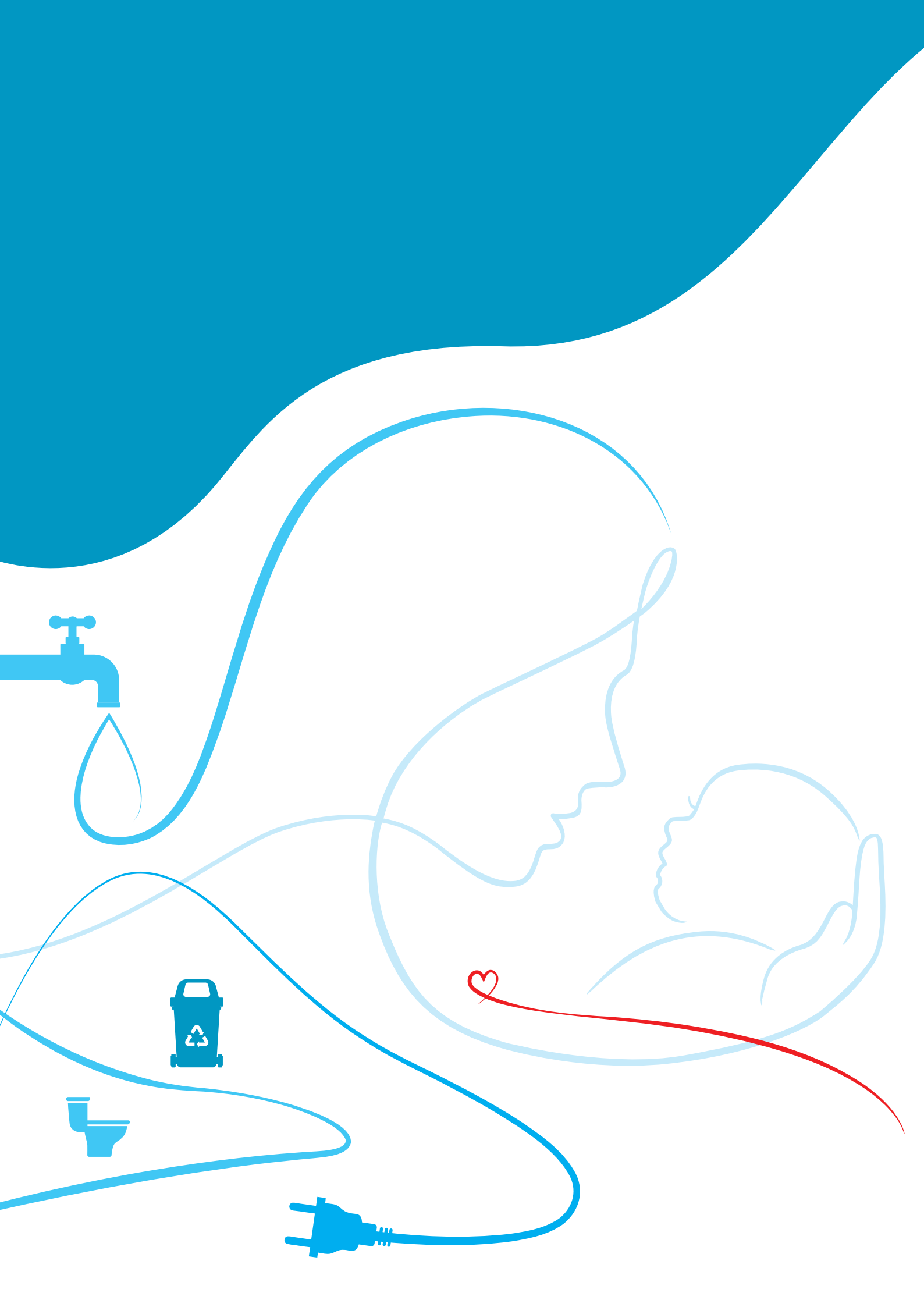
The targets set forth for WASH, waste and electricity in health care facilities were established in 2024 by health, WASH and electricity partners to guide efforts until the end of the Sustainable Development Goals (SDGs) period (*2030*). They are outlined in the Global Framework for Action, and included in the WHO monitoring framework for the Global Action Plan for Infection Prevention and Control (IPC) *(19)*, PHC Measurement Framework and Indicators *(47)*, the Political Declaration of the High-level Meeting on AMR *(21)*, the fourteenth WHO General Programme of Work (2025–2028) *(48)*, and the 2024 World Health Assembly resolution on child and maternal health *(49)*. Inclusion in these global health strategies and frameworks provides a basis for greater awareness, investment and integration with key health sector initiatives.

5.5. Regional frameworks and strategies

Several regional frameworks and coordinated actions are being implemented to advance efforts. The most notable is the Protocol on Water and Health, a legally binding agreement among the Pan-European Region which has identified WASH in health care facilities as an area of focus (Box 16). In addition, the recently launched WHO Roadmap on AMR for the WHO European Region 2023–2030 highlights WASH and IPC as high-impact interventions and best buys for reducing AMR in Health care facilities *(50)*. Other examples of regional action include integration of WASH into health care facilities in the recent WHO Strategic Operational Plan for the Eastern Mediterranean Region *(51)*, which has been coupled with UNICEF and WHO technical and strategic support to 15 countries in the region to implement the eight practical steps, alongside WASH FIT. In the UNICEF West and Central Africa Region, a systematic approach has been developed to support implementation of joint WASH and IPC improvements in Health care facilities. Finally, within the WHO Western Pacific Region, WASH in health care facilities has been prioritized in health emergency and climate change and sustainability strategies, and joint WHO/UNICEF efforts are ongoing to develop capacities for WASH in health care facilities, raise the profile of WASH in health care facility investments among Member States and strengthen national WASH in health care facility progress reporting.

Box 16. The pan-European Protocol on Water and Health, driving national leadership and investments

The Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes is the first and only international legal agreement linking sustainable water management and the prevention, control and reduction of water-related diseases in Europe, and the first regional mechanism of its kind. The implementation of the Protocol requires an integrated approach, bringing together the health and environment sectors, and WASH in Health care facilities is an area of focus for which countries are required to set targets and report on progress. Regular meetings of the Parties provide an opportunity to share best practices and implement the latest innovative approaches in safeguarding water and health *(52)*. Work on the protocol has supported building the evidence base for improving WASH in Health care facilities through analyses of the policy framework and enabling environment, and nationally representative data collections conducted in multiple countries. The work also led to the development and dissemination of a region-specific planning and analysis toolkit *(53)*. Through the protocol framework, a number of countries have advanced key national actions, including establishing baselines, conducting situational analysis and integrating WASH into health systems-monitoring. Countries have also scaled up infrastructure improvements through WASH FIT, and are working to strengthen WASH provisions in national strategies and standards. These countries include Georgia, Hungary, Kazakhstan, Montenegro, Serbia *(54)*, Tajikistan, Turkmenistan and Ukraine. As part of the Protocol implementation, WHO/Europe and Hungary convened a regional meeting on WASH in health care facilities on 2–4 July 2025 in Budapest. The meeting brought together 63 experts and country representatives to seize global momentum, reaffirm national commitments, identify priorities and enablers and advance integration of WASH across health disciplines. The outcomes of this regional event will be progressed and shared through the Protocol framework and inform future activities.



6 Strategic areas for focus and way forward

In summary, while countries have made progress in strengthening standards, monitoring and developing costed roadmaps, far more efforts are needed. The findings highlight the need to continue to focus on the three main strategic areas of effort outlined in Global Framework for Action (2024–2030) *(2)* and the Consensus Statement on WASH, waste and electricity in Health Care Facilities (2024–2030) *(3)*. These are:

1. Integrate safe and sustainable WASH and electricity services in health system programming, financing, implementation and monitoring

Global level

- Identify key levers and barriers to integration and learn from countries which have implemented the national actions to support scaling up programmes for WASH, waste and electricity access.
- Finance domestic priorities, aligned with country planning, budgetary processes and evaluation cycles and include mechanisms to ensure that operation and maintenance is financed and supported.
- Advocate for and include in major health, WASH and energy policies, forums, strategies and interventions to address inequities between hospitals and primary Health care facilities, geographic regions and among users, including women, children, ethnic and minority populations and those with limited mobility.
- Engage in joint advocacy and leadership influencing through major political forums (e.g. G7 and G20 groups of nations, UNGA), and global health, WASH and climate events and trainings.

National level

- Engage WASH and energy actors in regular health sector reviews, health planning and implementation efforts.
- Establish and implement standards for safe, inclusive and equitable WASH, health care waste and electricity and IPC in all health care settings and incorporate standards into accreditation and regulation systems.
- Develop costed and financed country roadmaps that align with wider health planning cycles, and which are informed by overall fiscal constraints to determine a prioritized and sequenced financing plan.
- Integrate WASH, waste and electricity indictors into HMIS and regularly report on services.

Facility level

- Adopt WASH and electricity indicators in quality improvement plans and activities.
- Ensure adequate budgets and resourcing for WASH, waste and electricity services for all facilities.

Continued efforts are needed to integrate and institutionalize WASH, waste and energy services in core health systems functions. Examples of actions include equipping national and local health authorities to conduct regular on-site professional training and mentoring and ensuring inclusion of WASH and electricity in health standards, regulations and certification schemes. While over two thirds (71%) of countries report integration of WASH into some health policies and programmes, with particular success linking with IPC, much more needs to be done to not only connect but implement, including in middle-income countries. Attention and efforts in middle-income countries require more focus on reducing waste and improving

treatment, improving sub-optimal IPC practices of hand hygiene and cleaning, reducing risk of spread of AMR in wastewater, and safer water management to ensure high quality drinking water and prevent waterborne disease outbreaks.

Institutionalization and integration are also critical in emergencies which are affecting an increasing number of individuals globally, with over 300 million people in need of humanitarian assistance in 2025 *(55)*. Furthermore, up to 40% cuts in humanitarian aid has left millions without essential services, and requires even greater prioritization and collaboration among actors. In particular, this means to establish and strengthen coordination among development and humanitarian actors and national local authorities and to plan and put in place durable solutions that can address the multiplicity of emergencies (e.g. conflict, climate crisis, epidemics and outbreaks).

2. Regularly monitor and review progress and strengthen accountability

Global level

- All global health, WASH, energy and climate partners and financing institutions track and report on investments.
- Continue to increase comparable and comprehensive data at the global level through inclusion of global indicators in facility and programme surveys and reporting.

National level

- Integrate harmonized WASH, waste and electricity service indicators into national monitoring systems, and regularly collate, analyse, review and disseminate data and findings at the national level.
- Regularly report on budgets and expenditure for WASH, waste and electricity services, including operations and maintenance.
- Audit health facilities to ensure that they are continuing to meet standards and support incremental improvements to achieve higher levels of service.

Facility level

- Include costs for WASH, waste and electricity in budgets, and regularly report on spending for both recurrent and capital costs.
- Develop and support structures for users and community members to articulate needs and demands for quality health services, including provision of WASH, waste and electricity.

Regular monitoring of WASH, waste and electricity services should occur in all health care facilities to determine if services are safe, sustainable and responsive to diverse user needs. Monitoring of national actions is also important to assess progress, hold leaders to account and focus efforts. Finally, tracking and reporting on budgets and expenditures, within an overall performance monitoring framework, provides a mechanism to understand current practices and needs.

3. Develop and empower the health workforce to deliver and maintain WASH, waste and electricity services and practice good hygiene

Global level

- Develop forward-looking WASH, waste and electricity curricula and training materials that incorporate concepts of safety, sustainability, inclusivity, climate resilience and sustainability, emerging contaminants and risks, and pandemic preparedness which can be adapted to local contexts.
- Work to integrate these concepts into IPC and other major health cirricula

National level

- Develop a cadre of WASH, waste management and energy technical staff, including through national training centers.
- Support pre- and in-service training on WASH and basic IPC for clinicians and cleaners and integrate with other relevant training (e.g. on safe childbirth, vaccinations, pandemic preparedness and quality care).
- Provide clear job descriptions, compensation and a safe and healthy working environment for all workers, including cleaners and waste workers.

Facility level

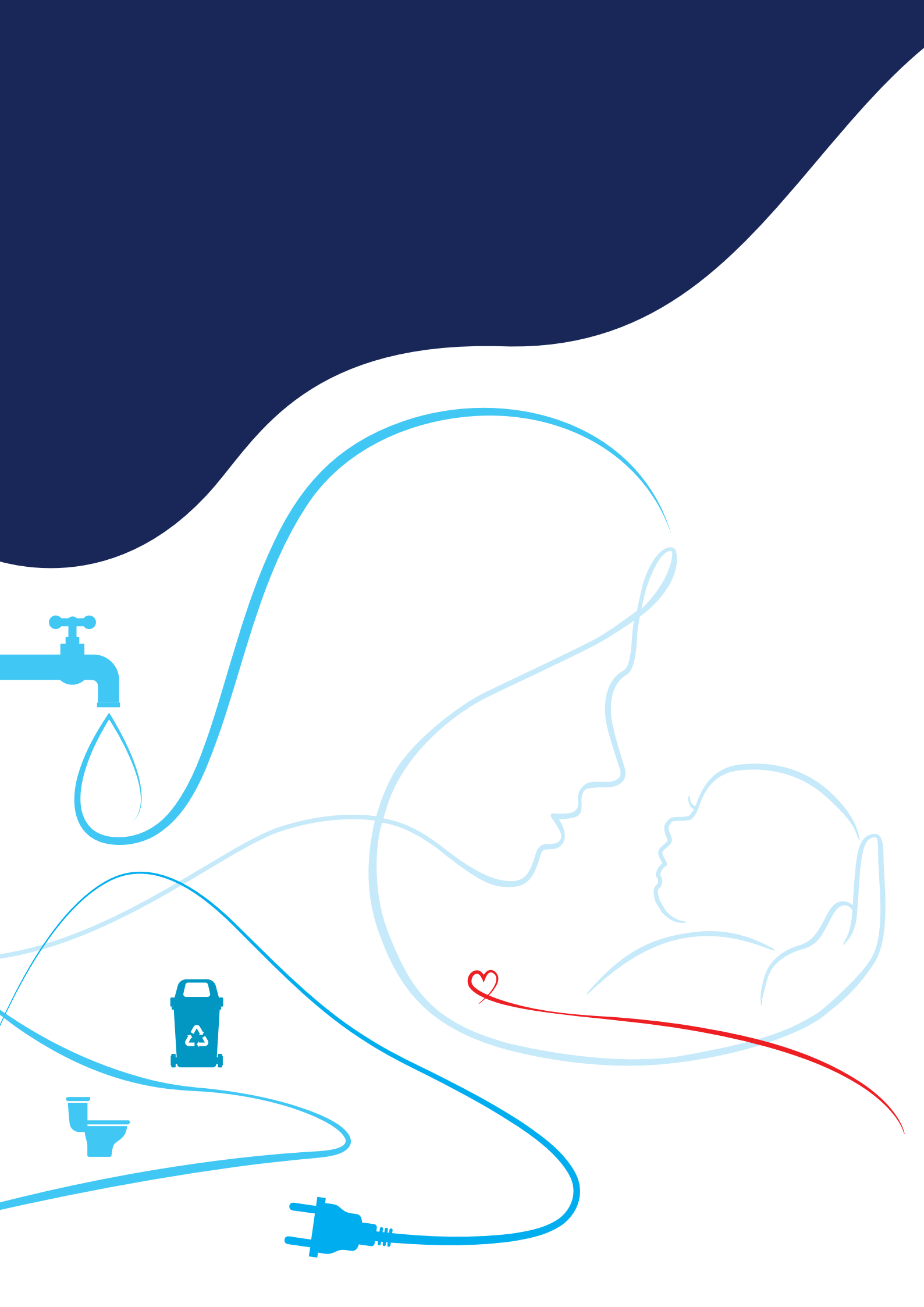
- Incorporate WASH, waste and electricity training into pre-service and in-service training, mentoring and career development opportunities.
- Engage community members, health users and staff, and organizations in planning, implementation and monitoring of WASH, waste and electricity services that meet the needs of all users.
- Put in place processes to maintain inclusive services and regularly upgrade based on user needs and inputs.

Clinical and non-clinical staff (e.g. facility managers, waste workers, technicians, cleaners) will benefit from a greater understanding and knowledge on safe, sustainable and inclusive WASH, waste and electricity services and good hygiene practices. Health workers need safe and well-functioning infrastructure services and to be empowered to demand for and help improve the environments in which they work. Such efforts should complement wider health workforce development efforts including those focused on IPC and child/maternal health.

In summary, it is unacceptable that more than 1 billion people visit health care facilities with inadequate or no WASH, waste or electricity services. Lack of such services undermines all health efforts, is an affront to human rights and dignity, deters health-seeking behaviour, and puts health workers and health users at risk of preventable and costly infections.

Solutions exist, the return on investment is high, and the health benefits are considerable. Countries are taking action to strengthen national standards, enhance monitoring, and develop costed and financed roadmaps. More of these efforts are needed. In addition, what is urgently required is committed leadership at every level, greater collaboration across sectors and among partners, and a unwavering resolve to solve this solvable problem, for greater health and dignity, for everyone, everywhere.

A health worker uses a handwashing station installed by UNICEF at a health center in Bingerville, southern Côte d'Ivoire.



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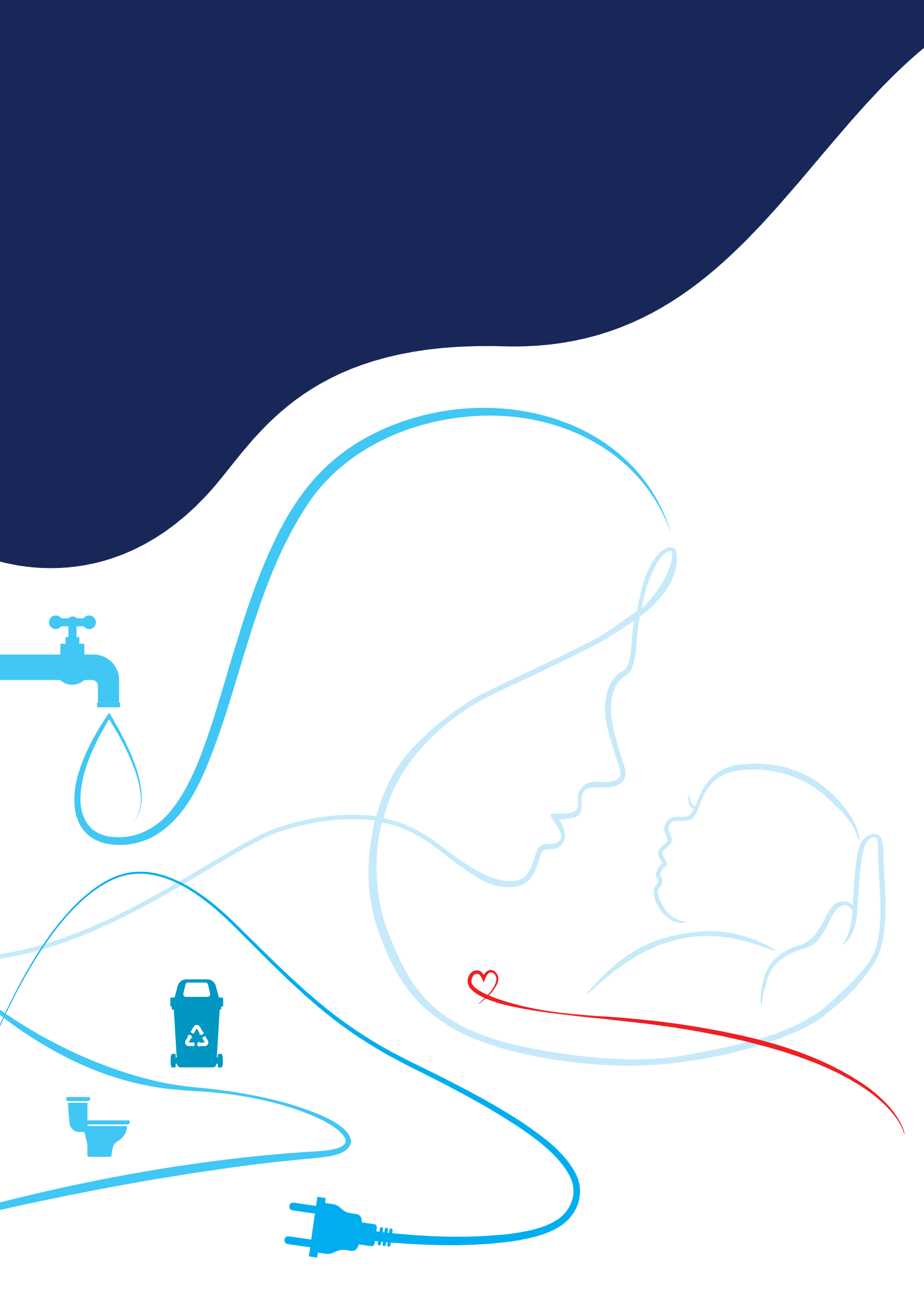
The WASH in HCF initiative is a multi-donor programme with the goal to reduce preventable infection-related deaths of newborns and women during childbirth while improving patients' dignity and increasing the morale of healthcare workers through WASH improvements in the HCF.



Annex 1. Service-level ladders

Table 4. Service-level ladders

Service level	Water	Sanitation	Hygiene	Waste management	Environmental cleaning
Basic service	Water is available from an improved source[a] on the premises.	Improved sanitation facilities[b] are usable, with at least one toilet dedicated for staff, at least one sex-separated toilet with menstrual hygiene facilities, and at least one toilet accessible for people with limited mobility.	Functional hand hygiene facilities (with water and soap and/or alcoholbased hand rub) are available at points of care, and within five metres of toilets.	Waste is safely segregated into at least three bins, and sharps and infectious waste are treated and disposed of safely.	Protocols for cleaning are available, and staff with cleaning responsibilities have all received training.
Limited service	An improved water source is available within 500 metres of the premises, but not all requirements for a basic service are met.	At least one improved sanitation facility is available, but not all requirements for a basic service are met.	Functional hand hygiene facilities are available either at points of care or toilets, but not both.	There is limited separation and/or treatment and disposal of sharps and infectious waste, but not all requirements for a basic service are met.	There are cleaning protocols and/or at least some staff have received training on cleaning.
No service	Water is taken from unprotected dug wells, springs or surface water sources, an improved source that is more than 500 metres from the premises, or there is no water source.	Toilet facilities are unimproved (e.g. pit latrines without a slab or platform, hanging latrines, bucket latrines) or there are no toilets.	No functional hand hygiene facilities are available either at points of care or toilets.	There are no separate bins for sharps or infectious waste, and sharps and/or infectious waste are not treated/disposed of.	No cleaning protocols are available and no staff have received training on cleaning.

Source: (5)

[a] Improved water sources are those that by nature of their design and construction have the potential to deliver safe water. These include piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater and packaged or delivered water.

[b] Improved sanitation facilities are those designed to hygienically separate human excreta from human contact. These include wet sanitation technologies such as flush and pour-flush toilets connecting to sewers, septic tanks or pit latrines, and dry sanitation technologies such as dry pit latrines with slabs, and composting toilets.

Annex 2. Methodology for collecting and validating country tracker data

An indicator was developed for each of the national actions, with the first (situation analysis and baseline assessment) and third (WASH and waste guidelines) broken into two components. Following the publication of the 2023 report and recognition of the importance of the costed roadmap, the second action was also split into two components (national coordination and costed roadmap with targets). Due to challenges in collecting national-level data on the seventh step (community engagement) and eight step (research and learning), they are not tracked.

This annex provides a look at the current status of each national action, as well as overall progress made between 2020 and 2025.

A2.1. Data collection

Countries were invited through WHO and UNICEF regional and country offices to submit an update of progress using an online form (available at www.washinhcf.org/country-progress-tracker) which was available between October and December 2024. This was supplemented with a review of resources on www.washinhcf.org and information shared at regional and national events, data collected by the JMP and GLAAS, and follow-up interviews and email exchanges with WHO and UNICEF regional and country offices and ministry of health focal points. Where more than one response was submitted for a country, any discrepancies were reconciled and reviewed by ministry of health counterparts for accuracy. Where possible, only data submitted by ministries of health, WHO or UNICEF were accepted.

Respondents were asked to self-assign a rating for each practical step which was then reviewed by WHO and UNICEF for accuracy and comparability across countries. Final results were sent back to respondents and WHO and UNICEF country offices for validation by respective government counterparts before data analysis. Countries were also asked to submit corresponding and supporting documents (e.g. national standards, roadmaps and situational analyses). Relevant documents have been uploaded to the WHO/UNICEF WASH in health care facility knowledge portal.[15]

A2.2. Scoring

The tracker uses a four-point scoring system to grade progress against each national action. Scores (1 to 4) are colour coded using a traffic light system (see Table 5). Detailed criteria for scoring each of the actions can be found in Annex 3.

Visit www.washinhcf.org/resources and search by country to find copies of corresponding documents such as national standards, country roadmaps and training materials. Supporting documents can also be found on the country tracker page.

[15] All resources can be found at www.washinhcf.org/resources.

Table 5. Country tracker scoring system

Score	1	2	3	4	ND
Interpretation	No progress made and/or no plans in place to start	A need has been identified to and/or plans are in place to start	Practical step underway or partially completed	Practical step completed or achieved on a national level and/or large-scale implementation ongoing	No data

A2.3. Updates to the tracker in 2025

A few changes were made to how data were collected and analysed in the latest round of the country tracker, based on a review of data quality from previous rounds. Efforts have been made to make the data and subsequent analysis as consistent as possible. Step 2 on national coordination and development of a roadmap with targets was split into two (2A and 2B). Although these activities should be simultaneous, some countries may have done one without the other; splitting thus makes it easier to analyse country progress. Community engagement (step 7) is no longer tracked, as it was difficult to collect this information at the national level; these activities tend to be on a more ad hoc basis at the local level. Some criteria for scoring existing steps were also altered. Stricter criteria were used to score step 4 (improve and maintain infrastructure), resulting in a decrease in the number of countries achieving a score of 4. In order to score 4, countries must have a government-led national programme to improve infrastructure to meet national standards, and evidence of the programme being used to increase resourcing and investments.

A2.4. Data limitations

While the tracker provides a useful snapshot of country activities and progress, several limitations should be noted. Firstly, the countries featured may not be fully representative of global progress, as these are countries that chose to report data, and thus may more likely represent "early adopter" countries.

The tracker is a relatively crude tool which reflects on some countries and some actions. Fully achieving an action (i.e. a score of 4) does not mean that work is "complete", and attention must be taken not to overstate the findings. Anecdotal evidence collected by WHO and UNICEF suggests that there is a wealth of activities happening across many countries that is more difficult to quantify and cannot be captured through the tracker, for example subnational activities, ongoing mentoring of health care workers and operational research. Having one set of questions that is applicable to countries across all income levels is also challenging. In high-income countries, for example, some national actions may have been completed long ago (e.g., a situational analysis) and therefore are difficult to report on. Similarly, establishing a set of consistent scoring criteria across all national actions is challenging (i.e. ensuring a score of 2 for infrastructure improvement equates to the same level of effort as a score of 2 for national roadmaps).

Some country scores have changed considerably since previous rounds of data collection (either improving or decreasing) and this may be in part due to different people providing data across different timepoints. For some countries, multiple submissions were received which produced conflicting information. Efforts were made to reconcile these differences and verify data, using government-provided data where possible. Most respondents were based in ministries of health or United Nations agencies. In some instances, responses were submitted by academics or implementing partners. Efforts were made to ensure these results were in line with government views. Where it was not possible to verify data, a score of "no data" was given to minimize error.

Some unavoidable changes in way actions are scored were made. These were considered necessary to improve data quality however they may have affected data consistency. Finally, there are countries not included in this report are known to be working to improve these national actions. In addition, many higher income countries are not included where services are already high.

Annex 3. Criteria for scoring the country tracker

Score	4	3	2	1	No data
1A. Situational analysis	Comprehensive national situational analysis conducted (2014 or later), published and disseminated by the government or with government endorsement. Analysis covers existing data and stakeholder analyses.	An analysis is under way, or has been conducted but not yet validated, published or disseminated, or is out of date (older than 2014).	The need is identified to conduct an analysis and planned within the next 12 months.	No analysis and currently no plans to conduct analysis.	Where responses described a national assessment rather than a situational analysis, and no further information or clarification was given after follow-up.
1B. Baseline assessment	National-level, government-led survey exists; data harmonized with SDGs (and shared with JMP); assessment data informs priority-setting and resource mobilization. Data must be later than 2014.	Data exists but from small, localized assessments (e.g. from projects and programmes), or is out of date, or data collection for an assessment is under way. Limited evidence data is used to inform priorities/ resource mobilization.	Data exists but only in a handful of facilities, or only covering 1–2 areas (e.g. water, sanitation). The need is identified to undertake a survey and planned within the next 12 months.	No data available and currently no plans to collect data.	No data provided or insufficient information provided to assign a score.
2A. National coordination	Intersectoral national team (TWG, taskforce or similar) led by the ministry of health meets regularly with an agreed	Intersectoral national team (TWG, taskforce or similar) led by the ministry of health has been created, but does not	The need to develop a national coordination mechanism has been identified and planned	No national coordination mechanism exists and no plans yet to develop one	No data provided or insufficient information provided to assign a score.

Score	4	3	2	1	No data
	mandate and terms of reference to review progress and drive intersectoral action.	meet regularly, or is not multisectoral.	within the next 12 months.		
2b. Costed roadmap with targets	Costed roadmap with targets is published and is being implemented with at least some funding.	Roadmap is published but does not have targets or is not funded.	The need to develop a roadmap with targets is identified and planned within the next 12 months or is in draft format.	No roadmap or targets exists and no plans yet to develop one.	No data provided or insufficient information provided to assign a score.
3. National Standards **a. WASH in health care facility** **b. Health care waste**	Up-to-date (newer than 2014), comprehensive national standards are published and disseminated.	National standards exist but are not comprehensive or are out-of-date.	The process to develop national standards is planned within the next 12 months, or has been started but standards not yet published. Health care waste only included as a small part of general standards on WASH.	No national standards exist and no plans yet to develop them.	No data provided or insufficient information provided to assign a score.
4. Infrastructure improvement programme	Government-led national programme to improve infrastructure to meet national standards implemented on a national scale, with consistent follow-up and evidence of programme being used to increase resourcing and investments.	Improvement programme has been adopted at the national level but is not yet rolled out at scale, or implementation is being led by partners without government leadership or not in line with national standards.	WASH FIT or another improvement approach has been piloted in a small number of facilities.	WASH FIT or other improvement approach has not been implemented and no plans to do so.	No data provided or insufficient information provided to assign a score.

Score	4	3	2	1	No data
5. Monitoring	WASH indicators aligned with SDG indicators are integrated into routine national health monitoring and data-collection systems, systematically analysed and data shared across all levels (facility, district, national).	WASH indicators are integrated into national health monitoring systems but are either not systematically assessed and/or analysed at national level, or indicators not comprehensive and/or do not align with SDG monitoring.	Plans exist to integrate WASH indicators into national health monitoring systems within the next 12 months.	No plans in place to integrate indicators into any routine health monitoring systems.	No data provided or insufficient information provided to assign a score.
6. Workforce development programme	National capacity-building programme for health workforce is implemented to increase knowledge and skills related to WASH and waste. Programme should cover both clinical and non-clinical staff, including cleaners and health care waste operators. Programme should be accompanied by policies, resources and strategies.	A capacity-building or training programme for facility staff has been piloted or implemented in a small number of facilities, but not yet scaled up, or is not comprehensive in scope or audience.	Ad hoc trainings (e.g., WASH FIT, one-off IPC trainings) have taken place, but are not government-led or part of a wider programme, or curriculum is limited (e.g., only focuses on IPC).	No capacity-building or training programme has been implemented and there are no plans to do so within the 12 months.	No data provided or insufficient information provided to assign a score.

Annex 4. Countries/territories tracked, by year

Yes No

Country/territory	2020	2022	2025	Income status[a]	Least Developed Countries[b]
Afghanistan	No	No	Yes	Low	Yes
Algeria	No	No	Yes	Upper-middle	No
Angola	No	Yes	No	Lower-middle	Yes
Armenia	No	No	Yes	Upper-middle	No
Bahrain	No	No	Yes	High	No
Bangladesh	Yes	Yes	Yes	Lower-middle	Yes
Belize	No	No	Yes	Upper-middle	No
Benin	Yes	No	Yes	Lower-middle	Yes
Bhutan	Yes	Yes	Yes	Lower-middle	No
Bolivia (Plurinational State of)	Yes	Yes	Yes	Lower-middle	No
Brazil	No	Yes	No	Upper-middle	No
Brunei Darussalem	No	No	Yes	High	No
Burkina Faso	No	Yes	Yes	Low	Yes
Burundi	No	No	Yes	Low	Yes
Cambodia	Yes	Yes	Yes	Lower-middle	Yes
Cameroon	No	Yes	Yes	Lower-middle	No
Central African Republic	No	No	Yes	Low	Yes
Chad	Yes	Yes	Yes	Low	Yes
Colombia	No	Yes	Yes	Upper-middle	No
Côte d'Ivoire	No	No	Yes	Lower-middle	No
Democratic People's Republic of Korea	No	No	Yes	Low	No
Democratic Republic of the Congo	Yes	No	Yes	Low	Yes
Djibouti	No	No	Yes	Lower-middle	Yes
Dominican Republic	No	No	Yes	Upper-middle	No
Ecuador	No	No	Yes	Upper-middle	No
Egypt	No	No	Yes	Lower-middle	No
Equatorial Guinea	No	Yes	No	Upper-middle	No
Eswatini	No	Yes	No	Lower-middle	No
Ethiopia	Yes	Yes	Yes	Low	Yes
Fiji	No	No	Yes	Upper-middle	No

[a] Based on the World Bank income classification released in July 2024 for the FY 2025. The data can be found here, under "historical classifications": https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups (accessed 29 July 2025)

[b] For a list of LDCs, see https://www.un.org/ohrlls/content/list-ldcs (accessed 5 August 2025).

Country/territory	2020	2022	2025	Income status[a]	Least Developed Countries[b]
Gabon				Upper-middle	
Gambia				Low	
Georgia				Upper-middle	
Ghana				Lower-middle	
Guatemala				Upper-middle	
Guinea				Lower-middle	
Guinea-Bissau				Lower-middle	
Honduras				Lower-middle	
Hungary				High	
India				Lower-middle	
Indonesia				Upper-middle	
Iran (Islamic Republic of)				Upper-middle	
Iraq				Upper-middle	
Jamaica				Upper-middle	
Jordan				Lower-middle	
Kazakhstan				Upper-middle	
Kenya				Lower-middle	
Kuwait				High	
Kyrgyz Republic				Lower-middle	
Lao People's Democratic Republic				Lower-middle	
Lebanon				Lower-middle	
Lesotho				Lower-middle	
Liberia				Low	
Libya				Upper-middle	
Lithuania				High	
Madagascar				Low	
Malawi				Low	
Malaysia				Upper-middle	
Maldives				Upper-middle	
Mali				Low	
Micronesia (Federated States of)				Lower-middle	
Mongolia				Upper-middle	
Montenegro				Upper-middle	
Morocco				Lower-middle	
Mozambique				Low	
Myanmar				Lower-middle	
Namibia				Upper-middle	
Nepal				Lower-middle	
Nicaragua				Lower-middle	

Country/territory	2020	2022	2025	Income status[a]	Least Developed Countries[b]
Niger	●	●	●	Low	●
Nigeria	●	●	●	Lower-middle	
Oman	●	●	●	High	
oPt	●	●	●	Lower-middle	
Pakistan	●	●	●	Lower-middle	
Palau	●	●	●	High	
Panama	●	●	●	High	
Papua New Guinea	●	●	●	Lower-middle	
Paraguay	●	●	●	Upper-middle	
Peru	●	●	●	Upper-middle	
Philippines	●	●	●	Lower-middle	
Qatar	●	●	●	High	
Rwanda	●	●	●	Low	●
Samoa	●	●	●	Lower-middle	
Sao Tome et Principe	●	●	●	Lower-middle	
Senegal	●	●	●	Lower-middle	●
Serbia	●	●	●	Upper-middle	
Sierra Leone	●	●	●	Low	●
Somalia	●	●	●	Low	●
South Sudan	●	●	●	Low	●
Sri Lanka	●	●	●	Lower-middle	
Sudan	●	●	●	Low	●
Syrian Arab Republic	●	●	●	Low	
Tajikistan	●	●	●	Lower-middle	
Tanzania, United Republic of	●	●	●	Lower-middle	●
Thailand	●	●	●	Upper-middle	
Timor-Leste	●	●	●	Lower-middle	●
Togo	●	●	●	Low	●
Tonga	●	●	●	Upper-middle	
Tunisia	●	●	●	Lower-middle	
Uganda	●	●	●	Low	●
Ukraine	●	●	●	Upper-middle	
United Arab Emirates	●	●	●	High	
Vanuatu	●	●	●	Lower-middle	
Viet Nam	●	●	●	Lower-middle	
Yemen	●	●	●	Low	●
Zambia	●	●	●	Lower-middle	●
Zimbabwe	●	●	●	Lower-middle	
Total	**47**	**63**	**101**		

Annex 5. Country Tracker Results (2025)

See data at https://www.washinhcf.org/country-progress-tracker.

Yes No No data

Country/territory	WASH and Waste									Electricity		
	Situation Analysis	Baseline Assessment	National Coordination	Costed Roadmap with Targets	WASH Standards	Waste Standards	Infrastructure Improvement	Monitoring	Workforce Development	Baseline	Costed Roadmap	Monitoring
Afghanistan	1	4	2	2	4	4	2	3	2	Yes	No	No
Algeria			3	3	4	4	3	4	4	Yes		No
Armenia	3	3	4	2	3	3	3	2	2	Yes	Yes	Yes
Bahrain		3	3		3	4	3	3	4	Yes	Yes	Yes
Bangladesh	3	4	3	3	4	3	3	2	3	No	No	No
Belize	2	2	2	1	1	3	2	1	2	No	No	No
Benin	2	2	2	2	3	4	3	4	2			
Bhutan	3	4	3	3	3	3	3	2	2	Yes	No	Yes
Bolivia (Plurinational State of)		4	2	2	4		3	3		Yes		Yes
Brunei Darussalem	2		4			4	4			Yes	Yes	
Burkina Faso	2	3	3	2	3	3	2	2	2	Yes	No	Yes
Burundi	2	3	2	1	2	3	2	1	3	Yes	Yes	No
Cambodia	4	4	2	3	4	3	2	2	2	Yes	No	Yes
Cameroon	3	3	1	1			2			No	No	
Central African Republic	1	1	4	3	2	2	3	1	1			
Chad	1	3	2	1	1		1	1	2	No	No	No
Colombia	2	3	1	2	4	4	3	2				
Côte d'Ivoire	4	4	4	3	4	4	3	2	3	No	No	No
Democratic People's Republic of Korea	4	4	4	3	4	4	4	4	3	Yes	Yes	Yes
Democratic Republic of the Congo	2	3	2	2	4		3	3	3	No	No	No
Djibouti	2	2	3	2	2	3	2	1	2			No
Dominican Republic	2	3	2	2	1	4	3	1	2			No
Ecuador	3	3	3	2	3	4	2	2	2		No	No

Country/territory	WASH and Waste									Electricity		
	Situation Analysis	Baseline Assessment	National Coordination	Costed Roadmap with Targets	WASH Standards	Waste Standards	Infrastructure Improvement	Monitoring	Workforce Development	Baseline	Costed Roadmap	Monitoring
Egypt	2	4	2	2	2	4	3	3	4			
Ethiopia	4	4	4	4	4	4	4	4	4			
Fiji	2	3	2	2	3	3	3	2	3			
Gabon		2	1	1	2	2	1		3			
Gambia	2	3	3	2	4	4	2	2	2			
Georgia	4	4	1	2	3	3	2	2	2			
Ghana	4	4	2	3	4	4	2	3	2			
Guatemala	2	4	1	1	1	4	1	1	2			
Guinea	2	3	2	2	1	4	3	2	3			
Honduras		3	1	1	1	4	2	1	1			
Hungary	4	4	3	3	4	4	3	3	4			
India		4	4	4	4	4	4	4	4			
Indonesia	4	4	2	4	3	4	4	4	3			
Iran (Islamic Republic of)	3	4	3	4	3	3	3	2	3			
Iraq	4	4	3	2	2	3	3	2	2			
Jamaica	3	3	4	3	1	4	3	4	3			
Jordan	3	3	2	3	3	3	3	3	2			
Kazakhstan		3	3	3		4	1	1	1			
Kenya	3	4	4	2	2	4	2	2	2			
Kuwait	4	4	4	3	4	4	4	4	4			
Kyrgyz Republic	2	3			2	3	1	1	3			
Lao People's Democratic Republic	4	4	3	3	4	4	3	3	3			
Lebanon	4	4	1	2	3	3	2	1	4			
Lesotho	2	4	2	2	3	3	2	3	2			
Liberia	3	4	3	3	4	4	4	4	3			
Libya	2	2	4	2	1	3	2	2	2			
Lithuania		4			4	4	4	4	4			

Country/territory	WASH and Waste									Electricity		
	Situation Analysis	Baseline Assessment	National Coordination	Costed Roadmap with Targets	WASH Standards	Waste Standards	Infrastructure Improvement	Monitoring	Workforce Development	Baseline	Costed Roadmap	Monitoring
Madagascar	3	3	3	3	4	4	3	3	3			
Malawi	2	4	3	4	3	4	3	3	3			
Malaysia	4	4	4	2	4	4	4	4	4			
Maldives	3	3	4	3	3	4	2	2	3			
Mali	4	4	4	4	4	4	4	2	2			
Micronesia (Federated States of)	1	1	1	1	1	1	3	1	2			
Mongolia		4	4	2	4	4	3	2	3			
Montenegro	3	4	2	2	3	4	2	1	2			
Morocco	4	4	2	3	4	4	2	2	3			
Mozambique	2	3	4	2	2	2	3	2	2			
Myanmar	4	3	3		4	3	1	3	1			
Namibia	2	3	4	3	4	4	3	3	3			
Nepal	2	4	4	3	4	4	3	2	3			
Nicaragua		4	2	2	3	2	3	2	2			
Niger	4	4	4	3	4	4	4	4	4			
Nigeria	1	4	3	2	4	3	2	2	2			
Oman	4	4	4	4	4	4	4	4	4			
oPt	2	4	2	3	4	4	2	2	2			
Pakistan	4	4	4	3	3	3	2	2	2			
Palau	3	3	3	2	4	4	4	3	3			
Panama	2	3	1	1	2	3	1	1				
Papua New Guinea	4	4	3	4	4	2	2	4	3			
Paraguay	1	3	1	1	3	3	2	1	3			
Peru	2	3	3	2	2	4	2	2	2			
Philippines	4	4	3	3	4	4	4	3	4			
Qatar	3	4	4	4	4	4	4	4	4			
Rwanda	4	4	3	3	3	4	3	3	4			

Country/territory	WASH and Waste									Electricity		
	Situation Analysis	Baseline Assessment	National Coordination	Costed Roadmap with Targets	WASH Standards	Waste Standards	Infrastructure Improvement	Monitoring	Workforce Development	Baseline	Costed Roadmap	Monitoring
Samoa	1	2	1	2	2	2	2	2	2			
Sao Tome et Principe		3	2	1	2	2	2		2			
Senegal	2	3	3	2			2	3	3			
Serbia	4	4	4	3	3	3	2	4	3			
Sierra Leone	1	4	2	3	4	4	2	2				
Somalia	3	4	4	1	2	4	2	2	3			
South Sudan	2	2	1	2	1	4						
Sri Lanka		4	3	2	2	4	2	2	3			
Sudan	4	4	3	4	3	4		1	3			
Syrian Arab Republic	4	4	2	2	3	3	2	2	2			
Tajikistan	4	4	4	4	4	4	3	2	2			
Thailand	4	3	4	4	4	4	4	4	4			
Timor-Leste	4	3	2	2	4	3	2	4	4			
Togo	3	3	2	4	2	4	2	2	3			
Tonga	2	3	2	2	2	2	3	2	2			
Tunisia	4	4	4	2	3	3	2	2	2			
Uganda	4	4	4	2	4	4	3	2	3			
Ukraine	4	3	2	2	3	3	4	2	2			
United Arab Emirates	3	3	2	3		4	4	4	3			
Vanuatu	3	4	3	3	2	2	3	4	2			
Viet Nam	2	3	2	3	3	3	3	3	3			
Yemen	2	3	2	2	1	3	2	2	2			
Zambia	2	2	4	2	4	4	3	3	3			
Zimbabwe	3	4	3	3	3	3	3	1	2			

Annex 6. Copy of questionnaire

1. Name
2. Country/Territory
3. Organization
4. Job title/role
5. Email

Step 1: Conduct situational analysis and establish baseline

6. Has a national situational analysis on WASH in health care facilities been conducted? *Yes / No, but there are plans in place to conduct one / No, and no plans to conduct one*
7. Please provide the name and date of any report(s), and share a link if available.
8. What is included in the situation analysis (e.g. policies, trainings, coordination mechanisms)? Has the analysis been published and disseminated? Has it been endorsed by the ministry of health? How are the results used for decision-making?
9. Have climate risks been integrated into the situation analysis? *Yes / No*
10. If no, what plans are there to conduct a situational analysis?
11. Situational analysis: how would you score this step?

    Practical step completed or achieved on a national level and/or large-scale implementation ongoing (4/4)

    Practical step under way or partially completed (3/4)

    A need has been identified and/or plans are in place to start (2/4)

    No progress made and/or no plans in place to start (1/4)

    No data/cannot say

Step 1B: National baseline

12. Does your country have a national baseline? Yes / No / Don't know
13. Is this baseline included in the global database maintained by WHO/UNICEF? (see https://washdata.org/data/healthcare)
14. If no, are there any subnational data available (e.g. data from smaller surveys that are not nationally representative)?
15. Please provide the name of any report(s) mentioned above and share the online link if available, and/or note if report(s) will be submitted via email.
16. If no baseline exists, are there any plans for establishing a national baseline? Yes / No
17. Please provide more details of these plans.
18. National baseline: how would you score this step?

    Practical step completed or achieved on a national level and/or large-scale implementation ongoing (4/4)

    Practical step under way or partially completed (3/4)

    A need has been identified and/or plans are in place to start (2/4)

    No progress made and/or no plans in place to start (1/4)

    No data/cannot say

Step 2: Set targets, define roadmap (and national coordination)

2025 updates: the two components of track 2 (set targets and define roadmap) are now being tracked separately to improve data quality.

19. Does your country have an intersectoral national technical working group, taskforce or similar structure working on WASH in health care facility? Yes / No, but there are plans to develop one / No
20. If yes, how often does it meet? Who are the key stakeholders involved? Does it have an agreed mandate and terms of reference (including areas of intervention, responsibilities, budgets)? What has been accomplished by the group to date? How can the group be strengthened or improved?
21. Please provide the terms of reference for the group and/or note if it will be submitted via email.
22. If no, please provide more details on the planned group.
23. National coordination mechanism: how would you score this practical step?

    Practical step completed or achieved on a national level and/or large-scale implementation ongoing (4/4)

    Practical step under way or partially completed (3/4)

    A need has been identified and/or plans are in place to start (2/4)

    No progress made and/or no plans in place to start (1/4)

    No data/cannot say

Step 2B: National roadmaps

24. Does your country have a national roadmap or strategy for WASH in health care facilities? Yes / No, but plans are under way to develop one / No, and no plans in place to develop one
25. Please provide details of the roadmap or strategy, including year of publication and key elements covered. Share the online link if available and/or note if it will be submitted via email.
26. Are costed climate adaptation and mitigation measures included in the roadmap? Yes / No
27. 2025 NEW QUESTION: Is the roadmap sufficiently funded? Yes, 100% of needs are funded / Yes, partly funded / Not funded
28. If partly financed, what percentage is funded?
29. Are there national targets for WASH in health care facilities? Yes / No / Don't know
30. If there are targets, what is the process for assessing progress towards these targets? How is progress incentivized?
31. If there are no targets, are there plans in place to develop some?
32: Roadmaps and national targets: how would you score this practical step?

    Practical step completed or achieved on a national level and/or large-scale implementation ongoing (4/4)

    Practical step under way or partially completed (3/4)

    A need has been identified and/or plans are in place to start (2/4)

    No progress made and/or no plans in place to start (1/4)

    No data/cannot say

Step 3: Establish (and implement) national standards

Standards for WASH in health care facilities and health care waste are tracked separately as these are generally two distinct documents. Please provide details of both.

33. Does your country have the following national standards? (Tick all that apply)

    WASH in health care facilities

    Health care waste management – as a stand-alone document

Health care waste management – included in general WASH in health care facility standards

Other, related to WASH in health care facilities (please provide details below)

No standards

Other

34. If you selected "Other, related to WASH in health care facilities", or "Other", please provide details of these standards.
35. Please provide details of the WASH in health care facility standards (title, year published). Share the online link if available and/or note if standards will be submitted via email.
36. To what extent are the WASH in health care facility standards implemented? Are there gaps in the standards? If so, how will these be addressed?
37. Please provide details of the health care waste standards (title, year published). Share the online link if available and/or note if standards will be submitted via email.
38. To what extent are the health care waste standards implemented? Are there gaps in the standards? If so, how will these be addressed?
39. Do WASH or waste standards include aspects of climate resilient and sustainable services? If yes, for what WASH and waste aspects are climate considerations included?
40. How are these standards regulated, if at all? What accountability mechanisms (accreditation, community scorecards, etc.) exist to ensure implementation of standards? Please provide supporting documents if available.
41. National standards: how would you score this practical step?

    Practical step completed or achieved on a national level and/or large-scale implementation ongoing (4/4)

    Practical step under way or partially completed (3/4)

    A need has been identified and/or plans are in place to start (2/4)

    No progress made and/or no plans in place to start (1/4)

    No data/cannot say

Step 4: Improve and maintain infrastructure

This step is assessing WASH FIT or any equivalent programme dedicated to incremental improvements.

42. Are there any national programmes or mechanisms in place for improving and maintaining infrastructure? *Yes / No, but there are plans in place to develop one / No, and no plans in place to develop any*
43. If yes, please provide further details (including name, scope, date commenced etc.).
44. If there are plans in place to develop a programme, please provide details.
45. Has WASH FIT ever been used in your country? *Yes / No, but there are plans in place to use it / No, and there are no plans to use it*
46. If so, in how many facilities and what has been the key results? When was it first used? Who led the process?
47. Please provide details of these plans.
48. Does the infrastructure improvement programme take into consideration:

    Climate resilience and environmental sustainability

    Vulnerable/marginalized populations (e.g. persons with disabilities)

    None of the above

49. Step 4: Improve and maintain infrastructure: how would you score this practical step?

    Practical step completed or achieved on a national level and/or large-scale implementation ongoing (4/4)

Practical step under way or partially completed (3/4)

A need has been identified and/or plans are in place to start (2/4)

No progress made and/or no plans in place to start (1/4)

No data/cannot say

Step 5: Monitor and review data

50. Are indicators for WASH integrated into routine health information monitoring systems (e.g. HMIS)? *Yes / No, but plans are in place to integrate them / No, and no plans in place to integrate them / Don't know*
51. What year were indicators added to HMIS?
52. What indicators and definitions are used in the HMIS? Please provide a link to documentation if available.
53. To what extent are data being collected, reported and analysed? What gaps are there in data collection? How are data used for decision-making?
54. What is the timeline for integrating indicators into monitoring systems?
55. Monitor and review data: how would you score this practical step?

    Practical step completed or achieved on a national level and/or large-scale implementation ongoing (4/4)

    Practical step under way or partially completed (3/4)

    A need has been identified and/or plans are in place to start (2/4)

    No progress made and/or no plans in place to start (1/4)

    No data/cannot say

Step 6: Develop health workforce

56. Are WASH and waste included in national pre-service training for the health workforce? *Yes / No, but plans are in place to develop training / No, and no plans in place to develop to develop training / Don't know*
57. If yes, please provide details of **pre-service** training programmes and initiatives, including which cadres of the health workforce are trained (e.g. nurses, doctors) and topics covered.
58. What **in-service** mentoring or professional development opportunities exist to further skills of the health workforce on WASH and waste? Provide details.
59. Are cleaners included in either pre-service or in-service capacity-building activities? *Yes / No / Don't know*
60. What other national or local capacity-building activities exist to develop the health workforce?
61. Please provide details of any activities planned for the future.
62. Health workforce: how would you score this practical step?

    Practical step completed or achieved on a national level and/or large-scale implementation ongoing (4/4)

    Practical step under way or partially completed (3/4)

    A need has been identified and/or plans are in place to start (2/4)

    No progress made and/or no plans in place to start (1/4)

    No data/cannot say

Electricity

New questions for 2025 tracker

The following questions relate to electrification of health care facilities. These questions will not be scored, but a summary of findings be included in the update to UNGA to share progress on the resolution.

63. Has a situational analysis on electricity in health care facilities been undertaken? If so, please provide details.
64. Does your country have a national baseline for electricity in health care facilities? *Yes / No / Don't know*
65. If yes, please provide details.
66. If no, are there any subnational data?
67. Is there a national roadmap for electrification of health care facilities, either stand-alone or part of another roadmap? *Yes / No / Don't know*
68. Please provide details (title, year of publication, link to document if available).
69. To what degree has it been finalized and implemented?
70. Are indicators for monitoring electricity access integrated into routine monitoring systems? *Yes / No / Don't know*
71. Has WASH been integrated into the health system's planning, programming, financing, implementation and/or monitoring? *Yes / No, but plans are in place to do so / No, and no plans to do so / Don't know*
72. If yes, please describe how WASH has been integrated and if this integration is with a specific health programme or priority (infection prevention and control, maternal and child health, antimicrobial resistance etc.).
73. Please provide details of these plans.
74. Is WASH in health care facility included/referenced in any of the following national standards or guidelines?

    Infection prevention and control

    Antimicrobial resistance national action plan

    Maternal and child health

    Quality care/quality improvement

    Emergency/pandemic preparedness and response

    Other (provide details under other)

    WASH in health care facility not included in any of these standards/no such standards exist

    Other

Equity

75. Do WASH in health care facility policies/plans address inclusivity of WASH services (including gender and disability)? *Yes / No / Don't know*
76. If yes, how are these plans resourced, implemented and monitored?
77. If no, what plans are in place to address inclusivity of WASH services?

Climate resilience

78. Do WASH in health care facility policies/plans address climate resilient WASH services? *Yes / No / Don't know*
79. If yes, how are these plans resourced, implemented and monitored?
80. If no, what plans are in place to address the climate resilience of WASH services?

Additional information

81. Please provide anything else you feel relevant that was not covered by previous questions.
82. If case studies on any of the eight practical steps are available, please share the online link and/or note if these will be submitted via email.

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World Health Organization
20 Avenue Appia, 1211-Geneva 27 | Switzerland

https://www.who.int/teams/environment-climate-change-and-health/water-sanitation-and-health

Water, Sanitation and Hygiene Section
Programme Group
United Nations Children's Fund
3 United Nations Plaza New York, NY 10017, USA

https://www.unicef.org/water-sanitation-and-hygiene-wash

WHO/UNICEF Global Knowledge Portal: www.washinhcf.org