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Sustainable, safe and universal water, sanitation, hygiene, waste and electricity services in healthcare facilities

Note by the Secretary-General

The Secretary-General has the honour to transmit to the General Assembly the report on sustainable, safe and universal water, sanitation, hygiene, waste and electricity services in healthcare facilities, prepared by the World Health Organization and the United Nations Children's Fund, pursuant to Assembly resolution [78/130](#).



Report on sustainable, safe and universal water, sanitation, hygiene, waste and electricity services in healthcare facilities

[Original: Arabic, Chinese, English, French, Russian and Spanish]

Summary

This report is submitted pursuant to United Nations General Assembly resolution [78/130](#), which invited the Secretary-General to inform the General Assembly on the implementation of the resolution on sustainable, safe and universal water, sanitation and hygiene (WASH), waste and electricity services in healthcare facilities, based on data and regular reports issued by the World Health Organization and the United Nations Children's Fund.

This report provides an overview of the activities for the period since the resolution was adopted (2024 to Quarter 1 of 2025), covering key developments in Member State efforts to improve WASH, waste and electricity services in healthcare facilities, including through cross-sectoral coordination, standards, costed road maps and regular monitoring. It also presents the latest data on service coverage for WASH, waste and cleaning in healthcare facilities. Finally, the report details global developments to accelerate action and strengthen leadership towards achieving universal WASH, waste and electricity services in healthcare facilities, which is fundamental to meeting Sustainable Development Goal 3 (Good health and well-being) and Sustainable Development Goal 6 (Clean water and sanitation) targets.

Based on reporting from 100 countries, strong progress has been made in establishing intersectoral task forces, which meet regularly to review data and prioritize actions. Additionally, countries have taken actions to strengthen standards for WASH and waste. However, significant gaps remain: limited progress has been made to develop, resource and implement costed road maps for WASH, waste and electricity in healthcare facilities, or to integrate harmonized indicators into health management information systems. There are also large financing gaps, as less than half of countries have a costed plan, and less than 1 in 10 countries have sufficient financial and human resources to fund their national plans.

I. Background

1. Fully functioning water, sanitation and hygiene (WASH), healthcare waste management and electricity services are critical aspects of infection prevention and control (IPC) practices, and of ensuring patient safety and quality of care. Such services are also essential for creating an environment that supports the dignity and human rights of all care seekers, especially mothers, neonates, children and care providers. In addition, WASH and waste services are critical for preventing and effectively responding to outbreaks of diseases such as cholera, and such services (along with IPC) are fundamental to preventing the spread of antimicrobial-resistant bacteria. At the same time, electricity is essential to power essential medical devices, such as ventilators, oxygen concentrators, vaccine refrigerators, incubators as well as to ensure basic services such as lighting and communication. Tragically, large gaps remain in these basic services (see section II). These gaps threaten the safety of patients and caregivers, and can have severe environmental consequences.

2. Currently, poor-quality health services in low- and middle-income countries result in over 8 million deaths and US\$ 6 trillion in losses.¹ The latest estimates for maternal and newborn deaths (from 2020) indicate that over 200 000 women² and children die each year in sub-Saharan Africa. This region is also where healthcare facilities have the least access to basic WASH services: only 60 per cent facilities have water services, 22 per cent per cent have sanitation services and 34 per cent have hygiene services.

3. Efforts to fill the gaps must also consider the worsening effects of climate change, as well as economic crises. It is important for WASH, waste and electricity services to be resilient and sustainable. The broader comprehensive approach to safe, climate-resilient and environmentally sustainable healthcare facilities provides an important framework for working towards safer and more sustainable WASH, waste and electricity services.³

II. Progress in achieving resolution objectives

Global status of WASH, waste and electricity services

4. According to the latest available global data from the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) on WASH and waste services in healthcare facilities, in 2022, an estimated one in five healthcare facilities (22 per cent) globally lacked basic water services, affecting 1.7 billion people, including 874 million people who accessed healthcare facilities with no water at all.⁴ Hygiene services remain limited: 39 per cent of healthcare facilities lacked basic hygiene services, and similar gaps exist for sanitation and healthcare waste management. Close to 1 billion people in low- and lower-middle-income countries are estimated to be served by healthcare facilities

¹ Kruk ME, Gage AD, Arsenaault C, Jordan K, Leslie HH, Roder-DeWan S, et al. High-quality health systems in the Sustainable Development Goals era: a time for revolution. *Lancet Glob Health*. 2018;6(11):e1196–252. doi:10.1016/S2214-109X(18)30386-3.

² Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2023 (<https://www.who.int/publications/i/item/9789240068759>, accessed 13 March 2025).

³ WHO guidance for climate-resilient and environmentally sustainable health care facilities. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/335909>, accessed 13 March 2025).

⁴ Water, sanitation, hygiene, environmental cleaning and waste management in health care facilities: 2023 data update and special focus on primary health care. Geneva: World Health Organization and United Nations Children's Fund; 2024 (<https://www.who.int/publications/m/item/wash-in-health-care-facilities-2023-data-update>, accessed 18 March 2025).

that either lacked access to electricity (433 million people) or had an unreliable electricity supply (478 million people).⁵

5. Primary healthcare is a whole-of-society approach to health that aims to maximize the level and distribution of health and well-being. WASH services are essential for provision of quality primary care. In most countries, hospitals were more likely than non-hospitals to have better WASH and waste services. In some countries, there were substantial disparities of at least 50 percentage points.⁶ This means that smaller facilities, such as primary care centres, that provide frontline services to billions, particularly mothers and children, are ill-equipped to provide even basic quality care. This also has implications for care seeking, as poor and inadequate water and sanitation services in healthcare facilities are associated with significant patient dissatisfaction, especially among mothers and for maternal health services.⁷

Integration with global health plans and policies

6. WASH is a minimum requirement for achieving strong and effective IPC programmes and implementing good IPC practices.⁸ 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 such services, and includes several targets and indicators covering policies, standards and investments in water, sanitation and waste services in healthcare facilities.⁹ The 2024 Political Declaration of the High-level Meeting on Antimicrobial Resistance (AMR) recognizes the role of WASH and waste services in preventing the spread of AMR, and commits to achieving 100 per cent coverage of basic WASH and waste services by 2030.¹⁰

7. Healthcare facilities electrification efforts also require strong coordination, at global, regional and country level. This is needed also to ensure that electrification efforts are coordinated with broader energy actions as well as specific efforts to provide power-dependent medical devices, water and sanitation supply and waste treatment systems.

8. Also, in 2023 at the United Nations General Assembly (UNGA) High-Level Meeting, world leaders approved a new Political Declaration on universal health coverage. In this Declaration, Heads of State and world leaders committed to taking key national actions, making essential investments, and strengthening international cooperation and global solidarity at the highest political level to accelerate progress towards universal health coverage by 2030, using a primary healthcare approach. This

⁵ Energizing health: accelerating electricity access in health-care facilities. Geneva: World Health Organization, World Bank, IRENA and SEforAll; 2023 (<https://www.who.int/publications/i/item/9789240066960> accessed 18 March 2025); note, these figures refer to four developing regions: Latin America and the Caribbean, the Middle East and North Africa, South Asia and sub-Saharan Africa.

⁶ Water, sanitation, hygiene, environmental cleaning and waste management in health care facilities: 2023 data update and special focus on primary health care. Geneva: World Health Organization and United Nations Children's Fund; 2024 (<https://www.who.int/publications/m/item/wash-in-health-care-facilities-2023-data-update>, accessed 18 March 2025).

⁷ Bouzid M, Cumming O, Hunter PR. What is the impact of water, sanitation and hygiene in health care facilities on care seeking behavior and patient satisfaction? A systematic review of evidence from low-income and middle-income countries. *BMJ Glob Health*. 2018;3:e000648. doi:10.1136/bmjgh-2017-000648.

⁸ Minimum requirements for infection prevention and control. Geneva: World Health Organization; 2019 (<https://iris.who.int/handle/10665/330080>, accessed 12 March 2025).

⁹ Global action plan and monitoring framework on infection prevention and control (IPC), 2024–2030. Geneva: World Health Organization; 2024 (<https://www.who.int/teams/integrated-health-services/infection-prevention-control/draft-global-action-plan-and-monitoring-framework-on-ipc>, accessed 13 March 2025).

¹⁰ Political Declaration of the High-level Meeting on Antimicrobial Resistance. Geneva: United Nations; 2024 ([A/RES/79/2](https://www.un.org/press/en/2024/res792024.shtml)).

provides an important opportunity for synergy with the resolutions and action plans on WASH, waste and electricity.

Gender and equity

9. Addressing gender and equity concerning WASH and waste in healthcare facilities is crucial to ensure that everyone has access to safe and dignified health services. Women and girls are disproportionately affected by poor WASH in healthcare facilities. They are often primary caregivers, and the main users of health services. Improving WASH can lead to better health outcomes and increased dignity for women and girls.

10. In the context of addressing gender equality and inclusivity in WASH and waste services within healthcare facilities, a significant proportion (75 per cent) of countries have integrated inclusivity considerations into their policies. These considerations encompass critical aspects such as gender equality, disability access and support for vulnerable populations.

11. Although progress has been made, there are still gaps in policy enforcement, especially where inclusivity standards are unclear. It is important to strengthen national policies, improve resource distribution, and include inclusivity in monitoring systems to ensure provision of equitable and accessible WASH and waste services across healthcare facilities on a global scale.

National systems strengthening actions and progress

12. In 2019, WHO and UNICEF outlined a set of eight steps for strengthening systems to improve and sustain WASH and waste services in healthcare facilities.¹¹ These steps form the basis and framework for national action and commitments on this topic made at the World Health Assembly in 2019¹² and at the UNGA in 2023.¹³ WHO and UNICEF have been tracking national actions on these eight steps through an informal, voluntary process since 2020, with the latest data collection round completed in 2024/2025. Data were submitted by 99 countries and substantiated, where possible, with standards, policies and training documents. The data presented in this report are preliminary, and additional analysis will be undertaken throughout 2025, then summarized and published in a forthcoming global WHO/UNICEF report.

13. Each step is scored on a four-point scale to gauge progress towards completion. A score of 1 indicates that no progress has been made; a score of 2 indicates that a need has been identified, or that plans for action are in place; a score of 3 indicates that progress on the step is under way; and a score of 4 indicates that the step has been completed.

¹¹ Water, sanitation and hygiene in health care facilities: practical steps to achieve universal access to quality care. Geneva: World Health Organization; 2019 (<https://iris.who.int/handle/10665/311618>, accessed 12 March 2025).

¹² Resolution WHA72.7. Water, sanitation and hygiene in health care facilities. Geneva: World Health Organization; 2019 (https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R7-en.pdf, accessed 13 March 2025).

¹³ Resolution 78/130 Sustainable, safe and universal water, sanitation, hygiene, waste and electricity services in health-care facilities. New York: United Nations General Assembly; 2023 (<https://www.washinhcf.org/resource/un-general-assembly-resolution-sustainable-safe-and-universal-water-sanitation-hygiene-waste-and-electricity-services-in-health-care-facilities/>, accessed 13 March 2025).

14. Measured against targets set forth in the WHO/UNICEF Global Framework for Action 2024–2030¹⁴ and recommendations set forth in the UNGA resolution, countries are working to address WASH, waste and electricity through an integrated approach. In 30 per cent of countries (29 out of 97 countries for which data exist), intersectoral task forces (UNGA recommendation 1a) have been established and actively meet to review data and prioritize actions. On standards (UNGA recommendation 1b), 43 per cent of countries (40 out of 94) have strengthened WASH standards and another 59 per cent (55 out of 94) have strengthened waste standards. On development of national road maps for WASH and waste management (UNGA recommendation 1c), only 14 per cent of countries (13 out of 95) have developed, resourced and are implementing them, with a further 33 per cent having developed road maps but inadequately resourced them, or having road maps without clear targets. Meanwhile, 47 per cent of countries (34 out of 73) have developed national road maps for healthcare electrification.

15. Regarding resourcing and budgeting, new data are available through the UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water programme implemented by WHO and UNICEF. A preliminary analysis indicates that 34 per cent of countries (25 out of 73) have developed and validated a costed plan, but only 7 per cent (5 out of 73) have adequate funding to implement it.¹⁵

16. On the integration of harmonized indicators into health management information systems (UNGA recommendation 1e), 21 per cent of countries (20 out of 94) have integrated WASH and waste indicators, which are being used as part of routine monitoring and for decision-making. Additionally, 43 per cent of responding countries (30 out of 69) have incorporated monitoring indicators for electricity access.

17. As for health workforce development, 63 per cent of countries (55 out of 87) have established pre-service training programmes for healthcare workers to ensure a systematic approach to workforce development. Furthermore, 79 per cent of responding countries (54 out of 68) have incorporated cleaners into their training initiatives, thus reinforcing hygiene standards and IPC practices within healthcare facilities. Meanwhile, 58 per cent of countries (57 out of 99) have outlined future strategies to reinforce workforce development by expanding training programmes, leveraging digital learning platforms, enhancing monitoring mechanisms and advocating for increased funding allocations.

18. Progress has been made incorporating WASH into health sectors, but there are still significant gaps in programme coverage. Sixty-seven per cent of countries (57 out of 85) reported having already integrated WASH into health system planning, programming, financing, implementation and/or monitoring, with another 21 per cent planning to integrate WASH into their health system mechanisms. However, integration is inconsistent; integration centres on IPC and AMR efforts, while WASH integration into quality-of-care efforts is exceptionally low, and only a few countries have integrated WASH into maternal and child health, environmental health or emergency preparedness programmes. This highlights a missed opportunity to enhance patient safety and service quality.

19. In terms of healthcare facilities electrification, a critical element to be considered at country level is the need to ensure long-term operation and maintenance of the decentralized solar systems installed in the healthcare facilities. Electrification programs often focus on the ‘install and forget’ approach, and do not allocate budget

¹⁴ Universal water, sanitation, hygiene, waste and electricity services in all health care facilities to achieve quality care: global framework for action 2024–2030. Geneva: World Health Organization and the United Nations Children’s Fund; 2024 (<https://iris.who.int/handle/10665/377776>, accessed 12 March 2025).

¹⁵ “Adequate funding” is at least 75% of the funding needed to implement the plan.

and resource to ensure long term maintenance of the systems, which is essential to ensure their long term functionality. Similar challenges exist for sustainability and operation and maintenance of water, sanitation and waste systems which require regular operation and maintenance and investment to ensure optimal functionality.

Action to improve services in healthcare facilities through use of the Water and Sanitation for Health Care Facility Tool

20. The Water and Sanitation for Health Care Facility Tool (WASH FIT) is an incremental improvement approach that guides the planning and implementation of WASH and waste improvements as part of wider quality and IPC improvement efforts. The tool was first published in 2015, with a second edition launched in 2022.¹⁶ Version 2.0 provides additional indicators and guidance on safe management of services; gender, equity and inclusiveness; and climate resilience and sustainability. A recent global evaluation by WHO and UNICEF on use of the tool found widespread global adoption, with 70 countries reporting varying degrees of implementation.¹⁷ In particular, 80 per cent of countries noted that WASH FIT resulted in improved WASH services and 65 per cent noted improved operation and maintenance. In addition, use of the tool allowed for improved patient (60 per cent) and staff (50 per cent) satisfaction. In many instances, however, monitoring and follow-up on WASH FIT is lacking, preventing a more accurate understanding of the tool's benefits 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.

III. Role of the United Nations General Assembly resolution in broadening and strengthening engagement of partners and Member States

Global leadership, coordination and action

21. WHO and UNICEF, the cofacilitators of global work on WASH, waste and electricity in healthcare facilities, recently launched a Global Framework for Action 2024–2030 to accelerate progress and focus collective efforts.¹⁸ The Framework places a strong focus on integrating WASH provision (including primary healthcare) within health frameworks or strategies, and outlines operational targets and action in three main areas: integration, policy and governance; service levels; and equity, inclusivity and community engagement. Implementation actions and priorities to support meeting the key targets in the Framework were discussed with key partners and trailblazer countries at a global strategic roundtable cofacilitated by WHO and UNICEF and hosted by the International Federation of Red Cross and Red Crescent Societies in Geneva in May 2024.¹⁹ These priorities were articulated in a global

¹⁶ Water and sanitation for health facility improvement tool (WASH FIT): a practical guide for improving quality of care through water, sanitation and hygiene in health care facilities, second edition. Geneva: World Health Organization; 2022 (<https://iris.who.int/handle/10665/353411>, accessed 12 March 2025).

¹⁷ Implementation of the water and sanitation for health facility improvement tool (WASH FIT): global report. Geneva: World Health Organization; 2025 (<https://www.who.int/publications/item/9789240104822>, accessed 18 March 2025).

¹⁸ Universal water, sanitation, hygiene, waste and electricity services in all health care facilities to achieve quality care: global framework for action 2024–2030. Geneva: World Health Organization and the United Nations Children's Fund; 2024 (<https://iris.who.int/handle/10665/377776>, accessed 12 March 2025).

¹⁹ Meeting report: strategic roundtable on WASH, waste and electricity in health care facilities. Geneva: World Health Organization and United Nations Children's Fund; 2024 (<https://www.washinhcf.org/resource/global-strategic-roundtable-on-wash-waste-electricity-in-health-care-facilities/>, accessed 13 March 2025).

Consensus Statement, signed by over 40 organizations, that included measures such as taking leadership actions to ensure effective integration and coordination with priority health, climate and human rights, and humanitarian efforts; continuing to strengthen monitoring and regular reporting; and articulating viable budgeting and financing models across a range of settings.²⁰

22. In support of the resolution and the Global Framework, in November 2024, WHO and UNICEF launched a global strategic network on WASH, waste and electricity in healthcare facilities. This group of 40 high-level leaders from WASH, energy, health and climate sectors is supporting data-informed action at the global, regional and national levels, and identifying new thinking on solutions to scale up systems change. In addition, the group is working to strengthen multisectoral awareness and action, including through documenting how trailblazer countries have unblocked monitoring, integration and financing bottlenecks.

23. The Group of Friends in Support of WASH in Health Care Facilities, co-led by the Permanent Missions to the United Nations of Hungary and the Philippines, also provides an important mechanism to spearhead cross-sectoral engagement, strengthen global leadership, and ensure continuity and cross-connectivity with other priorities and initiatives. The Group has held several leadership events, focusing on building awareness and offering practical country examples of advancing efforts to improve WASH, waste and electricity in healthcare facilities.

Regional efforts

24. Several regional frameworks and coordinated actions are being implemented to advance efforts. For example, the Protocol on Water and Health, which is a legally binding agreement among the pan-European Region has identified WASH in healthcare facilities as an area of focus. 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.²¹ In addition, the recently launched WHO road map on AMR for the WHO European Region 2023–2030 highlights WASH and IPC as high-impact interventions and best buys for reducing AMR in healthcare facilities.²² Other examples of regional action include integration of WASH into healthcare facilities in the recent WHO Strategic Operational Plan for the Eastern Mediterranean Region²³ 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 healthcare facilities. Finally, within the WHO Western Pacific Region, WASH in healthcare

²⁰ Consensus Statement 2024–2030: role of policymakers and partners in implementing the Global Framework for Action on water, sanitation, hygiene, waste and electricity services in health care facilities. Geneva and New York: World Health Organization and United Nations Children’s Fund; 2024 (https://www.washinhcf.org/wp-content/uploads/2024/11/Consensus-Statement_WASHwasteelectricityinHCFs.pdf, accessed 13 March 2025).

²¹ United Nations Economic Commission for Europe and WHO Regional Office for Europe. Protocol on water and health and the 2030 agenda: a practical guide for joint implementation. Geneva: United Nations Economic Commission for Europe; 2019 (<https://www.who.int/europe/publications/i/item/9789211171938>, accessed 13 March 2025).

²² WHO Regional Committee for Europe working document EUR/RC73/7 on a roadmap for antimicrobial resistance for the WHO European Region 2023–2030. Copenhagen: WHO Regional Office for Europe; 2023 (<https://www.who.int/europe/publications/i/item/EUR-RC73-7>, accessed 13 March 2025).

²³ Strategic Operational Plan for the Eastern Mediterranean Region 2025–2028. EM/RC7/D-Rev.2. Cairo: WHO Regional Office for the Eastern Mediterranean Region; 2024. (<https://applications.emro.who.int/docs/Strategic-operational-plan-eng.pdf?ua=1&ua=1>, accessed 18 March 2025).

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 healthcare facilities; raise the profile of WASH in healthcare facility investments among Member States; and strengthen national WASH in healthcare facility progress reporting.

Health financing and optimum use of resources

25. Efforts are underway to support investments in WASH, waste and electricity in healthcare facilities that are aligned with national strategies and plans, as well as government programmes and priorities, and will include mechanisms to ensure that adequate operation and maintenance is financed and supported. There is a need for regular public reporting on funding amounts, and on the areas and programmes in which funds are invested. Furthermore, optimum use of resources requires that partners invest in government systems and strengthen cross-sectoral opportunities to leverage both public and private funds and investments in connecting healthcare facilities to utility water, sanitation and energy services. Investments in healthcare facilities also need to include support for long-term operation and maintenance for water, sanitation, waste and solar systems installed at facility level, since this aspect is often neglected in many infrastructure improvement programs.

IV. The way forward

26. The need to improve WASH, waste and electricity services in healthcare facilities is urgent and universal. Low-income countries lack even basic services, and high-income countries must strengthen the sustainability, resilience and safety of their services. With over 100 countries taking action to strengthen standards, monitoring and implementation, a new global framework and strategic network to guide efforts, along with growing synergies with the health, energy and climate communities, offer opportunities to address this solvable problem. With continued regular WHO/UNICEF global monitoring and reporting of national actions and service levels, ongoing global and regional advocacy and leadership, and a strong willingness of countries, donors and development partners to share, learn and invest, universal WASH, waste and electricity services in healthcare facilities can be achieved.
