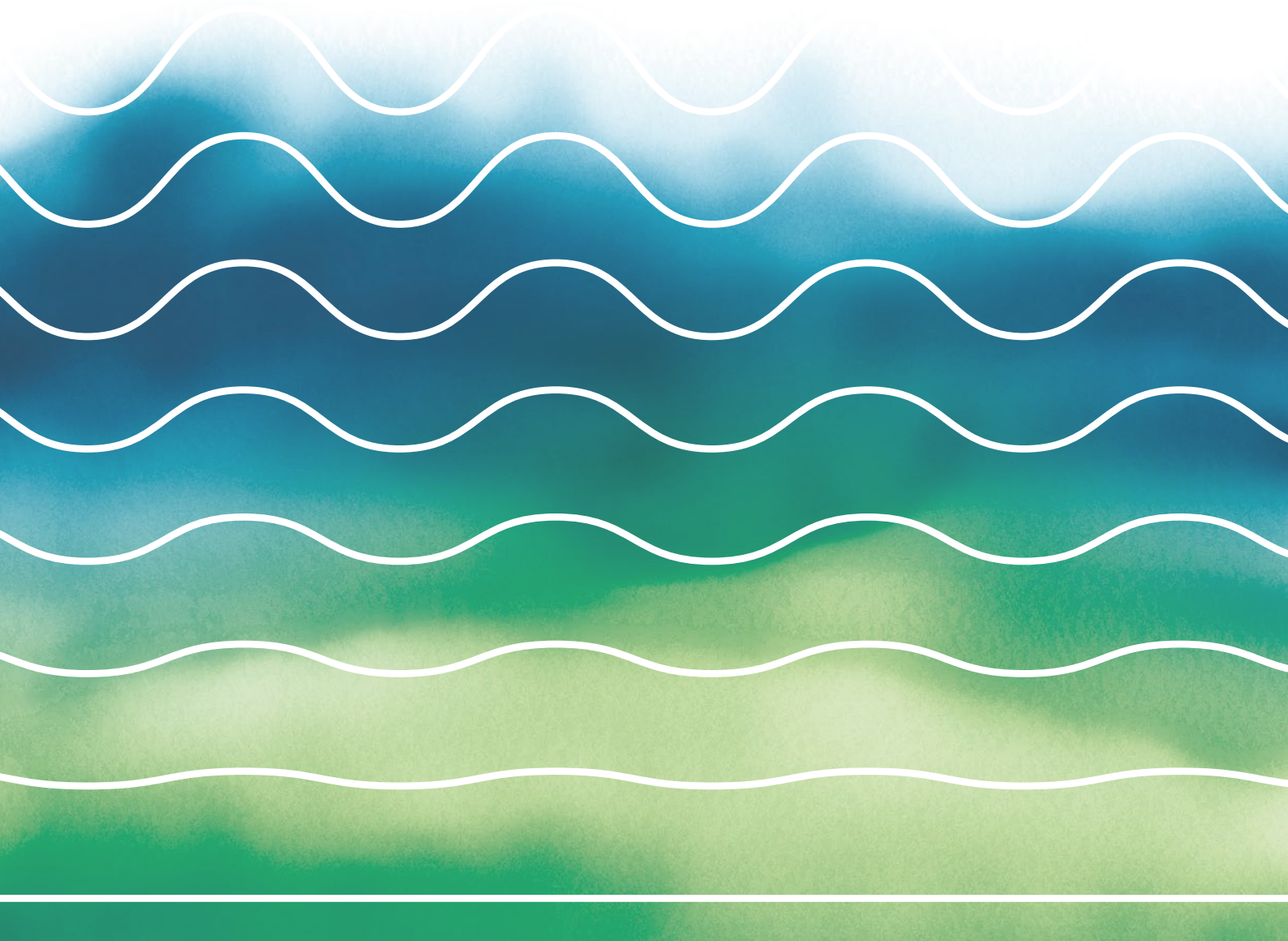


WHO GLOBAL WATER, SANITATION AND HYGIENE ANNUAL REPORT 2018



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SANITATION AND HYGIENE
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Acronyms and abbreviations

| | |
|----------|--|
| ADB | Asian Development Bank |
| AFD | Agence Française de Développement |
| AMCOW | African Ministers' Council on Water |
| AMR | antimicrobial resistance |
| ASPG | Africa Sanitation Policy Guidelines |
| CR-WSP | climate resilient water safety planning |
| DFAT | Australian Department of Foreign Trade and Industry |
| DFID | Department for International Development, United Kingdom of Great Britain and Northern Ireland |
| ESA | external support agency |
| EC | European Commission |
| FTE | full time equivalent |
| GDWQ | Guidelines for Drinking-Water Quality |
| GEMI | Inter-agency initiative focused on monitoring Sustainable Development Goal 6 |
| GLAAS | UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water |
| GPW 13 | WHO Thirteenth General Programme of Work 2019–2023 |
| GTFCC | WHO-led Global Task Force on Cholera Control |
| HCF | health care facilities |
| HWT | Household water treatment |
| IPC | infection prevention and control |
| IWA | International Water Association |
| JMP | WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene |
| MNCH | maternal, newborn and child health |
| NGO | nongovernmental organization |
| NTDs | neglected tropical diseases |
| PAHO | Pan American Health Organization |
| PHE | WHO Department for Public Health, Environment and Social Determinants of Health |
| SSP | sanitation safety planning |
| SDGs | Sustainable Development Goals |
| SHINE | Sanitation, Hygiene, Infant Nutrition Efficacy Project |
| TrackFin | methodology for tracking finance in the WASH sector |
| UHC | universal health coverage |
| UNICEF | United Nations Children's Fund |
| USAID | United States Agency for International Development |
| WASH | water, sanitation and hygiene |
| WAPT | WASH Accounts Production Tool |
| WASHFIT | WASH for Health Facility Improvement Tool |
| WSP | water safety plan(planning) |

| | |
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| WHA | World Health Assembly |
| WHO | World Health Organization |
| WSSCC | Water Supply and Sanitation Collaborative Council |

Executive summary

An estimated 2 billion people drink water that is faecally contaminated, 4.5 billion people use a sanitation system that does not adequately protect either their family or the downstream community from harm¹, and many vulnerable patients and students suffer from poor access to water, sanitation and hygiene (WASH). Extended burden of disease estimates show that improvements to drinking-water, sanitation, hygiene and water resource management could result in the reduction of almost 10% of the total burden of disease worldwide². However, progress is not yet on track to meet the global aspirations of the Sustainable Development Goals (SDGs) to promote both higher levels of WASH service in the form of well-managed services, and to ensure access to at least basic service levels as part of the “leave no one behind” agenda.

Consequently, WHO has identified safely managed water and safely managed sanitation as high priorities and two of 46 impact targets for which the Organization will be held accountable. The importance of WASH in health care facilities is confirmed by the World Health Assembly Resolution (WHA 72.7)³ approved in May 2019 that mandates WHO “to work with Member States and partners to review, update and implement the global action plan and support Member States in the development of national road maps and targets for safe WASH in health care facilities.”

2018 marked the first year of the implementation of WHO’s 2018–2025 WASH Strategy⁴, outlining WHO’s vision **“to substantially improve health through the safe management of water, sanitation and hygiene services in all settings”**. The strategy aligns WHO WASH work with the SDG framework, objectives presented in the WHO Thirteenth General Programme of Work 2019–2023 (GPW 13)⁵, and WHO’s comparative advantages in WASH.

During 2018, WHO remained focussed on tackling, with its partners, the still unacceptably high WASH-related burden of disease. WHO contributed by publishing norms and guidance that promote evidence-based practices in safe management of water and sanitation, developing guidance and delivering training for improving WASH in health care facilities, engaging in robust global monitoring to mobilize political will, and providing targeted technical assistance to countries through a network of environmental health officers in six regions and over 70 countries. WHO also worked to promote active and meaningful communication and collaboration between health and WASH sectors, emphasizing the most achievable interventions and management approaches.

Acknowledging that attainment of universal access to safely managed WASH is a highly aspirational goal for some countries, WHO and partners continued to work with countries to support the development of relevant and achievable national objectives by decision-makers, and to ensure that

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