



Status of WASH in Healthcare Facilities in India: CDDEP

Why in News

A recent research from **Center for Disease Dynamics, Economics and Policy (CDDEP)**, USA, has estimated the cost of ensuring WASH and taking related steps for infection prevention and control for one year in healthcare facilities across India.

- CDDEP aims to use research to support better decision-making in health policy.

WASH

- WASH is an acronym that **stands for the interrelated areas of Water, Sanitation and Hygiene.**
- The [World Health Organisation \(WHO\) WASH Strategy](#) has been developed in response to Member State Resolution (WHA 64.4) and the 2030 Agenda for Sustainable Development (SDG 3: Good Health and Well Being, SDG 6: Clean Water And Sanitation).
- It is a **component of WHO's 13th General Programme of Work 2019-2023** which aims to contribute to the health of three billion through multisectoral actions like better emergency preparedness and response; and one billion with [Universal Health Coverage \(UHC\)](#).
- It also takes on board the need for progressive realization of the human rights to safe drinking-water and sanitation, adopted by the [UN General Assembly](#) in July 2010.

Key Points

- **Need for Study:**
 - **Inadequate Healthcare And Sanitation Facilities:** A 2019 joint global baseline report by WHO and UNICEF had pointed out that globally, one in four healthcare facilities lacked basic water servicing and one in five had no sanitation service and 42% had no hygiene facilities at point of care.
 - **Economic Importance of Sanitation:** A 2012 WHO report had calculated that for every dollar invested in sanitation, there was USD 5.50 to be gained in lower health costs, more productivity and fewer premature deaths.
 - **Fatalities due to Improper Implementation of the WASH Strategy:**
 - A WHO document on WASH in healthcare facilities points out that 8,27,000 people in low- and middle-income countries die as a result of inadequate water, sanitation and hygiene each year.
 - Also, death of 2,97,000 children under five years can be prevented each year if better WASH could be provided.
- **Objectives of the Study:**
 - To determine the cost-effectiveness of WASH interventions to reduce healthcare-associated infections among mother and neonates across the Indian healthcare system.

▪ Findings:

- **Cost Estimates:** Improving WASH across the public healthcare facilities in India and maintaining this for a year would cost Rs. 2567 crores approximately in capital costs and Rs. 2095 crores in recurrent expenses.
 - **Costly Interventions:** Providing clean water, linen reprocessing and sanitation.
 - **Least Expensive Interventions:** Hand hygiene, medical device reprocessing and environmental surface cleaning.
- **Healthcare Associated Infections:**
 - Inadequacies in providing WASH and also lack of infection prevention and control can lead to healthcare associated infections.
 - **Causative Agents:** The pathogens like *Acinetobacter baumannii*, *Enterococcus faecalis*, *Escherichia coli*, *Salmonella typhi*, *Streptococcus pneumoniae* have been found to be causative agents of healthcare associated infections because of their **ability to develop resistance to antibiotics**.
 - **Common Healthcare Associated Infections:** Central-line-associated bloodstream infections, Catheter-associated urinary tract infections, Surgical site infections and Ventilator-associated pneumonia.

▪ Importance of the Study:

- **Suggests Suitable Strategies:** Findings show that addressing gaps in WASH across the Indian healthcare system is not only within the realm of possibility in terms of affordability – when compared to other national health campaigns – but can also be combined with other national efforts to address health priorities such as **antimicrobial resistance**.
 - It also highlights the need for a concerted effort from local bodies, State and Central governments to sustainably **address quality and inequality issues in WASH provision**.
- **Improve Healthcare Policy Framing:** The intersection between WASH, infection prevention and control and antimicrobial resistance is unique in that it offers policy makers an opportunity to address multiple overlapping problems through interventions on WASH in healthcare facilities.

[Source:TH](#)

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