

HYGIENE

UN-WATER GLAAS FINDINGS
ON NATIONAL POLICIES,
PLANS, TARGETS AND
FINANCE

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Hygiene: UN-Water GLAAS findings on national policies, plans, targets and finance

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KEY MESSAGES

Understanding how governments and external support agencies (ESAs) are addressing hygiene is critical during the COVID-19 pandemic and will continue to be so after. Approaches to increase handwashing with soap and provide infrastructure for hygiene, as well as activities to promote and complement hygiene practices, contribute to improved public health. Therefore, it is important to understand what actions are being taken by governments to enable hygiene promotion, facilities and handwashing with soap. This highlight summarizes data collected by the UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) initiative led by the World Health Organization on how governments and ESAs are supporting hygiene.

1. Countries have national policies and plans for hygiene; however, they lack the financial and human resources to fully implement them.

Only 9% of countries with costed hygiene plans reported having enough financial resources to implement the plan. While policies and plans are important for hygiene, they need resources behind them.

2. Governments report insufficient funding for hygiene to achieve national targets.

Only 4% of countries reported having sufficient financial resources to achieve national hygiene targets. While governments report having insufficient funding for national hygiene targets, hygiene comprises 4% of government water, sanitation and hygiene (WASH) budgets.

3. Household expenditures are high compared to government expenditure.

While a lack of consistent, comparable hygiene data impedes analysis, results from five countries show that household expenditure on hygiene is likely a significant portion of all household WASH expenditure.

4. Hygiene data are limited in availability and quality.

While data on hygiene policies, plans, targets, budgets and expenditures do exist, these data need to be improved. Only 9 of 38 countries were able to provide current coverage data for their hygiene targets. Only 18 countries reported hygiene budgets, and 17 countries reported hygiene expenditures, though few countries were able to provide expenditure data covering multiple sources of hygiene funding. In the GLAAS 2018/2019 ESA survey, only two ESAs provided partial data on aid flows for hygiene.

5. The lack of an internationally agreed-upon definition of hygiene provides challenges for reporting on and comparing hygiene data.

Without an agreed-upon definition of hygiene, it is often unclear what is included in data on hygiene. For example, the data could refer to only handwashing, hygiene promotion activities, food hygiene or some combination of those topics. Without a clearer definition of hygiene, comparability of country data on hygiene is limited.



BACKGROUND

Frequent and proper hand hygiene is one of the most important measures that can be used to prevent infection with the COVID-19 virus.¹ Actions by governments to promote hygiene, including handwashing with soap and water and providing hygiene infrastructure such as public handwashing facilities, are critical at this time. These actions should be complemented by activities to ensure access to water and sanitation. To understand how these actions can be strengthened, it is useful to know what countries have already put in place regarding hygiene policies and plans, targets and finance.

Since 2008, WHO, through GLAAS, has monitored elements of national WASH systems including policies and plans, national targets and budgets and expenditures for WASH. This highlight summarizes hygiene findings from the most recent GLAAS cycle in 2018/2019.²

There is no global agreed-upon definition for hygiene, and different countries define hygiene differently. Topics included under hygiene can range from handwashing to food hygiene to hygiene promotion or infrastructure for hygiene. Because there is not a single definition, the data presented in this highlight may not always be comparable. In future GLAAS cycles, WHO will work to develop a more standardized definition of hygiene.

¹ Water, sanitation, hygiene and waste management for COVID-19. WHO and UNICEF; 2019 (Available at: <https://www.who.int/publications-detail/water-sanitation-hygiene-and-waste-management-for-covid-19>, accessed on 15 April 2019).

² For a list of the 115 countries and 29 external support agencies participating in the GLAAS 2018/2019 cycle, please see the GLAAS 2019 report. The GLAAS 2019 report also provides information on the GLAAS process. The GLAAS 2019 report is available at: https://www.who.int/water_sanitation_health/publications/glaas-report-2019/en/

NATIONAL POLICIES AND PLANS FOR HYGIENE

In the GLAAS 2018/2019 country survey, 79% of countries (86 out of 109) reported having national policies for hygiene.¹ Of those 86 countries, 34 countries were in the process of revising their hygiene policies at the time they completed the survey. Eighty countries reported having national plans for hygiene.

The vast majority of countries addressed promotion of handwashing with soap and water in their hygiene policies and plans (93% of countries). Hygiene promotion in schools and hygiene promotion in health care facilities were also included in most hygiene policies and plans.

While the majority of countries have policies and plans in place for hygiene, they often lack sufficient human and financial resources to implement the plans.

Table 1: Number and percentage of countries with national hygiene plans that have been costed and supported by sufficient financial resources

Number of countries with national hygiene plans	Costed plans and sufficiency of financial resources		Human resource assessments for plans and sufficiency of human resources	
	Percentage of countries with national plans that have been costed	Percentage of countries with costed plans reporting sufficient finance to implement plan ^a	Percentage of countries that have conducted human resource assessments for plans	Percentage of countries that have assessed human resources for plans and reported having sufficient human resources to implement plan ^a
80	60%	9%	41%	10%

^a In the GLAAS 2018/2019 country survey, sufficient finance and human resources were defined as having more than 75% of what is needed to implement national WASH plans.
Source: GLAAS 2018/2019 country survey.

¹ This means that policies are formally approved or undergoing revisions, but that the country has indicated a policy exists for hygiene.



NATIONAL COVERAGE TARGETS FOR HYGIENE

GLAAS 2018/2019 findings indicate that over 40% of countries (38 of 93 countries) reported having national hygiene coverage targets that align with Sustainable Development Goal (SDG) indicator 6.2.1 on the proportion of the population with a handwashing facility with soap and water at home. The same number of countries do not have a national target for hygiene. Table 2 presents a summary of the types of hygiene coverage targets that countries have established, as well as providing some examples of the types of targets.

Over 40% of countries have yet to set a national coverage target for hygiene.

Table 2: National hygiene coverage targets and alignment with SDG 6 (n=93)

Category	Target classification criteria	Examples of national standards and indicators used to monitor national targets	Number of countries (percentage)
Basic	The target calls for handwashing facilities on premises with soap and water.	Nigeria: Percentage of population with handwashing facilities with soap on premises.	38 (41%)
Other	The target calls for other types of hygiene targets, such as those specific to WASH in schools, health care facilities, food service, hygiene promotion or hygiene practices.	Jamaica: Percentage of food handling establishments that should have handwashing facilities including soap and running water. Pakistan: Percentage of population having access to health and hygiene promotion activities. Togo: Percentage of population washing their hands with soap at critical moments.	17 (18%)
None	Countries that do not have a national coverage target for hygiene.		38 (41%)

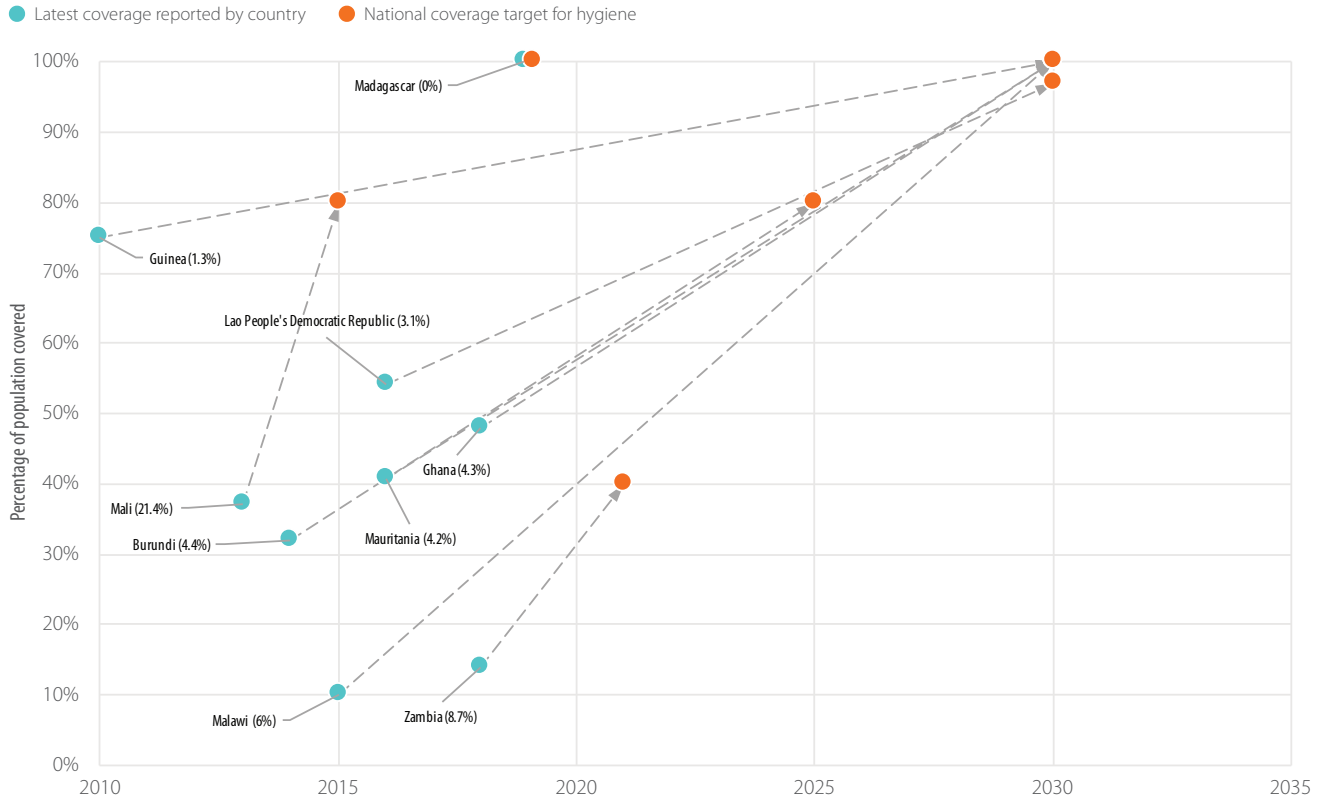
Source: GLAAS 2018/2019 country survey.

Progress on hygiene targets

Out of the 38 countries that reported having basic hygiene targets for handwashing facilities on premises with soap, only nine countries (23%) could provide data on current coverage for this target. As a comparison, nearly one-half of countries could report progress on urban drinking-water and sanitation targets.

Figure 1 compares reported country coverage for hygiene against national targets. For the nine countries that reported current hygiene coverage, the average annual rate of progress needed to achieve their basic hygiene targets ranges from 1 to 21 percentage points per year.

The rate of progress needed to reach basic hygiene targets ranges from 1 to 21 percentage points per year.



Note: Percentages in parentheses after country names indicate the annual rate of change needed to reach target.
Source: GLAAS 2018/2019 country survey.

Figure 1: Progress required in basic hygiene coverage to achieve national targets

Sixty-seven countries estimated whether funding from all sources allocated to hygiene is sufficient to reach national hygiene targets. Figure 2 shows that the majority of countries reported having insufficient funding to reach national hygiene targets.

Only 4% of countries reported that they have sufficient funding to reach their national hygiene targets.¹

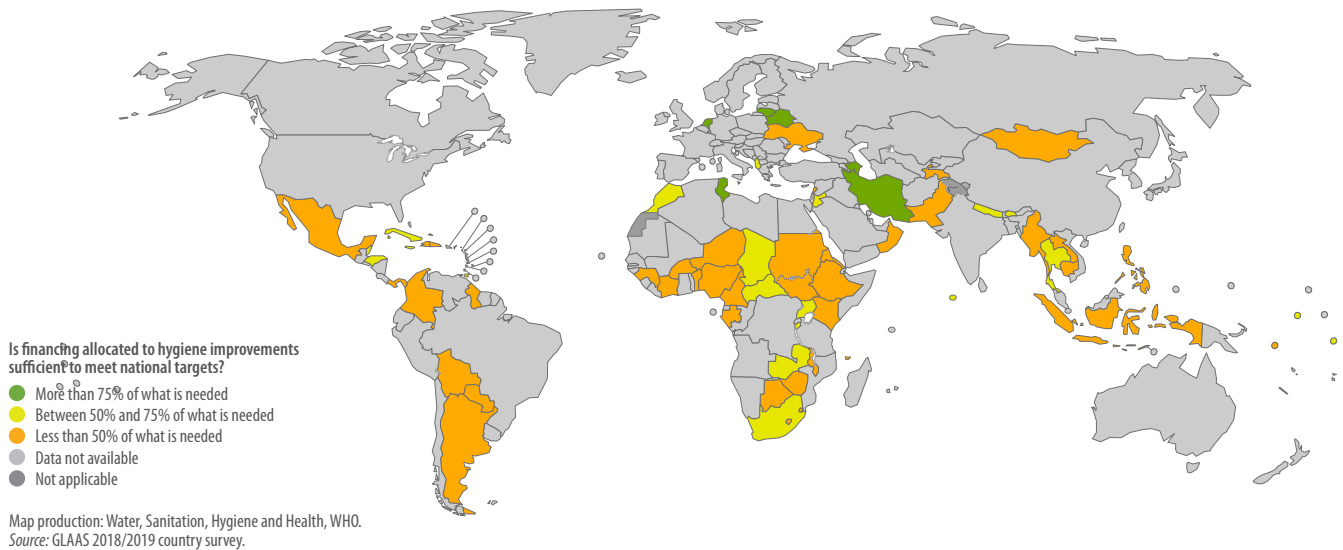


Figure 2: Level of sufficiency of financial resources allocated to hygiene to meet national targets (n=67)

¹ In the GLAAS 2018/2019 country survey, sufficient finance was defined as more than 75% of what is needed to meet national targets.

FINANCE — BUDGETS AND EXPENDITURES FOR HYGIENE

Budgets for hygiene

Government budgets for hygiene are available for 18 of the 60 countries¹ that provided government WASH budgets in the GLAAS 2018/2019 country survey. Data for these countries indicate that US\$ 144 million is budgeted for hygiene programmes and facilities out of US\$ 3.6 billion in total government WASH budgets (4% of WASH budgets). These 18 countries represent a combined population of 440 million; thus, annual hygiene budgets for these countries are on average US\$ 0.33 per capita. Of the countries that were able to provide disaggregated budget data by ministry, ministries of health were the most common ministry to have a budget for hygiene.

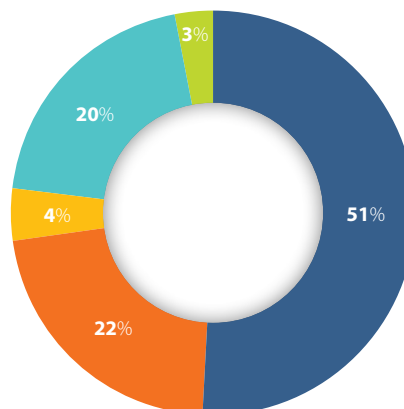
Hygiene comprises 4% of government budgets for WASH.

Limitations in hygiene expenditure data

Available data on expenditures² on hygiene promotion and handwashing is sparse. While 54 out of 115 countries provided WASH expenditure data in the GLAAS 2018/2019 country survey, only 17 of these countries³ could provide estimates of any hygiene expenditures.⁴ Further, only 16 of these 17 countries had hygiene targets that were similar in scope and thus had comparable expenditure data.⁵ Analysis of these 16 countries indicates that average expenditures for hygiene promotion/handwashing comprise 12% of total annual WASH expenditures.

Sixteen countries reported US\$ 960 million in hygiene expenditures, comprising 12% of total WASH expenditures from all sources of funding.

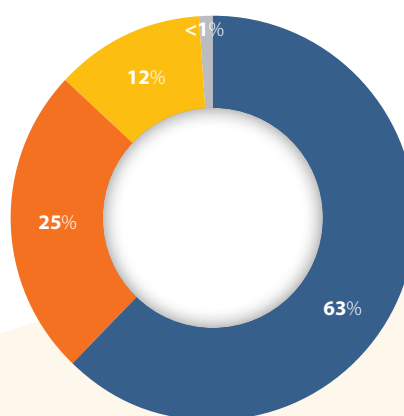
● Drinking-water ● Sanitation ● Hygiene ● WASH in health care facilities ● WASH in schools



Source: GLAAS 2018/2019 country survey.

Figure 3: Government budgets for WASH, by service type (n=18, US\$ 3.6 billion)

● Drinking-water ● Sanitation ● Hygiene ● Unallocated



Source: GLAAS 2018/2019 country survey, 2020 TrackFin/WASH accounts data (unpublished).

Figure 4: WASH expenditure, by service type (n=16, US\$ 8.4 billion)

¹ Azerbaijan, Bangladesh, Bhutan, Burkina Faso, Burundi, Côte d'Ivoire, Democratic Republic of the Congo, Eswatini, Gabon, Guinea, Jordan, Lao People's Democratic Republic, Mali, Nepal, Senegal, Serbia, Togo and Tunisia.

² Inclusive of funding from household, government, external and repayable sources.

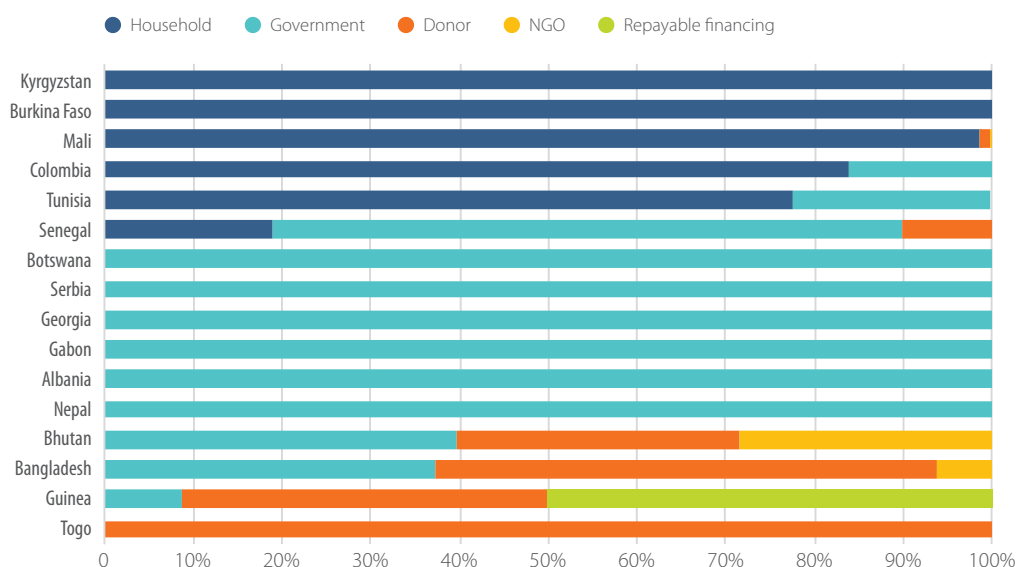
³ Albania, Burkina Faso, Bangladesh, Bhutan, Botswana, Colombia, Gabon, Georgia, Guinea, Iran (Islamic Republic of), Kyrgyzstan, Mali, Nepal, Senegal, Serbia, Togo and Tunisia.

⁴ Burkina Faso, Mali and Tunisia data derived from TrackFin/WASH accounts data which were reported in the GLAAS 2018/2019 country survey.

⁵ Iran (Islamic Republic of) was excluded from the analysis due to comparability issues relating to a broadly defined hygiene target, which included access to primary health care. The data from the remaining 16 countries may cover slightly different activities under hygiene, but since the hygiene targets are similar, they are all included in the analysis.

The GLAAS 2018/2019 country survey asked countries to report hygiene expenditures from households, government, external sources and repayable financing. Eight of the 16 countries indicated only one source of funding for hygiene, either government, households, or donors. Where households are shown as the only source of funding for hygiene, government data may be unavailable due to difficulty in disaggregating between sanitation and hygiene, and/or the lack of hygiene promotion programmes. In countries where household data are not available, data on household expenditures for soap, handwashing facilities and other household hygiene-related expenses may be missing due to lack of data and/or methods to estimate these expenses in a national aggregate.

Eight of 16 countries report only one source of funding for hygiene, highlighting the lack of comprehensive hygiene expenditure data.



Note: Mali and Burkina Faso also provided government expenditure data, but the sums were so small in comparison (less than 0.1 per cent of hygiene expenditure) that they do not appear on the graph.
Source: GLAAS 2018/2019 country survey.

Figure 5: Sources of funding for hygiene

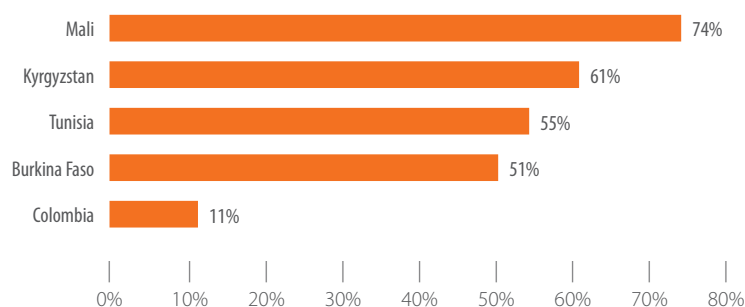
Overall, it is difficult to compare hygiene expenditures as countries may have categorized hygiene expenditures in different ways and/or not fully reported all expenditures. For example, many of the 16 countries with expenditure data have indicated hygiene targets related to handwashing facilities and soap. However, in Kyrgyzstan, the hygiene target is related to other areas including monitoring of diseases related to water quality.¹ In addition, two countries (Colombia and Kyrgyzstan) reported all household sanitation and hygiene self-supply expenditures as hygiene, thus in these two cases hygiene may go beyond handwashing facilities and soap and include toilet/latrine facilities, sludge disposal and piping.

¹ Kyrgyzstan expenditure data are still used in this analysis as its hygiene target still falls within the scope of WASH.

Household and government expenditure on hygiene

In all countries, a large majority of households acquire handwashing facilities and soap, but due to difficulties in obtaining these data or how hygiene expenditures are measured (for example hygiene promotion only), these expenditures are in many cases not reported. Only five¹ countries participating in the GLAAS 2018/2019 country survey were able to report household expenditures on hygiene. These countries' household hygiene expenditure data highlight the potential significance of household spending on hygiene.

The percentage of household WASH expenditures on hygiene in five countries ranges from 11% to 74%.



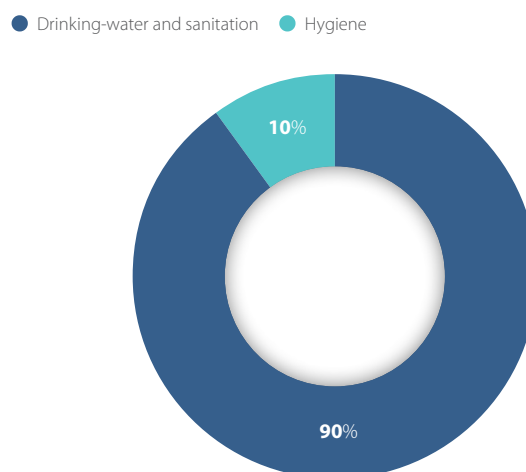
Source: GLAAS 2018/2019 country survey.

Figure 6: Household hygiene expenditure as a percentage of total household WASH expenditure

Three of the countries that provided household hygiene expenditures have assessed these data through WASH accounts generated using the TrackFin methodology² (Mali, Tunisia and Burkina Faso). As more countries develop detailed WASH accounts, future results may shed more light on the extent of household hygiene expenditure compared to overall WASH expenditure.

More countries were able to report on government hygiene expenditures than household expenditures. Fourteen of the 16 countries reporting hygiene expenditures included government spending. Data from these countries show that hygiene expenditure by governments is relatively low compared to drinking-water and sanitation expenditures.

For 14 countries, the average percentage of government WASH expenditure on hygiene is 10%.



Source: GLAAS 2018/2019 country survey.

Figure 7: Government spending on hygiene compared to drinking-water and sanitation (n=14, US\$ 2 billion)

¹ Senegal also provided household expenditure data on hygiene, but as comparability of the expenditure data reported by the country is limited, they are not included in this analysis.

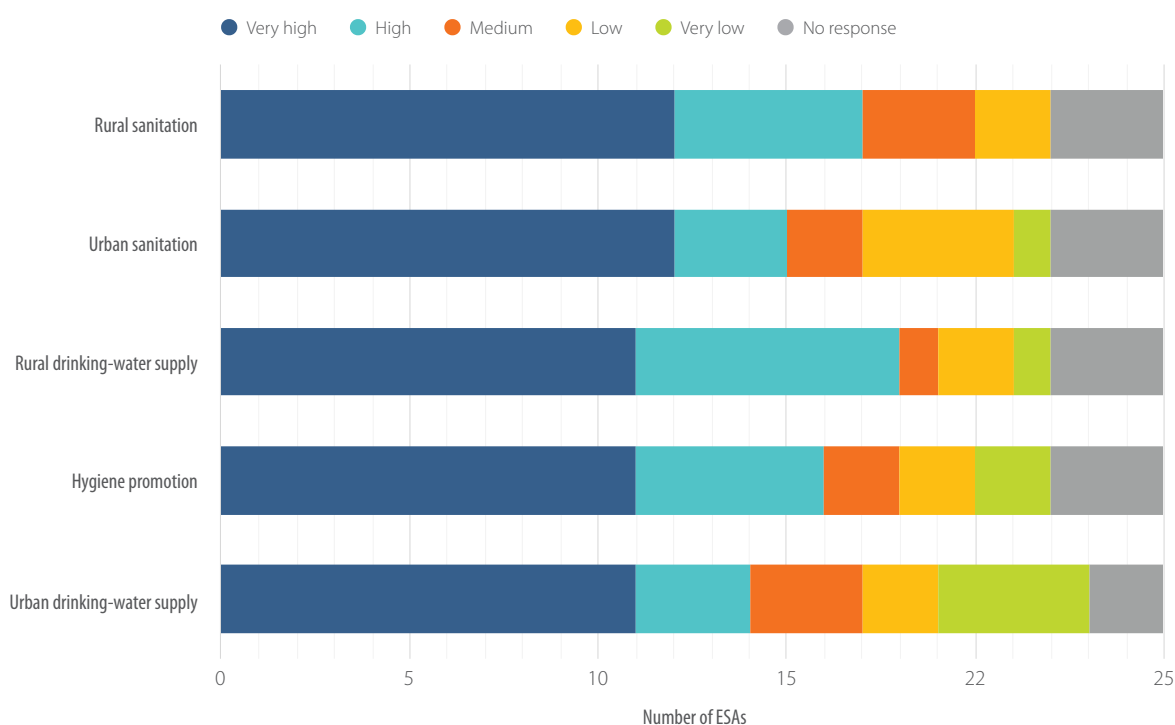
² TrackFin is a methodology to identify and track funding to the WASH sector at the national or sub-national level in a consistent and comparable manner. The TrackFin methodology can be applied to produce WASH accounts which can be used for national benchmarking, cross-country comparisons and to provide an evidence base to better plan, finance, manage and monitor WASH services and systems. For more details on the TrackFin methodology and the development of WASH accounts please visit: https://www.who.int/water_sanitation_health/monitoring/investments/trackfin/en/



EXTERNAL SUPPORT FOR HYGIENE

External support agencies (ESAs) often support governments in their hygiene efforts. Despite the majority of ESAs citing hygiene promotion as a high priority, data reporting on activities and aid to support hygiene are limited.

Eleven ESAs noted that hygiene was a very high priority.



Source: GLAAS 2018/2019 country survey.

Figure 8: Hygiene as compared to drinking-water and sanitation as priority areas for ESAs (n=25)

UNICEF, the Water Supply and Sanitation Collaborative Council (WSSCC), the Japan International Cooperation Agency (JICA) and the German Federal Ministry for Economic Cooperation and Development (BMZ) all noted that hygiene is part of their efforts towards achieving SDG 6.2.

In the GLAAS 2018/2019 ESA survey, other ESAs cited specifically how hygiene fits within their WASH work. The following are examples of how ESAs are working on hygiene.

- The Swedish International Development Cooperation Agency's (Sida) Results Strategy for Sustainable Social Development and Health includes greater knowledge about hygiene and risks associated with polluted water.
- One of WaterAid's four strategic aims is to improve hygiene behavior. The organization aims to positively influence hygiene behaviour to maximize the benefits of access to safe water and sanitation through improving understanding of hygiene practices and improving people's ability to practice good hygiene.
- A majority of CARE International's WASH programmes and food and nutrition security programmes conduct hygiene promotion activities.

While ESAs are funding and working on hygiene programmes, data on aid commitments and disbursements for hygiene are lacking. The Organisation for Economic Co-operation and Development (OECD) Creditor Reporting System (CRS) does not clearly track aid for hygiene. In the GLAAS 2018/2019 ESA survey, only two ESAs provided partial data on aid flows for hygiene. Tracking aid commitments and disbursements for hygiene is challenging since there is no consistent definition of hygiene, and it may be difficult to disaggregate these expenditures from broader water, sanitation and health programmes.



LOOKING AHEAD

To better prevent and respond to public health crises such as the COVID-19 pandemic, governments must think of hygiene as not only about handwashing with soap and behaviour change, but also about investing in infrastructure. For this, monitoring and reporting on hygiene needs to improve. Additionally, comparable, high-quality data are essential for learning and planning in countries. For example, when governments do not know what is currently being spent on hygiene, it becomes challenging to advocate for additional funding and difficult to best use the funding that is available.

As a step to promote better monitoring and reporting of hygiene data in WASH systems, WHO will revise the GLAAS country and ESA surveys to clarify its definitions and questions on hygiene in future data collection cycles. In addition, developing WASH accounts using the TrackFin methodology improves the reporting of hygiene expenditure data. GLAAS will continue to provide technical support to countries to improve the monitoring of hygiene and to develop WASH accounts, ultimately contributing to improvements in plans and approaches to support hygiene in countries.

UN-Water Reports

UN-Water coordinates the efforts of United Nations entities and international organizations working on water and sanitation issues. By doing so, UN-Water seeks to increase the effectiveness of the support provided to Member States in their efforts towards achieving international agreements on water and sanitation. UN-Water publications draw on the experience and expertise of UN-Water's Members and Partners.

UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS)

GLAAS is produced by the World Health Organization (WHO) on behalf of UN-Water. It provides a global update on the policy frameworks, institutional arrangements, human resource base, and international and national finance streams in support of sanitation and drinking-water. It is a substantive input into the activities of Sanitation and Water for All (SWA).

United Nations World Water Development Report

The United Nations World Water Development Report is UN-Water's flagship report on water and sanitation issues, focusing on a different theme each year. The report is published by UNESCO, on behalf of UN-Water and its production is coordinated by the UNESCO World Water Assessment Programme. The report gives insight on main trends concerning the state, use and management of freshwater and sanitation, based on work done by the Members and Partners of UN-Water. Launched in conjunction with World Water Day, the report provides decision-makers with knowledge and tools to formulate and implement sustainable water policies. It also offers best practices and in-depth analyses to stimulate ideas and actions for better stewardship in the water sector and beyond.

Sustainable Development Goal 6 Synthesis Report 2018 on Water and Sanitation

The SDG 6 Synthesis Report 2018 on Water and Sanitation was published in June 2018 ahead of the High-level Political Forum on Sustainable Development where Member States reviewed SDG 6 in-depth. Representing a joint position from the United Nations family, the report offers guidance to understanding global progress on SDG 6 and its interdependencies with other goals and targets.

Sustainable Development Goal 6 Indicator Reports

This series of reports shows the progress towards targets set out in SDG 6 using the SDG global indicators. The reports are based on country data, compiled and verified by the United Nations agencies serving as custodians of each indicator.

The progress report of the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP)

This report is affiliated with UN-Water and presents the results of the global monitoring of progress towards access to safe and affordable drinking-water, and adequate and equitable sanitation and hygiene. Monitoring draws on the findings of household surveys and censuses usually supported by national statistics bureaus in accordance with international criteria and increasingly draws on national administrative and regulatory datasets.

Policy and Analytical Briefs

UN-Water's Policy Briefs provide short and informative policy guidance on the most pressing freshwater-related issues that draw upon the combined expertise of the United Nations system. Analytical Briefs provide an analysis of emerging issues and may serve as basis for further research, discussion and future policy guidance.

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