

# Pacific Heads of Health

## Réunion des directeurs de la santé du Pacifique



Marc Overmars, UNICEF Pacific

## Good Practices in Water, Sanitation and Hygiene

# 2007 British Medical Journal: What is the greatest medical advance in the past 150 years?

## Sanitation a Top Medical Milestone

### More Than 150 Years of Medical Marvels: Sanitation Voted the Greatest Advance Since 1840

**Jan. 18, 2007** — - If it were up to you to decide what has been the greatest medical advance of the past 150 years, what would you choose?

That's exactly the challenge the prestigious British Medical Journal posed to a small group of experts and the many thousands of their readers, mostly doctors. Well, almost exactly.

They actually were looking for the greatest medical advance of the past 167 years, back to 1840, the year the journal was founded.

Sanitation received 1,795 votes. Antibiotics was a close second with 1,642 votes and anesthesia took third.

The original champions of the sanitary revolution were Dr. John Snow, who showed that cholera was spread by water in 1854, and Edwin Chadwick, who came up with the idea of sewage disposal and piping water into homes in the 1840s.

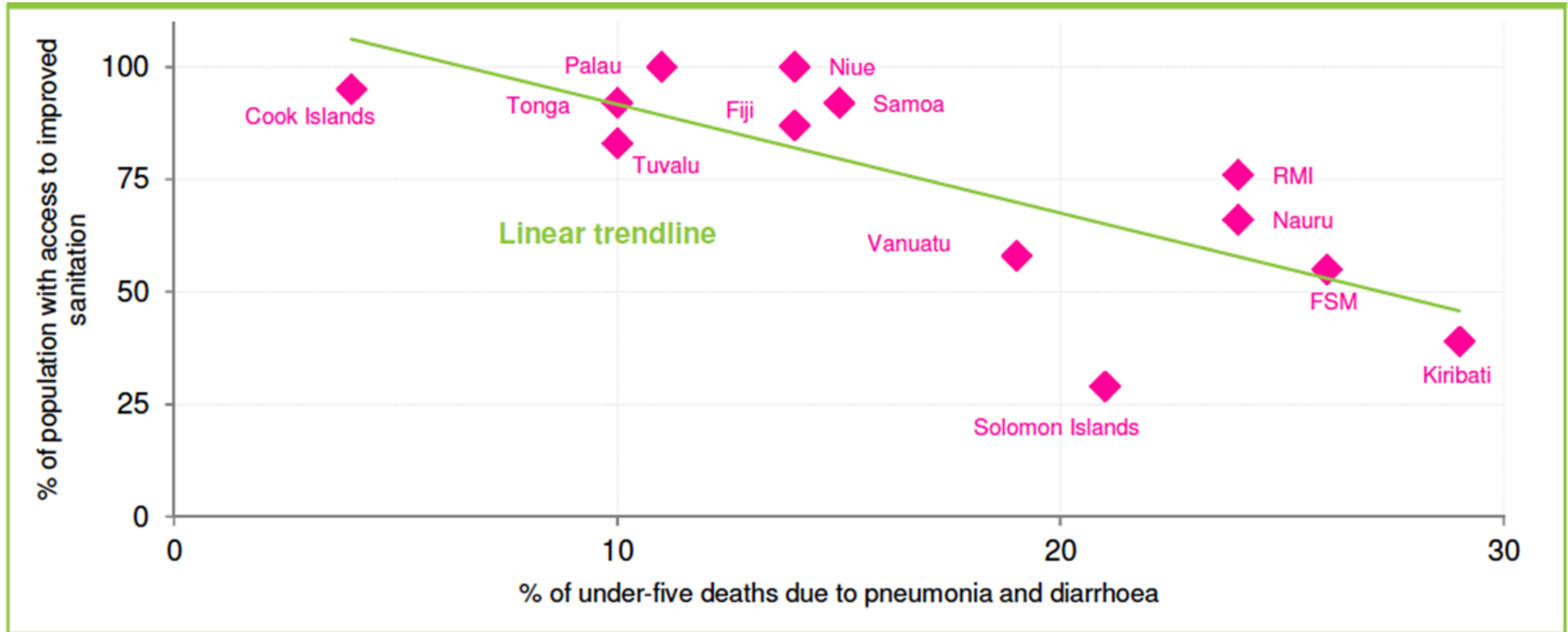




## Part 1:

# Impacts of WASH on Public Health

# Relationship between national sanitation coverage and childhood deaths due to pneumonia and diarrhoea

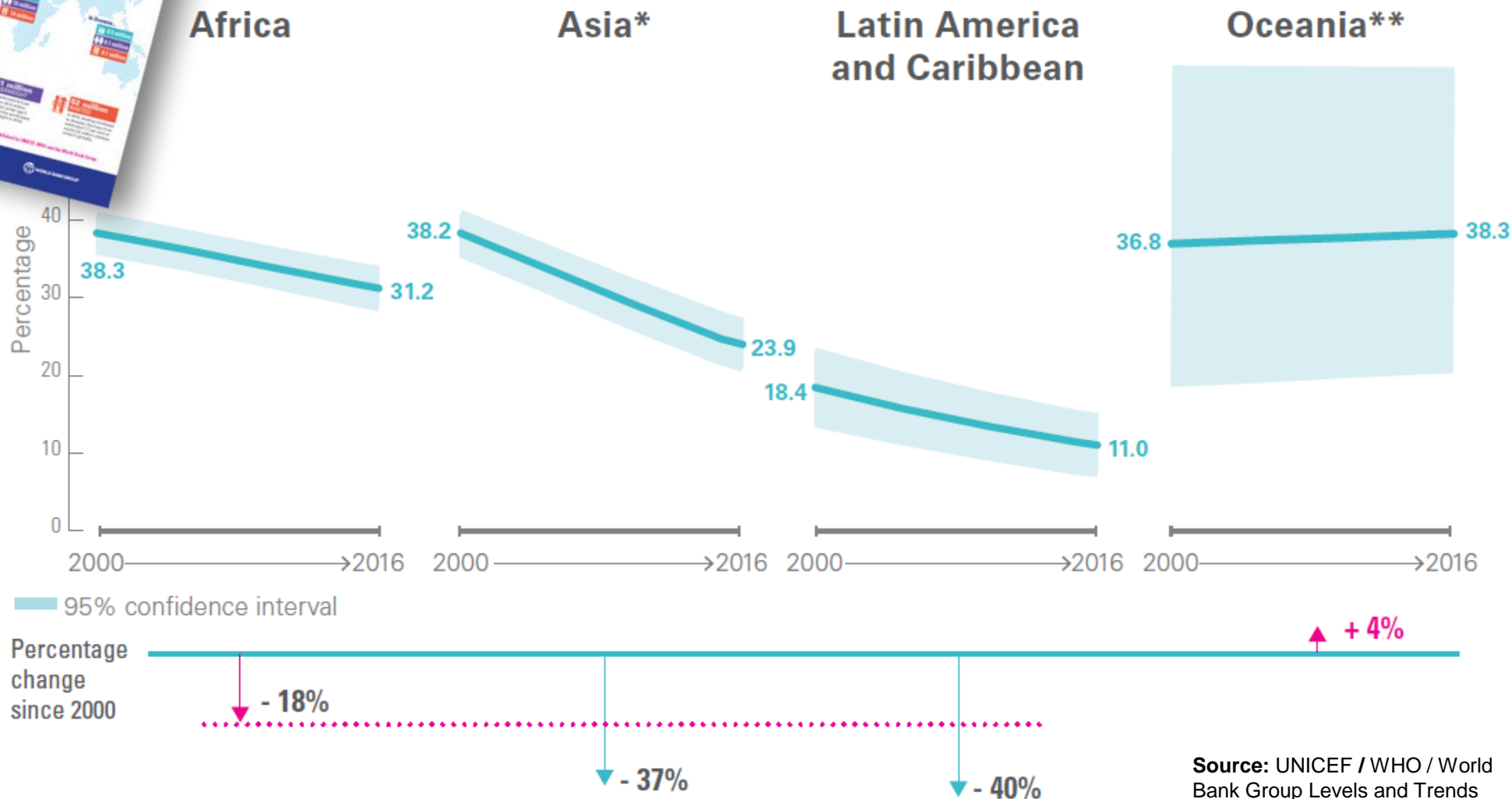


**Source:** UNICEF Pacific analysis based on UNICEF 2013, WHO and CHERG 2013 & WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP), 2013.

**Kiribati has one of the lowest rates of access to improved sanitation and highest under-five deaths due to pneumonia and diarrhoea**

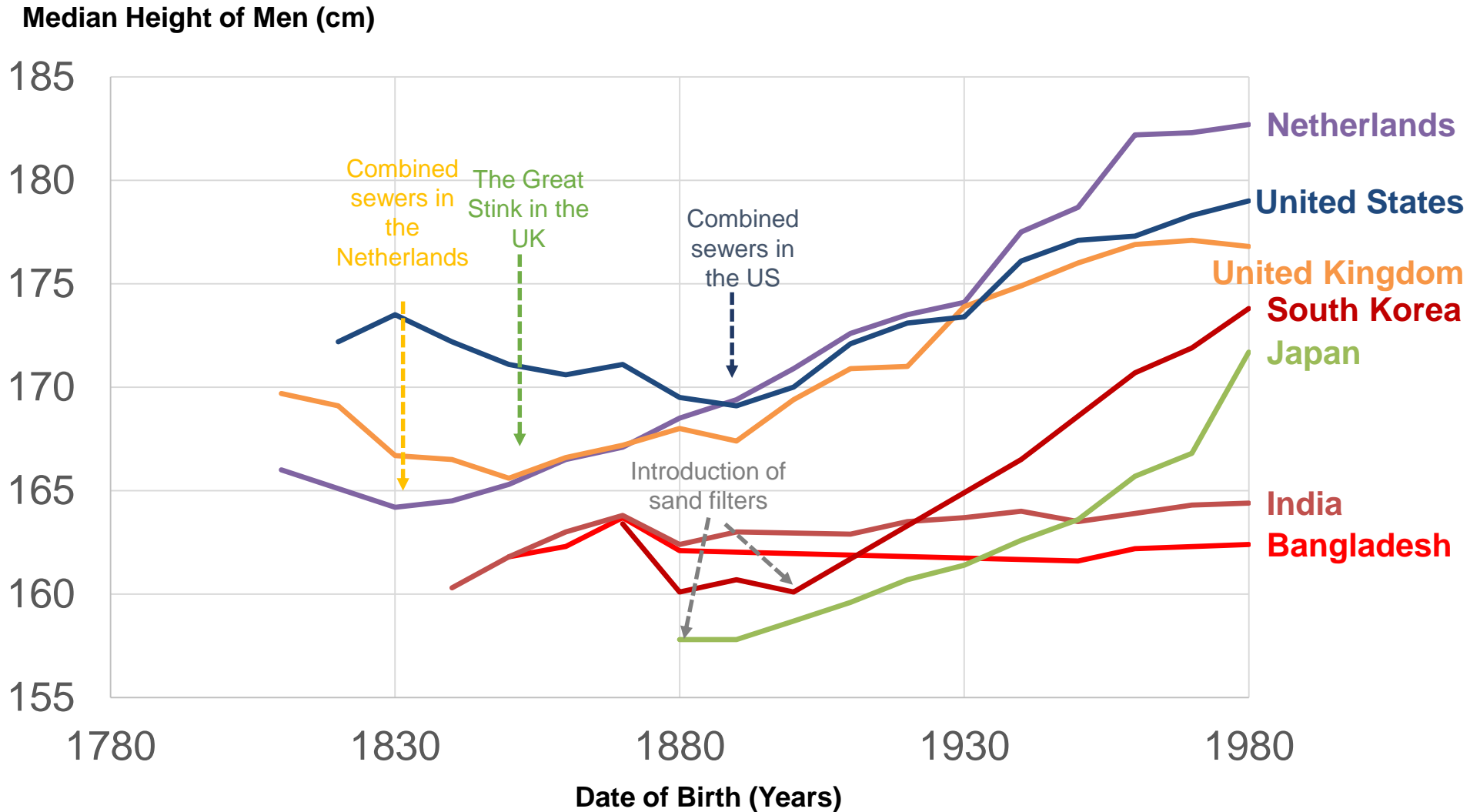
# Two regions have experienced slow or no progress in reducing stunting

Percentage of stunted children under 5, by United Nations region, 2000 – 2016



Source: UNICEF / WHO / World Bank Group Levels and Trends in Child Malnutrition 2017

# Stunting is NOT genetic!



Source: University of Tuebingen, Max Roser (2017) 'Human Height'. [OurWorldInData.org](https://ourworldindata.org)

**OPEN  
DEFECATION**

Poor WASH

Faecal-oral exposure

Environmental  
Enteropathy

Intestinal worms

Diarrhoeal  
Diseases

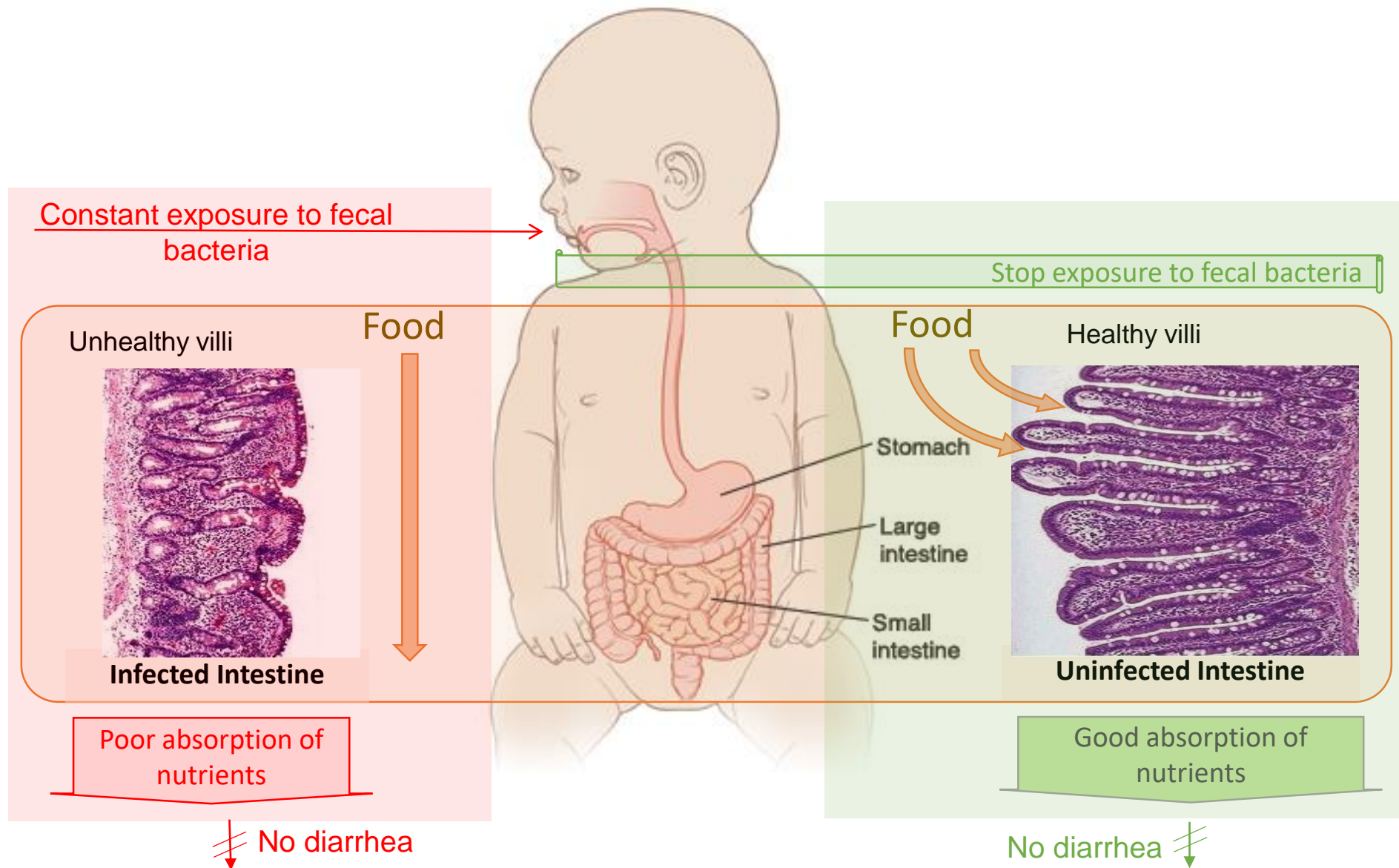
Poor nutritional status

Poor child development  
and learning





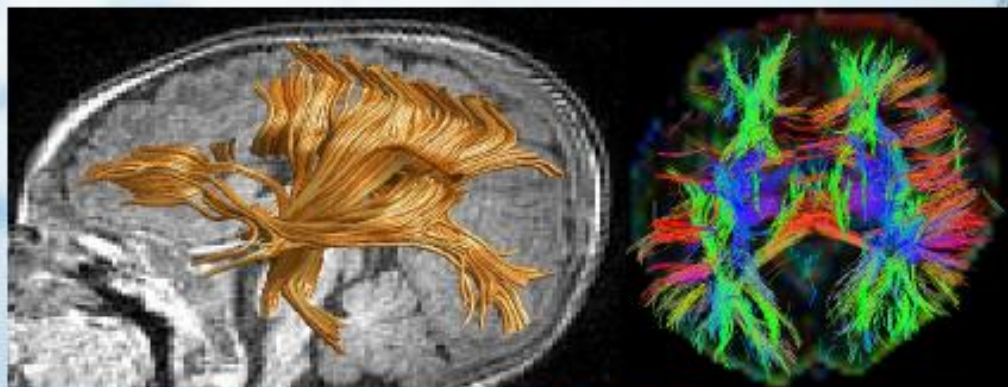
# Environmental Enteric Dysfunction



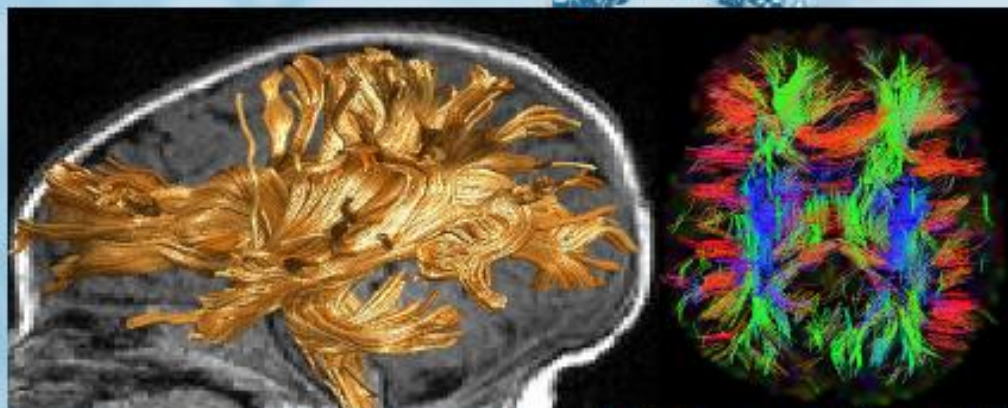


# Stunting Impact on Cognitive Capacity of Children

## Examining Anatomical Connectivity



Stunted growth  
representative infant

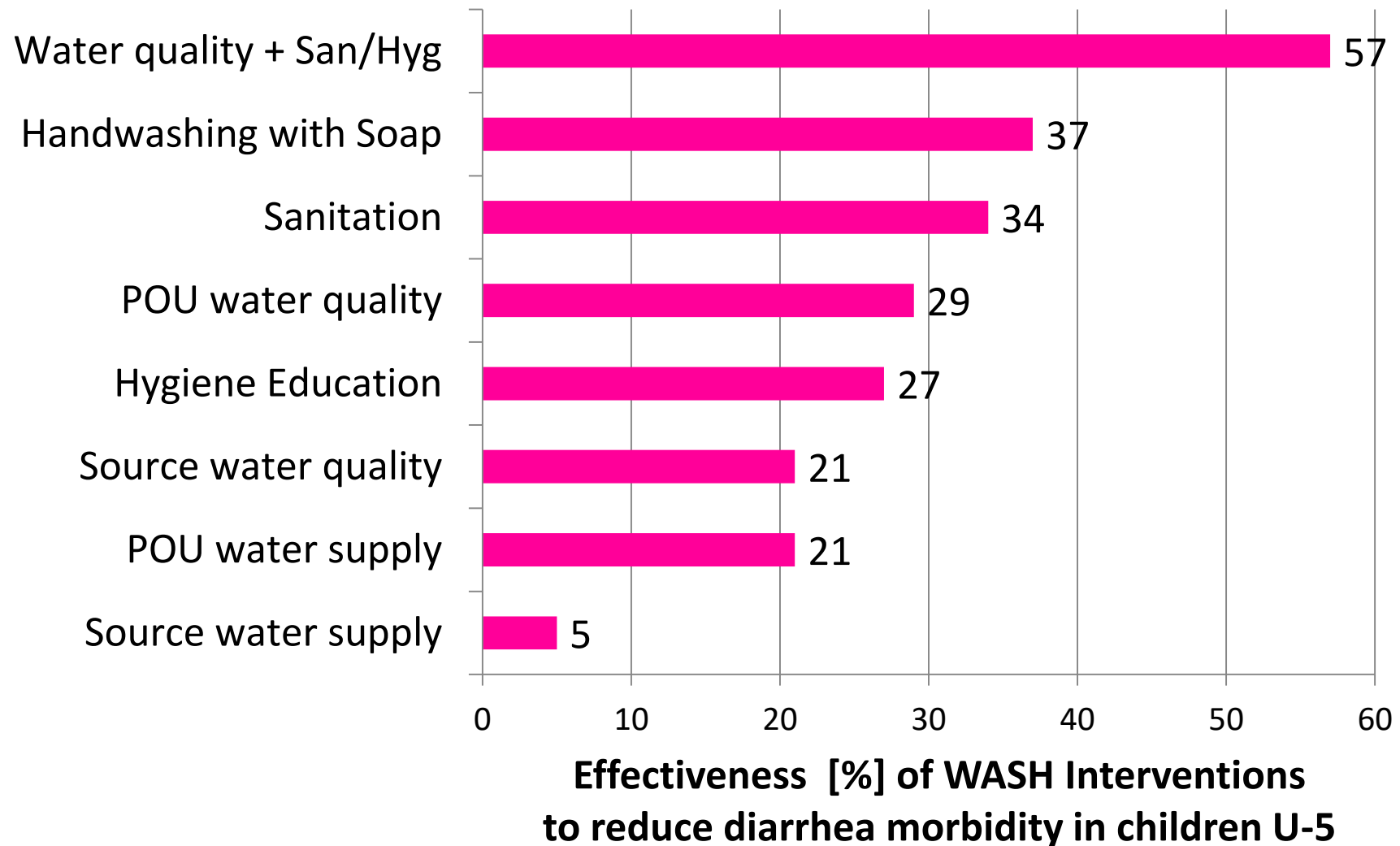


Never stunted growth  
representative infant

Diffusion Weighted Imaging (derived from Magnetic Resonance Imaging)

Yingying Wang, Ph.D., Borjan Gagoski, Ph.D., Danielle Sliva, Ph.D., Meaghan Mauer, Ph.D., Nadine Gaab, Ph.D., & Charles A. Nelson

# Improved WASH has a proven impact on young child morbidity



Source: WHO, 2008





**Part 2:**

# **Eradicate Open Defecation**











# Opportunities for WASH, Health and Nutrition Convergence







Teimatoan Marurungiu?

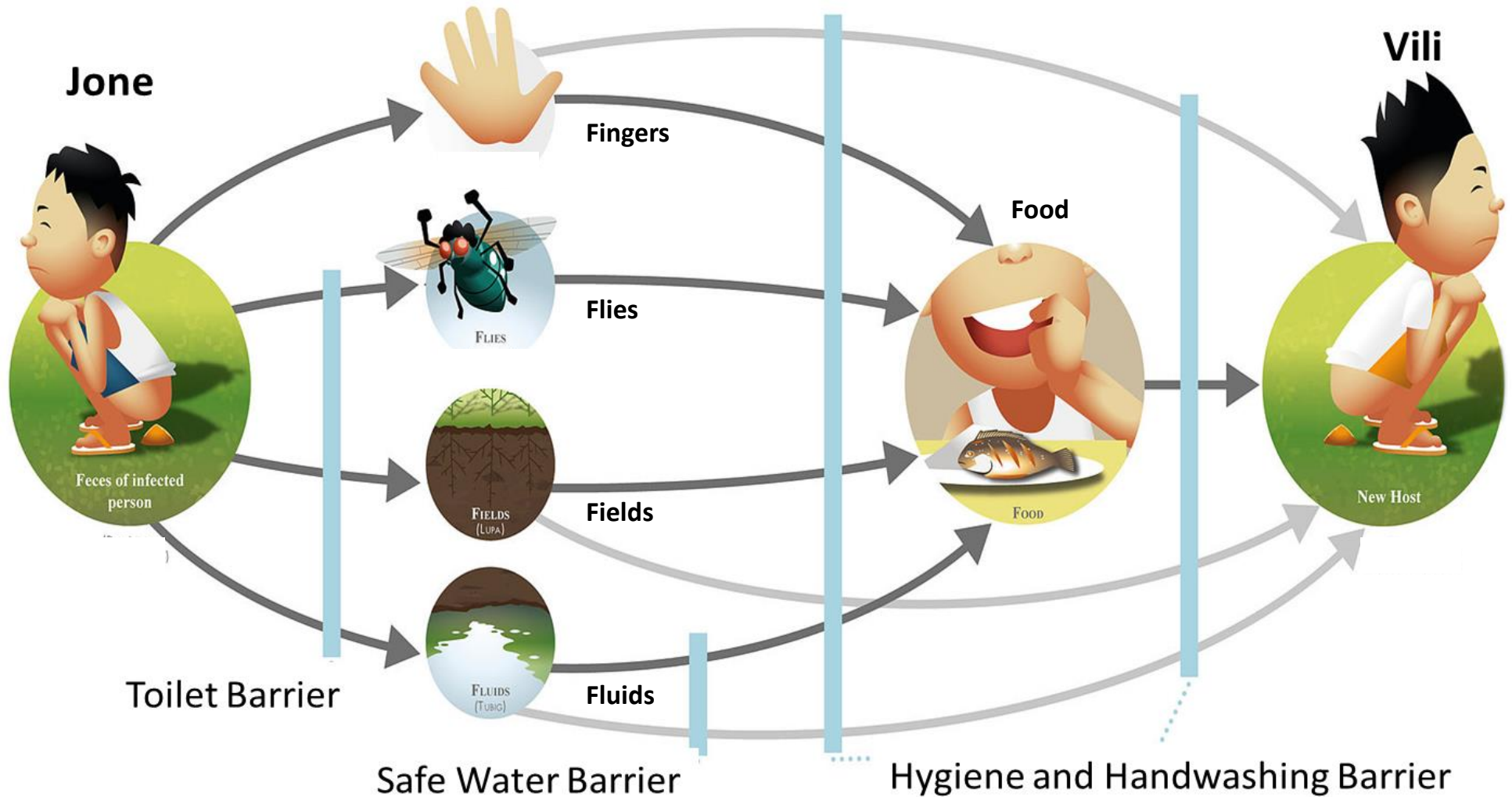
I teboka baiu ma te ran ao te  
toobu imwain amwarakeu ao  
imwin kabonganaan te  
kainnakotaari

**MARURUNG  
ATAEI!  
MARURUNG  
KIRIBATI!**

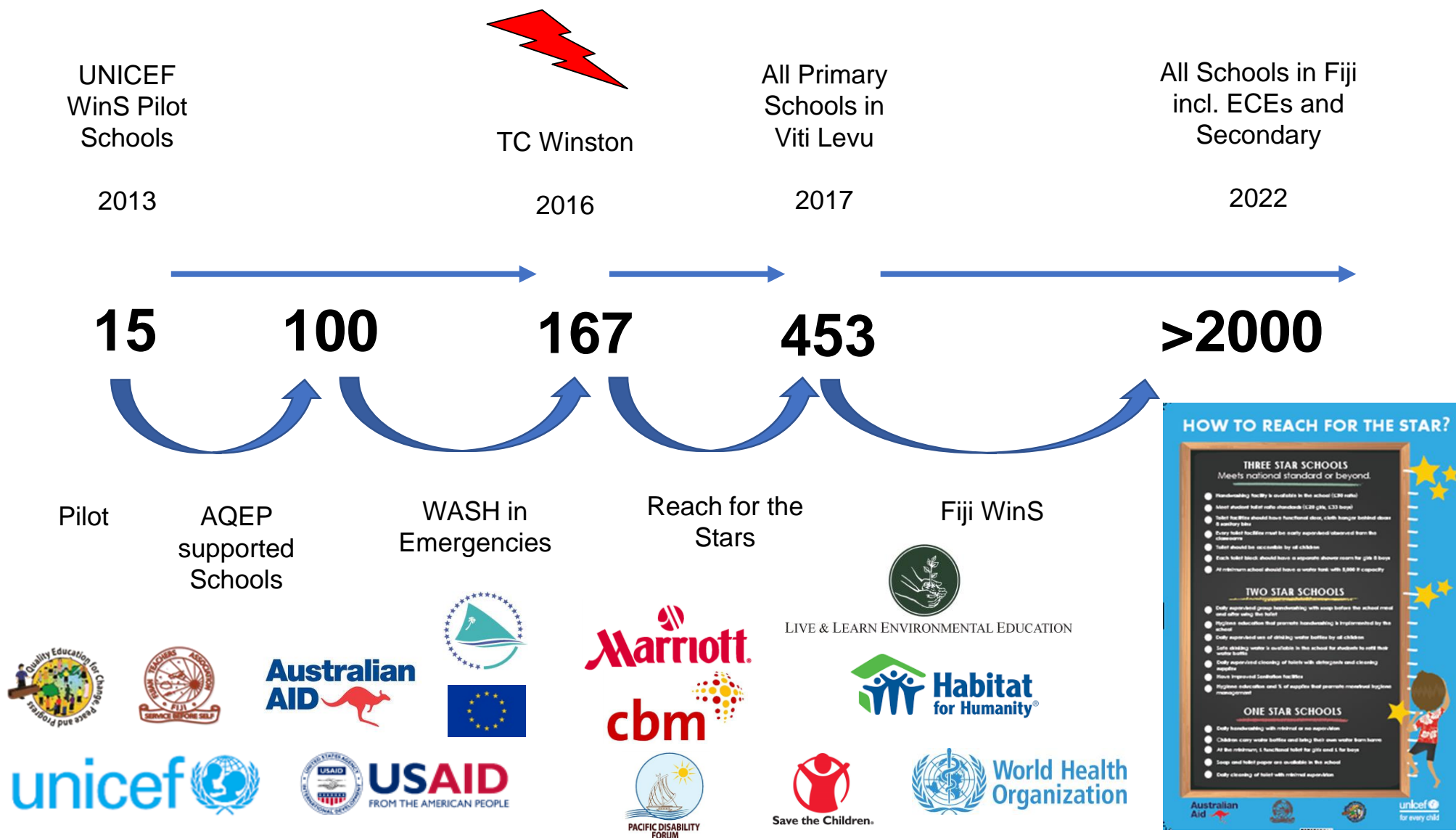
**Part 3:**

**WASH  
in  
Schools**

# The “F” Diagramme



# Scaling up WASH in Schools in Fiji through the 3-Star approach





# Advances of WASH in Schools in the Pacific

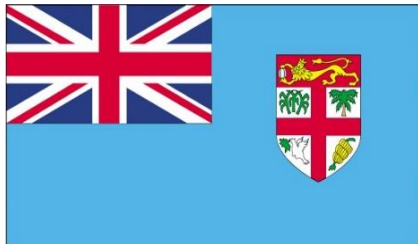


Pilot: **KWIS**

Scale: 32 schools on 4 outer islands

Cost: **USD 925,000**

(MFAT/UNICEF NZ)



Pilot: **Reach for the Stars**

Scale: 15 schools pre-TC Winston

67 TC Winston recovery

453 primary schools 1 Division

Cost: **USD 1,690,000**

(Mariott/DFAT/UNICEF AU)



Pilot: **Van-WinS**

Scale: 119 ECCE centers, 64 primary schools and 15 secondary schools on 3 islands in 1 Province

Cost: **USD 2,949,431**

(MFAT/UNICEF NZ)



Pilot: **SIBLE**

Scale: 42 schools in 1 Province

Cost: **USD 2,796,500**

(MFAT/UNICEF NZ)

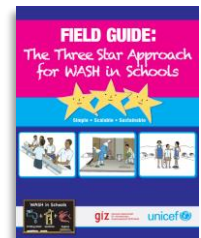


Pilot: **Chuuk**

Scale: 10 schools in 1 State

Cost: **USD 200,000**

(UNICEF/GIZ)





## Part 4:

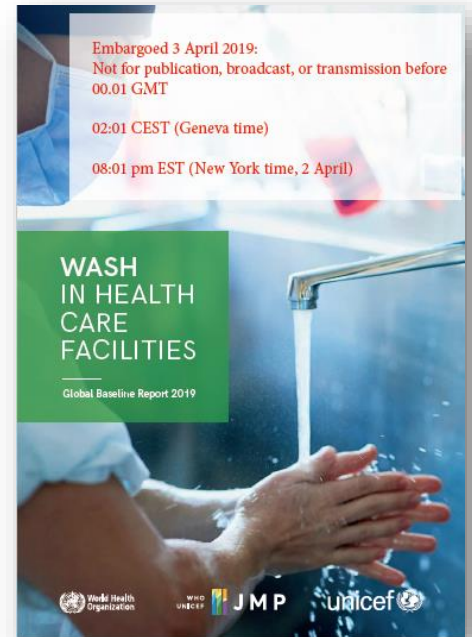
# WASH in Health Care Facilities

# Global Report on WASH in Health Care Facilities

## 1 in 4 health care facilities lacks basic water services UNICEF, WHO

**3 APRIL 2019 | GENEVA | NEW YORK** – One in four health care facilities around the world lacks basic water services, impacting over 2 billion people, according to a new report by the World Health Organization (WHO) and UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP).

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## António Guterres, United Nations Secretary-General

“Water, sanitation and hygiene services in health facilities are the most basic requirements of infection prevention and control, and of quality care. They are fundamental to respecting the dignity and human rights of every person who seeks health care and of health workers themselves.”

## Henrietta Fore, UNICEF Executive Director

“When a baby is born in a health facility without adequate water, sanitation and hygiene, the risk of infection and death for both the mother and the baby is high. Every birth should be supported by a safe pair of hands, washed with soap and water, using sterile equipment, in a clean environment.”



# Sample Survey Solomon Islands WASH in Health Care Facilities



Source: MHMS RWASH Baseline Survey Report 2016

# Facility Improvement Tool for WASH in Health Care Facilities

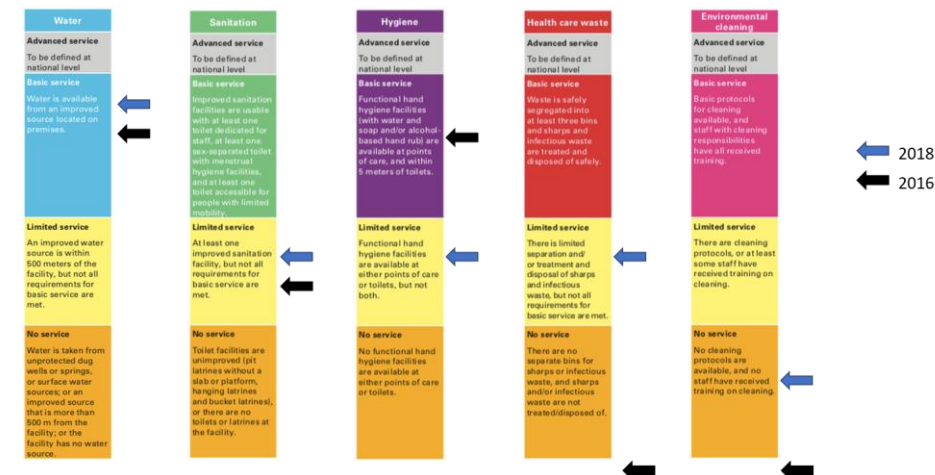


## Water and Sanitation for Health Facility Improvement Tool (WASH FIT)

A practical guide for improving quality of care through water, sanitation and hygiene in health care facilities



## Vunitogoloa Nursing Centre





## Part 5:

# WASH Safety and Security





unicef   
for every child

For more information, please contact:

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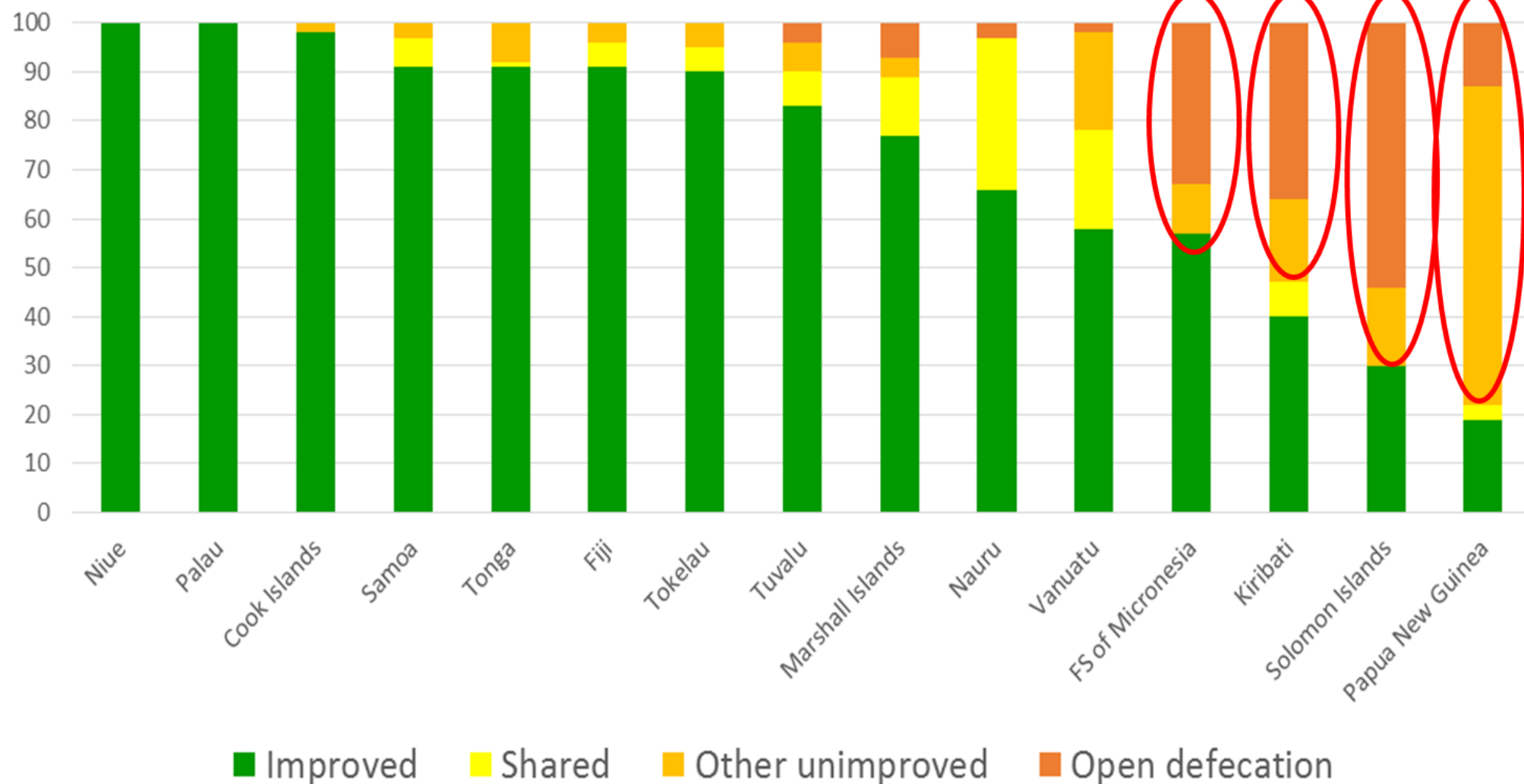








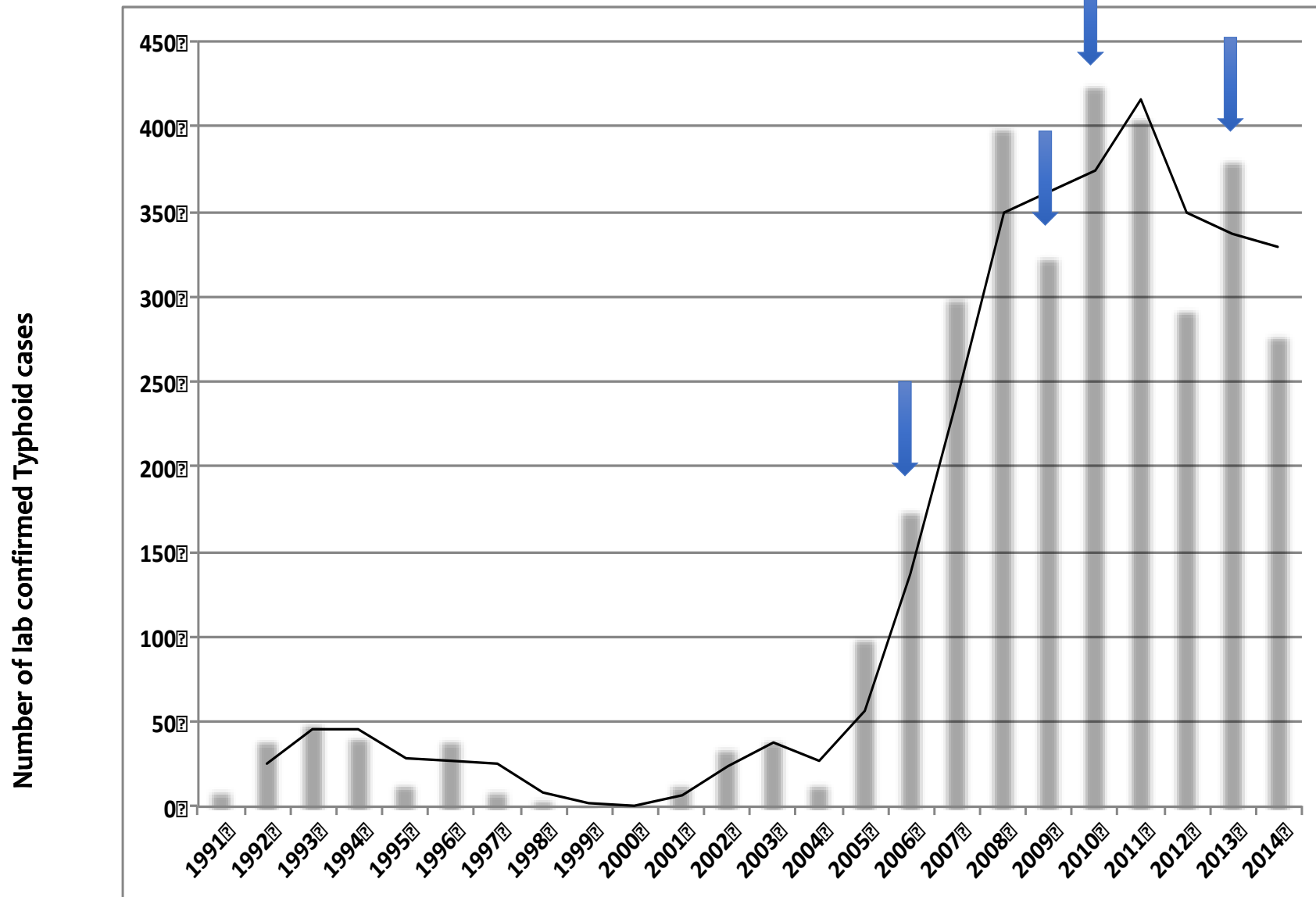
## Sanitation Coverage (%)



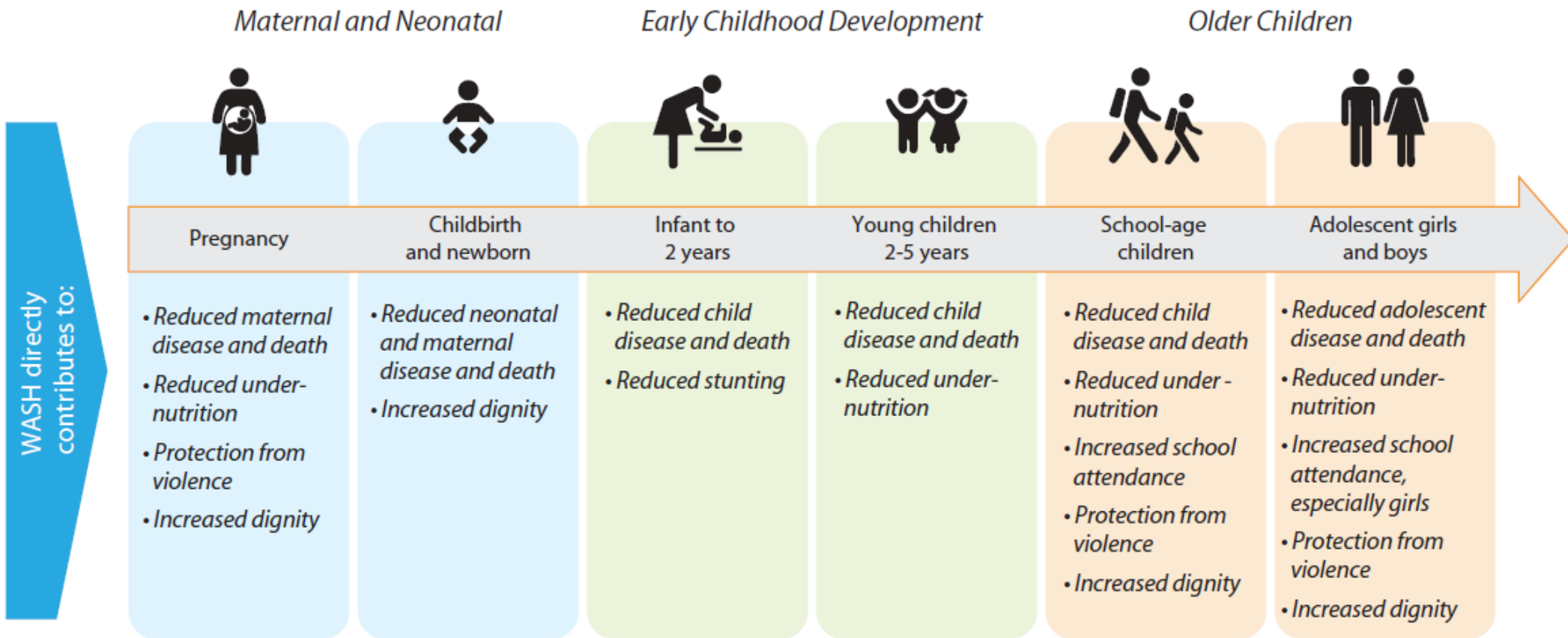
Source: Joint Monitoring Programme, 2015



# Typhoid in Fiji



Adapted from Kool et al. 2010



Source: UNICEF Global WASH Strategy, 2016-2030



Source: UNICEF Global WASH Strategy, 2016-2030