

# AN ESTIMATE OF WASH ACROSS HEALTHCARE FACILITIES IN INDIA

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

Dire need: In all, 8,27,000 people in low- and middle-income countries die as a result of inadequate water, sanitation and hygiene each year. | Photo Credit: [hadynyah](#)

The status of WASH (water, sanitation and hygiene) in healthcare facilities is an important issue in development. In an article published recently in *BMJ Global Health*, researchers from Center for Disease Dynamics, Economics and Policy (CDDEP), Maryland, US, have estimated the cost of ensuring WASH and taking related steps for infection prevention and control for one year in healthcare facilities in all of India.

They estimate that improving WASH across the public healthcare facilities in India and maintaining this for a year would cost \$354 million (Rs 2567,00,00,000 approximately) in capital costs and \$289 million (Rs 2095,00,00,000 approximately) in recurrent expenses.

The study further finds that the most costly interventions were providing clean water, linen reprocessing and sanitation while the least expensive were hand hygiene, medical device reprocessing and environmental surface cleaning. 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.

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.

On a positive note, a 2012 WHO report had calculated that for every dollar invested in sanitation, there was \$5.50 to be gained in lower health costs, more productivity and fewer premature deaths.

It is noteworthy that ensuring availability and sustainable management of water and sanitation to all is one of the 2030 sustainable development goals of the WHO.

Given this context, the India study by CDDEP comes as a welcome first-level estimate.

“The goal of our study was to gather estimates of unit costs for each intervention service unit from which we extrapolated facility wide costs,” says Katie K. Tseng of CDDEP, the first author of the study, in an email to *The Hindu*. “In our calculation of national cost estimates, the proportion of healthcare facilities requiring intervention were estimated primarily from literature and not from surveyed healthcare facilities,” she says.

Inadequacies in providing WASH and also lack of infection prevention and control can lead to healthcare associated infections. Some of the pathogens to look out for are *Acinetobacter baumannii*, *Enterococcus faecalis*, *Escherichia coli*, *Salmonella typhi*, *Streptococcus pneumoniae* and many more. “These pathogens are commonly implicated as causative agents of healthcare associated infections because of their ability to develop resistance to antibiotics. Common healthcare associated infections include central-line-associated bloodstream

infections, catheter-associated urinary tract infections, surgical site infections and ventilator-associated pneumonia,” says Dr. Tseng.

In the fight against the spread of antimicrobial resistance too, the importance of prevention of infections cannot be overemphasised. “This study was a part of a larger project to determine the cost-effectiveness of WASH interventions to reduce healthcare-associated infections among mother and neonates across the Indian healthcare system,” says Jyoti Joshi of CDDEP, another author of the paper.

According to her, while this study forms the starting point for larger costing estimates, 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.

“We believe our 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,” she says.

“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,” she adds.

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