



**Economic Commission for
Europe**

**World Health Organization
Regional Office for Europe**

Meeting of the Parties to the Protocol on
Water and Health to the Convention on
the Protection and Use of Transboundary
Watercourses and International Lakes

Working Group on Water and Health

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Item 5 of the provisional agenda
Prevention and reduction of water-related diseases

INFORMAL DOCUMENT

Meeting on advancing water, sanitation and hygiene (WASH) in schools

Background and meeting objectives

The Protocol on Water and Health (hereinafter “the Protocol”) is the key policy instrument to support the implementation of the Regional Priority Goal 1 of the 2010 Parma Declaration on Environment and Health, particularly to further leverage action towards providing “*each child with access to safe water and sanitation in (...) child care centres, kindergartens, schools (...) by 2020, and to revitalize hygiene practices*”. Under the Protocol’s 2014-2016 programme of work, strengthening of WASH in schools has been identified as a priority programme area which is co-lead by Georgia and Hungary.

The World Health Organization Regional Office for Europe (WHO/Europe), in joint cooperation with the lead-countries Georgia and Hungary, organized a meeting on advancing WASH in schools on 18-19 September 2014 in Bonn, Germany. The meeting was attended by 50 participants from health and educational departments of 24 Member States, as well as from leading academia, development/support organizations, nongovernmental organizations, the United Nations Children's Fund (UNICEF) and WHO/Europe. The meeting was financially supported by the German Federal Ministry for the Environment, Nature Conservation, Building and Nuclear Safety.

The meeting objectives were to

- Kick-off activities under programme area 2.4 on WASH in schools under the Protocol;
- Review evidence of the WASH situation in schools in the WHO European Region;
- Identify best practice case studies in school regulation, surveillance and management;
- Position WASH in schools as a thematic area for national target setting under the Protocol;
- Appraise existing WHO/UNICEF guidance on WASH standards and identify update needs;
- Identify country challenges and needs, as well as corresponding activities for further promoting WASH in schools under the Protocol.

Summary of conclusions

- (1) WASH in schools is of common concern across the WHO European Region, irrespectively of the countries' level of socio-economic development.
- (2) The connection of health and educational outcomes with WASH conditions in schools is well established. Based on systematic background reviews of the evidence, both globally and for the WHO European Region, such outcomes are reported to include, but not limited to:
 - a. Access to safe water increases hydration which is associated with increased cognitive functioning; some countries report problems with lead in drinking water in old school buildings which can impair development of the nervous system;
 - b. Schools with access to water and supplies for hand hygiene report an increase in handwashing and a decrease in gastrointestinal symptoms and absence rates;
 - c. Pupil avoid toilets because they are in poor condition, smelly, not gender separated, crowded, lacking privacy and/or situated outdoor;
 - d. Access to safe and adequate sanitation facilities, which are also fit for menstrual hygiene management (MHM), contribute to reduced urinary tract infections, constipation and helminthic infections, as well as increased school enrollment, attendance of school-aged girls and test scores.
- (3) Global and regional policy frameworks stipulate improvements for schools, including the United Nations Resolution on the Human Right to Water and Sanitation, the Convention on the Rights of the Child and the Parma Declaration on Environment and Health; in addition, the proposed targets and indicators for the forthcoming Sustainable Development Goals also place a priority on WASH in schools.
- (4) The 2014 WHO/Europe policy survey confirmed that the vast majority of European countries has policies and programs on WASH in schools in place. Still, there are considerable gaps between policy ambitions and the realities observed in schools. Recent WHO/Europe and UNICEF school surveys hint at a range of shortcomings – in terms of number of available toilets and facilities for washing hands, privacy, cleanliness, and availability of soap and toilet paper, as well as low satisfaction of pupil with sanitation facilities.
- (5) Whereas there is evidence of significant health and educational gains through cost-effective interventions, meeting participants reported a range of barriers and implementation challenges. They include, but are not limited to:
 - a. Significant urban/rural disparities in terms of WASH infrastructures in schools;
 - b. Mixed responsibilities and lack of coordination and information exchange between sectors (e.g. health, education, rural development);
 - c. Surveillance outcomes do not always trigger improvement action and feed into investment planning;
 - d. Surveillance frameworks and improvement planning frequently neglect pupils' perceptions and needs;
 - e. Established regulations and norms may hinder, for example, the introduction of innovative/non-standard sanitation solutions (such as ecological sanitation);
 - f. Lack of sufficient earmarked budgets;
 - g. Lack of awareness and accountability at school level (e.g. for cleaning, operation and maintenance);
 - h. Lack of teaching materials for hygiene education;
 - i. "Taboos" related to talking about toilet and MHM issues.
- (6) In addressing WASH in schools meeting participants brought forward the following recommendations:
 - a. Even though child care settings are not explicitly addressed in the Protocol, WASH conditions in schools are a most relevant area for national target setting. Several Parties and other states have established (draft) targets specifically addressing WASH in schools.

- b. Targeted school surveys support baseline analysis and thereby inform target setting under the Protocol, particularly in countries where there is no or limited routine surveillance of the WASH conditions in schools. Survey outcomes point to existing gaps, help better understanding and awareness of decision makers on the scale of problem and facilitate coordination and harmonization of improvement efforts across sectors.
 - c. It is essential to establish a national coordination mechanism involving all stakeholders who share responsibility in managing WASH in schools. A targeted action plan, including earmarked budgets, is central for achieving improvements at scale.
 - d. Regular public health surveillance of educational establishments, including prevailing WASH conditions, is essential. Surveillance frameworks need to be reviewed, and if necessary adjusted to better consider pupils' perceptions and appreciate their needs; in this context, special attention and focus on MHM is important. This will create increased ownership of the pupils and offer opportunity to get proactively involved in surveillance activities and planning of concrete improvements at school level.
 - e. Integrated approaches in school health are cost-effective and show positive health and educational outcomes. WASH interventions can provide a good point of entry, for example, for combined health interventions addressing personal hygiene (i.e. handwashing with soap), dental health (i.e. tooth brushing), nutrition (i.e. hydration with safe drinking-water) and deworming (i.e. medical treatment).
 - f. Hygiene education focusing on daily skills-based activities need to become integral part of school curricula. Such approaches allow the active involvement of non-health professionals, in particular teachers. To improve hygiene education at schools, teachers need to be (re-)trained and provided with suitable educational materials.
- (7) Meeting participants recommended the following activities to be undertaken under the current and the forthcoming Protocol's programme(s) of work:
- a. Initiate the update the 2009 WHO/UNICEF *WASH Standards for Schools in Low-cost Settings*. The revised standard should be realistic, evidence-informed and provide a 'laddered' approach that specifies basic, intermediate and high levels of WASH services for schools. Such an approach will increase the relevance of the standard for the WHO European Region.
 - b. Finalize and publish the "landscape report" summarizing the evidence on WASH in schools for the WHO European Region. Particular attention should be given to reviewing literature and information available in languages other than English.
 - c. Develop practical guides/tools, in particular a checklist/template to aid analysis and appreciation of children's perceptions and needs during routine inspections by surveillance agencies, as well as a tool for facility managers to develop WASH safety plans for schools.
 - d. Develop an advocacy document featuring the Protocol as policy instrument for target setting on WASH in schools, summarizing highlights of the available evidence and illustrating good practices made available at the meeting (and from elsewhere).
 - e. Support the activities proposed by the European Environment and Health Youth Coalition.
 - f. Organize further national and sub-regional events to facilitate networking among stakeholders of education and health sectors under the Protocol, as well as exchange of good practices and experiences.