Policy Briefing:

Water, Sanitation and Hygiene in Cameroon's Health Facilities

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Overview:

This policy briefing synthesises key insights from the Cameroon Town Hall for Healthcare Professionals meeting held on 22 October 2022, focusing on the theme "The State of WASH in Cameroon," presented by Nkwan Jacob Gobte, IPC/WASH Nurse with the Cameroon Baptist Convention Health Services, with contributions from the South West Regional Delegate of Public Health.

Context:

WASH is the base on which infection prevention and control rests. World Health Assembly Resolution 72.7 (2019) asked all countries to assess WASH in health facilities by 2020 and to bring 60 percent of facilities to minimum standards by 2022. Cameroon's recent cholera outbreaks, mpox cases and the Ebola outbreak in Uganda made the discussion urgent.

Key Issues:

1. **Basic services are missing:** In a 2020 survey of 103 facilities in six regions, only 61 percent had water on site, 56 percent had hand hygiene stations at all points of care and 35 percent had basic sanitation. Health posts and integrated health centres were worst served.
2. **No budget, protocols or trained staff:** 81 facilities had no annual budget for this work, 81 percent had no waste protocol, and many relied on untrained volunteer housekeepers without job descriptions.
3. **Exclusion of women and people with disabilities:** 71.8 percent of facilities had no toilet adapted for limited mobility and only about half supported menstrual hygiene.
4. **Underfunding and maldistribution:** Health receives an estimated 4.5 to 5 percent of the national budget against the Abuja target of 15 percent, and a 2010 ministry study found 43 percent of health resources concentrated in Douala and Yaounde, which serve 18 percent of the population.

5. **Water is a multisectoral problem:** Facilities mirror their communities. Water supply lies with other ministries and the water utility, yet the health sector carries the blame when cholera breaks out.

Discussion Highlights:

- The delegate asked for findings broken down by official facility category so they can guide decisions on upgrading or replacing unofficial health posts.
- Participants agreed that WASH needs joint action by health, water and energy, and urban development and town planning.
- Football stars, diaspora groups and individuals could fund boreholes for health facilities, starting with their own villages.
- Discussions on institutionalising IPC/WASH were reported to be under way with the ministry, with Africa CDC support.

Recommendations:

- **Complete a national WASH baseline:** MINSANTE, with WHO and partners, should run a representative national assessment of WASH in health facilities using the WHO tool, reported by facility category, as Resolution 72.7 requires. First step: adapt the 2020 survey protocol and pilot it in the South West, which the regional delegate offered.
- **Set minimum standards and integrate indicators:** MINSANTE should adopt national minimum WASH standards for each facility category and add core WASH indicators (water on site, hand hygiene at point of care, toilets, waste segregation) to the health information system so regional delegations can track progress.
- **Create a WASH and IPC budget line at facility level:** Hospitals and district health services should hold a dedicated annual budget for WASH, cleaning supplies and protective equipment, and contract, train and give job descriptions to housekeepers and waste handlers rather than relying on volunteers.
- **Establish a multisectoral water and health platform:** MINSANTE should convene the Ministry of Water Resources and Energy, the ministry in charge of urban development, the national water utility and regional delegations to prioritise water connections and boreholes for health facilities, beginning with cholera-affected districts.
- **Mobilise diaspora, sports and community funding:** Diaspora professionals, associations and Cameroonian footballers should be invited to sponsor boreholes and hand hygiene stations in specific facilities, coordinated with regional delegations so investments match need. The town hall can link volunteers to the South West delegation as a first pilot.

- **Make facilities inclusive:** New and renovated facilities should include accessible toilets and menstrual hygiene facilities as a condition of approval by regional delegations.

Next Steps: Follow-up session in two weeks (about 5 November 2022), with details to be confirmed. The student intervention proposal and the South West pilot were to be discussed with the speaker and the regional delegate.

Conclusion: The session showed that many Cameroonian health facilities lack the water, toilets, hand hygiene stations and budgets needed for safe care. Closing these gaps will require national standards and data from MINSANTE, a dedicated budget at facility level, and joint action with the water and urban development sectors, supported by diaspora and community contributions.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of October 22, 2022. Recording: https://www.youtube.com/watch?v=BqXk5kyMRlQ