

# How WASH Programming has Adapted to the COVID-19 Pandemic

*Rapid Topic Review*

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## Executive summary

Following the initial outbreak of COVID-19, handwashing was swiftly championed as the ‘first line of defence’ against the disease. This led to an unprecedented global focus on hand hygiene, with leaders around the world urging an uptake in regular handwashing practice. In the water, sanitation, and hygiene (WASH) sector, hygiene saw a sudden surge in activity as it pivoted to support the pandemic response. Sanitation activities – particularly those premised on community-based approaches, on the other hand, experienced a significant slow-down.

This *SLH Rapid Topic Review* explores the adaptations the WASH sector has made in its programming to respond to COVID-19. It outlines some of the cross-cutting challenges COVID-19 has brought to programming and examines the sector’s responses and adaptations. It then looks forward at what lies ahead for the sector, and considers the learning priorities for the next steps.

### Challenges

Uncertainty has been a major challenge for the sector, both in understanding what to do (scientific and technical limitations) and how to do it (logistical and planning challenges).

The reduced access to the field has meant actors from high-income countries (HICs) have been unable to travel and provide in-country input, putting more onus on local actors to lead the response. Limitations on mobility have also meant community-based approaches have largely had to stop, having a negative impact on sanitation programming.

Life under lockdown has taken a strain on mental health and increased domestic and care burdens, with women being disproportionately affected.

It has been harder to reach the vulnerable, particularly those without access to TV, radio, mobile phones, or internet. There are also newly vulnerable people due to the primary and secondary impacts of COVID-19.

### Adaptations

The WASH sector has adapted to meet the needs of the COVID-19 response. Adaptations include hygiene promotion activities such as behaviour-change communication campaigns and guidance notes, installation of hygiene facilities and product dissemination, and subsidised water initiatives.

Reduced access to the field has seen a shift in the role of actors from HICs and low- and middle-income countries (LMICs) play in programming, with actors from HICs taking a more supporting position while actors from LMICs lead on the ground. Delivery channels are also now more digitally focused, with enhanced online engagement resulting in a more equitable exchange between actors.

The sector has also adapted its approaches to collaboration and knowledge sharing. The response has resulted in more multi-sectoral engagement, and better coordination and sharing of learning.

### Looking forwards

The WASH sector should capitalize on the heightened global interest in handwashing. Good hand hygiene is more likely to be sustained if further work is undertaken to cement the adopted behaviours.

Sanitation needs to be reprioritised if Sustainable Development Goal (SDG) 6.2 is to be reached, however. COVID-19 has largely prevented sanitation programming from happening, and it needs to recommence soon if the SDGs are to be achieved.

The sector should reconsider how it structures programme delivery going forwards. Continued levels of interaction online and reduced travel are two suggestions. Conversations around decolonising the WASH sector also need to be taken forwards and translated into actionable changes.

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## 1 Introduction

Since first appearing at the end of 2019, the novel coronavirus disease (COVID-19) has spread at a pace and scale not seen before. On 11 March 2020, the World Health Organization (WHO) declared COVID-19 a pandemic. A rapid response was called for, and actors across the globe worked quickly to develop sets of preventative measures to contain the disease. One mode of transmission identified early on in the crisis was via surfaces and objects (fomites) (Howard et al. 2020). To combat this, hand hygiene was put forward as a key preventative measure and heralded as ‘the first line of defence against the disease’ (World Bank 2020).

What followed was an unprecedented global focus on handwashing with soap. Health messages on how germs spread, the critical times at which hands should be washed, and methods for correct handwashing were shared (Centers for Disease Control and Prevention 2020). Political leaders around the world promoted handwashing and urged people to adopt the practice to protect against the coronavirus:

***‘the single most useful thing that we can all do... to stop the spread of coronavirus is to wash our hands... [with] hot water and soap’*** (Boris Johnson) (Reuters 2020).

Further preventative measures were introduced as countries went into lockdown and workplaces and schools were closed. People were instructed to stay at home where possible, and policies such as physical distancing were put in place to limit social interaction with others. Mobility was restricted domestically and international flights ground to a halt. Facemasks became mandatory when in particular public places. Life under these infection prevention and control (IPC) measures became known as the ‘new normal’.

The primary and secondary impacts of COVID-19 have affected people and industries in a variety of different ways. For the WASH sector, the centring of handwashing in the pandemic response has led to a sudden spike in hygiene activity.

This *SLH Rapid Topic Review* takes stock of some of the cross-cutting challenges the sector has been facing during this period and explores the adaptations that have been made in response. It then looks forwards, thinking through what lies ahead for the sector, and considers the learning priorities for the next steps.

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## 2 Methodology

This review is intended to give a snapshot of some of the current thinking across the WASH sector. The findings of the rapid review are based on data from key informant interviews, a group discussion, and a literature review.

**Key informant interviews and group discussion:** A total of 14 semi-structured interviews were undertaken with WASH actors from 12 different organisations, including representatives from head offices as well as from country offices and in-country practitioners (please see the acknowledgements section for a list of individual participants). The selection of these interviewees was based on established connections with the Sanitation Learning Hub (SLH), to capture a diverse set of experiences and perspectives across the COVID-19 response. A group discussion was also conducted with seven members of the SLH.

**Literature review:** Over 80 different articles were read, consisting of academic papers, reports, blogs, briefs, and websites. These were found primarily on known WASH blogs and websites, via recommendations from participants, and using search engines.

**Data analysis:** The data was collated and compared to bring out common and diverging patterns, and produced a set of findings.

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### 3 Challenges

**One challenge has been the level of uncertainty around scientific and technical issues for understanding how to respond effectively.** Hand hygiene was seen as a measure to combat contact contamination, one of the main methods of transmission identified at the outbreak of the virus (White 2020). Promoting handwashing alone was not sufficient, however, as approximately 40 per cent of households globally do not have handwashing basins with soap (Sanitation and Water for All 2020). This raised challenges around the use of shared facilities between households (e.g. latrines or handwashing facilities), as such sites risked becoming hotspots of surface transmission (interview with Tariya Yusuf). There was also a need to rethink approaches to hygiene promotion within the context of fomites, as previous messages had centred on preventing faecal-oral pathogenic transmission and the ‘critical times’ for handwashing.



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*Credit: SLH/ Sandra Stauer*

The risk of transmission via aerosolised droplets was initially perceived to be quite low at the outset of the pandemic (Esposito et al. 2020). However, as further research was undertaken it was understood to be one of the primary routes of infection (The Lancet Respiratory Medicine 2020; Wilson et al. 2020) and that transmission via fomites was a lower risk (Mondelli et al. 2020). Early studies demonstrated the efficacy of physical distancing for COVID-19 prevention, but there was less consensus initially on the level of protection facemasks provided against the virus (MacIntyre and Wang 2020). Further research into aerosolised droplets transmission between close contacts found facemasks to also be effective in reducing the spread of COVID-19 (University of Oxford 2020; Prather et al. 2020) and these were subsequently also deployed as an IPC measure.

These findings had to be considered and incorporated into programming. Both physical distancing and facemasks were new measures that had not traditionally featured in the WASH sector, and have posed additional challenges. Physical distancing in particular has complicated interaction around shared facilities (interview with Tariya Yusuf) and proven difficult in crowded conditions, such as slums (Varma and Umar 2020). Demand for facemasks increased sharply after they received backing from the scientific community, and global supplies were severely stretched. This made equipping frontline workers with facemasks a logistical challenge at times, and there have been accounts of those with the greatest need for personal protective equipment (PPE) being unable to access it (Chakraborty 2020).

**Uncertainty around planning and logistics has also been a challenge.** Early on in the crisis, the lack of clarity around the scale of COVID-19 and the impact IPC measures would have on day-to-day life made planning difficult. Programmes were forced to shift deadlines as protocols and regulations asserted by governments and organisations changed in response to the developing situation. Workplans had to be adjusted and then readjusted, and many in the sector were suddenly no longer available as they were pulled into the response (interview with SLH team). For many countries, such as Nigeria, the pandemic was seen initially as a purely public health concern, falling solely into the remit of the relevant health ministry or department (interview with Oluyemisi Akpa). That quickly changed as the crisis developed and multi-sectoral taskforces were launched to coordinate a response (interview with Timeyin Uwejamomere).

Global supply chains were constrained as they sought to meet the demand for hygiene products

(Achenbach 2020). One respondent reported difficulties with getting handwashing station prototypes to market or distributed to the places where they were most needed (interview with Mike Emerson Gnilo). There were also reports of recipients of soap selling supplies on to others as distribution became overly concentrated in some areas while not reaching others (interview with Mike Emerson Gnilo).

Misinformation has contributed to the levels of uncertainty. Myths and misconceptions about the nature of the virus and how to treat it have circulated and affected individual and group behaviour (Varma and Umar 2020). Rumours about racial immunity (Okolobe 2020) were used to explain differing infection rates, and a variety of remedies promoted to cure the afflicted (Ioussouf 2020).

As the crisis has headed into a protracted phase, the more immediate sense of uncertainty has become less pressing but longer-term concerns for the future persist. Questions have been asked regarding how to make changed behaviours stick, both as part of the pandemic response and beyond. There is also uncertainty around the degree to which life will return to pre-coronavirus conditions; considering the impact potential vaccinations will have, as well as any implications the pandemic will have on the WASH sector going forwards.

**Reduced access to the field has been a challenge for staff from HICs and community-based programming.** Restrictions on domestic and international travel, coupled with quarantine requirements, have prevented actors from providing in-country input on the ground. This has marked a change of pace for many in the WASH sector, with flights across the world no longer a staple fixture of work – particularly for those in HICs. As a result, these individuals and organisations have been less able to carry out their usual roles. Instead, input has been provided remotely, with local government and partners left to manage the frontline response.

Reduced access to the field has also had an impact on community-based programming. Without the ability to engage with communities directly in large groups, and with local governments occupied with pandemic responses, the usual approaches to sanitation work have not been able to go ahead. Respondents cited some examples where programming has been able to recommence following lockdown, such as in India and Niger (interview with SLH team and Tariya Yusuf), albeit with adapted approaches: PPE, small group gatherings, and physical distancing in place. In most cases, however, sanitation programming has been paused or slowed considerably.

With these restrictions in place and the focus on pandemic responses, hygiene programming has been prioritised and sanitation has been deprioritised. According to two interviewees, funding has been diverted from sanitation to hygiene activities to reflect this (interviews with Tariya Yusuf and Mascha Singeling). The consequences of this pause are not yet clear, though many believe the secondary health and socio-economic impacts of COVID-19 will be more detrimental than the virus itself, particularly for LMICs (Gavas et al. 2020; Global Handwashing Partnership 2020). This notion resonated strongly with one interviewee, who acknowledged the threat COVID-19 posed on lives but argued that,

**‘COVID shouldn’t divert attention from more deadly threats, such as waterborne disease’**  
(interview with Timeyin Uwejamomere).

This sentiment is arguably most strongly felt in Africa, where the impact of COVID-19 has generally been less widespread than in other continents (World Health Organization 2020). There are fears that in places where the threat has been less tangible there may be a lower likelihood for prevention measures to be sustained, enhancing the risk of a more devastating subsequent wave to take hold (interview with Frank Greaves).

**Life under lockdown is another challenge organisations in the sector have had to face.** The majority of countries across the world have been put into lockdown at some point during the pandemic. For many organisations, working from home has become the default. With social interaction limited to those within one’s household, feelings of isolation and disconnectedness have become commonplace. Many interviewees reported struggles with excessive screen time and call fatigue, with work and social time spent predominantly in front of a computer (interview with SLH

team, Kelly James and Johan Sundberg). Working from home has also contributed to the blurring of work/non-work boundaries and mental health becoming an organisational concern (interview with Sam Drabble, Kelly James and Jan Willem Rosenboom).

Care and domestic duties have also increased, with children out of school and full households to attend to, as well as water collection to allow for more frequent handwashing – responsibilities that have disproportionately fallen to women and girls (Gautam and Kontos 2020). There has also been a sharp rise in cases of domestic abuse and gender-based violence (Lashkri 2020).

**Ensuring vulnerable people and marginalised groups are reached has been more challenging.**

Reaching vulnerable people without access to the internet, mobile phones, TV or radio has been difficult – particularly those in geographically remote locations. Sharing messages on COVID-19 prevention measures has been more dependent on word of mouth communication from frontline staff in such instances (interview with VR Raman).

COVID-19 has led to a re-evaluation of who is vulnerable. From an epidemiological perspective, the WASH sector has been focused on under-fives as the most at risk. For COVID-19, however, younger generations are the least at risk, and it is over-sixties and those with underlying health conditions who constitute the vulnerable demographics (interview with Sian White).

The secondary impacts of the pandemic have contributed to an increase in the number of vulnerable people, with many people unable to work from home during a lockdown. Furthermore, business closures and the economic downturn has led to job losses and financial difficulties (The Lancet 2020). The impact of COVID-19 on such groups can have a compounding effect, deepening existing inequalities (Kareh 2020). In these situations, the uptake of safe hygiene practices often comes at the expense of livelihoods, income, and food, with household needs inevitably taking priority over COVID-19 response measures (interview with Frank Greaves).

COVID-19 has also impacted the vulnerability of sanitation workers. Typically coming from lower-paid income groups and often from marginalised communities, sanitation workers have been at an increased risk of exposure due to PPE shortages and difficulties with exercising physical distancing while working on the frontlines (Iyer 2020).

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## 4 Adaptations

**The sector has adapted to respond to COVID-19 through its support to hygiene promotion activities.** The WASH sector quickly pivoted to support national-scale hygiene promotion campaigns being launched in countries across the world. Restrictions on mobility meant governments and organisations were reliant on behaviour change communication to get the messages across, using an array of different media to do so. Posters, billboards, TV advertisements, radio jingles, loudspeakers on cars, social media, and even drones were used to help facilitate communication (Gautam and Kontos 2020).

The first wave of messaging focused on educational messages about the pathogen: how it transmits, what the symptoms are, and what to do if you have the symptoms (interview with Sian White). The emphasis behind the messaging was largely premised on appealing to fear which, while able to drive initial behaviour change, does not sustain well over time (Soames Job 1988). According to several interviewees, organisations were driven by a sense of urgency to get material out without investing energy into understanding the determinants of behaviour in different locations (interview with Sian White and Frank Greaves).

More targeted approaches followed, with many respondents citing formative research undertaken to learn from communities and adjusting messaging to respond to those behavioural determinants accordingly (interview with VR Raman, Om Prasad Gautam, Sian White and Frank Greaves) (such as the Wash'Em toolkit [Wash'Em 2020]). Organisations put efforts into making the content as inclusive as possible, translating messaging into local languages (Gautam and Kontos 2020) and ensuring

different demographics were reflected (WaterAid 2020), while avoiding unhelpful stereotypes (interview with Mascha Singeling). They also incorporated sign language into videos, and employed celebrities to promote behaviours in an emotionally engaging manner (interview with Om Prasad Gautam).

Organisations also shared guidance notes with local counterparts to support handwashing activities. UNICEF released a fact sheet on handwashing stations and supplies (UNICEF 2020b), and handwashing compendia were created by UNICEF (UNICEF 2020c) and the Sanitation Learning Hub (World Health Organization 2020), with the latter specifically designed to cater for low- and middle-income settings. UNICEF also produced guidance on how to implement a behaviour-focused hygiene promotion campaign as part of a risk communication and community engagement strategy (UNICEF 2020d).

One easy-to-assemble handwashing-station design that has been promoted by some organisations is the tippy-tap (interview with Frank Greaves). The somewhat controversial tippy-tap has been criticised in the past for its lack of durability, with research indicating a low rate of sustainability over time (London School of Hygiene & Tropical Medicine 2015). In the context of rapid response, however, it has been put forward as a quick-to-construct and affordable unit that can help facilitate contactless handwashing (Martin 2020).

There are also examples of organisations providing guidance on how to make facemasks using common materials, including a transparent mask design to enable deaf people to lip-read (interview with Mascha Singeling), and instructions on how to make soap (Thorseth 2020).

**The sector has also adapted to provide support to the installation of hygiene facilities and product dissemination.** Handwashing stations were set up in public places, with innovative designs developed to enable hands-free use to avoid transmission through contact with contaminated surfaces (interview with Timeyin Uwejamomere and VR Raman). In Zambia, WaterAid adapted contactless basins so that they didn't require pedals, allowing wheelchair users to make use of them (Gautam and Kontos 2020).

The sector has also adapted its approach to WASH in public spaces. Attention has previously focused primarily on schools and healthcare centres, but with COVID-19 handwashing programming has been brought into a much greater variety of settings, such as transport hubs, places of worship, and prisons (White 2020).

Soap and other hygiene products were also disseminated. The private sector has supported this, including through the partnership between UK Aid and Unilever, who are aiming to provide 20 million hygiene products as part of a £100m campaign (UK Government 2020).

**Water has been delivered at a subsidised rate to enable continued handwashing with soap.** In many countries, primarily in Africa and Latin America, governments have attempted to ease the pressure on water users by introducing policies for subsidised water services. These include free water supply over set periods, no disconnection in case of non-payment, and extension windows for unpaid bills (Amankwaa and Ampratwum 2020). In Ghana, for example, free domestic water has been supplied for a set six-month period to ensure hygiene practices can be realised (Smiley et al. 2020). Whilst the Ghanaian government has been lauded for its health-focused response (Duti 2020), concerns have been expressed on the impact that free or subsidised water will have on the willingness of customers to return to paid services (interview with Mascha Singeling). It is also reportedly not clear in each instance whether water utility companies will be reimbursed for losses or expected to absorb the costs themselves (interview with Mascha Singeling).

**The sector has adapted the roles played by actors from HICs and LMICs.** The reduced access to the field has put more onus on local partners to lead on delivery, while pushing individuals and organisations from HICs into more supporting positions (Gibert 2020). The capability of local actors to lead programming efforts on the ground without input from external actors has been a key point of learning for many interviewees:

*'Things have been working perfectly well without me being there'* (interview with Mascha Singeling).



This has marked a new approach to the standard model of ‘parachute research teams’ (Broom 2020) flying in to provide leadership and expertise; instead, more responsibility has been placed in the hands of people tackling the disease on the ground to front the decision making (interview with Yolisa Nalule, Mascha Singeling, and Jan Willem Rosenboom). These changes were widely considered positive by interview participants, though it was noted by one interviewee that the additional responsibility resulted in a heavier workload for local people, who have been forced to cover the gaps (interview with Sian White).

For some interviewees, the adapted roles has led to a change in power dynamics. As one respondent reflected,

“*What can I do remotely?*” is related to the question “*how do I give up my power?*”  
(Jan Willem Rosenboom).

The move to remote working as a result of reduced access to the field coincided with Black Lives Matter protests that took place in the summer. Several participants referred to this movement and related conversations that have been happening around decolonising within the sector (Dietvorst 2020).

**The adapted roles have led to a change in the primary programming delivery channels.** The reduced access to the field has forced the sector to rapidly rethink its approaches to programming, resulting principally in greater online engagement. People have quickly familiarised themselves with a suite of different tools and software used to help facilitate engaging online interaction. Face-to-face meetings and workshops have predominantly been replaced with video calls. This has brought advantages, such as enabling a greater number of people to participate from a range of locations without the need for travel, and disadvantages; video calls limit the scope for interaction (e.g. peer-to-peer exchange) and are less personable and relationship-oriented (interview with SLH team and Kelly James). One interviewee reflected that virtual meetings weren’t a like-for-like replacement and that it was important to structure things differently, as imitating an in-person meeting over video call can be ‘exhausting’ (interview with Jan Willem Rosenboom). There was a sense that the quality of online facilitation and participation has improved throughout the COVID-19 period as people have become more comfortable connecting virtually, and presented opportunities for greater collaboration moving forwards (interview with Kelly James).

Online content has increased, with different training module designs and workshop arrangements for various learning styles taken into account (interview with Kelly James). In Cambodia, for example, local partners provided training to healthcare workers in facilities through the use of pre-recorded videos, which reportedly helped with consistency in messages (interview with Yolisa Nalule). Likewise, the Sanitation Learning Hub remotely led virtual ‘writeshops’ with the UNICEF team in Indonesia to help build staff capacity to produce written knowledge products to share learning from their work (interview with SLH team).

There has also been a significant increase in the frequency of and participation in webinars, online conferences, and other forums. This has enabled a more equitable exchange to occur, as a more diverse set of actors can call in from around the world to share their experiences and perspectives. One example of this can be seen in the UNC Water and Health conference that was held entirely online at the end of October 2020. Without the ticket prices and plane tickets to negotiate, the conference catered to over five times its usual capacity, including many participants from LMICs.

While enhanced engagement online has allowed greater interaction for many, it is still inaccessible for those without internet access. Efforts have gone into producing low bandwidth online content to help with this, but for many of the more vulnerable and marginalised communities, this barrier persists (interview with Kelly James).

The sector has responded to the remote working arrangement in other ways beyond online engagement. With multiple time zones to negotiate and other logistical challenges, interviewees reported the need to be more flexible with their working hours (interview with Kelly James and Jan Willem Rosenboom). The increased social isolation resulting from remote working has also meant organisations have had to reflect on ways to help address this, for example by increasing the

frequency of team meetings and building times for social calls into working schedules (interview with SLH team).

**Another adaptation has been the enhanced coordination between local actors in the pandemic response.** While it is hard to give a comprehensive assessment with the evidence available, interviewees across the board reported good levels of coordination between government, civil society, researchers, faith groups, and other actors. There have also been instances of new actors to the sector getting involved, such as private sector and non-traditional WASH individuals and organisations (COVID-19 Hygiene Hub 2020b). For example, in Kenya, a coalition of private-sector actors was set up at the start of the pandemic to mobilise businesses to invest in preventative actions. Several thousand handwashing stations were constructed across Nairobi as a result of this initiative, with support also lent to outreach work and facemask distribution (interview with Sian White).

Multi-sectoral collaboration has reportedly increased, with taskforces comprising different government ministries and other actors leading national pandemic responses, as in Nigeria (interview with Oluyemisi Akpa and Timeyin Uwejamomere). The more integrated response has helped highlight some of the key areas of crossover with other thematic areas, particularly the health sector (interview with Mascha Singeling).

**Despite the challenges, some cases of innovative monitoring have occurred.** The '3M' national monitoring system implemented by UNICEF in Indonesia utilises a network of 30,000 volunteers to provide structured observations in public spaces and fill out a short survey detailing behaviour. The system was pilot-tested in Jakarta and identified that out of the three behaviours targeted, handwashing with soap was the least exercised (COVID-19 Hygiene Hub 2020a).

While there is evidence of some organisations trying to monitor behaviour and programme effectiveness, the majority of monitoring activities have focused on measuring inputs and activities. This is fairly typical in an outbreak or crisis, however, and with the added burdens of remote data collection factored in on top of that, it is not surprising these common challenges have re-emerged during the COVID-19 pandemic (interview with Sian White).

Handwashing is known to be a particularly difficult activity to measure, with the more robust methods dependent on household observation (Ram 2013). Further, it has not been possible to establish a clear baseline of handwashing practice in a meaningful way (interview with Frank Greaves).

**Learning and knowledge sharing has been central to the pandemic response.** The nature of the response has been shaped by guidelines that have been updated as the evidence base has been built over time. For the WASH sector, interviewees reported that thought leadership has come from UNICEF, WHO, and the World Bank (interview with Mike Emerson Gnilo, Mascha Singeling, and Johan Sundberg). The COVID-19 Hygiene Hub was also set up to provide a platform that collates evidence and learning from across the world and supports actors combatting COVID-19 with the rapid design of hygiene interventions (see Box 1). One respondent observed that there had been a greater spirit of openness between NGOs and other organisations in sharing challenges and learning from these experiences during COVID-19 response (interview with Sian White).

## Box 1: COVID-19 Hygiene Hub

The [Hygiene Hub](#) is run by a partnership housed at London School of Hygiene & Tropical Medicine that provides three main functions:

1. Provide resources that bring together evidence and guidelines with recommendations for actors in LMICs (180 resources to date, accessed over 50,000 times).
2. Create a platform that allows actors to connect with one another and share expertise and experiences.
3. Offer technical assistance to actors in real-time, with 45 advisers on hand to answer questions and provide support (reaching over 160 different organisations).

As the crisis has progressed, there have been three main phases identified to the support provided:

- **Phase 1:** The initial response, with actors asking for information on technical issues, e.g. what advice should be given to the public on different behaviours, what to do when there's no soap available, etc.
- **Phase 2:** The realisation that normal processes cannot happen, with actors asking how to carry out activities when unable to interact at the household level, e.g. which delivery channels work in which contexts, how to switch from household visits to social media, how to engage communities to learn about behaviour.
- **Phase 3:** The protracted crisis, with actors asking how to make behaviour change stick, e.g. how to re-engage people given 'COVID-19 fatigue' and information overload (Sian White).

COVID-19 Hygiene Hub website: <https://hygienehub.info/covid-19>

## 5 Looking forwards

**The sector should capitalise on the heightened global interest in handwashing.** COVID-19 has brought the importance of handwashing to the public's attention in an unprecedented fashion, providing an opportunity for hygiene to be cemented as a routine activity in day-to-day life (Alioni 2020). It is not possible to predict the degree to which newly adopted hand hygiene behaviours will be sustained into the future. If the lessons from Ebola are comparable in any way, then the sharp initial spike in handwashing uptake will be followed by a slow and steady decline (interview with Mike Emerson Gnilo and Sian White). There is a higher chance of practices persisting if additional programming efforts are directed to continue its promotion, however. Building on the progress made so far, then, now is the time to mobilise and reinforce for the longer term.

Translating handwashing messages from prevention against COVID-19 to prevention against all pathogens will be key in achieving sustained hand hygiene. Leadership from governments and organisations will be required to drive this forward and embed hygiene into policy agendas,

systems building, and infrastructure. UNICEF's 'Hand Hygiene for All' initiative is a step in the right direction. It takes an all-of-society approach to enable lasting infrastructure and behaviour, and includes multi-stakeholder roadmaps in countries that put specific ministerial plans and funding behind hand hygiene (UNICEF 2020a).

**If SDG 6.2 is to be reached, however, sanitation also needs to be reprioritised.** For a long time, hygiene has been the lesser partner in the water, sanitation, and hygiene trio, and has warranted greater attention. While hand hygiene has been stealing the limelight during the pandemic, however, COVID-19 has proved a big setback for the sanitation agenda. To ensure the gains of previous years are not lost and that progress towards realising the SDGs can continue, sanitation work must recommence soon.

Uncertainty remains on how and when this can happen. It is not clear what impact vaccines will have on current programming restrictions, and the role COVID-19 may continue to play in inhibiting community-based approaches.

**Conversations around decolonising the sector need to be taken forwards.** The move from in-country input to a remote role has been a seemingly subtle change for actors from HICs, but has led to some fundamental shifts in the nature of relationships and the allocation of responsibilities. This has stimulated some positive reflections on the roles and the related power dynamics at play, but these need to transition into actionable changes or risk being lost if and when programming can recommence with similar freedom to pre-COVID-19 times.

**The sector should reconsider how programme delivery is structured.** The increase in online engagement has seen a more focused use of the virtual space and has led to a more equitable exchange among actors from around the world. Efforts should be made to maintain the levels of online interaction with those across the sector.

Another practical change many interviewees anticipate is a reduction in travel. As one participant put it,

*'I think the days of flights to New York for a one-day meeting or India for a three-day workshop are over'* (Jan Willem Rosenboom).

Reducing travel and enhancing engagement online may help to redress the aforementioned power dynamics, as well as reduce the sector's net contribution to global carbon emissions.

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## 6 Learning priorities

Building on this, the following learning priorities for the sector have been identified:

- How can we reprioritise sanitation, both in the context of the WASH sector but also other sectors in international development?
- What impact has COVID-19 and lockdown had on slippage, and the inability to carry out open-defecation free (ODF) follow-up and post-ODF activities?
- What effective alternatives exist to community-based approaches, or how can sanitation programming be carried out alongside IPC measures?
- How will remote working be incorporated into programming for the longer term?
- How can we prevent hand hygiene being deprioritised once the threat of COVID-19 is less pertinent?
- To what extent, and through what methods, has COVID-19 messaging reached those without access to internet, TV, radio, or mobile phones?
- How can we broaden thinking around hygiene beyond the faecal-oral paradigm?

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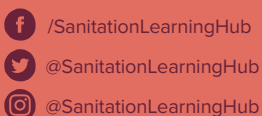
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We believe that achieving safely managed sanitation and hygiene for all by 2030 requires timely, relevant and actionable learning. The speed of implementation and change needed means that rapidly learning about what is needed, what works and what does not, filling gaps in knowledge, and finding answers that provide practical ideas for policy and practice can have exceptionally widespread impact.

Our mission is to enable the S&H sector to innovate, adapt and collaborate in a rapidly evolving landscape, feeding learning into policies and practice. Our vision is that everyone is able to realise their right to safely managed sanitation and hygiene, making sure no one is left behind in the drive to end open defecation for good.



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