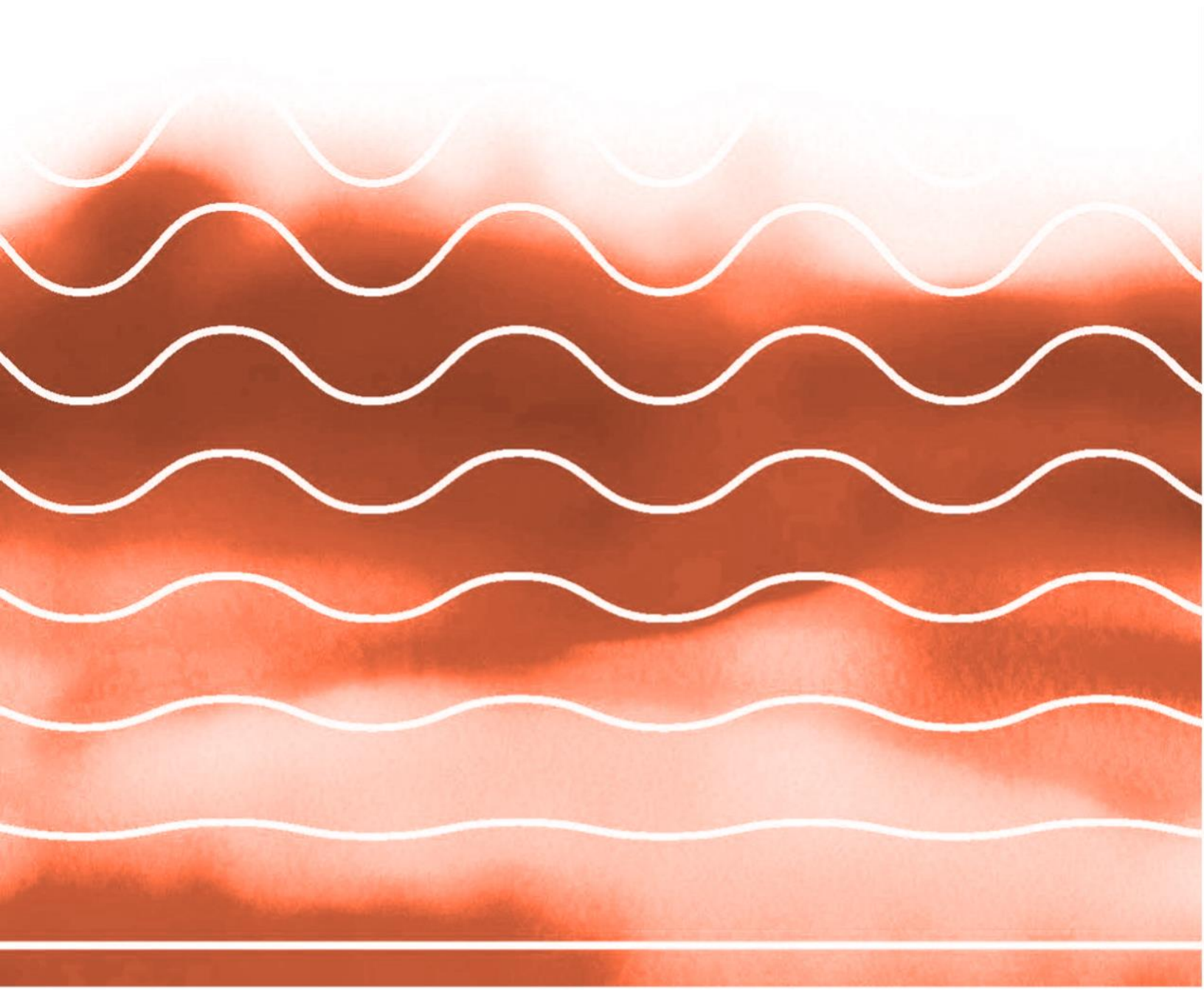


WHO Global water, sanitation and hygiene

Annual report 2024



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Acronyms and abbreviations

A2A	Align to Accelerate
AMR	antimicrobial resistance
COVID-19	coronavirus disease 2019
COP	Conference of the Parties to the United Nations Framework Convention on Climate Change
DALY	disability-adjusted life year
EPWH	European Protocol on Water and Health
ESA	external support agency
GGA	Global Goal on Adaptation
GDWQ	Guidelines for Drinking-Water Quality
GEDSI	Gender Equality, Disability and Social Inclusion
GLAAS	UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water
HCF	health care facility/facilities
HCWM	health care waste management
HEPR	health emergency preparedness and response
HRWM	health-related water microbiology
IMST	incident management support team
IPC	infection prevention and control
JMP	WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene
NAP	national action plan
MNCH	maternal, newborn and child health
NGO	nongovernmental organization
NTD	neglected tropical disease
PHE	public health emergencies
PFAS	per- and polyfluoroalkyl substances
RegNet	International Network of Drinking-water and Sanitation Regulators
SARS-CoV-2	severe acute respiratory syndrome coronavirus 2
SDGs	Sustainable Development Goals
SMOSS	safely managed on-site sanitation
SSP	sanitation safety planning
SWA	Sanitation and Water for All
TrackFin	WHO methodology to develop WASH accounts
UN	United Nations
UNGA	United Nations General Assembly
UNICEF	United Nations Children's Fund
WASH	water, sanitation and hygiene
WASH FIT	WASH for Health Facility Improvement Tool
WES	wastewater environmental surveillance
WHO	World Health Organization
WSP	water safety plan (planning)

1 Executive summary

In 2024, WHO supported countries to improve water, sanitation and hygiene (WASH), as these remain fundamental to achieving WHO's mission of promoting health, preventing disease and achieving universal health coverage.

The WHO Results Report 2024–2025 [\(1\)](#) indicates that global access to safely managed drinking-water services rose from 71.0% in 2018 to a projected 87.3% by 2025; safely managed sanitation from 53% to 80%; and basic hygiene services from 74.5% to a projected 88.8%. These gains have driven notable reductions in diarrheal disease, underscoring the foundational role of WASH in health improvement and WHO's corporate accountability, reinforcing WASH as a core driver of results across universal health coverage, health emergencies and healthier populations.

These achievements result from country-level leadership driving domestic investment, supported by WHO's technical guidance and resources.

WHO's work focused on its priority intervention areas, including normative guidance, monitoring, regulation, climate-resilient WASH, WASH in health care facilities, emergency response and financial tracking, delivered in collaboration with multiple partners.

Key highlights of WHO's work in 2024 included:

- An independent evaluation of the *WHO Water, Sanitation and Hygiene strategy 2018–2025* [\(3\)](#) confirmed the Organization's global influence, noting that its normative guidance, convening power and technical tools have shaped national policies and advanced WASH systems, and informed the development of the future strategy [\(4\)](#).
- Timely and policy-relevant data and tools were delivered through the WASH in health care facilities [\(5\)](#), schools [\(6\)](#) and wastewater [\(7\)](#) updates, new work on gender-specific WASH monitoring indicators [\(8\)](#) and emergency guidance on surveillance [\(9\)](#) and disease prevention [\(10, 11\)](#), supporting national planning and humanitarian response.

Box 1—WHO Director-General's outlines WASH priorities during high level dialogue

"First, we need to respond to the Paris Agreement's Global Goal on Adaptation, by building more climate-resilient water and sanitation services. Second, we need longer-term investments in WASH across the humanitarian-development nexus. And third, we need a coordinated UN system to support countries to improve WASH and health. The new UN System-wide strategy on water and sanitation is an important step in bringing coherence to a fragmented landscape" Welcoming Retno Marsudi as United Nations Special Envoy on Water, he added, "Her work can make a huge difference to millions of people, by preventing disease." [\(2\)](#)

- Guidance and support for rural and underserved areas were strengthened with the launch of updated drinking-water quality guidelines (12) and sanitary inspection packages (13) for small water supplies, helping to bring safer services to communities often overlooked.
- Leadership in global policy alignment was reinforced through WHO's role as Vice Chair of UN-Water, helping to implement the new UN system-wide strategy for water and sanitation (14).
- WHO also remained engaged in intergovernmental and policy-focused forums, including the World Health Assembly, 40th UN-Water Meeting, the 29th UN Climate Change Conference of the Parties and the Global Task Force on Cholera Control and its WASH Working Group, World Water Week, the 2024 UN High-Level Political Forum, and other influential events.
- Safely managed sanitation advanced through new guidance (15) and global events including a major sanitation summit in Nepal hosted by WHO, UNICEF and WaterAid (16, 17). As well, WHO co-led technical input into Green Climate Fund sanitation project guidance with UNICEF and the Climate-Resilient Sanitation Coalition (CRSC) (18).
- A major highlight was a new joint review initiated in partnership with UNICEF, led by the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) and the UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS), to strengthen climate-resilient WASH indicators (19).
- In July 2024, WHO and UNICEF, supported by the World Bank, introduced the *Global framework for action 2024–2030* (20). It aims to ensure universal access to water, sanitation, hygiene, waste management, and electricity in all health-care facilities. This aligns with the 2023 UN General Assembly resolution on WASH, waste management and electricity in health care facilities, and creates a roadmap for governments and development partners to plan, finance and monitor WASH in clinics and hospitals globally. This was supported by publication on new JMP data (5) and training tools like the WASH FIT Academy course, accessed by more than 8,000 learners (21).
- New global guidance on waste and effluent management from antibiotic manufacturing was issued (22), contributions to the UN AMR Political Declaration (23) and a new global online training course (24).
- Monitoring frameworks and financial transparency were expanded, with WHO and partners advancing joint work on WASH core enabling environment indicators, through the Align 2 Accelerate initiative (25), guidance for countries on effective deployment of GLAAS surveys (26) and data use collected through the GLAAS process (27), as well as WASH accounts to track financing expanding in a growing number of countries, and with significant technical and co-hort support.

Box 2—Summary of the evaluation of the WHO WASH Strategy 2018-2025

The WHO WASH Strategy has been effective in advancing global health goals by strengthening water, sanitation and hygiene systems. It is strongly aligned with WHO's mandate and the SDG 2030 Agenda, and it has enhanced WHO's role as a leading provider of normative guidance and monitoring for WASH. Despite modest resources, the Strategy has produced high-quality global public goods—such as standards, guidelines, and monitoring data—that have shaped national policies and programmes in many countries.

The Strategy contributed significantly to areas like WASH in health care facilities, integration with disease control programmes, and the global burden of disease reporting. WHO has also elevated climate resilience and hand hygiene as priorities, while maintaining influential partnerships, particularly with UNICEF. These achievements were realized through a combination of normative work, global leadership, and strong technical cooperation.

Going forward, the evaluation recommends that WHO build on its comparative advantages by strengthening country-level engagement, embedding WASH standards into national systems, and enhancing capacity development.

Box 3—Preventing cholera: Investing in WASH to break the cycle of emergencies

Driven by conflict, displacement, disasters and climate change, over 1 billion people in 30 countries remain at risk for cholera, particularly in rural, flood-prone areas with limited infrastructure. In *The Guardian* on 21 March 2024, Zambia's President Hakainde Hichilema and WHO Director-General Dr Tedros Adhanom Ghebreyesus, speaking through the Global Task Force on Cholera Control (GTFCC), highlighted that climate change and resource shortages are exacerbating cholera transmission. They emphasized that access to safe water and sanitation is essential to breaking the cycle of outbreaks. History shows that cholera is defeated through sustained investment in WASH. WHO's WASH unit is committed to strengthening the GTFCC's WASH Working Group's efforts and contribute to responding to the findings of the GTFCC 2025 evaluation.

- Global advocacy included WHO's active engagement in World Toilet Day, World Water Day, World Antimicrobial Awareness Week, World Hand Hygiene Day, World NTD day, and others, as well as support to efforts to strengthen water and sanitation regulatory systems.
- Community hand hygiene received renewed momentum with continued promotion of a hand hygiene acceleration tool (28), scaled up engagement through the Hand Hygiene for All partnership and through engagement with ten champion countries in support of forthcoming (2025) global guidelines.
- Support in crisis-affected settings was strengthened, with WHO active in fragile contexts including Ukraine and Gaza, supporting cholera response and integrated IPC-WASH approaches.

These achievements reflect not only WHO's technical leadership but also its commitment to positioning WASH as a cross-cutting solution to major global challenges. Embedding WASH in broader health, climate and development agendas is increasingly essential. The appointment of the UN Secretary-General's Special Envoy on Water in 2024 signaled renewed political commitment, while WHO's sustained engagement in global forums, including the G20 (29) provided platforms to amplify its technical voice and mobilize multi-sectoral action.

Yet key lessons emerged: the need to link WASH more strongly with water resource management and climate action; the importance of cross-sectoral collaboration and systems thinking; and the urgent requirement to rebalance the sector away from short-term infrastructure delivery and toward long-term service sustainability, particularly in fragile settings. Stronger monitoring, aligned investment and high-level political will remain essential to close the fivefold acceleration gap and meet the 2030 targets.

The following sections present highlights and detailed reporting across WHO's priority intervention areas in water, sanitation and hygiene.

Box 4—WASH at the World Health Assembly

The 77th World Health Assembly (WHA) in 2024 spotlighted water, sanitation and hygiene as vital to countering climate change's health threats. A new resolution underscored urgent action (30), with WASH key to resilience. Health Ministers pushed for greater WASH investments to ease health system burdens. Malawi's Honourable Khumbize Kandodo Chiponda hosted a WaterAid-supported luncheon with leaders from Liberia, Zambia, Zimbabwe, Tanzania, The Gambia and Japan, focusing on infection prevention and control (IPC), WASH and health facility upgrades, aligned with the 2024-2030 Global Framework. A cholera side event by WHO, IFRC, UNICEF and the Global Task Force on Cholera Control, ended with a resounding call for more WASH to prevent the disease at its roots. The WHA also endorsed an IPC action plan and resolution A77/5 on antimicrobial resistance, prioritizing WASH in its 2025–2035 strategy, boosting momentum for the UNGA AMR meeting in September 2024.

2 Results area: drinking-water quality and safety

OUTPUT: Risk management approaches based on up-to-date guidelines for drinking-water are available and disseminated to national and international WASH partners.

WHO made significant progress in improving global drinking-water safety in 2024, particularly for small water supplies that serve rural and underserved communities. In line with the Sustainable Development Goal (SDG) principle of leaving no one behind, WHO launched updated [Guidelines for drinking-water quality: small water supplies](#), along with new [Sanitary inspection packages](#), to support progressive improvements and long-term sustainability. These efforts aim to enhance the safety of small drinking-water systems, which often receive limited attention and investment despite their critical role in protecting public health.

The need for stronger regulatory frameworks and increased investment in drinking-water quality remains a pressing global challenge—particularly for small water supplies. As the SDG period nears its conclusion, there is renewed focus on disparities in access to safe drinking-water, requiring more targeted technical support.

There is also growing recognition of emerging threats, including per- and polyfluoroalkyl substances (PFAS) contamination, pesticide metabolites in drinking-water and the need for improved risk assessment strategies. Climate change and economic instability further threaten water security, underscoring the importance of resilient and adaptive water management.

In response, WHO launched the *Guidelines for drinking-water quality: small water supplies*, replacing the 1997 community water supply guidelines. The launch included a global webinar—attended by more than 1 000 participants—in collaboration with the Rural Water Supply Network, along with [multilingual executive summaries](#) and country-specific implementation workshops. Supplementary resources such as an [At-a-glance guide](#) and an [Overview document](#) were also developed to enhance accessibility and usability.

WHO also issued a global call for experts to contribute to the upcoming fifth edition of the [Guidelines for drinking-water quality \(GDWQ\)](#), with applications open through June 2024. In addition, new technical guidance was published, including an updated [Water safety plan \(WSP\) roadmap](#) that integrates equity and climate resilience and a second edition of the technical brief on cyanobacteria management.

WHO finalized background documents on pathogens and initiated the third addendum to the fourth edition of the GDWQ. The [pathogen background documents](#) will be launched at a

Box 5—WHO & RWSN: Strengthening small water supply safety

WHO partnered with the Rural Water Supply Network to promote the *Guidelines for drinking-water quality: Small water supplies*, making them a key part of its strategy to improve water safety in small supply systems. (RWSN) boasts a vibrant community of over 15,000 individual members and 100 member organizations, all dedicated to enhancing access to drinking water in rural areas worldwide. The launch webinar for these guidelines quickly became one of the most popular resources in the RWSN library for 2024, reflecting strong global interest in strengthening small water supply management. This collaboration highlights WHO's commitment to ensuring safe drinking water in rural and decentralized systems, supporting practitioners with practical tools to enhance water quality and public health.

WHO session at the Health Related Water Microbiology Conference in 2025 in the Netherlands. Work began on evaluations of PFAS and pesticide metabolites, reflecting growing concern around emerging contaminants.

A technical meeting on microbial aspects of the GDWQ was convened at Singapore International Water Week. WHO continued advocacy to address lead in drinking-water, highlighting WHO's technical brief on managing lead exceedances in drinking-water, at key events such as Stockholm World Water Week, UNC Water and Health Conference and the G20.

WHO revised its *Guidance on selecting field testing kits* based on a targeted expert review in June 2024, improving usability and to address technical comments. A second expert review was conducted in November 2024. The guide was promoted through webinars and events hosted by Aquaya, UNC and RegNet. The document will be available in the second half of 2025.

WHO shared these developments at major conferences, highlighting challenges and practical solutions related to drinking-water safety in small systems and low- and middle-income countries (LMICs). Topics included halting lead use in new drinking-water systems, preventing toxic metals in LMICs and previewing the updated guidelines for small water supplies. Presentations also covered the practical implementation of these guidelines, conducting sanitary inspections, selecting water quality field testing kits and applying the "From source to safe" approach to support global water safety improvements.

3 Results area: sanitation, wastewater and environmental surveillance

OUTPUT: Risk management approaches based on up-to-date guidelines for sanitation, safe use of wastewater, excreta and greywater and recreational water are available with tools to support implementation and disseminated to national and international WASH partners.

In 2024, WHO launched new guidance and initiatives to accelerate achievement of safely managed sanitation, expand wastewater surveillance for public health and integrate climate resilience into sanitation systems. Key events, including the [Global Summit to Accelerate Progress Towards Safely Managed Sanitation \(SMS\)](#) and the GLOWACON Africa Regional Conference, highlighted WHO's leadership in driving progress through research, technical guidance and global partnerships.

One of the fastest growing opportunities in the field has been the expansion of wastewater and environmental surveillance (WES) as a tool for population level detection of disease presence and trends. At the GLOWACON Africa Regional Conference, WHO launched pilot [Pathogen prioritization guidance](#) and pathogen summaries to support strategic investments in WES. This guidance is designed to help stakeholders determine when and where WES can provide actionable public health insights, ensuring that methods are both feasible and aligned with ethical and legal frameworks. Summary sheets for six key pathogens—cholera, influenza, monkeypox, polio, SARS-CoV-2 and typhoid—offered a structured approach for integrating WES with clinical surveillance, reinforcing its role as a complementary tool in disease detection and response.

In June, the *Global Summit to Accelerate Progress Towards Safely Managed Sanitation (SMS)*—co-hosted by WHO, UNICEF and WaterAid in Kathmandu—brought together delegates from over 20

countries to explore strategies for scaling up safely managed sanitation. The Summit aligned global efforts and showcased technical approaches such as sanitation safety planning and climate-resilient service delivery. Follow-up activities will include WHO and UNICEF-led live “clinics” in 2025 and continued dissemination [of summary videos](#) from the Summit.

Recognizing the urgent need to incorporate climate resilience into sanitation services, and building on the June Sanitation Summit in Nepal WHO and UNICEF launched [Steps to achieve universal access to safely managed sanitation](#) on 19 November, marking World Toilet Day. This framework provides a structured roadmap for countries striving to achieve universal sanitation coverage, outlining practical steps and clarifying how different stakeholders can contribute. Aligned with UNICEF’s [Game Plan for Safely Managed Sanitation](#) and WHO’s [Guidelines on sanitation and health](#), the framework emphasizes government leadership, gender inclusion and adaptable strategies tailored to both urban and rural contexts. It supports national efforts under the Global Acceleration Framework (GAF) for SDG 6, with governance, data, finance, capacity and innovation as key accelerators.

Sanitation safety and risk management advanced with the release of the [Sanitary inspections user guide](#), developed by WHO, UNICEF and the WHO/UNICEF JMP. This resource provides regulators with tools and practical examples for conducting sanitation inspections in diverse regulatory contexts. By emphasizing systematic risk assessment and management, the guide supports implementation of the [Guidelines on sanitation and health](#) and promotes safe, sustainable systems across the sanitation service chain.

WHO also contributed to the advancement of climate-resilient sanitation by serving as a technical contributor to the [Green Climate Fund’s water project guidelines part III](#), which offers structured guidance for countries seeking financing for climate-adaptive sanitation solutions. Throughout the year, WHO maintained high-level advocacy for sanitation’s role in climate action, particularly through the [Climate-Resilient Sanitation Coalition](#). At major events such as COP29 and the 10th World Water Forum, WHO articulated the importance of integrating sanitation into climate frameworks and supported regulatory approaches for resilience. These efforts also highlighted sanitation’s relevance to global methane reduction, with WHO and partners advocating for its inclusion in the [Global Methane Pledge](#).

Looking ahead, WHO will focus on scaling up WES implementation in 2025, expanding technical guidance, target pathogen sheets and regional surveillance networks. The rollout of *Steps to achieve universal access to safely managed sanitation* and related tools will remain a priority, supported by country-level technical assistance, capacity-building webinars and expanded sanitation safety planning training. WHO will also strengthen efforts on sanitation regulation and solid waste management, including the launch of *A roadmap for advancing sanitation regulation* and new technical guidance and fact sheets.

Further work will target antimicrobial resistance and wastewater. WHO will support a Global Environment Facility initiative on pharmaceutical manufacturing waste and conduct a rapid assessment under the UN Multi-Partner Trust Fund to integrate AMR surveillance into National Action Plans. WHO is also preparing for an update to the [Guidelines for the safe use of wastewater](#), aligning treatment standards with climate resilience and circular economy principles.

Box 6—Focus with partners on the experiences of sanitation workers

WHO, a founding member of the Initiative for Sanitation Workers (ISW), continues to support sanitation workers, including through recent reports [Global research agenda for improving the health safety and dignity of sanitation workers](#) and [Health, safety and dignity of sanitation workers](#). Through the [2024 ISW blog series, Researchers for Sanitation Workers' Rights](#), WHO and partners explored occupational risks, policy needs and worker experiences across Uganda, Vietnam, India, Tanzania, Nigeria and Bangladesh. Topics include health hazards, social protection, grassroots advocacy and the formalization of faecal sludge services.

Strengthening regulation of drinking water and sanitation

The [WHO International Network of Drinking-Water and Sanitation Regulators \(RegNet\)](#) played a vital role in reinforcing regulatory frameworks, advancing the implementation of [WHO's Guidelines for drinking-water quality](#) and promoting improved sanitation and health. By strengthening regulatory engagement, facilitating peer learning and supporting strategic collaboration, WHO made significant progress in promoting the safety and sustainability of drinking-water and sanitation services worldwide.

A central focus of WHO's work in 2024 was collaboration with the network and its members to address regulatory challenges related to small water supplies. WHO developed new training materials to help regulators and practitioners integrate the guidelines into national policies. A side event at the Eastern and Southern Africa Water and Sanitation (ESAWAS) Regulators Association Annual Conference in Malawi offered a platform for over 50 countries in Africa to discuss the importance of data and monitoring systems for managing small supplies. RegNet also collected feedback from members to inform the forthcoming fifth edition of the GDWQ, ensuring evolving regulatory needs and emerging challenges are addressed. Further, WHO collaborated with ESAWAS to adapt the *Guidelines for drinking-water quality* into a regional regulatory framework tailored to small and rural water supply systems. Support included providing technical inputs on an assessment tool, reviewing gap analysis findings in a number of countries in the African region and technical inputs on the framework.

Engagement with regional regulators' associations has been pivotal in scaling up regulatory best practices. WHO provided technical input to La Asociación de Entes Reguladores de Agua y Saneamiento de las Américas (ADERASA), supporting the finalization of its strategic plan, together with the Gates Foundation. This work has enhanced regulatory oversight for small water supplies in peri-urban and rural areas across Latin America. In Africa, WHO worked with ESAWAS to develop a regional regulatory framework, ensuring that regulations for small water supplies remain robust and adaptable. Supporting peer exchange and shared learning remains a cornerstone of RegNet's approach.

The 2024 [RegNet Annual Meeting](#), held in Switzerland as a hybrid event, brought together regulators, financing institutions and academics to explore how to strengthen regulatory frameworks, reduce inequalities in WASH service delivery and enhance financing and monitoring systems. A closed session highlighted the importance of advocacy and stakeholder education, particularly for emerging regulatory systems. In-depth discussions addressed pressing topics such as PFAS contamination, desalination and adaptations for regulating small water supplies. WHO also co-hosted a thematic webinar with the International Water Association (IWA) during the 2024 European Union Green Week, focusing on regulation for climate-resilient water and sanitation. Additional sessions addressed practical applications of the guidelines for small water supplies, engaging regulators globally.

Another 2024 milestone was the launch of a global process to develop a [Global Call to Action on](#)

[Strengthening Water and Sanitation Regulatory Systems](#)—a collaborative initiative involving more than 50 partners, including regulators, external support agencies, international financing institutions and governments. On 14 August, a [high-level session at the IWA World Water Congress](#) in Toronto introduced the initiative. WHO, IWA, UNICEF, Gates Foundation, the World Bank, ADERASA, ESAWAS and LIS-Water Portugal led the effort. The *Call to Action* will be formally launched in 2025 and aims to secure political support and scale up technical assistance for regulators worldwide.

Box 7—Strengthening regulatory capacity through regional exchange in Peru

As part of RegNet’s commitment to peer learning and collaboration, members of ESAWAS and ADERASA participated in a regional exchange visit to SUNASS, Peru’s National Superintendence of Sanitation Services. The visit offered an opportunity to explore advanced regulatory practices, with a focus on technology-enabled monitoring, water quality oversight and utility capacity building.

Participants gained insights into SUNASS’s robust sanctioning powers, including its authority to remove utility management and board directors, as well as its emphasis on facilitative regulation and recommendation-based oversight. Discussions also addressed the evolution of tariff-setting mandates and the development of regulatory frameworks.

4 Results area: WASH in health care facilities

OUTPUT: WASH IN HEALTH PROGRAMMES: Health and other programmes are aware of the importance of WASH and have access to up-to-date technical materials for programming and policies.

Collaborative efforts to strengthen WASH in health care facilities gained significant momentum in 2024. The [WASH in health care facilities 2023 data update: special focus on primary health care](#), published by the JMP, provided critical evidence on persistent global gaps. It revealed that 9% of health care facilities lack water services, affecting 743 million people; 8% lack sanitation, impacting 661 million; and 9% are without hygiene services, leaving 722 million without access to essential hand hygiene. Stark regional disparities further underscored the urgency of addressing these deficiencies.

In response and following a United Nations General Assembly (UNGA) resolution, WHO and UNICEF launched a comprehensive roadmap: [Universal water, sanitation, hygiene, waste and electricity services in all health care facilities to achieve quality care: global framework for action 2024–2030](#). Stakeholder meetings and momentum-building events supported technical guidance, policy action and implementation strategies to accelerate WASH improvements in health care settings worldwide.

A major milestone from 2023 – and a powerful driver of renewed engagement in 2024 – was the adoption of the UNGA resolution on WASH, waste and electricity in health care facilities, reaffirming the global community’s commitment to quality health services. Building on this, WHO and UNICEF developed and endorsed the *Global framework for action*, setting ambitious targets for universal WASH coverage in health care facilities. The Framework gained support from leaders in health, WASH, waste management, energy and climate sectors.

Linked to the Framework, a [Consensus statement on WASH, waste and electricity in health care facilities \(2024–2030\)](#) outlined a comprehensive path to universal access by 2030. WHO and UNICEF also released the [Implementation of the water and sanitation for health facility improvement tool \(WASH FIT\): global](#)

[report](#) in December 2024, highlighting its adoption in over 70 countries since 2015. The report noted improvements in facility operations, resource efficiency and patient and staff satisfaction. However, challenges remain in institutionalizing WASH FIT within national health systems and securing sustainable financing.

Additional WHO-led efforts further reinforced the WASH in health care facilities agenda. These included technical guidance on infection prevention and control (IPC) in emergency settings—particularly for Gaza and Ukraine—and expanded training and assessments to improve resilience.

WHO scaled up implementation of [WASH FIT \(Water and Sanitation for Health Facility Improvement Tool\)](#) via technical webinars and a country survey. National initiatives, such as the *Plumbing for Health + WASH FIT* programme in the Philippines, integrated plumbing upgrades with WASH FIT assessments to improve infrastructure.

WHO maintained global advocacy for WASH in health care facilities through participation in high-level forums. A self-paced WHO Academy course on [Water and Sanitation for Health Facility Improvement Tool \(WASH FIT\) for improved quality of care was launched](#) and a Global Strategic Roundtable brought together diverse stakeholders to align on implementation strategies and investment pathways in support of the UNGA resolution.

In July, WHO hosted a multilingual webinar on climate-resilient and sustainable health care facilities, showcasing policy innovation and technical best practices. WHO also played a central role at the *High-Level Political Forum on Sustainable Development (HLPF) 2024*, organizing sessions on the framework for action and the UN system-wide water and sanitation strategy.

To advance technical collaboration, WHO joined a UNEP-led webinar on pharmaceutical waste under the *SAICM policy framework*, funded by the Global Environment Facility. The discussion focused on mitigating health and environmental risks linked to Environmentally Persistent Pharmaceutical Pollutants (EPPPs). Meanwhile, a National Training of Trainers (ToT) Workshop on WASH FIT was held in Egypt in September 2024, training 55 participants from eight governorates to implement WASH assessments and improvements in primary health care settings.

Looking ahead to 2025, WHO will continue supporting systemic WASH improvements in health care facilities by prioritizing updated data systems, sustainable waste management (including pharmaceutical waste) and targeted country support. Leveraging the momentum of the Global Strategic Network, WHO aims to translate global commitments into impactful national actions, engaging partners such as the World Bank, Gavi and the Global Fund.

Strategic shifts anticipated over the next five years include: deepening WASH–climate integration in health systems; positioning WASH FIT as an institutional quality framework rather than a standalone tool; and scaling sustainable financing and private-sector engagement in health care waste management as a pillar of climate action and public health.

While strong partnerships with UNICEF and others provide a robust foundation, progress is challenged by data gaps, limited financing and complex funding channels. Yet, increasing recognition of waste management as an entry point for sustainability offers momentum to expand efforts and investment.

Box 8—Scaling up WASH FIT: Strengthening health care facilities worldwide

WHO and UNICEF are expanding the *Water, Sanitation and Hygiene Facility Improvement Tool (WASH FIT)* across multiple countries to improve health care infrastructure and strengthen infection prevention and control.

In the Philippines, the *Plumbing for Health* initiative piloted WASH FIT-driven plumbing upgrades in four Metro Manila health care facilities, helping to shape national plumbing standards and green building codes. In Egypt, a national *Training of Trainers (ToT)* workshop introduced WASH FIT to 55 participants from eight governorates, with one governorate committing to pilot the tool. Meanwhile, Montenegro released a Montenegrin-language version of the WASH FIT guide, improving accessibility for local health care providers.

At the regional level, a WASH FIT training in Amman, Jordan, brought together 50 participants from 15 countries, laying the groundwork for national roll-outs. These efforts reflect WHO and UNICEF's commitment to positioning WASH FIT as a cornerstone of health system strengthening globally.

5 Results area: integration of WASH with other health programmes

OUTPUT: WASH IN HEALTH PROGRAMMES: Health and other programmes are aware of the importance of WASH and have access to up-to-date technical materials for their programming and policies.

At the [High-Level Meeting on Antimicrobial Resistance \(AMR\)](#) on 26 September 2024, during the United Nations General Assembly, WHO reinforced its commitment to integrating WASH and environmental considerations into global and national AMR strategies. The resulting [Political Declaration](#) emphasized the urgency of cross-sectoral action, highlighting sanitation, wastewater management and infection prevention in health care settings.

As a key member of the [AMR Quadripartite](#)—alongside UNEP, FAO and WOA—WHO played a pivotal role in shaping World AMR Awareness Week 2024 and mobilizing stakeholder engagement. Additionally, WHO launched the online course [Antimicrobial Resistance in the environment: key concepts and interventions](#), which attracted over 10 000 learners worldwide.

The 2024 Political Declaration highlighted several WASH-linked priorities, including the need to prevent antimicrobial contamination from health care, sanitation, wastewater and agricultural systems; strengthen AMR surveillance linked to WASH services in health care facilities; and establish sustainable standards for antimicrobial manufacturing. It also called for addressing research gaps and embedding environmental surveillance into AMR action plans.

To help mitigate antibiotic pollution, WHO, in collaboration with UNEP and the AMR Quadripartite, launched [Guidance on wastewater and solid waste management for manufacturing of antibiotics](#). Developed through expert consultations and public feedback, this guidance has already influenced the AMR Industry Alliance standards, supported inspector training across 52 African Union Member States and raised awareness among manufacturers and procurement agencies. WHO also co-organized the 5th Continental GMP Training Workshop with the African Medicines Regulatory Harmonization (AMRH) initiative, convening inspectors to discuss sustainable pharmaceutical production practices, including wastewater and solid waste management.

Additionally, WHO published the [Global research agenda for antimicrobial resistance in human health](#), underlining the need for evidence on the effectiveness and cost-efficiency of WASH interventions in preventing antimicrobial use, especially for diarrhoeal diseases and in reducing AMR transmission in health care settings.

WHO further strengthened WASH contributions to cholera and neglected tropical disease (NTD) control. Through the Global Task Force on Cholera Control, WHO advocated for integrating WASH measures into cholera elimination roadmaps. On 21 March 2024, an article in *The Guardian*, co-authored by Zambian President Hakainde Hichilema and WHO Director-General Dr Tedros Adhanom Ghebreyesus, called for urgent investment in safe water and sanitation to combat cholera, exacerbated by climate change.

Box 9—World Health Assembly 2024: WASH as a key pillar in tackling antimicrobial resistance Presented at the World Health Assembly on 27 May 2024, WHO’s [2025–2035 strategic and operational priorities for antimicrobial resistance \(AMR\)](#) highlight WASH as a critical component in preventing drug-resistant infections. Inadequate water, sanitation and hygiene accelerate the spread of AMR, particularly in health care settings and underserved communities. WHO calls for universal WASH access in health care facilities, strengthened infection prevention and control (IPC) and expanded wastewater surveillance to reduce antimicrobial residues in the environment. Integrating WASH into national AMR action plans and ensuring sustainable financing are essential to protecting public health and safeguarding the effectiveness of antibiotics.

In response to deteriorating conditions in Gaza, WHO and UNICEF issued [Infection prevention and control and water, sanitation and hygiene measures in health care settings and shelters/congregate settings in Gaza: technical note, 22 February 2024](#), providing guidance on critical interventions for disease prevention.

At the 77th World Health Assembly, climate change and WASH were major themes. A new resolution emphasized investing in climate-resilient WASH services to reduce health burdens. WHO’s leadership at the Global Task Force on Cholera Control WASH Working Group Meeting in Geneva contributed to a draft strategy aiming for universal water and sanitation access in cholera-prone areas by 2030.

For NTDs, WHO launched the [Impact in action](#) series with the NNN NGO Network, showcasing case studies on WASH-health collaborations. Releases included *Prevention in action: Changing behaviours to fight dengue* and other examples on disability-inclusive approaches and social behaviour change.

6 Results area: WASH evidence and monitoring

6.1 WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP)

OUTPUT: (JMP) Robust and up-to-date evidence base of country, regional and global progress on WASH and wastewater services in different settings is produced and publicly accessible.

In 2024, the [WHO/UNICEF Joint Monitoring Programme](#) released two flagship reports— [WASH in health care facilities 2023 data update: Special focus on primary health care](#) and [Progress on drinking water, sanitation and hygiene in schools 2015-2023: special focus on menstrual health](#).

These reports strengthened the global evidence base for WASH, guiding policymakers with actionable insights to accelerate universal access. They were complemented by consultations on climate-resilient WASH indicators and targeted efforts to enhance data collection in South Asia.

The health care facilities data update revealed persistent service gaps: 9% of health care facilities lack basic water services (affecting 743 million people), 8% lack sanitation (impacting 661 million) and 9% lack hygiene services (leaving 722 million people without hand hygiene facilities). Stark regional disparities underscored the urgency of addressing these gaps. The companion schools report found that just 39% of schools globally offer menstrual health education, with substantial variation across regions. These findings point to a need for stronger policies, improved teacher training and targeted investments in school infrastructure.

To address WASH disparities more broadly, WHO and UNICEF supported national-level action. In Uganda, for example, JMP and GLAAS teams took part in a national workshop aligning SDG 6.1 and 6.2 with national planning. The JMP also prepared draft updates on household WASH to be published in mid-2025 and circulated draft estimates to countries for a two-month consultation. In parallel, WHO circulated draft estimates on wastewater generation and treatment for a planned update to the global database to be published in 2025.

Climate resilience emerged as a key theme in 2024. WHO and UNICEF, through GLAAS and the JMP, launched [a review to identify indicators](#) for enhanced national and global monitoring of climate-resilient WASH that will inform future GLAAS and JMP monitoring. As part of the review, WHO and UNICEF are collaborating with the University of Leeds, University of Technology Sydney, University of Bristol and Oxford University and established a technical working group to assess methodologies, identify data gaps and prioritize indicators for integration into monitoring systems. In 2024, the review was officially launched through a public webinar and two technical working group meetings were held – one to kick off the process and one to review the evidence generated by the academic partners. The long list of indicators will be available in Quarter 2 of 2025 for public consultation and WHO, UNICEF, the consortium of universities and the technical working group will then prioritize this into a short list for further consultation.

To strengthen gender-sensitive monitoring, WHO and UNICEF partnered with Emory University to [refine indicators capturing disparities in WASH access and use](#). Recommendations from a 2024 review were discussed during a global webinar on 1 October, which explored innovative approaches to gender-inclusive monitoring and policy development.

Findings from the work on climate-resilient and gender-sensitive WASH monitoring were shared at major forums such as the 2024 UNC Water and Health Conference and World Water Week in Stockholm, promoting best practices and data innovations.

The JMP provided technical support to 29 countries to integrate drinking water quality testing into a household survey, including holding nine training sessions, in: Bangladesh, Belize, Ethiopia, Libya, Madagascar, Malawi, Nepal, Pakistan (provincial level) and Tonga.

Phase 2 SMOSS (Safely Managed On-Site Sanitation) pilot countries—Oman, Malawi, Nepal and Republic of Moldova—continued efforts to strengthen monitoring of on-site sanitation. Two technical missions

were conducted in Nepal to support SMOSS activities. The JMP partnered with ESAWAS to develop and test the [SaniTracker](#) tool in four utilities in Kenya, and joined an online workshop in October with ESAWAS and Dev Afrique on the Non-Sewered Sanitation Data Module Development. Following a 2021/2022 pilot of SMOSS indicators and tools conducted in three Kenyan counties, a subsequent study was conducted from January to July 2024 to assess the enabling environment and develop an effective strategy for scaling up SMOSS in Kenya. This in turn fed into the [Sessional Paper No. 7 of 2024](#) on the National Sanitation Management Policy which established a framework for monitoring SMOSS indicators in Kenya.

JMP maintained its collaboration with the IMI-SDG6 project, led the Gender Working Group and anchored a gender monitoring pilot in the Philippines. WHO collaborated with UN-Habitat to publish a [global SDG indicator report on domestic wastewater generation and treatment \(SDG 6.3.1\)](#).

Box 10—Major gaps in menstrual health in schools

The WHO/UNICEF Joint Monitoring Programme (JMP) report, *Progress on drinking water, sanitation and hygiene in schools 2015–2023: Special focus on menstrual health*, revealed widespread gaps in menstrual health and hygiene support across schools globally. Released on Menstrual Hygiene Day, the report found that only 39% of schools worldwide provide menstrual health education, with even lower rates in primary schools. Many girls lack access to private toilets with water and soap. In sub-Saharan Africa, just 12% of schools offer menstrual products and globally, fewer than one in three schools provide bins for menstrual waste—dropping to 11% in some least developed countries. The report also highlighted the impact of stigma: many girls are unprepared for their first period and face shame that negatively affects their school attendance. Despite the clear need for accurate information, no national datasets currently track how many teachers are trained to deliver menstrual health education.

6.2 UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS)

OUTPUT: (GLAAS) Robust and up-to-date evidence base on WASH enabling environment (inputs, processes, finance) is produced and publicly accessible.

The 2024/2025 data collection cycle for the [UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water \(GLAAS\)](#) began on 1 April 2024 with materials in multiple languages. WHO and UNICEF are cooperating more closely on this GLAAS cycle, and WHO and UNICEF jointly organized regional virtual trainings and a dedicated training for WHO and UNICEF country and regional offices. It is expected that over 100 countries will participate in the cycle. The GLAAS 2024/2025 cycle assesses key components of WASH systems, including governance, monitoring, human resources and finance and incorporates new questions on climate-resilient WASH. The full report and country highlights will be published in 2025.

Following a successful pilot in 2021, countries can now complete the GLAAS country survey online through eGLAAS—a user-friendly platform that enables multiple contributors to input data efficiently. This digital innovation improves data accuracy and accessibility. WHO hosted additional webinars introducing countries to the eGLAAS online data collection tool and its functionalities, including multi-user access, real-time validation and improved data workflows. For the GLAAS 2024/2025 cycle, eGLAAS is available in English, Spanish and French and over 30 countries completed the survey using eGLAAS.

These trainings, including on SDG targets 6.a and 6.b, reached over 250 participants. WHO coordinated closely across headquarters, regional and country levels and with UNICEF, to support the rollout. The deadline for country survey submissions was 15 October 2024.

The GLAAS country survey is a valuable tool for strengthening national planning, monitoring and review processes. While contributing to global and regional monitoring, it also supports countries in developing their own WASH policies and programmes. To facilitate this, WHO released a guidance document, [Using data collected through GLAAS: Making the most of the GLAAS process](#), which includes case examples of how countries have applied previous results.

WHO provided ongoing support to over 20 countries to develop national WASH accounts in English, French and Spanish. Activities included regular thematic meetings, continuous capacity-building and development of support materials.

WHO, in partnership with UNICEF, WaterAid and IRC, supported nearly another 20 countries to develop or refine WASH accounts, which track financial flows in the WASH sector. TrackFin classifications were updated in 2024 following expert consultations.

WHO presented innovations in fiscal decentralization and financial sustainability at the [WaterAid WASH Financing Conclave](#) Conclave in Bangkok in March 2024.

Plans are underway to expand WASH accounts to 3–5 new countries and deepen engagement in countries aligning WASH accounts with the SWA Heads of State Initiative.

WHO engaged actively in the UN-Water IMI country engagement working group, Strategic Advisory Group and Steering Committee. Additionally, WHO contributed to the final draft of the UN-Water Collaborative Plan Results Framework 2025-2028 as well as co-facilitated the development of Priority Collaborative Action 1.2 for the UN system-wide strategy for water and sanitation.

Regular coordination was maintained with monitoring focal points at IRC and SWA and WHO actively participated in the SWA High-Level Political Dialogue working group and the Systems and Finance Working Group. WHO also regularly engaged with SWA on WASH accounts and using GLAAS data to inform ongoing processes.

Box 11—GLAAS helps countries strengthen WASH systems and meet global reporting commitments

The UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS), led by WHO, helps countries monitor key aspects of WASH systems such as governance, financing and human resources. While GLAAS contributes to global and regional analyses, it also provides strong national value by supporting planning, coordination and policy development. One of its most critical functions is enabling countries to fulfill their reporting obligations for Sustainable Development Goal (SDG) targets 6.a and 6.b, which focus on the means of implementation for water and sanitation. Participation in GLAAS directly supports these SDG commitments and is increasingly used for other international and regional reporting efforts.

For example, Belarus used GLAAS data to report under the Protocol on Water and Health and to inform its national implementation plan through 2030. Honduras cited GLAAS as a key data source for reporting to LATINOSAN and for engagement in the Sanitation and Water for All (SWA) Finance Ministers' meetings. Tunisia used insights from GLAAS in several initiatives, including SDG 6 reporting and a sector-wide study coordinated by Arab donor partners under the TFEA platform.

By aligning the GLAAS process with national priorities and sharing results across key stakeholders, countries are maximizing its value as both a global reporting mechanism and a practical planning tool. Read more in [Using data collected through GLAAS: Making the most of the GLAAS process](#).

WHO developed a [white paper](#) offering forward-looking recommendations to improve monitoring of SDG 6 means of implementation leading up to 2030 and for the post-2030 agenda.

WHO and UNICEF, in collaboration with the World Bank and IRC, launched the [Align to Accelerate \(A2A\)](#) initiative in June 2024 to establish a common set of WASH system indicators. A call for evidence was issued and work began on analyzing WASH systems frameworks to develop a discussion paper. Phase 2 of the initiative is planned for 2025 to identify the common set of WASH systems indicators.

Box 12—WASH accounts and insights from the WASH financing conclave

The WASH Financing Conclave, held in Bangkok, Thailand, from 5–6 March 2024, brought together representatives from eight countries across South Asia and Africa, reflecting growing momentum for sustainable WASH financing. Discussions focused on fiscal decentralization, financial sustainability and cost recovery, with case studies from Punjab, Dhaka and Nepal showcasing localized financing approaches. A key highlight was the use of WASH accounts, with Nepal and Bangladesh presenting findings from their inaugural implementation cycles. These data-driven tools are helping to shape national strategies: Nepal has integrated WASH account insights into its Joint Sector Review, while Bangladesh is embedding WASH financing into its *National Strategy for the Development of Statistics 2024–2030*. Delegates from Pakistan and Zambia also expressed strong interest in adopting similar financial tracking systems. The event underscored the need to institutionalize WASH financing mechanisms, linking them with policy reviews, sector planning and investment tracking to ensure long-term sustainability and improved decision-making at the national level. [Read the summary](#) or see the [video report](#).

7 Results area: burden of disease from WASH

OUTPUT: Estimates of diarrhoeal and other diseases attributable to WASH are updated and publicly accessible.

In 2024, WHO focused on expanding access to the [most recent global estimates](#) of the burden of disease attributable to unsafe drinking-water, sanitation and hygiene, originally [released in 2023](#). To support broader engagement, WHO published [Spanish](#) and [French](#) translations of the 2019 burden of disease update.

In parallel, WHO worked with country offices to enhance the application of the WASH-related disease burden estimation tool for informing policy, programme development and advocacy. The tool estimates deaths, disability-adjusted life years (DALYs) and mortality rates from key WASH-related diseases, including diarrhoea, acute respiratory infections, protein-energy malnutrition and soil-transmitted helminthiasis.

By supporting national teams in scenario modelling and data interpretation, WHO is helping governments integrate health impact assessments into WASH strategies, improve evidence-based decision-making and advocate for increased investment in safe water, sanitation and hygiene.

The burden of disease report continues to be widely cited in 2024, reinforcing its relevance across diverse public health disciplines. Recent studies have referenced it in research on groundwater contamination, hand hygiene interventions and urban water management in sub-Saharan Africa. It has also informed policy discussions on open defecation in Kenya, cholera control strategies in Syria and the impact of microplastics on faecal sludge treatment. The report's enduring influence highlights its value in shaping both global and national efforts to reduce WASH-related disease burdens.

8 Regional snapshots

In 2024, WASH engagement deepened across all regions, with strong GLAAS participation from countries of all income levels. Key priorities included climate resilience, water scarcity, antimicrobial resistance and sanitation in health care facilities—supported by expanded use of WASH FIT and sanitation safety plans. WHO regional teams focused on monitoring, data collection and emergency preparedness, often with UNICEF and partners. Funding gaps remained, as climate-focused efforts received more support than core WASH services. Below is a regional breakdown of WASH progress in 2024.

African Region

The cholera outbreak response was a top priority, with WHO emergency teams supporting capacity-building across affected areas. Several countries, including Madagascar, Uganda, Cameroon and the DRC, expressed interest in WASH FIT, with regional support provided for implementation. In addition, severe flooding damaged sanitation infrastructure, necessitating urgent sanitation and hygiene interventions. The region also encouraged grant writing for multi-pathogen wastewater surveillance, with Liberia and Malawi expressing further interest in WASH-related work. WHO engaged 27 countries in GLAAS and continued collaborations with SWA and UNICEF to strengthen WASH monitoring and regulatory frameworks. There were ongoing WASH accounts cohorts of seven English-speaking countries and eight French-speaking countries in the region meeting monthly for training and exchange of information.

In the region, WHO will continue prioritizing WASH FIT implementation, JMP and GLAAS monitoring efforts and strengthening WASH in emergency preparedness and outbreak response. Efforts to integrate WASH with AMR and climate change programming are expected to expand. Collaboration with UNICEF on WASH in health care facilities and the expansion of multi-pathogen wastewater surveillance with EC-HERA will be key focal points. Countries such as South Africa, Ethiopia and Nigeria will play a significant role in advancing these initiatives.

More information: www.afro.who.int

Eastern Mediterranean Region

WHO advanced sanitation safety plan training, hosting sessions during the 15th Gulf Water Conference in Doha, alongside dedicated WASH FIT training for Palestine. A regional GLAAS webinar engaged over 60 stakeholders.

The region prioritized water scarcity and wastewater reuse, aligning with World Water Day 2025's theme, "Water for Peace." Jordan's SDG 6 progress was highlighted, with similar WASH-related initiatives for Iraq.

A major focus was the integration of AMR country profiles with WASH, supporting Jordan's AMR National Action Plan update. A typhoid fever, AMR and WASH training package was developed to enhance emergency responses. Cholera preparedness training also incorporated WASH-focused interventions.

In 2025, WHO will continue strengthening WASH in health care facilities, with a focus on WASH FIT, water safety planning and sanitation safety planning. The region will enhance monitoring efforts, particularly in household-level WASH and climate change impacts. Key partnerships will include UNICEF MENARO for WASH FIT implementation, FAORNE and UNICEF MENARO for advocacy and SSP capacity-building and a collaboration with UNDP on health care waste management. Countries such as Iran and Oman will play a substantial role in leading these initiatives.

More information: www.emro.who.int

European Region

WHO conducted workshops and training on risk-based drinking-water surveillance under the Protocol on Water and Health. Meetings in Estonia and Portugal focused on small water supplier resilience and climate adaptation in water and sanitation. The European Commission adopted WSP auditing within its Drinking Water Directive, strengthening WASH regulatory frameworks.

Water scarcity and drought management emerged as key concerns, leading to policy discussions. The Third Dushanbe Water Action Decade Conference featured strategies for WASH financing and climate adaptation.

In Ukraine, WHO worked on WASH emergency preparedness and response, finalizing a readiness checklist for WASH in conflict zones. The Protocol on Water and Health Equity Scorecard 2.0 was launched and a regional workshop on sanitation and wastewater surveillance in Central Asia was conducted.

A compendium on WASH sector resilience was developed, along with a strategic paper linking WASH financing. WHO also coordinated wastewater surveillance projects related to zoonotic diseases.

In 2025, WHO will focus on advancing the Protocol on Water and Health, with a strong emphasis on climate resilience, water safety planning and sanitation improvements. The region will enhance WASH in health care facilities, including publications, country-specific support and a regional meeting. Efforts will continue in risk-based water management, with in-country training in Montenegro and Azerbaijan and emergency preparedness work, including flood mitigation in Spain and WASH support in Ukraine. Ukraine will remain a focal point for substantial WASH programming.

More information: www.who.int/europe

Region of the Americas

The Pan American Health Organization worked to improve WASH data collection in health care facilities, addressing regional gaps identified in JMP data. An online data collection training programme was successfully implemented in Argentina.

Water safety planning expanded to the Caribbean, with new training materials and a second edition WSP guidance launch.

The link between WASH and human rights was emphasized, particularly for Indigenous, rural and underserved communities. The region strengthened WASH efforts to combat trachoma, ensuring targeted interventions for vulnerable populations.

A WASH, Health and Equity Symposium was held in November 2024 in Lima and a comprehensive regional report is in development to guide future policy actions.

Six countries reported on WASH financial outcomes through WASH accounts and 23 countries initiated the GLAAS 2024 country survey, with 12 completed submissions at the end of 2024. A cohort of six countries in the region developed WASH accounts in 2024. A WASH and Emerging Infectious Diseases workshop was held in Panama, focusing on local and health care facility interventions.

Looking ahead, PAHO will expand its water and sanitation safety planning across the region and enhance efforts to monitor regional progress in open defecation elimination. Strengthening SDG 6.1.1, 6.2.1 and 6.3.1 indicators will remain a core focus, along with climate-resilient health facilities and emergency preparedness. Collaboration will increase with FOCARD for Central America, UNICEF and the governments of Canada and Peru. Countries such as Guatemala, Bolivia and Haiti will take on key roles in these initiatives.

More information: www.paho.org/en

South-East Asia Region

The WHO Indonesia country office participated in the World Water Forum, sharing its work on water safety planning, climate resilience and other work at the Asia-Pacific Regional Health Forum. Preparations for the WHO/UNICEF Sanitation Summit in Nepal advanced and Sri Lanka expressed interest in sanitation safety plans and sanitary inspection packages, though funding remained a challenge.

Two regionally developed OpenWHO courses (which migrated to the WHO Academy in late 2024) on WSP and GEDSI were deployed globally via the WHO Academy and gained over 8 000 enrollees. A GEDSI webinar (14 June) with UNICEF was hosted, featuring case studies from Indonesia.

A climate-resilient HCF tool, piloted in Nepal, moved toward regional expansion. Wastewater surveillance projects strengthened environmental health monitoring and climate resilience. GLAAS engagement included all countries except India and DPR Korea.

Moving forward, WHO in the region will focus on multi-pathogen wastewater and environmental surveillance, strengthening climate-resilient health facilities and continuing support for global monitoring processes such as GLAAS and JMP. Efforts to expand WASH in HCFs will include launching an updated advocacy toolkit and advancing monitoring and financing mechanisms. Collaboration will be strengthened with UNICEF on Myanmar WASH improvements and climate-health action plans, including waste management, will receive greater attention. Countries such as Bangladesh, Bhutan, Indonesia, Nepal, India, Sri Lanka and Thailand will lead in these efforts.

More information: <https://www.who.int/southeastasia>

Western Pacific Region

WHO promoted GLAAS participation, engaging 11 countries, including Japan and five Pacific island states. The region is prioritizing climate change and health, creating opportunities for increasing the

related resilience of health care facilities and their WASH services. Mongolia faced cold-weather WASH technology challenges and engaged with Health Canada for knowledge exchange.

WHO's Asia-Pacific Centre for Environment and Health in the Western Pacific Region (ACE) published a systematic review of evidence-based and context-appropriate water and sanitation technologies to facilitate informed decision-making in the selection of appropriate water and sanitation technologies for health care facilities in the region. A webinar on water and sanitation technology options for health care facilities in the Western Pacific Region was hosted on 14 March 2024. Its objectives were to enhance understanding of water and sanitation technologies in health care facilities, share knowledge and best practices, emphasize technology assessment, foster collaboration among stakeholders and present proposed technologies to Member States in the WHO Western Pacific Region to achieve SDG 6: ensuring access to safe drinking water and sanitation for all.

ACE has been acting as the international secretariat of the Asia-Pacific Regional Forum on Health and Environment (APRFHE), in collaboration with the WHO South-East Asia Regional Office and the United Nations Environment Programme Regional Office for Asia and the Pacific. WHO's mandate included encouraging Member States to participate in the Regional Forum, supporting the organization of Ministerial and High-Level Officials' Meetings and assisting in the preparation and revision of the Terms of Reference for the Thematic Working Group on WASH issues.

Efforts to strengthen drinking-water quality continued, though water safety plans faced delays due to funding constraints. Work progressed to integrate antimicrobial resistance (AMR) with WASH and the region explored links between WASH, food safety and zoonotic diseases.

The Philippines hosted a visit from the independent evaluation firm reviewing the WHO WASH Strategy 2018–2025, with a resulting case study published as part of the report. Collaborations with UNICEF were productive and the regional office conducted a well-received seminar on technology, health care facility waste and regulatory improvements.

In 2025, WHO will continue to strengthen WASH in health care facilities, with a focus on sanitation, hygiene and emergency preparedness. Greater emphasis will be placed on integrating WASH tools such as WASH FIT, CRESHCF and HSI to improve facility-level interventions. Key collaborations will include multi-hazard vulnerability mapping with WHO's WHE team and expanded partnerships with UNICEF EAPRO for regional WASH programmes. Countries such as the Philippines, Fiji and Lao PDR will play a central role in advancing these efforts.

More information: www.who.int/westernpacific

9 Value for money

OUTPUT: WHO WASH demonstrates organizational excellence through better targeting of resources, effective partnerships and documented results at country level.

In this report, value for money focuses on how WHO achieves results across three key dimensions: economy (maintaining lean human and financial resources), efficiency (maximizing outputs with available inputs) and effectiveness (delivering high-quality impact) on WASH in 2024 through a lean expert team at WHO.

Despite accounting for only 1–2% of WHO’s flexible global budget, the WASH programme continues to deliver globally recognized results. In 2024, WHO operated with a modest WASH budget of US\$ 7.3 million, through a lean but technically strong headquarters team. Each major area—JMP, GLAAS, water quality, sanitation and WASH in health care facilities—is led by a single technical focal point supported by a junior staff member or consultant. Additional activities are competitively outsourced when necessary.

The [evaluation of WHO’s WASH strategy](#), conducted in 2024, confirmed that WHO has optimized its limited human and financial resources through strong internal cooperation, effective use of consultants, and strategic partnerships—particularly with UNICEF. A key finding was that WHO’s normative outputs—such as guidelines, monitoring data and technical tools—are highly regarded and widely used by countries and partners, despite constrained funding. This speaks to the efficiency and broad utility of WHO’s work, which consistently informs national policies, global programming and funding decisions.

WHO also ensures cost-effectiveness at country level, often through National Professional Officers whose locally benchmarked salaries provide excellent value. The UN-Water GLAAS initiative, which received the largest share of activity funding, was highlighted for its catalytic impact—supporting national data collection that informs planning and resource allocation.

However, the evaluation also noted that earmarked and short-term funding restricts WHO’s flexibility to scale up high-impact work and reduce less effective efforts. Strengthening coordination across the three levels of the Organization and better aligning financial reporting with strategic goals will be key to unlocking further efficiency.

An overview of WHO WASH expenditures, aid flows and top donors is provided in Annex 2.

10 Expression of thanks for 2024

[WHO would like to express its appreciation to all partners collaborating with WHO on achieving joint aims on WASH and health, particularly the Member States working with us on this agenda.](#)

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Key References

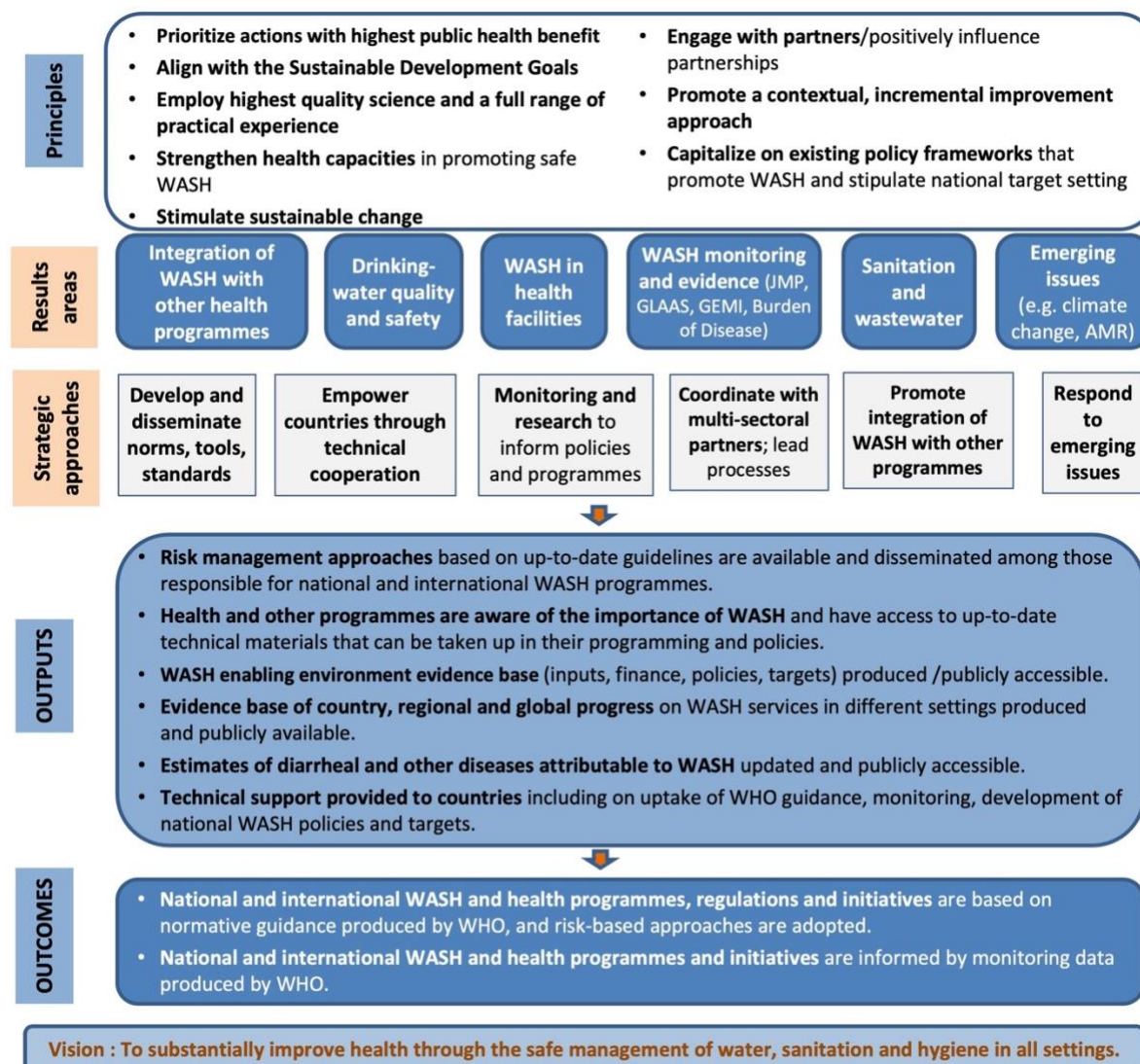
1. World Health Organization. (2025). The WHO Results Report 2024–2025. World Health Organization. <https://www.who.int/about/accountability/results/who-results-report-2024-2025>
2. World Health Organization. (2024, December 6). WHO Director-General's remarks at the dialogue session: From the Bandung Spirit Water Summit to the UN 2026 Water Conference. World Health Organization. <https://www.who.int/director-general/speeches/detail/who-director-general-s-remarks-at-the-dialogue-session-from-the-bandung-spirit-water-summit-to-the-un-2026-water-conference-6-december-2024>
3. World Health Organization. (2018). WHO Water, Sanitation and Hygiene strategy 2018-2025. World Health Organization. <https://iris.who.int/handle/10665/274273>. License: CC BY-NC-SA 3.0 IGO
4. World Health Organization. (2025). Evaluation of WHO's contribution to water, sanitation, hygiene and health: the WHO Global WASH Strategy 2018-2025. World Health Organization. <https://iris.who.int/handle/10665/381073>. License: CC BY-NC-SA 3.0 IGO
5. World Health Organization & United Nations Children's Fund (UNICEF). (2024). WASH in health care facilities 2023 data update: special focus on primary health care. World Health Organization. License: CC BY-NC-SA 3.0 IGO.
6. United Nations Children's Fund (UNICEF) & World Health Organization. (2024). Progress on drinking water, sanitation and hygiene in schools 2015–2023: special focus on menstrual health. United Nations Children's Fund.
7. United Nations Human Settlements Programme (UN-Habitat) & World Health Organization. (2024). Progress on the proportion of domestic and industrial wastewater flows safely treated – Mid-term status of SDG Indicator 6.3.1 and acceleration needs, with a special focus on climate change, wastewater reuse and health. United Nations Human Settlements Programme (UN-Habitat). License: CC BY-NC-SA 3.0 IGO. https://www.unwater.org/sites/default/files/2024-08/SDG6_Indicator_Report_631_Progress-on-Wastewater-Treatment_2024_EN_0.pdf
8. United Nations Children's Fund (UNICEF) & World Health Organization. (2024). Priority Gender-Specific Indicators for WASH Monitoring under SDG Targets 6.1 and 6.2: Recommendations for National and Global Monitoring. United Nations Children's Fund.
9. World Health Organization. (2024). Considerations for wastewater and environmental surveillance for monkeypox virus: interim guidance, 25 November 2024. World Health Organization. <https://doi.org/10.2471/B09178>. License: CC BY-NC-SA 3.0 IGO
10. World Health Organization & United Nations Children's Fund (UNICEF). (2024). Water and sanitation interventions to prevent and control mosquito borne disease: focus on emergencies. World Health Organization. <https://iris.who.int/handle/10665/376497>. License: CC BY-NC-SA 3.0 IGO
11. World Health Organization & United Nations Children's Fund (UNICEF). (2024). Infection prevention and control and water, sanitation and hygiene measures for home care and isolation for mpox in resource-limited settings: interim operational guide. World Health Organization. <https://iris.who.int/handle/10665/379477>. License: CC BY-NC-SA 3.0 IGO
12. World Health Organization. (2024). Guidelines for drinking-water quality: small water supplies. World Health Organization. <https://iris.who.int/handle/10665/375822>. License: CC BY-NC-SA 3.0 IGO

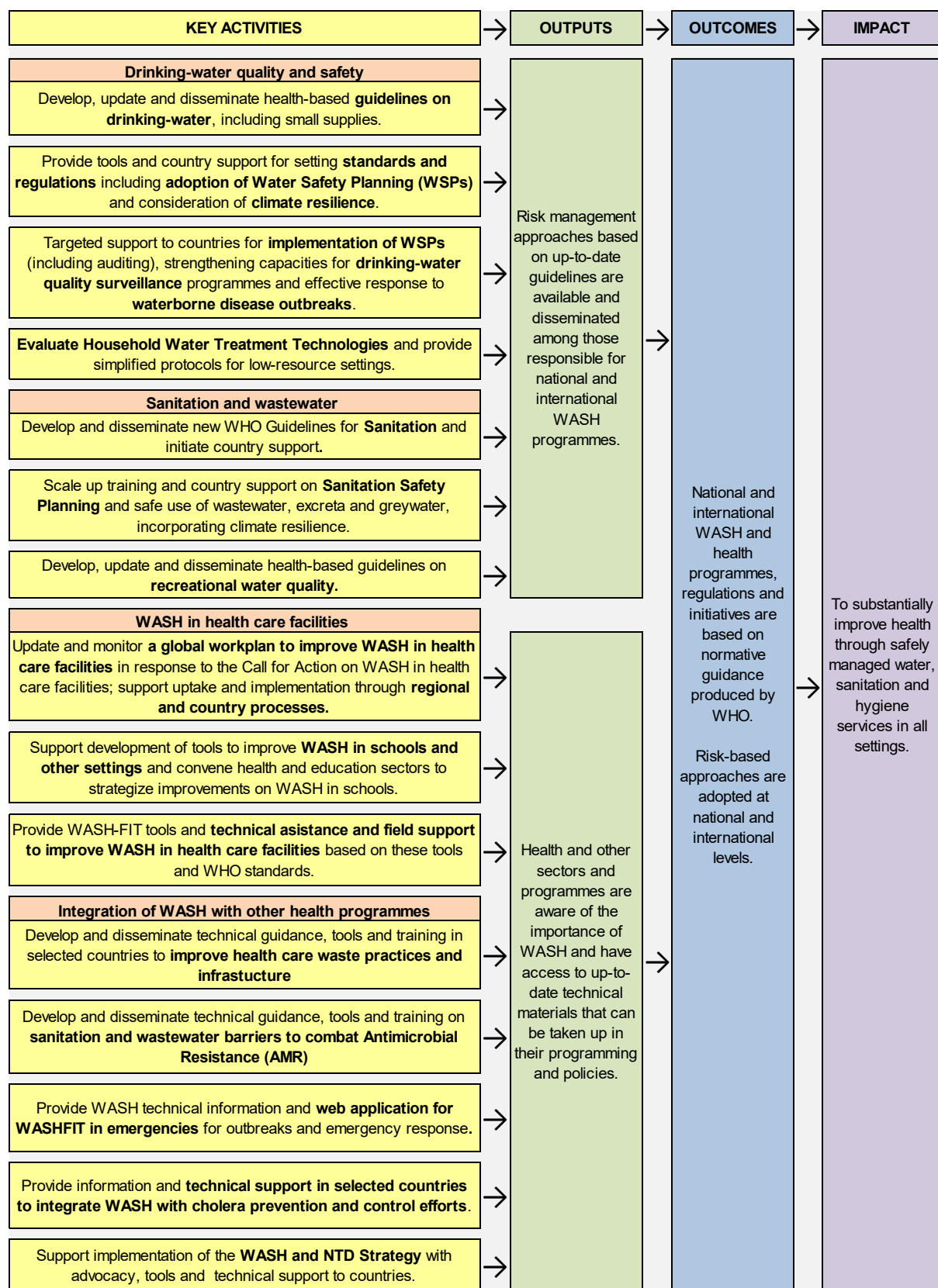
13. World Health Organization. (2023). Sanitary inspection packages: a supporting tool for the "Guidelines for drinking-water quality: small water supplies". World Health Organization. <https://iris.who.int/handle/10665/375824>. License: CC BY-NC-SA 3.0 IGO
14. United Nations. (2024). United Nations System-wide Strategy for Water and Sanitation. United Nations. <https://www.unwater.org/publications/united-nations-system-wide-strategy-water-and-sanitation>
15. World Health Organization & United Nations Children's Fund (UNICEF). (2024). Steps to achieve universal access to safely managed sanitation. World Health Organization. <https://iris.who.int/handle/10665/381143>. License: CC BY-NC-SA 3.0 IGO
16. World Health Organization. (2024, July 5). WHO, UNICEF and WaterAid host Global Sanitation Summit. World Health Organization. <https://www.who.int/news/item/05-07-2024-who--unicef-and-wateraid-host-global-sanitation-summit>
17. World Health Organization, United Nations Children's Fund (UNICEF) & WaterAid. (2024). Global Summit to Accelerate Progress Towards Universal Access to Safely Managed Sanitation (SMS) [YouTube playlist]. World Health Organization. <https://www.youtube.com/playlist?list=PLQS6APQBoZLm30dnd8JoU7e7DJhtwvN9u>
18. Green Climate Fund. (2022). Sectoral Guide: Water Security. Green Climate Fund. <https://www.greenclimate.fund/document/sectoral-guide-water-security>
19. World Health Organization. (2025). JMP/GLAAS review of indicators for global monitoring of climate-resilient WASH. World Health Organization. <https://www.who.int/teams/environment-climate-change-and-health/water-sanitation-and-health/monitoring-and-evidence/monitoring-of-climate-resilience>
20. World Health Organization & United Nations Children's Fund (UNICEF). (2024). Universal water, sanitation, hygiene, waste and electricity services in all health care facilities to achieve quality care: global framework for action 2024-2030. World Health Organization. <https://iris.who.int/handle/10665/377776>. License: CC BY-NC-SA 3.0 IGO
21. World Health Organization. (2024). Water and Sanitation for Health Facility Improvement Tool (WASH FIT) for improved quality of care [Online course]. World Health Organization. https://web-staging.lxp.academy.who.int/coursewares/course-v1:WHOAcademy-Hosted+H0046EN+H0046EN_Q4_2024?source=edX
22. World Health Organization. (2024). Guidance on wastewater and solid waste management for manufacturing of antibiotics. World Health Organization. <https://iris.who.int/handle/10665/378471>. License: CC BY-NC-SA 3.0 IGO
23. United Nations General Assembly. (2024, September 9). Political Declaration of the High-level Meeting on Antimicrobial Resistance. United Nations. <https://www.un.org/pga/wp-content/uploads/sites/108/2024/09/FINAL-Text-AMR-to-PGA.pdf>
24. World Health Organization. (2024). Antimicrobial Resistance in the environment: key concepts and interventions [Online course]. World Health Organization. https://web-staging.lxp.academy.who.int/coursewares/course-v1:WHOAcademy-Hosted+H0049EN+H0049EN_Q4_2024?source=edX
25. World Health Organization & United Nations Children's Fund (UNICEF). (2024, June 24). Align to Accelerate: Towards a Core Set of Indicators and Common Monitoring and Review Framework for WASH Systems. World Health Organization. https://cdn.who.int/media/docs/default-source/wash-documents/concept-note-summary-v2.pdf?sfvrsn=fc941fa4_3
26. World Health Organization. (2024). UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS): 2024–2025 cycle – Country survey documents and informational modules. World Health Organization. <https://www.who.int/teams/environment-climate->

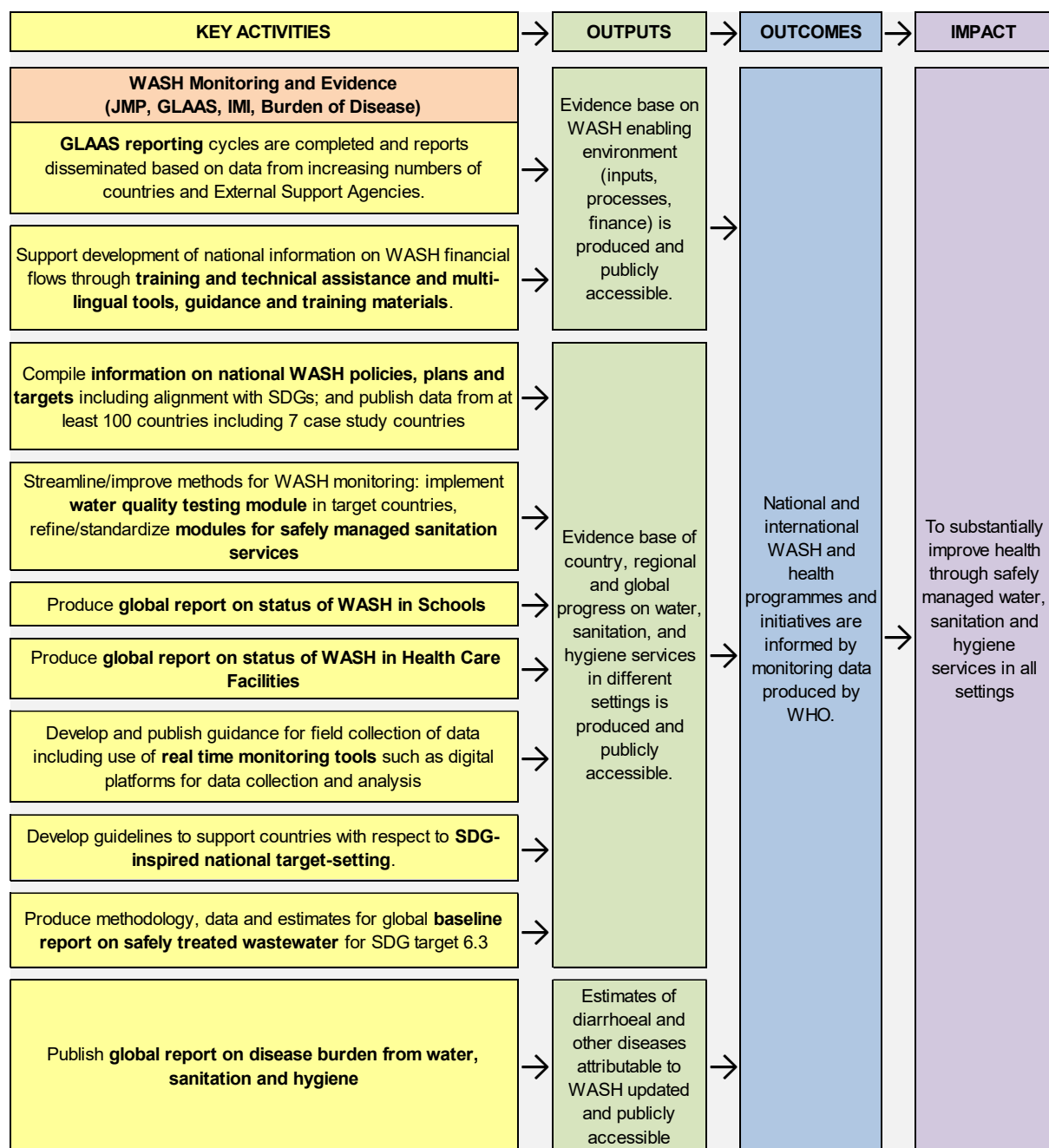
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27. World Health Organization. (2024). GLAAS 2024–2025 – Using data collected through GLAAS: Making the most of the GLAAS process. World Health Organization. <https://www.who.int/publications/m/item/glaas-2024-2025---using-data-collected-through-glaas--making-the-most-of-the-glaas-process>
28. World Health Organization & United Nations Children’s Fund (UNICEF). (2023). Hand hygiene acceleration framework tool. World Health Organization. <https://iris.who.int/handle/10665/366967>. License: CC BY-NC-SA 3.0 IGO
29. G20 Development Working Group. (2024, July 20). Call to Action on Water, Sanitation and Hygiene (WASH). G20 Development Working Group. <https://g20.gov.br/pt-br/trilhas/trilha-de-sherpas/desenvolvimento/en-dwg-call-to-action-wash-consolidated-version-20jul24.pdf/@@download/file>
30. World Health Organization. (2024). Climate change and health. Resolution WHA77.14. World Health Organization. https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_R14-en.pdf

Annex 1 – Strategic framework and theory of change







Annex 2 – Overview of WHO WASH expenditure

The figures below provide an overview of WHO WASH expenditure. (Source: WHO financial system, 2024)

Fig. 1: Percentage distribution of WASH expenditure by WHO region, 2024

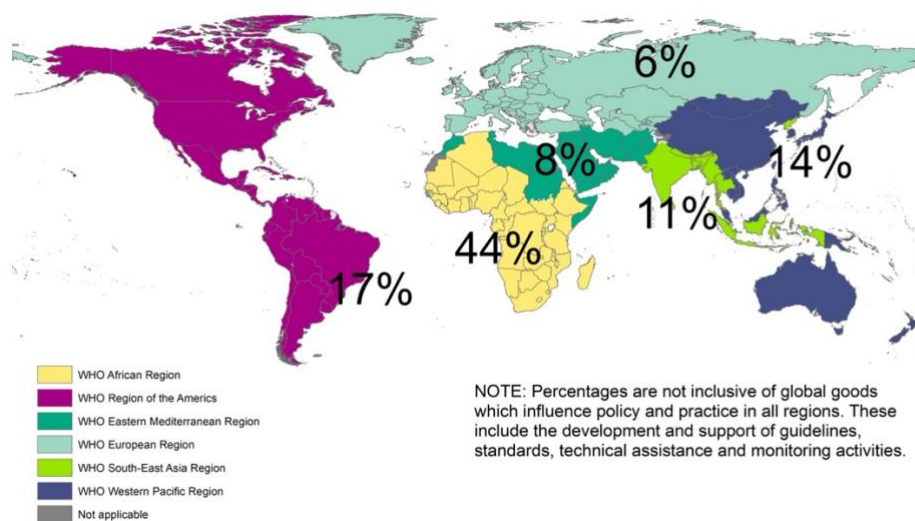
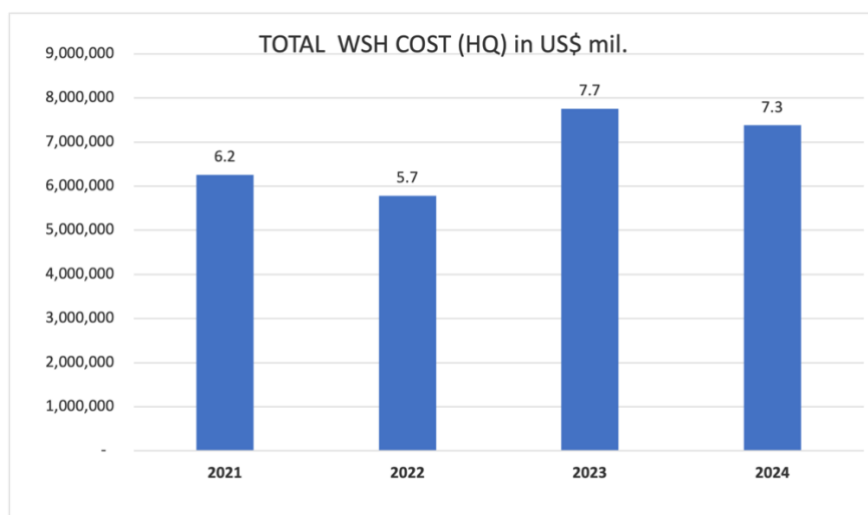


Fig. 2: WASH expenditure, 2020 – 2024¹



¹ WSH cost reported includes PSC that is restricted to related VCS and VCC awards, captured in BI, as at 31.12.2024.

Fig. 3: Top funders, 2024

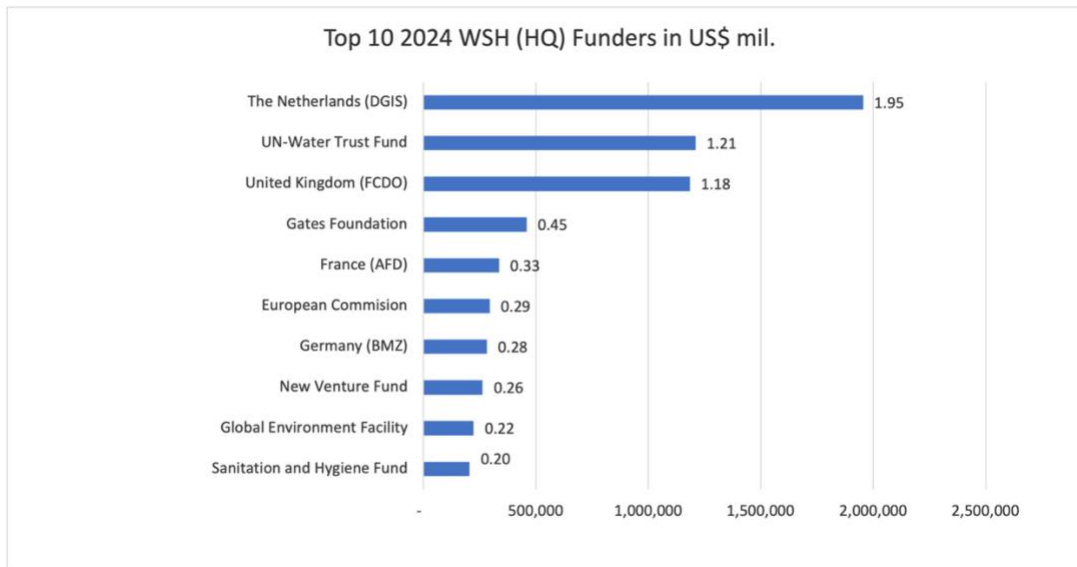
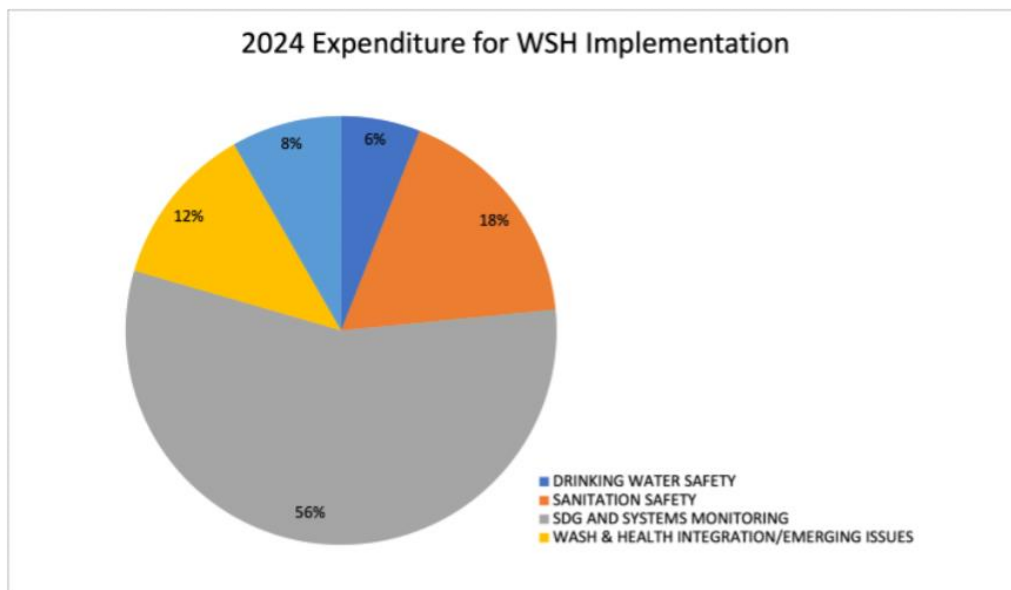
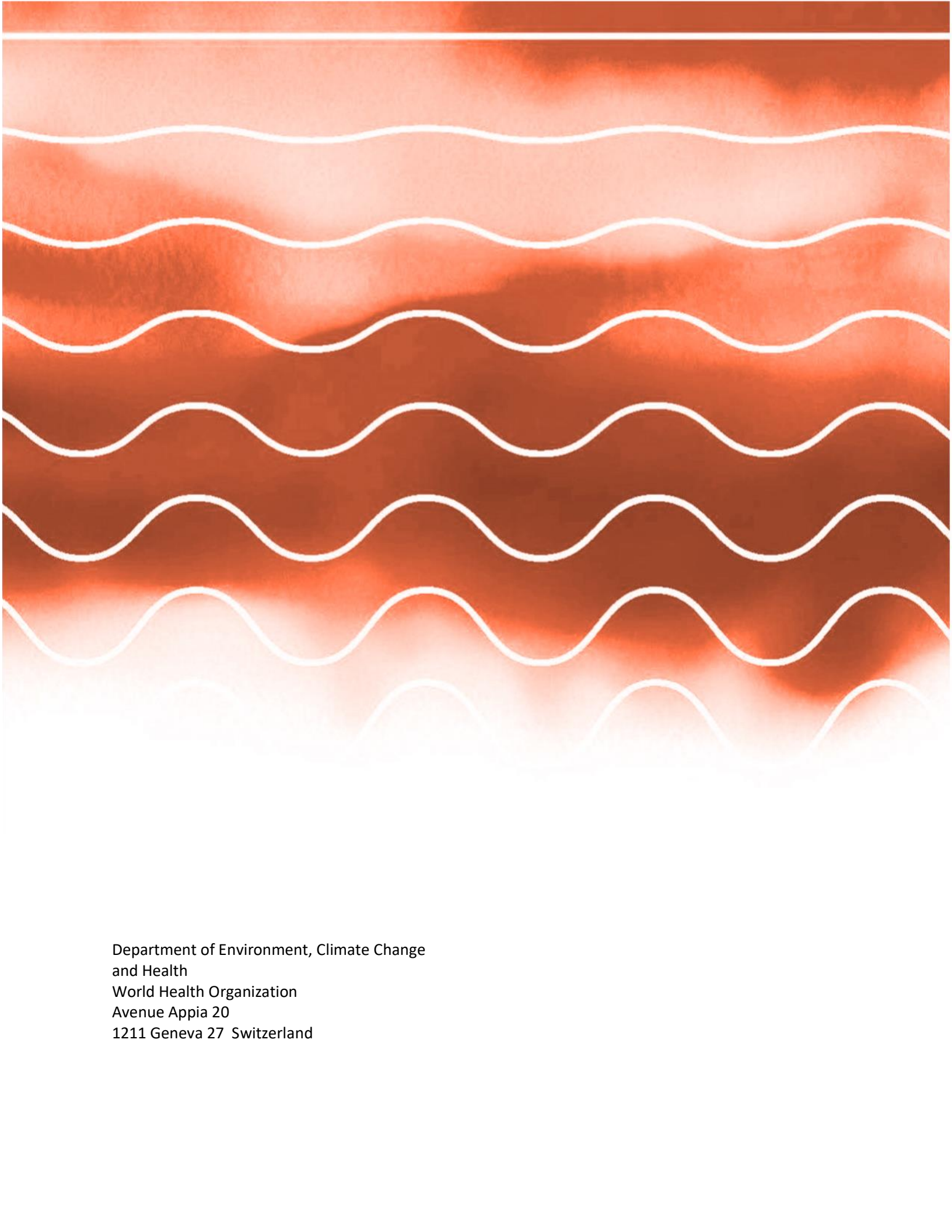


Fig. 4: Breakdown of expenditure for WASH activities, 2024



The background of the page is a solid orange color. Overlaid on this are several horizontal, wavy white lines that create a sense of movement and depth. The waves are of varying amplitudes and frequencies, giving the design a dynamic, organic feel.

Department of Environment, Climate Change
and Health
World Health Organization
Avenue Appia 20
1211 Geneva 27 Switzerland