# WASH in Healthcare Facilities Meeting in Rome

## April 22 - 24, 2026

WEFTA
wefta.net

**Water Engineers for the Americas & Africa**

*Making connections. Empowering communities. Improving lives.*


The Vatican's Catholic WASH in HCF Initiative
Chair: Dr. Tebaldo Vinciguerra, Dicastery for Promoting Integral Human Development
Secretary Sister Alessandra Smerilli, Dicastery for Promoting Integral Human Development
Dr. Tony Castleman, Catholic Relief Services


Advancing the Vatican's WASH in HCF Initiative
Chair: Dr. Tony Castleman, Catholic Relief Services
Jacinta Mutegi, Kenya Conference of Catholic Bishops
Dr. Bernard Nahlen, University of Notre Dame
Andrea Alzori, Doctors with Africa CUAMM
Jutta Himmelsbach, misereor
Uroma Onoriye, Cross Catholic Outreach


Celebration of Catholic Sisters


Govinda Bilges, Medici
David Douglas, Wallace




IN HONOREM PRINCIPIS APOST


Sr. Toyin
ABEGUNDE

# Archbishop and Pope support faith-led campaign for clean water worldwide

It aims to improve global health by providing hospitals and clinics with clean water, sanitation, and hygiene (WASH)

## The gathering in Rome, April 22-23, 2026

https://www.washinhcf.org/cop-fbo/

https://www.churchtimes.co.uk/articles/2026/1-may/news/uk/archbishop-and-pope-support-faith-led-campaign-for-clean-water-worldwide

**April 24:** fly home

**SAWA Summary:**

The April 2026 field visit confirmed that WASH interventions implemented by SAWA with support from WEFTA are generating significant and visible benefits across communities and institutions. Improved access to clean and reliable water has strengthened healthcare service delivery, enhanced hygiene and sanitation practices, reduced the incidence of waterborne diseases, and improved dignity, wellbeing, and productivity, particularly for women and children. Projects such as Mpapa and Lituhi clearly demonstrate the transformative impact of integrated WASH investments, together with encouraging levels of community ownership and participation.

Despite these achievements, several challenges remain. Financial sustainability is still uneven, as low user-fee collection in some areas threatens the long-term operation, maintenance, and sustainability of water systems.

The assessment further identified critical needs for improved water supply infrastructure, including the development of new boreholes, as well as enhanced sanitation and hygiene facilities such as improved toilet blocks and handwashing stations in the communities visited of Issenye, Kitenga, Baraki, and Makoko in Mara Region. The promotion and expansion of rainwater harvesting systems is essential to ensure a reliable and sustainable water supply, particularly in areas such as the Mara Region that experience two rainy seasons annually.

Moving forward, continued investment in resilient and scalable WASH infrastructure, strengthened community management structures, improved financial accountability, and enhanced operation and maintenance systems will be essential to sustain and expand the positive impacts already achieved.

**WEFTA Summary:**

The need is infinite and diverse.  The first part of the trip we worked on projects and with communities identified by Bishop John Ndimbo, assisted by the Benedictine Sisters.  Each community was unique, with people in the communities really lacking outside help to make and build the infrastructure that we all take for granted.  When given the opportunity, they shine.  They work hard.  Charles, from SAWA, did say they had to work to find different people to help out on different parts of the project.  The people in Lundu, a fishing village, didn't so much like digging ditches.  So, people from the surrounding communities were recruited and hired for the effort.  In Lituhi, they found one wiry old man who was very good at breaking rocks and digging pits.  He had his own man-made tools that allowed him to do this.  But all the communities are participating in helping fund and keep the systems running.  With that said, WEFTA is certainly needed to help find resources (money) to help with the upgrades and improvements.

Up in the Mara region, we had the opportunity to work with both the Daughters of Charity and the Immaculate Heart Sisters of Africa. Neither organization reports back to a bishop or diocese (in other words, neither reports to men). They are independent but foundational in the community. They were driven, as a community of sisters, to take care of the people. Being introduced directly to these sisters helped create the visualization of what drives them every day. They take the ball and run with it.

Our biggest challenge is finding the money. The DOC and IHSA sisters can work with SAWA and handle anything that is needed. The communities down south, with support from SAWA, can handle anything.

The trip ended, appropriately, in Rome, where we got the chance to tell our story to the Vatican and to many other Faith Based Organizations (and secular ones). I gave a shout out to the sisters, saying that maybe WEFTA was morphing from Water Engineers for the Americas and Africa to Water Engineers for the sisters. What becomes obvious on this trip is that if we focus on the sisters, they will take care of the people. They will make our job easier. They will ensure that organizations like WEFTA and SAWA are successful.

# Information on the WASH in HCF Initiative Gathering in Rome for Accelerating Progress

# COMMITTED TO WASH IN HEALTHCARE FACILITIES

## A Gathering in Rome of Faith-based Organizations and Allies to Accelerate Progress

**Co-Conveners:**
**Caritas Internationalis, Catholic Relief Services, Daughters of Charity, Global Ministries/United Methodist Committee on Relief, Doctors with Africa (CUAMM), Catholic Health Association of the United States, Anglican Communion Health and Community Network, African Christian Health Associations Platform, Accord Network**

**Under the Patronage of the Vatican's**
**Dicastery for Promoting Integral Human Development**

**April 22 -23 2026 | 8.00AM to 5:00 PM**
Jesuit Curia Conference Center,
4, Borgo Santo Spirito, 00193 Rome (adjacent to St. Peter's Square)

Objectives:

1. Secure **commitments** that will advance WASH in faith-based health care institutions.
2. Report out on the **Vatican WASH in Health Care Facilities Initiative** and shine a light on the indispensable role of **Catholic women religious**.
3. Recognize **progress and long-term engagement** of faith-based actors on WASH in health care facilities.
4. Accelerate **new faith-based initiatives** focused on WASH in health care facilities.
5. Catalyze and sustain a **global movement** on WASH in health care facilities among faith-based actors.

| **DAY 1 (April 22): Catholic WASH in Healthcare Facilities Initiative** | | |
|---|---|---|
| **Time** | **Session** | **Facilitator/Speakers** |
| 8:00 – 8:55 | Arrival & light breakfast | |
| 9:00 – 10:15 | **1. Opening Prayer, Welcome and Introductions**<br>• Welcome<br>• Opening prayer<br>• Opening statements<br>• Participant introductions | Reverend Father Antoine Kerhuel, Society of Jesus<br>Sr. Theresa Sullivan, Daughters of Charity Caritas Internationalis |
| 10:15 – 10:30 | **2. Overview & scene setting** | Jean Duff |
| 10:30 – 11:10 | **3. The Vatican's Catholic WASH in HCF Initiative** | Chair: Dr. Tebaldo Vinciguerra, Dicastery for Promoting Integral Human Development<br>• Secretary Sister Alessandra Smerilli, Dicastery for Promoting Integral Human Development<br>• Dr. Tony Castleman, Catholic Relief Services |

| | | |
|---|---|---|
| 11:10 – 11:40 | Coffee Break | |
| 11:40 – 12:35 | **4. Caritas Internationalis Members' Involvement in the Vatican's WASH in HCF Initiative** | Chair: Victor Genina, Caritas Internationalis<br>• Alistair Dutton, Caritas Internationalis<br>• Jean-Philippe Debus, Catholic Relief Services<br>• Francois Kangela, Catholic Relief Services (TBC)<br>• Dr. Tony Castleman, Catholic Relief Services<br>• Father Yvel Germain, Caritas Haiti<br>• Roselinie Farirayi Murota, Caritas Zimbabwe. Archdiocese of Harare<br>• Dieudonné Arama, Caritas Mali, Diocèse de Mopti<br>• Sr. Mary Haddad, Catholic Health Association of the US<br>• Camille Grippon, Bon Secours Mercy Health |
| 12:35 - 1:00 | Inputs/Q&A Session | |
| 1:00 – 2:30 | Boxed lunch | |
| 2:30 – 3:30 | **5. Advancing the Vatican's WASH in HCF Initiative** | Chair: Dr. Tony Castleman, Catholic Relief Services<br>• Jacinta Mutegi, Kenya Conference of Catholic Bishops<br>• Dr. Bernard Nahlen, University of Notre Dame<br>• Andrea Atzori, Doctors with Africa CUAMM<br>• Jutta Himmelsbach, misereor<br>• Unoma Ononye, Cross Catholic Outreach |

| | | |
|---|---|---|
| 3:30 – 4:20 | **6. Celebration of Catholic Sisters** | Chair: Susan Barnett, Faiths for Safe Water<br>• Sister Toyin Abegunde, Daughters of Charity, Burkina Faso<br>• Elaine da Silva, Dicastery for Promoting Integral Human Development<br>• Jean-Philippe Debus, Catholic Relief Services<br>• Jacinta Mutegi, Kenya Conference of Catholic Bishops<br>• Sister Gina Blunck, Hilton Fund for Sisters<br>• Sister Mary John Kudiyiruppil, International Union of Superiors General<br>• Sister Theresa Sullivan, Daughters of Charity International Project Services<br>• Sister Irene O'Neill, Sisters Rising Worldwide<br>• Govinda Bilges, Medicines for Humanity<br>• David Douglas, Wallace Genetic Foundation |
| 4:20 – 4:50 | **7. Where do we go from here?**<br>• Inputs from the floor<br>• Recognize unmet needs<br>• Summarize commitments | Jean Duff |
| 4:50 – 5:00 | **8. Day 1 Close**<br>• Goals for Day 2<br>• Closing Prayer | Jean Duff |
| 5:30 – 7:00 | Drinks and heavy hors d'oeuvres | |

| DAY 2 (April 23): Multifaith Action for WASH in Healthcare Facilities | | |
|---|---|---|
| **Time** | **Session** | **Facilitator/Speaker** |
| 8.00 – 8.55 | Arrival & light breakfast | |
| 9.00 – 9.40 | **9. Welcome**<br>• Opening Prayer<br>• Summary of Day 1 & select participant feedback<br>• Goals for Day 2 | |
| 9:40 – 10:40 | **10. Religious Institutions Supporting Health Care Facilities** | Chair: Mark Brinkmoeller, Assisi Strategy<br>• Bishop Michael Beasley, Church of England<br>• Micha Chaudhury, United Methodist Church<br>• Joanne Beale, Salvation Army<br>• Dr. Abdulaziz Sarhan, Muslim World League<br>• IlhamAllah Chiara Ferrero, COREIS – Italian Islamic Religious Community |
| 10.40 – 11.10 | Coffee Break | |
| 11.10 – 11.40 | **11. The Role of Christian Health Associations** | Chair: Krista Peterson, Watersheds Foundation<br>• Nkatha Njeru, Africa Christian Health Associations Platform<br>• Ruth Gemi, Africa Christian Health Associations Platform<br>• Dr. Peter Yeboah, Christian Health Association of Ghana<br>• Dr. Ronald Lalthanmawaia, Christian Medical Association of India |
| 11:40 – 12:50 | **12. Faith-Based Organizations in Support of WASH in Healthcare Facilities** | Chair: Michele Wymer, Kyle House Group<br>• Barak Bruerd, Accord Network<br>• Parvin Ngala, World Vision<br>• Louise Joachimowski, International Care Ministries<br>• Jason Peters, Amazi Water<br>• Jason Chandler, eMI |
| 12:50 –1.50 | Lunch | |
| 1:50 – 2:10 | Check-in with the plenary | |

| | | |
|---|---|---|
| 2:10 – 2:40 | **13. Secular Partners Supporting Faith-Based Action** | Chair: John Oldfield, Global Parliamentary Water Network<br>• Peter Fant, Water Engineers for the Americas and Africa<br>• Dr. Nancy Gilbert, Transform International<br>• Dr. Boris Martin, Engineers Without Borders USA<br>• Steve Werner, Rotary<br>• Dr. José Luis Cobos Serrano, International Council of Nurses |
| 2:40 – 3:40 | **14. Scaling Public and Faith-based Collaboration to Serve Local Health Needs**<br>• Discussion: FB and Public facilities working together<br>• Engagement with the Global WASH in HCF Movement | Chair: Bud Rock, Grandavenir<br>• Dr. Mary Ashinyo, Ghana<br>• Dr. Mwai Makoka, World Council of Churches<br>• Dr. Maggie Montgomery, WHO<br>• Massimiliano Sani, UNICEF |
| 3:40 – 4:10 | **15. Resources to Support Ongoing Progress**<br>• Tools/resources<br>• Community of Practice<br>• Circuit Riding | Chair: Dr. Joanne Henderson, Emory University<br>• Dr. Ryan Cronk, University of North Carolina at Chapel Hill<br>• Dr. Braimah Apambire, Desert Research Institute<br>• Tertullian Mariga, Kenya Catholic Conference of Bishops |
| 4:10 – 5:00 | **16. Next Steps & Closing**<br>• Summary of commitments<br>• Reflection<br>• Closing remarks<br>• Closing Prayer | Chair: Jean Duff<br><br>David Douglas, Wallace Genetic Foundation |

# *Burden to Blessing:*

## Healthcare Facilities Transform with Water, Sanitation, and Hygiene

Until 10 years ago, no one thought to measure how many healthcare facilities worldwide had water, sanitation and hygiene (WASH) because the assumption was: *of course they had these basics*. But global studies would reveal appalling conditions, and now the world knows 37% of healthcare facilities do not have basic water services and 81% do not have basic sanitation services across 60 fragile context countries.

This lack of WASH in healthcare facilities (WASH in HCF) is a serious and solvable global health crisis. Due to recent efforts, we now know the extent of the problem and how to sustainably fix it. It's time to accelerate this critical work with greater funding, advocacy, implementation, and technical assistance, as we answer the moral call to make healthcare dignified and safe for all.

*"No one needs lofty theological concepts to justify proper WASH. Without it, healthcare cannot be healthy. No treatment, no surgery, no delivery can be safely performed without meeting basic WASH conditions. Providing them for all is an elementary step toward equal human dignity."*

- Cardinal Michael F. Czerny,
Prefect of the Dicastery for Promoting Integral Human Development (Vatican)

Donkeys cart river water to a healthcare facility with no water

## Faith-based organizations are leading the way

Faith-based organizations (FBOs) deliver 30–50% of healthcare services and operate a substantial share of facilities in some low-resource settings. They are often trusted members within the community who provide health services where otherwise there would be none. Now they are at the forefront of safer, more effective, and dignified healthcare with WASH.

The Catholic Church, the largest unified healthcare provider in the world, is piloting a Vatican initiative to get WASH into 150 HCFs in 23 countries, covering care for 28 million people. New pilot initiatives are being launched by Anglican and Methodist denominations. They join the thousands of Catholic sisters and scores of FBOs tackling WASH where they serve. These initiatives signal an increasingly systemic approach to WASH despite the scarcity of financial resources and the absence or limitations of national policies and standards. These initiatives also underscore that water is indeed the single symbol shared by every world religion.

## Burden: Poor WASH is a toxic soup of trouble

- Healthcare is dangerous, undignified and too often, deadly
- Maternal & newborn deaths increase
- Infection prevention & control is impossible
- Frontline facilities cannot combat outbreaks & epidemics
- Preventable illness & disease are commonplace
- Health workers face daily risks
- Economic burdens increase
- Antimicrobial resistance rises

## Blessing: Improved WASH transforms healthcare delivery

- Care is safer & dignified
- More pregnant women seek care
- Newborns thrive
- Deaths & diseases are averted
- Health outcomes improve
- Healthcare facilities can be effectively cleaned
- Working conditions are safer
- Greater cost-effectiveness
- Healthier & more productive families and communities
- Safer global health for everyone

## Cost-Effective WASH Actions to Strengthen the Health System

**Assessments**: Simple assessments can identify WASH needs, priorities, and costs
**Infrastructure**: Upgrade infrastructure to provide basic WASH services
**Staff training**: From health workers and cleaners f to administrators, train everyone on WASH protocols and basic maintenance
**Community:** Assure community buy-in and engagement
**Budget & Plans**: Establish a dedicated line-item budget for WASH, aligned with plans for improvement and operations and maintenance needs
**Sustainability**: Access to a WASH technical advisor for operations and maintenance

## Prioritize WASH

Drilling for water, running pipes, installing a toilet, maintenance—it's not a high-tech challenge. It's critical public health policy that needs prioritization by donors, communities, and country leadership across ministries of health and health networks.

## Join the Global Movement

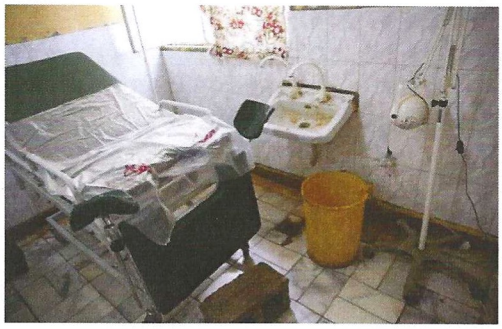
Faith-based funding, advocacy and partnerships are critical because *"a healthcare facility without WASH is not a healthcare facility."*

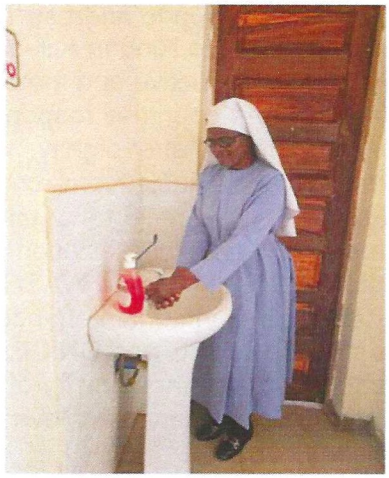
- Dr. Maria Neira, former WHO Director for Environment, Climate Change, and Health

***For tools, resources and lessons learned, visit WWW.WASHINHCF.ORG***
***Join the FBO community of practice at WASHINHCF.ORG/COP-FBO***

# TEN YEARS OF PROGRESS IN HEALTHCARE FACILITIES

## CENTERS OF INFECTION BECOME CORNERSTONES OF HEALING WITH WATER, SANITATION & HYGIENE (WASH)





*Healthcare without and with WASH. The choice is clear.*

*"A healthcare facility without WASH is not a healthcare facility."*
- Dr. Maria Neira, former WHO Director for Environment, Climate Change, and Health

In just 10 years, the world moved from having no understanding of the widespread lack of WASH in healthcare facilities (WASH in HCF) to forging new efforts to sustainably solve it. This timeline offers many of the key moments in this growing global movement:

**2015**

- **March:** WHO and UNICEF commission a landmark report by the University of North Carolina's Water Institute examining access to WASH services in HCFs. The available data reveal widespread absence: In 54 low- and middle-income countries (LMICs) 38% of HCFs lack an improved water source, 19% lack improved sanitation, and 35% lack soap for handwashing. Ongoing data collection will reveal conditions are far worse.

**2018**

- **January:** Several dozen public and private organizations, including faith-based organizations (FBO), meet in Washington, DC, to begin to address this neglected global health crisis.
- **March**: UN Secretary-General António Guterres issues a global Call-to-Action to get WASH into all HCFs, stating: *"We must work to prevent the spread of disease. Improved water, sanitation and hygiene in health facilities is critical to this effort."*

**2019**

- **April**: 40 FBOs gather to increase efforts to improve WASH in HCFs.
- **April**: WHO and UNICEF release the first global baseline assessment of WASH in HCFs and recommendations for action, also launching a global website dedicated to the issue.
- **May**: The 194 Member States of the World Health Assembly unanimously pass a Resolution to address WASH in HCFs worldwide.
- **June**: The White Ribbon Alliance releases its 'What Women Want' survey to improve reproductive and maternal health services. 1.2 million women and girls from 114 countries respond and WASH in HCFs is their 2nd highest ranking demand after dignity.
- **June**: Financial institutions, corporations, philanthropies, secular and faith-based non-governmental organizations and universities gather at the Pan American Health Organization (PAHO) in Washington, DC, to announce 100 historic commitments to WASH in HCF funding, technical assistance, research, training, maintenance, and advocacy.
- **September**: WHO and UNICEF host a Global Meeting on WASH in HCFs in partnership with the Ministry of Health of Zambia, to bolster national action and generate plans to achieve 100% coverage by 2030.

**2020**

- **January**: WHO cites the absence of water, toilets, soap and waste management in HCFs among the most urgent global health challenges in the coming decade.
- **March**: The world begins to shut down due to the COVID-19 pandemic. Where WASH is absent, healthcare providers cannot adequately wash their hands or clinical settings.
- **August**: The Vatican's Dicastery for Promoting Integral Human Development under Cardinal Peter Turkson reaches out to the bishops conferences, expressing a goal for all Catholic facilities to have adequate WASH, and requests bishops to lead in identifying facilities requiring WASH improvements. Bishops in low-resource countries respond with an outpouring of need and enthusiasm. The Dicastery selects 150 HCFs across 23 countries to participate. These facilities cover healthcare for 28 million people. As the largest unified health provider in the world, the Catholic Church's engagement offers important global leadership.

**2021**

- **January:** 150 Catholic HCFs are assessed for WASH needs and work to finance and implement WASH begins.
- **March:** Donors and partners come together to announce Vatican assessment findings and launch Vatican pilot initiative.
- **June**: A virtual gathering of FBOs includes comprehensive updates of WASH in HCF commitments.
- **October:** Emory University launches a Community of Practice to share learning and technical assistance.
- **December**: The UN Permanent Representatives of Hungary and the Philippines, in cooperation with WHO, launch the "UN Group of Friends in Support of Water, Sanitation and Hygiene in Health Care Facilities." The goal is to increase member country support for global cooperation and action to improve WASH in HCF.

**2022**

- **April:** Through a subsequent change in dicastery leadership, the WASH in HCF initiative continues under Cardinal Michael F. Czerny.
- **August**: Updated WHO/UNICEF data finds in the 46 least developed countries 50% of healthcare facilities lack basic water services, 79% lack sanitation services, 68% lack basic hygiene services.

**2023**

- **January:** USAID's Momentum project issues report on how to scale up WASH efforts by working with faith-based health networks.
- **October:** The University of North Carolina's Water Institute in the U.S. assumes responsibility for the WASH in HCF Community of Practice (COP)
- **November**: WHO estimates antibiotic resistance kills at least 1.27 million people worldwide annually and contributes to nearly 5 million deaths. The World Bank estimates additional healthcare costs due to antibiotic resistance will top $1 trillion by 2050, and $1-$3.4 trillion in GDP losses per year by 2030. The connection to WASH is clear. WASH is critical for preventing infections, which reduces the need for antibiotics, and in turn helps reduce drug resistance.
- **December:** 78th UNGA adopts the Resolution for "Sustainable, safe and universal water, sanitation, hygiene, waste and electricity services in health-care facilities," calling on governments to ensure universal coverage by 2030.

**2024**

- **April:** World Bank and WaterAid assess the economic impacts of the lack of WASH on infection prevention and control (IPC) in HCFs. Preventable infections acquired inside healthcare facilities cost Sub-Saharan Africa a staggering $6.5-9.6 billion a year, equivalent to the funds needed to provide universal, basic WASH services in all healthcare facilities across the 46 Least Developed Countries (LDCs). Most infections are caused by contaminated hands, surfaces, or equipment. IPC, like proper handwashing could prevent up to 70% of these infections.
- **October:** WHO/UNICEF release new WASH in HCF data which finds, across 60 "fragile context" countries, 37% of HCFs do not have basic water services, 81% do not have basic sanitation services.

**2025**

- **January:** End of U.S. government foreign assistance and its reorganization highlights the need for renewed WASH advocacy.
- **April**: 40 FBOs and key partners gather at Washington DC's National Cathedral, having made commitments to WASH in HCF five years prior, to report on progress, share best practices, increase collaborations, and prioritize learning around sustainability.
- **September**: WHO/UNICEF issue a global progress report on readiness to implement WASH and electricity services in HCFs for 101 countries, launched at a UNGA side event. Progress has been made but billions of people are still served by HCFs lacking in both. The report emphasizes "significant acceleration of effort and investment is urgently needed to meet 2030 global targets."

**2026**

- **January**: The UN issues the Global Water Bankruptcy report.
- **March**: WaterAid issues Dangerous Deliveries, a disturbing report on the impact of the lack of WASH on maternal and child health.
- **March**: The Vatican pilot initiative, well underway, upgraded WASH in 87 HCFs in 19 countries across 44 dioceses. $3.6 million has been raised so far in private funding.
- **April**: 100+ FBOs, key partners, and donors gather in Rome one year after the National Cathedral event in Washington DC, to report on progress and plans for WASH implementation, funding, and sustainability moving forward. Statements by high-level leaders join denominations announcing new WASH in HCF pilot initiatives, adding important global momentum to this growing movement. Read about WASH work and future plans here.

## WHAT'S NEXT?

In just ten years, what was an unrecognized crisis is poised to become a global movement. With increased momentum, solutions will continue to improve and more sustainability efforts will be underway. Yet much need remains. One of the lessons learned is WASH in HCF is overlooked when no one asks for it. So it's up to us. We are all advocates. We must demand WASH in HCF from leaders, policymakers, and funders so it is never just assumed again.

Find assessment tools, experts and technical assistance, sustainability initiatives, experience, collaboration, and evidence at: WWW.WASHINHCF.ORG.

Join communities of practice: WASHINHCF.ORG/COP and WASHINHCF.ORG/COP-FBO.