



World Health
Organization

Evaluation of WHO's Contribution to Water, Sanitation, Hygiene and Health

Executive summary

© World Health Organization 2025

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition”.

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules/>).

Suggested citation. Evaluation of WHO’s contribution to Water, Sanitation, Hygiene and Health: executive summary. Geneva: World Health Organization; 2025. <https://doi.org/10.2471/B09445>. Licence: [CC BY-NC-SA 3.0 IGO](#).

Cataloguing-in-Publication (CIP) data. CIP data are available at <https://iris.who.int/>.

Sales, rights and licensing. To purchase WHO publications, see <https://www.who.int/publications/book-orders>. To submit requests for commercial use and queries on rights and licensing, see <https://www.who.int/copyright>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

In line with the [WHO Evaluation Policy 2018](#) (EB143(9)), this publication contains an independent evaluation report by the WHO Evaluation Office. It does not reflect the views or policies of WHO.

WHO/DGO/EVL/2025.7

Cover Photo: Residents of the Adi Dahro Internally Displaced Persons (IDP) Camp in Tigray, Ethiopia line up to get water. The camp is a repurposed former school and accommodates over 9000 people. April, 2024

Credit: WHO / Nitsebiho Asrat

Acknowledgements

This report is issued by the WHO Evaluation Office. It is based on the independent evaluation conducted by the evaluation team from Euro Health Group (please see below). The WHO Evaluation Office would like to express its appreciation to the team members for their dedication and excellent work. This evaluation was managed and quality controlled by the WHO Evaluation Office.

The WHO Evaluation Office would like to thank all participating representatives from Member States for their generous time, insights and candid feedback and contributions; the WHO Secretariat, notably the Water, Sanitation, Hygiene and Health (WSH) Unit and partners for their dedicated support to the evaluation and for providing the evaluation team with a wealth of background documentation.

In addition, the WHO Evaluation Office would like to thank all members of the WSH Evaluation Reference Group (ERG), and in particular UNICEF, for their participation in fruitful discussions and input and for sharing their valuable insights and honest perspectives to inform the evaluation.

A special thanks to organizers and facilitators of the two country case studies for this evaluation in the Philippines and Ethiopia, and the WHO country offices in each country, for their invaluable advice, support and input.

Independent evaluation team (Euro Health Group)

Jeremy Colin, team leader/water quality, sanitation and wastewater specialist
Katharina Welle, deputy team leader/WASH and public health evaluation specialist
Rachel Norman, WASH monitoring and evidence specialist
Penny Dutton, GEDSI/WASH in health care facilities specialist
Maiken Mansfeld Jacobsen/Michele Gross, project director/quality assurance
Giulia Mantovani, research assistant

Evaluation manager

Marie Bombin, Senior Evaluation Officer, WHO Evaluation Office

Evaluation Reference Group

Experts from six WHO headquarters technical departments and from each of WHO'S regional offices acted as the Evaluation Reference Group.

Executive Summary

Background

WHO has worked on water, sanitation and hygiene (WASH) issues for over 60 years. This area of work is enshrined in its constitution and World Health Assembly (WHA) resolutions, global conventions, initiatives and partnerships. The WHO WASH Strategy 2018–2025 was developed to articulate WHO's unique role on WASH, in response to global initiatives, including the 2030 Agenda for Sustainable Development and the UN's recognition of the human right to safe drinking water and sanitation, and the continuing high burden of WASH-related disease. Achieving targets towards Sustainable Development Goal (SDG) 6 by 2030 requires significant acceleration, particularly in access to safe drinking water, sanitation and hygiene. The Strategy contains a theory of change, along with a results framework and monitoring and evaluation framework identifying results to be achieved.

The WHO WASH Strategy aims to improve health through the safe management of water, sanitation and hygiene services. To do so, it focuses on priority areas and progressive improvements around safe drinking water, sanitation and wastewater management; WASH in health care facilities (HCF); monitoring of the WASH enabling environment and access; estimation of the disease burden from inadequate WASH; and the essential linkages between WASH and health programmes. These represent the most pressing challenges, with significant gaps in coverage, quality and access that directly impact health and well-being. The Strategy also seeks to address global challenges such as climate change and public health emergencies through resilient WASH services and system-strengthening.

To implement this strategy, WHO works through partnerships, notably with UNICEF, to promote equitable access to WASH services, support universal health coverage (UHC) and meet critical health and environmental goals, despite human and financial resource constraints. The Strategy recognizes that effective WASH

programming depends on stakeholder engagement, political will and resource mobilization.

Purpose and scope

The evaluation had a dual purpose of accountability and learning, identifying good practices and opportunities for improvement. To this end, the evaluation assessed the **effectiveness** and **added value** of WHO's WASH Strategy for health and its interventions. This evaluation's findings and recommendations will inform the development of the new WHO strategy. The evaluation scope covered Strategy design, implementation and results achieved between 2018 and August 2024 in the Strategy priority intervention areas (PIA). The geographical scope was global.

Methodology

Combining summative and formative elements, this evaluation used a **theory-based, utilization-focused and gender, equity and social inclusion responsive evaluation** approach to address the criteria of relevance, effectiveness, efficiency, coherence and sustainability. The independent evaluation team conducted 174 key informant interviews (KII) with informants from focus group discussions (overall 48% female); an online survey with 213 respondents (30% response rate); and two country case studies (Ethiopia and the Philippines); and reviewed over 600 documents.

Key findings - relevance

The Strategy is aligned to WHO's organizational mandate and the global 2030 Agenda for Sustainable Development. Its design and implementation respond to country needs and have adapted to changing global circumstances. Additionally, WHO plays a key role in setting the global WASH agenda.

The Strategy is highly relevant to global needs and critical to promote and protect health for all. WHO WASH normative guidance and tools are critical to responding to country needs. Yet the Strategy does not sufficiently prioritize specific target geographies or populations, other than through specific support to countries based on annual workplans. Considering that priorities at country level are set through country and regional governance processes, accountability for the implementation strategy at the country level is limited. WHO has clearly been responsive to emerging issues and new commitments in its GPW14 (2025–2028), which gives renewed prominence to WASH and environmental health, with climate change as one of its six overall strategic objectives. This increased demand for climate resilient WASH interventions may need to be covered more extensively in the next WASH Strategy.

Yet Gender Equality, Disability, and Social Inclusion (GEDSI) remains insufficiently articulated.

The Strategy does not articulate its contribution to GEDSI principles explicitly, despite constructive efforts in integrating GEDSI in global monitoring and normative guidance and risk management tools and approaches. While stakeholders find that WHO generally addresses gender adequately, they feel that more could be done to address equity issues more systematically in its WASH efforts. For example, there is no assigned GEDSI focal point in the WHO Water Sanitation and Health (WSH) Unit at headquarters to drive the agenda forward.

Effectiveness

Despite challenges faced, WHO's WASH strategy is being implemented effectively and is achieving its objectives.

Results are generally on track, with most targets and milestones achieved. WHO is viewed as highly influential in setting the global WASH agenda. Despite modest in-house staffing and declining funding, WHO produces highly regarded normative guidance, publications and monitoring data that inform national and international health programmes and initiatives.

A key WHO contribution is adapting and contextualizing global guidance to ensure local relevance and uptake at country level. Yet the prioritization of WASH in country workplans has often been influenced by dialogue with national

governments, particularly health ministries, which do not always prioritize WASH; the extent to which WASH is integrated into other WHO programmes therefore varies.

Climate resilience has progressed from an emerging to a mainstream issue and has been incorporated into much of the normative guidance. For partnership-based advocacy and other efforts, more guidance is needed at the country level. The results framework and associated monitoring processes need strengthening to track progress in Strategy implementation.

The COVID-19 pandemic played a dual role: it led to the creation of the WHO/UNICEF Hand Hygiene for All (HH4A) partnership, while also causing significant interruptions to government and development agency interventions due to lockdowns and resource reallocations. Conflicts and other emergencies have further disrupted routine government activities and external support in some countries.

Efficiency

Over the past decade, the declining funding trends and increased levels of earmarking have challenged WHO's capacity to implement the Strategy.

Despite the significant number of countries and populations affected by high burden diseases attributable to unsafe drinking-water, sanitation and hygiene conditions and the recognized contribution of WHO, funding to implement the Strategy tends to be earmarked and short-term. The limited availability of predictable and flexible sources has constrained the provision of timely funding to priority interventions and countries. The UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) receives the most resources, in part because it provides catalytic funding to many countries towards GLAAS data survey collection. This is followed by cross-cutting activities and the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP).

However, WHO has optimized the use of available human and financial resources.

Strong cooperation levels within the WASH team have contributed to an efficient use of limited human and financial resources. While maintaining a tight focus on key

mission areas, prioritizing integration of WASH with health programmes and responding to emerging challenges, WHO efficiently leverages partnerships with organizations like UNICEF and using consultants to manage a growing workload.

Opportunities exist to further enhance coordination within WHO through joint resource mobilization, training, in-country visits and planning. Although efforts to improve collaboration across the Organization's three levels have shown positive results, there is a tendency to scale up activities in response to emerging needs rather than scaling down ineffective ones. There is also a need to align the WASH strategy more closely with financial reporting.

Coherence with the global WASH architecture

WHO clearly contributes to the SDG6 Global Acceleration Framework and complements other initiatives coherently.

WHO has provided global leadership on WASH and health, fulfilling its role as a normative, standard-setting organization and playing a pivotal role in the SDG6 Global Acceleration Framework and related initiatives. WHO's mandate in WASH and health in the global WASH architecture is clear and unique and in line with the WHO constitution and related WHA resolutions. At global level, WHO's role is well recognized by and coherent with external WASH stakeholders. It is viewed as key in communicable diseases control – a role which could be leveraged further for disease prevention through safe WASH services.

Coordination and collaboration with external partners are strong at the global level but roles are less clear at the regional and country levels.

At the global level, WHO has developed a strong partnership with UNICEF, harnessing both agencies' strengths. It involves a wide range of key collaborators (academia, funding partners, UN agencies, NGOs, networks and multi-agency partnerships). Yet there is scope for more strategic engagement with the World Bank and for making more use of collaborating centres.

At the regional level, collaboration with partners varies, with a need for clearer role division between UNICEF and

WHO. At the country level, WHO works closely with health ministries on WASH, but cross-sector support is limited by human resources and funding constraints and is not prioritized in country cooperation strategies. While UNICEF is a critical partner, collaboration and clarity of respective roles varies depending on the context. There are opportunities for WHO to enhance its role in WASH sector coordination and integration with health at the country level. Within WHO, the Organization's clear mandate in WASH and health is not fully appreciated and is less evident at regional and country levels.

Sustainability

WHO WASH efforts to support an enabling environment for sustainable health gains have been stepped up.

Although advocacy, communication and training activities have intensified, timeliness and effectiveness could be improved further. New tools and approaches have also been implemented and key documents published. Internal advocacy and communication need to be reinforced across WHO. There has been a strong focus on training and capacity-building, especially in recent years, across various thematic areas and regions and using new approaches. There remains a strong demand for continued training, as indicated by informants and survey respondents.

Embedding WASH approaches and tools further in national strategies and systems and in partners' approaches will enhance sustainability.

WHO effectively tracks the integration of key WASH standards and guidance into national policies, although the actual achievement of targets at the country level is largely beyond the WSH unit's control, and there is some ambiguity about the boundaries of WHO's implementation role. The evaluation survey indicates good levels of knowledge and use of WSH global knowledge products among governments and partners. However, while in-country support is essential for contextualizing and implementing WHO WASH guidance, resources are often insufficient to provide this support in many contexts.

Key conclusions

Relevance

Access to safe WASH services is highly relevant to global needs and critical to promoting and protecting health, especially as global progress on WASH SDG targets and indicators is falling behind. WHO's WASH interventions are highly relevant, well aligned to country needs and well regarded. WASH normative guidance and tools are invaluable outputs of the Strategy, critical to health outcomes and informing implementation at scale for other actors. WHO has maintained its relevance through global efforts to improve WASH, including via the UN.

Since the Strategy primarily focuses on global-level interventions, it is necessary to further clarify the role and accountability of country offices in implementing it. WHO will need to broaden the focus of the next Strategy to address a wider range of WASH issues –including climate change, the impact of water resource availability on WASH services, and emergencies – while strengthening linkages with primary health care (PHC)-oriented health systems and ensuring alignment with GPW14 and the UN System-wide Strategy for Water and Sanitation. GEDSI elements need to be articulated more clearly in the next Strategy to reflect the goals of GPW14 and the UN System-wide Strategy for Water and Sanitation. }

Effectiveness

The Strategy has been implemented successfully and has proven realistic in its ambitions, despite the constraints under which the WASH function operates within WHO. Challenges include the relatively low prioritization given to WASH within the Organization; the impact of COVID-19 and other emergencies; and the decline of WASH funding within WHO and of staffing at the country level. The quantity and quality of normative outputs are high, particularly considering the rigorous development process and the growing demands on the WSH Unit, especially for additional guidance on implementing the various tools and approaches promoted. However, there is a need for a robust results framework and monitoring process, aligned with GPW14, to effectively track progress in the Strategy's implementation.

WHO's convening power in WASH is evident at the global level, with the WSH Unit playing a pivotal role in steering sector strategy and securing global commitments. A key question is whether the next Strategy could provide a framework for action at the country level, as opposed to a menu of thematic options for country offices to choose from or align with. The current Strategy only addresses the role of the WSH Unit at the global level. However, action would depend on the presence of WASH staff in WHO country teams.

Efficiency

WHO has aimed to maximize its limited human and financial resources by fostering cooperation within the WSH Unit and collaborating with other units in the ECH Department, across all three levels of the Organization and beyond – including other WHO departments, UN partners and external stakeholders.

Despite limited core funding and therefore reliance on earmarked donor contributions, there is potential for further efficiency gains. Improving core funding would allow for optimal staff allocation across priority intervention areas, while clarifying country-level objectives and aligning them with GPW14 would enhance overall effectiveness. Alongside a results framework, there is a need for an enhanced but realistic resource mobilization strategy that the unit can drive, and a narrative-based financial report to demonstrate a balanced allocation of resources across priority areas.

Coherence

WHO has a clear mandate in the global WASH architecture on WASH and health and successfully fulfils its leadership role overall through effective collaboration. However, at the regional and country levels, this mandate has not yet consistently translated into effective disease prevention and control through sustainable access to water supply and sanitation services in high-risk areas. Strengthening specific implementation partnerships could help to fill these gaps. Despite strong collaboration at the global level, in particular with UNICEF, there is room for further strengthening of partnerships and clarifying WHO

mandates, roles and comparative advantages at regional and country level.

Sustainability

WHO has scaled up advocacy, communication and capacity development initiatives, and there is strong awareness and good levels of use of key WSH knowledge products, which suggests that, in principle, Strategy implementation promotes sustainability. Despite the strong and renewed focus on training and capacity development, continued demand for training exists at country level both within WHO and with country stakeholders.

WHO plays a vital role in contextualizing global guidance and embedding Strategy content into national and partner systems and approaches. To further support the contextualization and implementation of its guidance and monitoring at country level, WHO should clarify and capitalize on its comparative advantage in supporting its progressive implementation at country level, particularly given human and financial resource constraints. This should be supported by a revised approach to capacity-building, advocacy and communication considering resource constraints.

Recommendations

Recommendation 1 – Develop a new WASH strategy based on WHO established core areas of work in WASH (including setting standards, guidelines, strengthening WASH systems at country level, monitoring, and promoting evidence-based policy and research), while integrating newly identified priority areas where WHO contributions add significant value (e.g. climate change resilience, WASH in emergencies including cholera, antimicrobial resistance, PHC, infection prevention and control, vector-borne diseases, cholera, (NTDs) as well as GEDSI). The new Strategy should enhance intersectoral engagement and be aligned with both internal and external strategies of key WASH actors (including UNICEF), primarily GPW14 and the UN System-wide Water and Sanitation Strategy.

Timeframe: Next six months. Action: WHO.

Recommendation 2 – To implement the new Strategy, develop an operational plan anchored in GPW14. This plan should be accompanied by a results (monitoring and evaluation) framework that outlines clear accountabilities and defines specific roles for headquarters, regional and country offices.

Timeframe: Next 12 months. Action: WHO

Recommendation 3 – To position the WHO WSH programme of work more strategically within and beyond WHO, expand and capitalize on internal and external partnerships, leveraging and strengthening awareness, and understanding of its utility. This will also support joint advocacy and fundraising efforts.

Timeframe: Next 12 months - Action: WHO (across its three levels), and in collaboration with UNICEF, development banks, global health initiatives and partnerships with other key implementation stakeholders)

- in collaboration with UNICEF, development banks, global health initiatives and partnerships with other key implementation stakeholders.

Recommendation 4 – Enhance the sustainability of WHO's WASH and health interventions at the country level by working with key partners to develop strategies and foster country-level partnerships that progressively integrate WASH standards, guidance, and tools into national policies and regulatory frameworks. Additionally, clarify WHO's comparative advantage vis a vis other stakeholders and partners.

Timeframe: Next 12 months - Action: WHO (across its three-levels) and in collaboration with UNICEF and other key partners.

Any enquiries about this evaluation should be addressed to:
Evaluation Office, World Health Organization
Email: evaluation@who.int
Website: Evaluation (who.int)

