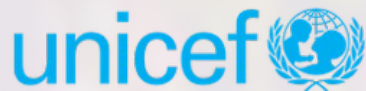


WHO/UNICEF Guidelines on Hand Hygiene in Community Settings

Joanna Esteves Mills, World Health Organisation



Hosted by Claire Kilpatrick
International Federation of Infection Control

www.webbertraining.com

28 April, 2026

Presentation overview

- Context
- The Guidelines
- Implementation





Context

Why hand hygiene now?

Hand hygiene is life-saving ...

Each year, 740,000 people die of infections that could have been prevented with hand hygiene

Diarrhoeal disease
Almost 384 000 deaths and 17 million DALYs

-30% risk

[Wolf et al, 2022](#)

Acute respiratory infections
356 000 deaths and 17 million DALYs

-17% risk

[Ross et al, 2023](#)

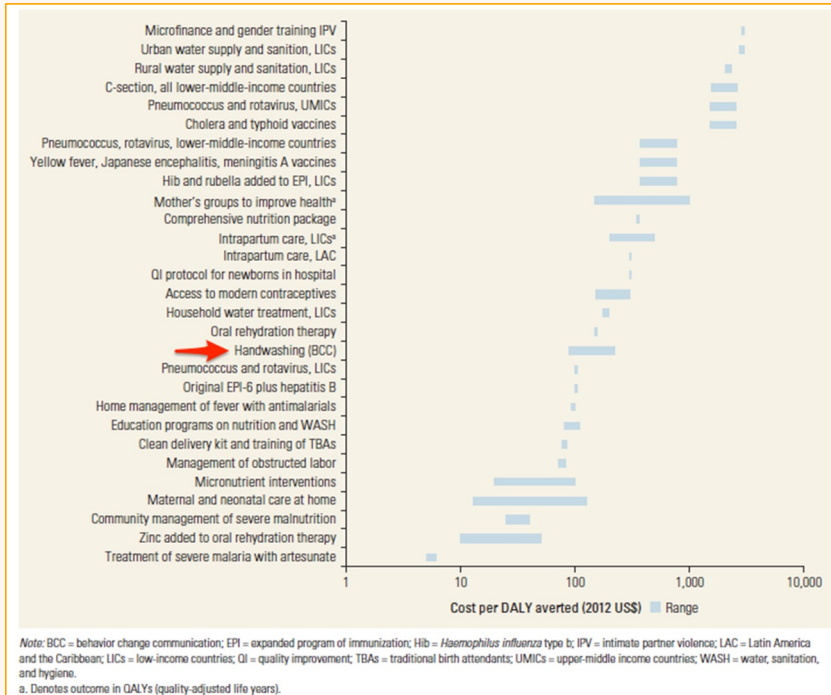
Burden of disease attributable to unsafe drinking-water, sanitation and hygiene

2019 UPDATE



... and cost-effective.

Domestic hand hygiene is on par with oral rehydration therapy



**There is global
commitment to
enabling it...**



**There is global
commitment to
enabling it...**



There is global commitment to enabling it...



INTERNATIONAL HEALTH REGULATIONS (2005)

as amended in 2014, 2022 and 2024

Explanatory notes by the Secretariat

The Fifty-eighth World Health Assembly adopted the International Health Regulations (2005) on 23 May 2005.

The Seventy-seventh World Health Assembly adopted amendments to Annex 1 of the IHR, in accordance with paragraph 12 of Article 19 of the WHO Constitution, on 21 May 2014.

The Seventy-fifth World Health Assembly adopted amendments to Articles 55, 59, 61, 62 and 63 of the WHO Constitution, on 31 May 2024 in accordance with paragraph 12 of Article 19 of the WHO Constitution.

The Seventy-seventh World Health Assembly adopted amendments to Articles 1, 8, 10, 11, 14, 8, and 8, as well as new Article 19, on 21 September 2025, except *vis-à-vis* the State Parties Regulations (see Appendix 1); and resolution WHA78.12 (2025) for which see Appendix 11.

The text of the IHR presents the amendments adopted in 2022, and 2024, and corresponds to the text of the IHR (2024)¹.

An updated version of the text of the IHR is available following the communication to State Parties undertaken in accordance with paragraph 12 of Article 19 of the WHO Constitution.

With a view to facilitating the adoption of the Regulations, the text of the Regulations, the amendments thereto, as well as the amendments thereto, are presented, for each State Party, in the form of a communication to the State Parties, together with the text of the Regulations applicable to that State Party.

Appendices 2, 3, and 4 present the amendments to the IHR, through resolutions WHA75.12 (2014), WHA77.17 (2024), and WHA78.12 (2025), respectively.

¹ For the text in Russian, reference should be made to the Russian text of the IHR (2024).

² Appendices 1 and 4 were updated in 2024.



Seventy-eighth World Health Assembly

Agenda item 16.2

20 May 2025

WHA78.1

WHO Pandemic Agreement

The Seventy-eighth World Health Assembly

Recalling decisions SSA2(5) (2021) and WHA77.17 (2024) which address gaps in preventing, preparing for, responding to, and recovering from public health emergencies of international concern (the Intergovernmental Negotiating Body) and other provisions of the WHO Constitution;

Expressing appreciation for the work of the Intergovernmental Negotiating Body and its leadership of its Bureau;

Reaffirming the need for a legally binding instrument on pandemic prevention, preparedness and response, in line with the WHO Strategic Plan 2023–2030;

Emphasizing the role of the International Health Regulations (2005), and subsequent resolutions WHA58.3 (2005), and subsequent resolutions WHA75.12 (2022), and WHA77.17 (2024), and the need for coherence and complementarity between the International Health Regulations (2005) and the WHO Pandemic Agreement;

Recognizing the continuing threat of public health emergencies of international concern and the need for measures that adversely affect it,

1. ADOPTS, pursuant to Article 19 of the WHO Constitution, the WHO Pandemic Agreement as annexed to the present resolution;

2. RECOGNIZES that the adoption of the Agreement does not prejudice the sovereign prerogatives of States in accordance with its constitutional principles;

3. NOTES, in accordance with Article 3 of the WHO Constitution, that the WHO Pandemic Agreement shall be open for signature and ratification by the Health Ministers of the Member States at the headquarters in Geneva, and thereafter at such other places as may be determined by the World Health Assembly;

Strengthening health emergency prevention, preparedness, response and resilience



...yet, progress is lagging.

In 2024, 1.7 billion people still lacked a handwashing facility with soap and water.

Nearly half lived in sub-Saharan Africa, a quarter in Central and Southern Asia and three out of five lived in rural areas.

Achieving universal access by 2030 would require a doubling globally in current rates of progress, rising to 11-fold in least developed countries and eightfold in fragile contexts.



And guidance on how to accelerate has to-date been unclear or lacking

Open access

Original research

BMJ Open Recommendations for hand hygiene in community settings: a scoping review of current international guidelines

Clara MacLeod¹, Laura Braun¹, Bethany A Caruso², Claire Chase³, Kondwani Chidzvisano⁴, Jenala Chipungu⁵, Robert Dreifelbis¹, Regina Ejemot-Nwadiaro⁶, Bruce Gordon⁷, Joanna Esteves Mills⁷, Oliver Cumming¹

To cite: MacLeod C, Braun L, Caruso BA, et al. Recommendations for hand hygiene in community settings: a scoping review of current international guidelines. *BMJ Open* 2023;13:e008887. doi:10.1136/bmjopen-2022-028887

► Prepublication history and additional supplemental material for this paper are available online. To view these files, please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2022-028887>).

Received 04 October 2022
Accepted 17 March 2023

ABSTRACT

Background Hand hygiene is an important measure to prevent disease transmission.

Objective To summarise current international guideline recommendations for hand hygiene in community settings and to assess to what extent they are consistent and evidence based.

Eligibility criteria We included international guidelines with one or more recommendations on hand hygiene in community settings—categorised as domestic, public or institutional—published by international organisations, in English or French, between 1 January 1990 and 15 November 2021.

Data sources To identify relevant guidelines, we searched the WHO Institutional Repository for Information Sharing Database, Google, websites of international organisations, and contacted expert organisations and individuals.

Charting methods Recommendations were mapped to four areas related to hand hygiene: (1) effective hand hygiene; (2) minimum requirements; (3) behaviour change and (4) government measures. Recommendations were assessed for consistency, concordance and whether supported by evidence.

Results We identified 51 guidelines containing 523 recommendations published between 1999 and 2021 by multilateral agencies and international non-governmental organisations. Handwashing with soap is consistently recommended as the preferred method for hand hygiene across all community settings. Most guidelines specifically recommend handwashing with plain soap and running water for at least 20 s; single-use paper towels for hand drying; and alcohol-based hand rub (ABHR) as a complement or alternative to handwashing. There are inconsistent and discordant recommendations for water quality for handwashing, affordable and effective alternatives to soap and ABHR, and the design of handwashing stations. There are gaps in recommendations on soap and water quantity, behaviour change approaches and government measures required for effective hand hygiene. Less than 10% of recommendations are supported by any cited evidence.

Conclusion While current international guidelines consistently recommend handwashing with soap across community settings, there remain gaps in recommendations where clear evidence-based guidance might support more effective policy and investment.

STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ The scoping review follows the Arksey and O'Malley methodological framework to identify, retrieve and summarise current international guideline recommendations for hand hygiene in community settings.
- ⇒ Various sources were systematically searched to identify relevant guidelines published by multilateral agencies and international non-governmental organisations between January 1990 and November 2021.
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- ⇒ The quality of the included guidelines was not assessed, although we did consider the extent to which recommendations were based on cited evidence.

INTRODUCTION

Hand hygiene, including handwashing with soap and other methods such as alcohol-based hand rubs (ABHRs), is an important public health measure that can prevent the transmission of a range of diseases.¹ Handwashing with soap has been found to be a cost-effective intervention² that can reduce the risk of both diarrhoeal disease and acute respiratory infections by over 20%.³⁻⁵ Handwashing with soap has also been linked to the reduction of certain neglected tropical diseases, including trachoma and some soil-transmitted helminth infections.¹⁰⁻¹¹ Recently, handwashing with soap and the use of ABHRs were advised as one of the key control measures during the COVID-19 pandemic¹²⁻¹⁵ and were found to be effective.¹⁴

This scoping review focuses on hand hygiene in non-healthcare settings, which we collectively refer to as 'community settings'. Using the definition set out in the Ottawa Charter, we consider settings as where 'health is created and lived by people within the settings of their everyday life; where they

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MacLeod C, et al. *BMJ Open* 2023;13:e008887. doi:10.1136/bmjopen-2022-028887

And guidance on how to accelerate has to-date been unclear or lacking

Guidance not sufficiently evidence-based
Significant discordance and gaps on:

- Effective products
- Technique (duration)
- Water quality
- And much more...

Very little on how to improve hand hygiene.
Most recommend emergency response.

Open access

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The Guidelines

What do they recommend? On what basis?



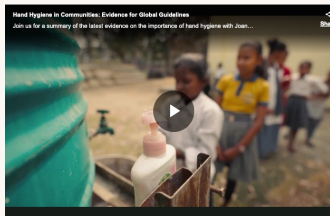
- **Emphasize** government responsibility in enabling hand hygiene practice
- **Provide evidence-based technical recommendations** on the core requirements for enabling and driving hand hygiene.
- **Advocate for systems-based approaches.** Moving beyond short-term, emergency-led responses, to sustainable and resilient national systems



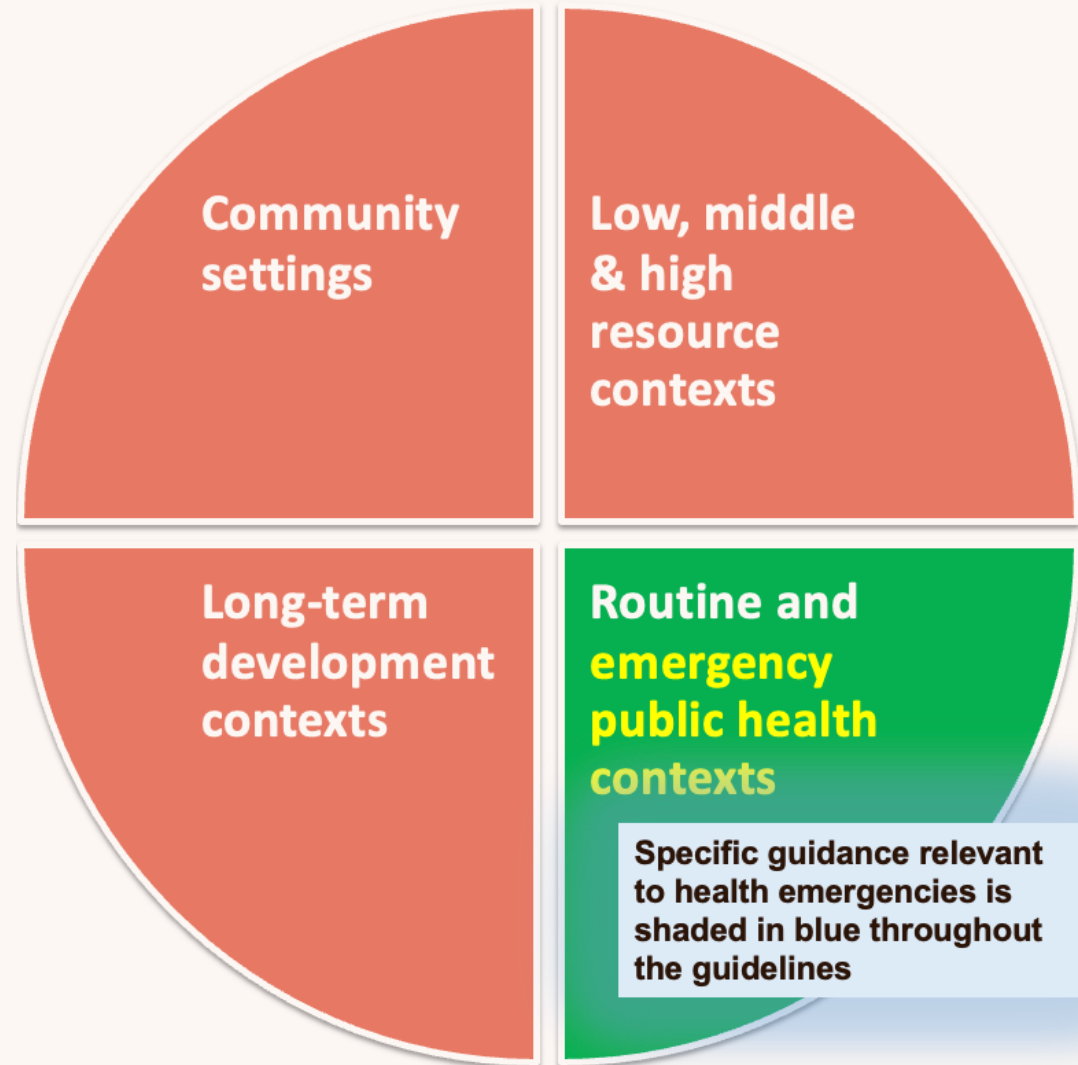
Guidelines on Hand Hygiene in Community Settings

The basis for the recommendations and guidance:

Evidence and independent experts

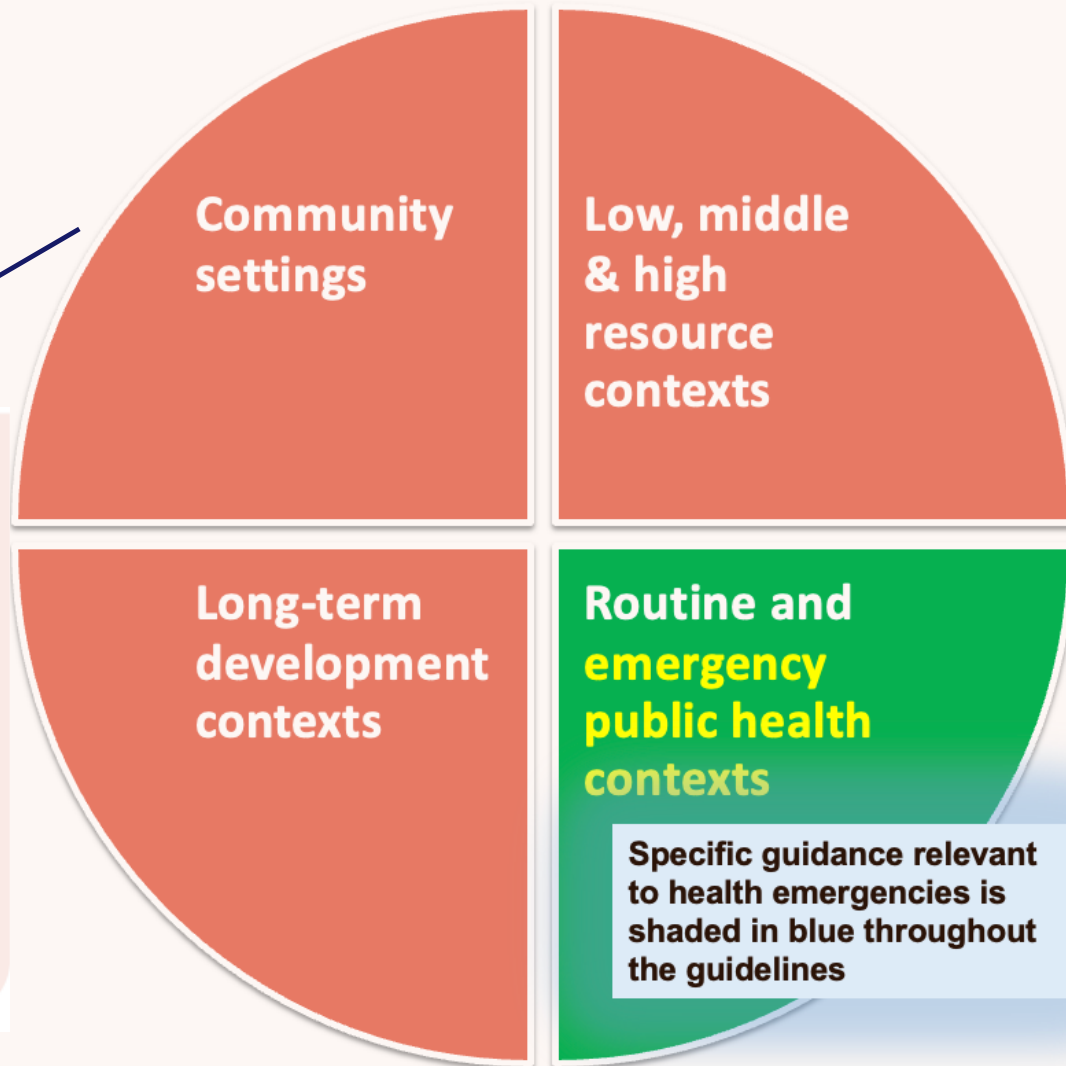
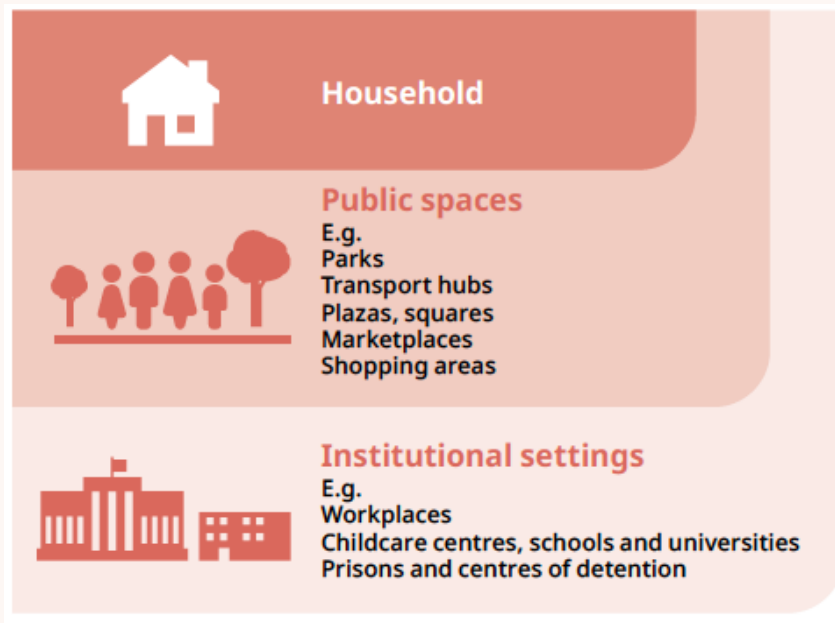


The focus of the Guidelines



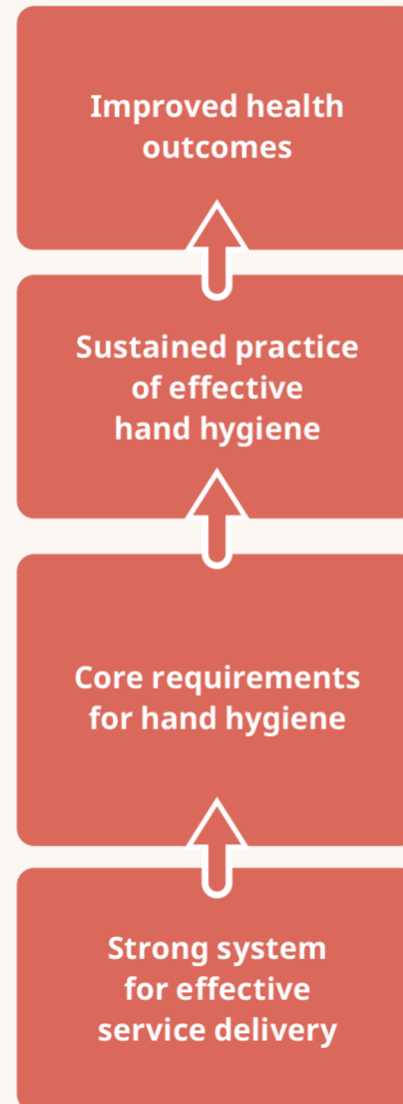
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Community settings

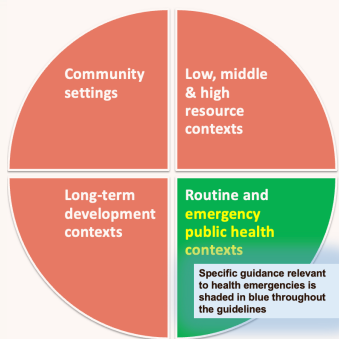
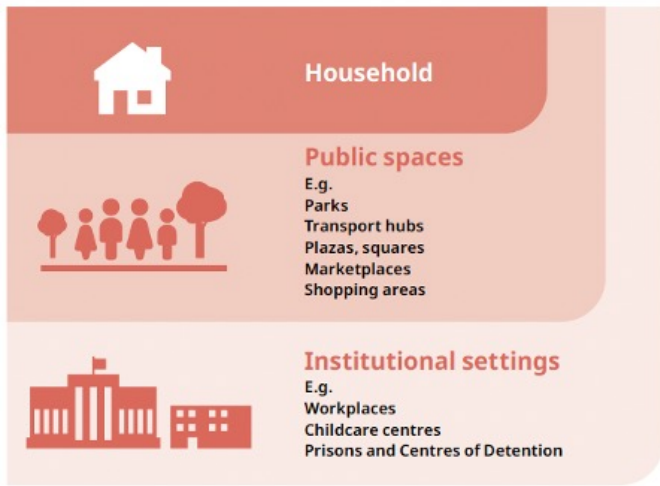


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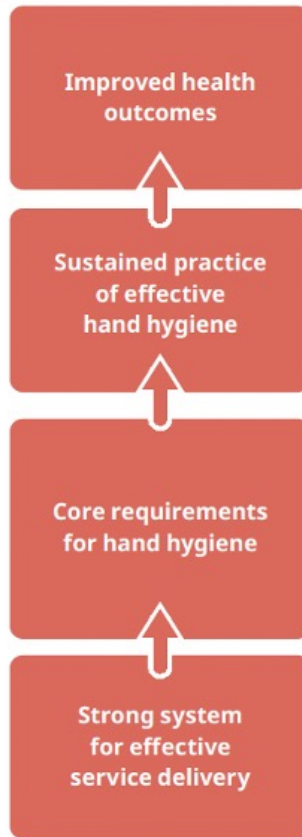
Theory of Change



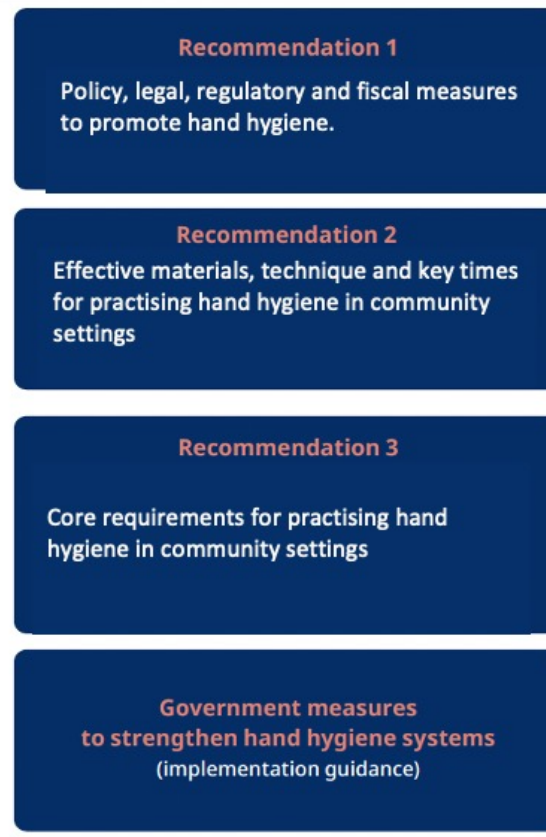
Community settings



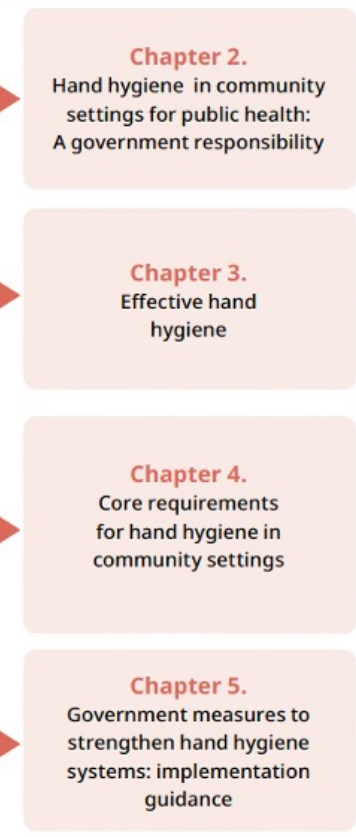
Theory of Change



Recommendations or guidance



Chapters



Recommendations

Three recommendations:

1. Acknowledges hand hygiene as an important public health measure, recommends that governments promote the practice and defines what promotion involves.
2. Outlines how hand hygiene should best be practised (technique), when (key times) and with what (materials)
3. Outlines the core requirements for hand hygiene - foundational prerequisites for changing and/or sustaining the practice of effective hand hygiene.

Implementation guidance: Systems-based approach.

Break the cycle of “panic and neglect’, with surge of attention immediately after a health crisis, followed by



Recommendation 1

Governments should implement policy, legal, regulatory and fiscal measures to promote hand hygiene as a critical public health intervention.

These actions should aim to remove barriers to the practice of hand hygiene and strengthen the factors that enable behaviour change and/or sustain practice.



Recommendation 2

Hand hygiene should be practiced with plain soap and water for enough time to enable covering both hands entirely with soap and thoroughly rubbing at key times when disease can be transmitted via hands.

Alcohol-based hand rub is an effective alternative when hands are not visibly dirty.

Key times:



Before preparing food



Before eating or feeding/ breastfeeding others



After using the toilet or handling faeces



After coughing, sneezing or blowing nose



When hands are visibly dirty



Recommendation 2

Hand hygiene should be practiced with plain soap and water for enough time to enable covering both hands entirely with soap and thoroughly rubbing at key times when disease can be transmitted via hands.

Alcohol-based hand rub is an effective alternative when hands are not visibly dirty.

Key times:



Before preparing food



Before eating or feeding/ breastfeeding others



After using the toilet or handling faeces



After coughing, sneezing or blowing nose



When hands are visibly dirty

Additional times during health emergencies:

Upon entering private or public buildings (including the home) After caring for people who are sick.



Recommendation 2

The specifics ...

Recommendation 2

The specifics ...

Soap: Plain soap. Liquid, bar, powdered or soapy solutions. **Antimicrobial soap is not recommended** due to harmful health and environmental impacts. Unless it is the only available option.

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Water: Running or poured water from an improved source where possible. **If microbial water quality is poor or unknown handwashing is still recommended, provided it is with soap.** Hands should not be rinsed in communal basin.

Recommended alternatives:

- Alcohol-based handrub. When hands are visibly soiled or dirty water and soap may be more effective, but ABHR can still be effective. At least 60% alcohol content. Should be certified. Can be produced locally where supplies are limited or prohibitively expensive (WHO guidance on how to make ABHR is available [here](#)).
- **If soap is unavailable:** Water alone can achieve some benefit, but not above the threshold required for effectiveness. Still preferable to no handwashing at all.

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Alternatives that are not recommended: Non-alcohol-based antiseptics, antimicrobial wipes, sand, soil or ash

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Alternatives that are not recommended: Non-alcohol-based antiseptics, antimicrobial wipes, sand, soil or ash

Although these alternatives are not recommended under standard conditions, they may be used as a last resort during health emergency situations where there is heightened risk of infectious disease transmission and no access to soap and water

Recommendation 3

Core requirements for changing and/or sustaining the practice:

- (a) access to the minimum material needs
- (b) access to information on why, when, how and where to clean hands
- (c) a conducive physical and social environment.



Recommendation 3

The specifics ...



Minimum
material
needs

Hand hygiene facilities

Reliable access for all to sufficient running water & soap and safe disposal of wastewater.

- **Reliable** – available when needed.
- **Accessible** – to all, incl. kids and those with limited mobility
- **Sufficient** (per handwashing event) – to cover entire surface of hands. Rough guide:
 - Water: 0.5 to 2L per person.
 - Soap: 1 to 3mL liquid soap, 0.5 to 1gram bar soap, 200mL soapy water.
 - ABHR: 3 to 5 mL

Amount of water and soap per hand hygiene facility =

of people x

of handwashing events per day x

litres of water and grammes of soap per event

Recommendation 3

The specifics ...

Getting the basics right: enabling hand hygiene

Information on when, how and why to practise hand hygiene.

From enabling to encouraging and motivating

Health promotion materials that are informed by behavioural data and evidence, community engagement and understanding of the audience, and address barriers and enablers, can move beyond knowledge transfer, addressing motivation, emotional drivers, social influences and behavioural drivers.



Information

Conducive
environment

Recommendation 3

The specifics ...

Getting the basics right: enabling hand hygiene

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From enabling to encouraging and motivating

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Information

Providing clear, accurate and timely information on hand hygiene is particularly critical during emergencies (e.g. pandemics, outbreaks and disasters) when risk communication and community engagement is used to inform and involve communities in managing health risks.

Recommendation 3

The specifics ...



Recommendation 3

The specifics ...

Key characteristics of a conducive physical env.

Convenience

- Fixed hand hygiene facilities
- Located close to and within view of toilets and near areas where food is prepared, cooked and/or eaten

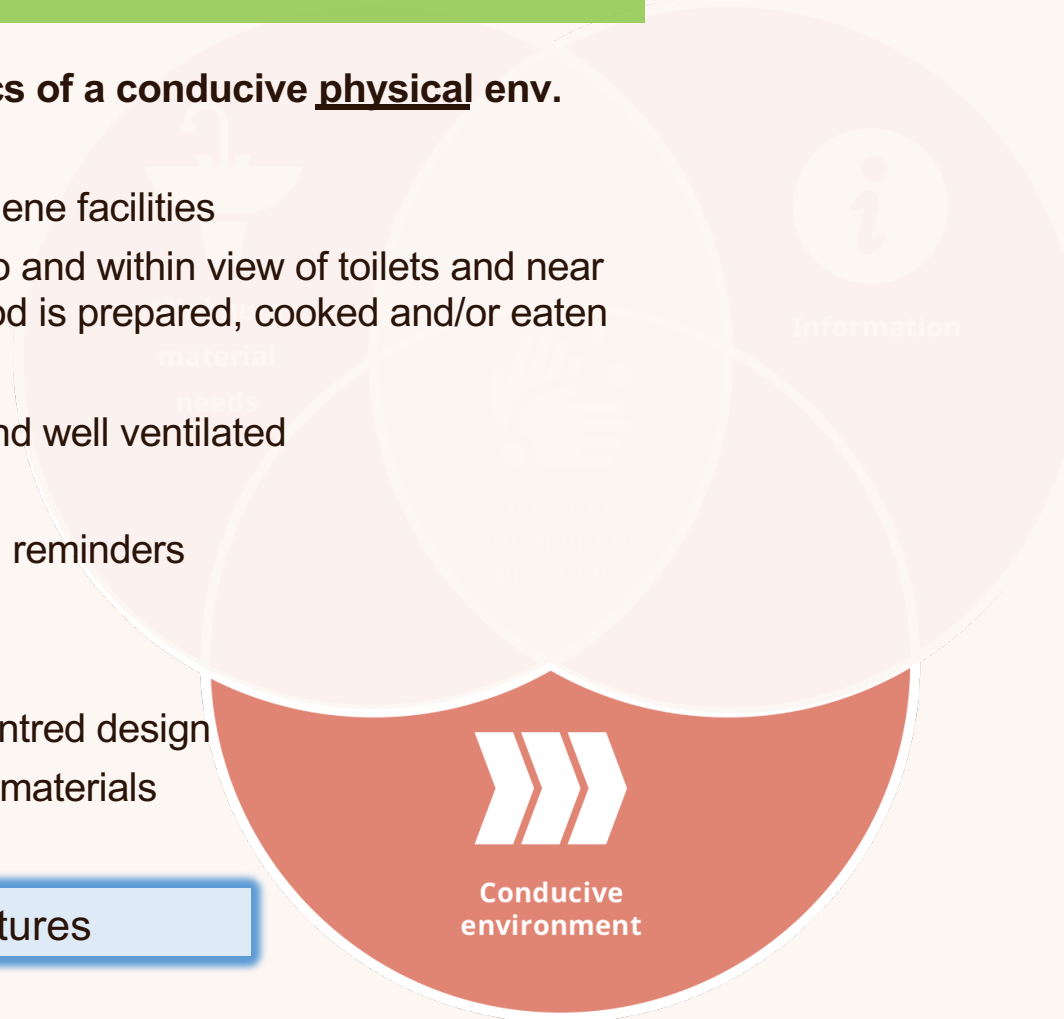
Attractiveness

- Clean, well lit and well ventilated
- Highly visible
- Visual cues and reminders
- Aspirational

Ease of use

- Simple, user-centred design
- Easy to access materials

- Touchless features



Recommendation 3

The specifics ...

Key characteristics of a conducive physical env.

Convenience

- Fixed hand hygiene facilities
- Located close to and within view of toilets and near areas where food is prepared, cooked and/or eaten

Attractiveness

- Clean, well lit and well ventilated
- Highly visible
- Visual cues and reminders
- Aspirational

Ease of use

- Simple, user-centred design
- Easy to access materials

- Touchless features

Key characteristics of a conducive social env.

Visibility and role-modelling

Positive reinforcement

Collective routines

Community engagement

Addressing misconceptions.

Via Risk Communication and Community Engagement (RCCE)



Conducive
environment

Implementation guidance

Take a systems approach. Break the cycle of “panic and neglect”, with surge of attention immediately after a health crisis, followed by extended periods of neglect.

Governments should provide oversight and coordination to ensure the system components function effectively together and empower actors.



Figure 6. Framework for understanding a hand hygiene system

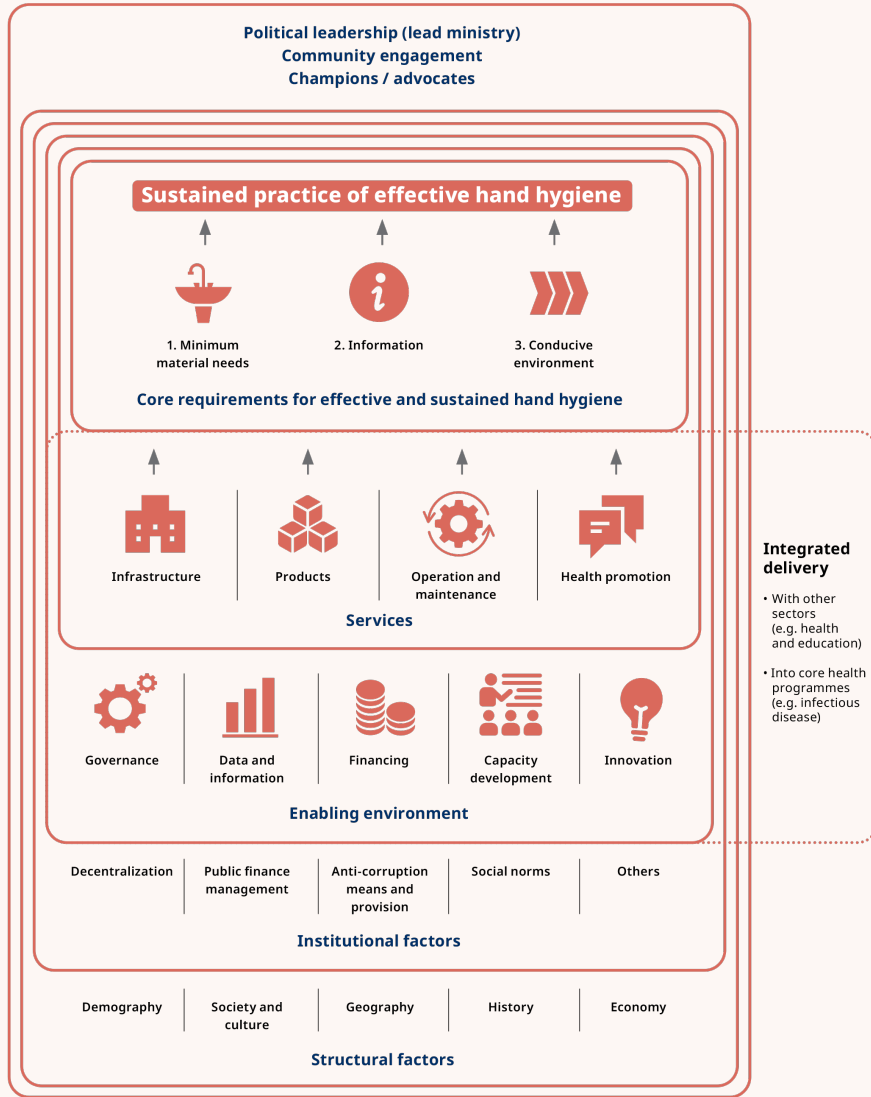


Figure 7. System actors and their responsibilities

National government functions

Accountable for equitable and sustained access to the minimum material requirements as well as up-to-date, evidence-based guidance for the practice of effective hand hygiene by all in the community setting(s) within their remit

- Policy and coordination
- Legislation, regulation, standards and guidelines
- Planning
- Capacity building and technical assistance

Local government functions

Responsible for ensuring equitable and sustained access to services related to hand hygiene within a defined administrative area

- Finance, install and manage operation and maintenance of hand hygiene facilities in public settings
- Enforce compliance of hand hygiene product and service providers with national policy and normative standards, legislation and regulation
- Enforce compliance of private setting administrations with norms and standards (e.g. through inspections)
- Support compliance of public setting administrations with norms and standards (e.g. through technical and financial assistance)

Local administration functions

Governing body responsible for day-to-day management of a given community setting (e.g.: in a school setting, this is the school's senior management)

- Paying water tariffs and purchasing hand hygiene products (facilities and soap)
- Facilitating a conducive environment for hand hygiene practice
- Providing access to IEC materials
- Encouraging habit formation (through provision of visual cues and embedding hand hygiene in existing routines)

Customer services

- Sale of hand hygiene products (handwashing stations, soap, alcohol-based hand rub, vendor-provided water supplies), including user-centred product development
- Produce and/or disseminate health promotion materials

Public services

- Water network connections and operation and maintenance of water supplies
- Produce and promote IEC materials

Infrastructure

- Extension of water networks

New global Guidelines



- **Emphasize** government responsibility in enabling hand hygiene practice
- **Advocate for systems-based approaches.** Moving beyond short-term, emergency-led responses, to sustainable and resilient national systems
- **Provide evidence-based technical recommendations** that fill gaps or resolve discordance on what enables and drives behaviour.



**Guidelines on Hand Hygiene
in Community Settings**



**Beyond the guidelines:
to implementation**

Co-creating implementation guidance

Group of ten champion governments

Co-designed implementation guidance

Ready to integrate recommendations into relevant areas of work



Commentary
BMJ Global Health **How can global guidelines support sustainable hygiene systems?**

Joanna Esteves Mills ¹, Ann Thomas,² Nadia Abdalla,³ Rola El-Alam,⁴ Kahtan Al-Shabi,⁵ Mary Eyram Ashiryro,⁶ Fodé Ousmane Bangoura,⁷ Kattina Charles,⁸ Jenala Chipunga,⁹ Arnold Oredola Cole,¹⁰ Betsy Engabretson,¹¹ Kitka Goyal,¹² Catherine Fallon Grasham,¹³ Valentina Grossi,¹⁴ Sophie Hickling,¹⁵ Safa Kalandarov,¹⁶ Alemu Kejela Ababu,¹⁷ Karimzoda Kholmuhhammad,¹⁸ Nicole Klasiessen-Metzner,¹⁹ Ziggy Kujedera,²⁰ Akosua Kwakye,²¹ Andrea Lee-Lacer,²² Pauke P Maani,²³ Belinda Makholo,²⁴ Aiyaa Mohamed,²⁵ Md Monirul Alam,²⁶ Bella Monse,²⁷ Henry Northover,²⁸ Aarín Palomares.²⁹

Commentary
BMJ Global Health **We have the evidence but governments must now build the systems to deliver on hand hygiene**

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SUMMARY BOX

- Hand hygiene protects health, strengthening community resilience and contributing to more robust health systems.
- Strategies to improve hand hygiene should prioritise access to water and soap or alcohol-based handrub.
- Beyond point-based approaches and short-term service delivery, sustained government-led efforts to strengthen national and local systems are now needed.
- WHO and UNICEF guidelines on hand hygiene in community settings will provide evidence-based guidance to support government-led action on hand hygiene.
- Examples of effective government leadership that take the guidance to action are needed to inspire the global change needed.

2025 Pandemic Prevention, Preparedness and Response Accord are two legally binding frameworks designed to curb the spread of disease globally, and which also require countries to bolster water, sanitation and hygiene services.

Despite international recognition of its importance, global progress on hand hygiene has consistently failed to measure up to political commitments and pledges. There have been gains—between 2015 and 2024, 1.6 billion people gained access to a basic handwashing facility—but in 2024 1.7 billion

Check for updates

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Martin McDonald, Journal of Hospital Infection and Infection Prevention in Practice

Free



TUE
23

June 23 @ 2:30 pm CEST

The Role of the Environment in the Transmission of Infection – How Can We Intervene?

An **International Federation of Infection Control** (IFIC) teleclass
Prof. Elaine Cloutman-Green, Great Ormond Street Hospital, UK

Free



THU
23

July 23 @ 1:30 pm EDT

National and Local IPC Improvement Steps – What it Takes for Success

Presented by the **International Federation of Infection Control** (IFIC)
Dhouha Ammar Hamdani and Dr. Ali Jameela, Ministry of Health, Qatar

Free

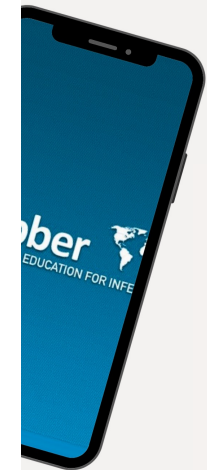


THU
13

August 13 @ 1:30 pm EDT

What is Our Role in Preventing Infections Across Borders?

An **International Federation of Infection Control** (IFIC) teleclass
Dr. Gaber Fahmy, Air Egera Hospital, Egypt



TUE
5

May 5 @ 1:30 pm EDT

Special Lecture for International Hand Hygiene Day

Amanda Deeves, World Health Organization

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19

May 19 @ 2:30 pm CEST

Patient Safety Begins at the Front Door: Infection Prevention in Home Health & Hospice

Dr. Mary McGoldrick, Home Health Systems Inc

Free



TUE
26

May 26 @ 11:30 am EDT

(IPAC Canada conference broadcast) Environmental Stewardship in IPAC

Dr. Fiona Miller, Professor and Director, Collaborative Centre for Climate, Health &



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