

HEALTH AND HYGIENE

New guidelines call on governments to make handwashing a public health priority

In a world still reckoning with the lessons of recent pandemics, two of the world's leading public health agencies, the World Health Organization (WHO) and UNICEF, have joined forces to issue a new global standard on one of humanity's simplest yet most powerful disease-fighting tools: clean hands.



The *Guidelines on Hand Hygiene in Community Settings*, launched in October 2025, lay out the first-ever global framework focused specifically on hand hygiene outside healthcare facilities, namely in homes, schools, workplaces, public spaces and institutions. The message is clear: governments, not individuals alone, must take responsibility for making hand hygiene accessible, affordable and universal.

“Hand hygiene is a public good – one that requires coordinated action, inclusive design and sustained investment,” the joint foreword from WHO and UNICEF declares.

A simple act still out of reach for billions

An estimated 1.7 billion people still lack basic hand hygiene

services at home. Of these, 611 million have no facilities whatsoever – no soap and no running water. Without such basics, the most earnest public health messaging cannot prevent the spread of deadly infections, such as diarrhoea, cholera and pneumonia, which together claim hundreds of thousands of lives every year.

The new guidelines emphasise that the absence of reliable handwashing infrastructure is not merely a matter of personal hygiene but a failure of governance and investment. Ensuring that every person can wash their hands with soap and water where they live, learn and work, the document argues, is a governmental duty rooted in the human right to health.

From advice to accountability

While global health campaigns have long promoted the 'wash your hands' message, this document shifts the conversation from voluntary behaviour to structural responsibility.

Recommendation 1 calls on governments to implement policy, legal, regulatory and fiscal measures that promote and enable hand hygiene as a critical public health intervention. That includes removing barriers, ensuring reliable water and soap supplies, integrating hygiene into national health and education systems, and coordinating cross-sectoral efforts.

"Hand hygiene must move beyond short-term campaigns," said Joanna Esteves Mills, WHO's technical lead for the guidelines. "We need durable systems, from financing and data to governance and design, that make it possible for everyone to practise this basic act every day."

A science-based roadmap for everyday practice

The guidelines distil decades of research into practical, evidence-based recommendations that apply across resource settings, from the poorest rural villages to the busiest city hubs.

Recommendation 2 defines what effective hand hygiene looks like:

- Use plain soap and water, not necessarily antibacterial soap, as antimicrobial additives can be harmful to health and the environment.
- Rub hands thoroughly so that all surfaces are covered for sufficient time.
- Wash at five key times: before preparing food; before eating or feeding others; after using the toilet or handling faeces; after coughing, sneezing or blowing one's nose; and whenever hands are visibly dirty.
- When water is scarce or facilities are lacking, alcohol-based hand rubs (ABHR) with at least 60% alcohol can serve as effective alternatives.

Even so, the document cautions, water and soap remain the preferred option wherever possible. Handwashing with soap can reduce the risk of diarrhoeal disease by around 30% and respiratory infections by 17%, saving an estimated 740 000 lives each year.

Three core requirements for success

At the heart of the guidelines lies Recommendation 3, which defines the 'core requirements' needed to change or sustain hand hygiene behaviour:

- **Minimum material needs** – reliable access to water and soap or ABHR, plus safe disposal of wastewater.
- **Access to information** – clear, consistent communication on why, when and how to clean hands, integrated into health promotion and education programmes.
- **A conducive environment** – both physical (facilities that are convenient, attractive and easy to use) and social (norms, cues and routines that encourage habitual behaviour).

These three elements, the report notes, are interdependent. Without soap and water, education has little effect. Without

public understanding and community ownership, facilities fall into disuse. And without environments that make handwashing effortless and habitual, even motivated individuals may fail to keep up the practice.

A call for systems, not stand-alone projects

One of the report's strongest messages is that piecemeal, project-based approaches are not enough. Instead, governments should establish permanent, system-wide structures that guarantee sustainable access to hand hygiene. This means investing in water and sanitation infrastructure, ensuring the availability of affordable hygiene products, training personnel, and embedding monitoring and evaluation within public health planning.

Local authorities have a particularly crucial role: ensuring equitable access within their jurisdictions, maintaining facilities and engaging communities. National governments, in turn, must set standards, coordinate funding and enforce legal frameworks. The document outlines how these systems can be aligned with international commitments, including the International Health Regulations (IHRs) and the forthcoming Pandemic Prevention, Preparedness and Response Accord, both of which require nations to strengthen water, sanitation and hygiene (WASH) as part of epidemic readiness.

Grounded in evidence, designed for everyone

Developed through a rigorous process managed by WHO's Department of Environment, Climate Change and Health and UNICEF's Water, Sanitation and Hygiene team, the guidelines draw on multiple systematic reviews, expert consultations and a multidisciplinary Guideline Development Group. Contributors include academics, government officials, non-governmental organisations and practitioners from over 20 countries, supported by the UK Foreign, Commonwealth and Development Office.

The document is careful to distinguish between healthcare settings (where WHO has long-established protocols for clinicians) and community settings, which encompass households, public spaces, workplaces, schools, childcare centres, prisons and places of worship, essentially, 'where people live, learn, work, play and love.'

This broader scope recognises that most infectious disease transmission happens outside hospitals. It also acknowledges the social dimensions of hygiene: gender roles, behavioural cues, design aesthetics and the powerful influence of habit and community norms.

Seven guiding principles

To help governments and practitioners translate the evidence into action, the guidelines articulate seven overarching principles:

1. **Prioritise minimum material needs** – ensure soap and water or ABHR are always available.
2. **Understand what drives or hinders behaviour** – tailor interventions to local realities.
3. **Engage communities** – involve citizens in planning, design and monitoring.
4. **Be gender-responsive** – recognise that women and girls

bear the brunt of hygiene responsibilities.

5. **Progressively improve** – build capacity and infrastructure over time.
6. **Strengthen systems** – move beyond one-off projects to long-term governance.
7. **Monitor, evaluate and improve** – learn what works and adapt continuously.

These principles, while simple, represent a shift toward behavioural and structural realism, acknowledging that handwashing habits are shaped as much by design and social context as by individual willpower.

Lessons from history and from COVID-19

The guidelines open with a reminder that the science of hand hygiene is centuries old. In the eighteenth century, physicians such as Alexander Gordon and Ignaz Semmelweis proved that washing hands could prevent deadly infections in maternity wards. Yet even today, despite this well-established principle, millions remain unable to perform this basic act.

The COVID-19 pandemic reinforced how central hand hygiene is to disease prevention, and how fragile access can be. During lockdowns, many schools and public places lacked running water; in informal settlements, families queued for shared taps; and misinformation spread faster than soap. These new guidelines are, in part, a response to those lessons: a blueprint for embedding hand hygiene in the everyday systems that sustain health.

The economics of clean hands

Beyond health, the guidelines make a strong economic case. Promoting domestic hand hygiene is among the most cost-effective child-health interventions, comparable to oral rehydration therapy and routine vaccination. By preventing infections, good hygiene reduces hospital visits, frees up health budgets, cuts antibiotic use and limits antimicrobial resistance. It also keeps children in school and adults at work, protecting household incomes and national productivity.

“Investing in hand hygiene is investing in resilience,” said Ann Thomas of UNICEF’s WASH division. “It’s not charity, it’s smart economics and sound public policy.”

Designing for dignity

The guidelines go beyond the technical to consider how design influences behaviour. Facilities should be safe, visible, and pleasant to use. Public handwashing stations, for example, should be accessible to people with disabilities, children and the elderly, and should account for cultural norms and privacy. A “conducive environment,” the report explains, is both physical and social. The physical environment provides easy, equitable access. The social environment reinforces positive norms — through peer influence, school curricula, community leadership and media.

Consistency, repetition and reward are also highlighted as key behavioural strategies: performing hand hygiene in the same context, repeating it often, and associating it with positive feelings help transform it from an instruction into a habit.



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Bridging development and emergency response

While the recommendations target routine, long-term health systems, they are also applicable in emergencies, from cholera outbreaks to refugee crises and future pandemics. During such events, temporary solutions like mobile handwashing units or ABHR distribution may be necessary. However, the guidelines urge that even emergency measures should feed into long-term system strengthening, ensuring that once a crisis subsides, infrastructure and behaviour improvements remain.

Global momentum toward 2030 goals

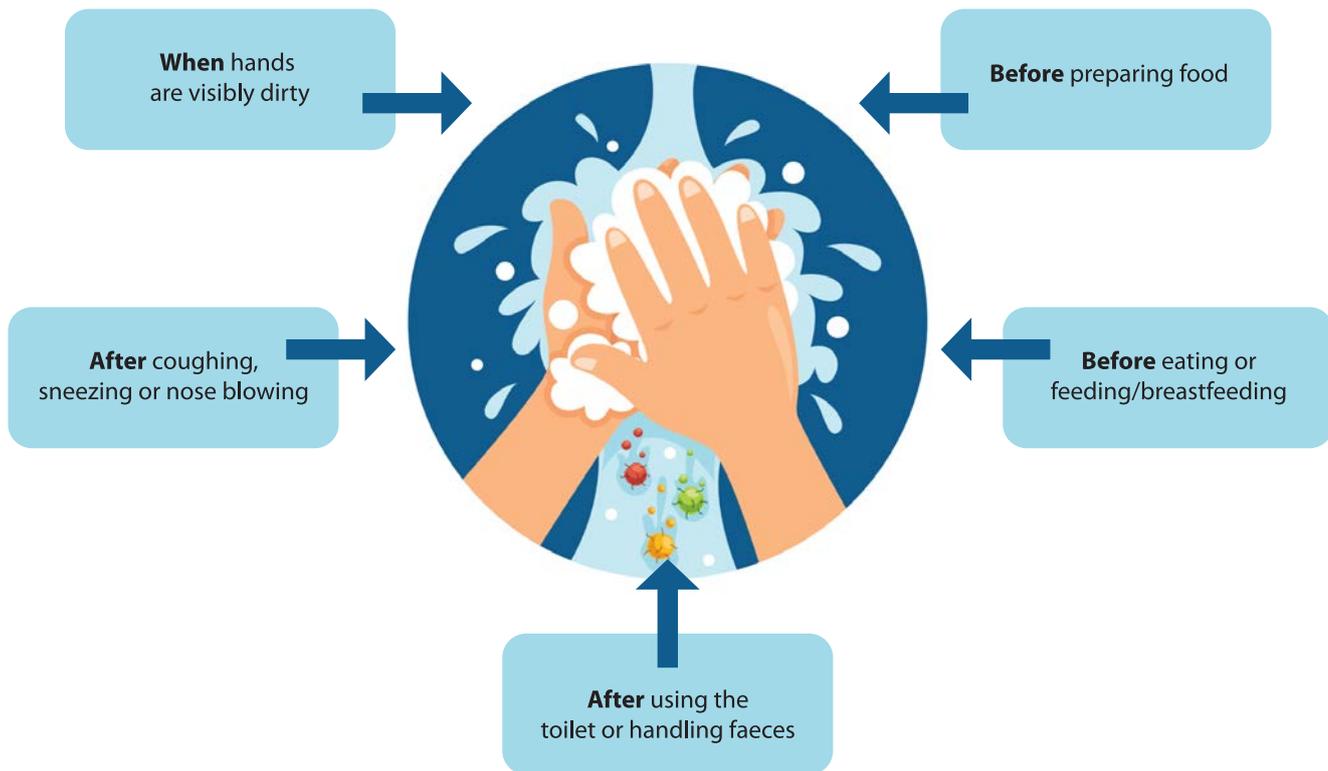
The publication aligns with global efforts to achieve the Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being) and SDG 6 (Clean Water and Sanitation), both of which remain off track. Achieving universal access to hand hygiene by 2030, the report warns, will require doubling current progress rates worldwide, and in some low-income and fragile countries, increasing them more than eightfold. The guidelines are thus both a technical manual and a moral call to action. They urge leaders to integrate hygiene into national development agendas, pandemic preparedness frameworks and climate adaptation plans. “Without clean hands,” the authors note, “no health system, however advanced, can protect its people.”

A catalyst for change

WHO and UNICEF hope the new framework will serve as a

5 key times for practising hand hygiene in community settings:

WHO/UNICEF



catalyst for sustained national action. Pilot programmes are already planned in several “Champion Countries,” including Ghana, South Africa, Nepal and the Philippines, where governments, researchers and NGOs are testing context-specific strategies, from locally produced soap and ABHR to community-led design of public facilities.

For governments seeking guidance, the document provides step-by-step tools for assessing needs, setting targets, financing systems and engaging communities. For donors and civil-society partners, it offers an evidence-based foundation for advocacy and funding.

The future in our hands

As the world faces rising health threats, from antimicrobial resistance to climate-driven outbreaks, the call to institutionalise hand hygiene feels both urgent and achievable. The science is solid, the costs modest, and the potential benefits immense.

The guidelines close with a simple but profound reminder: clean hands save lives, but only if every person, everywhere, can wash them. Turning that ideal into reality will depend not just on individual effort, but on collective commitment, from policymakers to public servants, from engineers to educators, from households to entire nations.

“By embedding hand hygiene into everyday life and policy,” the report concludes, “we can reduce the burden of preventable diseases, strengthen community resilience and advance the

human right to health for all.”

To download the guide, visit: <https://www.who.int/publications/m/item/guidelines-on-hand-hygiene-in-community-settings>



740 000

The number of deaths prevented by handwashing every year.