

# Report on the 2023 Global Hygiene Symposium

Co-hosted by the Reckitt Global Hygiene Institute (RGHI)  
and the Global Health Programme of Chatham House

Held at the Raffles City Convention Centre, Singapore, 6–8 December 2023



# Executive Summary

The 2023 Global Hygiene Symposium aimed to catalyse cross-disciplinary collaboration to pave the way for transformative solutions in global health and expedite progress on hygiene as a cornerstone of wellbeing. The meeting brought together over 70 experts from across research, policy, and practice to explore the potential benefits of closer collaboration and integrated approaches between hygiene fields and within wider development goals (see Annex A for a full list of participants).

## Key messages

- 1. Hygiene is a multidisciplinary field that transcends any single sector, requiring collaboration with a range of stakeholders.** There is an opportunity to foster partnerships across disciplines, sectors and networks to integrate hygiene more broadly into policies and practices.
- 2. Policy and practice grounded in evidence is essential for achieving robust hygiene standards and outcomes.** Bridging the gaps between research, policy and practice through early engagement of planning and delivery actors in research design, and of researchers in policy and practice, will enable stronger science that directly meets the needs of policymakers and practitioners.
- 3. Professionals in hygiene have a pivotal role in advocating for the economic, societal, and political benefits of hygiene.** The hygiene community and broader public health actors should advocate for the critical role of hygiene in health and wellbeing to policymakers and the public.
- 4. Researchers must provide compelling economic evidence to justify investments in hygiene, as governments seek visible and sustainable results.** There is a clear need for more research that demonstrates the tangible benefits and cost-effectiveness of hygiene interventions.
- 5. Interventions must address the differential benefits and costs for various populations to avoid reinforcing gender inequalities.** The hygiene community must ensure that programmes are designed and implemented in gender sensitive and responsive ways, and to promote equity.
- 6. Hygiene should encompass outcomes beyond eliminating pathogens, including dignity and wellbeing, aligning with the broader World Health Organization (WHO) definition of health.** The community must continue to reinforce the need for holistic approaches to hygiene that includes mental, social, and emotional wellbeing in addition to physical health.





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# Introduction

The Global Hygiene Symposium was designed by the [Reckitt Global Hygiene Institute](#) and the [Global Health Programme at Chatham House](#) to catalyse cross-sectoral and multi-disciplinary discussions to advance shared understanding and collaborative work that would advance global public health through improved hygiene evidence, policy and practice.

RGHI is a private foundation dedicated to conducting research on hygiene and bringing together relevant experts to explore how this research can lead to tangible outcomes. It actively promotes, sponsors, and funds practical scientific research with the objective of enhancing individual and public health.

Through the Centre for Universal Health, the Global Health Programme at Chatham House focuses on the political economy of health and health sector reforms. It aims to accelerate progress towards the health-related United Nations Sustainable Development Goals and to help countries achieve universal health coverage and strengthen health security by conducting independent research and analysis, advising governments and facilitating dialogue between the international affairs and public health communities.

This report summarises discussions held at the Symposium. It does not reflect the views of RGHI, Chatham House, or any individual participant.

*RGHI and the Global Health Programme at Chatham House would like to thank all participants, speakers, and session leads at the Global Hygiene Symposium for their time and insightful contributions.*

# Objectives and structure

## Symposium Objectives

The symposium had two principal objectives:

- 1. Establish areas for multi-sectoral collaboration across hygiene fields by:**
  - Developing areas for collaboration within and between different hygiene-related fields, including consideration of hand hygiene, zoonosis, food hygiene, antimicrobial resistance (AMR), economics and environmental health.
  - Strengthening the understanding of the pathways to comprehensive hygiene strategies through building a dialogue between policymakers, researchers and programme practitioners, by setting out common challenges and exploring options for future collaboration to accelerate global progress on hygiene and health.
- 2. Strengthen the role, influence, and responsiveness of hygiene research on policy and practice by:**
  - Providing a forum for hygiene researchers and practitioners to identify the knowledge and research gaps and the evidence needed to drive improvements in public health outcomes and broader societal wellbeing.
  - Deepening understanding of how research can better inform policy and practice by bringing together stakeholders from different sectors.

## Symposium Structure

The symposium's agenda covered strategic issues related to hygiene in plenary sessions and addressed two central pillars in smaller breakout groups.

The first pillar centred on delivering effective hygiene at scale and included sessions on strengthening systems, expanding intervention reach and enhancing operational effectiveness of hygiene interventions.

The second pillar centred on cross-cutting issues related to hygiene such as the role of gender equality, the implications of climate change, the One Health agenda<sup>1</sup> and disease risk management (see Annex B for details of the sessions including Chairs and panellists).





Hygiene goes beyond disease control and handwashing, and encompasses a wide range of outcomes including health, wellbeing and dignity.



# Symposium session and breakout summaries

DAY

1

## Opening Session

### Reimagining Hygiene: Exploring Collaboration, Value Enhancement and Integrated Approaches

It was highlighted that hygiene is covered in the United Nations' Sustainable Development Goal (SDG) 6 (Clean Water and Sanitation) but is not covered in SDG 3 (Good Health and Wellbeing).<sup>2</sup> The COVID-19 pandemic greatly increased awareness of the importance of hygiene, but political commitment has shown signs of waning. Health and access to health services, however, remain hugely important for populations and politicians, and tackling any health issue is both a technical and political matter. Those working in hygiene and related fields have the opportunity to identify advocacy opportunities to promote the economic, societal, and political benefits of hygiene for health and wellbeing.

## Session 2

### The Hygiene Status Quo: What Requires Transformation?

The COVID-19 pandemic response necessitated improved hygiene measures to manage transmission of SARS-CoV-2 globally. These measures were required in addition to global surveillance of disease spread and mutation as well as vaccine development, manufacture and roll out. In the wake of the pandemic, there remains increased investment in pathogen surveillance and vaccine development, however, investment to maintain hygiene improvements has not been prioritised.

Participants agreed that hygiene goes beyond disease control and handwashing, and encompasses a wide range of outcomes including health, wellbeing and dignity. Some argued that a comprehensive and adaptable definition of hygiene could, therefore, be helpful – in Zambia, for instance, 'hygiene' has much greater political and social traction and understanding when termed 'cleanliness'. However, hygiene policy suffers from institutional fragmentation – with no single entity having ownership and the assumption that hygiene practice is widespread.

When integrating research from various hygiene disciplines it is critical to establish networks spanning different fields such as science, clinical practice and engineering, while also reinforcing ties with policymakers from multiple sectors. There is an urgency for such collaboration, with proactive measures required to avoid reactive responses to potential disease outbreaks. Researchers need to improve communication of their findings and ensure that they are translated into policy-relevant advice.

Hygiene is often regarded as a 'soft science' compared with 'hard science' medical countermeasures and so does not receive the same attention. This misconception must be corrected, with one panellist proposing the establishment of global or national multidisciplinary bodies to drive necessary policy changes.

DAY

1

## Session 3

### Elevating Hygiene in Policymaking: Bridging the Gap

The challenges faced in integrating programmes were discussed. One example shared was an experience integrating water, sanitation and hygiene (WASH) with infection prevention and control (IPC). The focus leaned heavily towards 'hardware' issues, such as physical infrastructure, neglecting critical 'software' aspects like resolving institutional conflicts of interest. Tackling governmental silos proved difficult, compounded by uncertainty over the sustainability of WASH funding. Active government engagement in the research process was deemed vital, requiring researchers to foster trust with officials and politicians. Despite concerns over the impact of periodic changes to the officials and politicians involved, establishing robust institutional frameworks could help mitigate this issue.

In a contrasting case, a successful coordination effort across different sectors was facilitated by a Memorandum of Understanding aimed at enhancing collaboration and streamlining efforts. Emphasis was placed on researchers providing evidence to justify investments, since governments often seek visible and quick results, although this could be challenging to demonstrate, especially to promote hygiene. Regarding behaviour change, positive messaging may be more effective; with an example given of 'If you wash your hands, you appear modern', resonating more than 'If you don't wash your hands, you risk cholera and death'.

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### Breakout 1

#### From Systems Thinking to Systems Strengthening: A Multi-Sector View for Shaping Hygiene Research and Policy Action

Using insights from systems thinking and theories of change, the concept of hygiene systems and the diverse contexts in which hygiene is pertinent was examined. Whether hygiene solely relates to health improvement or encompasses a broader notion of wellbeing beyond health was discussed. Substantial knowledge gaps and differentiated understandings of the definition, boundaries, and components and functioning of 'systems' for hygiene were identified among participants. Experts discussed the value in developing a common framework for hygiene systems to better ascertain the most effective approaches for strengthening systems performance.



DAY

1

## Breakout 2

### **Advancing Gender and Social Inclusion: Bridging Knowledge Gaps and Revolutionising Hygiene Practices**

This session sought to discuss why gender and inclusion matter for research, implementation and policy on hygiene, and to outline gender and social inclusion indicators used to track progress on hygiene.

Starting with a brief overview of gender and its implications for health, the gender continuum was used to illustrate how hygiene interventions fell along the spectrum from being harmful or exploitative to being gender responsive and transformative. The session then highlighted how gender outcomes can be measured, with a focus on WASH in household and institutional settings, and shared key resources that applied gender indicators to provide critical insights into existing disparities and intervention gaps.

The audience was then divided into a policy-practitioner group and a research group to deliberate on the gender responsiveness of hygiene interventions in participants' field areas, and on research on gender and hygiene respectively.

The session ended with the larger group identifying priorities and opportunities for research on gender and hygiene that would inform policy and programmes moving forward. The session highlighted the need for closer collaboration across sectors and between organisations focused on hygiene and organisations focused on gender equality.

DAY  
2

## Session 1

### New Evidence and New Challenges – the Need for a New Approach to Hygiene

Five pivotal areas with new evidence were outlined:

**1. The COVID-19 pandemic**

While hygiene was at the core of the initial response, the pandemic demonstrated major deficits in government planning and investment in hygiene, which impeded control efforts and exacerbated inequalities, particularly in marginalised urban areas. Water supply constrained access to hygiene and there was dramatic government intervention in water sectors in some European countries.<sup>3</sup> Handwashing practices increased but then reverted to low levels.

**2. Persistent challenges: global burden of disease**

A new study estimates the WASH-attributable burden of disease results in 540,000 deaths annually driven by diarrhoeal disease and respiratory infections, and that this is likely to be an underestimate.<sup>4</sup>

**3. The role of water supply**

A recent systematic review found that in settings with improved water supply, all-cause child mortality was reduced by one third.<sup>5</sup>

**4. The importance of gender**

Another recent systematic re-review of WASH interventions in low and middle-income countries assessed individual behaviour-change hygiene interventions in 57 studies. These were effective in reducing diarrhoea and acute respiratory infections, however, using the WHO Gender Responsiveness Assessment Scale, ~40% were gender unequal, ~60% were gender blind, and all were classified as exploitative and are not recommended by WHO.<sup>6</sup>

**5. New challenges: anti-microbial resistance (AMR) and climate change**

Almost five million deaths are attributed to bacterial AMR, and hygiene is critical for the direct prevention of resistant infections and deaths, and the indirect mitigation of AMR emergence by reducing antibiotic consumption. Climate change will aggravate the majority of pathogenic diseases, and climate-related hazards will increase proximity of people to pathogens, enhancing transmissibility. Many of these hazards can be mitigated by hygiene measures.

The implications of this research include the prospect of a large, persistent and increasingly complex disease burden, and failure to reduce this burden may result in costs to the health system. Water supply is an essential precondition for hygiene measures and providing this may be costly. Additionally, current individual behaviour-change hygiene interventions are often considered to be gender exploitative. These findings emphasise the necessity for a new approach including greater coherence across sectors and among the stakeholders involved, with integration ensuring hygiene is a key outcome. Robust national systems are also required to ensure that minimum requirements are established and are underpinned by interdisciplinary research firmly grounded in policy and practice needs.

Hygiene interventions often primarily target women without considering the impact on them. Properly acknowledging the cost of women's time, and the burden placed upon them, is required for interventions to be successful. Accordingly, research projects should compensate women for their participation, and interventions may be more costly when the value of women's time is accounted for.



DAY  
2

## Session 1 *continued*

There is a need for the upcoming WHO and United Nations Children’s Fund (UNICEF) guidelines on hand hygiene as there is a lack of evidence-based guidance. Indeed, a scoping review identified 923 recommendations included in 51 existing guidelines and found that less than 10% of the recommendations were supported by any cited evidence.<sup>7</sup> Additionally, a focus on individual behaviour does not consider the minimum requirements which are necessary external preconditions for effective hand hygiene in the household (notably water supply).

While some participants saw it as necessary to delineate the scope of hygiene and its boundaries, many thought that this was limiting given the complexity of the topic. Attempts to create a definition of hygiene that goes beyond the existing WHO definition were acknowledged as challenging due to the risk of excluding important aspects of hygiene (eg, safe containment of faeces, mask wearing, or menstrual hygiene). Additionally, limiting the definition to behaviours would mean other necessary preconditions are excluded, for example water and sanitation infrastructures, systemic factors and the stakeholders involved, and key components of the enabling environment. Account must be taken of the necessary preconditions for successful hygiene behaviours, and community hygiene is also important as this depends on a hygienic external environment. Addressing the external environment requires funding, and government-led investment must play a role.

Discussion on the scope of hygiene was returned to in the final session of Day 2.

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## Breakout 3

### **Innovating Behaviour Change at Scale: Addressing Knowledge Gaps for Effective Design and Delivery in Hygiene Practices**

The discussion focused on the pathway from ‘proof of concept’ behaviour-change interventions to implementation and impact at scale.

Although it is crucial to recognise that scalability requires adaptation of lessons learnt to the original concept and design, many projects fail to consider scalability in initial piloting and planning, and often fail to make the successful translation to scale even when successful in early stages. One example discussed was the successful integration of hygiene promotion into Nepal’s routine immunisation programme, and speakers outlined how government leadership, use of routine delivery mechanisms and recognition of mutual benefits for both immunisation and behaviour-change programmes were crucial. These not only enhanced the effectiveness of hygiene and immunisation interventions but also improved cost-effectiveness and increased the capacity of health workers.

Presenters and participants discussed common barriers to successful translation to scale, such as insufficient adaptation of innovations to local conditions and limited community participation, vertical implementation, and financial barriers. In addition, inconsistent engagement with the policymakers during the design, evaluation and research process can limit uptake and use of innovative learning.

DAY  
2

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## Breakout 4

### Exploring Transformative Hygiene Strategies for Climate Change and Planetary Health

The diverse ways climate change could influence hygiene-related health and wellbeing outcomes and the effectiveness and inclusivity of hygiene interventions was discussed.

The effects of climate change hazards on factors ranging from supply chains to financial allocations to changing burden of disease were considered. Research priorities articulated in a forthcoming research agenda should encompass issues such as quantifying the changes in the burden of disease under various climate change hazards, adapting hygiene interventions for safe water-scarce environments as well as addressing the hygiene needs of individuals, and vulnerable groups, during extreme weather events such as cyclones and floods.

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## Breakout 5

### Operationalising Systems Thinking for At-scale Hygiene Interventions

The purpose of this session was to discuss how to utilise systems thinking within the hygiene sector. A conceptualisation of hygiene systems was presented and discussed, along with a tool for identifying and prioritising systems factors. Data and key lessons were presented from the Senegal Round Table, including an analysis of key hygiene moments (e.g. toilet use in schools, mealtimes in the home), and how modifications to individual hygienic behaviours can be sustained by creating an enabling environment through systems level changes. The goal of the session was to pinpoint the structural factors needed to sustainably deliver 'pre-conditions' (such as water, soap and behavioural drivers), whether they be guidance, regulation, or other interventions. The session included small group discussions on using a systems thinking tool with further data collected following the conclusion of the Singapore Symposium.

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## Breakout 6

### Zoonosis and One Health: Bridging Knowledge Gaps for Effective Hygiene Strategies

Effective hygiene strategies at the human-animal-environment interfaces are critical for zoonosis control and prevention. Experience in food hygiene and wastewater surveillance sectors demonstrated collaborative efforts in zoonosis risk assessment and management.

However, mechanisms for coordination and collaboration across sectors and disciplines to implement One Health surveillance and interventions are insufficient for optimal disease control, and the need to invest more in strengthening surveillance capacity of the environmental sector was highlighted.

Priorities for effective One Health and Hygiene programmes include applying transdisciplinary research and implementation approaches to promote hygiene practices and prevent zoonoses, identifying stakeholders at the local, regional, and global levels who can institute programmatic and policy changes, and establishing cross-sectoral information-sharing mechanisms among national and regional groups to facilitate the scale-up of innovative and effective hygiene control strategies.



DAY  
2

## Session 2

### Exploring Innovative Approaches to Hygiene: Lessons from East Asia and Beyond

A paper reviewing the lessons learned from several East Asian countries in achieving complete coverage of sanitation and hygiene services within a generation highlighted that per capita income was not the primary factor in determining the prioritisation of hygiene.<sup>8</sup> The common findings between countries included the critical role of government leadership in articulating a compelling vision for change, driving bureaucratic action and decentralising leadership functions. Success demanded efficient government delivery systems with a degree of fiscal autonomy, coordinated efforts, capacity building, feedback loops and adaptive management.

Singapore established one of the world's first environment ministries in 1972 and the National Environment Agency (NEA) in 2001. The clean-up of the Singapore River in the 1970s had far-reaching ramifications in terms of identifying and addressing sources of pollution including sewage, backyard industries, farms, street hawkers, food outlets and boatyards. A ten-year action plan involving multiple government agencies was devised to improve the whole urban environment including housing, sewerage, resettlement and relocation of squatters and hawkers, and rubbish disposal.

An integral part of the Singaporean vision in 1968 focused on positioning hygiene as central to the national goal of making Singapore the cleanest city in the region – a central part of its strategy to attract inward investment. The importance of structuring institutions to meet overarching goals was recognised, with the NEA working with the Ministry of Health by delineating specific responsibilities for environmental public health and clinical aspects of health service delivery. No distinction was made between health and hygiene with the focus on determining which environmental health measures would yield the most favourable health outcomes, such as expanding smoke-free areas or enhancing vector-control measures.

DAY  
3

## Session 1

### Hygiene's Role in Global Health Security

The definition of global health security has been the subject of debate, however, its scope is not limited to infectious diseases. A multidisciplinary approach that is not limited to medical or epidemiological considerations is also important.

Fighting infection should consider gender equity since women are disproportionately impacted. Plans were in place for vaccines and other medical countermeasures to be ready within 100 days of a disease outbreak (the 100-day mission<sup>9</sup>). Plans should similarly be in place to ensure that non-pharmaceutical interventions (NPIs), such as access to water for hand hygiene, can be implemented in an equitable manner in the meantime. Difficulties were encountered during the COVID-19 pandemic in the USA in ensuring poor and disadvantaged people were provided with multiple forms of support required to comply with NPIs. There were also issues of safely disposing of waste, particularly in relation to the huge volume of personal protective equipment generated both in healthcare facilities and by the public.

Understanding where hygiene is located within the 19 technical areas covered by the International Health Regulations (2015) Joint External Evaluation tool,<sup>10</sup> and identifying the technical areas in which hygiene is essential, was proposed by a panellist.

Colonialism and the predominance of the 'global north' in the global health policy dialogue were highlighted. Guidance tailored for Western 'nuclear families' is inadequate for multigenerational households. The readiness index published before the pandemic was criticised for reflecting this predominance and failing to consider the management of NPIs or incorporate 'soft' values like community cohesion and trust, which are critical for preparedness. While it measured capacities (primarily hardware or expertise), it overlooked capabilities. Trust may be crucial as it motivates people to translate capacities into the capability to deliver an effective response.

It was proposed by a panellist that defining what the hygiene community aims to achieve and integrating that into existing structures and initiatives, such as the 100-day mission, could enhance visibility rather than developing new initiatives which focus on hygiene specifically. Moreover, it was also proposed by a panellist that it is preferable to focus on building trust with communities to foster understanding and ownership than to blame communities for non-compliance with hygiene behaviours. This approach, termed 'co-creation', underlines the prioritisation of equity and acknowledges the central role of women in hygiene.



DAY  
3

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## Breakout 7

### Improving the Efficiency of Hygiene Investments

This session centred on efficiency and cost-effectiveness, with a specific focus on Community Health Workers (CHWs). Different decision-makers, such as those at the ministries of finance and health, have different requirements for information on benefits and costs. Providing information on costs is crucial, however, and it was emphasised that all programmes and evaluations should collect and report cost data.

The diversity of CHW roles in different countries was highlighted, as well as the extent of hygiene content in their roles and competing demands on their time. Effective collaboration between ministries is necessary to set priorities. Decisions on CHW priorities should be deliberate and made at the appropriate levels, which may be national for some issues and local for others.

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## Breakout 8

### Targeted Hygiene: Developing a Risk-Management Approach to Hygiene for Improved Global Health

In view of the diverse challenges that we now face, such as antimicrobial resistance, future epidemics or another pandemic, or caring for vulnerable populations, there is a need for a comprehensive hygiene approach that addresses all infectious diseases where hygiene controls play a substantial role, and that can be applied across diverse global settings. This session set out a risk management approach, where hygiene practices are targeted at the times (key moments) and places (critical points) that matter. This multibarrier intervention approach is aimed at reducing risk of exposure and infection in homes and everyday life settings. The session explored how this can be used with behaviour-change models to develop cognitive understanding of the journey of the germ as a foundation for developing hygiene resilience to future challenges and threats.

DAY  
3

## Session 2

### Closing Plenary: Taking the Hygiene Agenda Forward

The symposium concluded with a discussion on reframing hygiene as a multidisciplinary field that extends beyond any single sector. Participants emphasised the need for collaboration with diverse stakeholders to integrate hygiene more broadly into policies and practices.

#### Key Discussion Points

##### 1. Building a Collaborative Network to Enhance Hygiene Practices

Attendees explored potential institutional links, encouraging collaborations with international health and hygiene agencies, entities involved in WASH, IPC, AMR and planetary health, governments and national or regional public health institutions, the private sector, and youth groups, taking inspiration from models like climate change advocacy. Implementation research and its role in encouraging and guiding the private sector to become more involved in promoting hygiene was discussed.

##### 2. Research Challenges and Opportunities

Participants discussed the importance of processes grounded in health systems and policy research to better understand how and why approaches are effective.

Participants highlighted the need for more behaviour change research, particularly in understanding why communities might disregard advice. There was a call to shift the focus of behaviour change from compliance to co-creation, which necessitates transdisciplinary research to inform policy decisions.

It was also argued that the development of specific methods for hygiene research is needed, as well as funding to explore links between menstrual hygiene and outcomes such as education and empowerment.

##### 3. Addressing Systemic Challenges and Ensuring Equity

Attendees discussed the historical context of decolonisation and its impact on government involvement in hygiene initiatives. The urgency of addressing hygiene challenges in conflict-affected countries was stressed, along with the need for an equitable process to achieve equitable outcomes.

##### 4. Broadening the definition of hygiene

It was suggested that a clear definition on the scope of hygiene would be beneficial. Reflecting on the Singapore experience, it was argued that hygiene extends beyond health to encompass overall wellbeing, dignity, and privacy.

#### Next Steps

The symposium concluded with agreement on the next steps for RGHI, presenters, panellists, and attendees:

- Prepare a meeting report and a commentary paper in consultation with presenters and panellists.
- Continue to work together to energise the hygiene community, including consideration of the scope of hygiene and the research agenda.
- Work with the 'boundary partners' identified at the symposium and seeking to embed hygiene in existing adjacent platforms.
- Consider further the idea of a commission or multidisciplinary working group.



In view of the diverse challenges that we now face, such as antimicrobial resistance, future epidemics or another pandemic, or caring for vulnerable populations, there is a need for a comprehensive hygiene approach that addresses all infectious diseases where hygiene controls play a substantial role, and that can be applied across diverse global settings.



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## ANNEX

## A

## List of participants

First Name	Surname	Organisation
Timothy	Fang	ACCESS Health Southeast Asia
Simeen	Mirza	ACCESS Health Southeast Asia
Ebere	Okereke	Africa Public Health Foundation
Sheillah	Simiyu	African Population and Health Research Center
Mandikudza	Tembo	The Health Research Unit Zimbabwe
Aastha	Sudhir Sethi	Behavioural Insights Team
Nahid	Bhadelia	Boston University
Julie	Hennegan	Burnet Institute
David	Berendes	CDC
Victoria	Trinies	CDC
Jenala	Chipungu	Centre for Infectious Disease Research in Zambia (CIDRZ)
Georgia	Davies	Chatham House
Claire	Munoz-Parry	Chatham House
Robert	Yates	Chatham House
Hongying	Li	EcoHealth Alliance
Jonny	Crocker	Emory University
Matthew	Freeman	Emory University
Bethany	Caruso	Emory University
Emmanuel	Agogo	FindDx
Theo Kingsley	Obeng-kyereh	Ghana Broadcasting Corporation/CYIB CURIOUS MINDS
Mary	Ashinyo	Ghana Health Service
Clarissa	Brocklehurst	GHS Facilitator and Water Supply, Sanitation, and Hygiene Specialist
Garry	Aslanyan	Global Health Matters Podcast ; TDR ; WHO
Arundati	Muralidharan	Global Menstrual Collective ; MHAi
Adam	Kamradt-Scott	Harvard T.H. Chan School of Public Health
Tasmiah	Nuzhath	Harvard T.H. Chan School of Public Health
Maria Corazon	Dumlao	Health and Nutrition Center, Department of Education, Philippines
Sylvia	Chin	Health Promotion Board (Singapore)
Rehnuma	Haque	icddr,b
Shahpara	Nawaz	icddr,b
Md. Mahbubur	Rahman	icddr,b
Sonjida	Mesket Simi	icddr,b
Sally	Bloomfield	IFH
Lisa	Ackerley	IFH
Angela	Huston	IRC
Christine Marie	George	Johns Hopkins Bloomberg School of Public Health
Ian	Ross	LSHTM
Max	Eyre	LSHTM
Jamie	Nunn	LSHTM
Meriel	Flint O'Kane	LSHTM

ANNEX

A

List of participants *continued*

First Name	Surname	Organisation
Robert	Dreibelbis	LSHTM
Lauren	D'Mello-Guyett	LSHTM
Oliver	Cumming	LSHTM
Kondwani	Chidziwisano	Malawi University of Business and Applied Sciences
Dr Virya	Koy	Ministry of Health, Cambodia
Philip-Anyitike	Mwakitalima	Ministry of Health, Tanzania
Albert	Tan Hock Siong	NCID
Priscilla	Fu Qixin	NCID
Tneh	Yu Xuan	NCID
Habib	Benzian	New York University
Kim	Tham	Public Hygiene Council, Singapore
Ean Suat	Koh	Public Hygiene Council, Singapore
Gloria	Tan	Public Hygiene Council, Singapore
Amanda	Bernard	RGHI
Sarah	Delia	RGHI
Sarah	Roberts	RGHI
David	Wheeler	RGHI
Adrian	Dongus	Sanitation & Hygiene Fund
Chew	Ming Fai	Saw Swee Hock School Of Public Health, Singapore
Yik-Ying	Teo	Saw Swee Hock School Of Public Health, Singapore
Megan	Williams	Splash
Eskinder	Endreas Chammo	Splash
Daniele	Lantagne	Tufts University
Tom	Slaymaker	UNICEF
Déley Sylvain	Dabadé	University of Abomey-Calavi
Patricia	Akweongo	University of Ghana
Sitsofe	Gbogbo	University of Health and Allied Sciences
Fanta	Gutema	University of Iowa
Kelly	Baker	University of Iowa
Isaac	Olufadewa	University of North Carolina
Henry	Northover	WASH Policy Adviser
Manohar	B Shenoy	The WASH Foundation
Om	Prasad Gautam	WaterAid
Sophie	Hickling	WaterAid
Bernice	Sarpong-Koranchie	WaterAid (Australia)
Chong	Tee Lim	Wateroam Pte Ltd
Joanna	Esteves Mills	Consultant, WHO
Albert	Ko	Yale School of Public Health



ANNEX

B

Symposium Agenda (Day 1)



Day One  
WED 6TH DEC 2023

08:30 AM COFFEE & REGISTRATION

09:30 AM REIMAGINING HYGIENE: EXPLORING COLLABORATION, VALUE ENHANCEMENT, AND INTEGRATED APPROACHES.

David Wheeler – Executive Director (Acting), RGH  
Robert Yates – Director, Global Health Programme, Chatham House

10:00 AM THE HYGIENE STATUS QUO: WHAT REQUIRES TRANSFORMATION?

Clarissa Brocklehurst (Chair) – GHS Facilitator and Water Supply, Sanitation, and Hygiene Specialist  
Dr Jeremy Farrar – Chief Scientist, World Health Organization  
Dr Nahid Bhadelia – Founding Director, Boston University Center for Emerging Infectious Diseases Policy and Research  
Bethany Caruso – Assistant Professor, Global Health, Rollins School of Public Health, Emory University  
Jenala Chipungu – Head of Social Behavioural Science Unit, Centers for Infectious Disease Research, Zambia

10:45 AM BREAK

11:15 AM ELEVATING HYGIENE IN POLICYMAKING: BRIDGING THE GAP

Clarissa Brocklehurst (Chair) – GHS Facilitator and Water Supply, Sanitation, and Hygiene Specialist  
Mary Ashinyo – Quality Lead & Deputy Director, Institutional Care Division, Ghana Health Service  
Anyitike Mwakitalima – Head of Water, Sanitation & Hygiene and the National Coordinator for Sanitation Campaign, Ministry of Health, Tanzania  
Dr Koy Virya – Deputy Director of Department of Hospital Services, Ministry of Health, Cambodia

12:00 PM INTRODUCTION TO BREAKOUT SESSIONS

Robert Dreibelbis (Chair) – Associate Professor, London School of Hygiene & Tropical Medicine

13:00 PM LUNCH

14:00 PM BREAKOUT 1: FROM SYSTEMS THINKING TO SYSTEMS STRENGTHENING: A MULTI-SECTOR VIEW FOR SHAPING HYGIENE RESEARCH AND POLICY ACTION

Mary Ashinyo – Quality Lead & Deputy Director, Institutional Care Division, Ghana Health Service  
Angela Huston – Director of Strategy & Innovation, IRC

BREAKOUT 2: ADVANCING GENDER AND SOCIAL INCLUSION: BRIDGING KNOWLEDGE GAPS AND REVOLUTIONIZING HYGIENE PRACTICES

Arundati Muralidharan – Co-Founder, MHAi; Coordinator, Global Menstrual Collective  
Tom Slaymaker – Senior Adviser, Statistics & Monitoring, Chief of WASH Data Unit, Data & Analytics Section, Division of Data Analysis Planning & Monitoring, UNICEF HQ

15:30 PM BREAK

16:00 PM SETTING THE COURSE: REFLECTIONS AND OBJECTIVES FOR DAY TWO

Clarissa Brocklehurst (Chair) – GHS Facilitator and Water Supply, Sanitation, and Hygiene Specialist

ANNEX

B

Symposium Agenda (Day 2)



Day Two  
THU 7TH DEC 2023

- 09:00 AM** **NEW EVIDENCE AND NEW CHALLENGES – THE NEED FOR A NEW APPROACH TO HYGIENE**  
 Clarissa Brocklehurst (Chair) – GHS Facilitator and Water Supply, Sanitation, and Hygiene Specialist  
 Oliver Cumming – Director, Environmental Health Group, London School of Hygiene & Tropical Medicine  
 Bethany Caruso – Assistant Professor, Global Health, Rollins School of Public Health, Emory University  
 Joanna Esteves Mills – Technical Officer for Water, Sanitation and Hygiene (WASH), World Health Organization  
 Christine Marie George – Associate Professor, Johns Hopkins School of Public Health  
 Isaac Olufadewa – Founder & Executive Director, Slum and Rural Health
- 10:00 AM** **BREAKOUT 3: INNOVATING BEHAVIOR CHANGE AT SCALE: ADDRESSING KNOWLEDGE GAPS FOR EFFECTIVE DESIGN AND DELIVERY IN HYGIENE PRACTICES**  
 Kondwani Chidziwisano – Lecturer, Department of Public and Environmental Health, Malawi University of Business and Applied Sciences  
 Robert Dreibelbis – Associate Professor, London School of Hygiene & Tropical Medicine  
 Om Prasad Gautam – Senior WASH Manager (Hygiene), WaterAid

**BREAKOUT 4: EXPLORING TRANSFORMATIVE HYGIENE STRATEGIES FOR CLIMATE CHANGE AND PLANETARY HEALTH**  
 Lauren D'Mello Guyett – Assistant Professor, Environmental Health Group, London School of Hygiene & Tropical Medicine  
 Shahpara Nawaz – Research Fellow, icddr/b
- 11:30 AM** **BREAK**
- 12:00 AM** **BREAKOUT 5: OPERATIONALIZING SYSTEMS THINKING FOR AT-SCALE HYGIENE INTERVENTIONS**  
 Matthew Freeman – Asa Griggs Candler Professor of Environmental Health, Gangarosa Department of Environmental Health and Director, Graduate Program, Global Environmental Health, Rollins School of Public Health, Emory University  
 Jonny Crocker – Research Assistant Professor, Gangarosa Department of Environmental Health, Emory University

**BREAKOUT 6: ZOOONOSIS AND ONE HEALTH: BRIDGING KNOWLEDGE GAPS FOR EFFECTIVE HYGIENE STRATEGIES**  
 Dr. Kelly K. Baker – Associate Professor of Occupational & Environmental Health, and Epidemiology, University of Iowa  
 Hongying Li – Senior Program Manager & Senior Research Scientist, EcoHealth Alliance
- 13:30 PM** **LUNCH**
- 15:00 PM** **EXPLORING INNOVATIVE APPROACHES TO HYGIENE: LESSONS FROM EAST ASIA AND BEYOND**  
 Henry Northover – WASH Policy Adviser  
 Mr CHEW Ming Fai – Deputy Chief Executive Officer (Public Health) & Director-General of Public Health, Singapore National Environment Agency (NEA)
- 16:00 PM** **SETTING THE COURSE: REFLECTIONS AND OBJECTIVES FOR DAY THREE**  
 Clarissa Brocklehurst (Chair) – GHS Facilitator and Water Supply, Sanitation, and Hygiene Specialist

ANNEX

B

Symposium Agenda (Day 3)



Day Three  
FRI 8TH DEC 2023

<b>09:00</b> AM	<p><b>HYGIENE’S ROLE IN GLOBAL HEALTH SECURITY</b></p> <p>Adam Kamradt-Scott – Dr Jiang Yanyong Visiting Professor of Global Health Security Department of Global Health and Population, Harvard T.H. Chan School of Public Health Emmanuel Agogo – Director, Pandemic Threats, FINDDx Dr Nahid Bhadelia – Founding Director, Boston University Center for Emerging Infectious Diseases Policy and Research Dr Ebere Okereke - CEO, Africa Public Health Foundation</p>
<b>10:00</b> AM	<p><b>BREAKOUT 7: IMPROVING THE EFFICIENCY OF HYGIENE INVESTMENTS</b></p> <p>Ian Ross – Assistant Professor (Health Economics), London School of Hygiene &amp; Tropical Medicine Dr Patricia Akweongo – Associate Professor of Health Economics and Policy, University of Ghana School of Public Health</p> <p><b>BREAKOUT 8: TARGETED HYGIENE: DEVELOPING A RISK-MANAGEMENT APPROACH TO HYGIENE FOR IMPROVED GLOBAL HEALTH</b></p> <p>Lisa Ackerley – Chair of the Board of RGHI; Director of Public Health and Hygiene Engagement, Reckitt; Chartered Environmental Health Practitioner Dr Sally Bloomfield – Chairperson and Scientific Advisory Board Member, International Scientific Forum on Home Hygiene; Hon. Fellow, Royal Society of Public Health, UK Om Prasad Gautam – Senior WASH Manager (Hygiene), WaterAid</p>
<b>11:30</b> AM	<p><b>BREAK</b></p>
<b>12:00</b> PM	<p><b>SETTING THE COURSE: REFLECTIONS ON DAY THREE</b></p> <p>Clarissa Brocklehurst (Chair) - GHS Facilitator and Water Supply, Sanitation, and Hygiene Specialist</p>
<b>12:30</b> PM	<p><b>CLOSING PLENARY: TAKING THE HYGIENE AGENDA FORWARD</b></p> <p>Robert Dreibelbis (Chair) – Associate Professor, London School of Hygiene &amp; Tropical Medicine Mary Ashinyo – Quality Lead &amp; Deputy Director, Institutional Care Division, Ghana Health Service Adrian Dongus – Menstrual Hygiene Markets Specialist, Sanitation &amp; Hygiene Fund Dr Albert Ko – Raj and Indra Nooyi Professor of Public Health, Yale School of Public Health Daniele Lantagne – Professor, Department of Civil and Environmental Engineering, Tufts University</p>
<b>13:30</b> PM	<p><b>CLOSING REMARKS</b></p>



The logo graphic consists of two orange L-shaped brackets. One is positioned at the top right, and the other is at the bottom left, framing the text.

# Reckitt Global Hygiene Institute

The Reckitt Global Hygiene Institute (RGHI) is a not-for-profit foundation that was established in 2020. RGHI is focused on plugging significant gaps in the health research space and improving access to information that will bridge epidemiology, public health, and behavior change.

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