

Strengthening hand hygiene practices in community settings and health-care facilities in the context of mpox: Summary and call to action



Call to action

Member States can mitigate, and support strategies aimed at containing monkeypox virus (MPXV) transmission by:

1. Providing universal access to functioning hand hygiene stations and promote their use on entering and leaving any public or private commercial building and any public transport facility.
2. Improving access to functioning hand hygiene stations and strengthen compliance with hand hygiene practices in health care facilities.

Introduction

This summary is intended for national and sub-national policy- and decision-makers in Ministries of Health, other Government agencies and partners responsible for the health of the populations they serve, in areas preparing for or experiencing active mpox outbreaks.

Practicing hand hygiene is an effective way to reduce spread of infections, including MPXV. Current evidence indicates that human-to-human transmission of mpox can occur through contact with lesions and body fluids carrying the virus, infectious respiratory particles, contaminated objects, and vertical transmission from mother to child (1, 2). Hand hygiene performed at the right moments can interrupt human-to-human transmission making it essential for containing and preventing the further spread of MPXV.

Hand hygiene not only interrupts transmission of MPXV, and other microorganisms, respiratory infections and diarrheal diseases, but also helps reduce the overall (3, 4). Access to hand hygiene products is often suboptimal in the community and health-care facility settings, especially in low-and middle-income countries. Globally, in 2023, 742 million people had no water service at their health care facility. In addition, basic hygiene services¹ remain limited; only 21% of health care facilities in least developed countries have basic hygiene services with water and soap or alcohol-based hand-rub where patients receive care and at toilets (5, 6). Three billion people – 40 per cent of the world's population – do not have a place in their homes to wash their hands with water and soap (7).

During public health emergencies such as the Ebola disease outbreak in West Africa (2014–2016) and the COVID-19 (2020 – 2023) pandemic, hand hygiene received unprecedented attention and became a central pillar in national transmission prevention strategies (8, 9); however, both access to hand hygiene facilities to perform hand hygiene and support for behaviour change are still missing in many settings. In 2020, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) launched the Hand Hygiene for All Initiative (HH4A) which aimed at accelerating progress towards hand hygiene for all by 2030 and support the most vulnerable communities to protect their health (7).

Strategies to improve hand hygiene in the context of MPXV should use a multimodal approach, including:

1. Securing political leadership to embed a culture of hand hygiene.
2. Strengthening institutional and public health policies to drive progress.
3. Ensuring the availability of hand hygiene stations, alcohol-based hand rubs and soap and water where they are needed.
4. Drawing on evidence-based behaviour change approaches and implementation science principles to encourage sustained hand hygiene practices in communities and health-care facilities.

This summary outlines essential actions for Member States to improve hand hygiene access in the context of mpox through three main prongs, 1) by improving access to and promoting hand hygiene in communities, 2) by enhancing hand hygiene in health facilities and 3) through advancing research.

Essential actions for Member States to achieve hand hygiene access in the context of mpox

The Mpox global strategic preparedness and response plan, published in September 2024, lists community infection prevention and control (IPC) and water, sanitation and hygiene (WASH) measures as key actions required to fulfil the strategic objective of interrupting human-to-human transmission of MPXV (10). This includes implementing IPC measures and ensuring basic WASH services in high-risk settings, such as households with suspected cases, congregate settings, camps for internally displaced persons (IDP camps), refugee camps in addition to health-care settings. Basic WASH services and IPC measures are also needed to ensure continuity of school services. This was highlighted at the second and third meetings of the International Health Regulations (2005) Emergency Committee focused on the upsurge of mpox, where the following recommendation was made: “Promote and implement IPC measures and basic WASH and waste management services in household settings, congregate settings (e.g. prisons, internally displaced persons and refugee camps, etc.), schools, points of entry and cross border transit areas (11, 12).”

In community settings, hand hygiene (using soap and water or alcohol-based hand rub (ABHR)) is mainly practiced at the following key moments; 1) before preparing food, 2) before eating or feeding/breastfeeding, 3) after using the toilet or handling human and/or animal faeces, 4) after coughing, sneezing and/or disposing of a tissue, and 5) when hands are visibly dirty (13). Hand hygiene should also be targeted specifically for caregivers supporting people with mpox being cared for in home and community settings (14).

In health-care settings, it is recommended that health and care workers perform hand hygiene according to the WHO 5 moments of hand hygiene; 1) before touching a patient, 2) before a clean/aseptic procedure, 3) after a body fluid exposure risk, 4) after touching a patient and 5) after touching patient surroundings (15, 16).

Hand hygiene plays a vital role in preventing disease transmission in both community and healthcare settings and should be consistently promoted in both environments. To strengthen hand hygiene in community and health-care settings this document is a call to action for Member States on the following hand hygiene measures (7, 17). Resources for hand hygiene can be found in “Annex 1. Resources for implementing hand hygiene strategies”.

1. Hand hygiene for all: easy access, clean hands for safer communities

1.1 Improving access

- Hand hygiene stations (either for handwashing with soap and water or for hand rubbing with an alcohol-based hand rub¹) should be placed at the main entrance of every public building, including schools, or private commercial buildings, (such as, markets and sex on premise venues) and health care facilities, to allow everyone to practice hand hygiene before entering and when leaving buildings or facilities(4, 18).
- The installation, supervision, and regular maintenance of hand hygiene stations should be the responsibility of public health authorities and may be delegated to building managers, private sector or civil society organisations as per local agreements.
- Improve access to functioning hand hygiene stations with soap and water in internally displaced person (IDP) camps, refugee settings and congregate settings. Hand hygiene stations should be available at all sanitation areas, waste disposal sites, laundry points, and in central community gathering points (8, 19).
- Provide hand hygiene stations at all transport locations, and especially at major bus and train stations, airports, and seaports.
- The number, type and functionality of the hand hygiene stations should be adapted to the users (e.g. young children, elderly, those with limited mobility) to better encourage use and reduce waiting time.

1.2 Communication and promotion

- Promote techniques for hand washing and hand rubbing and acceptable products according to WHO guidance (4, 18). The use of alcohol-based hand rub and /or the use of soap and water should be promoted. Posters demonstrating “[how to handwash](#)” and “[how to handrub](#)”, along with other training materials
- Promote close collaboration between infection prevention and control, risk communication and community engagement teams (e.g. community health workers) to ensure accurate, appropriate and consistent messaging about hand hygiene, including technique and products, for mpox prevention.
- Collaborate with partners in community engagement including networks , community representatives, animal health groups and other groups that may be impacted by mpox (e.g. community leaders, faith-based groups, civil society groups, people living with HIV, sex workers and sexual networks and people who handle livestock and animals) to help promote messaging on preventing transmission of mpox that includes the importance of hand hygiene (20).

2. Enhancing hand hygiene in health-care facilities

2.1 Improving access

- All private and public health-care facilities should establish or strengthen their hand hygiene improvement strategies and rapidly ensure at a minimum, procurement of adequate quantities of quality hand hygiene supplies.
- Local health authorities should ensure the continuous presence of functional hand hygiene

¹ Chlorine hand washing solutions are not recommended because of potential harm to users and those making the solutions, as well as degradation of chlorine exposed to sunlight or heat. Soap is generally cheap and easy to find, and liquid soap solutions can also be used.

stations (either alcohol-based hand rub dispensers² or soap, water, and disposable towels) for all health care workers at all points of care³, in areas where personal protective equipment (PPE) is put on or taken off, and where health care waste is handled (3).

- Functional hand hygiene stations should be available for all patients, family members, and visitors, and within 5 metres of toilets, as well as at entrances and exits, in waiting and dining rooms, and other public areas.
- Local production of alcohol-based hand rub formulations in national, sub-national or hospital pharmacies or by private companies, according to WHO guidance (21), is strongly encouraged according to WHO guidance especially if commercial options are limited or too costly.

2.2 Communication and promotion

- Establish mechanisms for hand hygiene compliance monitoring and feedback and include as a key indicator (22, 23).
- Health care workers should perform hand hygiene according to the WHO “My 5 moments for hand hygiene,” using the proper technique and products (15). In addition to the 5 moments, health and care workers should also be encouraged to perform hand hygiene, before putting on PPE and after removing it including gloves, before food preparation and eating, and after using the toilet.
- Provide refresher training, and reminders and communications, such a visual (picture) guides, about the importance of hand hygiene (24). Resources for training, visuals and posters of the 5 Moments for hand hygiene in various care settings and scenarios and implementation of alcohol-based hand rub.
- All health-care facilities are strongly encouraged to participate actively in the WHO Save Lives: Clean Your Hands campaign before and on 5 May 2025 (25) and to respond to the United Nations Secretary- General’s Global Call to Action on WASH in health care facilities (26).

3. Hands-On Health: Advancing Hand Hygiene Research

- Member States are encouraged to accelerate knowledge generation by promoting and supporting the research agenda for hand hygiene in health-care to improve the quality of care and patient outcomes (27).
- Member States are encouraged to call for research on hand hygiene in community setting.

² An effective alcohol-based hand rub product should contain between 60% and 80% of alcohol and its efficacy should be proven according to the European Norm 1500 or the standards of the ASTM International (formerly, the American Society for Testing and Materials) and WHO guidelines on hand hygiene in health care.

³ Point of care. The place where three elements come together: the patient, the HCW, and care or treatment involving contact with the patient or his/her surroundings (within the patient zone). The concept embraces the need to perform hand hygiene at recommended moments exactly where care delivery takes place.

Methods

This document serves as a summary and a call to action to promote hand hygiene in community settings and health-care facilities. It synthesizes key recommendations from landmark WHO documents that are known and frequently utilized by Member states and partner organizations. This includes the WHO Guidelines on hand hygiene in Health Care (3) and accompanying Technical Reference Manual (15) and the State of the world's hand hygiene: a global call to action to make hand hygiene a priority in policy and practice (4). It also draws on advocacy documents previously published by WHO for health emergencies such as COVID-19 and Ebola disease (8, 9).

This document incorporates WHO published recommendations for IPC programmes in health facilities ensuring alignment with established WHO standards and broader global health strategies (28, 29). The strategies and actions for community settings were informed by the publication titled, Recommendations for hand hygiene in community settings: a scoping review of current international guidelines (13) and existing WHO guidance for engaging with communities (20). The document aligns with the recommendations in the Mpox Global SPRP (10) and the Third Meeting of the IHR Emergency Committee for mpox (12), and the Clinical and management and infection prevention and control for monkeypox; rapid response guidance(2), which highlights IPC and WASH measure's for mitigating human-to-human transmission. Expert contributors provided technical input during the review process, and all external reviewers underwent a DOI assessment in accordance with WHO's policies.

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15. Hand hygiene technical reference manual: to be used by health-care workers, trainers and observers of hand hygiene practices. Geneva: World Health Organization; 2009 (<https://iris.who.int/handle/10665/44196>).
16. Five moments for hand hygiene. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/m/item/five-moments-for-hand-hygiene>).
17. Hand hygiene for all initiative: improving access and behaviour in health care facilities. Geneva: World Health Organization; 2020 (<https://iris.who.int/handle/10665/336023>).
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21. Guide to local production: WHO-recommended handrub formulations. Geneva: World Health Organization; 2010 (<https://iris.who.int/handle/10665/332005>).
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27. WHO research agenda for hand hygiene in health care 2023–2030: summary. Geneva: World Health Organization; 2023 (<https://iris.who.int/handle/10665/367527>).
- Minimum requirements for infection prevention and control programmes. Geneva: World Health Organization; 2019 (<https://iris.who.int/handle/10665/330080>).
28. Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level. Geneva: World Health Organization; 2016 (<https://iris.who.int/handle/10665/251730>).

Annex 1. Resources to support implementing hand hygiene strategies

Posters and communication material

- How to hand wash. https://www.who.int/docs/default-source/patient-safety/how-to-handwash-poster.pdf?sfvrsn=7004a09d_2
- How to hand rub. https://www.who.int/docs/default-source/patient-safety/how-to-handrub-poster.pdf?sfvrsn=9d2f6e89_4
- WHO 5 moments for health care settings: [https://cdn.who.int/media/docs/default-source/integrated-health-services-\(ihs\)/infection-prevention-and-control/hand-hygiene-when-and-how-leaflet.pdf?sfvrsn=a92dc108_2](https://cdn.who.int/media/docs/default-source/integrated-health-services-(ihs)/infection-prevention-and-control/hand-hygiene-when-and-how-leaflet.pdf?sfvrsn=a92dc108_2)
- Hand hygiene implementation tools and Five moments for hand hygiene posters in health-care settings: <https://www.who.int/teams/integrated-health-services/infection-prevention-control/hand-hygiene/implementation-tools>
- Resources for World Hand Hygiene Day 2025. <https://www.who.int/campaigns/world-hand-hygiene-day/2025>

Guidance for health facilities

- A guide to the implementation of the WHO multimodal hand hygiene improvement strategy. (<https://iris.who.int/handle/10665/70030>).
- Guide to local production: WHO-recommended handrub formulations (<https://iris.who.int/handle/10665/332005>).
- Hand hygiene technical reference manual: to be used by health-care workers, trainers and observers of hand hygiene practices. (<https://iris.who.int/handle/10665/44196>).
- Hand hygiene in outpatient and home-based care and long-term care facilities: a guide to the application of the WHO multimodal hand hygiene improvement strategy and the “My Five Moments For Hand Hygiene” approach. (<https://iris.who.int/handle/10665/78060>).
- Hand hygiene for all initiative: improving access and behaviour in health care facilities. (<https://iris.who.int/handle/10665/336023>)

Guidance for community settings and home care

- Infection prevention and control and water, sanitation and hygiene measures for home care and isolation for mpox in resource-limited settings: interim operational guide. (<https://iris.who.int/handle/10665/379477>).
- Hand hygiene for all. (<https://www.unicef.org/media/71776/file/Hand-hygiene-for-all-2020.pdf>).
- Risk communication and community engagement readiness and response toolkit: mpox. (<https://iris.who.int/handle/10665/376589>).

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