Meeting Report

Committed to WASH in Healthcare Facilities

A Gathering in Rome of Faith-Based Organizations and Allies

April 22–23, 2026 | Jesuit Curia Conference Center, Rome

Borgo Santo Spirito 4, 00193 Rome | Adjacent to St. Peter's Square

Website and commitments document: www.washinhcf.org/cop-fbo

Edited English live stream recording playlist by session

French live stream recording: Day 1, Day 2

Spanish live stream recording: Day 1, Day 2

Italian live stream recording: Day 1, Day 2

Co-Convened by:

Caritas Internationalis

Catholic Relief Services

Daughters of Charity - International Project Services

Global Ministries/UMCOR

Doctors with Africa (CUAMM)

Catholic Health Association of the United States

Anglican Communion Health and Community Network

African Christian Health Associations Platform

Accord Network

Under the Patronage of the Vatican's Dicastery for Promoting Integral Human Development

Executive Summary

On April 22–23, 2026, more than 100 delegates from across the globe convened at the Jesuit Curia Conference Center in Rome for what became the largest-ever gathering of faith-based organizations focused on Water, Sanitation, and Hygiene (WASH) in healthcare facilities. The two-day event brought together Catholic, Anglican, Methodist, Evangelical, and Muslim faith communities alongside Christian Health Associations, secular partners, academic institutions, funders, UN agencies, and frontline implementers from more than 40 countries.

The meeting opened with a message from Pope Leo XIV, delivered by Sister Alessandra Smerilli, Secretary of the Dicastery, affirming the Holy Father's spiritual support and calling participants to renew their response to Christ's commandment to love their neighbor. The gathering was framed around five objectives: securing financial and programmatic commitments; reporting progress on the Vatican's WASH in HCF Initiative; recognizing the engagement of diverse faith actors; accelerating new initiatives and partnerships; and catalyzing a coordinated global movement.

Day 1 focused on Catholic leadership and the Vatican's WASH initiative. Launched in 2019, the initiative has supported WASH improvements in 87 of an initial 150 healthcare facilities across 19 countries and 44 dioceses, mobilizing over $3.6 million. Testimony from practitioners in Haiti, Zimbabwe, Kenya, Burkina Faso, and the Philippines illustrated tangible impacts: neonatal infection rates dropping from 15% to zero in one Kenyan facility; women delivering babies in safe, hygienic environments for the first time; and facilities attracting doctors and patients once considered unreachable. A dedicated session celebrated the indispensable contributions of Catholic sisters, who serve as the backbone of global faith-based healthcare, often on the front lines and in low-resource areas.

Day 2 expanded to multi-faith and secular engagement. The Anglican Communion, the United Methodist Church, The Salvation Army, Evangelical Christian organizations, and the Muslim World League each shared their WASH commitments and programs. The Christian Health Association networks in Africa and India — collectively serving tens of thousands of facilities — were presented as scalable coordinating platforms. Secular partners — Engineers Without Borders USA, Rotary International, Transform International, WEFTA, and the International Council of Nurses — affirmed their collaboration with faith networks. Discussions also focused on the need for close coordination and, where possible, active, cooperative engagement of faith communities and public officials in the management and oversight of WASH in healthcare facilities. WHO and UNICEF outlined the global accountability framework and joint data systems, and sessions from academics on circuit rider methodology for sustainability, communities of practice, and training resources charted the path to sustained progress.

The meeting generated a broad spectrum of concrete commitments, including: continued and expanded funding for WASH infrastructure in faith-based facilities; organizational policy adoption; waived training fees for Catholic sisters through the Learning for Humanity program; expanded use of the circuit rider model; launch of a faith-based organization working group within the global community of practice; and focus on cross-faith and public-private partnership. Participants also called for a shared advocacy narrative grounded in the moral imperative of human dignity, deeper integration with national health systems and government health ministries, and commitment to sustained post-construction support and data accountability.

The gathering confirmed that WASH in healthcare facilities is no longer a marginal concern but a growing global movement — one in which faith-based networks, with their unparalleled reach, community trust, and long-term presence in underserved areas, are indispensable. The call to action was clear: be more intentional about uncovering poor WASH conditions within healthcare facilities; move from silos to synergy, from commitment to implementation, and from individual projects to a sustained, collaborative movement in service of universal, dignified care.

Preamble: Goals, Rationale, and Background

Background

Access to water, sanitation, and hygiene (WASH) is fundamental to safe and effective healthcare. Yet many healthcare facilities lack clean water, adequate sanitation, or basic handwashing, and these gaps directly undermine infection prevention, maternal and child health outcomes, and pandemic preparedness. In 60 countries and territories designated as “fragile contexts” by the Organisation for Economic Co-operation and Development (OECD), 37% of health care facilities do not have basic water services and 81% do not have basic sanitation services. Faith-based organization (FBO)-run facilities in low-resource settings are no exception, and they are central to solving this challenge. In many low-income countries, FBOs provide between 20 and 40 percent of all health services, often in the most remote, underserved, and conflict-affected communities. The Catholic Church is the largest unified provider of essential healthcare globally.

Recognizing this gap, the Vatican's Dicastery for Promoting Integral Human Development launched a pilot initiative in 2019 to assess and improve WASH conditions in Catholic-affiliated healthcare facilities. A survey of 150 facilities across 23 countries provided the first systematic, publicly shared evidence on conditions and catalyzed action by Catholic organizations in collaboration with external donors and technical partners. By April 2026, over $3.6 million had been raised, supporting WASH improvements in 87 facilities across 19 countries — demonstrating both the feasibility of the model and the scale of the remaining need.

Beyond the Catholic community, Anglican, Methodist, Salvation Army, Evangelical Christian, Muslim, and other faith networks operate thousands of health facilities globally, often serving the same last-mile populations. These organizations had largely been advancing WASH in their facilities independently, with limited cross-tradition coordination. The Rome gathering was conceived to change this: to bring together the broadest possible coalition of faith actors and allies, to share learning, to forge partnerships, and to move collectively toward universal WASH coverage in faith-based healthcare facilities.

Goals for the Meeting

The gathering was organized around five explicit objectives:

- Secure specific commitments — financial and programmatic — that will advance WASH in faith-based health care institutions.
- Report progress, share key learnings, and reflect on the future direction of the Vatican WASH in HCF Initiative; and shine a light on the indispensable role of Catholic sisters in global healthcare delivery.
- Recognize the progress and long-term engagement of a diverse group of faith-based actors on the issue of WASH in healthcare facilities.
- Accelerate new faith-based WASH in HCF initiatives and highlight the contributions of secular organizations working in partnership with faith-based healthcare facilities.
- Catalyze and sustain a global movement on WASH in healthcare facilities among faith-based actors — strengthening partnerships, broadening participation, and ensuring continued collective leadership.

Rationale: Why This Gathering Matters

The meeting was framed as a pivotal moment on several fronts. Global aid funding is shrinking: foreign assistance budgets are being cut while military expenditure rises, disproportionately burdening the poorest communities and the faith-based organizations that serve them. At the same time, faith-based health systems are demonstrating their unique resilience — remaining present in communities through conflict, pandemic, and funding crises, even as other providers withdraw. Their long-term, community-embedded presence is a comparative advantage that secular and multilateral systems cannot replicate.

The gathering was also framed as a moment to consolidate an emerging movement. As the organizing team described, the cumulative effect of years of individual commitments, technical advances, and growing network cohesion has brought the field to a tipping point. It is poised to become a global movement towards universal access to adequate WASH in health care facilities. Rome provided the opportunity to accelerate that transition — to move from fragmented, siloed efforts toward coordinated, complementary action at scale, while maintaining the local ownership and subsidiarity that makes faith-based WASH work effectively and sustainably.

Finally, the meeting was held explicitly not under Chatham House rules. Sessions were live-streamed in multiple languages, and participants were encouraged to share commitments and messages widely. The event was both a working meeting and a public declaration of intent.

Structure

Day 1 focused entirely on Catholic leadership: the Vatican initiative, Caritas Internationalis member experiences, progress across Catholic institutional actors, and a dedicated celebration of Catholic sisters. Day 2 broadened to multi-faith and ecumenical engagement, secular partnerships, public-faith collaboration, and practical resources for ongoing action. Sixteen sessions were organized over the two days, each with designated chairs and speakers, and some included structured time for input from the floor.

Session Summaries

Session 1: Opening Prayer, Welcome and Introductions | 9:00–10:15 AM | Day 1

The gathering opened in the aula of the Jesuit General Curia — the hall used for the Society of Jesus's General Congregations — welcomed by Fr. Antoine Kerhuel SJ, who noted the significance of the room's history and expressed the Jesuits' delight at hosting the event. Sister Theresa Sullivan of the Daughters of Charity led the opening prayer, noting it was Earth Day and drawing connections between stewardship of creation, water, and the healing mission of faith.

A message from Pope Leo XIV, signed by Cardinal Pietro Parolin, Secretary of State, was read by Sister Alessandra Smerilli, Secretary of the Dicastery for Promoting Integral Human Development. The message expressed the Holy Father's pleasure at seeing organizations of various faith backgrounds working together, gave assurance of his spiritual closeness to members of the health agencies and networks attending the gathering, and called participants to renew their response to Christ's commandment to love their neighbor, noting that 'the touch of compassion is the first medicine.'

Co-facilitator John Oldfield provided logistical orientation. More than 80 participants from across Africa, Asia, Latin America, Europe, and North America introduced themselves, representing organizations from all major faith traditions, UN agencies, academic institutions, NGOs, and government bodies. *"The touch of compassion is the first medicine."* **— Pope Leo XIV (from the Apostolic Message read by Sister Alessandra Smerilli)**

> *"Today marks the largest ever convening of faith-based organizations focused on WASH in healthcare facilities."* **— Jean Duff, Meeting Co-Facilitator.**

Session 2: Overview and Scene Setting | 10:15–10:30 AM | Day 1

Jean Duff provided an overview of the meeting's objectives and framed the global context. She noted that 1 in 3 people worldwide receive care in facilities without access to clean water, adequate sanitation, or basic handwashing. Faith-based organizations, she emphasized, serve 20–40% of health services in many low-income countries, and the Catholic Church is the largest unified provider of essential healthcare globally. The Vatican's initiative had raised over $3.6 million in private funds for 87 of 150 targeted healthcare facilities across 19 of 23 countries — but 63 facilities still awaited support. The gathering was described as an opportunity to both celebrate progress and honestly confront unmet needs.

The gathering was live-streamed in multiple languages. Participants were encouraged to share their commitments publicly through their own networks and communications channels.

> *"This is a solvable challenge. We know what to do. Faith-based health systems have extraordinary reach, and their contributions are too often under-recognized in global health discussions."* **— Jean Duff.**

Session 3: The Vatican's Catholic WASH in HCF Initiative | 10:30–11:10 AM | Day 1

Chaired by Dr. Tebaldo Vinciguerra of the Dicastery, this session featured keynote remarks by Sister Alessandra Smerilli and a response by Dr. Tony Castleman of Catholic Relief Services (CRS). Sister Smerilli provided both theological grounding and a frank assessment of the initiative's origins and lessons. She drew on Canadian philosopher Jennifer Nedelsky's vision of a society grounded in care, arguing that much of the work done in WASH is 'never seen, rarely celebrated — but makes all the difference.' She challenged us all to declare for whom WE care.

Sister Smerilli recounted the Dicastery's survey of 150 facilities, acknowledging the courage of local church representatives who agreed to a systematic assessment 'without the certainty that financial support would follow.' She identified two key systemic barriers: the mentality that donors cannot fund maintenance, and the absence of accountability structures for WASH within church institutions. She called for 'a conversion of mindset' alongside continued advocacy to governments. She also expressed gratitude for the gathering's interfaith and ecumenical character, including the presence of Muslim representatives.

Dr. Castleman highlighted the power of partnerships under the Dicastery's moral authority — 'our collective effectiveness and impact has become greater than just the sum of the individual entities.' He underscored the principles of subsidiarity and dignity at the heart of the initiative, noting that even facility cleaners trained in WASH had reported profound pride and a sense of purpose through their participation.

> *"Without WASH, healthcare cannot be healthy. And without collaboration, we will not move forward."* **— Cardinal Michael Czerny (quoted by Sister Alessandra Smerilli)**
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> *"Water, sanitation, hygiene — these are not secondary issues. They are not technical details. Without them, care is incomplete. Healing becomes fragile. Dignity is compromised."* **— Sister Alessandra Smerilli, Secretary of the Dicastery for Promoting Integral Human Development.**

Session 4: Caritas Internationalis Members' Involvement | 11:40 AM–1:00 PM | Day 1

Chaired by Victor Genina (Director of Integral Human Development, Caritas Internationalis), this session featured the surprise appearance of Cardinal Isao Kikuchi, Archbishop of Tokyo and President of Caritas Internationalis, as well as presentations by Alistair Dutton (Secretary General, Caritas Internationalis), the CRS technical team, and representatives from Caritas Haiti, Caritas Zimbabwe, the Catholic Health Association of the United States (CHA USA), and Bon Secours Mercy Health.

Victor Genina opened by contextualizing the global landscape: $2.7 trillion in global defense spending contrasts with governments failing to meet even the reduced 0.7% of GDP foreign aid target. He called for both advocacy and spiritual work — 'prayer for the conversion of the hearts of those who are in a position to reverse these trends.'

Cardinal Kikuchi offered reflections on being forgotten — people in crisis, he noted, are quickly displaced by the next news cycle, but the suffering continues. He affirmed WASH as 'one of these basic, basic requirements for the betterment of people to protect the human dignity,' calling for consistent, persistent commitment beyond short-term attention cycles.

Alistair Dutton, drawing on his engineering background and 30 years with Caritas, offered a practical, systems-level perspective on water management — from check dams and rainwater harvesting to sustainability of hand pumps — with the maxim 'once you have to pump water, you've almost failed' (gravity is free). He also stressed the primacy of water's role in healthcare: 'If there is an issue with clean water in a health center, you've got a real conflict' — echoing the Hippocratic principle of doing no harm.

CRS Technical Advisors Jean-Philippe Debus and Francois Kangela presented the organization's technical accompaniment model across 75 facilities in 11 countries under the Dicastery initiative, and a further 395 public and faith-based facilities were supported concurrently. Key results included the documented elimination of neonatal infection (from 14.8% to 0%) at Mutito Catholic Healthcare Center in Kenya, and cost reductions in water delivery from $1,500 to $270 per year through solar-powered systems. Dr. Castleman outlined CRS's forward

commitments: continued direct technical support; integration of WASH into health system strengthening; promotion of circuit rider networks; and digital monitoring via MWater.

Father Yvel Germain of Caritas Haiti presented from a country under severe insecurity, noting that 80% of supported facilities now have functional WASH — but calling urgently for sustained financial commitment to avoid collapse of these systems. Roseline Farirayi Murota of Caritas Zimbabwe detailed infrastructure improvements (solar boreholes, rainwater harvesting, renovated toilets) and the governance model of the Archdiocese of Harare's 15 health facilities.

Sister Mary Haddad, CEO of the Catholic Health Association USA, connected WASH to the post-pandemic understanding of social determinants of health, framing WASH investment as 'an act of responsible stewardship.' Camille Grippon (Bon Secours Mercy Health) announced her organization's commitment to sustained support for WASH in Catholic healthcare in Haiti and the Philippines and called for collective donor coordination to address the remaining 63 unfunded facilities.

> *"We don't arrive at a place where there are problems. We are already there, sharing these problems with the people affected by them."* **— Victor Genina, Caritas International.**
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> *"In Haiti, when a patient comes to a health center, and it is clean, the patient wants to come back. Trust becomes a determining force for access to health services."* **— Father Yvel Germain, Caritas Haiti.**
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> *"Without WASH, there is no safe health care. Period."* **— Jean-Philippe Debus, CRS**

Session 5: Advancing the Vatican's WASH in HCF Initiative | 2:30–3:30 PM | Day 1

Chaired by Dr. Tony Castleman (CRS), this panel brought together a diverse set of Catholic institutional actors: Jacinta Mutegi (KCCB Health Department, Kenya), Dr. Bernard Nahlen (University of Notre Dame), Jutta Himmelsbach (Misereor), Andrea Atzori (Doctors with Africa CUAMM), and Unoma Ononye (Cross Catholic Outreach). Father Charles Kitima of the Tanzania Catholic Bishops Conference was noted as absent due to the death of a bishop colleague.

Jacinta Mutegi described Kenya's experience with 28 of the 150 facilities: the establishment of a dedicated WASH desk within KCCB, integration of WASH into diocesan health coordinators' monitoring work, and presentation of WASH progress at the Bishops' Conference plenary — 'for the first time since I started working here in 2010.' She described warm showers now available for mothers post-delivery in maternity wards that previously lacked running water.

Dr. Nahlen (Notre Dame) reflected on the role of research in the movement, arguing for documenting success stories, integrating WASH data into national health information systems, and leveraging AI and interdisciplinary university engagement. He committed Notre Dame to working with practitioners to identify research questions that will lead to concrete improvements in WASH practices in health facilities.

Jutta Himmelsbach (Misereor) described community ownership of WASH as peace-building in conflict-affected settings (including post-war Tigray and Rwanda), water projects that bridge divided communities can rebuild trust. She quoted: 'When people start together to enable and shape human life, then peace begins.'

Andrea Atzori (CUAMM) highlighted WASH integration with nutrition programs (clean cooking/carbon-credit-funded household engagement providing community-to-facility referral pathways) and a survey of 63 faith-based facilities across 11 African countries, where 100%

said they had 'access to water' — but follow-up revealed most meant a water truck visited weekly.

Unoma Ononye (Cross Catholic Outreach) emphasized subsidiarity in practice: community members sit on program design tables, projects are handed over to local leaders, formal ribbon-cutting ceremonies are held, and youth-led monitoring keeps systems accountable. She highlighted the Diocese of Nyahururu model in Kenya.

> *"Bishop Beasley asked: Who owns WASH? In Kenya, it belongs to everyone — and that is why the education and awareness must happen with health workers, patients, and communities alike."* **— Jacinta Mutegi, KCCB Health Department.**
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> *"Water shortage is not a technical problem. It is a result of structural violence and injustice."* **— Jutta Himmelsbach, Misereor.**

Session 6: Celebration of Catholic Sisters | 3:30–4:20 PM | Day 1

Chaired by Susan Barnett (Faiths for Safe Water), this session was a dedicated celebration of the role of Catholic sisters in global healthcare and WASH. Barnett opened by situating Sisters historically — from the Benedictine monasteries as Europe's first medical centers, to the Daughters of Charity training Florence Nightingale, to the Sisters of Mercy reducing soldier mortality from 42% to 2% during the Crimean War through sanitation and hygiene reforms. Today, *"Catholic sisters — nearly 600,000 strong — are everywhere where need and suffering are greatest. They don't go home. Their mission is their home."*

Sister Toyin Abegunde (Daughters of Charity) gave a deeply personal account of Notre Dame de l'Espérance clinic in Burkina Faso: a facility serving a flood of internally displaced persons that, until recently, had no running water, no incinerator, no electricity, and no decent toilets. After WASH improvements, the clinic now serves more patients, attracts medical staff who previously refused to work there, provides more services, has accessible facilities for people with disabilities, and provides water to the surrounding community. She explained her vocation through her name — Toyin means 'it is good to give praise to God' — and her life's calling to 'put smiles on people's faces wherever I go.'

Jacinta Mutegi described the 'emotional' significance of Sisters for Catholic health in Kenya: they enhance Catholic identity, serve in the hardest-to-reach areas, and their presence in a community typically radiates into schools, parishes, and social services. 'Where we have landslides, insecurity, arid areas, informal settlements — that is where we have a heavy presence of Sisters.'

Jean-Philippe Debus (CRS) delivered a thank-you to the Conrad Hilton Fund for Sisters on behalf of CRS, highlighting the fund's support for WASH in 14 Catholic healthcare facilities, the near-elimination of postpartum and neonatal sepsis at one of the supported facilities, and the cost-efficiency gains of solar systems over water trucking.

Sister Gina Blunck (Sister of Notre Dame, Conrad Hilton Fund for Sisters) reported that, over 40 years, the Fund had supported 154 WASH-related grants totaling over $2 million (104 in Africa), noting, “every one of these grants was given because a sister asked.” Safe water is one of the fund’s priorities. Requests from the field drive the Hilton Fund for Sisters, and it will continue to work with the Vatican Project’s healthcare facilities owned and operated by congregations of religious women through its partnership with Catholic Relief Services. Sr. Gina then introduced a panel of sisters:

Sister Irene O'Neill (Sister of St. Joseph of Carondelet, Sisters Rising Worldwide) shared an informal “pulse survey” from Sisters in 12 countries: 90% of sisters reported no regular access to water; 80% reported insufficient toilet conditions; 75% rarely or never had water available. She committed to using the Sisters Rising platform to surface and amplify sister WASH needs in real time. Sr. Irene says knowing what’s really going on in the field is invaluable. SRW is embracing technology: its Peace Room maps in real time. Sister projects across the world—what they’re doing and what they need.

Govinda Bilges (Learning for Humanity is a program of Medicines for Humanity) provides professional development to Catholic Sisters and frontline health workers. They committed to waive tuition for their 7-week digital WASH in healthcare training through September 2027, regardless of faith, and will work to match Sisters with mentors and experts.

Sister Theresa Sullivan (Daughters of Charity International Project Services, IPS) engaged early in the Vatican 150 pilot project, getting WASH into 17 facilities. To ensure long-term maintenance and operations, IPS includes a “circuit rider” program for each project. IPS has sent a notice to the sisters, expressing its strong commitment to continuing to improve WASH in healthcare facilities wherever Daughters work. To reach beyond the Daughters, Sr. Theresa also committed to bringing sisters and partners together as a WASH-in-healthcare Sister subgroup to advocate for WASH and link sisters and resources.

Sister Mary John Kudiyiruppil (Missionary Sisters Servants of the Holy Spirit, International Union of Superiors General, IUSG), the umbrella organization of approximately 1,900 superiors general, will leverage its influential platform to increase visibility for WASH in healthcare.

Sister Mary Haddad (Sisters of Mercy of the Americas, President and CEO of the Catholic Health Association of the United States, and a member of the Dicastery for Integral Human Development) is committed to convening its members and partners, and through a program called United for Change, expand partnerships to bring together implementers, researchers, and church partners to share best practices and help coordinate efforts.

David Douglas (Wallace Genetic Foundation) has observed that being in a healthcare facility without WASH makes one the most vulnerable of the most vulnerable, and has praised the sisters who work in the back of beyond. He closed with a reading from Pope Leo's Apostolic Exhortation, *Dilexi Te*: 'Sisters have brought comfort, a listening ear, a presence, and above all, a tenderness. They have built, often with their own hands, healthcare facilities in areas lacking medical assistance.' He noted that modern nursing's roots — often attributed to Florence Nightingale — trace back to her training by the Daughters of Charity.

> *“I think one of the best ways that we can celebrate Catholic Sisters is by looking at the commitment that Sisters have to WASH in its various forms.”* **— Sister Gina Blunck, Hilton Fund for Sisters.**
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> *"Toyin is my local name — it means it is good to give praise to God. And wherever I go, whatever I do, I have to contribute to the joy."* **— Sister Toyin Abegunde, Daughters of Charity, Burkina Faso.**
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> *"Sisters: please speak up. Your leaders need to know your WASH situation. And leaders: please ask."* **— Susan Barnett, Faiths for Safe Water**

Session 7: Where Do We Go From Here? | 4:20–4:50 PM | Day 1

This session invited open reflection from the floor on next steps and commitments emerging from Day 1. Participants highlighted: the power of peer example over mandated standards for driving uptake; the need for a concrete, specific campaign goal (drawing on the Rotary/Gates Foundation polio model); the importance of connecting WASH advocates to the broad public health community and ensuring WASH appears in health compacts; and the importance of building a research agenda with practitioners rather than in isolation.

Victor Genina offered a theological reflection drawing on St. Augustine's 'two cities' — the city of God and the city of man — framing WASH as a concrete manifestation of the culture of encounter, noting that advocacy alone is insufficient: 'We need to do this advocacy, but also the spiritual work to convert the hearts of those who are in a position of changing the context.'

Jean Duff summarized a wide range of commitments that had emerged across the day: financial commitments; technical assistance; WASH infrastructure investments; climate resilience; localization and community ownership; advocacy to political leaders; communication and story-sharing; research; and broad collaborative partnerships. Jacinta Mutegi offered the Day 1 closing prayer.

> *"Tonight, when you do your prayer, ask God: What commitment do you want me to bring to the table tomorrow?"* **— Victor Genina, Caritas Internationalis.**

Session 8: Day 1 Close | 4:50–5:00 PM | Day 1

Jean Duff formally closed Day 1, summarizing the day's discussions and previewing Day 2's expanded focus on multi-faith and secular themes. She noted that some of the faith communities to be heard the following day had been inspired by the Vatican's initiative, while others had been advancing WASH independently for years. On behalf of the organizing team and the assembled participants, Jean thanked David Douglas for leading the charge toward broad access to WASH and for his laser focus on improving WASH in health care facilities for the benefit of the world's most vulnerable people. He has supported research, policy, legislation, and coalitions, and has provided catalytic support to so many WASH actors and advocates to build a movement for sustainable access. Recalling Sr Smerilla’s injunction to declare for whom we care, Jean noted that “ there can be no doubt for whom David Douglas cares”.

Session 9: Welcome and Day 2 Opening | 9:07–9:40 AM | Day 2

Day 2 opened with a prayer led by Bishop Michael Beasley (Church of England), calling for unity across 'Catholics, Anglicans, Methodists, Presbyterians, and all who follow Christ; our brothers and sisters who follow Islam.' Jean Duff invited brief reflections from participants: Jared Obenshain (Compassion International) highlighted local ownership as both dignity and sustainability; Rachel Stevens (Tearfund) called on participants to honor the 'brothers and sisters working in the field' who couldn't be present; Peter Yeboah (CHA Ghana) celebrated sisters as 'mothers, mentors, and models of WASH'; and Tina Owen (Wine to Water) underscored the power of sisters' long-term commitment and community embeddedness.

Nkatha Njeru (ACHAP) and Maggie Montgomery (WHO) previewed the day, with Nkatha outlining the session's core questions — how to elevate WASH as a non-negotiable component of quality care, strengthen faith-public collaboration, invest in locally owned solutions, and advocate for resources that target the most vulnerable. Maggie challenged participants to think concretely about collaboration and sustainability, noting: 'How we're going to improve upon what we're doing — maybe it's not more hours, but collaborating differently.'

Session 10: Religious Institutions Supporting Health Care Facilities | 9:40–10:40 AM | Day 2

Chaired by Mark Brinkmoeller, this session opened with a video message from the recently installed Archbishop of Canterbury, Sarah Mullally — herself a former Chief Nursing Officer of England — affirming the Anglican Communion's support for and commitment to the work already underway in Zambia, Bangladesh, and the Philippines. Bishop Michael Beasley then presented the Anglican Communion's WASH program, which operates through 42 autonomous provinces in 105 countries, serving 85 million adherents and 169 hospitals in India alone. He noted progress in three provinces, dependency on the 'power of example' rather than mandated standards, and plans to showcase WASH work at the July Anglican Consultative Council meeting.

Dr. Abdulaziz Sarhan, representing the Muslim World League (the largest Islamic NGO globally, supporting 100 million people, including 90,000 orphans), offered a message of shared humanity, expressing the League's willingness to convey the WASH initiative to its Secretary General and partners in countries where the League operates health facilities. He was warmly received, and his presence was noted as a significant ecumenical advance, with the Muslim World League committing to host future meetings.

Joanne Beale (Salvation Army) announced a major organizational commitment: a new three-year WASH in HCF program (2026–2029), launched in part in response to this Rome gathering. Building on existing work across 119 facilities in 18 countries, the program will use WASHFIT assessment tools, generate a global baseline, and work toward 'outcomes which align with global benchmarks' — including comprehensive assessment coverage, improved water and sanitation services, universal hand hygiene, and strengthened waste management. She acknowledged previous WASH work had been 'a bit ad hoc' and framed the new program as a shift toward structured accountability.

Misha Chaudhury (United Methodist Church/UMCOR) described United Methodism's organizing principle of 'connectionalism' — a modified Episcopal polity linking 132 annual conferences globally — as the engine of WASH scale. Many Methodist health facilities are over 100 years old and form the institutional backbone of health, education, and community life in their areas. He described recent work using WASHFIT in Sierra Leone and Liberia to identify gaps and develop an $800,000 proposal covering everything from borehole upgrades to social hygiene

training. He highlighted the Methodist Health Board in Burundi's MOU with the Ministry of Health for cholera response.

Discussion highlighted the challenges of coordinating across faith traditions, the importance of interfaith platforms (drawing on successful models in HIV response in Asia), and the role of WHO and UNICEF's national-level engagement in securing government recognition of the value of faith-based health systems. UNICEF's Max Sani noted the potential for the Religions for Peace platform and similar mechanisms to serve as bridges and urged more structured interfaith technical coordination.

> *"Where the Salvation Army provides health care, it must be safe, dignified, and credible. Access to water, sanitation, and hygiene is not an optional upgrade. It is foundational to our witness."* **— Joanne Beale, Salvation Army.**
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> *"You are here because you care about humanity. That is the goal. Then the work."* **— Dr. Abdulaziz Sarhan, Muslim World League**

Session 11: The Role of Christian Health Associations | 11:10–11:40 AM | Day 2

Chaired by Krista Peterson, this session featured presentations from Nkatha Njeru and Ruth Gemi (ACHAP), Peter Yeboah (CHA Ghana), and Dr. Ronald Lalthanmawaia (CMAI India). ACHAP was presented as a coordinating platform across 32 sub-Saharan African countries, bringing together 43+ Christian health associations representing over 10,000 health facilities. Nkatha outlined CHA's unique value proposition: convening power, technical standards, cross-country learning, data mapping, advocacy, access to government and global bodies (including WHO and Africa CDC), and faith leadership networks that can 'speak truth to power.'

Ruth Gemi described ACHAP's stepwise WASH approach: assessment (using WASHFIT), action planning, behavior change (including community-facility interface events), data management (training 106 focal points on mWater), and advocacy through faith leaders. She described training faith leaders to use 'sermons guides' co-developed with theological input, and supporting humanitarian negotiation with non-state actors in fragile settings.

Peter Yeboah (CHA Ghana) described CHAG's integration of all 42 Christian denominations in Ghana into a single, coordinated health network that serves 8–10 million Ghanaians annually across 375 facilities and 22 training institutions. He framed WASH as an investment case, calling for 'six Ps of partnership': politicians, policymakers, service providers, payers (insurance schemes), public, and patients. He highlighted CHAG's community scorecard model — in which communities assess facilities quarterly without health workers present — as fostering local accountability and resource mobilization.

Dr. Ronald Lalthanmawaia (CMAI India) noted the Christian Medical Association of India consists of 270 hospitals and 12,000+ healthcare professionals. He acknowledged that WASH was largely integrated into other programs (infection control, community health) rather than a standalone focus and committed to developing WASH as an explicit priority in partnership with the Catholic Health Association of India, bringing biblical and theological framing appropriate to the Indian context.

> *"Faith-based health facilities are already good providers for many communities, known for delivering care that is both high quality and grounded in dignity. That trust creates a strong foundation for meaningful engagement."* **— Nkatha Njeru, ACHAP**

Session 12: Faith-Based Organizations in Support of WASH in Healthcare Facilities | 11:40 AM–12:50 PM | Day 2

Chaired by Michele Wymer (Kyle House Group), this wide-ranging session featured presentations from Caritas Mali, the Accord Network, International Care Ministries, Amazi Water, and Engineering Ministries International, with inputs from World Vision.

Dieudonne Arama (Caritas Mali) described WASH improvements at five diocesan healthcare centers despite the country's severe political and security challenges: biomedical waste burners and incinerators, toilets and bathrooms, handwashing installations, and boreholes. He emphasized staff training and per-facility action plans for sustainability, as well as the critical support of CRS technical advisor Francois Cangella.

Barak Bruerd (Accord Network/Living Water International) described Accord as a coalition of 160+ Christian relief and development organizations whose WASH Alliance — one of 14 communities of practice, launched in 2012 — draws from ~24 organizations operating in 100+ countries. He reported Accord's recent success in retaining Water for the World Act funding commitments in a US Congressional spending bill and committed to providing a platform for shared learning and advocacy.

Louise Joachimovsky (International Care Ministries, Philippines) described ICM's model of serving the ultra-poor (those living on $0.50/day) through 20,000 local pastors in tiny churches, reaching 2 million people through a holistic Transform program. She announced an ambitious new initiative: scaling up fixed and mobile clinics to enroll 1 million Filipinos in the Philippine government's universal health care program, projecting that the government's $ 30-per-patient payment could make the model net-profitable and self-sustaining within 18 months.

Jason Peters (Amazi Water, Burundi) described 1,122 completed solar-powered water systems in Burundi — approximately 30% toward the goal of universal clean water access within a 20-minute walk for all Burundians by 2030. He highlighted the organization's exceptional government relations, including unique customs agreements, tax-free fuel imports, and direct government cash contributions toward implementing the water system.

Jason Chandler (Engineering Ministries International) described EMI's model: listening to health facilities' greatest felt needs, then building in WASH as a support system. He described an MOU with the Zambia Ministry of Health for a strategic WASH plan across the entire Eastern Province, building on work at Minga Mission Hospital.

Parvin Ngala (World Vision) described World Vision's WASH presence across 59 countries, with a target of reaching 3,000+ healthcare facilities by 2030 and 20 million people overall with safe water, sanitation, and hygiene. She highlighted World Vision's 'Blue Thread' strategy: making visible the connections between water access, livelihoods, education, and health outcomes.

> *"Faith-based organizations represent one of the largest service delivery networks in the world. They number in the hundreds of thousands globally. And here is where the expertise lies."* **— Michele Wymer, Kyle House Group.**
>
> *"I was counseled: when you come to deliver your child, please bring two jerry cans — 20 liters each — for your water needs. That is the reality in Burundi. That is why we do this work."* **— Jason Peters, Amazi Water.**

Session 13: Secular Partners Supporting Faith-Based Action | 2:10–2:40 PM | Day 2

Chaired by John Oldfield, this session brought together Engineers Without Borders USA, Transform International, Rotary International, WEFTA, and the International Council of Nurses — each presenting two-minute summaries followed by structured dialogue.

Dr. Boris Martin (Engineers Without Borders USA) described EWB-USA's capacity: 10,000 volunteers annually, 350+ community partnerships, and ~50 healthcare facility retrofit projects since 2017. Key lessons: management and maintenance matter as much as construction; an 'equipment graveyard' in every facility's backyard is a visual reminder that donations without maintenance plans are wasteful; and sustainable WASH requires 'institutional ownership, predictable O&M financing, accountable human resources, leadership oversight, and integration with government systems.'

Dr. Nancy Gilbert (Transform International) presented the STREAMS circuit rider program in Malawi: dual circuit riders — a technical rider and a quality-of-care rider (a government environmental health officer) — visiting 4–5 facilities monthly. In Rumphi District's 18 healthcare facilities (7 faith-based), the program has generated evidence on the cost-effectiveness of HAI prevention. She committed to sharing the STREAMS learning with any organization considering a similar model.

Steve Warner (Rotary International) described Rotary's $300 million WASH investment over five years, 40,000+ clubs globally, and the Rotarian WASH Ambassadors program, which connects clubs to technical partners and best practices. Rotary headquarters has authorized commitment to promoting WASH in HCF, and Warner offered to broker connections between interested organizations and local Rotary clubs.

Peter Fant (WEFTA) described building long-standing relationships with Daughters of Charity across Africa and working with local Muslim and Catholic engineering professionals who understand their communities. He highlighted the importance of small local businesses and circuit riders as 'the ultimate small businesses' — one or two people in a community providing essential maintenance.

Dr. José Luis Cobos (International Council of Nurses, representing 30 million nurses in 140 countries) delivered a passionate call to action: 'Nurses are at the center and the front line. We are the ones who first see the infections. We are prepared. You need to listen to nurses. We are not just executors — we are leaders, educators, defenders, and agents of change.'

> *"Nurses are not. We execute actions. We are leaders. We educate. We defend. And agents of change."* **— Dr. José Luis Cobos, International Council of Nurses**
>
> *"When there are meaningful problems to solve, more engineers show up. I offer the capacity of Engineers Without Borders USA at the service of your mission."* **— Dr. Boris Martin, Engineers Without Borders USA.**

Session 14: Scaling Public and Faith-Based Collaboration | 2:40–3:40 PM | Day 2

Chaired by Bud Rock, this session shifted from faith-based actors to the interface among faith systems, governments, multilateral agencies, and public health frameworks. Rock opened by acknowledging the wide variation in government-faith relationships globally — from full contractual integration to parallel provision — and noting that wherever faith facilities operate, they typically interface with national public health agendas.

Dr. Mary Ashinyo (Ghana) offered five recommendations for improving efficiency across government and faith-based actors: reflecting on resource allocation decision-making to include FBOs as part of the national health system; building coordination mechanisms at national level (drawing on the Global Task Force model); integrating FBO data into programming and national data systems; conducting targeted advocacy to demystify WASH for health professionals; and establishing mutual accountability — both governments to FBOs and FBOs to governments. She noted: 'Until everyone is safe — whether government or faith-based — none of us is safe.'

Dr. Mwai Makoka (World Council of Churches) described the importance of 'faith literacy' in the Ministry of Health, not just health literacy in faith communities. He called on WHO and UNICEF to advocate at the national level for ministries of health to recognize and formally engage faith-based health actors. He noted that the healing ministry 'belongs primarily to the church' and cannot be fully transferred to specialized institutions — sustainability requires the congregation and pew-level community to be engaged.

A video message from The Right Revd. Nestor Poltic Jr., Prime Bishop of the Episcopal Church in the Philippines, described a model of Anglican hospitals that have transitioned to government operation while retaining their Anglican identity and mission — a model Bud Rock presented as an aspirational example of deep faith-public integration.

Maggie Montgomery (WHO) presented the Global Framework for Action on WASH in HCFs, the global progress report, WASHFIT tools (available in all five UN languages plus Ukrainian), and forthcoming updated WASH data (due July 2026). She highlighted a new, advanced online healthcare waste management course and committed the WHO to continued monitoring, government advocacy, and the development of technical resources. She pointed to maternal sepsis data — a woman is 60 times more likely to die in childbirth in Mali than in Italy — as moral urgency for improvement.

Max Sani (UNICEF) described UNICEF's 'Faith for Positive Change for Children' initiative, launched with Religions for Peace in 2018, and committed to co-developing a faith-based guide for WASH in HCF, producing a podcast episode on the role of faith actors in WASH, and organizing a WASH in HCF event in Nairobi in Q3 2026. He highlighted UNICEF's data-to-community feedback principle: data should not only speak to managers and decision-makers but be returned to communities to drive engagement.

> *"Until everyone is safe — whether in public or faith-based facilities — none of us is safe."* **— Dr. Mary Ashinyo, Ghana.**
>
> *"Healing ministry belongs primarily to the church. It has only been transferred by extension to specialized ministries. We cannot take health completely from the pew and make it so specialized that the church has subcontracted it."* **— Dr. Mwai Makoka, World Council of Churches.**

Session 15: Resources to Support Ongoing Progress | 3:40–4:10 PM | Day 2

Chaired by Dr. Joanne Henderson (Emory University), this session provided participants with a practical orientation to the tools, platforms, and learning networks available for ongoing work. Henderson organized resources into three pillars: information, learning and sharing networks, and training.

Dr. Ryan Cronk (University of North Carolina Water Institute) described two communities of practice co-chaired by UNC: the WASH in HCF Community of Practice and the new WASH Circuit Rider Community of Practice, and encouraged all participants to join and to particpate in learning exchange He committed to monthly webinars on topics including pharmaceutical waste management, a new faith-based organization working group to document success stories and barriers, and continued technical assistance to any organization entering or deepening their WASH in HCF work. All webinars are free and archived on YouTube. Participants were directed to the QR codes on their badges, which linked to WashHCF.org.

Dr. Braimah Apambire (Desert Research Institute) described the circuit rider methodology, developed in 1980 by the US National Rural Water Association, which DRI adapted for WASH in HCF in Ghana and Malawi. DRI has developed 26 training modules (ranging from 3 to 5 days each) covering technical skills, business planning, procurement, and quality of care. The

dual-circuit rider model (technical and quality-of-care riders visiting facilities monthly) is being documented for replication. DRI is committed to sharing modules, partnering on training, and expanding to faith-based health systems.

Tertullian Mariga (KCCB, Kenya) offered a vivid testimonial from fieldwork: a nurse who once had no working water system now says, 'we don't wait for water to stop — we prevent it.' The KCCB circuit rider program has reached 3 million people through improved WASH services, with key lessons in preventive maintenance, healthcare worker capacity building, decentralized technical support, and consistent follow-up.

Henderson summarized the session, noting that washinhcf.org/cop-fbo is dynamic and open to contributions; the QR code on participant badges links directly to the faith-based resources page; and participants were encouraged to bring the community of practice and its tools back to their own conferences and networks, offering to present virtually to any interested group.

> *"The road to Rome starts with a single step. Don't give up. Learn from what doesn't work and do it better next time."* **— Steve Warner, Rotary International.**
>
> *"When the water stops, everything stops — deliveries become risky, hygiene suffers, even simple care becomes difficult. Now we don't wait for the water to stop. We prevent it."* **— Nurse-in-charge, rural Kenya health facility (as recounted by Tertullian Mariga, KCCB)**

Session 16: Next Steps and Closing | 4:10–5:00 PM | Day 2

Jean Duff invited final inputs from the floor, drawing out a set of closing themes: Susan Barnett called for better before-and-after photographic documentation for advocacy communications; Michele Wymer highlighted emerging opportunities in the US government's new health compact framework (locally-led, government-negotiated, faith-friendly) as a major untapped funding pathway; Malik Keita called for a bold shared commitment — potentially 500 or 1,000 facilities across interfaith networks — as a collective campaign goal; Bishop Beasley proposed a 'hearts and minds' resource for engaging faith congregations through scripture, tailored to WASH; and Dr. Makoka shared three published volumes of health-promoting church resources available for download from the World Council of Churches website.

Tony Castleman (CRS) highlighted the critical complementarity between faith-based organizations and governments, particularly in the context of U.S. health funding priorities that emphasize locally led, government-engaged, faith-based programming. Parvin Ngala (World Vision) highlighted the upcoming UN Water Conference and the World Bank's Water Forward strategy as global advocacy moments in which WASH in HCF must be on the agenda.

David Douglas offered closing reflections, thanking the organizing team — including those unable to attend — and noting: 'This is the largest gathering of faith-based organizations and their allies working to achieve basic water, sanitation, and hygiene in healthcare facilities that has ever been held.' He invoked Paul's letter to the Corinthians: 'The body has many members, but there is one body' — and echoed Tebaldo Vinciguerra's 'it can be done' with Deborah Douglas's addition: 'but it will take all of us.'

Jean Duff delivered final thanks to co-conveners, interpreters, the AV team, and caterers, and expressed gratitude to all participants for their engagement, generosity, and commitment. The meeting closed with a prayer led by Parvin Ngala, invoking the memory verse of 1 Thessalonians 5:15 — 'do good and what is good for everyone' — as the principle of equity underlying all WASH work.

> *"This is not just about systems. It is about protecting life every single day. The body has many members, but there is one body. It can be done. But it will take all of us."* **— David Douglas, Wallace Genetic Foundation (paraphrasing Deborah Douglas and Tebaldo Vinciguerra)**
>
> *"No mother should give birth without clean water. No child should be treated in a facility where healing is undermined by the very conditions meant to restore it. Dignity in health care is not a privilege. It is a right."* **— Parvin Ngala, World Vision (closing prayer)**

Key Takeaways

1. The Moral Imperative Is the Movement's Strongest Asset

Across all sessions, participants consistently returned to the frame of human dignity, care, and faith as the moral foundation for WASH investment. In a moment when secular human rights language is losing force in public discourse, faith-based advocacy grounded in transcendent dignity — 'we are all made in the image and likeness of God' — offers a uniquely compelling and resilient argument. The gathering was urged to consolidate this moral narrative into a shared half-page call to action for all member organizations.

2. Faith-Based Systems Are Irreplaceable — and Undersupported

Faith-based healthcare facilities serve 20–40% of health services in many low-income countries, often in the most remote and underserved areas. They provide continuity through conflict, pandemic, and funding cycles that national governments and international NGOs cannot match. Yet their WASH infrastructure frequently falls below basic standards, and they receive a disproportionately small share of global health system financing. The business case for investment is clear: improving WASH in these facilities is cost-effective, reduces healthcare-associated infections, and strengthens national health systems from the bottom up.

3. From Silos to Synergy: A Movement Is Forming

The Rome gathering was explicitly framed as a transition point — from fragmented, siloed individual efforts toward a coordinated, complementary global movement. The infrastructure for that movement exists: the global community of practice at WashHCF.org, ACHAP and its national CHA partners across 32 African countries, the CMAI and CHAI networks in India, the Anglican and Methodist health networks, Salvation Army global healthcare operations, and dozens of technical implementing partners. The challenge — and the commitment made in Rome — is to activate and align this existing infrastructure rather than duplicate it.

4. Sustainability Requires Systems, Not Just Infrastructure

Across sessions, a consistent message emerged: infrastructure alone is not enough. Sustainable WASH in HCFs requires governance, accountability, maintenance planning, data systems, community ownership, and staff capacity — from the national coordination level down to individual facilities and communities. The circuit rider model was repeatedly cited as a proven, scalable approach to post-construction support. The shift in mental model — from 'react to breakdowns' to 'prevent them' — is as important as the physical infrastructure itself.

5. Local Ownership and Subsidiarity Are Non-Negotiable

The Vatican's initiative, and virtually every practitioner presentation, pointed to local ownership as both a moral principle and a practical requirement for sustainability. Programs designed in conference rooms and delivered to communities do not last. Programs co-designed with communities, passed formally to local leaders, and embedded in local faith governance structures — diocesan health commissions, Methodist health boards, CHA networks — do. Partners were urged to sit at the table with communities from the design stage and to build in formal handover mechanisms.

6. The Sisters Factor

The celebration of Catholic sisters was a defining moment of the gathering. We heard from a Catholic sister on the front lines in Burkina Faso about the radical change WASH brought to her healthcare facility through the Vatican's pilot initiative. A Sisters Rising Worldwide informal survey found that 90% of sisters who responded lacked regular access to water, which both shocked and galvanized participants. Sisters are the backbone of faith-based healthcare globally, operating in conditions of extreme deprivation, and their WASH needs are systematically underaddressed. Concrete commitments to surface and fund sister WASH needs — through the Conrad Hilton Fund, Daughters of Charity IPS, Learning for Humanity waived tuition, and Sisters Rising Worldwide's platform — were among the most actionable outcomes of the meeting.

7. Data and Accountability Must Be Institutionalized

WASH data in faith-based health systems is fragmented, often unavailable, or not integrated into national health information systems. Progress requires systematic assessment (using tools like WASHFIT), digital monitoring (via MWater and similar platforms), and transparent reporting to governments and communities. WHO and UNICEF's global monitoring — updated in July 2026 — provides the global benchmark; the work of communities of practice, ACHAP, and national CHA networks is building the sub-national evidence base. Participants are committed to contributing their data to shared platforms rather than keeping it siloed.

8. Multi-Faith and Secular Partnership Is Both Possible and Necessary

The presence of the Muslim World League, Anglican, Methodist, and Salvation Army communities, and other non-Catholic faith communities — alongside secular engineering organizations, Rotary International, and UN agencies — demonstrated that WASH in HCFs is a cause that transcends theological boundaries. Concrete models of interfaith collaboration — community water management committees in Burkina Faso; the Anglican-Muslim facility partnership in Bangladesh; the Methodist Ministry of Health MOU in Burundi — were shared as templates. WHO and UNICEF were urged to formalize national-level coordination mechanisms that include all faith-based health system actors, not just government facilities.

9. Resources Exist — Coordination and Visibility Are the Gap

The Rome gathering highlighted the breadth of technical resources, funding pathways, training programs, and expert networks already available to organizations entering or deepening their WASH work in HCF settings. The WashHCF.org platform, WHO's WASHFIT and online courses, UNC's communities of practice, DRI's circuit rider training modules, Emory's program development courses, and the Accord Network WASH Alliance are all freely available. The main gap is not resources per se, but awareness, coordination, and the collective will to align individual efforts into a coherent movement.

10. The Urgency Is Now

The meeting took place against a backdrop of sharply reduced global foreign aid, rising military expenditure, expanding conflict zones, and accelerating climate change — all of which disproportionately harm the poorest communities and the faith-based organizations that serve them. At the same time, new funding frameworks (including the US government's health compact model and the World Bank's Water Forward strategy) explicitly favor the locally-led, government-engaged, faith-based approaches that this gathering represents. The window of

opportunity is real, and participants left Rome with a shared sense of urgency: the work must accelerate, the partnerships must deepen, and the movement must cohere — because the women and children in faith-based healthcare facilities without clean water, sanitation, and hygiene cannot wait.

For further information and to access meeting resources, commitments, and the WASH in HCF community of practice, please visit:

https://washinhcf.org/cop-fbo