

## WASH and health

‘Ending extreme poverty in all its forms’ should be the primary focus of the post-2015 framework and should encourage an integrated approach to tackling poverty, hunger and under-nutrition, ill-health and inequality, which recognises the interdependent nature of outcomes in each area.

Water, sanitation and hygiene (WASH) are fundamental to health. Despite progress on child mortality, infectious diseases still pose the largest threat to the health of young children. An infection such as diarrhoea is the third biggest killer of children under five in Sub-Saharan Africa<sup>1</sup> and almost 90% of cases of diarrhoea are caused by poor WASH<sup>2</sup>. 50% of under-nutrition is due to lack of WASH<sup>3</sup>, and under-nutrition is an underlying risk factor for around 30% of under-five deaths<sup>4</sup>. Repeated episodes of diarrhoea can make under-nourished children predisposed to pneumonia<sup>5</sup>. A lack of hygiene and sanitation and the associated diarrhoea also contributes to stunting and inhibited cognitive development in millions of children worldwide. Globally, 2.5 billion people still lack access to sanitation<sup>6</sup>, causing water sources, homes and surrounding environments to become contaminated and contributing to poor health and preventable child deaths.

### What have we learned from the health MDGs?

The Millennium Development Goals (MDGs) for health have resulted in much progress. They have helped generate political momentum globally and contributed to considerable improvements in health outcomes in low and middle-income countries. However, with about 19,000 children under the age of five, and approximately 800 pregnant women, dying every day due to preventable ill-health, there is still more work to be done<sup>7</sup>.

A central critique of the health MDGs has been in relation to their focus on specific diseases and reducing mortality rates. This has, in many cases, resulted in ‘vertical’, disease-specific approaches that have actually made it more difficult for health systems to respond to the national burden of disease in a holistic way. Also, by focusing on global averages, the international community has in many cases failed to support the hardest to reach people or drive lasting systemic change.

Any new framework must learn lessons from the MDGs. Of paramount importance is the need to recognise that further progress in improving health and wellbeing can only be made by reducing inequalities and recognising the broader determinants of health outcomes, including WASH.

## WASH and health in the post-2015 framework

Following the UN post-2015 consultation on health, which took place between September 2012 and March 2013, a consensus between key stakeholders emerged that the post-2015 framework should address the role of health in a multi-layered way.

In the first instance, ensuring the health and wellbeing of all should be at the heart of the entire framework. Secondly, there should be cross-sector goals to maximise health at all stages of life, underpinned by specific goals and targets on equitable and sustainable delivery of health-related services.

Within this approach, WASH has a crucial role to play in ensuring health goals can be achieved. Close integration within health systems and programmes will also contribute to the prioritisation and effectiveness of WASH programmes.

In the post-2015 framework:

- 1 Health should be addressed through a holistic set of goals focused on eradicating extreme poverty and ensuring sustainable wellbeing for all. The primary focus should be on ensuring all people are empowered to live healthy lives.
- 2 Health goals and targets should focus on maximising health at all stages of life and explicitly recognise the role of various sectors and actors (beyond the remit of the health sector) in the attainment of sustainable and equitable health provision. This is an important entry point for measures to improve access to WASH, as well as other sectors, such as education.
- 3 Health goals and targets should build on the concept of a ‘universal social floor’ and prioritise addressing the unfinished business of the existing MDGs (reducing child mortality, improving maternal health, and combating HIV/AIDS and other diseases) and further reducing the burden of major non-communicable diseases. Measures to improve WASH should be included to support the drive to reduce child and maternal mortality, as well as to tackle infectious diseases. This should incorporate a variety of measures including:
  - a A focus on prevention, including targets on improved behaviour (such as handwashing with soap), improved information (such as hygiene and sanitation promotion or access to health animators and other healthcare workers), and improved environments (sanitation and access to safe water).
  - b Ensuring health targets incorporate equity considerations – so that efforts target those most in need.

Underpinning the principles outlined above would be a commitment to universal health coverage (UHC). To be effective, it is vital that the implementation of UHC goes beyond access to healthcare services alone and also addresses prevention, treatment, care and support. Action for Global Health<sup>8</sup> defines universal health coverage as ‘when all people have access to health services (promotion, prevention, treatments and rehabilitation), without fear of falling into poverty’. This includes infrastructure, such as roads, access to information and education, improved health systems, and reliable access to accurate information, in addition to basic health inputs, such as WASH. Universal health coverage must therefore include:

- Prevention – rather than over-emphasising treatment, health systems should move beyond providing healthcare facilities to address the social and environmental determinants of health (including WASH).
- Addressing barriers to access – including a lack of information on good health behaviour; poverty at the household, community and national levels; inequality and violence against women and girls; a lack of control over resources; a lack of trained healthcare workers.
- Addressing infrastructure deficits affecting the social and environmental determinants of health – roads, transportation options, water and sanitation systems, and education facilities.
- Equity – holding countries accountable for meeting the needs of all their citizens and targeting the poorest and most marginalised people, who are most likely to be affected by illness, vulnerable to disasters, and un-served in relation to healthcare.
- Accountability – The systems created must be accountable, extending from an open, transparent and comprehensive country-level oversight mechanism to an independent global structure.

## WaterAid’s post-2015 vision

WaterAid’s vision for post-2015 is an ambitious new development framework unifying poverty eradication and sustainable development objectives, supported by a renewed global partnership ensuring effective resource mobilisation and mutual accountability for progress achieved. To ensure that everyone, everywhere has access to safe water, sanitation and hygiene (WASH) the framework should:

- 1 Include a dedicated goal on water and sanitation and set ambitious targets to achieve universal access to WASH by 2030 that prioritise the following<sup>9</sup>:
  - No-one practises open defecation.
  - Everyone has safe water, sanitation and hygiene at home.
  - All schools and health facilities have safe water, sanitation and hygiene.



- Water, sanitation and hygiene are sustainable and inequalities in access have been progressively eliminated.
- 2 Recognise that universal access to WASH is an essential component of an integrated approach to tackling poverty, hunger, ill-health and inequality.
  - 3 Recognise that achieving and sustaining universal access to WASH depends on establishing accountable systems for equitable and sustainable management of water resources.

## Endnotes

<sup>1</sup> Child Health Epidemiology Reference Group (CHERG) 2012

<sup>2</sup> World Health Organization (2008) *Safer water, better health: Costs, benefits and sustainability of interventions to protect and promote health*. Available at:

[http://whqlibdoc.who.int/publications/2008/9789241596435\\_eng.pdf](http://whqlibdoc.who.int/publications/2008/9789241596435_eng.pdf)

<sup>3</sup> World Health Organization (2008) *Safer water, better health: Costs, benefits and sustainability of interventions to protect and promote health*. Available at:

[http://whqlibdoc.who.int/publications/2008/9789241596435\\_eng.pdf](http://whqlibdoc.who.int/publications/2008/9789241596435_eng.pdf)

<sup>4</sup> World Health Organization (2012) *Children: Reducing mortality*. Fact sheet 178. Available at:

[www.who.int/mediacentre/factsheets/fs178/en/index.html](http://www.who.int/mediacentre/factsheets/fs178/en/index.html)

<sup>5</sup> Schlaudecker E P, Steinhoff M C and Moore S R (2011) *Interactions of diarrhoea, pneumonia and malnutrition in childhood: Recent evidence from developing countries*. *Current Opinion in Infectious Disease*, vol 24, no 5, pp 496-502

<sup>6</sup> WHO/UNICEF Joint Monitoring Programme (JMP) (2013) *Progress on drinking water and sanitation, 2013 update*. Available at: [www.wssinfo.org/fileadmin/user\\_upload/resources/JMPReport2013.pdf](http://www.wssinfo.org/fileadmin/user_upload/resources/JMPReport2013.pdf)

<sup>7</sup> The World We Want (2013) *Health in the post-2015 agenda: Report of the Global Thematic Consultation on Health*, p23. Available at: [www.worldwewant2015.org/file/337378/download/366802](http://www.worldwewant2015.org/file/337378/download/366802)

<sup>8</sup> Action for Global Health (2012) *Civil society call to action on universal health coverage*. AGH is a network of development and health organisations calling for better policies to support health services in the developing world. See [www.actionforglobalhealth.eu/index.php?id=197](http://www.actionforglobalhealth.eu/index.php?id=197) for further information.

<sup>9</sup> WHO/UNICEF Joint Monitoring Programme shared vision for progressive realisation of the human right to water and sanitation. See [www.wssinfo.org/post-2015-monitoring/overview/](http://www.wssinfo.org/post-2015-monitoring/overview/) for full technical proposals for post-2015 WASH targets and indicators.