

**Statement to Ministers ' closed session of the Commission for Sustainable
Development 13**

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As the United Nations agency for health, the World Health Organization (WHO) has constitutional responsibilities and obligations in the areas of water, sanitation and hygiene. These are reflected in its areas of work and its organizational structure.

I would like to highlight WHO's contributions to the formulation and implementation of the water and sanitation policies of the Commission for Sustainable Development:

Millennium Development Goals

WHO has engaged systematically with the efforts to achieve the Millennium Development Goals. Its Health and Development Department directs the Organization's efforts in this area. As a core activity, WHO is supporting National Sustainable Development Strategies that support health, especially those aimed at reducing health inequalities resulting from environmental and social determinants. These include water resources management, and drinking-water supply and sanitation.

Over the last two years we have reoriented our activities towards developing tools for practical water sector planning. This work includes monitoring access to water and sanitation, evaluating policy options and technical alternatives; and assessing health impact and health risk management in water resources development.

Rights-based approaches

Investment in the most disadvantaged populations is both morally necessary and practically beneficial to household and national economies.

WHO took a significant initiative to increase the adoption of a rights-based approach at the 3rd World Water Forum. Our concerns two years later are to see how such an approach assists us in providing practical concepts and tools and in accelerating implementation.

Integrated Water Resources Management

WHO has always recognized the linkages between water resources and health. Therefore Integrated Water Resources Management is a key aspect of our work. For example, schistosomiasis is closely associated with irrigated agriculture in sub-Saharan Africa. It contributes significantly to the burden of ill-health and poverty on that continent, severely

affecting 200 million people. Yet it can be readily controlled through a combination of improved sanitation, hygiene education and better irrigation practices.

The management of increasingly scarce water resources raises new health issues. Wastewater use in agriculture and desalination to produce drinking-water are two areas in which WHO is now updating and finalizing guidance on safe practices. Health and water conservation interests are also often closely aligned: reducing losses from drinking-water systems reduces contamination, conserves a scarce resource and increases the economic viability of supply systems.

Around the world, women play a key role in the management of natural resources, including water resources. Improving their capacity to include health considerations in this role will benefit both the protection of the resource base and the promotion of human health.

Monitoring

In relation to internationally coordinated monitoring, we recognize the importance of high quality information to inform policy-making and to review progress. We are committed to two major programmes: the WHO/UNICEF Joint Monitoring Programme focused on MDG target 10 on drinking-water supply and sanitation; and the World Water Development Reports, both undertaken under the aegis of UN-Water.

WHO and UNICEF, working with many partners inside and outside the UN system, implement the Joint Monitoring Programme, a mechanism for assessing progress on access to safe drinking-water and basic sanitation. We are proud of the progress that this programme has made over recent years, especially in improving the quality of the information produced, by using household surveys. At the same time, we are well aware of its limitations and are committed to progressively improving it. This means increasing the emphasis on national monitoring, and expanding its scope to give more prominence to the "safe" part of the MDG target.

We will also contribute to improving the coordination among donors in the water sector at national level, through the increased emphasis on country-level support of the Joint Monitoring Programme. However, country-level coordination is best facilitated through the mechanisms of the multilateral system, so we are focusing on improving the overall coordination of activities through UN-Water.

One of our priorities in WHO has been to increase our work on sanitation. This has included action to support the institutionalization at national level of norms and tools for monitoring, and to assess the costs and impacts of policy alternatives. At the international level, sanitation falls under the mandate of UN-Water. We therefore fully support the call for UN-Water to give equal priority to sanitation in its Plan of Work and its Terms of Reference.

Sanitation

Sanitation matters because health and the environment depend on it; because managing it poorly affects especially the poor; because investing in sanitation is effective (as demonstrated by the WHO/Stockholm International Water Institute (SIWI) study presented at the Panel of Ministers of Finance); and because achieving the sanitation part of the MDG target lags behind so badly. At the present rate of progress the number of people covered will fall short by up to half a billion.

Sanitation is complicated. In many urban areas sewerage systems are a necessity - and we have heard a great deal here about the need for sewage treatment to protect health and environment. For several years we have worked closely with UNEP and other partners in the Global Programme of Action for the Protection of the Marine Environment from Land-based Activities. We were pleased to see this referred to in the Chair's summary of the Intergovernmental Preparatory Meeting.

Achieving real progress on sanitation means building up the scale and effectiveness of investments by all actors. Donors should be encouraged to support investment in sanitation and hygiene systematically, both because of the high returns in health and development; and because of the lack of progress towards the MDG target.

Finally, one of WHO's key normative roles is to provide guidance and support to national and local authorities. These authorities include legislators and regulators who help to ensure that health concerns are taken into account in planning water resources, by requiring health impact assessments.

Conclusion

Health is a cross-cutting concern for water resources, drinking-water supply, sanitation and human settlements. It is a determining feature of poverty and a primary rationale for the Millennium Declaration. It provides indicators for where efforts will yield the best results.

The efforts of WHO and those of its many UN and non-UN partners remain focused on assisting countries with monitoring and evaluation; with assessing the costs and impacts of policy and technical alternatives; with building capacity to optimize the health benefits of investing in water and sanitation; and with obtaining and using the available information and experience on how to move ahead.