

## WASH and nutrition

‘Ending extreme poverty in all its forms’ should be the primary focus of the post-2015 framework. To do this, it 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.

The World Health Organization (WHO) estimates that 50% of malnutrition is associated with repeated diarrhoea or intestinal worm infections as a result of unsafe water, inadequate sanitation or insufficient hygiene<sup>1</sup>. A lack of access to water, sanitation and hygiene (WASH) has a huge impact on human health including:

- Diarrhoea (largely caused by poor WASH) is a leading cause of death in children under-five globally<sup>2</sup>, and its constant presence in low-income settings may contribute significantly to under-nutrition.
- Parasitic infections, such as soil-transmitted helminths (worms), caused by a lack of sanitation and hygiene, infect around two billion people globally<sup>3</sup>, while an estimated four and a half billion people are at risk of infection<sup>4</sup>. Such infections can lead to anaemia, reduced physical development and inhibited cognitive development<sup>5</sup>.
- Approximately a third of all child deaths are attributable to nutrition-related factors, such as low birth weight, stunting (low height for age) and severe wasting, all of which are closely linked to a lack of access to water and particularly sanitation and hygiene. Many children in developing regions suffer stunting, which reflects chronic nutritional deficiencies, and repeated ingestion of animal and human faeces due to poor waste management and a lack of sanitation. According to the World Bank, open defecation accounts for most or all excess child stunting in India<sup>6</sup>.

A lack of sufficient, safe water close to home also has many indirect effects on nutrition. Where safe water is available to purchase from vendors, a limited quantity leaves little for good hygiene practices. The time wasted collecting water or suffering from water-related illnesses prevents young people from getting an education, which has a significant impact on their health, wellbeing and economic status.

The synthesis report of the recent UN post-2015 global thematic consultation on food security and nutrition directly highlighted the role of safe drinking water, sanitation and hygiene in enabling good nutrition. The report calls for combining access to adequate WASH with other measures, such as ensuring a diversified diet, to eliminate stunting in children under two.

## WASH and under-nutrition in the post-2015 framework

The post-2015 framework must set ambitious targets for ending poverty and encourage a joined up approach to tackling related challenges. It should recognise that WASH and nutrition are inextricably intertwined and avoid simplistic and arbitrary divisions between sectors that discourage comprehensive and sustainable solutions to the world's nutrition crises. If the post-2015 framework is to succeed in ending poverty in all its forms it should:

- Include complementary goals focused on reducing global under-nutrition and ensuring that everyone, everywhere has access to safe water, sanitation and hygiene.
- Include time-bound targets for addressing the challenges that contribute to global under-nutrition, including those linked to sanitation and hygiene behaviour change. Targets focused on ending under-nutrition must be supported by targets to ensure universal access to WASH by 2030.
- Encourage an integrated approach that recognises the inter-linkages between targets and indicators of progress towards outcome-based goals. The framework should focus on the major determinants of long-lasting improvements in nutrition and health (such as WASH) which ultimately contribute to the elimination of poverty and improvements in overall wellbeing.

## 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>7</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> World Health Organization (2008c) 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>2</sup> Liu L, Johnson H L, Cousens S, Perin J, Scott S, Lawn J E, Rudan I, Prof Campbell H, Cibulskis R, Li M, Mathers C and Prof Black R E for the Child Health Epidemiology Reference Group of the World Health Organization and UNICEF (2012) Global, regional, and national causes of child mortality: An updated systematic analysis for 2010 with time trends since 2000. *The Lancet* [online], 11 May 2012, doi:10.1016/S0140-6736(12)60560-1

<sup>3</sup> Brooker S, Clements A C and Bundy D A (2006) Global epidemiology, ecology and control of soil-transmitted helminth infections. *Adv Parasitol*, vol 62, pp221-61. See also: World Health Organisation (2012) *Eliminating soil-transmitted helminthiasis as a public health problem in children: Progress report 2001- 2010 and strategic plan 2011-2020*. Available at: [http://whqlibdoc.who.int/publications/2012/9789241503129\\_eng.pdf](http://whqlibdoc.who.int/publications/2012/9789241503129_eng.pdf)

<sup>4</sup> Ziegelbauer K, Speich B, Mañusezähl D, Bos R, Keiser J et al (2012) Effect of sanitation on soil-transmitted helminth infection: Systematic review and meta-analysis, *PLoS Med*, vol 9, no 1, e1001162, doi: 10.1371/journal.pmed.1001162

<sup>5</sup> Ziegelbauer K, Speich B, Mañusezähl D, Bos R, Keiser J et al (2012) Effect of sanitation on soil-transmitted helminth infection: Systematic review and meta-analysis. *PLoS Med*, vol 9, no 1, e1001162, doi:10.1371/journal.pmed.1001162

<sup>6</sup> Spears D (2012) *How much international variation in child height can sanitation explain?* Rice working paper

<sup>7</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.