

Why Sanitation and Water Supply are Important to Growth and Development in Bangladesh

A significant investment increase is required in Bangladesh in order to achieve the WSS MDGs.

This briefing note for the People's Republic of Bangladesh Ministry of Finance shows that **water supply and sanitation (WSS) need urgent attention**. Failure to finance water and sanitation is costing the country a notable portion of its GDP. Scientific studies show that access to **sanitation and water not only improve quality of life, but also bring tangible health, environmental and economic benefits, and contribute to poverty reduction**. The rate of return of spending on sanitation and water can exceed other public investments such as in infrastructure, transport, health or education. While data are still incomplete, this briefing note demonstrates that even a little spending on water supply and sanitation reaps enormous rewards.

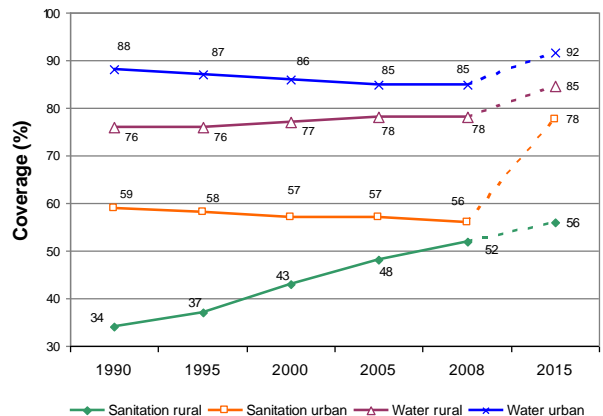
Sanitation and water supply in Bangladesh require attention

According to data compiled by the WHO/UNICEF Joint Monitoring Program (JMP)^a, progress to achieve the water and sanitation target^b in Bangladesh is off-track. **One sub-indicator – rural sanitation – is in fact making good progress in Bangladesh. However, water and sanitation access in urban areas has declined since 1990**. Based on the most recent coverage data in 2008, Bangladesh has seven years to raise sanitation coverage from 56% to 78% in urban areas, and water supply needs to raise by seven percentage points countrywide to reach the MDG target. The JMP does not count 'shared facilities' towards achievement even if they are of an acceptable technology. If shared facilities (26% coverage in urban areas and 24% in rural areas) are counted, Bangladesh would have already achieved the sanitation MDG target.

However, **even if Bangladesh meets the MDG target in both rural and urban areas, 44% of the rural population and 22% of the urban population would still be without access to improved sanitation.**

Access to drinking water has been almost stagnant since 1990. Continued investments are needed in water supply to maintain existing facilities and increase coverage. Even if Bangladesh meets the MDG target, more than 10% of its population will still be without improved drinking water.

Bangladesh's progress towards the sanitation and water MDGs 1990-2008 and progress required to achieve the MDGs.



Money spent on sanitation and water pays dividends

National needs assessment and costing conducted for Bangladesh to meet MDG targets estimates **it will cost Taka 965 billion (US\$ 14 billion) to meet the water and sanitation MDG targets from 2009 to 2015**, or Taka 900 (US\$ 13.2) per capita annually^c. However, if low cost technologies are used, these costs can be significantly reduced. These estimates are almost three times higher than a global study^d that used average cost of a latrine and water supply for Asia, which estimated that Bangladesh requires a total expenditure of Taka 350 billion (US\$ 5.2 billion) to meet the water and sanitation MDG targets, of which Taka 270 (US\$ 4 billion) is for sanitation. This equates with roughly Taka 240 (US\$ 3.5) per capita annually.

^a JMP data are presented as it reflects global monitoring of the MDGs and standardized definitions, while it is recognized that each country has its own targets and data.

^b The rural – urban target breakdowns presented here are not official JMP, but are used to indicate what progress is needed in rural and urban areas separately to meet the overall MDG target.

^c This sum will be met from a mixture of sources which include households as well as the government and donor budgets. Also, budgeting has to take into account program costs (program establishment, population sensitization, monitoring, evaluation) which can be significant, but have been excluded here due to lack of data.

Investment needs in Bangladesh are sizable, especially compared to current spending. Bangladesh will need to significantly increase investments in order to improve water and sanitation. However, **investment in water and sanitation not only provides basic services, but also reaps benefits well beyond the water and sanitation sector.** Investments in water and sanitation in fact are investments in health, education, the environment and poverty reduction.

Failure to invest can be costly in the long-run

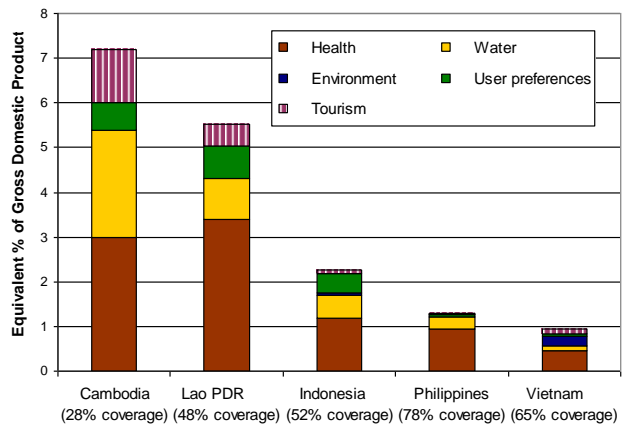
Economic research on water supply and sanitation is not commonly done, therefore findings must be borrowed from other countries. A World Bank country environmental analysis conducted in Pakistan has shown that health costs resulting from poor water, sanitation and hygiene cost the country the equivalent of **1.8% of annual Gross Domestic Product (GDP)**. The indirect effects of malnutrition – to which poor water and sanitation contribute 50%, according to WHO - cost even more than the direct effects, taking the total health cost to around **5% of annual GDP in Pakistan**. An important contributor to this figure is child mortality: in Bangladesh WHO estimates 66,400 deaths of children under five caused by diarrheal disease in the year 2004. Further, studies demonstrate that poor water and sanitation significantly contribute to malnutrition which leads to lower school productivity and work productivity from impaired cognitive function and learning capacity. Rates of moderate and severe stunting and underweight are high in children under five in Bangladesh, at 44% and 41%, respectively.

As well as valuing health-related productivity and loss of life associated with inadequate WSS, other economic impacts have been valued for countries other than Bangladesh. These costs include treatment seeking for illness; time to access unimproved drinking water and sanitation; and water pollution. The latter includes the cost of water treatment to ensure the safety of hauled and piped water, or access to safer but more distant water sources.

Not every country has the luxury of a full economic impact study on poor sanitation. World Bank studies from Southeast Asia – from countries partially comparable to Bangladesh – show the non-health costs of poor sanitation are comparable with the health costs, contributing Taka 1,350 (US\$ 20) of the total annual Taka 2,150 (US\$ 32) per capita losses in Cambodia, and Taka 1,000 (US\$ 15) of the total annual Taka 2,300 (US\$ 34) per capita losses in Lao PDR (see figure). **The results are indeed alarming: the total economic losses associated with poor sanitation are equivalent to 7.2% of annual GDP in Cambodia and 5.4% of annual GDP in Lao PDR.**

The graphic shows the equivalent cost, as a proportion of annual GDP, of not investing in improved sanitation in 5 countries of Southeast Asia. (in brackets, sanitation coverage in 2006)

Source: World Bank



As well as the direct household effects of poor sanitation, poor water and sanitation can also have larger scale effects. First, it can impact on **foreign tourists** choosing Bangladesh as their holiday destination. Second, it can affect business and play an influential role in where **foreign businesses** invest their money. Emerging evidence from Asia suggests that a country’s reputation of poor environment, polluted water and an unhealthy workforce can affect the earning power of foreign currencies, and hence hinder economic growth. Furthermore, as the effects of **climate change** are felt – with increased predictions of extremes such as flooding and droughts – it will become even more important to invest in resilient WSS systems to ensure the availability and safety of the water supply, as well appropriate sanitation options that do not further stress water supplies nor pollute dwindling water resources.

The cost of WSS investment is off-set by the benefits that accrue in other sectors.

^d Estimates are taken from a global cost study conducted by WHO and disaggregated at country level. However, ongoing efforts under the GoB revised PRSP process are expected to yield new estimates for required spending on WSS.

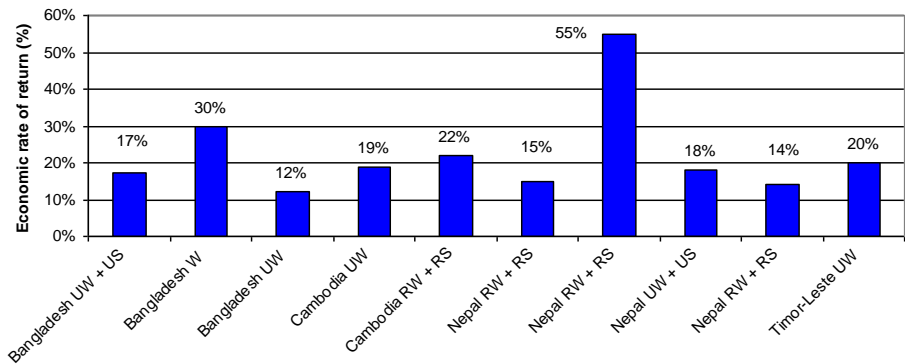
WSS services can yield a major return on investment

Sanitation and water projects in Bangladesh have a 12-30% or higher economic rate of return.

Economic returns on water and sanitation projects are highly favorable. The planned Bangladesh national water supply program, supported by the World Bank, was estimated to have an **economic rate of return of 30%** in 2004. Another World Bank project appraisal - the Dhaka water supply and sanitation program - had a rate of return of **17%**. An urban governance and infrastructure improvement sector project of the Asian Development Bank was estimated to have a return of **12%**. Other WSS programs supported by development banks in selected Asian countries have an estimated economic return of **15-55%** per annum (see Figure).

Global benefit-cost studies on water supply and sanitation for Asia, including the value of health improvements and time savings, estimated the benefit per currency unit invested was estimated at a return of at least 6 currency units per unit investment. While the results of these studies demonstrate a strong case for increased investment in water and sanitation, in fact, **these studies actually underestimate economic benefit as they include diarrheal disease only, thus excluding other positive health effects of improved water and sanitation.**

The graphic shows a high Economic Rate of Return on sanitation and drinking water projects.



Key: W – Water; S – Sanitation; R – Rural; U - Urban

Source: Development banks

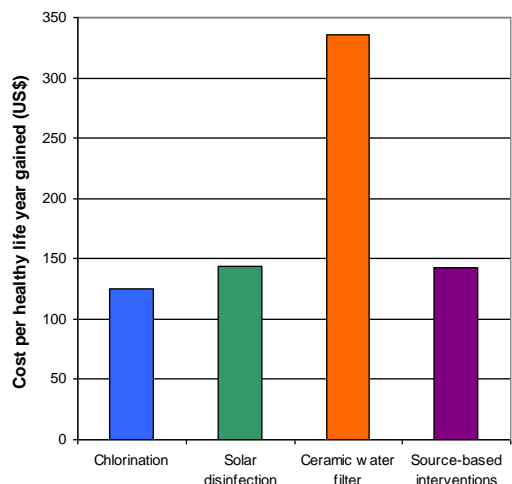
Investing in sanitation and water can help Bangladesh tackle its basic economic challenges as well as improve health.

The health returns on investment in WSS are considerable

If health impacts are valued in units of Healthy Life Years (HLY) – defined as ‘a year of life lived in full health’ – they can be compared with other health interventions. In Asia, the cost of basic water was estimated at US\$ 94 per HLY gained and sanitation estimated at US\$ 270 per HLY gained. When a cost per Healthy Life Year is below the GDP per capita of a country, **the intervention is deemed a cost-effective use of health budgets. In Bangladesh, where GNI per capita is Taka 35,000 (US\$ 520), the cost per HLY of Taka 6,400 (US\$ 94) or Taka 18,300 (US\$ 270) is a strong argument for investing in basic water and sanitation interventions.**

In another global study (see graphic) rates of health return on different interventions to improve water quality were measured. Cost per HLY ranges from Taka 8460 (US\$ 125) to Taka 22,700 (US\$ 336). These rates of health return are similar to other preventive health interventions such as for malaria and HIV/AIDS.

Therefore, taking into account that WSS interventions – in addition to gain in health – also have health productivity and non-health benefits, it is rational to invest in WSS services.



An important role of government is to catalyze private investment.

Households are willing to pay for services when they see a benefit

Economic research indicates that households, even poor ones, are willing to pay for reliable and quality WSS services. World Bank studies in Ghana in the early 1990s estimated the average willingness to pay per month per household was roughly Taka 100 (US\$1.50) for each of water and sanitation services, which equates to a combined **annual willingness to pay of Taka 4,750 (US\$ 70)** in today's values. Furthermore, willingness to pay is enhanced when water supply has benefits beyond general household uses, in revenue-generating activities such as a small-scale household business or agriculture (irrigation). **Evidence from willingness-to-pay studies demonstrate that government investments in ensuring services are available leverage household investments. When reliable services are available, households are willing to invest themselves.**

Intangible aspects of water and sanitation are crucial in household decision making

Other benefits of improved water and sanitation rarely captured in economic studies are 'intangible' impacts, so-called because they are difficult to measure. These aspects may include dignity, comfort, privacy, security, and social acceptance. An undeniable basic need is to have a near-by, safe and private place to defecate, and this is especially true for women, the elderly, the sick and also children. As well as facilities at home, water and sanitation at schools can improve school enrolment, attendance and completion, and at the workplace can increase female participation in the urban workforce. **Hence water and sanitation promote social equality and economic growth.**

Conclusions and recommendations

Spending on water and sanitation is not only politically popular and socially beneficial, but it **makes good economic sense**. Economic evidence supports that meeting and going beyond MDG targets to achieve universal water and sanitation coverage not only improves quality of life, but also bring tangible health, environmental and economic benefits. Improving access to sanitation and water **contribute importantly to the achievement of other MDG targets.**

Sanitation and water interventions deliver economic returns of at least 5 times on investment, commonly with an annual rate of return of 20% or more. Furthermore, **WSS services are basic services that are demanded by the population, with often strong willingness to pay for these services -- when services are reliable.** As decisions are made to increase investments, an efficiency comparison of alternative water and sanitation policies, programs and technologies can assist the government to respond better to the needs of its population. Going forward, policy makers are recommended to address:

- **POLICY:** Implement **policies that lead to increased public and private spending** on water and sanitation services, especially sanitation, where progress is slowest. This includes a focus on increased population demand through sensitization and marketing campaigns, which will result in increased household investments.
- **SUSTAINABILITY:** Ensure funds and mechanisms for **adequate operations and maintenance** in order to sustain services and maximize cost-effectiveness of investments.
- **SCALING-UP:** Focus scaling-up efforts on the **most affordable and sustainable services** that are demanded by the population and those that have proven health and environmental benefits.
- **TARGETING:** Provide additional support to increase **access to the poorest and most vulnerable households.**
- **MAXIMIZING EFFICIENCY:** Improve WSS delivery to the population and seek to maximize **efficiency gains through large scale implementation.**