

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

This briefing note for the Lesotho 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**.

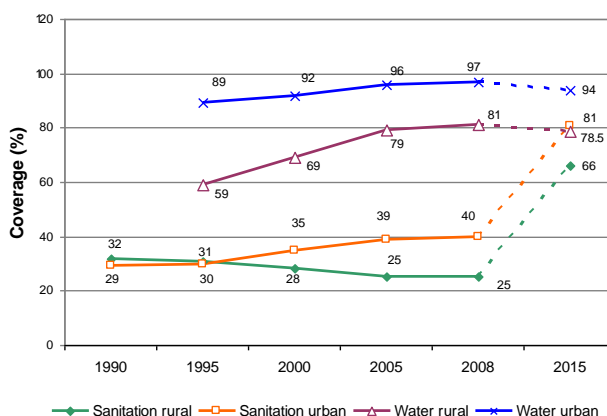
Sanitation and water supply coverage in Lesotho requires attention

According to data compiled by the WHO/UNICEF Joint Monitoring Program (JMP)^a, progress to achieve the sanitation target^b in Lesotho is off-track. Based on the most recent coverage data in 2008, Lesotho has seven years to raise sanitation coverage from 40% to 81% in urban areas, and from 25% to 66% in rural areas. The JMP does not count 'shared facilities' towards achievement even if they are of an acceptable technology. If shared facilities in Lesotho are assumed to provide safe, convenient access to sanitation, thus a further 35% of the urban population are covered, and **Lesotho would be close to achieving the MDG sanitation target in urban areas**.

However, **even if Lesotho meets the MDG target in both rural and urban areas, 34% of the rural population and 19% of the urban population would still be without access to improved sanitation**.

Access to drinking water, on the other hand, has made good progress since 1995 (1990 baseline not available from JMP). The water MDG target has been achieved. However, 19% of the rural population still does not have access to improved drinking water. Continued investments are needed in water supply to maintain the existing coverage, as well as reaching the unserved population.

Lesotho'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

Based on the average cost of a latrine and water supply, it is estimated that Lesotho requires a **total expenditure of LSL 600 million (US\$ 72 million) to meet the water and sanitation MDG targets, of which LSL 573 million (US\$ 69 million) is for sanitation**. While the water MDG target is already met, spending is still required to maintain existing coverage and operate the services. This equates with roughly LSL 333 (US\$ 40) per capita over a 10 year period, or LSL 33 (US\$ 4) per capita annually^c.

^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.

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

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

Failure to invest can be costly in the long-run

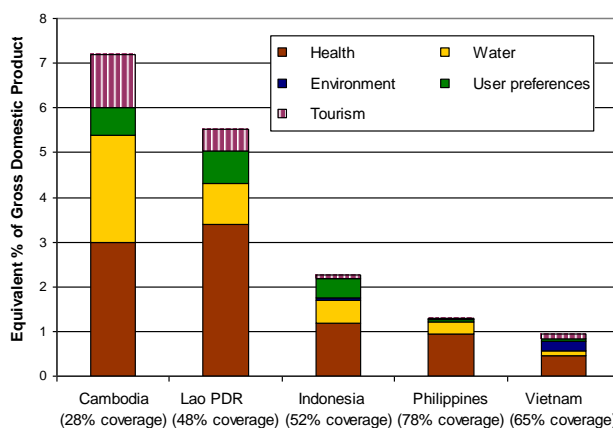
Economic research on water supply and sanitation is not commonly done, therefore findings must be borrowed from other countries. A World Bank country environmental analysis conducted in Ghana has shown that health costs resulting from poor water, sanitation and hygiene cost the country the equivalent of **2.1% 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 **5.2% of annual GDP in Ghana**. An important contributor to this figure is child mortality: in Lesotho WHO estimates 150 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 Lesotho, at 42% and 14%, 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 Lesotho. 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 show the non-health costs of poor sanitation are comparable with the health costs, contributing LSL 167 (US\$ 20) of the total annual LSL 267 (US\$ 32) per capita losses in Cambodia, and LSL 125 (US\$ 15) of the total annual LSL 283 (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 Lesotho 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.

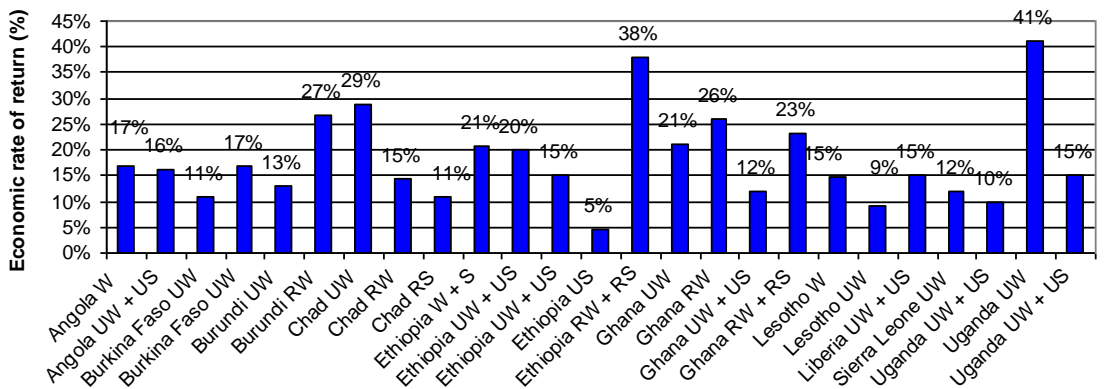
The cost of WSS investment is off-set by the benefits that accrue in other sectors.

WSS services can yield a major return on investment

Economic returns on water and sanitation projects are highly favourable. For a water supply project appraisal carried out for the African Development Bank in four urban centers in Lesotho, the **economic rate of return** was estimated at 9%. A World Bank water sector improvement project in 2009 was estimated to have a rate of return on 15%. Rates of return for sanitation projects show rates of return of 16% in Angola, 21% in Ethiopia, 11% in Chad and 15% in Uganda (see Figure below).

Global **benefit-cost studies** on water supply and sanitation for Africa, including the value of health improvements and time savings, estimated the benefit per currency unit invested was estimated at a return of **5.5** currency units or **6.6** for sanitation alone. 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.



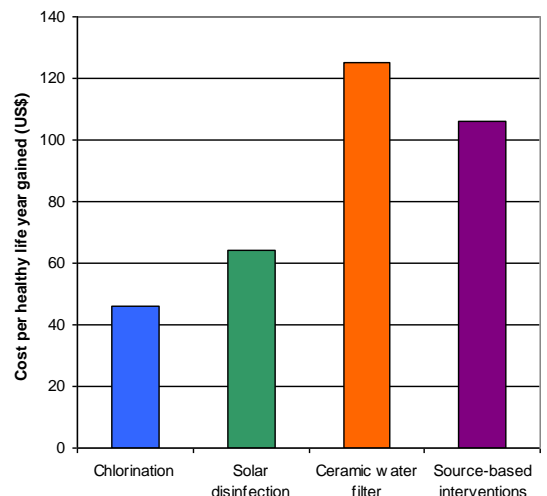
Key: W – Water; S – Sanitation; R – Rural; U – Urban

Source: Development banks

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 Africa, the cost of basic water and sanitation was estimated at LSL 4,448 (US\$ 534) per Healthy Life Year gained. Add ‘water treatment at the point-of-use’ and the cost reduces to LSL 2,016 (US\$ 242) 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 Lesotho, where GNI per capita is LSL 9,000 (US\$ 1,080), the cost per Healthy Life Year of LSL 4,448 (US\$534) is a strong argument for investing in basic water and sanitation** even more so for the LSL 2,016 (US\$242) per HLY cost when including point-of-use treatment.

In another Africa study (see graphic) rates of health return on different interventions to improve water quality were measured and cost per HLY ranges from LSL 380 (US\$ 46) to LSL 1,040 (US\$ 125). These rates of health return are similar to other preventive health interventions such as for malaria and HIV/AIDS.



Water projects in Lesotho have at least 9-15% economic rate of return.

Sanitation projects in other countries have at least 10% rate of return.

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

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 LSL 12 (US\$1.50) for each of water and sanitation services, which equates to a combined **annual willingness to pay of LSL 580 (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.**