



Partners in Population and Development (PPD)
An Inter-Governmental Organization
for Promoting South-South Cooperation



Strategy Brief for the Inter Ministerial Conference on "South-South Cooperation in Post ICDP and MDGs", Beijing, China 22-23 October, 2013

WATER, SANITATION AND HYGIENE (WASH)

INTEGRATING WASH INTERVENTIONS ACROSS SECTORS TO IMPROVE HEALTH OUTCOMES



Photo: DFID/Russell Watkins

Introduction

The fundamental right to the highest attainable standard of health, including physical, mental and social well-being has been recognized in many global, regional and national declarations and charters. There is now substantial evidence that healthy populations are a foundation for sustainable social, economic and environmental development and for peace and security, and vice versa. However, despite many advances over the previous decades, large numbers of disadvantaged people still suffer ill health, with thousands dying every day from preventable causes. Women and children from underserved communities bear a particularly high burden of preventable disease and death.

Post 2015 discussions have noted that improvements in population health will require multisectoral investment in the social, environmental and economic determinants that have slowed progress towards the health MDGs.

The Partners in Population and Development meeting on "South-South Cooperation in the Post ICPD and MDGs" aims to identify opportunities to strengthen south-south collaboration towards achieving the MDGs and in the Post 2015 era.

This strategy brief focuses on 'how to' strengthen cross-sectoral approaches between health and its social, economic and environmental determinants. It is part of a series of strategy briefs which can be accessed at <http://www.who.int/pmnch/knowledge/publications/strategybriefs/en/>.

Acknowledgements: The development of these briefs was coordinated by the Partnership for Maternal, Newborn & Child Health with support from Oxford Policy Management and with input from: East African Community Open Health Initiative, GSM Alliance, ADA Foundation, Results for Development, Save the Children, UNICEF, and WHO.

WASH Sector

Safe drinking water, sanitation and hygiene (WASH) are critical to people's health and well-being, and especially to maternal, newborn and child health (MNCH). Almost 10% of the global burden of disease is attributable to unsafe WASH and women and children are most affected by the consequences of poor access to these services. Diarrheal disease, resulting from contaminated food and water sources, is a leading cause of child mortality and morbidity in the world, and diarrhoea is a major cause of malnutrition. Women and girls bear the burden of water collection – and as a result miss out on opportunities for education, leisure time or productive activities. The lack of safe, separate and private sanitation and washing facilities in schools is one of the main factors preventing girls' attendance at school. As such, improvements in WASH are key to improving women and children's health in high burden countries. A stronger WASH sector, and better coordination between the health and WASH sectors, is essential to achieving this goal.

Cross-sectoral Challenges

WASH interventions are by definition cross-sectoral. They concern at the very least, the Ministries of Water (when they exist), Ministries of Education, who are responsible for ensuring hand washing facilities and toilets are available in schools, Ministries of Health responsible for ensuring that there is access to water in health facilities, Ministries of Planning and Infrastructure responsible for ensuring that water pipes are in place and functioning.

This leads to complicated institutional arrangements as the responsible public agencies and relevant policies are often separate for water, sanitation and hygiene, making collaboration across Ministries difficult. Challenges around the ownership and sustainability of resources and facilities and the definition of responsibilities and budgets across sectors are common. Who for example should bear the usually high level of capital expenditure required to set up urban sewerage infrastructure? Which Ministry should support the high costs associated with increasing water supply? Lack of clarity around these questions may lead to a lack of coherence between programmes and duplication.

Various factors, including cultural norms may also lead to weak consumer demand for sanitation services. Indeed, encouraging demand for WASH services – whether this is investing in and using a latrine, or washing hands after defecation and before eating or safe storage of water in the household – remains a major challenge. Low demand for WASH services in turn may lead to low political priority, hence little pressure to bridge gaps between ministries. Finally, cross sectoral collaboration can be challenging at the best of times, particularly so in fragile states or regions. Despite these very real challenges, many positive examples of cross-sectoral investments in WASH interventions to improve health outcomes can be drawn upon.

Practical Strategies

Country experiences provide valuable lessons for cross-sectoral collaboration. For example, Thailand has made remarkable progress in expanding WASH coverage and improving health outcomes through co-ordinated cross-sectoral action led by the Department of Health. The Government of Thailand committed to improve WASH coverage through sustained investment in the national Rural Environmental Sanitation (RES) programme as part of the wider National Rural Development Programme.

The key elements of the RES were: (1) effective inter-ministerial and cross-sectoral collaboration, particularly between the Department of Health at the central level and local government and municipal authorities at the decentralized level; (2) intensive public health education campaigns to stimulate demand for WASH services and promote household investment; (3) mobilization of resources from multiple government agencies as well as private sector and civil society; (4) establishment of a 'revolving fund' mechanism for private construction of facilities with joint Ministry of Health and local-level financing but under village committee management; (5) investment in research and development; (6) the support of the Ministry of the Interior in establishing building regulations to prevent the construction of new houses without sanitation facilities. The RES also provided funding to strengthen the capacity of academic institutions in this area and the subsequent training delivered by these institutions helped change attitudes of public health officials towards WASH and facilitated its integration within broader health and development strategies.

The results of these efforts were impressive, yielding improvements in both WASH coverage and health outcomes: between 1970 and 1996, access to sanitation for rural populations increased from approximately 20% to 98%, there was a tenfold decrease in deaths from gastro-intestinal diseases and child mortality fell by half. Drawing on this and other examples, a number of recommendations can be made.

1: ASSESS THE SITUATION

There should be an assessment of the WASH-related disease burden and coverage of WASH services. The health outcomes

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considered should include diarrhoeal diseases as well as other diseases and related conditions, such as intestinal infections (including hookworm), trachoma and malnutrition. Particular attention should be paid to the distribution of both health outcomes and WASH services geographically, by socio-economic status, gender and age in order to identify areas and populations with least access to WASH. In addition, information on the consequences of this disease burden, such as the economic impacts, is important for policy and planning.

2: BUILD A CONSTITUENCY OF SUPPORT

In the United Kingdom, Medical Officers of Health, working with local government and municipal authorities, helped drive improvements in WASH that coincided with some of the most dramatic national declines in infant mortality that have ever been recorded. More recently, parliamentarians in both Kenya and Uganda have successfully prioritised action on WASH as part of a broader push on MNCH.

Beyond Ministries and providers themselves, community level organisations and civil society are important actors in the WASH sector. In many countries, active civil society networks have been formed for WASH – such as UWASNET in Uganda or the NGO Forum for Public Health in Bangladesh - many of which involve civil society from the health sector and have managed to bring WASH issues onto the national agenda. Innovative private sector initiatives in India are providing reliable clean water at low cost to many thousands of poor people.

3: IDENTIFY LEADERSHIP ON WASH ACROSS SECTORS

Since many Ministries are often involved in WASH issues, identifying leadership will help to ensure that policies are drawn and programmes implemented, as demonstrated in Thailand. In Kenya also, in 2010, the Ministry of Health established an Inter-Agency Coordination Committee (IACC) for Sanitation and Hygiene bringing together different ministries – including those for Water Resources, for Education, and Science and Technology – along with development partners. This fostered dialogue and ensured that some level of coordination was established between ministries.

4: MOBILISE DEMAND FOR SERVICES

Building demand for WASH interventions will lead to better health outcomes. This was a key tenet in the Thai experience. In Sri Lanka health education programmes led by the Ministry of Health have helped stimulate demand among communities for improved sanitation facilities. At the global level, the Public-Private Partnership for Handwashing with Soap (PPPHW), a coalition of international stakeholders who focus on handwashing and child health. In 2008 PPPHW established Global Handwashing Day in over 70 countries to stimulate demand within families, schools and communities for proper handwashing and to raise awareness of handwashing with soap as a key approach to disease prevention.

5: IMPROVE WASH IN HEALTH FACILITIES

All health facilities – and, particularly those where births occur – require safe WASH, which is the direct responsibility of the health sector. WASH is a fundamental requirement for quality care. As well as ensuring access to safe WASH for patients and workers, facilities need to ensure safe disposal of hospital waste. In Rwanda for example, the National Policy for Water and Sanitation has set targets to ensure WASH provision in health facilities and the safe disposal of hospital waste.

6: INTEGRATE WASH WITHIN DISEASE SPECIFIC MNCH PLANS AND PROGRAMMES

WASH has an important role to play within many disease specific programmes that contribute to MNCH outcomes. In partnership with the US government, the Ministry of Health in Kenya for example successfully integrated promotion of WASH practices within existing HIV interventions for people living with HIV/AIDS, with 1500 community health workers across 30 districts trained in WASH promotion.

Supporting Tools and Technologies

Policy and regulation	<ul style="list-style-type: none">See various resources available at WHO Water, Sanitation and Health portal: http://www.who.int/water_sanitation_health/en/For countries with weak or fragmented WASH sectors, the National Framework for Results Initiative provides support: http://www.sanitationandwaterforall.org/files/NPRI%20Two-Page%20-%20Final%20_EN_.pdf
Integrating WASH within MNCH strategies	<ul style="list-style-type: none">Ending preventable deaths from diarrhea and pneumonia: http://www.who.int/maternal_child_adolescent/documents/global_action_plan_pneumonia_diarrhoea/en/index.htmlIntegrating WASH in pneumonia: http://www.who.int/bulletin/volumes/90/4/BLT-11-094029-table-T1.htmlNutrition: http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2807%2961690-0/abstract http://scalingupnutrition.org/wp-content/uploads/2012/10/SUN-MOVEMENT-STRATEGY-ENG.pdfHIV/AIDS: http://www.who.int/water_sanitation_health/publications/9789241548014/en/

Programmatic approaches to WASH	<ul style="list-style-type: none"> Community Led Total Sanitation: http://www.communityledtotalsanitation.org/resource/handbook-community-led-total-sanitation Sanitation Marketing: http://www.unicef.org/wash/files/Guidance_Note_7_-_Demand_Creation.pdf
Monitoring and mapping (tools to get started)	<ul style="list-style-type: none"> To assess national WASH-attributable disease burdens: http://www.who.int/quantifying_ehimpacts/countryprofiles/en/ To assess the economic costs of poor WASH: https://www.wsp.org/content/economic-impacts-sanitation Global and national monitoring of progress on WASH: http://www.wssinfo.org Global, regional and national monitoring of WASH sector capacity: http://www.who.int/water_sanitation_health/glaas/en/ Monitoring of hygiene programmes: http://www.wsp.org/sites/wsp.org/files/PracticalGuidance_HWWS.pdf
Research and evidence	<ul style="list-style-type: none"> PLoS Medicine Series on Water and Sanitation, and Health: http://www.ploscollections.org/article/browse/issue/info%3Adoi%2F10.1371%2Fissue.pcol.v07.i11 A summary of the evidence for the health and non-health impacts has been prepared by the UK Department for International Development: https://www.gov.uk/government/publications/water-sanitation-and-hygiene-evidence-paper

Opportunities to Engage

Aside from national initiatives that may result in the above practical strategies being implemented in countries, engagement at global and regional levels is strategically important. At a global level, the Sanitation and Water for All (SWA) initiative is a global partnership between developing countries, donors, multi-lateral agencies, civil society and other development partners working together to achieve universal and sustainable access to sanitation and drinking water. Participation in this initiative could help countries remain engaged with the WASH progress across sectors.

At a regional level, there are many initiatives seeking to build political commitment for WASH as a cross-sectoral priority. Regional ministerial conferences on sanitation now occur regularly in many regions (e.g. AfricaSan in Africa and SACOSAN in South Asia) and there are similar initiatives for water (e.g. the Africa Water Week convened by the African Development Bank). Greater participation from the health sector and from Ministry of Health officials will strengthen and invigorate these processes. Partners like UNICEF can be critical in shaping national, regional and global efforts around WASH. The International Conference on Population and Development Beyond 2014 Review is also a key opportunity to influence the future of global population and development policy at national, regional and global levels.

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4 For any comments on the brief or to provide additional examples of successful cross sectoral collaboration please email pmnch@who.int

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at: http://www.who.int/quantifying_ehimpacts/publications/saferwater/en/

