

Dying for the toilet

The cost of missing the sanitation
Millennium Development Goal?



An extra 10 million children's lives

On 14 September 2005 the biggest ever meeting of world leaders will start at the United Nations Summit in New York. Lives of the world's poorest people depend upon their actions.

The UN summit had been billed as a review of the implementation of the Millennium Declaration (2000) of halving extreme poverty by 2015 which would revitalise commitment to achieving the associated Millennium Development Goals (MDGs). The review is now due but the preparatory discussions for the summit threatened to remove all reference to the Millennium Development Goals, ignoring global poverty in favour of national interests.

Much is at stake at the UN summit. If the world's governments do not agree action to get the MDGs back on track, millions more lives will be lost. WaterAid has reviewed the target for sanitation, not a glamorous subject but one that is vitally important for human survival.

Diarrhoeal diseases are the biggest single killer of children under five in poor countries. A child dies every 15 seconds from diarrhoea caused largely by poor sanitation and water supply. Providing basic sanitation could therefore save the lives of children.

Some 2.6 billion people, 42% of the world's population are without hygienic toilets. All governments have committed to halving the proportions of their populations lacking sanitation by 2015. These plans themselves are for only a modest step forward. Even if they were achieved, one person in four would still be without any safe place to go to the toilet in 2015.

But even these limited ambitions are way off track. WaterAid calculates that the present poor progress means that the sanitation target will not be met until 2026, some 11 years late.

By then the human price paid for this failure will be to condemn an extra 10 million children to death.

The failures to provide adequate water and sanitation services are not only abuses of people's rights, they are also economic illiteracy. These children will not only have had their right to life denied, they will also have missed the opportunity to contribute to their country's development. By the time the sanitation target is met these 10 million children could have contributed \$61 billion to their national economies.

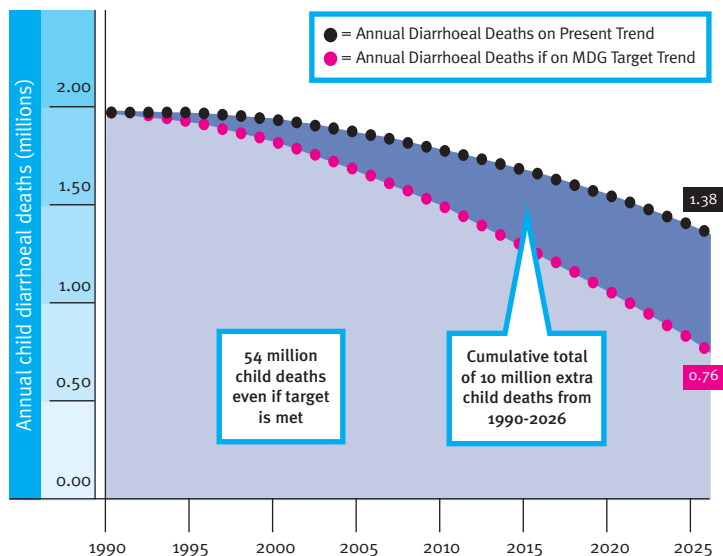
This is the direct cost of those whose lives will be lost. For those who survive there are further costs. The illnesses caused by poor sanitation impact on people's ability to attend school or work, reducing their income earning potential and resulting in further unnecessary expenditure on health.

And this is only the global trend. Sub-Saharan Africa lags even further behind. At the present rate, the sanitation target will not be met in sub-Saharan Africa until 2105, by which time an additional 133 million African children will have lost their lives.

In individual countries the situation may be worse still. Based on its 1990-2002 progress, Zambia will not meet its sanitation MDG until 2130 by which time this nation, whose present population is fewer than 12 million, will have lost an extra two million children to diarrhoeal diseases.

There are two main reasons why the sanitation target is so off track. Most countries have no single institution which is responsible for sanitation and there is rarely a national budget dedicated to sanitation. Of 14 countries examined by WaterAid, only two were found to have a dedicated sanitation budget. Despite sanitation having helped reduce mortality in their own countries, aid donors too do not prioritise sanitation for spending in today's developing countries.

Additional child deaths from diarrhoea due to failure to meet the sanitation MDG



As a result, even though more than twice as many people lack sanitation as lack safe drinking water, spending on sanitation is only a fraction of spending on water. The Global Water Partnership estimated that to meet the MDGs annual spending on water and sanitation needs to double from \$14 billion to \$30 billion with all the extra money being spent on sanitation.

Access to sanitation is of huge importance to global health, wealth and human dignity. And meeting the sanitation target would also contribute to other MDGs to halve extreme poverty and hunger, reduce childhood deaths and achieve gender equality.

WaterAid's experience suggests that turning the sanitation situation around will require better planning, budgeting and coordination combined with greater transparency and accountability. WaterAid is therefore calling for national governments to draw up plans and associated budgets for increasing access to sanitation; for donors to coordinate their own activities in line with these national plans, and for there to be published annual reports of the progress made.

At the World Summit on Sustainable Development in 2002 world leaders pledged themselves to reach the sanitation target. But beyond the rhetoric reality tells a different story. Inaction in the real world means that the sanitation targets will only be met years late. For the whole world the average delay will be 11 years. But if present trends continue the target will only be met in sub-Saharan Africa 100 years from now in 2105. These delays have devastating human costs – 10 million extra dead children by 2026, some 133 million extra dead African children by 2105.

Governments at the forthcoming United Nations Summit must get to grips with action, not indulge in more talk.

Case study 1



Honufa is 20 years old and lives in a slum in Dhaka, Bangladesh. She no children now as her son died recently from diarrhoea.

“Life is very hard here. You can see the condition of the houses all crammed together. There is no space. We have tube wells but the area around the well is full of rubbish and shit and the sanitation conditions everywhere are foul. Some of us have household latrines but they are overflowing and no one keeps them clean. Every day there is disease in this slum. There is diarrhoea, dysentery, severe stomach pains and headaches. Children suffer the most. Everything is packed into a tiny space here – you can imagine the unhealthy situation we live in. I've lost a two year old son from diarrhoeal disease and there are two other women in this room that I know have also lost children to diarrhoea due to the unsanitary conditions. We need a clean environment here.”

Case study 2



Rakiya Abdullah, 27, lives in Sagnarigu in the Tamale region of Ghana where WaterAid has recently helped the community build latrines.

“I have two children aged four and seven. We have had the latrine for six months now. It has made a lot of changes to my life. Before everybody prayed they wouldn't need the toilet in the daytime because we didn't have any public latrines and you had to go to the bush but at this time of year there were no plants to hide behind. Now I can go whenever I want. Everybody with a latrine is very happy with them and everybody without one is yearning to have one.

Before we had the latrine we defecated in the bush and this was a source of contamination as flies could sit on it and then come in the house and sit on our food. We got diarrhoea or cholera. We used to attend hospital for treatment. The last time I was ill I had cholera and had to pay 300,000 cedis (\$32 – approximately one tenth the average annual income in Ghana) for my hospital treatment. This was a lot of money but we had to manage. I had to spend five days in hospital and my sister had to look after my children.”

WaterAid's calls to action:

Action is required by both developing and developed country governments.

Developing country governments must take the lead and recognise the importance of sanitation for their social and economic development. They need to:

1. By the end of 2005, produce an investment and delivery plan for achieving their water and sanitation targets, with a separate budget for sanitation
2. From 2006/7 publish an annual report on the performance of the water and sanitation sector

Developed country governments must likewise recognise sanitation's importance – not least by recalling their own development history. Governments giving aid need to:

3. From 2006/7, align their water supply and sanitation support with the government-led sector investment and delivery plans

This should include providing the necessary resources as part of their wider commitment to allocating 0.7% of their income to Official Development Assistance and ensuring that they do not add to the strain on developing country capacity by insisting on their own projects and reporting systems or setting up separate application procedures for finance.

Quick facts:

- 42% of the world's population – 2.6 billion have no safe place to go to the toilet
- A child dies every 15 seconds from diarrhoea caused largely by poor sanitation and water supply
- The Lancet medical journal reports that diarrhoeal diseases are the greatest single killer of children in poor countries
- The Millennium Development Goals include the target to halve the proportion of people without sanitation by 2015
- This target is itself only a step on the road to universal access. Even if it is achieved there will still be 1.8 billion people – one in four of the world's population at that time – without any safe place to go to the toilet
- At the current rate of progress the global target will not be met until 2026 – 11 years too late
- This will result in the deaths of an extra 10 million children
- Had they lived these children could have contributed \$61 billion to their countries' economies
- 443 million school days are lost annually worldwide due to diarrhoeal disease
- In sub-Saharan Africa, at the current rate of progress, the sanitation target will not be met until 2105 – resulting in the deaths of an extra 133 million African children
- The additional cost to Africa of these children's lives would be \$1.7 trillion (\$69 billion in today's money)
- The MDGs apply to individual countries. Zambia will not meet its sanitation MDG until 2130
- 384,000 people need to gain access to sanitation every day to reach the MDG targets – a 90% increase on performance in the 1990s
- The Global Water Partnership (GWP) calculated that only \$1 billion was being spent on sanitation per year in developing countries
- The GWP also stated that annual spending on water and sanitation needs to double from \$14 billion to \$30 billion to reach the MDGs with all the extra money being spent on sanitation
- The World Health Organisation has estimated that the failure to invest in the water and sanitation MDGs will cost developing countries \$84 billion per year in lost lives, low productivity of sick workers, increased health system costs, and education provision wasted on children absent because of waterhauling work or ill-health



WaterAid – water for life
The UK's only major charity dedicated exclusively to the provision of safe domestic water, sanitation and hygiene education to the world's poorest people

For supporting calculations and references see the full 'Dying for the toilet' report at www.wateraid.org/news

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