

Achieving improved health for all through water, sanitation and hygiene (WASH)

“Access to improved water and sanitation should be a central element of health strategies as the most cost effective prevention measures against water borne diseases which, for the poor, are the most prevalent sources of morbidity and death especially for children.”

European Commission Programming Guide for Strategy Papers – Water and Sanitation.¹



A new ambitious global sustainable development agenda

A new era has begun for sustainable development. It follows the adoption of a series of landmark international agreements including the Addis Ababa Action Agenda, the 2030 Agenda for Sustainable Development and the Paris Agreement on climate change. These agreements have fundamentally reframed the way in which the international community, including the European Union (EU), will work to achieve poverty eradication, inclusive growth and sustainable development.

The 17 Sustainable Development Goals (SDGs) embody core European values and interests, covering economic, environmental and social pillars of sustainable

development, with a strong focus on equity. The SDGs are indivisible, global in nature and universally applicable.

Water and sanitation are human rights that play vital roles in attainment of the right to the highest standard of health for all. Health and water, sanitation and hygiene (WASH), enshrined in SDGs 3 and 6, are intrinsically related and have to be recognised both as preconditions for and outcomes of sustainable development. The drive to achieve universal health coverage (UHC) provides an important opportunity for better integration of health and WASH strategies and programmes. Improving WASH conditions as a core component of the UHC agenda is essential to successfully achieve the universal right to health by 2030.

WASH is vital to improving health outcomes for all

Despite huge improvements in the health of the global population over the past 15 years, 2.4 billion people still do not have access to basic sanitation worldwide, 1.8 billion people globally use a source of drinking water that is contaminated with faeces and more than 1 billion people resort to open defecation.²

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The impact of this global WASH crisis on health is staggering. Despite being easily preventable, diarrhoeal diseases still contribute to the deaths of 1,367 children under the age of five each day, making them the second greatest cause of child deaths (of children aged between one month and five years).³ With almost 60% of cases of diarrhoeal deaths being linked to inadequate WASH, these deaths can be easily prevented.⁴ The World Health Organization (WHO) further estimates that 50% of undernutrition in children is associated with infections caused by unclean water, inadequate sanitation or insufficient hygiene.⁵ It is widely recognised that pneumonia, which is one of the leading killers of children, can be significantly reduced by basic WASH provision, including better hygiene practices.

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Furthermore, most deaths due to infection occur through sepsis. The leading cause of infection in newborns, sepsis has long been associated with poor hygiene in the birth environment.⁶ Accounting for 14% of newborn deaths,⁷ sepsis claims the lives of 131,464 newborns each year. It also causes 7% of maternal deaths.⁸ Simple 'clean birth practices' including handwashing with soap for mothers and birth attendants in homes and health facilities can help prevent this and ensure mothers

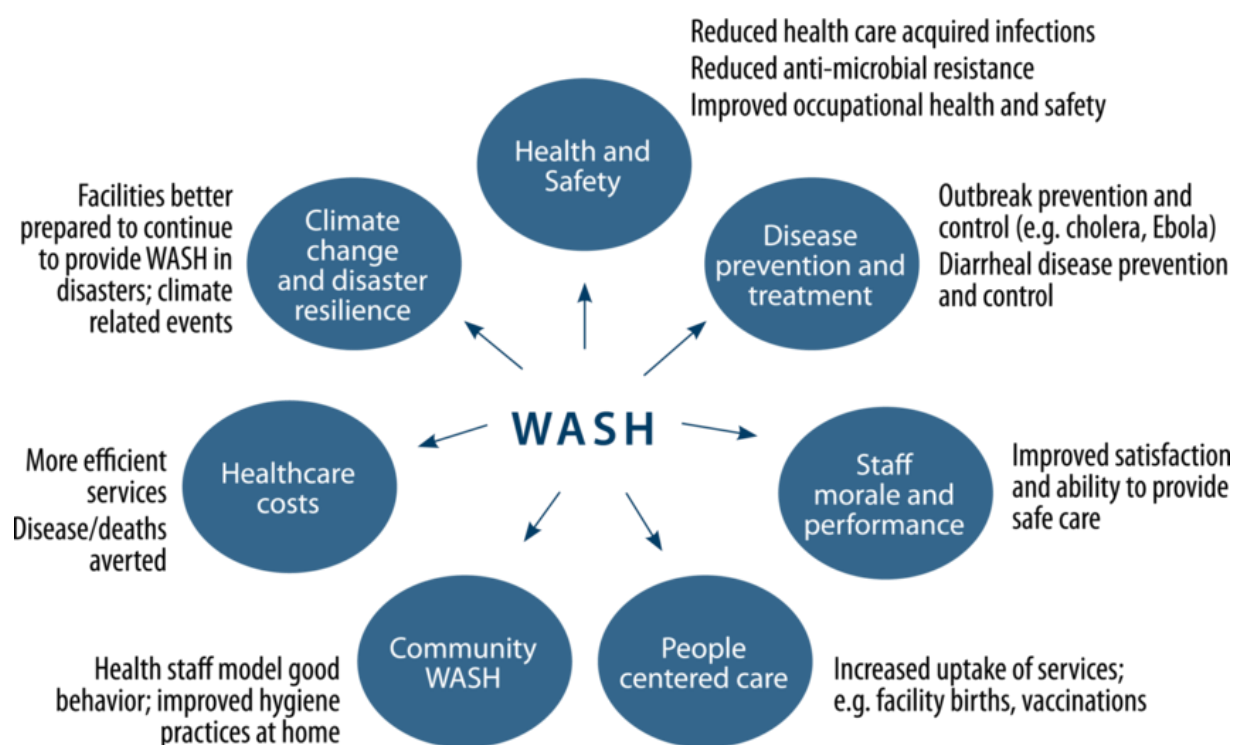
survive. WASH also plays an essential part in the provision of good quality care and the management of chronic diseases and disability. For instance, people living with HIV/AIDS need at least 1.5 litres of clean water a day for antiretroviral drugs to be effective, as well as improved hygiene and sanitation to help prevent opportunistic infections.⁹

Water, sanitation and hygiene are prerequisites for stronger health systems

Drinking water, sanitation and hygiene behaviours are key health determinants. Yet WASH is generally inadequately addressed within health programming, policy and planning, with significant cost to national health systems. Lack of a source of clean water to clean wards or wash hands, or simply poor hygiene behaviours, can cause healthcare facilities to become conducive environments to transmission of infections. A 2011 review of healthcare-acquired infections showed that in some developing countries almost half of patients (45.6%) left hospital with an infection they not present upon arrival.¹⁰

WHO has identified significant gaps in provision of WASH in healthcare facilities in low- and middle-income countries. Provision of water was lowest in sub-Saharan Africa, with 42% of all healthcare facilities lacking access to an improved source of water on-site or nearby, while 43% of healthcare facilities in the Americas lack sanitation services.¹¹ Lack of infrastructure is often accompanied by poor adherence to hygiene and infection control measures. In one study, at a large African teaching hospital, handwashing was only attempted 12% of the time and done effectively in only 4% of cases¹².

Multiple benefits of adequate WASH in health care facilities



Inadequate access to WASH in healthcare facilities means healthcare workers cannot ensure quality healthcare, putting themselves, their patients and surrounding communities at risk of increased infection, morbidity and death. The resulting public health impact is devastating, potentially contributing to millions of infection-related deaths each year. When these infections may not result in death, they can cause prolonged hospital stays, long-term disability, increased antibiotic resistance and heightened economic burden on healthcare systems. Globally this burden on health systems is completely unsustainable. In addition, lack of access to adequate WASH and high risk of infection in healthcare facilities can adversely affect patients' willingness to seek care at healthcare facilities, increasing their risk of health complications and death, especially for pregnant women. These conditions also negatively impact healthcare staff attendance, morale, retention and safety.

“[The provision of water] ... has made such a difference, diarrhoea among children has reduced, and pregnant women feel comfortable coming to give birth somewhere where there are toilets and access to clean water.”

A midwife at the Nyangbebo Medical Centre, Sierra Leone.

WASH services that are fully functional at all times are fundamental to health systems strengthening. As such, they must be an integral part of indicators on service quality, alongside other measures such as availability of medical inputs and staffing levels. All countries should adopt, resource and monitor adequate WASH standards in healthcare facilities, ensuring staff are trained in hygiene practices and management structures are able to maintain oversight of facilities.

WASH is essential to promote global health security

Preventing the spread of communicable diseases is a global health security priority. Weak health systems, fragile basic services and widespread poverty, following years of devastating civil wars in the region, fueled the 2014 Ebola outbreak in West Africa. In Sierra Leone, 87% of people lived without sanitation and 37% without clean water.¹³ This, combined with poor or no WASH in most health facilities, meant that maintaining the level of hygiene required to contain the spread of the virus proved extremely challenging, contributing to the spiraling death toll. The Ebola outbreak highlighted the imperative for the global community to secure universal access to these basic services in the face of a very real public health risk.

Without urgent and sustained action to bring WASH services to every healthcare facility, home and school, global health security will continue to be under threat, as will the achievement of SDG 3. Promoting sustainable access to these basic services will support EU objectives on strengthening health systems and improving access to quality basic health services for all.

“The basics of public health – clean water, good sanitation and hygiene, infection prevention and control and surveillance – are as critical for reducing the impact of antimicrobial resistance as they are for infectious disease control.”

Dr Keiji Fukuda, the Director General’s Special Representative for Antimicrobial Resistance, WHO.¹⁴

How the EU can make a difference

The EU has committed to allocating at least 20% of the 2014–2020 aid budget to human development, including health. Over the past seven years, the EU has spent some €3.2 billion on bilateral aid to help strengthen health systems and improve access to quality basic health services for all. EU development aid to partner countries is designed to reduce health inequalities and improve social cohesion. It does this by broadening access to quality health services and stepping up protection against excessive personal health spending.

At the national level, the EU helps development partner countries develop national health policies and strengthen their health systems by providing more qualified health workers; safe, effective and affordable medicines; and financing.

The EU is a global leader and donor on WASH. The EU currently invests US\$2.5 billion on water and sanitation each year, making it one of the world’s largest donors to the sector. Yet, this only accounts for 3.5% of the EU institutions’ total aid budget and it is significantly less than the allocation by certain EU member states – for example, the Czech Republic spends 10.1% of its ODA on WASH. The EU must ensure that WASH is fully integrated in all its health policy and programming, with a view to achieving universal health coverage within the framework of Agenda 2030.

Key recommendations

European Commission

Continue to show political leadership:

- Continue to show political leadership on WASH and prioritise it within the EU’s implementation plan for Agenda 2030 and partnership with African, Caribbean and Pacific (ACP) countries.
- Ensure EU external action supports partner countries to deliver and maintain equitable access to WASH by 2030 or their national target dates.

Ensure adequate financing for WASH:

- Increase the proportion of the aid budget allocated to WASH by 1% every year to bring it in line with member state leaders (for example the Czech Republic allocates 10.1%), targeting assistance to countries most in need.

- Ensure the effective disbursement of the EU's €3.1 billion pledge for nutrition-sensitive interventions by 2025, with an adequate proportion being allocated to WASH on the basis of countries' needs and priorities.

Strengthen policy:

- Ensure WASH is integrated into all new policies, strategies and plans on global health, with specific WASH targets and indicators to incentivise progress and vice versa.
- Ensure institutional arrangements enable and enhance collaboration between teams and integration across thematic areas, and support policy coherence for development.

EU delegations

- Ensure EU external assistance is integrated and coherent. WASH should be included as a core component of all programming on global health and ensuring quality health services.

European Parliament

- Ensure WASH is positioned as a core element in an integrated EU response to eradicating poverty, promoting inclusive growth and sustainable development including global health.
- Hold the European Commission to account on the effective disbursement of the €3.1 billion pledge for nutrition-sensitive interventions by 2020, with an adequate proportion allocated to WASH on the basis of countries' needs and priorities.
- Protect the aid budget during the Multiannual Financial Framework mid-term review and ensure that WASH receives an adequate proportion, on the basis of partner needs and priorities.

Member states

- Progressively increase the proportion of national aid budgets allocated to WASH by 1% each year bringing it in line with member state leaders (for example the Czech Republic).
- Fulfil the 0.7% GNI to ODA promise well in advance of the Agenda 2030 deadline.
- Ensure WASH is integrated into national and international development policies, strategies and plans in all global health programming, with specific WASH targets and indicators.

References

- ¹ European Commission, '*Programming Guide for Strategy Papers; Water and Sanitation*'. Available at: https://ec.europa.eu/europeaid/sites/devco/files/programming-guide-strategy-papers-water-sanitation-200811_en_2.pdf
- ² WHO and Unicef '*JMP Update report 2015: Progress on Sanitation and Drinking Water*'. Accessed here: http://www.wssinfo.org/fileadmin/user_upload/resources/JMP-Update-report-2015_English.pdf
- ³ GBD Diarrhoeal Diseases Collaborators '*Estimates of global, regional, and national morbidity, mortality, and aetiologies of diarrhoeal diseases: a systematic analysis for the Global Burden of Disease Study 2015*' *The Lancet*, June 2017. Accessed here: [http://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(17\)30276-1/references](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(17)30276-1/references)
- ⁴ WHO '*WHO: Sanitation Factsheet*' Accessed here: <http://www.who.int/mediacentre/factsheets/fs392/en/>
- ⁵ Prüss-Üstün A. & Corvalán, C. (2006) '*Preventing disease through healthy environments: towards an estimate of the environmental burden of disease*'. Geneva, Switzerland: WHO.
- ⁶ Gordon A (1795) *A treatise on the epidemic of puerperal fever of Aberdeen*. GG&J Robinson, London; and Semmelweis I (1861)
- ⁷ Institute for Health Metrics and Evaluation '*Global Burden of Disease Report 2015*'. Accessed at: <http://www.healthdata.org/gbd/>
- ⁸ Institute for Health Metrics and Evaluation '*Global Burden of Disease Report 2015*'. Accessed at: <http://www.healthdata.org/gbd/>
- ⁹ USAID/Hygiene Improvement Project and WB/Water and Sanitation Programme (2007) Research and resources linking water, sanitation and hygiene with HIV/AIDS home-based care
- ¹⁰ Action for Global Health/WaterAid, '*Making Health A Right for all: Universal Health Coverage and Water, Sanitation and Hygiene*', 2014
- ¹¹ World Health Organization; '*Water, sanitation and hygiene in health care facilities: Status in low- and middle-income countries and way forward*'. Accessed here: http://apps.who.int/iris/bitstream/10665/154588/1/9789241508476_eng.pdf?ua=1
- ¹² Owusu-Ofori A1, Jennings R, Burgess J, Prasad PA, Acheampong F, Coffin SE. '*Assessing hand hygiene resources and practices at a large African teaching hospital*', Accessed here: <http://www.ncbi.nlm.nih.gov/pubmed/20569112>
- ¹³ WHO/UNICEF '*Joint Monitoring Programme for Water Supply and Sanitation, 2015*'
- ¹⁴ Quote by Dr Keiji Fukuda in '*Tackling drug resistant infections globally: Final report and recommendations*' May 2916. Available here: http://amr-review.org/sites/default/files/160525_Finalpercent20paper_withpercent20cover.pdf