

How-to Series:

Leveraging the Links between Water, Sanitation, Hygiene, and Health

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Outline

- Introduction and welcome Vivian Castro-Wooldridge, ADB
- Insights on WASH and Health Kate Medlicott, WHO
- Review of existing integration and future opportunities Bronwyn Powell
- WASH and Health in practice examples
 - Pakistan Urban Water Kiyoshi Nakamitsu
 - Bangladesh Urban Health Project Vickie Antonio
 - Inclusive and pro-poor development for WASH and Health Wendy Walker
- Small group discussions
- Feedback and closing

Objectives

Participants will:

- Reflected on the value of water and sanitation infrastructure for health, hygiene impact and reducing the burden of disease
- Review and have a better understanding of the roles and responsibilities of different sectoral actors working in WASH and Health, how they can complement each-other and the various entry points for integration
- Hear and learn from sector specialists and peers
- Understand ADB's commitment to WASH and Health

Warm up questions

- **1.** What are major health issues associated with lack of adequate WASH?
- Type your response into Mentimeter [Add LINK]
- 2. What are you hoping to learn from this workshop session?Type your response into Mentimeter [Add LINK]

Water, Sanitation, Hygiene and Health: a review of existing integration and future opportunities

Sanitation Dialogue

Bronwyn Powell 15 April 2021





Outline

- WASH and Health sanitation risks
- Entry points and project examples for integrating WASH & Health
- Challenges
- Opportunities



Focus on sanitation-related health issues



One gram of human faeces contains roughly: 10,000,000 viruses 1,000,000 bacteria 1,000 parasitic cysts 100 parasitic eggs



Use of toilets contains faeces and is an essential first step

Pathogen exposure needs to be managed along the whole service chain to reduce risk



It is difficult to measure and comparing **health impacts** linked to improved sanitation due to complex host-pathogen interactions and variable exposure risks.

"While the magnitude of direct health impacts is uncertain, it is generally accepted that inadequate sanitation and exposure to faecal pathogens affect health, and there is growing evidence that the burden of disease may be higher due to long term effects of environmental enteropathy and stunting" Mills et al. 2018

BUT

Water & sanitation related global burden of disease

Health outcome	WASH exposure
Ascariasis	Sanitation
Cancer	Drinking water
Diarrhoeal diseases	Drinking water, sanitation, hygiene behaviours
Hookworm disease	Sanitation
Musculoskeletal diseases	Drinking water
Protein-energy malnutrition	Drinking water, sanitation, hygiene behaviours
Respiratory infections	Hygiene behaviours
Schistosomiasis	Drinking water, sanitation, hygiene behaviours, WRM
Trachoma	Sanitation, hygiene behaviours
Trichuriasis (whipworm)	Sanitation



Diarrhea = main cause of death and disability-adjusted life year (DALY) losses

- 820,000 deaths
- 50 million DALYs per year globally



- Acute respiratory infections = 2nd biggest contributor (pre-COVID-19 2016 figures)
- 370,000 deaths
- 17 million DALYs per year globally

Source: Prüss-Ustün, A. W. (2019). Burden of disease from inadequate water, sanitation and hygiene for selected adverse health outcomes: An updated analysis with a focus on low and middle-income countries. *International Journal of Hygiene and Environmental Health*, 765-777.

Handwashing with soap...

Reduces diarrheal disease between 23-40%



Globally only 20% people wash hands after direct contact with feces

Hand hygiene is a key measure to prevent SARS-CoV-2 infection

Reduces respiratory illnesses in the general population by 16-21%

Reduces children's school absenteeism by 29-57%

Sanitation in the urban environment presents particular health challenges

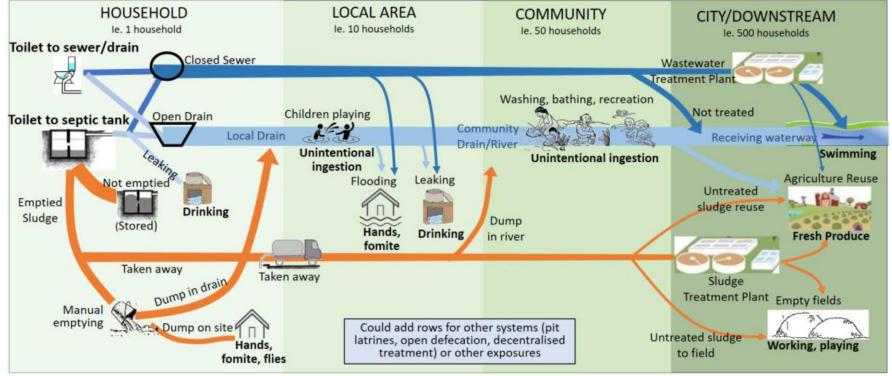


Sanitation in the urban environment presents particular health challenges

- Higher population densities and space constraints
- Higher rates of renting
- Complex sanitation service chains
- Need for toilets to serve multiple households in high density areas
- Greater attention needed to meet needs of vulnerable groups (including women and girls)

ALSO - complex and interconnected pathways from excreta to human exposure in urban environments with poor sanitation

Possible exposure points in urban environments to sanitation related pathogens

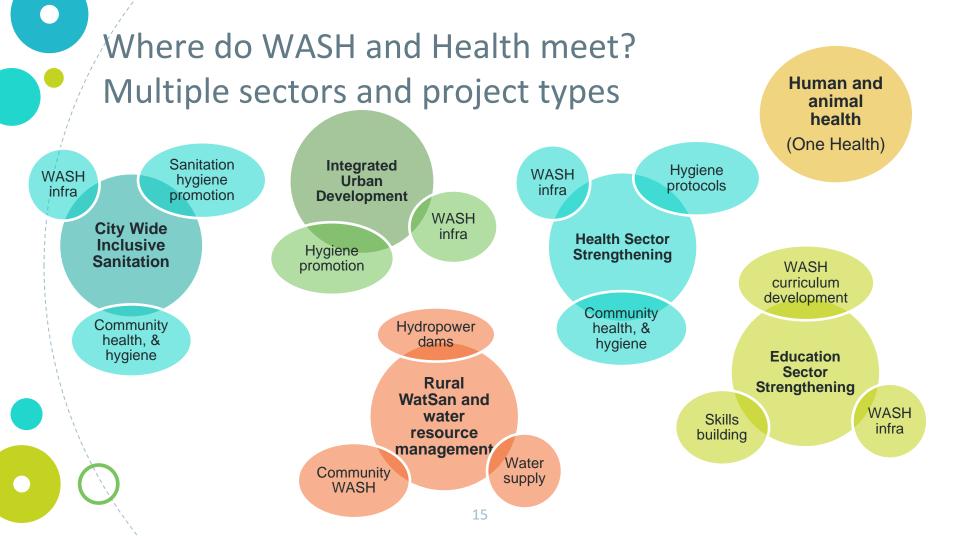


Source: Mills et al. (2018) Faecal Pathogen Flows and Their Public Health Risks in Urban Environments: A Proposed Approach to Inform Sanitation Planning. *Int. J. Environ. Res. Public Health* 2018, 15, 181

Sanitation and health considerations in CWIS

- Tools available for faecal sludge and exposure point mapping (Shit Flow Diagrams, SaniPath etc.) and sanitation planning (Sanitation Safety Plans)
- Roles and responsibilities of different agencies (municipality/ council, Public Works, Ministry of Health, public environmental health departments)
- Sanitation investments should be coordinated with water and hygiene initatives
- It is important to consider health risks to exposures in the household, local community and downstream locations

Research is still underway that to link pathogen exposure risks along the sanitation service chain in urban environments



Water, sanitation and hygiene is a pre-condition to good health & social and economic participation



Water and sanitation infrastructure

Well-targeted infrastructure designed and built

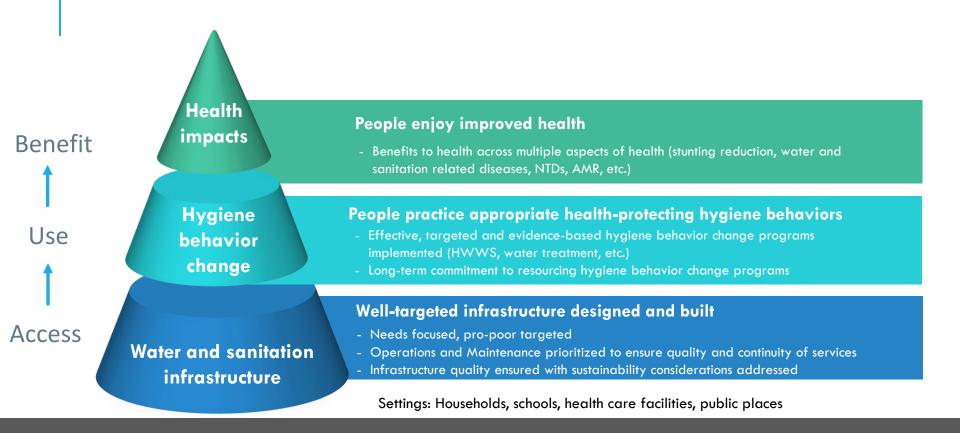
- Needs focused, pro-poor targeted
- Operations and Maintenance prioritized to ensure quality and continuity of services
- Infrastructure quality ensured with sustainability considerations addressed

Settings: Households, schools, health care facilities, public places

Water, sanitation and hygiene is a pre-condition to good health & social and economic participation



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		 Full social and economic participation Healthy people can engage in economy and society and achieve their full potential Increased participation reduces poverty and inequalities and contributes to women's economic empowerment
Benefit Health	 People enjoy improved health Benefits to health across multiple aspects of health (stunting reduction, water and sanitation related diseases, NTDs, AMR, etc.) 	
Use 1	Hygiene behavior change	 People practice appropriate health-protecting hygiene behaviors Effective, targeted and evidence-based hygiene behavior change programs implemented (HWWS, water treatment, etc.) Long-term commitment to resourcing hygiene behavior change programs
Access	Water and sanitation infrastructure	 Well-targeted infrastructure designed and built Needs focused, pro-poor targeted Operations and Maintenance prioritized to ensure quality and continuity of services Infrastructure quality ensured with sustainability considerations addressed Settings: Households, schools, health care facilities, public places

Implementation **opportunities** and challenges with WASH **AND** Health integration

- Infrastructure projects typically include 'software', non-structural component' at policy, institutional strengthening or community level, however these are usually small.
- Level of integration and multi-sectoral approaches is dependent on the WASH enabling environment, scale of engagement and development priorities.
- There are multiple entry points to improving WASH and health integration: project concept and assessment stages; policy, strategy and regulations; monitoring and evaluation; human capacity development.
- Addressing sustainability and O&M issues will make a big difference to ensuring essential services and improved health outcomes

Implementation opportunities and **challenges** with WASH **AND** Health integration

- **Preventative health often falls through the gaps** between water and sanitation access (infrastructure provision) and curative health (primary healthcare) in both policy and institutional arrangements
- Barriers to multi-sectoral work include: sectoral silos; high transaction costs of cross-ministerial coordination; lack of coordination platforms; unclear delineation of roles, especially with respect to safe sanitation
- Sanitation and hygiene behaviour change programs lack sufficient focus. There are often insufficient skilled personnel to design and implement effective programs. Hygiene programs are rarely evaluated.
- Recognize broader human health benefits of WASH through systems approaches considering not only water-borne diseases, but also AMR, stunting, NTDs, climate change related health1





