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Sanitation: The Unmet Challenge

New Issues Paper for the Water Supply and Sanitation Collaborative Council

Rabat Meeting of the Council

7-10 September 1993

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SANITATION: THE UNMET CHALLENGE

1. SANITATION:[1] WHY SHOULD WE CARE?

Today nearly two billion people, or about a third of the world's population, is without adequate basic sanitation and by the year 2000 there will be 3 billion people unserved.[2]

The Health Implications

The health implications for this state of affairs is appalling. It is responsible for most of the billions of episodes of diarrhea each year, resulting in 2.5 million unnecessary child deaths per year, countless lost days from school and work and tremendous loss of nutritional status in growing children.[3]

Human feces transmit intestinal helminths and worldwide nearly a billion people are infested. Intestinal helminths are a main disease burden of children ages 5 to 14, affecting their ability to grow and learn.[4] Open defecation also spreads poliomyelitis, typhoid fever, schistosomiasis and cholera.

Good sanitation goes beyond building latrines and much disease can be prevented through promotion of better hygienic practices in the absence of latrines.[5] Washing hands after defecation and before preparing food is of particular importance in reducing disease transmission. Without sufficient water in or near the home, regular hand washing becomes difficult or impossible.

The risk of contracting a disease related to the lack of sanitation increases with crowding, and human populations are becoming increasingly urban, with millions of poor people crowded into areas that are environmental disasters. Today about 600 million urban inhabitants live in such health-threatening conditions and deserve our immediate attention.[6]

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[1] Sanitation for purposes of this paper is restricted to the safe disposal of human feces.

[2] World Health Organization 1992. The International Drinking Water Supply and Sanitation Decade, End of Decade Review (as at December 1990). The countries referred to include those belonging to WHO's South-East Asia Regional Office: Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, North Korea, Sri Lanka and Thailand. Some of these countries have made good progress in sanitation coverage.

[3] World Health Organization, Control of Diarrheal Disease Programme.

[4] World Bank 1993. World Development Report: Investing in Health.
World Health Organization 1992. Our Planet, Our Health.

[5] WHO 1993. Improving Water and Sanitation Hygiene Behaviours for the Reduction of Diarrhoeal Disease. Report of an Informal Consultation, June 1993.

[6] World Health Organization 1992. Our Planet, Our Health.

The disappointing response

Yet, despite all evidence that sanitation is an extremely important requirement for health and that more than one-half billion people live with the double disadvantage of no sanitation and crowding, we seem to be continually falling behind in helping communities and households to improve their sanitary conditions.

2. WHERE ARE WE GOING WRONG?

Considering the public health importance of sanitation and hygiene, why does it lag behind the provision of water supply? Where are we going wrong? Although there are numerous opinions on this topic, one can venture a few explanations.

Lack of political will

First, perhaps we have not adequately communicated to our political leaders the dimensions of the problem and resources it would take to solve it. We have not emphasized to them how rapid population increase is causing us to fall increasingly behind. Poor sanitation has not been translated into the human and economic losses it causes: unnecessary child illnesses and deaths, wasted years of schooling, lost years of work, wasted expenditures on curative measures. We have not convinced them sufficiently that disease breeds poverty and poverty breeds disease and that high rates of child mortality encourage couples to have more children. Perhaps we need to work on creating the political will to put greater resources toward sanitation, and that requires that we do more advocacy work.

Sanitation: Nobody likes it

Second, sanitation is not a popular topic at any level of society. It is not attractive as a profession. Who wants to say he specializes in the disposal of human excreta? The technology is not highly sophisticated and therefore is unappealing to engineers who graduate with impressive qualifications. How many political leaders get elected by promising latrines? How many departments of water supply and sanitation or ministries of health have clean, usable toilets? The topic of sanitation is uncomfortable and taboo, and we have not yet seen that the challenge is to break through these cultural barriers in order to lower the burden of disease.

Too few good technologies

Another problem may be with the technology itself. We have offered households and communities very few choices and those tend to be expensive. We have viewed sanitation as latrines rather than as gradual improvements in safe excreta

disposal according to what communities can afford. Our sector needs to offer a cafeteria of choices and this means that more types should be developed through research. We need far greater flexibility to offer a range of upgrading options that will vary with socio-economic, cultural, financial and geographical circumstances.

Water and sanitation: different time frames?

An additional problem may be that we have tied sanitation to water supply, hoping that water supply, which appeals more, would pull along the sanitation. We have failed to realize, however, that while providing improved water supplies may take only a year, improving sanitation involves so many new behaviours that it may take a generation. It requires research on local beliefs and practices, culturally appropriate hygiene education, extension workers trained in two-way communication and years of sustained effort. Are we trying to combine two activities that actually have different time frames?

Poor promotional techniques

A final point on where we are going wrong is probably in the area of sanitation promotion techniques. If there were ever an area that needed the expertise of social marketing, it is the area of sanitation. We must convince political leaders as well as communities. Yet few national programmes consult marketing firms to sell the idea of sanitation or even to do consumer research. Few programmes employ social scientists or health educators to try to understand obstacles or to create demand.

To obtain funds for sanitation, we have tied it to water supply rather than convincing decisions makers that it needs funds in its own right. At the community level, we have believed that if we told the people and showed the people, they would buy the product. Such programmes relied upon demonstration and message-giving, rather than marketing and community participation aimed at meeting the expressed needs and preferences of the people.

3. WHERE DO WE GO FROM HERE?

The field of sanitation promotion offers the water and sanitation sector many challenges. We must first ask ourselves if we truly believe sanitation should be a priority public health measure. If the answer is "yes" then we must find ways to accomplish the goal.

Need to prioritize efforts

First, given hard economic times and continued rapid population growth, should we prioritize our efforts? Even if we greatly accelerate efforts, full sanitation coverage is probably not achievable in the next 25 years. Since certain hygienic

practices, such as handwashing, footwear and better food handling, can prevent a great deal of excreta-borne disease, perhaps we should set our goal at "hygiene promotion for all, full latrine coverage for high-risk populations." This implies that any improvement in interrupting the cycle of these exreta-borne diseases is a step forward, and that we must make a serious effort at hygiene education and promotion.

Need for sustained efforts in hygiene education

Second, isn't it time to give greater emphasis to hygiene education? Improved sanitation requires many behavioural changes that could take several years to bring about. Hygiene education requires understanding community beliefs, values and practices, training extension workers in two-way communication, and innovative educational methods suited to the culture such as comics and participatory techniques. It also requires focussing on key behaviours, and recognizing that small improvements are better than no improvements at all. In some communities hygiene education coverage rather than latrine coverage will be the goal, and it alone can contribute to reductions in disease. More importantly, our efforts in hygiene education should be relentless and should focus on children and bringing about culture change.

Need to see human waste as a resource

Third, should we try to break through as many cultural barriers as possible so that all levels of society can talk freely about the urgent need for better sanitation coverage. Engineers need to see the challenge of treating human excreta as a valuable resource rather than as an obnoxious, dangerous waste product. Dry latrines that turn human excreta into a valuable resource need not be regarded as a second rate solution reserved for the poor, but a first-rate solution for households and communities that for environmental reasons need to conserve their water resources and reduce their dependence upon chemical fertilizers. Engineers should be rewarded for innovations and new designs through career promotions.

Need to market sanitation

Fourth, should we invite marketing experts to help us convince policy-makers of the public health and economic importance of sanitation and communities of the advantages to their lives and livelihood? Should we recognize that we need political support from the highest levels to create more appropriate disposal methods and to support hygiene education? For this we need stronger involvement of social scientists and health educators to take part in the promotion of sanitation and hygiene. Marketing of sanitation could also create a demand for sanitation at the community level. Once there is a demand, private enterprise will seize the opportunity.

Need to involve women and communities more

Fifth, as women worldwide are largely responsible for home economics, sanitation and personal hygiene of children, shouldn't we make a special effort to involve women more seriously than before in promoting sanitation, in design, and in decision-making?

Increasingly, the role of the entire community is being seen as crucial in promoting sanitation. Wouldn't promotion be stronger if the community saw the collective importance of each household contributing to a reduction in the risk of disease? Many non-governmental organizations have been extremely successful in achieving improvements in community sanitation and every effort should be made to encourage and support their participation in this effort.

Need to share successful innovative approaches

Some country programmes and the projects of some non-governmental organizations are becoming increasingly successful through innovative approaches. For two examples, the government of India is creating Sanitation Marts where households can small contractors can purchase materials, and CARE/Mozambique achieves remarkable coverage rates through community participation and no-cost VIP latrine designs. Successful examples on a small scale no doubt abound, but they need to be gathered and shared so we can build a conventional wisdom about what works.

4. CONCLUSION

We must ask ourselves whether we already have the pieces of the puzzle necessary to achieve better hygiene and sanitation coverage, and whether the problem is that we have not taken the time to put the pieces together. The health of millions of children and adults is affected yearly by a lack of safe disposal of human excreta and associated hygiene behaviours. Isn't the time now to take up the challenge of hygiene and sanitation promotion?

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