Environmental matters

Strategy on sanitation for high-risk communities

The Executive Board,

Having considered the report of the Director-General on strategy for sanitation in high-risk communities,\(^1\) RECOMMENDS to the Fifty-first World Health Assembly the adoption of the following resolution:

The Fifty-first World Health Assembly,

Having considered the report of the Director-General on strategy for sanitation in high-risk communities;

Aware of the plight of rural and urban communities with highly insanitary conditions, the importance of sanitation for health, and the responsibility that WHO has to provide appropriate leadership;

Concerned about the vast and increasing number of people in the world who lack sanitation, living in communities that should receive the highest priority for sanitation because of the particularly high risk of disease related to insanitary conditions;

Recognizing that while full coverage by water supply and sanitation services as proclaimed by the 1990 World Summit for Children and in other forums remains the ultimate goal, higher priority should be given to these high-risk communities without delay;

Recalling resolutions WHA39.20, WHA42.25, WHA44.27, WHA44.28, WHA45.31 and WHA46.20 which \textit{inter alia} have guided WHO’s programme on community water supply and sanitation;

Recalling that the Executive Board established environmental health, particularly water supply and sanitation, as one of the priority areas for WHO;

Noting that a joint water supply and environmental sanitation strategy was approved by the UNICEF/WHO Joint Committee on Health Policy in May 1997;

\(^1\) Document EB101/19.
Noting that the topic of water, including community water supply and sanitation, is to be considered by the United Nations Commission on Sustainable Development in 1998, which will determine future priorities, action and roles in this area,

1. **ENDORSES** the strategy for sanitation in high-risk communities;

2. **URGES** Member States:
   
   (1) to reorient and strengthen their sanitation programmes to ensure that priority is given to communities at high risk from insanitary conditions, with the following aims:

   (i) identifying high-risk communities and subgroups in rural and urban areas and setting priorities accordingly, through observation using health statistics and other systematic data from screening;

   (ii) overcoming obstacles to sanitation such as difficult geological, social, economic and legal conditions;

   (iii) mobilizing communities and involving them in the planning and implementation of their sanitation systems through collaboration with nongovernmental organizations and others with successful experience in community participation;

   (2) to give higher priority to sanitation in national planning for health and investment in infrastructure, with the following aims:

   (i) integrating sanitation with related programmes for development such as child survival, maternal and child health, essential drugs and agricultural development;

   (ii) advocating sanitation in order to increase political will and commitment at every level;

   (iii) including sanitation in the preparation of national action plans on health and environment;

3. **CALLS UPON** the United Nations and other international organizations to give high-risk communities priority for sanitation, and invites donors to provide adequate funding for the necessary measures;

4. **REQUESTS** the Director-General:

   (1) to support Member States in implementing sanitation programmes, ensuring that sanitation is being assured by appropriate programmes in a coordinated and coherent way;

   (2) to undertake advocacy for the recognition of high-risk groups and their needs as a priority;

   (3) to support efforts by Member States to identify high-risk communities and give them priority, suggest appropriate methodology and assist in gathering information;

   (4) to support applied research on appropriate sanitation technology and community involvement for high-risk areas, including the review of cases and establishment of models of “good practice”;

   (5) to support training of extension workers in methodology for involving communities in their sanitation development;
(6) to integrate sanitation with action such as “Healthy cities/islands/villages/marketplaces” projects and the “School health initiative”;

(7) to convene an expert consultation on the financial, cultural and legal obstacles to reaching high-risk communities, and to advise Member States on measures to overcome them;

(8) to strengthen cooperation with other United Nations organizations in the promotion of sanitation with particular emphasis on high-risk communities, and especially with UNICEF in the UNICEF/WHO joint water supply and environmental sanitation strategy.

Sixteenth meeting, 27 January 1998
EB101/SR/16