**World Health Organization**
**Organisation mondiale de la Santé**

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# Environmental matters

## Strategy on sanitation for high-risk communities

### Report by the Director-General

Poor household and community sanitation is a major risk to human health. Nearly two-thirds of all people in developing countries do not have sanitary excreta disposal, and the number without adequate services is growing. Current efforts to deal with the deficiencies are grossly inadequate and change is urgently needed, with a new strategy, particularly for those communities where the conditions are worst and the risk of contracting diseases related to insanitary conditions is highest, and where health would therefore benefit most from investments in water supply and sanitation. This document outlines action to be taken by WHO and other international organizations concerned.

The Executive Board is invited to consider a draft resolution.

## INTRODUCTION

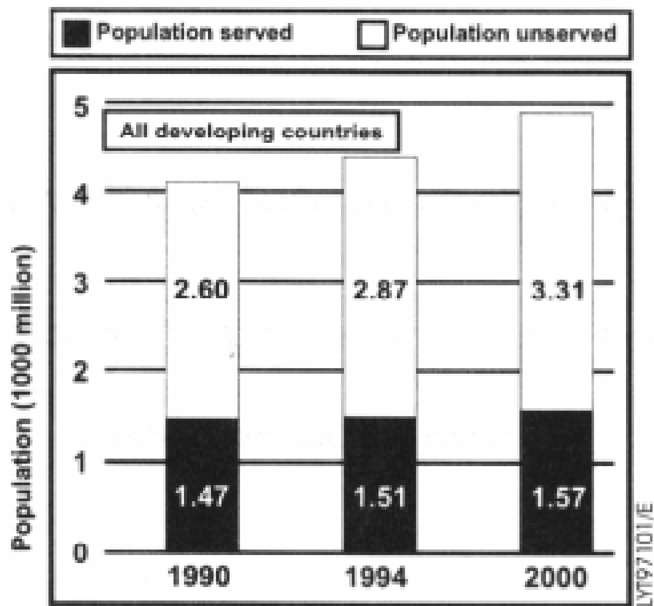
1. The poorest 1000 million people on Earth are seven times more likely to die from infectious diseases and maternal and perinatal conditions - most of which are directly related to bad sanitation - than are the least poor 1000 million.

2. Since 1970 sanitation coverage in developing countries has remained constant at about one-third. Projections to the year 2000 show no change in this pattern (see Figure 1). In essence, the increase in world population leads to an almost equivalent increase in people not served by adequate sanitation. The dramatic proportions of the sanitation deficit become most evident when compared with the progress achieved in water supply.

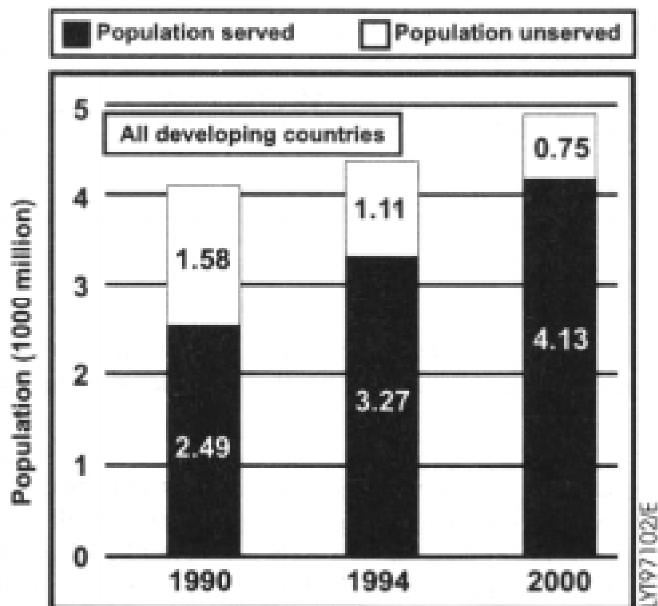
3. A new sanitation strategy focusing on high-risk communities should guide WHO's activities in the future.

## FIGURE 1

### SANITATION




### WATER SUPPLY



## SITUATION ANALYSIS

4. Environmental sanitation seeks to control or change the physical environment and related human behaviour in order to prevent the transmission of disease, including safe disposal of human excreta and other household waste to prevent infections, and domestic water supply for drinking, cooking, personal hygiene and general household and community cleanliness.

5. Sanitation is universally accepted as a foundation for good health, and total coverage thus remains a vital aim. However, epidemics of cholera and plague in recent years and continued high endemic rates of diarrhoeal diseases and intestinal helminthic infestations have increased the awareness that certain communities are living in conditions of very high risk and are suffering disproportionately. Generally such communities are crowded urban and periurban settlements, often without recognized legal status, and rural communities where polluted surface water and unprotected wells and springs prone to contamination are used for drinking-water. Such environments, both urban and rural, lack hygienic toilets, proper drainage, solid waste disposal and water for good personal and domestic hygiene. The recognition of the very high risk in these areas and the need for appropriate action should be given priority in national and local planning, as they stand to benefit by far the most from investments in water supply and sanitation.

6. The number of people at high risk is difficult to estimate. It will be the responsibility of each Member State to determine who should have priority for sanitation services according to environmental sanitation conditions and - where data are available and relevant - disease patterns. In most developing countries half of all urban residents and a large proportion of rural communities may fall into the high-risk category.

## ENDURING VALUE OF INVESTMENTS IN SANITATION

7. Poor sanitation is largely responsible for many diseases, such as schistosomiasis (with an estimated current global prevalence of 200 million cases), typhoid fever (16-17 million cases), intestinal helminthic infections (1500 million people infested) and various diarrhoeal diseases (over two million infant and child deaths annually). Although these diseases can be treated using good case management and effective medicine, the existing needs far exceed the capacity to deliver such services.

8. A strictly medical approach with case detection and treatment will not result in complete interruption of transmission and would represent a continual burden on resources for health. If all people suffering from these diseases could be cured, in the absence of sanitation infection would still recur in an endless cycle. Countless days of productive work and, for children, days at school are lost and each disease episode brings a setback in child growth and development. Even if ideal conditions of treatment and cure could be achieved for all (which is far from true today), repeated cycles of treatment corresponding to outbreaks are not the answer. A more permanent solution needs to be found for the elimination of the root causes.

9. Those who suffer most are children and women of child-bearing age, as these diseases also result in anaemia and malnutrition. Governments which have taken the decision to invest in environmental sanitation have already cut high rates of infant and child mortality to minimal levels, while people in countries where such a decision has not been taken still suffer (see Table 1).

10. Rapid population growth, urbanization, and over-crowding, in the absence of sanitation services, results in increasingly polluted environments and increasingly high risk of disease epidemics. Through good sanitation services, together with safe and ample water supply, hygienic behaviour and safe food, this risk can be reduced to nearly zero. The investment in sanitation breaks the cycle of disease transmission and lasts for generations as demonstrated by many countries and cities with high population densities.

### TABLE 1. INFANT MORTALITY, CHILD MORTALITY, WATER SUPPLY AND SANITATION COVERAGE, AND GNP PER CAPITA IN SIX COUNTRIES, 1994 AND 1995

| Country | Infant mortality rate (1995) (0–1 year) per 1000 live births | Child mortality rate (1995) (0–5 years, cumulative) per 1000 live births | Access to safe water (1994) (percentage of population) | Access to adequate sanitation (1994) (percentage of population) | GNP per capita (1995) (US$) |
|---|---|---|---|---|---|
| Afghanistan | 159 | 251 | 10 | 8 | <765 |
| Chile | 15 | 17 | 96 | 71 | 4 160 |
| Ghana | 77 | 113 | 56 | 42 | 390 |
| Guinea-Bissau | 135 | 207 | 57 | 20 | 250 |
| Philippines | 39 | 48 | 84 | 75 | 1 050 |
| Sweden | 5 | 6 | 100 | 100 | 23 750 |

*Source*: WHO, 1996.

11. For decades sanitation has been given extremely low priority in comparison with other general development needs. With the development of treatment of diseases associated with poor sanitary conditions, preventive measures have unfortunately been relegated to a minor role. There is a lack of political will for - and investment in - sanitation, and those in need of such services cannot exert sufficient public pressure to bring about change; they are also less willing to pay for sanitation than for water supply.

12. Other constraints are a lack of appropriate technology for difficult situations (such as crowded urban settlements and areas where pit latrines cannot be dug) and the difficulty of legislating for improvement in sanitation in illegal settlements.

## NEW STRATEGY

13. Given the persisting low sanitation coverage, the high prevalence of diseases due to poor environmental conditions, the low investment in sanitation, and population growth and urbanization, a new approach to sanitation is considered to be the best course of action.

14. Consequently it is proposed that Member States of WHO and all other organizations concerned focus sanitation efforts on high-risk communities, with renewed emphasis on sanitation as a whole, in terms both of overall investment and of integration with related development activities. Of great importance to the success of this effort will be the involvement of communities in planning, implementing and maintaining their services and the development of sanitation technology suitable for difficult geographical and residential conditions taking into account cultural beliefs and habits as well as long-term ecological and financial sustainability.

15. No illusions should be nourished, however, that sanitation for the rural and urban poor could be provided on a full-cost-recovery or even on a self-financing basis, as is increasingly the case in the urban water supply sector with its current trend towards privatization. In the case of sanitation, gains for public health more than justify public expenditure. To offset costs and ensure greater sustainability of sanitation systems, considerable community involvement and self-help will be needed.

16. The high-risk approach must be both ethical and promotional (see paragraph 17(2) below). Public health principles demand that those at highest risk should be given priority. Lack of social equity in supporting communities' efforts for sanitation is a main reason for the heavy disease burden and many epidemics observed today.

17. The main elements of the new strategy are:

(1) **focus on communities at high risk from diseases related to insanitary conditions:** Member States should identify and give high priority to high-risk communities and subgroups in urban and rural areas according to existing conditions, taking into account health statistics (including intraurban health differentials) and other systematic data from screening, where available and relevant; in order to meet the needs of communities having difficult geographical and social conditions (e.g., rocky soil, high water-table, extreme crowding, no legal status, extreme poverty), Member States should support and participate in research on sanitation methods and technology specially suited to those conditions and should analyse successful cases and establish models of "good practice"; they should ensure the suitability and sustainability of sanitation services through programmes of meaningful community involvement, stimulating community action and self-help, and remaining sensitive to cultural and ecological needs. The competent authorities and agencies could greatly benefit from collaboration with nongovernmental organizations and other groups with successful experience in community participation;

(2) **higher priority to sanitation in national planning for health and investment in infrastructure:** Member States, international development organizations and nongovernmental organizations should begin a sanitation promotion programme to increase political will at every level; priorities should be established in the preparation of national action plans for health and environment, and should be firmly integrated into programmes for implementation; sanitation should be integrated with as many other aspects of development as possible, such as programmes on child survival, maternal and child health, essential drugs and agricultural development (with recycling of waste where feasible and appropriate).

## WHO'S ROLE

18. WHO has a responsibility to provide leadership in sanitation as a major determinant of health, bearing in mind that most of the public works and other measures are undertaken by authorities other than health agencies, such as municipal services and local government.

19. WHO's mandate includes support to such programmes initiated by authorities in other sectors than the health sector (see the corresponding provisions in subparagraphs 4(1)-(8) of the draft resolution suggested in paragraph 21 below).

20. Thus WHO, in cooperation with other appropriate organizations in the health sector will play an effective and dynamic role in changing attitudes and establishing priority for sanitation.

## ACTION BY THE EXECUTIVE BOARD

21. The Board is invited to consider the following draft resolution:

The Executive Board,

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

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 *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;

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.

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