Editorial: Keeping sanitation in the international spotlight

2008 is the International Year of Sanitation. At this year's World Water Day (March 22) sanitation was at last given the spotlight to help catch the attention of the international community. Although such attention is most welcome, it is a serious indictment on the international community that the arguments for separating human waste from direct human contact—what improved sanitation actually means—need to be made and won again.

It is already well known that improved sanitation could prevent 1.5 million deaths from diarrhoeal illnesses a year, enhances dignity, privacy, and safety, especially for women and girls, benefits the economy—every dollar spent on sanitation generates economic benefits worth around nine more—and is better for the environment. Currently, 200 million tonnes of human waste go uncollected and untreated around the world. Yet the statistics, although familiar, remain appalling. 2.6 billion people do not have access to even a basic toilet and in sub-Saharan Africa 62% of people lack this access. These figures have hardly changed for almost two decades because any improvements in provision have barely kept up with population growth. And although one of the targets of the Millennium Development Goals (MDGs) is to halve the proportion of people without access to basic sanitation by 2015, in sub-Saharan Africa this modest target, which still denies access to 50% of people in need of this basic human right, would not be met until 2072 at the current rate of progress.

However, there are encouraging signs that sanitation is finally being taken seriously. The Water Supply and Sanitation Collaborative Council has just launched a Global Sanitation Fund to help meet the MDG sanitation target, helped by over $50 million worth of contributions from The Netherlands, Sweden, Switzerland, and UK governments. 32 African Ministers recently signed the eThetkwini Declaration which commits them to aim to spend at least 0.5% of GDP on sanitation and hygiene. And last month the Foreign Minister of Japan stated that his Government would put water and sanitation on the G8 agenda at the Hokkaido Toyako summit in July. But if these steps have any chance of continuing to maintain sanitation as a high priority after the designated International Year of Sanitation ends, there are several factors that urgently need to be addressed.

The shamefully weak presence of the health sector in advocating for improved access to water and sanitation is incomprehensible and completely short-sighted. Children who benefit from the huge international effort and financial and human resources spent on immunisation and bednet distribution still have a strong chance of dying from diarrhoeal illnesses—the second biggest killer of children under 5 years. Yet the global health community is standing aside, absolving itself of responsibility, and firmly passing the buck to the water and sanitation sectors. The health sector could, and should, be a powerful voice in lobbying governments, and demanding that donors give more funding to water and sanitation, just as it has done, with some success, in advocating for access to essential medicines.

Next, a cross-sectoral approach is vital. Water and sanitation are usually lumped together by donors, governments, and organisations alike but providing access to clean water and providing access to improved sanitation are two distinct activities which involve different expertise, timescales, and funding streams. Sanitation is often in the shadow of water, a situation which is reflected in the amount of funding, priority, and attention given to each entity. However, although these differences must be acknowledged, they must not be used to further widen the sectoral approach. The water and sanitation sectors must find ways of working together. Since access to clean water and access to sanitation are so fundamental to health, the health community could help bring all the sectors involved together.
Finally, although not a panacea, there must be stronger political will followed by increased funding which more accurately reflects the tremendous positive effect that improved water and sanitation has on health. The estimated $10 billion annual cost to meet the sanitation MDG alone is affordable, and if sustained over 20 years, would allow the entire world to have access to sanitation. Perhaps Japan, which has been the biggest global donor of water and sanitation activities since the 1990s, could encourage other G8 leaders to follow its lead.

Sanitation has languished at the bottom of the international agenda for far too long and the global health community has been complicit in letting it stay there. This unacceptable situation must change now.

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