

Scaling-up safe drinking-water solutions: importance of policy and financing

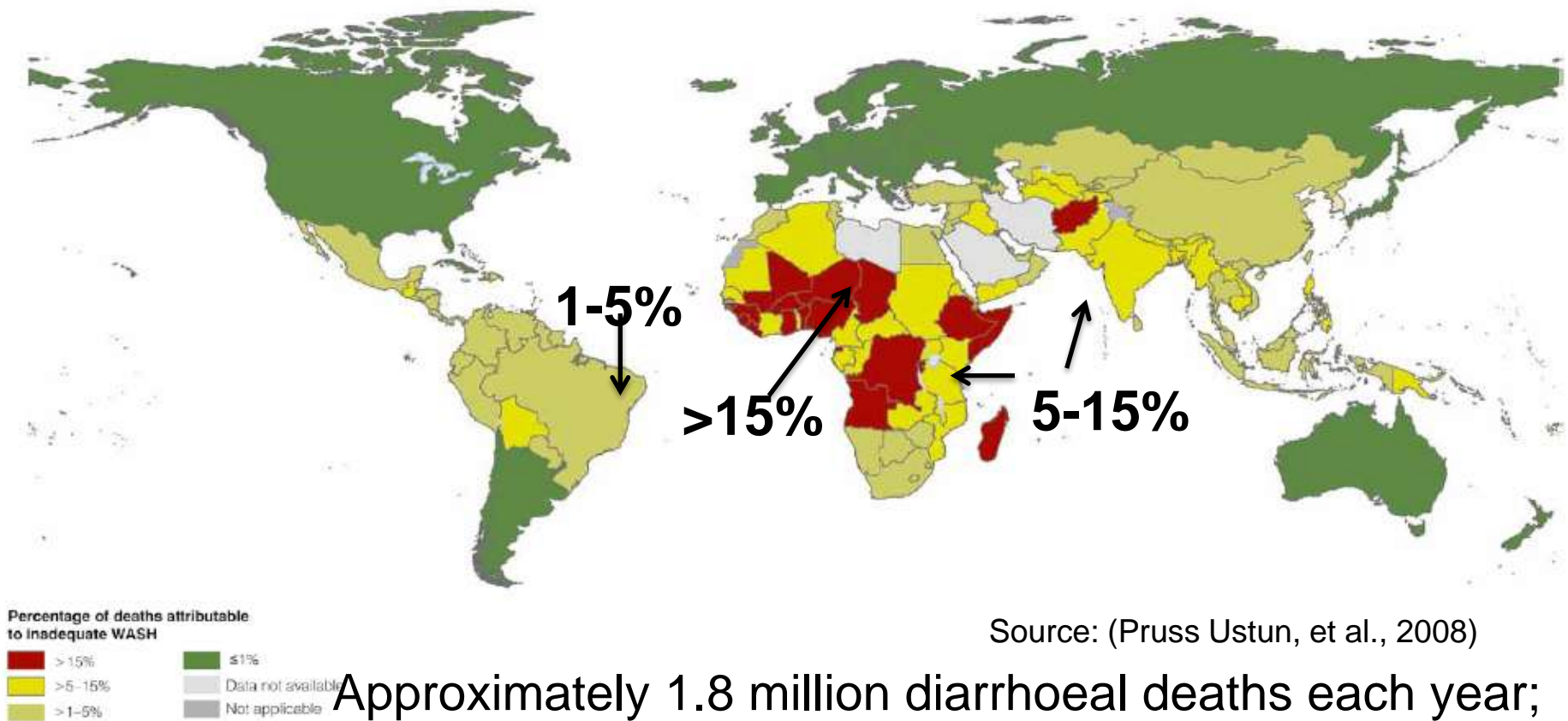


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Overview

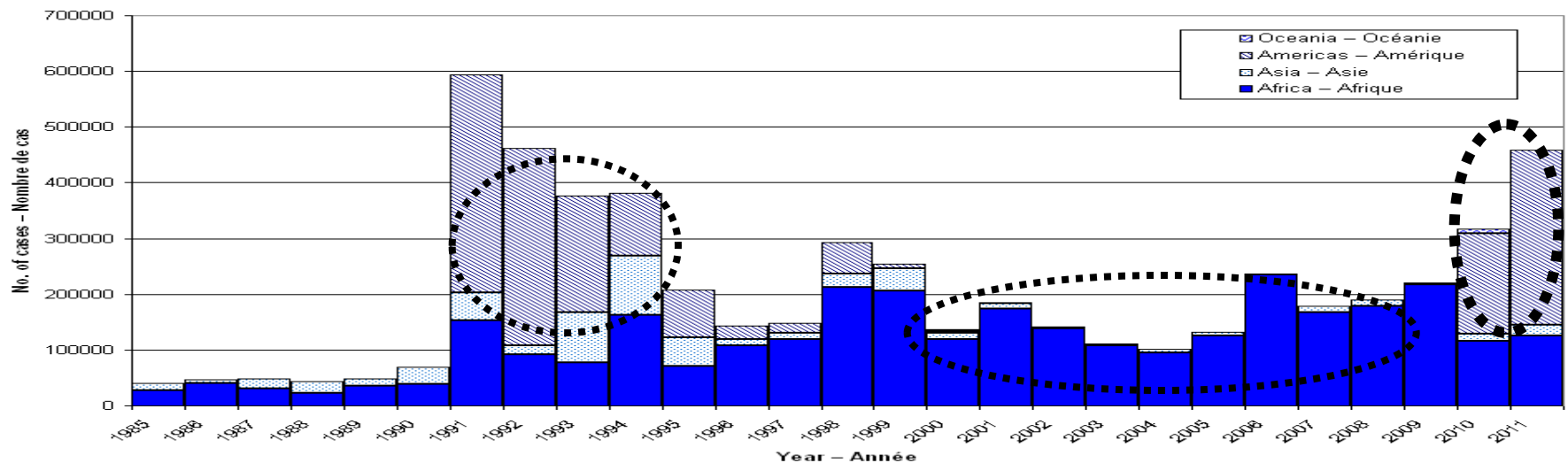
1. Status of national policies and targets
2. Financing needs and operational challenges
3. Promising solutions

Why is water, sanitation, and hygiene important?



Approximately 1.8 million diarrhoeal deaths each year; large proportion due to unsafe drinking-water, sanitation and hygiene (2013; WHO).

Cholera cases reported to WHO 1985-2011



Reported cases /deaths 2000 - 2011:

- 140 000 – 470 000 cases/year
- 1900 – 7500 deaths /year

Estimated cases & deaths (ref: Mohamed Ali and al. WHO Bull. Jan 2012) :

- 2.8 million cases / year in endemic countries
- People at risk: 1.4 billion in endemic countries

Global goals, targets and rights are important to improve services and health

- **UN MDGs for water and sanitation**

- Since 1990, 2 billion and 1.8 billion have gained access to improved water and sanitation, respectively
- Grave disparities in quality, access, reliability and service

- **Right to safe drinking water and sanitation**

- UN resolution 64/292, recognizes "the right to safe drinking water and sanitation as a human right that is essential for the full enjoyment of life and all human rights"

*Freedom*s: from illegal disconnections, from unlawful pollution, non-discrimination and security in access,

*Entitlement*s: safe and sufficient quantity of water and access to sanitation, access in detention

WHO influential in health policy

2011 World Health Assembly Resolutions

- **World Health Assembly Resolution 64/24 on *Drinking-water, sanitation and health***

- Urges Member States to recognize safe drinking-water, sanitation and hygiene as the basis for primary prevention in health strategies
- Calls for a comprehensive WHO strategy on water, sanitation and health



- **World Health Assembly Resolution 64/14 on *Cholera: mechanism for control and prevention***

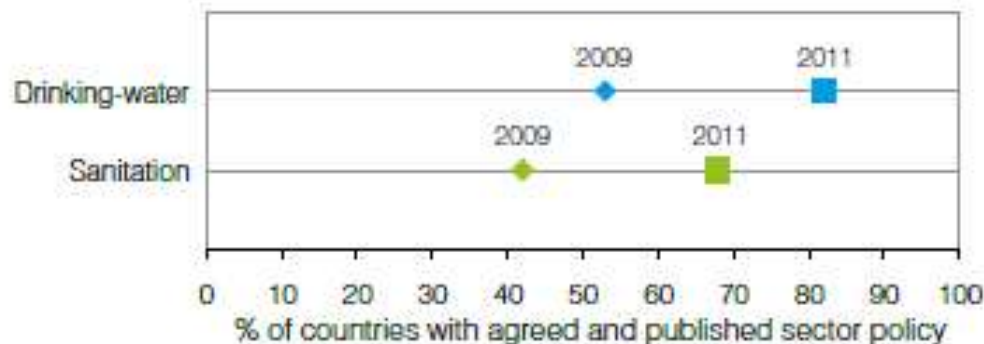
- Calls attention to role of safe water, including household water treatment and sanitation Cholera prevention



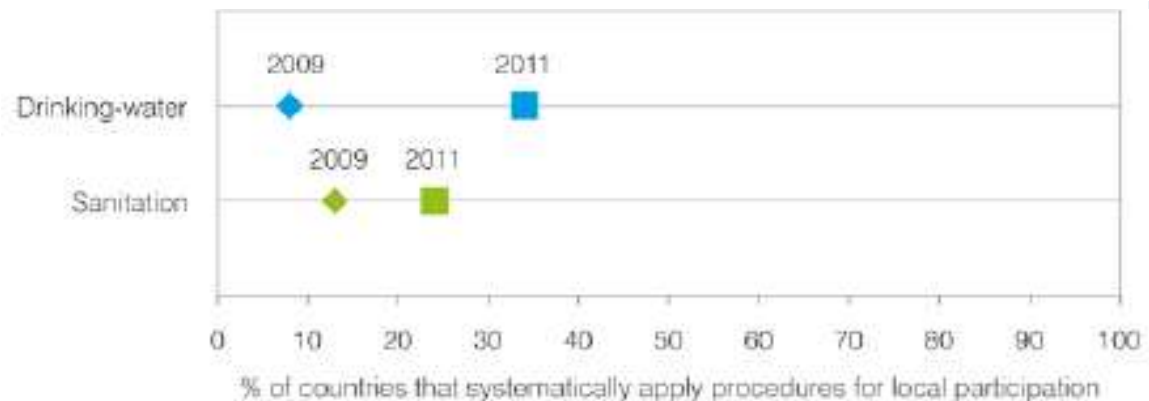
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Adoption of national policies increasing

Countries report strong progress in adopting and publishing WASH sector policies



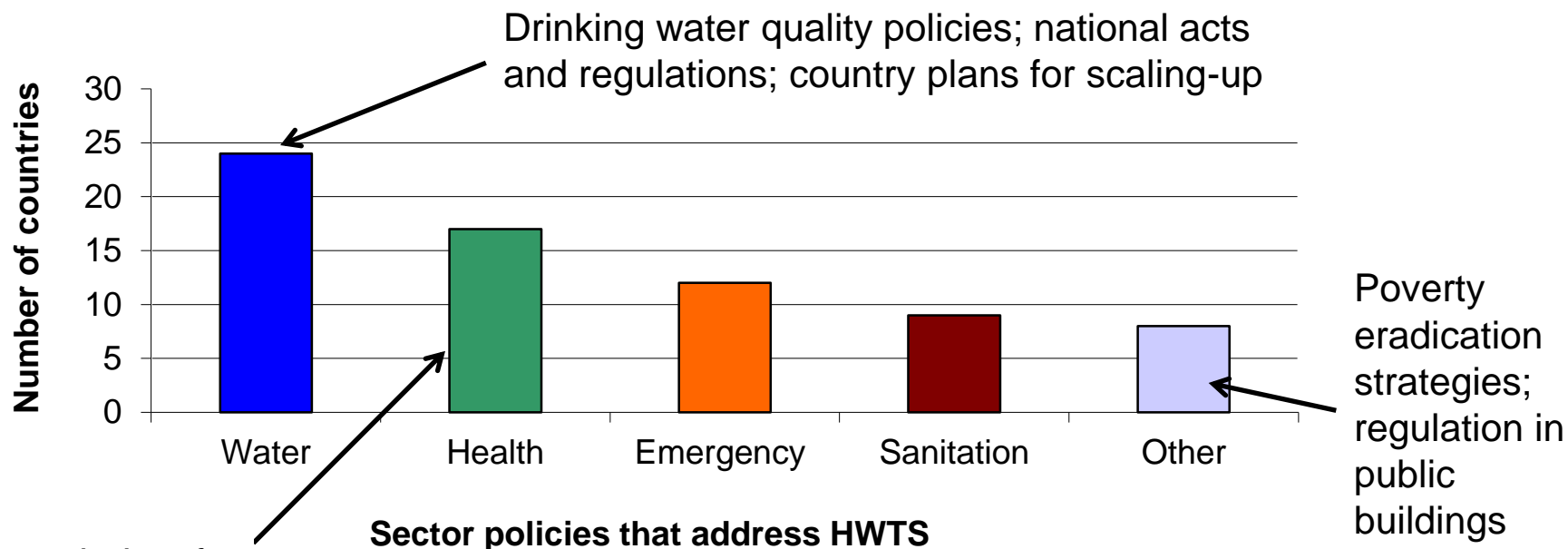
Increased use of WASH reviews for planning



Source: WHO, 2012. UN-Water Global Analysis and Assessment of Sanitation and Drinking Water. Geneva, Switzerland.

Global snapshot of HWTS National Policies

Two-thirds of countries address HWTS in national policies/strategies; nearly half include HWTS in multiple sector strategies.



In majority of countries MoH is lead

Source: WHO, 2012. *Status of national policies on household water treatment and safe storage in select countries*. Geneva, Switzerland.



World Health Organization

What are examples of national targets?

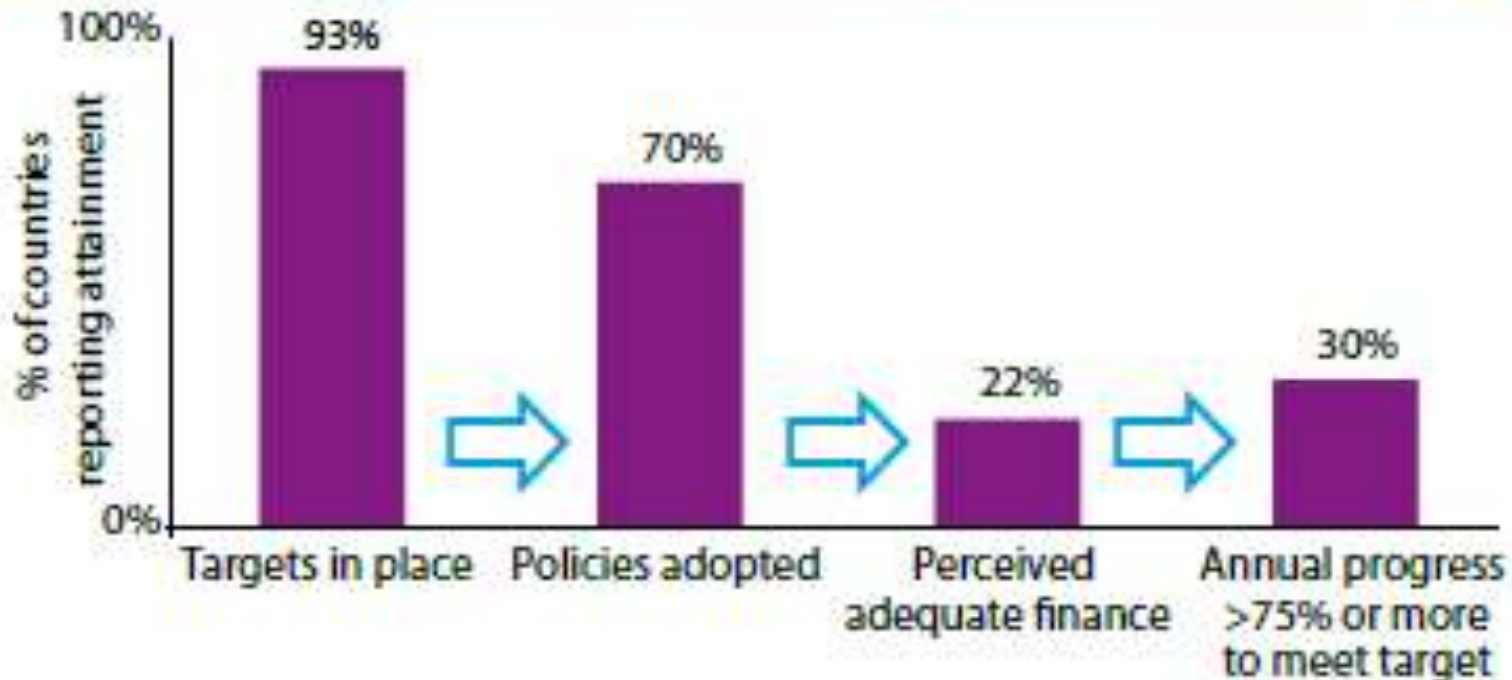
- Ethiopia: 98% access to improved water by 2015
- Oman: by 2020 every household should have efficiently treated water supplied by either government or individual and safe storage
- Ghana: by 2015 90% of population who do not yet have access to potable water will consistently and correctly practice an effective HWTS method



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Policies do little good "on the shelf"

Despite progress on setting targets and establishing policies, output is insufficient to meet national targets



Source: WHO, 2012. UN-Water Global Analysis and Assessment of Sanitation and Drinking Water. Geneva, Switzerland.

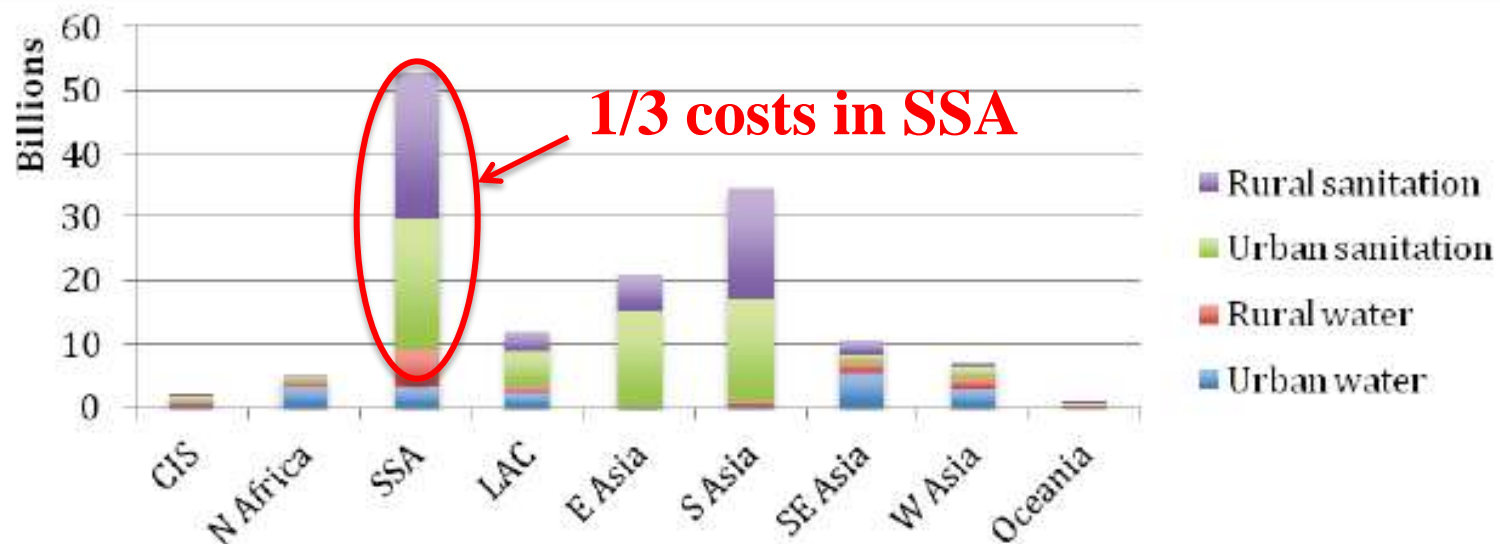
Financing needs and operational challenges

Global **costs** of increasing access to water and sanitation

- Costs to meet MDGs
 - Water: \$30 Billion
 - Sanitation: \$115 Billion
 - O&M: \$16 Billion

TOTAL=\$161 Billion

**UNIVERSAL
ACCESS=\$400 Billion**



Source: WHO, 2012. *Global costs and benefits of drinking-water supply and sanitation interventions to reach the MDG target and universal coverage*. Geneva, Switzerland.

Global **benefits** of increasing access to water and sanitation

- Cost-Benefit Ratio to achieve universal coverage
 - Water: 2.0
 - Sanitation: 5.5
 - Combined: 4.3

Main contributor is time savings.

Reduced health care costs an important contributor in SSA



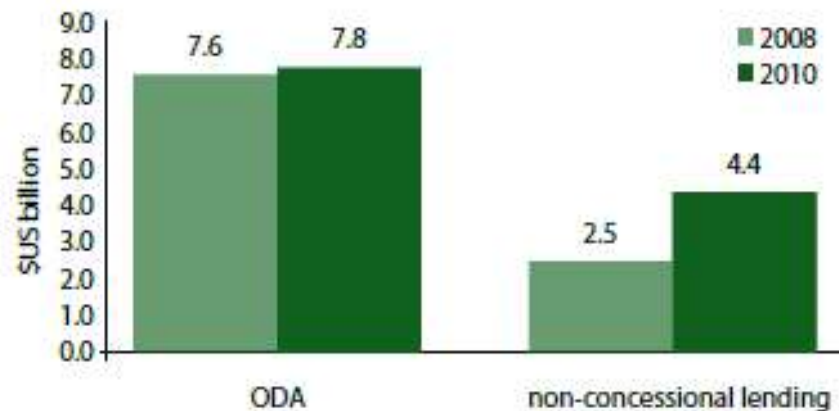
WHO/ R Granich

Source: WHO, 2012. *Global costs and benefits of drinking-water supply and sanitation interventions to reach the MDG target and universal coverage*. Geneva, Switzerland.

Donor finance-a significant proportion of WASH funding

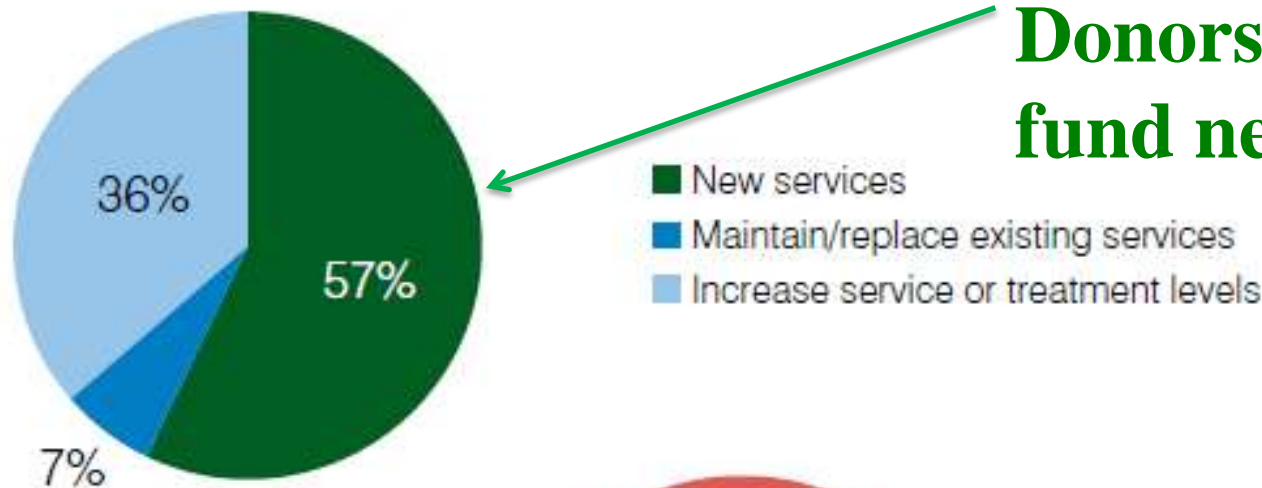
Country	Donor finance (as % of government finance)
Madagascar	26
Honduras	39
Kenya	41
Afghanistan	46
Yemen	46
Bangladesh	63
Lesotho	67

Despite the global financial crisis, external support for WASH increased from 2008 to 2010



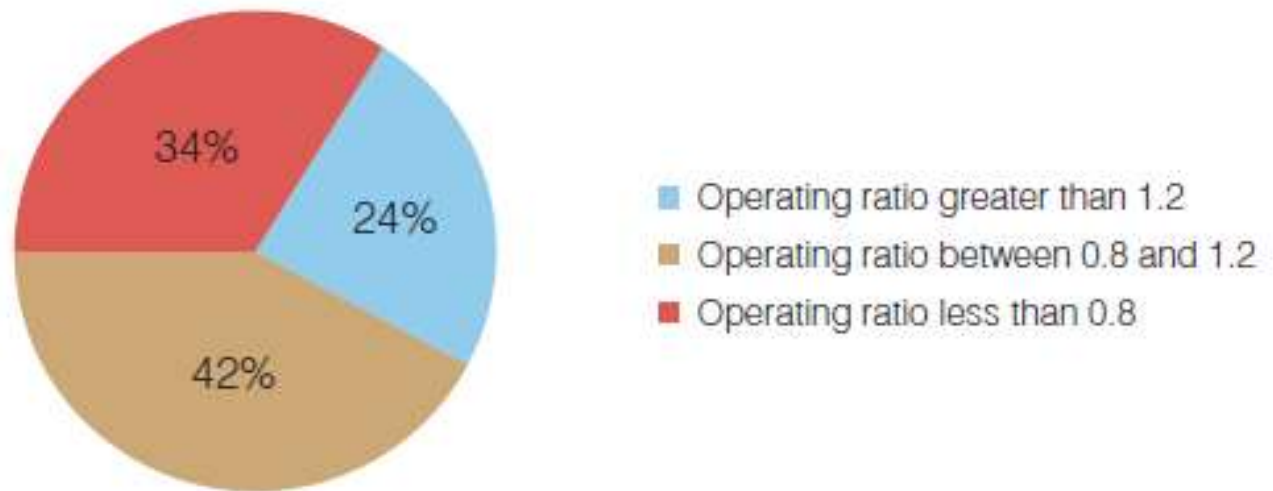
Source: WHO, 2012. UN-Water Global Analysis and Assessment of Sanitation and Drinking Water. Geneva, Switzerland.

Funds not sufficient to maintain systems



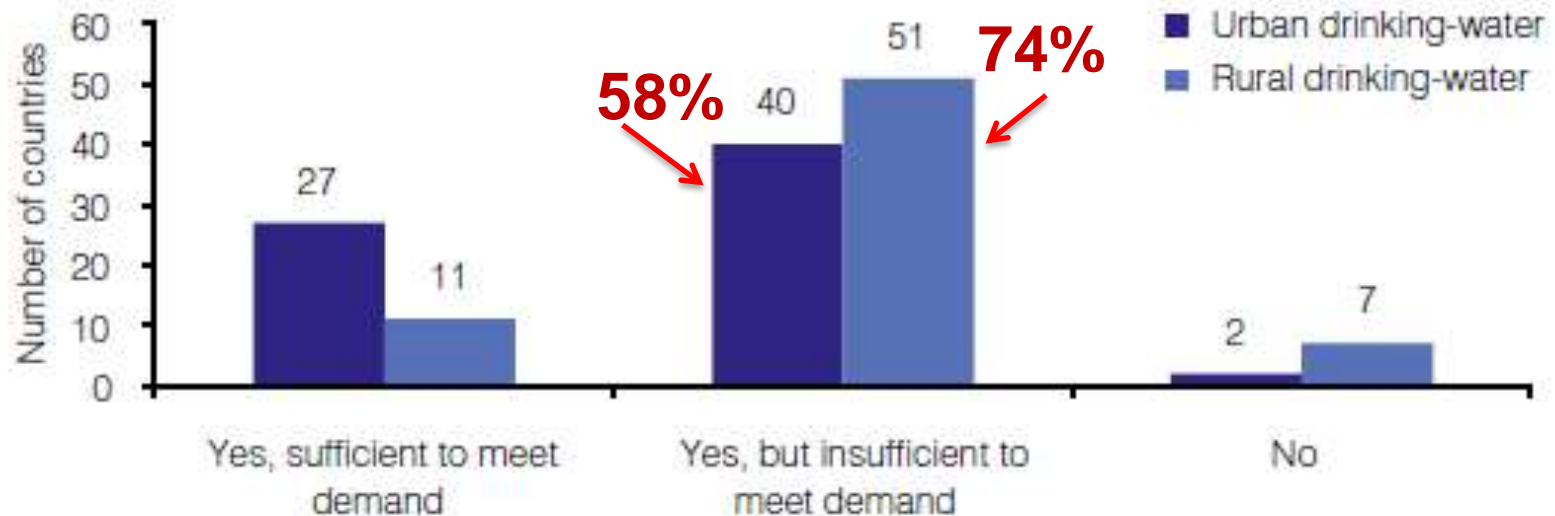
Donors more likely to fund new services

Utility revenues only cover 80% of operating costs



Source: WHO, 2012. UN-Water Global Analysis and Assessment of Sanitation and Drinking Water. Geneva, Switzerland.

Lack of staff to operate systems



More than half of all urban and rural drinking-water systems do not have sufficient staff to meet demands.

Source: WHO, 2012. UN-Water Global Analysis and Assessment of Sanitation and Drinking Water. Geneva, Switzerland.

Maintaining services is an on-going challenge!



Poor functionality

- In rural Sub-Saharan Africa 30-80% systems functioning; only 10% function if older than 25 yrs
- In Tanzania 25% of systems built 2 years ago are not functioning
- Pressure to expand services threatens to undermine O&M at expense of new, rapid construction



CL Chaignat, WHO

Promising Solutions-What do you suggest?

Solution one: Strengthen regulations and standards

- Determine evidence informed national priorities; develop corresponding strategies and policies (ex. WHO Int'l Scheme to Evaluate HWT)
- Set clear responsibilities with and among ministries (health, water, energy, environment, commerce)
- Develop work plan and budget to implement policies and clear monitoring and evaluation indicators



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Solution two: Performance-based financing and partnerships

- Funding linked to achieving indicators
(i.e. reducing carbon emissions; borewells function 5 years +, etc)
- Public private partnerships
(i.e. distribution of household water treatment products and soap through local vendors; operation of borewells)
- Engage private operators



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Solution three: Engage communities; target users

- Understand user needs and develop demand-based solutions
- Empower traditionally marginalized stakeholders (women, youth)
- Implement evidence-based behaviour change techniques
- Document successes and failures to shape future policies



Solution four: Strengthen Local Financing and Cost Recovery

- Establish local financing schemes
 - < 10% of rural Sub-Saharan Africans have access to microfinance
- Set realistic expectations about ability to pay
 - Subsidies for those most in need; commercial markets for others
- Provide training on financial management
- Link wat/san to income generation

Final Thoughts

- Progress has been made; work remains!!
- More focus needed on the other 90% (not the technology)
- Collective action, coordination and accountability desperately needed
 - International organizations
 - Governments
 - Donors
 - NGOs
 - Academia
 - Practitioners

Acknowledgments

- Waltaji Terfa, WHO Ethiopia
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“Afya ni bora kuliko mali.”
Health is better than wealth.



Thank you.

For more information visit: www.who.int/water_sanitation_health