Engaging the Health Sector in WatSan
Exploring the Whys & the Hows

Beth Scott
Sanitation & Health Advisor
DFID

Beth-scott@dfid.gov.uk/ beth.scott@lshtm.ac.uk
INTRODUCTION: WASH – Central Pillars to Development

- While we all talk about ‘WASH interventions’ it’s their **IMPACTS** that are important!
- Poor WASH negatively impacts:
  - Health
  - Nutrition
  - Education
  - Gender Equity
  - Growth
- And w the onset of climate change, water and sanitation are only going to get more important.
The Whys of Engaging the Health Sector
1. Health Impacts of WASH

- **> 10% global disease burden** = attributable to poor WASH
- **DIARRHOEA**: 1.5-2m child deaths a year; 90% due to poor water, sanitation & hygiene
- **RESPIRATORY INFECTIONS**: 2m deaths per annum; HWWS can reduce prevalence by up to 50%
- **MALARIA**: 1m deaths, 3-500m cases/annum; 50% deaths attributable to poor water management
- **NEGLECTED TROPICAL DISEASES**:
  - **SOIL-TRANSMITTED HELMINTHS**: 2 billion infections/annum; 100% preventable through adequate sanitation
  - **TRACHOMA**: 5 million cases of blindness annually; most preventable through sanitation and hygiene practices
  - **GUINEA WORM**: global push for final eradication; only water filtration and case management
  - **SCHISTOSOMIASIS**: 200m infections annually; preventable through use of safe sanitation and promotion of safe water
- **NUTRITION**: Underlying cause of ½ child deaths; 50% consequences of malnutrition attributable to poor WASH due to enteric infection burden
  - + impact on PLWHAs
  - + impact on maternal & neonatal health
ANNUAL COSTS OF HEALTH IMPACTS OF POOR ENVIRONMENTAL CONDITIONS = 8-9% OF A COUNTRY’S GDP

World Bank Study (forthcoming)
2. History of Environmental Health in ‘West’

- Mid 19\textsuperscript{th} Century = ‘Sanitary Reform’ \rightarrow push for 11 essential health services including access to improved watsan, sewerage provision; also environmental health officers promoting healthy homes and inspecting food

- Late 19\textsuperscript{th} Century = ‘Germ Theory’ \rightarrow chlorination & sewerage

- Early 20\textsuperscript{th} C = community-based health promotion in rural areas: public health nurses visiting households promoting good hygiene and sanitary practice

- Note also: strong sanitation programmes in Benin & Ethiopia = operating through MoH structures
3. Current Directions in WASH

- **Buzz Terms:**
  - Demand Generation
  - Social Marketing
  - Software
  - Community Empowerment
  - Sustainable
  - Hygiene Promotion
  - Latrine Use

**Q:** Are these terms that really fit within an engineering perspective?!
Constraining Factors
May the List Begin…. 

- Free Riding
- Silos
- Health Professionals emphasise disease outcomes and cost-effectiveness
- Lack of health impact and c-e data (strong)
- ‘Cure Better than Prevention’
- Donor emphasis on health systems (provision of treatment)
- Engineers and medics speak different languages
- Relative seniority of different ministries
- Finance streams
- Lack of ‘watsan’ professionals with public health background – credibility of voice?
- Not clear what we are asking of the health sector – need to define their role
The Hows:
Overcoming Constraints & Successfully Engaging

Your Thoughts Please!!!
COP CONTRIBUTIONS TO HOW TO ENGAGE HEALTH SECTOR
PRIOR THOUGHTS

- LANGUAGE: Stop talking about ‘inputs’ and start talking about ‘outcomes’ and morbidity and mortality
- Emphasise impact of water-related disease burden on health systems
- Need for advocacy from health professionals
- Work via agencies involved in both sectors:
  - Role of UNICEF, WHO...
- Ego massage: emphasis what they are good at and we are bad at (health promotion etc)
- Share examples where health sector role has been critical to success
- Focus on ways around the issues of confounding in measuring health impact – how??
- Clearly define ROLES: what do we want from the health sector:
  - Health Promotion Activities
  - Standards & Enforcement