

Access to Drinking Water and Poverty-Related Diseases in the Framework of the Millennium Development Goals (MDGs)

Presentation by
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- Was invited to speak on access to water and diseases of poverty, in framework of MDGs;
 - Am proposing to also talk about access to sanitation which interacts with inadequate access to safe drinking water, to be important factors in causing certain diseases which are highly prevalent in the African region; the 2 are linked within the MDG Goal 7 on ensuring environmental sustainability;
 - Target 7c is to **halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation**
 - Other targets concerned with integration of sustainable development in country policies and reduction of loss of biodiversity
 - Increasing access to safe water and sanitation brings large benefits to development of individual countries through improvements in health outcomes, human capacity and the economy
 - Unsafe water, inadequate sanitation and insufficient hygiene major risk factors for diarrhoeal diseases, which are 2nd leading contributor to global burden of disease
 - Access to safe drinking water defined on the basis of using an improved source of water – piped water into house; public/communal tap or standpipe; tubewell or borehole; protected well or spring; rainwater collection
 - Access to sanitation defined on basis of having use of flush or pour-flush toilet linked to sewer, septic tank or pit latrine; ventilated improved pit latrine (VIP); pit latrine with slab or composting toilet
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- Overall, world on track to achieve the MDG on safe drinking water; however SubSaharan Africa lagging behind
 - WHO, UNICEF and a multi-agency partnership ‘UN Water’ monitor, through surveys, the water and sanitation situation, to support policies, actions to improve situation
 - Average access to safe drinking water in 2008 in SSAfrica was 61%, increased from 50% in 1990, lowest globally after Eastern Mediterranean region at 83%
 - Situation has improved in some countries, including Gabon (87%) Cameroun (74%) and Congo (71%); majority have access to communal/public source
 - However in many SSAfrican countries, **half or more of population do not have access to safe drinking water**; includes Central African countries like Angola, DRC
 - Significant disparities and inequity between rural and urban residents in all countries – e.g. Gabon 41% vs 95%; Congo 34% vs 95%; Cameroun 51% vs 92%; SSAfrica average 48% vs 84%.

- Very few countries on track to achieve MDG target on access to safe water (incl Cameroun, Gabon; CAR making progress, Angola, DRC off-track)
- Situation is worse for access to sanitation – more than 2/3 of people in most countries without access; marked rural/urban disparities in almost all countries; most countries not on track to reach MDG target
- This leads to grave consequences for health, mortality rates, health care costs and lost productivity in countries, due to diarrhoeal and other related diseases
- Massive impact on lives, including productivity, of mainly women and girls who have to fetch water, sometimes walking long distances and spending hours each day

- Diarrhoeal diseases 3rd leading cause of burden of disease in the African region, after HIV/AIDS and pneumonias and before malaria, TB
- Childhood diarrhoea – among 10 countries worldwide with largest burden of diarrhoea, 5 in SSAfrica, include DRC and Angola (as well as India, Bangladesh...)
- Diarrhoea killed about 800,000 children in 2008 in SSAfrica, highest single cause, above HIV, TB and malaria combined
- Occurrence of cholera has worsened over years, based on reported cholera cases; other factors may have intervened including improved community awareness and reporting, but cholera ‘endemic’ in many countries in region
- E.g. Cameroun currently experiencing a severe epidemic and has reported cases each year since 1971, except 2008
- 31,850 cases reported in Central Africa subregion in 2010, including in Angola, Chad
- Other diseases related to insufficient sanitation include worm infestations which are endemic and a public health problem throughout the African region; NTDs such as Schistosomiasis/bilharzia. These cause chronic infestations, affect children’s ability to learn and thus have a negative impact on human capital and economic development
- Progress in MDGs 4 and 5 also slow in region – unlikely to reduce child and maternal mortality in line with targets

- Some challenges to reaching MDG targets on water & sanitation:
- Population growth and rapid urbanization, with ever-increasing demand on services, especially in urban areas
- Inadequate financial resources, both from national budgets and development assistance; total aid for all aspects of safe water decreased from 8% to 5% of total ODA between 1997 and 2008; contrast health which increased from 7% to 12%
- Funds often poorly targeted in relation to where needs are greatest (poorest communities & countries; unserved populations, basic water & sanitation services in rural areas)
- National budgets for health still need to increase (Abuja target, USD 34/capita minimum), with fair financing/health insurance which reduces direct out-of-pocket payment for services

- Cultural, traditional and other practices create barriers to change
- Climate change will exacerbate the situation, through droughts and floods, therefore countries' strategies and plans for adaptation to climate change need to address issues of water, sanitation and related diseases

- What should be done by countries, with the support of development partners, to address these problems and others related to MDGs;
- Governments, working with key stakeholders, need to create an environment that enables progressive and equitable improvements service delivery and access to safe water and sanitation, as well as health services, involving a range of actors
- **Developing and implementing appropriate policies and plans** (with clearly defined targets and timelines) critical; many countries lack sanitation policies covering both rural and urban areas
- **Monitoring progress**, based on data and evidence, important
- Water and sanitation require a multi-sectoral approach involving the water, natural resources, environment, health and other sectors. **Clearly defined institutional arrangements** which identify the role of each sector and actor will improve coordination, effective action and efficient use of funds, reducing fragmentation, duplication and gaps
- **Allocating additional national and mobilizing external financial resources**
- Strengthening human capacity – aimed at having an adequately trained, skilled and motivated staff (both addressing training, retention and management of workers)
- Establishing effective dialogue and partnership mechanisms involving national stakeholders and development partners, including beneficiaries

- What are some of the key interventions?
- Expanding infrastructure and access to water & sanitation services (capital and recurrent costs including supplies, maintenance, staff, etc..)
- Promoting household water treatment and safe storage using low-cost technologies e.g. chemical/solar disinfection
- Hygiene education and community mobilization
- Improving surveillance systems for key diseases, including strengthening laboratories, for rapid confirmation & response to outbreaks
- Scaling up effective interventions for childhood diarrhoea, cholera, NTDs, other diseases, paying attention to equity and most under-served communities
- Investing in health systems in countries – human resources, infrastructure, equipment, health information systems, financing

- Suggested role of Parliamentarians:
- Be better informed about policies, plans, budget allocation and implementation in countries (www.who.int)
- Advocate, with governments, policy- and decision-makers, for prioritization, policy development, resource allocation and action on safe water, sanitation and

diseases of poverty, within national development/sectoral plans, budgets and development assistance

- Start in own constituencies, districts and provinces
- Monitor implementation of national and international commitments
- Monitoring, in Parliamentary Committees and other processes, of budget allocation, disbursement and **implementation progress**
- Following countries' MDG reporting and take active part in developing mechanisms for improving accountability for results