

# The Sanitation MDG and health; where are we, and how should we move forward?



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# Outline of presentation

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- What does “the Sanitation MDG” mean?
- Where are we now?
- What do we know about sanitation and public health?
- What are the implications for practice?



# What is the “Sanitation MDG?”

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- **Commitment made at World Summit on Sustainable Development 2001...**
- “Halve the fraction of the world’s population w/o access to basic sanitation by 2015 from level in 1990”
  - Matched drinking water supply target in wording...BUT
  - Much more ambitious; sanitation access much lower, *and* sanitation more difficult
  - Target is from 49% to 75% access in 25 years. In next 10 years, we have to go from 3.8 billion → 5.4 billion...half a million additional to be served per day!!
  - On current progress, we’ll end up about half a billion behind...



# What does it mean?

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- **A focus on the bottom**
  - Not about “upgrading existing sanitation” but about getting basic sanitation to the 2.6 billion (40% of us!!) who don’t have it.
- Do we need to ***halve across the globe*** or ***halve in every country?***
  - “India, China....forget the rest” vs
  - Countries with lowest access, lowest capacity must increase the most...
- **Why?** Public health, environment, human dignity  
***This talk is focused on public health aspects***



# Where are we now

	urban		rural		Total	
	access	millions	access	millions	access	millions
<b>1990</b>	79%	1793	26%	782	49%	2587
<b>2004</b>	80%	2505	39%	1271	59%	3770
<b>change</b>	1%	711	13%	488	10%	1183
		28%		38%		31%

- Urban access has increased little by percentage...but a lot in terms of numbers served!
- 1 in 3 who have access to basic sanitation gained it in last 15 years!

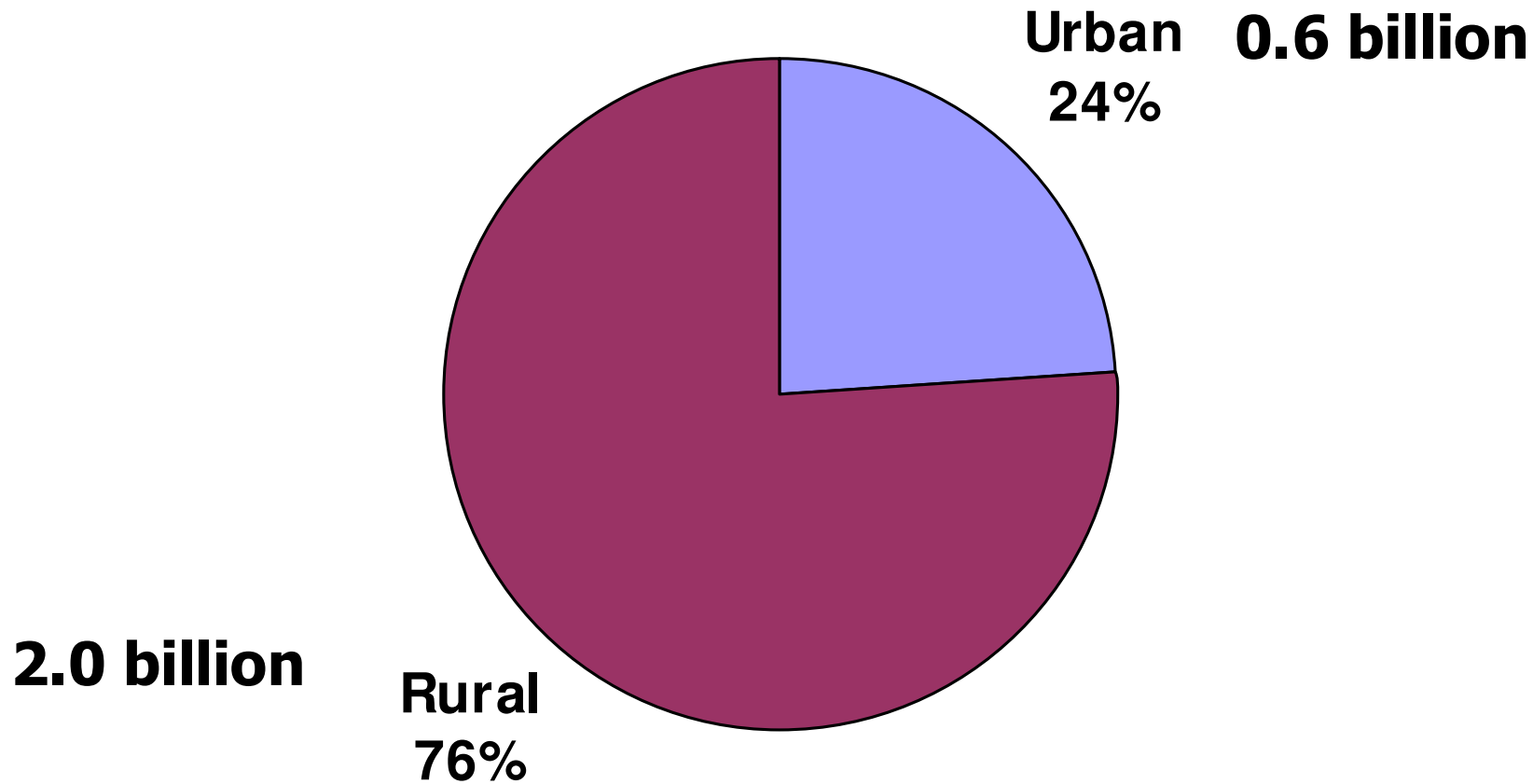
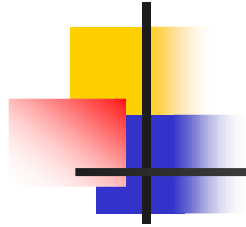


## ...and the bad news

	urban		rural		Total	
	NO access	millions	NO access	millions	NO access	millions
1990	21%	477	74%	2227	51%	2693
2004	20%	626	61%	1988	41%	2620
change	-1%	149	-13%	-239	-10%	-73
		24%		-12%		-3%

- **Number** without sanitation, decreased by about 70 million... (within stat error of zero)
- ***Urban numbers without access increased by 24%***
- We're running hard just to stay in place...

# Total population without access, rural and urban



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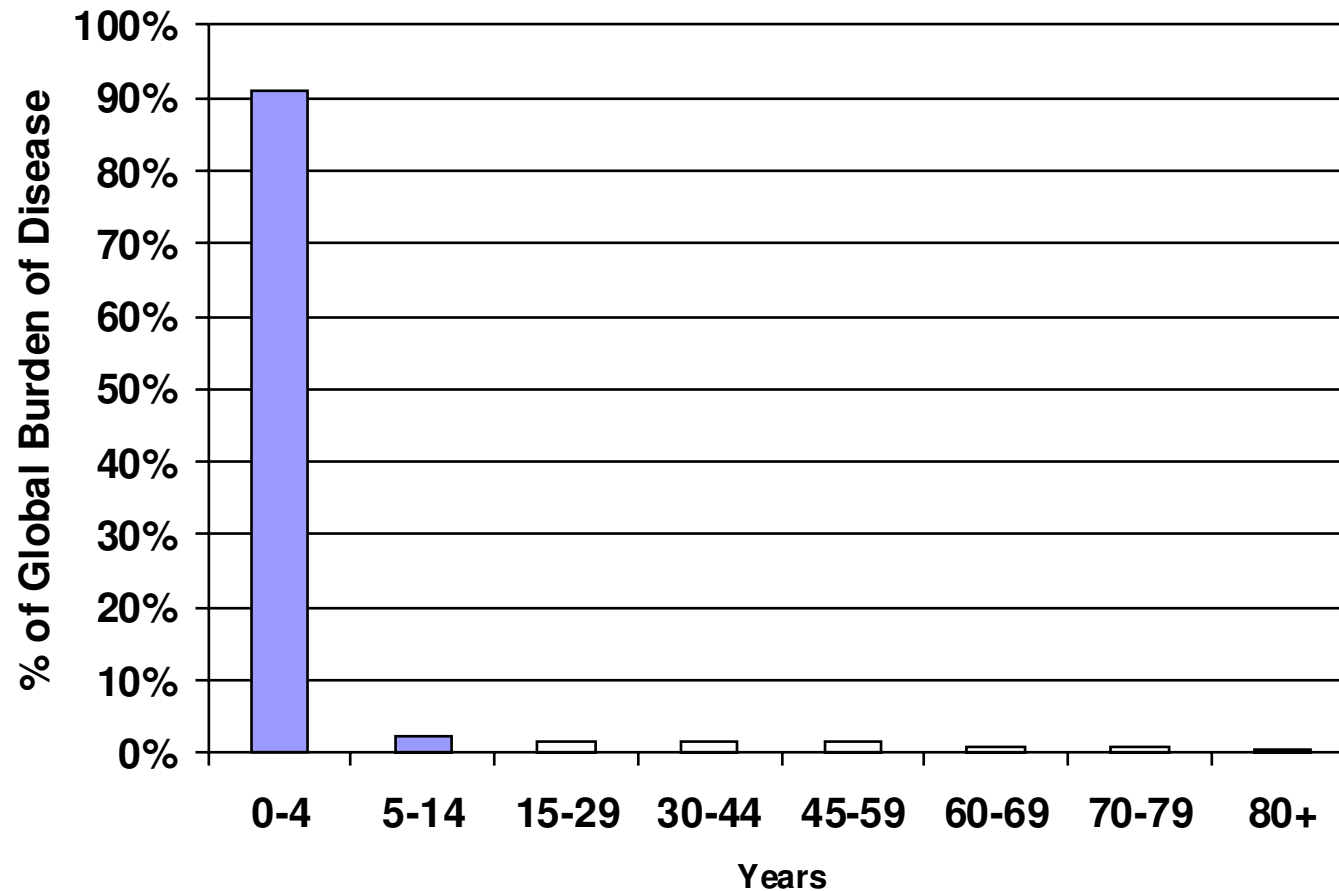


# Sanitation-related disease

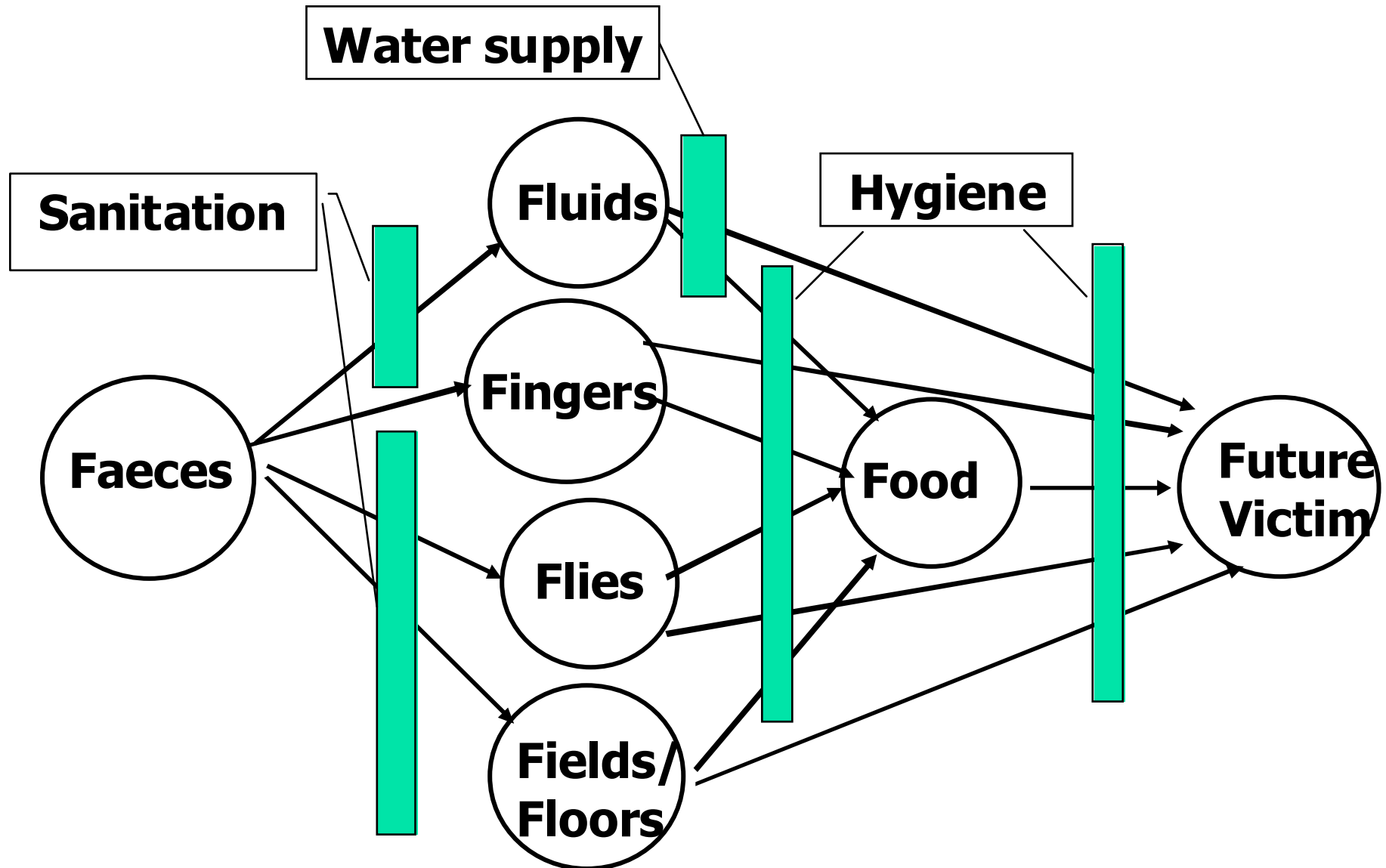
- *Diarrhoeal disease*
  - **1.7 million deaths/year from diarrhoea, mostly < 5**
    - **Jumbo jet crash every hour and a half...**
  - **One billion cases/year**
  - **4.3% of Burden of Disease DALYs**
  - **About 90% attributable to inadequate Sanitation, Hygiene, and Water Supply**
- 1/3 of developing world pop'n carry *intestinal worms*
  - **Contributes to malnutrition (as does diarrhea!)**
- 200 million infected by *schistosomiasis* (bilharzia) ...
- *Hepatitis type A*
- And others...

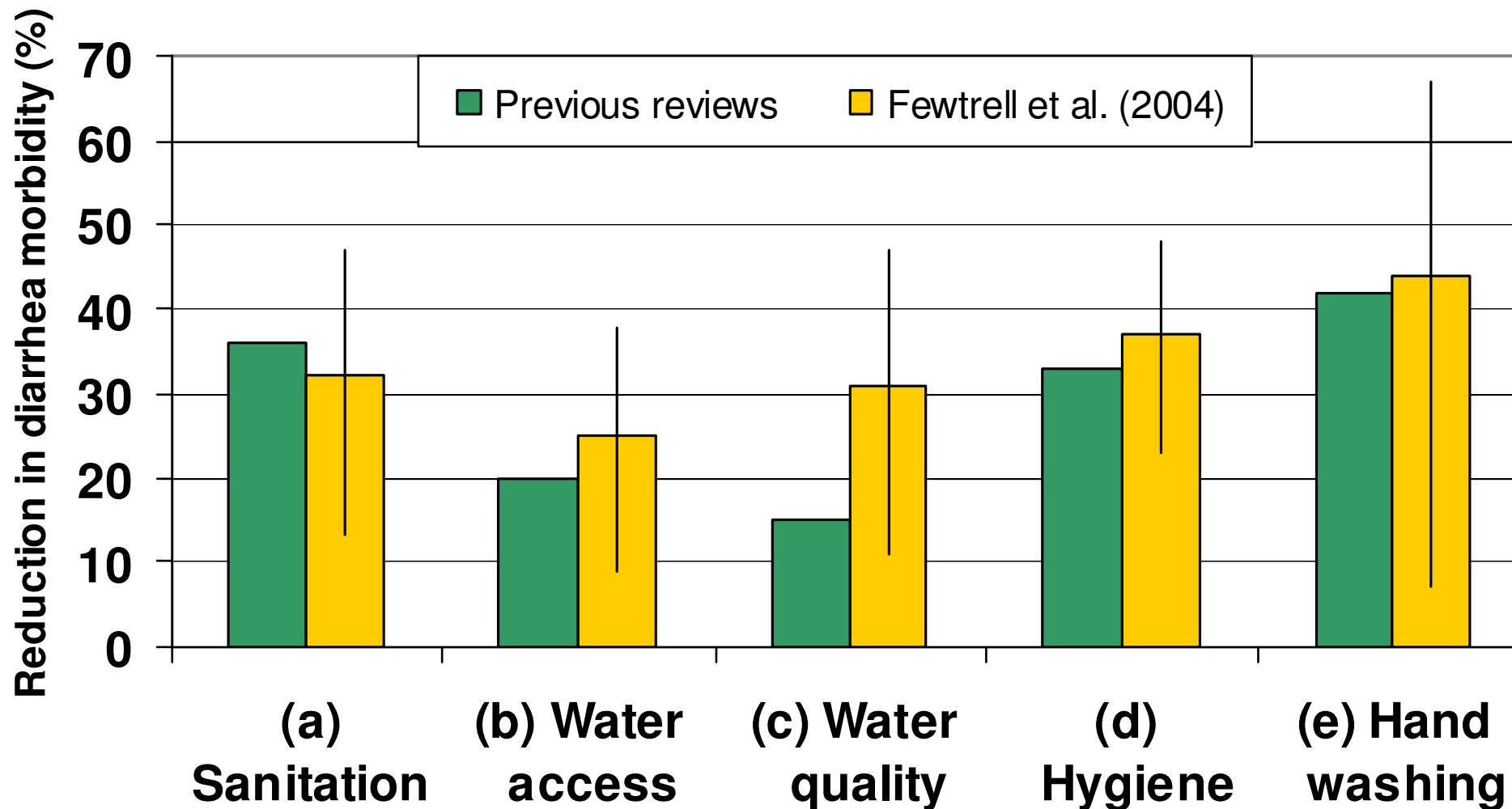


# Diarrhea disease burden by age



# The F-Diagramme





a – d Esrey SA et al. (1991) Bull WHO 69 (5): 609-621

e Curtis V, Cairncross S (2003) Lancet Inf Dis 3: 275-281.

**Taken from S. Cairncross presentation “The Health Impact of Sanitation”, Aug 2004.**

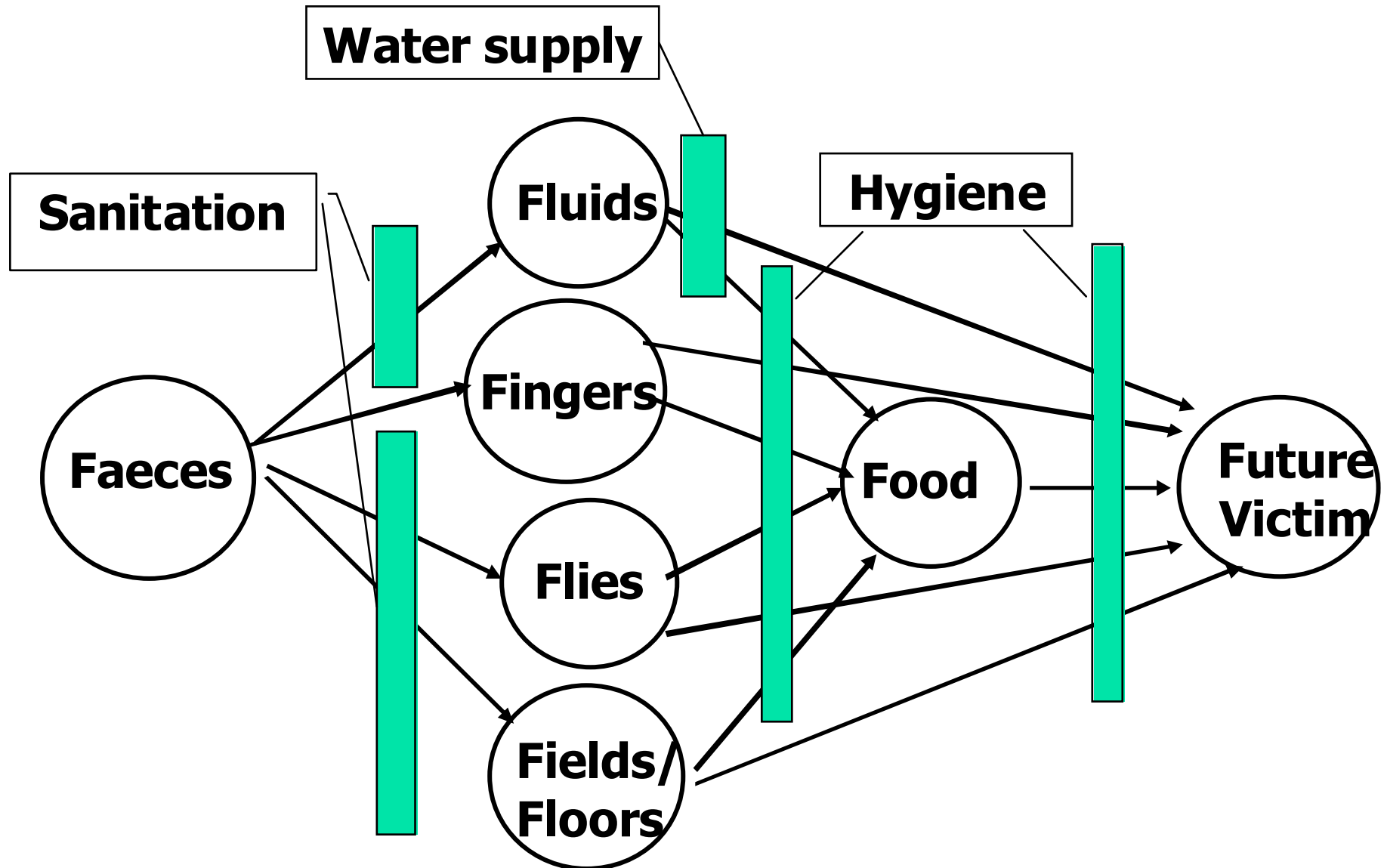


# A step back from all of this...

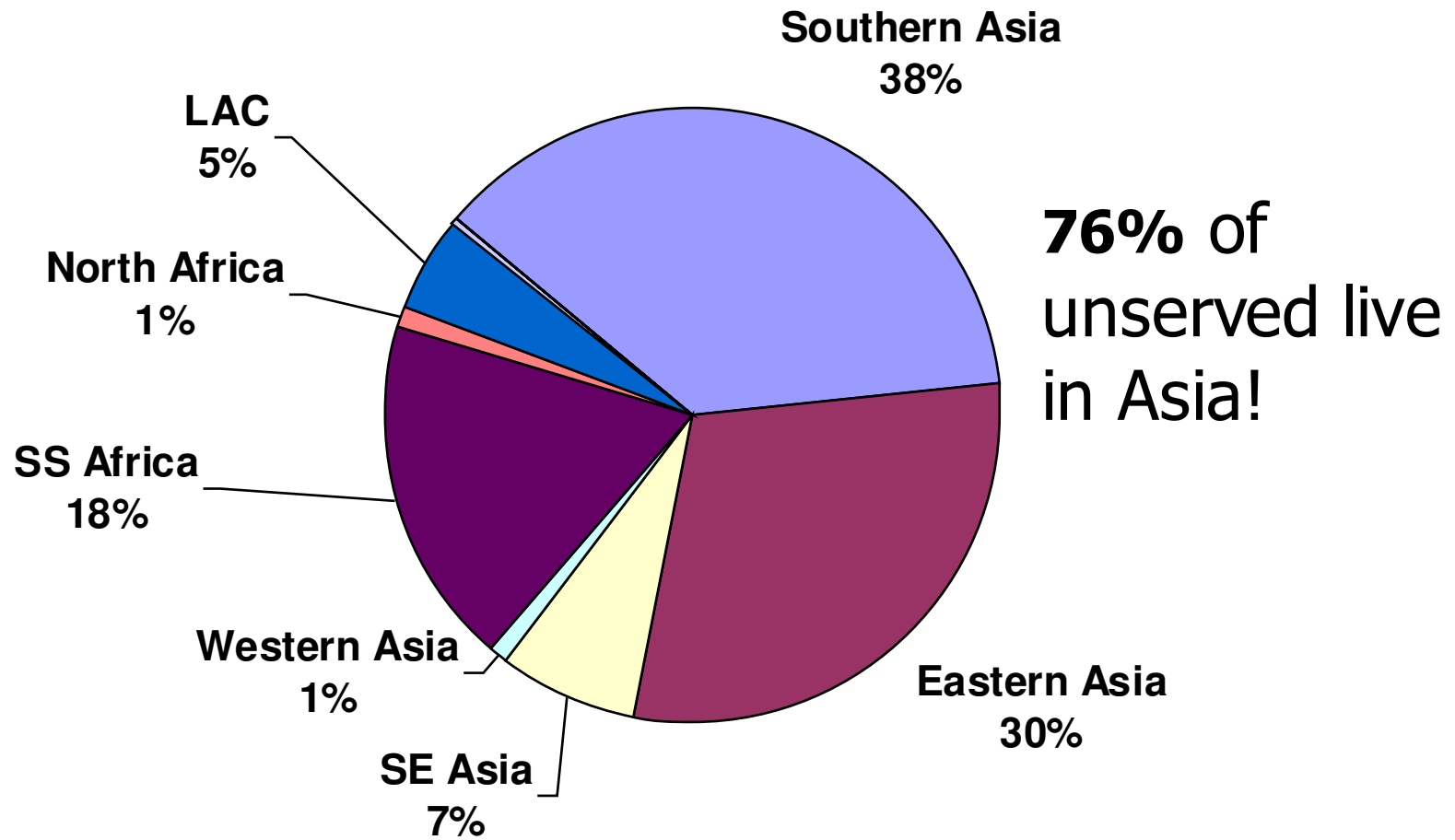
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- We don't live in an “average” world...
  - Urban is different from rural...
  - Mountains of Peru are different from slums of East Asia...
  - Risks from reuse higher in Asia than in Africa...
- We all want “ball park” numbers, but we all have to act and think locally, in a specific context!

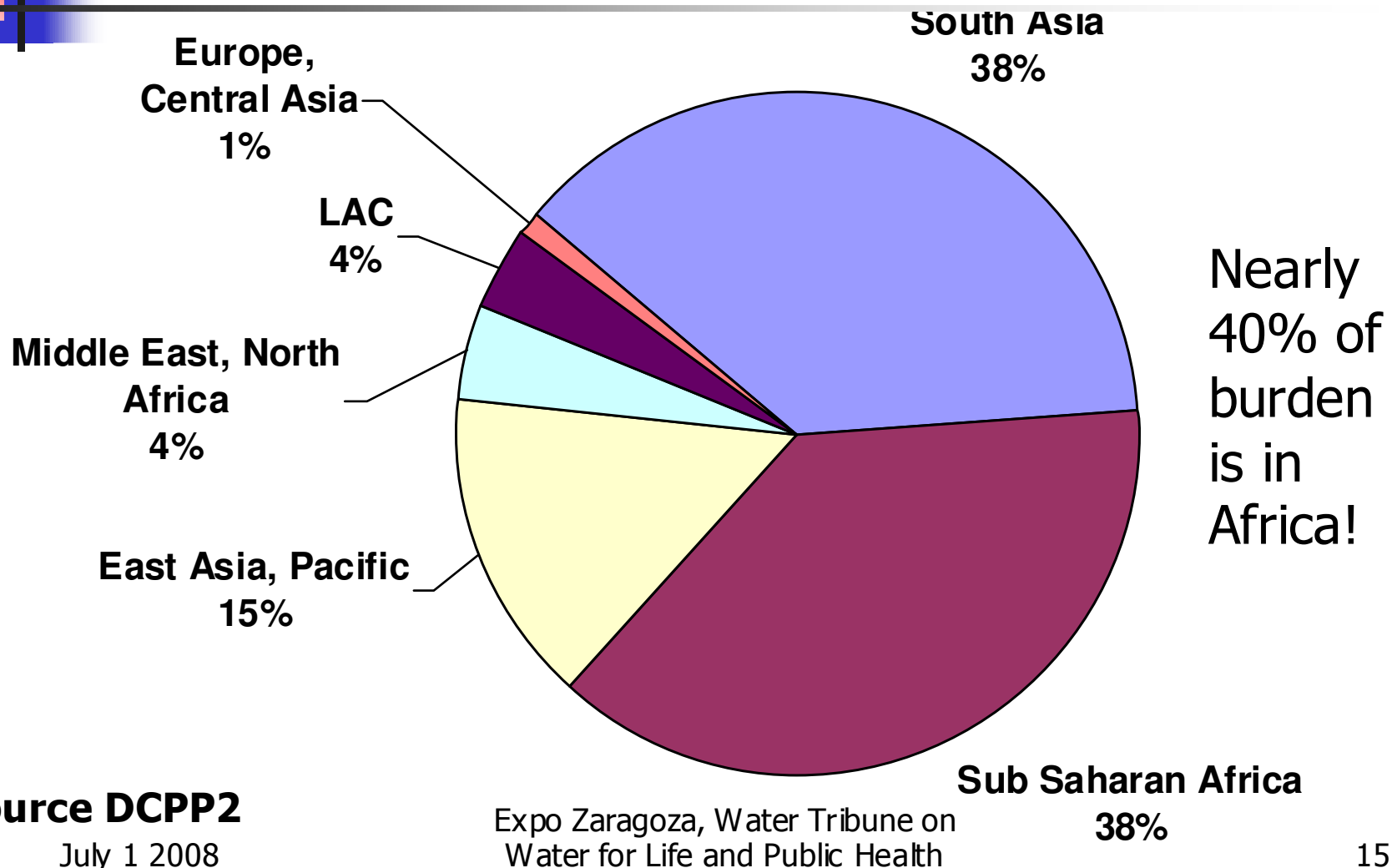
# The F-diagramme revisited



# Geography of the unserved



# Geography of disease burden



**Source DCP2**  
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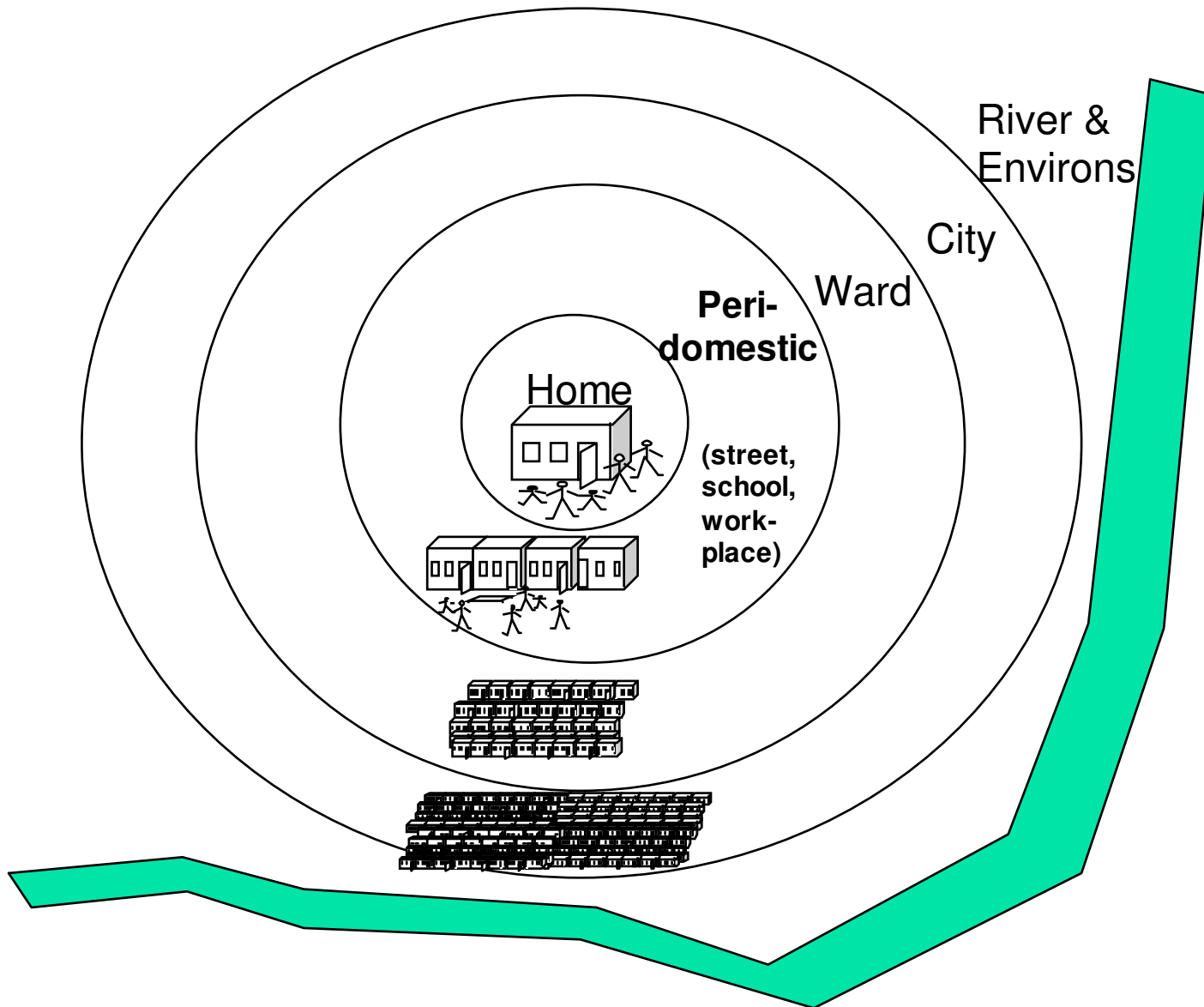
# What does this mean for practice?

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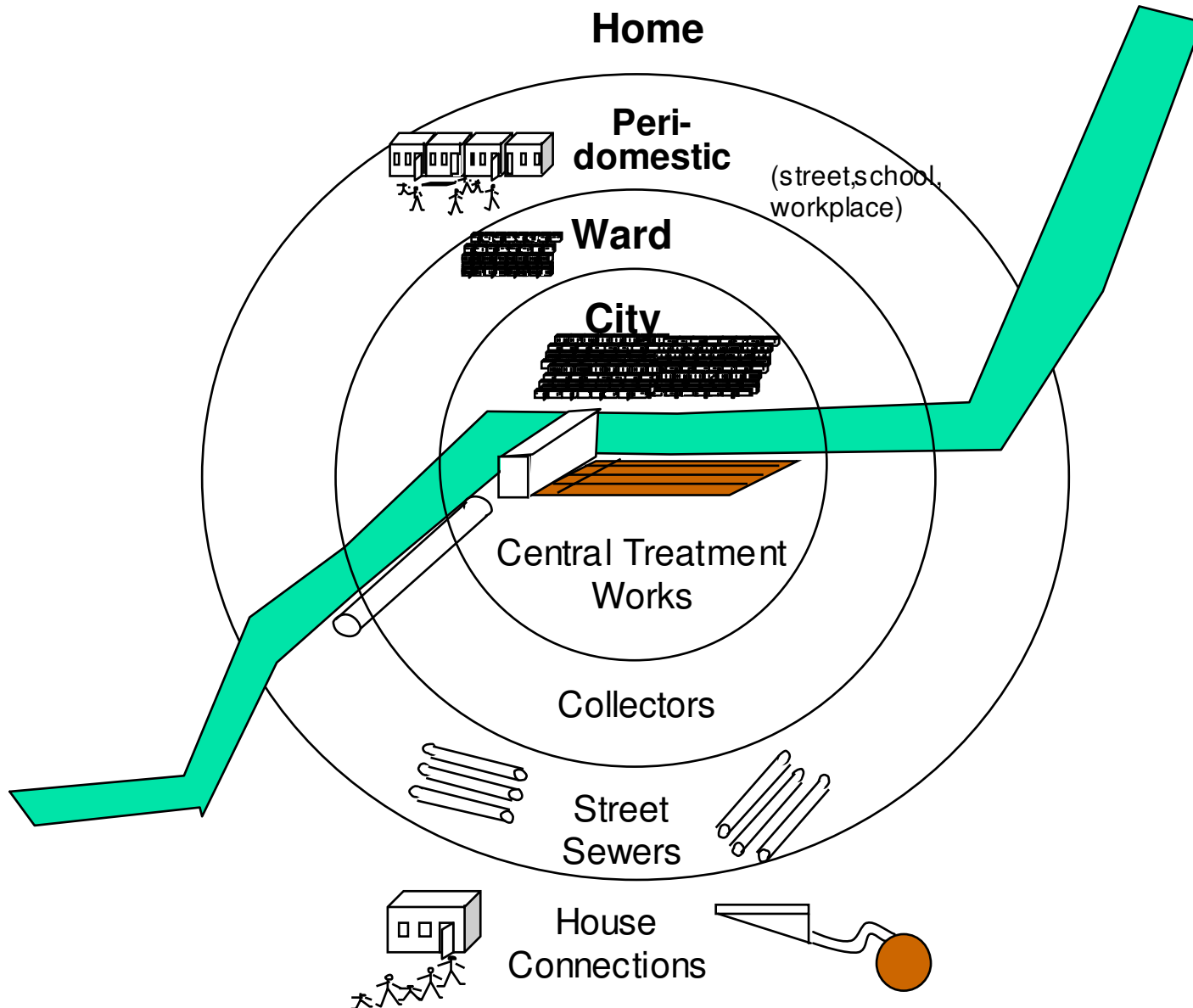
- 1. “India and China...forget the rest” does not make sense** if health is the base of the sanitation MDG...Africa is a “health smart” priority!
- 2.** Having a latrine does not reduce disease... *using it* does! Hardware helps, but behaviour change is crucial!!!
- 3. *The focus on basic access*** makes sense... there are diminishing returns on health in improving hardware
- 4. *The focus on sanitation*** makes sense...it’s crap out of place that makes people sick!
- 5. Focus on the home** where most under 5 transmission is likely to happen...rethink urban sanitation strategies



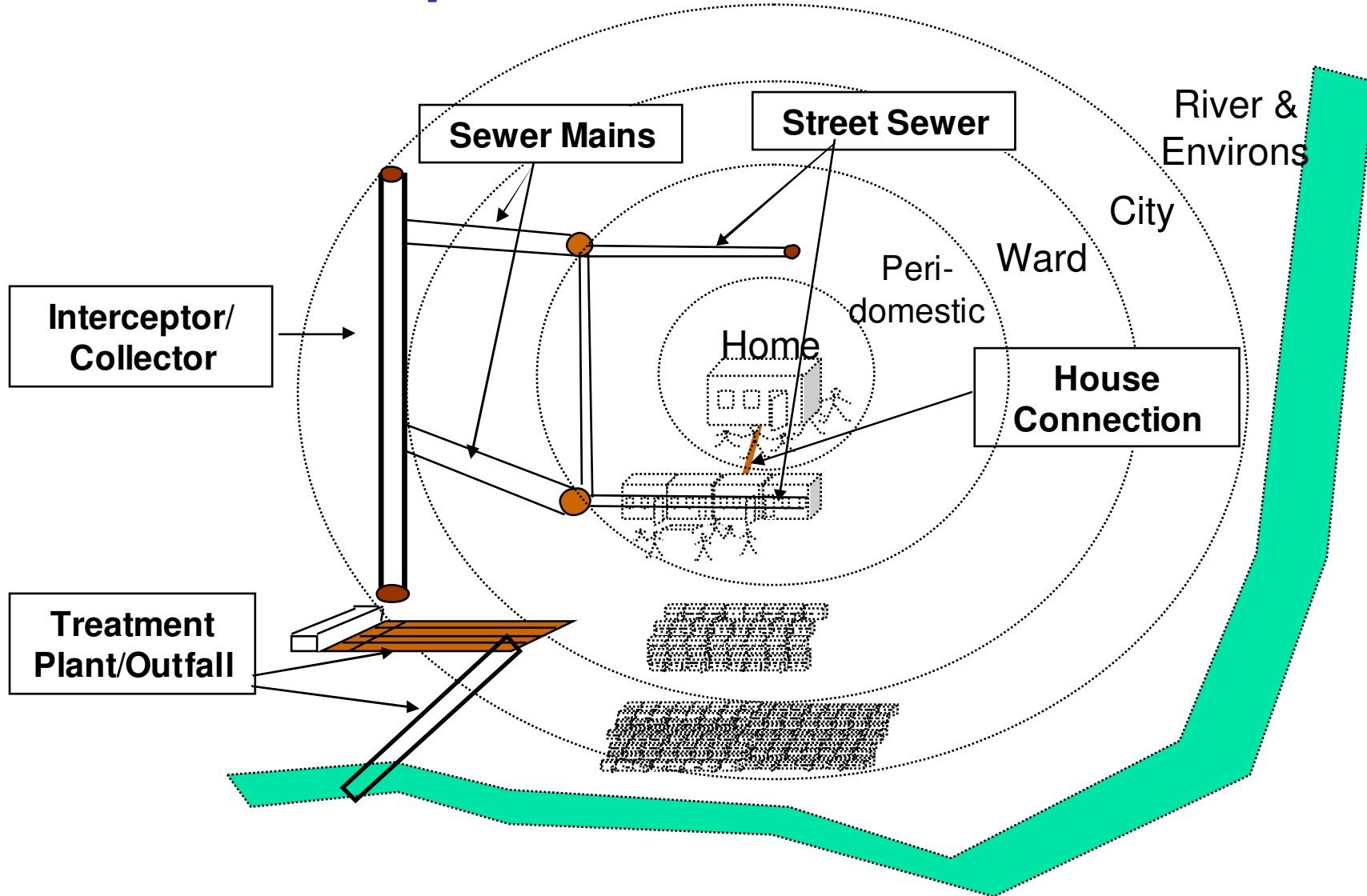
# How people see their city



# An environmental view



# A public health view





## The moral of this final tale...

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- For public health purposes, urban onsite sanitation used by many is worth more than ideally treated sewage produced by few...
- Access counts more than wastewater treatment for public health
- And World Bank-funded projects in Africa, Asia and Latin America increasingly reflect these lessons!

Thanks for your attention!



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