Linkages between Water, Sanitation, Hygiene (WASH) and Health

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The scope of presentation:

- To provide information on WASH as relates to Health

- To discuss ways to improve WASH and Health outcomes through influencing

FACTS

WASH underpins human health. Globally, **2.4 million annual deaths (4.2% of all deaths)** could be prevented if everyone practiced appropriate hygiene and had good, reliable sanitation and drinking water.

Improving access to clean drinking water and safe sanitation is one of the least expensive and most effective means to improve public health and save lives.

However, in developing countries, water and sanitation services are still severely lacking with inequities in access and corresponding high levels of water, sanitation and hygiene related diseases.

Furthermore, water, sanitation and hygiene impact on targets set for improving maternal and child health, education, gender equality and economic growth.

In areas where water is safe/accessible and proper sanitation and hygiene is practiced, one expects

- a significant reduction in deaths of children under five due WASH related infections
- a reduction in people admitted to health centres
- an increase in the number of girls and boys enrolled and retained in education.
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The MDG on sanitation is considered to be the most lagging of the MDGs.

More than 2.5 billion people, roughly 37% of the world's population, lack access to adequate sanitation

Alongside the ‘‘big three’’ terrors of public health i.e. **HIV/AIDS, tuberculosis and malaria,** one disease alone kills more young children each year than all three combined

Diarrhoea!!!!

and the key to its control is safe and accessible water, proper sanitation and hygiene.

“In Ghana, about 4,000 infants die by the age of five each year from diarrhoea. This has been attributed to poor sanitation and hygiene.”

In Ghana, 6 out of the top 10 diseases are WASH-related: **malaria, skin diseases and ulcers, diarrhoeal diseases, acute eye infections, intestinal worms and anaemia.**

According to the GHS health facility data, **malaria** is the number one cause of morbidity, accounting for about 38 % of all outpatient illnesses, 35% of all admissions and about 34% of all deaths in children under five years (NMCP 2010 Annual Report).

Between 3.1 and 3.5 million cases of clinical malaria are reported in public health facilities each year, of which 900,000 cases are in children under five years (Ghana National Malaria Control Strategic Plan, 2008-2015).

Infant mortality rate increased slightly from 50/1000 live births in 2008 to 53/ 1000 live births in 2011 compared with neonatal mortality rate increasing from 30/1000 in 2008 to 32 deaths/1000 live births.

Results from the MICS shows that children living in rural areas experience higher levels of infant and under-five mortality (56 and 94 deaths/1,000 live births resp. compared to those living in urban areas (46 and 72 deaths/1000 live births respectively).

and the under-5 mortality rate is estimated at 106 deaths/1,000 live births for children from the poorest households, compared to 52 deaths/ 1,000 live births for children belonging to the richest households.

Arguably, mortality varies in relation also to access and use of safe water, proper sanitation and hygiene.

Neglected Tropical Diseases (NTD) such as trachoma, schistosomiasis and nematode infections affect over one billion people globally.

These diseases are are linked to

- poor sanitation as they are transmitted by faecal contamination
- poor hygiene
- contaminated water.

“…..interrupting the route transmission of the vibrio bacteria, eating good and well prepared food and drinking of potable water should be adequate remedy to completely end the **prevalence of cholera……”**

50% of malnutrition resulting in wasting, stunting and underweight is associated with **repeated diarrhoea or intestinal worm infections** as a result of unsafe WASH.

Parasitic infections, such as soil-transmitted helminths (worms), caused by lack of sanitation and hygiene, lead to **anaemia, reduced physical and cognitive development.**

A reliable source of clean water prevents not only diarrhoea but guinea worm, waterborne outbreak of disease such as arsenicosis, typhoid, cholera, and cryptosporidiosis.

Much of the impact of water supply on health is seen through increased use of clean water in hygiene.

For example, hand washing with soap reduces the risk of endemic diarrhoea, respiratory and skin infections, while face washing prevents trachoma and other eye infections..

A review of literature, confirms that hygiene, particularly hand washing at delivery and postpartum, also helps to reduce neonatal mortality.

Transmission

Transmission is usually by symptomatic individuals

human to human contact

Contact with body fluids(saliva, urine, stool, vomitus, semen)

Not airborne

Key Findings

ONE

Gaps exist between recognition versus prioritisation

Clarity on roles is essential for effective lobbying, political campaigning and media engagement. Avoid duplication.

TWO

Existing broad network of service delivery systems down to community level can be utilised to advance WASH and health
e.g. CHPS, RHMT, District Public Health Officers, District Water Sanitation Management Teams, C B hygiene volunteers

THREE

Pre-existing audience channels for IEC to decentralised community structures can be employed. Sustain IEC and target in locations having frequent disease outbreaks

Existence of Institutional Expertise (SHEP/GES)

e.g. manuals on National Minimum Standards for WASH in schools

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Remarkable work of advocates at district level- an entry point for WASH-health

e.g. Bongo Paramount Queen mother advocates

School children as change agents …..identify more…..

Need for evidence base to underpin programming

Investigate associations poor WASH facilities and health outcomes e.g. cholera outbreak

Provide a better understanding of inequity in access to basic water and sanitation and link to prevalence of diseases.

Investigate WASH socio-cultural beliefs and practices and community notions of health/ disease.

Enhance the capacity of partners in WASH-health

Lobby for increased investment for WASH and Health in the overall Health budget and lobbying for increased allocations at district level

Form strategic alliances to raise the visibility of WASH issues