

CRICS 9 – eHealth: Reaching the Universal Access to Health

Policy Brief Bridging Research and Policy "Water and Sanitation Policy, Human Rights, Equity, and Public Health"

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Overview

- Questions addressed by the Policy Brief.
- Methodological aspects.
- Summary of the evidence used to frame the issue (evidence-informed human rights, equity, and public health).
- Summary of recommendations and options to inform distributive policies on water and sanitation (evidence-informed human rights, equity, and public health).







Background: human rights

- Resolution by the United Nations on the human right to water and sanitation (26/7/2010).
- Only Bolivia, Ecuador and Uruguay recognize the right to water in their Constitutions.
- LAC reached the MDGs related to access to drinking water, but significant gaps in access to sanitation remain.
- Achieving the MDGs or any other goal is not enough; water and sanitation as human rights transcends these goals.







Questions Driving the Report

- What are the policies regarding the distribution of drinking water, hygiene and basic sanitation in Latin America and the Caribbean (LAC) that contribute to the fulfillment of human rights?
- Which distribution policies contribute to equitable access to drinking water, hygiene, and basic sanitation in LAC?
- Which distribution policies for drinking water and basic sanitation impact on health/illness in the population (as measured by morbidity, mortality, and other health indicators)?







Criteria for Considering Studies for this Policy Brief

Type of:

- study according to question;
- participants;
- intervention;
- results.





Process in Searching and Selection of Evidence



Background: health equity

Latin America & the Caribbean

 95,000 deaths linked to poor water, hygiene and sanitation. An eightfold increase in deaths due to diarrhea, compared to Canada and the US.

Latin America

- Brazil: highest number of absolute deaths and the highest burden of disease related to water, hygiene and sanitation (DALY).
- Bolivia, Guatemala, Honduras and Nicaragua: highest risk of death associated with water, hygiene, and sanitation.

The Caribbean

- Haiti: highest number of deaths and highest risk of dying.
- Jamaica and Guyana: highest burden of disease.



Pan American Health Organization Regional Office of the World Health Organization

WHO. The global burden of disease: 2004 update



Evidences on Equity (1)

 Despite great increases in access to improved drinking water sources in LAC, 40 Million people (7%) remain without access to improved sources.





(WHO-UNICEF 2010)



Evidences on Equity (2)

 118 Million people in LAC do not use improved sanitation facilities; 36 million still practice open-air defecation



(WHO-UNICEF 2010)





Main Findings on Equity (3)

- There is a strong association between family income and absolute money spent on water. Richer families spend more money on water.
- However, poor families spend on water a higher proportion of their income.
- Brazil: the poorest tenth of the population had twice the income expenditure in water, compared to the richest tenth.
- Dominican Republic: the poorest quintile had a fourfold expenditure, compared to the richest quintile. (De Jesus 2007)







Main Findings on Human Rights

- Distribution policies in which the State recognizes as a human right the right to water and sanitation (in the Constitution) contributed to the fulfillment of human rights.
- The recognition of water and sanitation as a human right, and a rights based approach to policies, ends the debate about water and sanitation being commercial goods.
- The regulatory role of the State leads to <u>respecting</u>, <u>protecting and guaranteeing</u> these rights are taking them <u>to the highest possible level in every situation (principle</u> *of progressive realization*)





Main Findings on Policies and Equity

- Privatization policies are not necessarily related to increased coverage; they could generate increase in rates and inequities.
- The effects of privatization policies on infant mortality remain unclear
- Privatization (without State regulation) is unlikely to be an adequate alternative for the provision of this service.



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Main Findings on Policies and Infraestructure (1)





- Policies for the distribution of water, hygiene and sanitation <u>for all</u> are effective. Especially if aimed at children <5 years of age in low- and medium-income countries.
- Interventions targeting the improvement of <u>domiciliary water</u> <u>quality</u> have the largest impact in the reduction of diarrhea at all ages, but especially in children <5 years.
- The improvement of <u>basic sanitation</u> and, specifically, the <u>proper disposal</u> <u>of excrements</u> are effective in preventing morbidity and mortality caused by diarrhea.



Main Findings on Public Health (2)

- Community interventions that promote adequate hygiene reduce by 30% – 40% the incidence of diarrhea in populations, if safe drinking water is available.
- Good hygiene and hand washing greatly reduces gastrointestinal and respiratory illness, especially in children < 5 years old.
- Of all the water, hygiene and sanitation interventions, those focusing exclusively on the <u>quantity of water</u> had a lower impact on the reduction of diarrhea.
- Creating a new domiciliary water source is more effective than creating a new public water source in the community.





Effectiveness of Water, Hygiene and Sanitation (WHS) Interventions in Diarrhea Reduction



Source: Produced by Instituto de Investigaciones Epidemiologicas, Academia Nacional de Medicina (2011) on the basis of the effect size reported by 9 systematic reviews on WHS. Based in Cairncross





Main Findings on Economics

- Interventions in water, hygiene, and sanitation amongst the most cost-effective health interventions.
- Improvements in access to water and sanitation yields an excellent cost-benefit ratio. Especially because of the time saved in accessing improved water and sanitation sources; this time represents about 80% of the benefits.
- Every \$1 USD invested in access to drinking water in developing areas yields a return of \$5 to \$46 (varies by intervention).



Pan American Health Organization Regional Office of the World Health Organization The World Bank 2006



Policy Brief Process



Conclusion

- Recognizing water and sanitation as human rights and using a rights approach in formulating policies puts an end to the treatment of water and sanitation as only a commercial property.
- Investments in access to drinking water and to adequate sanitation yield outstanding economic returns (society).
- Public policies when informed by evidence, allow a better understanding and use of policy options.







Thank you

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