Contribution to the White Paper on Overseas Development Assistance

Areas of Focus: Health and Humanitarian Action

Specific focus on: WASH (Water, Sanitation and Hygiene) and wider Environmental Health

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Bullet Points

- Many health issues for the poor in developing countries are environmentally determined
- WASH and wider Environmental Health has up to now fallen off the health and development agenda and has been effectively ignored.
- Emphasis on global health initiatives such as the Global Fund and GAVI have deflected attention from the foundations of health such as Environmental Health
- Environmental Health interventions are proven to be effective since the mid 19th century and deliver massive impact on the disease burden affecting the poor and key vulnerable groups such as children under 5.
- Environmental Health interventions are extremely cost effective and deliver value for money
- There is a perfect synergy between Environmental Health and the addressing of Hunger in order to meet health related and wider development goals
- Partly due to climate change there will be an increasing need for Irish Aid to be involved in Humanitarian Action (linked to development) and that involvement could decide to have a public health focus and within that a preventive health focus.
- Accountability systems in Irish Aid need to be strengthened with more monitoring and evaluation taking place and those undertaking M&E to be sufficiently skilled, be they internal or external to Irish Aid.

Introduction

The following submission and the opinions expressed therein are based upon over 20 years of experience of overseas development assistance in a variety of contexts from acute emergency to long term development. The majority of that experience was gained with Concern Worldwide (approx. 10 years in total) but I also have field experience of working with MSF and Trocaire. For the past 7 years I have worked as an independent consultant engaged predominantly in evaluation and WASH specifically for a number of clients

including Irish Aid, UNICEF, Concern, Oxfam GB, Plan Ireland, Mission East (Danish NGO) and numerous training/academic institutions including Trinity College Dublin, University College Dublin, Royal College of Surgeons in Ireland, University of Copenhagen and Dtalk at the Kimmage Development Studies Centre.

My submission is primarily focused on the discipline of Environmental Health which includes WASH (Water, Sanitation and Hygiene) which I view as fitting into the broader sector of Health as WASH is regarded as an element of Primary Health Care. Incorporated into the submission is reference to key cross cutting issues or approaches deemed pertinent to Irish Aid.

Please note: I am also an executive committee member of the Irish Forum for Global Health and have advocated for strengthened reference to Environmental Health in the overall submission from the IFGH.

Global Burden of Disease

An estimated 24% of the global disease burden and 23% of all deaths can be attributed to environmental factors (Prüss-Üstün and Corvalán 2006). The environmental risk factors for the diseases of poverty such as diarrhoea, lower respiratory infections and malaria are particularly high. As a vulnerable group children under 5 are particularly susceptible to diarrhoea, lower respiratory infections and malaria with poor nutrition levels a major underlying factor. According to WHO health statistics for 2009 Diarrhoea and Pneumonia alone accounted for 37% of all deaths in the under 5s in Africa. By comparison HIV/AIDS accounted for 5% of deaths in the under 5s in Africa.

Historical evidence tells us how effective WASH and wider Environmental Health is at addressing the communicable disease burden like that currently present in sub-Saharan Africa. Improved Water and Sanitation alongside improved housing and improved nutrition helped to bring about a 29% reduction in child mortality in England and Wales between 1898 and 1908 in what some would term the sanitary revolution.

Based purely on numbers, targeted regions for support and vulnerable groups to be targeted it would seem to make sense for Irish Aid to focus on Africa, the under 5s and the current burden of disease affecting that target group. The association between Hunger/Nutritional Status and interventions that address this burden is very strong and a focus on WASH/Environmental Health would perfectly complement the current Hunger focus within Irish Aid.

Political Will

In order to address this burden of disease the areas of focus should largely be within the WASH sector, a sector that globally has fallen off the priorities map. In 2007 the readers of the British Medical Journal recognised the importance of WASH to health objectives by voting “sanitation” as the most important medical advance since 1840 when the journal was

founded. The readers of the BMJ placed sanitation higher than antibiotics and vaccinations for instance and yet there seems to be a lack of political will for investment in the sector. The following quote taken from The Lancet journal illustrates where WASH is in terms of political will.

- 'The shamefully weak presence of the health sector in advocating for improved access to water and sanitation is incomprehensible and completely short-sighted.

  Sanitation has languished at the bottom of the international agenda for far too long and the global health community has been complicit in letting it stay there. This unacceptable situation must change now'.

- Source: The Lancet Editorial 2008; 371:1045

In June 2008, Ronan Murphy, Director General of Irish Aid (and now a member of the Expert Advisory Group as seen on Irish Aid website) signed his name to a document produced by the Poverty Environment Partnership entitled Poverty, Health and Environment, Placing Environmental Health on Countries Development Agenda. This seemed to indicate that Irish Aid recognised the importance of Environmental Health to those living in poverty and the role it plays in addressing several of the current MDGs including MDG 4 reducing child mortality, MDG 6 combating HIV/AIDS, malaria, TB and other infectious diseases, MDG 7 as it relates to access to safe water, improved sanitation and improvements in the lives of slum dwellers. Environmental Health also plays a major role in addressing hunger, primary education, gender equality and the overarching goal of addressing poverty.

The reported drop in funding to the Water and Sanitation Sector (a component of Env. Health) in the Irish Aid report of 2010 from 3% to 1% compared to a maintained fund level of 20% for Health and HIV/AIDS doesn't seem to equate with the recognition of environmental health to development objectives. Now is the time to address the downward trend and Irish Aid has an opportunity to provide leadership and give back WASH and associated Environmental Health the attention it deserves.

Intervention Areas

WASH

- **Water supply**
- **Excreta Disposal**
- **Liquid (grey water mainly) and Solid Waste Management**
- **Hygiene Promotion**

- **Vector Control**
- **Shelter and Settlement/Site Planning**

- **Control of Pollution (focus on Indoor Air Pollution)**
- **Tobacco Control**

Environmental Health covers a multitude of intervention areas. Most would associate it with WASH (Water, Sanitation and Hygiene) but this interpretation should be expanded out to those intervention areas that not only address the considerable communicable disease burden affecting children and those living in poverty but in addition begin to address in a more meaningful way those aspects of environmental health that address the non-communicable disease burden with a particular emphasis to be placed on tobacco related diseases.

In terms of WASH (Water, Sanitation and Hygiene) the bulk of finance and attention has been on the provision of safe water and currently the world is on track to meet the MDG target with respect to water supply. However, from a health perspective the most important elements of WASH that contribute to a reduction in diarrhoeal diseases and respiratory infections is hygiene and sanitation. Handwashing with soap alone can reduce the burden of diarrhoea by over 40% and oddly enough can reduce respiratory infections substantially also. Water quality at the household which is heavily dependent on good hygiene practices is the next most important component of WASH impacting on health followed closely by sanitation or access to and use of an improved latrine. Provision of water on its own has the least degree of impact and yet this is where the bulk of the attention in WASH (already underfunded) has been.

It is time for Irish Aid to not only go back to the tried and tested basics by supporting WASH but also Irish Aid needs to ensure that the interventions it supports are balanced sufficiently and implemented effectively to have a health impact. The balance needs to be shifted to effective hygiene promotion and the promotion of sanitation (excreta disposal and waste management for the most part). In terms of sanitation and more specifically excreta disposal it is worth reminding ourselves that the world is way off track with respect to the MDG target for sanitation with 2.6 billion people currently not using improved sanitation facilities (up from 2.4 billion when the Millennium Declaration was made) and of that number 1.1 billion still defecate in the open. Excreta is highly infectious as 1 gramme of faecal matter can contain 10 million viruses, 1 million bacteria, 1 thousand parasite cysts and 1 hundred parasite eggs.

As someone who has reviewed the performance of many Irish Aid funded NGO partners I would be of the general opinion that performance is the area of hygiene and sanitation (the critical elements for health impact) is weak and not effective.

Outside of WASH another key intervention area to support is **Vector Control** such as Indoor Residual Spraying as a part of Integrated Vector Management to combat key vector borne diseases such as malaria and dengue fever etc. As part of the response to increasing

urbanisation and to impact on the lives of slum dwellers and those displaced into camps an area to address is **Shelter and Settlement Planning.** Overcrowding is a major contributing factor to the spread of communicable diseases and attention should be put on his area.

Indoor Air Pollution from cooking fires predominantly is a major cause of illness and death accounting for an estimated 1.5 million deaths per year, which is nearly twice the current burden of death due to malaria. Despite the huge public health problem posed by IAP few countries seem to be addressing it as a public health priority. Those affected are the poorest in society who are dependent of polluting biomass fuels such as crop waste and dung and in particular women and children are affected as they are involved in cooking and are in close proximity to cooking fires. Addressing IAP in a meaningful way has numerous co-benefits as it can address some of the inequality felt by women, it can address climate change as a mitigation action, it can protect and environment through reduced fuel consumption and it can enhance soil fertility if dung is used as a fertiliser and not as a fuel.

Non communicable diseases are on the rise in developing countries and they also affect the poorest of the poor. If Irish Aid were to focus on one particular risk factor for the rise in non communicable diseases it should be on **Tobacco Control.** Ireland is already a world leader in this area and Africa in particular is seeing a surge in tobacco consumption which in time will translate into an even heavier disease burden. Cancer is already a leading cause of death in low and middle income countries, more people develop and die of cancer than are infected with or die of HIV/AIDS, treating chronic tobacco related illnesses puts excessive pressure on weak health systems and the cost of not acting to prevent ill health now will be large.

Funding/Cost Effectiveness

In the current economic climate more than ever Irish Aid should be seeking the biggest bang for its buck or Value for Money. Environmental Health including WASH will deliver more bang for your buck than almost any other range of interventions. As the recent Sport Relief TV programme in the UK highlighted repeatedly PREVENTION IS BETTER THAN CURE. It is not only better to prevent ill health but a lot cheaper. In comparing interventions to address diarrhoeal diseases one can see the difference in cost. Immunisations such as those for Cholera cost in the range of $1,658 - $8,274 per DALY (Disability Adjusted Life Year) averted compared to Hygiene Promotion (including handwashing) which costs just $3.35 per DALY averted. It makes financial sense to support interventions that are not only proven to be effective (if done properly) but much much cheaper.

Link to the Hunger Agenda

Irish Aid has clearly put the addressing of hunger at the heart of its overseas aid programme which is a move to be applauded. Hunger and Food Security are important foundations for the meeting of health and a range of other development objectives. By the same token many sectors play a role in addressing hunger and WASH within the wider Environmental

Health context is no different. The links between WASH and Hunger are particularly strong and particularly so around the second pillar of the Hunger Task Force report which has a focus on maternal and infant undernutrition. Gastro-intestinal infections such as diarrhoea and intestinal worms can affect nutritional status and likewise poor nutritional status predisposes children to infection. Diarrhoea is a particular problem for children under 2 and peaks between the ages of 6-11 months. 25% of all stunting in 24 month old children is attributable to having five or more episodes of diarrhoea.

Humanitarian Action

Irish Aid has a proud record in the area of humanitarian action and I have been involved in the preparation of members on the Rapid Response Corps who seem to be highly valued in the standby partnership arrangements Irish Aid has with UN and NGO partners. With the number of extreme weather events rising substantially due to climate change there is even more reason for Irish Aid to remain engaged in Humanitarian Action. I would advocate that Irish Aid maintain a Rapid Response Corps available for deployment with standby partners. From my own experience of emergencies I would be of the opinion that some public health response aspects are weak, particularly on the "software" side of WASH. For this reason I would like to see the public health membership of the RRC expand to include those who are skilled in hygiene promotion and those who can address environmental risk factors for those affected by a disaster (shelter and settlement planning should be included in this). Linked to a greater emphasis on public health and preventive public health in particular should be a concurrent emphasis on ensuring the emergency stockpiles held by Irish Aid are public health orientated. Disinfection tablets and jerrycans for example should be complemented by latrine slabs and the tools of hygiene promoters (megaphones for example).

Accountability - Monitoring and Evaluation

In my opinion Irish Aid does not hold its partners sufficiently to account for the interventions they undertake. Irish Aid staff need to have sufficient capacity to ask questions about proposals and reports submitted that can challenge information that is being submitted. For example if a partner submits a report to say that 200 cubic metres of water was supplied to x refugee camp in a given month then Irish Aid staff need to ask how that relates to the sphere standards for emergencies and whether people received the minimum 15 litres per person per day and whether than water was of the right quality. Irish Aid should also contract external support to undertaken evaluations particularly technical support if sectoral expertise is not available within Irish Aid. For example an agriculturalist should be part of any team evaluating an agriculture orientated programme.