



**Pan American
Health
Organization**

Regional Office of the
World Health Organization

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)**

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

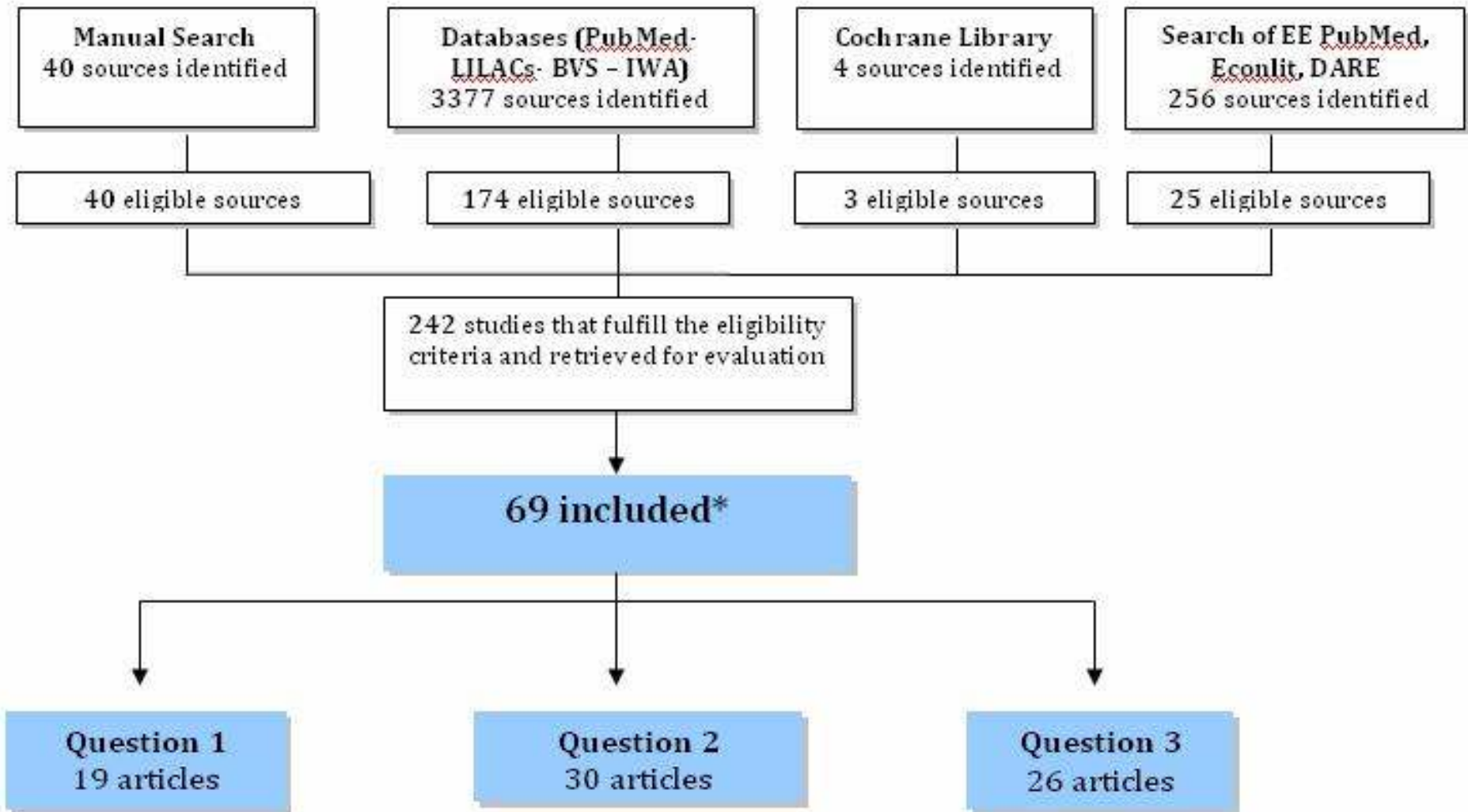
Type of:

- study according to question
- participants
- intervention
- results



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Search and selection of evidence





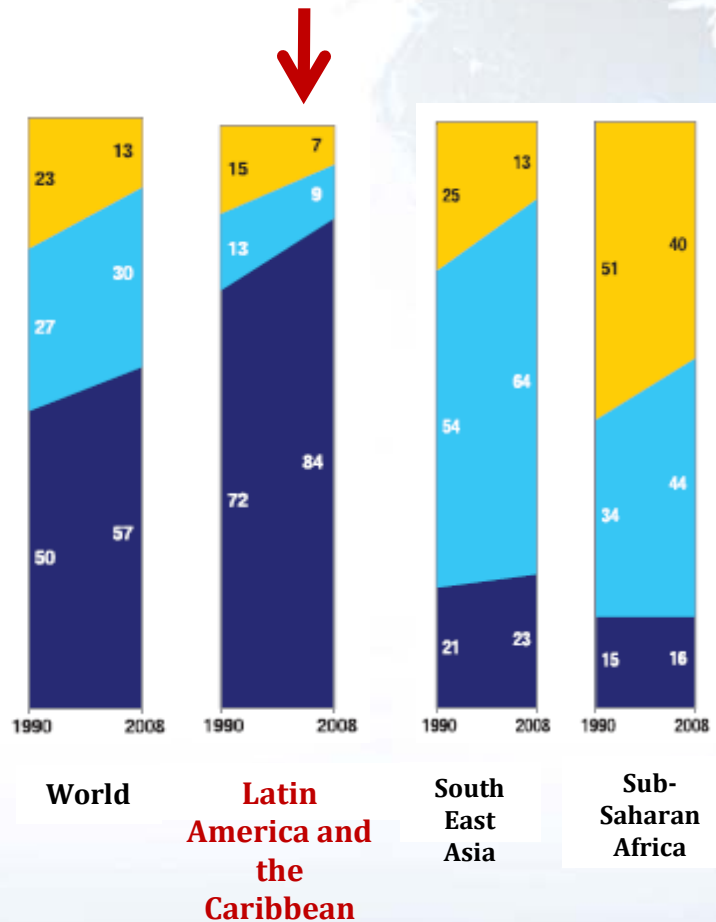
- **Summary of the evidence used in framing the issues**

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.**

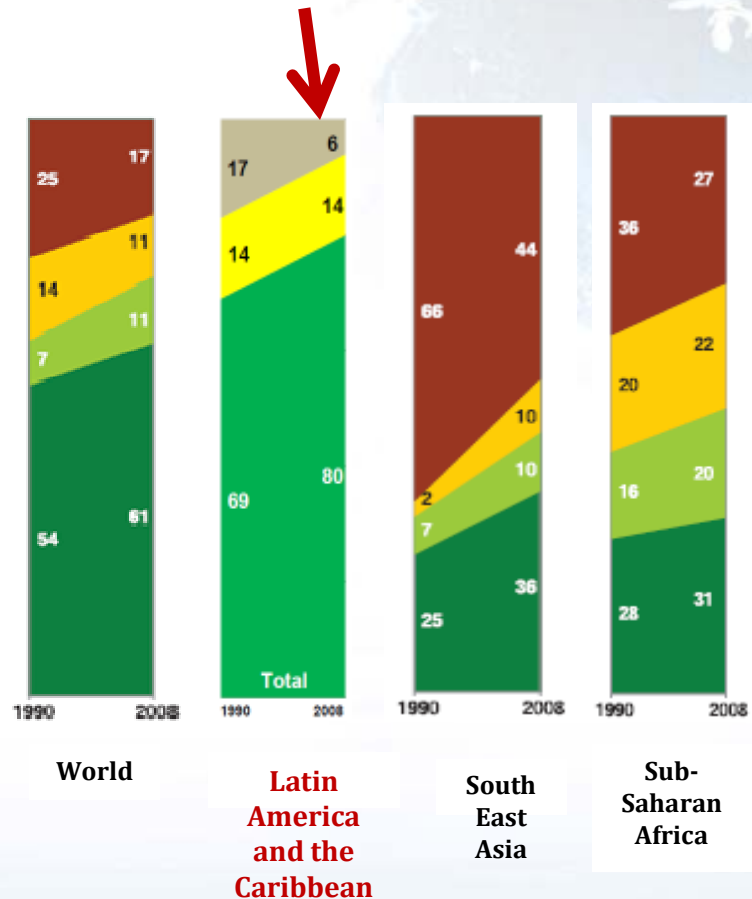
Background: equity (1)

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



Background: equity (2)

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



Background: 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. (Soares 2002)**
- **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)**



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.**



Results (2)

- **Summary of recommendations and options to inform policies for distribution of water and sanitation (informed by evidence, human rights, equity, and public health perspectives)**

Results: Policies and 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 respecting, protecting and guaranteeing these rights are taking them to the highest possible level in every situation (*principle of progressive realization*)



Results: 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.**

Results: Policies and Health (1)

- Policies for the distribution of water, hygiene and sanitation for all are effective. Especially if aimed at children <5 years of age in low- and medium-income countries.
- Interventions targeting the improvement of domiciliary water quality have the largest impact in the reduction of diarrhea at all ages, but especially in children <5 years.



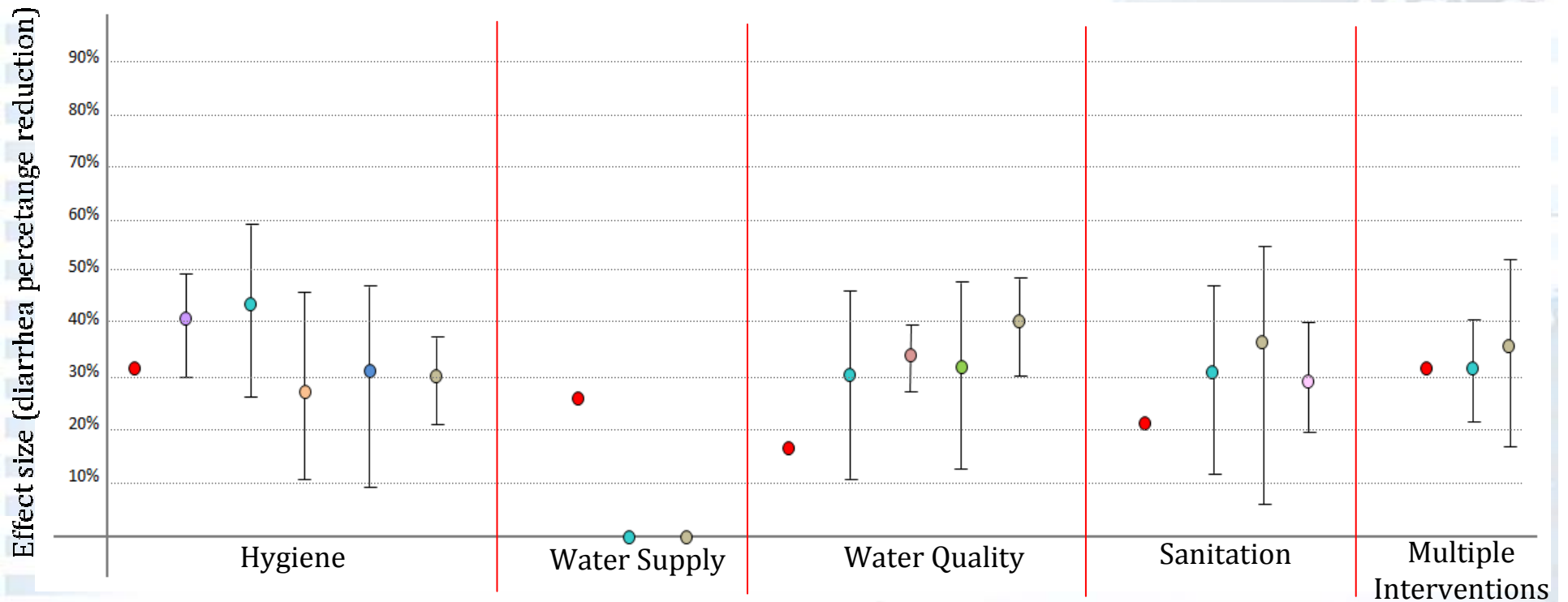
The improvement of basic sanitation and, specifically, the proper disposal of excrements are effective in preventing diarrhea and mortality caused by diarrhea.

Results: Policies and 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 quantity of water 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




Results: Policies and 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).



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 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**



"...The right to water and sanitation is a human right, equal to all other human rights, which implies that it is justifiable and enforceable. Hence from today onwards we have an even greater responsibility to concentrate all our efforts in the implementation and full realization of this essential right... "