

WASH and Health Sector Alignment

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About the Connect Agenda

In the pursuit of our purpose, IRC understands the importance not just of systems but of the connectedness of the different systems that surround and interact with water, sanitation and hygiene. In much of our work over the last decade, we have focussed on defining WASH service delivery from a systems perspective. It is now time to reach out of our WASH silo and actively engage with other systems: health; education; economic development; and climate - engaging them in our advocacy and learning - supporting them in theirs. The aim is to build allyship and mobilise broader coalitions nationally, regionally and globally. This is the rationale for the connect agenda that lies behind our Connect programme and All Systems Connect 2023.



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INTRODUCTION

Water, sanitation and hygiene (WASH) are critical for the protection of human health. The advent of modern public health can be traced back to London in 1854, when Dr John Snow removed the handle from the Broad Street Pump, stopping the spread of contaminated water causing a deadly cholera outbreak.¹ Control of infectious diseases, through sanitation as well as vaccines, is considered one of the public health achievements of the twentieth century in the US.² While poor sanitation is no longer a health concern in many high-income countries, access to WASH services remains limited in many low- and middle-income countries (LMICs) – so much so that diarrhoea is still one of the leading causes of death for children under five.³

Despite the inherent connectedness of WASH and human health, a divide has grown between the two sectors in recent years. Though many experts from both sides agree they share common goals, in practice, WASH and health activities operate largely independent of one another, with separate strategies, policies, budgets, and programmes. The two sectors often draw upon a different set of expertise: WASH is a public works solution for a public health problem.

However, it is generally agreed that this false divide does not serve the greater good, and close alignment would be beneficial in achieving common goals. This paper seeks to identify primary entry points that the WASH sector can leverage to work in closer partnership with the global health sector.

BACKGROUND

The WASH and Health Nexus

There is significant interconnectedness between WASH and health. Broadly speaking, WASH supports the prevention and control of pathogens. Handwashing with soap and water is the most cost-effective method for preventing the spread of infectious disease. Meanwhile proper sanitation safeguards the spread of infections in faecal waste and proper water management ensures safe drinking water.

WASH meanwhile has an important role to play in the prevention of specific diseases. Diarrhoeal diseases are primarily caused by waterborne pathogens. Proper sanitation, good hand hygiene, and safe drinking water are all structural requirements for interrupting the faecal-oral route of transmission. Half a million children die each year due to diarrhoeal diseases, meanwhile cholera remains endemic in 46 countries.^{4,5} Multiple neglected tropical diseases (NTDs), including trachoma – the world’s leading cause of blindness, require proper hygiene and sanitation to prevent further spread.⁶ Through COVID-19, it has become blatantly apparent that adequate hygiene is necessary when responding to major outbreaks and pandemics. In healthcare facilities, WASH supports the delivery of safe, quality healthcare by enabling proper infection prevention and control. Figure 1 below outlines the various topics which intersect within the WASH and Health nexus.

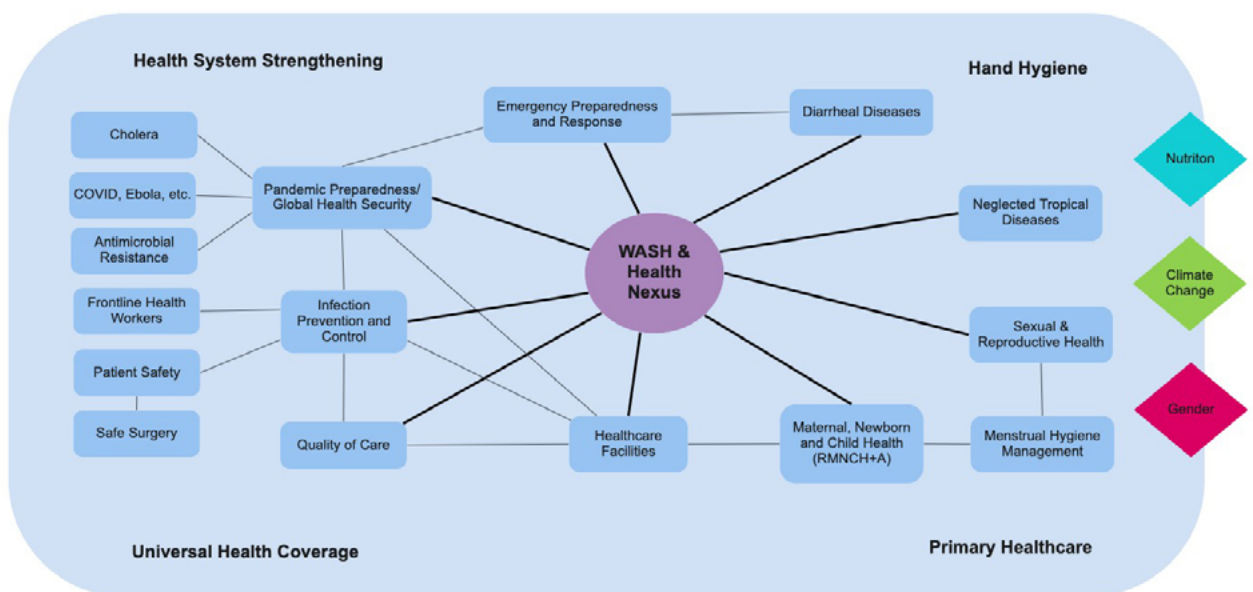


Figure 1: The WASH and Health Nexus: Identifying Topical Areas of Intersection

Barriers to Effective WASH and Global Health Partnerships

It is first worth considering how the two sectors are traditionally organised. WASH focuses on providing solutions – access to clean water, safe sanitation, handwashing – which are important for preventing the spread of diseases. The delivery of these services may be divided among multiple ministries – such as Ministries of Water or Environment. The global health sector, however, is organised by diseases or target populations, for example HIV/AIDS and malaria or maternal and child health, though in recent years there have been efforts to seek more cross-cutting approaches to global health. As such, WASH is a cross-cutting solution with the potential to impact multiple verticals within global health, from diarrhoeal diseases to child health. It can be considered one of the tools in the toolbox to improve health outcomes.

In June 2019, Kaiser Family Foundation organised a roundtable of WASH and global health actors to discuss how to build greater alignment between the two sectors. In general, participants felt that WASH should be seen as health programming, not something separate. The ultimate goal of both sectors aligns: to prevent illness and death and to improve people's quality of life. WASH is an effective tool for addressing some of the most urgent health threats faced by LMICs, so it is artificial to separate the two as they often are in development assistance and development programmes.

The roundtable discussion identified key barriers to more coordinated action:

- **Lack of strong indicators** for measuring WASH's impact on and its links to good quality healthcare delivery and health outcomes
- **Insufficient emphasis on sustainability**, particularly on the WASH systems that are integral to health
- Possibility of **too many entry points**, which could dilute efforts to support global health through WASH
- The **substantial funding** needed to pay for both capital investments and ongoing maintenance of WASH services
- **Effective coordination is difficult** between WASH and global health, often due to the growth of the two as entirely separate sectors

2022: A SIGNIFICANT INFLECTION POINT IN GLOBAL HEALTH

Over the past two years, major world events have brought the global health community to an inflection

point. First, the pandemic has highlighted substantial gaps in health systems across the world, reinforcing the need for robust, resilient public health and medical systems. COVID-19 has meanwhile caused significant disruptions to essential health services that continue more than two years into the pandemic, leaving health systems forced to play catch up.⁷ All the while, health budgets are increasingly squeezed, as governments work to rebound from the impact of COVID-19 on the economy. Other concerns, including health worker burnout and the exacerbation of pre-pandemic problems, plague health systems that are struggling to recover. At the same time, the WASH sector saw greater emphasis initially on the importance of hand hygiene. However, support for WASH services more broadly was not widespread and general interest waned as emphasis for prevention shifted to vaccines and masks.

Secondly, 2021 was a major year for the discussion of climate change on the global stage. The World Health Organization (WHO) led the first-ever health programme at COP26, at which more 50 countries made commitments to climate resilient and low carbon health systems.^{8,9} While the global health community is still navigating the approach to climate change and its impact on health equity, it has become increasingly clear that the way forward must include climate resilience.

RECOMMENDED ENTRY POINTS

To begin strategizing around greater partnership and alignment with the global health sector, interviews with global health and WASH experts were conducted to identify key entry points. Taking into account both ripe opportunities as well as areas with substantial advocacy potential for both global health and WASH, three primary entry points were selected.

1. Robust, high-quality health systems

WASH is a pre-requisite for high-quality health service provision, ensuring safe, dignified, efficient, effective, and people-centred care. WASH in healthcare settings supports infection **prevention and control** and therefore **quality of care**. Moreover, access to WASH in all settings, including households and schools, protects against the spread of infectious diseases, a fundamental component of a public health system.

Pre-pandemic, **health system strengthening** (HSS) and **universal health coverage** (UHC) were leading strategies to develop a more integrative health system, as the sector sought to move away from disease verticals. While those initiatives are still part of the global health dialogue, there has been a shift

more recently back toward the older idea of **primary healthcare** (PHC), which addresses the majority of people's health needs throughout their lifetime, along with broader determinants of health, such as WASH.¹⁰

All interviewees agreed the strongest argument for increased partnership between WASH and global health was framing WASH as integral to the development of robust, high-quality health systems (through the key global health issues and frameworks listed above such as quality care, HSS, and PHC), instead of linking WASH to a specific disease.

2. Disease Prevention

WASH is critical to prevent the spread of infectious diseases, and thus an important tool when faced with **public health emergencies**. We have seen first-hand how hygiene measures are one of the first lines of defence, particularly when facing a novel disease or when other preventative and curative options are unavailable. Shifting our emphasis to prevention will save lives and money, whether dealing with outbreaks of deadly diseases like Ebola or facing the looming threat of antimicrobial resistance.

Prior to 2020, **global health security** and **pandemic preparedness** efforts spoke little of the importance of hygiene or WASH more generally. Of the three streams of work – Prevent, Detect, Response – preventative measures received little attention or funding. Over the past two years, hygiene was recognised as necessary in the fight against COVID. However, prevention still remains vastly underfunded in the global health security space, even as conversations about rebuilding pandemic response systems begin.¹¹ The **One Health** colleagues are often the most open to discussion on issues of WASH, as they consider a myriad of risks impacting health security, including environmental risks.

It should be noted that pandemic fatigue has set in among both policymakers and the general public. Advocates for global health security note that little additional funding will be coming down the pipeline in the US to support ongoing COVID response globally, let alone to consider a future pandemic. This mindset should be evaluated in the various contexts in which advocacy will take place to gauge the appetite for a discussion on pandemic preparedness.

3. Green, climate-resilient health systems

Planetary health recognises that human health and the health of our planet are inextricably linked. As our natural systems are degraded through climate change, both our health and that of our planet are in

peril. Climate risks can lead to serious implications for WASH systems – from flooding and drought to poor water quality, all of which have impacts upon human health.¹² Climate-resilient, environmentally sustainable healthcare facilities seek to build health system resiliency.¹³ WHO's guidance lists WASH as one of the pillars of this framework. Meanwhile, to ensure the continuity of safe WASH services in communities and households, we must build climate resilient, well-managed water and sanitation systems.

Nearly every interviewee noted that climate resilience cannot be considered an afterthought in efforts to bring together the WASH and global health sectors. It should be noted though that this piece of work has not been well established. The nexus between health equity and climate resilience is still being articulated by global health advocates, and thus the triple nexus of **WASH-Global Health-Climate Change** is even farther behind. However, the impact of climate change on WASH, and therefore the impacts on health, are tangible. As such, this may be a good starting point for the health system to engage within the climate resilience conversation.

While climate resilient health systems and robust, high-quality health systems are complementary and could be listed as a single-entry point, because the health sector is still navigating the climate conversation, these dialogues are often happening in parallel. For the time being, it makes sense to see them as separate, but aligned entry points that may eventually merge in to one.

CONCLUSION

There is a significant overlap between the WASH and global health scopes of work, and we share a common goal of protecting and improving human health. Furthermore, experts on both sides agree that greater collaboration would be beneficial. We have identified three primary entry points for alignment: 1) robust, high-quality health systems, 2) prevention and 3) climate-resilient health systems. Given that the global health community has yet to fully emerge and reflect upon the impacts of COVID-19 and the long-term implications for the sector, it is important that the approaches to partnership are nimble. However, being present at such an inflection point for the global health sector means that there is the opportunity for the WASH sector to bring its comparative advantages to the fore and engage in conversations about how to work more effectively together in the future.

Notes

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