WASH for health: reframing water and sanitation to address malnutrition in the Pacific

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Why integrate?

• Poverty and health challenges interact within people’s lives, but health programs tend to focus on curative and biomedical interventions; ignore preventive interventions

• Better programmatic links between prevention and cure have potential for better impact (e.g. elimination, sustainability) and value-for-money
Not just taps and toilets

• Changing the way we think about WASH - moving beyond infrastructure
• Water, sanitation and hygiene plays a fundamental role in improving health outcomes
• Health impact of WASH infrastructure limited without good hygiene and sanitation practices – WASH needs to be integrated too!
• WASH behaviour change for better health promotion
**How do we integrate?**

**Convergence:**
To converge – to come together and unite in a common interest or focus

**Coordination:**
To coordinate – to bring into common action, movement or condition

**Integration:**
To integrate – To make into a whole by bringing all parts together; unify

*NB: several definitions across disciplines (e.g. IMCI, NTDs)*
What does this look like in practice?

Papua New Guinea: Anglicare and WaterAid addressing health issues for people living with HIV

90% of people living with HIV are vulnerable to infections and 90% will experience diarrhoea.

Water, sanitation and hygiene prevents the spread of diarrhoea by:

- 44% hand washing with soap
- 17% clean safe water
- 36% sanitation

65% of diarrhoeal deaths are prevented when water, sanitation and hygiene behaviours are practiced together.
8 ‘Doable Actions’

- Treat drinking water
- Safely store treated water
- Safe handling and disposal of faeces
- Diarrhoea management
- Menstrual hygiene management
- Promote handwashing
- Personal and environmental cleanliness
- Safe food storage
WASH for health challenges in the Pacific

Image: Pasifika Media Association
Malnutrition in the Pacific

- The **double burden** – can’t just talk about under or overnutrition
- Focus on rates of overweight and obesity, leading to NCDs but can’t forget that **undernutrition and stunting** is still a significant problem
Stunting in children under 5

Global Health Observatory Data Repository (WHO, 2014)
The Barker Hypothesis

• Critical/sensitive periods in development during which lasting effects can occur
• Undernutrition at different stages of pregnancy, and in infancy, leads to:
  – Cardiovascular disease
  – Hypertension
  – Diabetes mellitus
  – Abnormal cholesterol levels
A holistic approach to nutrition programming

- Safe water
- Safe sanitation
- Good hygiene practices

Curative
Prevention is the neglected approach

Absorption

Antibodies

Allopathogens

Diarrhoea

Enteric enteropathy

Worms and parasites

Trachoma

Typhoid

Polio

Hepatitis A and E
Current guidelines and programs
## Scale Up Nutrition (SUN)

<table>
<thead>
<tr>
<th>Nutrition Specific</th>
<th>Nutrition Sensitive</th>
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<td>e.g.</td>
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<td>• Micronutrient supplementation</td>
<td>• Reproductive health services</td>
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<tr>
<td>• Deworming</td>
<td>• Cash transfers</td>
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<tr>
<td>• Treatment of severe acute malnutrition</td>
<td>• Promote school attendance for females</td>
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<td>• Exclusive breastfeeding</td>
<td>• Access to safe water and sanitation</td>
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Only **20%** of stunting will be averted if there is **90%** coverage of nutrition-specific interventions. Nutrition-sensitive interventions are needed to address the remaining **80%**.
Challenges

- Sustainable financing
- Cross-sector collaboration
- M&E
- Human resources
- Governance

Double burden
The change we need to see

*Behaviour change* for communities but also for donor agencies, NGOs, governments

Need to think how we *collaborate and integrate*
The change we need to see
Thank you