

Meeting the UN Sustainable Development Goal for Sanitation and Hygiene in the Era of COVID-19

Jane Ruth Aceng

We are a decade away from 2030 and well off-track to achieve the sanitation and hygiene-related targets of Sustainable Development Goal (SDG) 6.2, which is as follows: By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.¹

These targets must be pursued for the good of all, but particularly and urgently to prepare nations to better respond to outbreaks or pandemics of infectious disease.

To this goal, the Water Supply and Sanitation Collaborative Council (WSSCC) of the United Nations Office for Project Services announced² its steering committee's landmark decision on May 4, to approve a new strategy for 2021–2025 and over the course of this year, to evolve the organization into the Sanitation and Hygiene Fund.

A strong focus on those left behind and least able to respond will be at the heart

of the fund, and through its new strategy, it will pursue four main strategic priorities: 1.) scale up household sanitation and hygiene services; 2.) address menstrual health and hygiene (MHH) gaps, promote gender equality and the empowerment of women and girls; 3.) increase sustainable water, sanitation, hygiene, and MHH services in schools and health care facilities; and 4.) support all forms of innovation which work toward providing access to safely managed services for all.

The fund will provide grants to low-income countries for community-based solutions for sanitation and hygiene. This catalytic funding—primarily for countries in Africa and Asia—will be in addition to domestic financing and will leverage SDG interlinkages through a partnership approach.

In response to the news, Jane Ruth Aceng, Minister of Health for Uganda, who has been a partner of WSSCC since 2010, issued the following statement:

Minister of Health, Government of Uganda, Kampala, Uganda.

The current COVID-19 pandemic illustrates the role of sanitation and hygiene in the prevention of disease. Currently, more than half of the world's population does not have access to safely managed sanitation and three billion lack basic hygiene services. Across the world, including Uganda, people still live with inadequate sanitation and hygiene services in their houses, in their schools, and even in their health care facilities. Globally, open defecation is still practiced by 673 million people, predominantly those of disadvantaged rural communities. The poorest, least developed countries of the world are particularly affected. This is one of the biggest and longest-standing weaknesses in global health, and it has tragic consequences.

In my country, Uganda, an estimated 75 percent of the overall disease burden derives from inadequate sanitation and hygiene. Each year, 23,000 Ugandans die from diarrhea, of which 19,700 are children below the age of five. Some 90 percent of these deaths are directly attributable to inadequate water, poor sanitation, and unhygienic practices. In other words, they would be entirely preventable through basic water, sanitation, and hygiene interventions.

With estimates indicating that only 12 percent of health-care facilities in Uganda have basic sanitation services, the need to provide water, sanitation and hygiene (WASH) services is acute, especially in maternity and primary-care environments.

In schools, the lack of proper WASH facilities leads to absenteeism and dropouts of adolescent girls. Of concern is the absence of means for girls to manage menstruation, which deters them from attending classes. Similarly, inadequate sanitation and hygiene facilities in the workplace mean that women are unable to manage menstruation, risking work absenteeism and depriving society of their full participation.

While inadequate sanitation and hygiene costs my country up to U.S. \$177 million



every year, largely related to health care associated with the deaths of children under the age of five, the human costs are incalculable in terms of lives lost, families devastated, people struggling with illness, educational opportunities missed, employment prospects foregone, and poverty perpetuated.

Access to sanitation and hygiene is foundational to the well-being of families, communities, and societies. With its direct links to health, poverty, education, environment, and the empowerment of women and girls, the lack of adequate sanitation and hygiene renders the achievement of most of the Sustainable Development Goals (SDGs) unimaginable.

Against this background, the work of our long-standing partner, WSSCC, is crucial and outstanding. For the past decade, we have together invested in accelerating sanitation and hygiene for some of the hardest-to-reach communities. With its dedicated support, more than five million people in some 9,000 communities across Uganda, now have access to adequate

sanitation and hygiene. I have visited several of the targeted areas and witnessed first-hand the impressive results of this work. In many of the districts, there has been a dramatic reduction of diseases such as diarrhea, dysentery, and intestinal worms.

By demonstrating the important impact that a relatively modest investment in sanitation and hygiene services can have on community and public health, the Government of Uganda has increased its own budget allocations to maximize WSSCC's investment.

But there remains an enormous job ahead of us, and the only way forward is to scale up what has worked so far. Therefore, I fully support WSSCC's brave and bold step to evolve into the Sanitation and Hygiene Fund. Given its long-established relationships with governments and partners, the organization is well placed to undertake this service on behalf of governments and the wider sector.

In Uganda and countries throughout the Global South, even the smallest of communities strive to leave no one behind, knowing that we are only as strong as our most vulnerable members. So must the global community ensure that, when it comes to supporting sanitation and hygiene, which is a fundamental building block of human progress, countries of the Global South are not left behind.

As many national leaders have repeatedly said throughout the current COVID-19

pandemic, we are all in this together. The refrain is every bit as true across all of humanity. In a world where no borders are capable of holding back the consequences of the challenges any of us face, be they failed crops or failed states, calamitous weather, violent conflict, or disease, none of us can be safe until we all are.

References

1. United Nations' Sustainable Development Goals. Goal 6: Ensure access to water and sanitation for all. <https://www.un.org/sustainabledevelopment/water-and-sanitation/> (last accessed 5/11/2020).
2. Water Supply and Sanitation Collaborative Council (WSSCC). WSSCC approved to become the Sanitation and Hygiene Fund. Geneva, May 6, 2020. <https://www.wsscc.org/2020/05/06/press-release-wsscc-approved-to-become-the-sanitation-and-hygiene-fund/> (last accessed 5/11/2020).

About the Author

Jane Ruth Aceng, MBChB, MMED, MPH, serves as the Minister of Health in Uganda. She has vast experience both as a manager and as a medical practitioner, including serving as the nation's Medical Officer, Senior Medical Officer, Medical Officer Special Grade, Medical Superintendent, Consultant Pediatrician, Senior Consultant Pediatrician, Hospital Director, and Director of General Health Services, where she was responsible for coordinating technical functions for the delivery of health services, a role she has fulfilled until her appointment as the Minister for Health.