

# Editorial: Reaching the last 2.5 billion with adequate sanitation

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In the mid 1970s – 40 years ago – it was estimated that about 2 billion people lacked safe sanitation. With the advent of better methods of monitoring in the 1980s and 1990s this estimate was revised upwards. The lowest figure (marginally) was reported in 2006 at 2.51 billion, but in every one of the last 25 years the number of people without adequate sanitation has remained stubbornly high, at 2.5 billion or more. The intent now is to reduce this number to zero by the year 2030, a mere 15 years away.

The linkages between defective sanitation and health have been known for well over 150 years, and health professionals and international institutions such as the World Health Organization, the World Bank, and the United States Agency for International Development have acknowledged this in a variety of declarations, policies, plans, and procedures. It is a truism to point out that adequate sanitation, and specifically the avoidance of human exposure to the faeces of others, is a prerequisite for public health. The measurement of the actual health impacts of sanitation programmes presents major conceptual, methodological, and practical challenges, but that is a separate matter. That research task is less important than figuring out how to implement sanitation programmes effectively, sustainably, and equitably. It is the ‘how’ of sanitation programming that this issue of *Waterlines* focuses on; we know enough, in general terms at least, about the ‘why’.

Relieving oneself in the open air or, in today’s terms, practising open defecation, matters enormously to the health of others. Human excrement must be safely contained in a manner that permits it to be made safe, whether by natural processes or by managed treatment processes. This applies to all excrement – that of children as well as adults; the excrement which gets on nappies/diapers, clothes, hands, and bodies; and that which is buried or deposited in pits. The health and other benefits (such as privacy, safety, and dignity) of sanitation cannot be realized until the contamination of hands, toilets, cooking utensils, water containers, work surfaces, money, soil, and water resources (to name a few) is minimized. Exposure to the faeces of other people matters, and it should be eliminated.

Two main approaches to the improvement of sanitation now prevail in the developing world. These are Community-Led Total Sanitation (CLTS) and its variants, and Sanitation Marketing. Each relies on changing the attitudes of those practising open defecation or using sub-standard facilities and persuading them to take charge of their own improvements to sanitation practice. Both approaches rely on households making their own investments to improve sanitation. Sometimes the two approaches are used together, with CLTS triggering the initial community and household response, and sanitation marketing providing the goods and services which households need.

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Sanitation marketing has been driven largely by the Water and Sanitation Program (WSP) of the World Bank. Experience from 22 studies of the subject is brought together by Eddy Perez and James Dumpert in this issue. Here you can get a sneak preview of the more comprehensive findings which will be reported later in 2015.

CLTS may work well in countries which are relatively secure and politically stable, and in which the economy is growing. But what about fragile states and insecure contexts? Can CLTS work in these challenging environments? Nancy Balfour and colleagues address these questions in the context of Somalia and South Sudan, with some interesting findings.

Every context is unique, and the juxtaposition of India's 'Swachh Bharat Abhiyan' (Clean India Mission), launched by Prime Minister Narendra Modi in October 2014, with response to the aftermath of Cyclone Phailin, which made landfall a year earlier, is explored by Sneha Krishnan and colleagues. How should sanitation be pursued in such a situation? What can be learned from the results of the disaster response in the context of India's sanitation policy?

While the Government of India provides substantial subsidies for improved sanitation, this is not generally the case elsewhere. Those who are 'triggerred' through CLTS programmes or offered goods and services in sanitation marketing initiatives have to find the money needed to construct or upgrade their facilities. A fundamental question then is where the funds will come from. Sophie Trémolet and colleagues explore the opportunities offered by microfinance for sanitation improvements.

It has long been recognized that children's faeces represent a high risk if they are not disposed of properly. Burying of child faeces or disposal with solid waste, with or without the use of disposable nappies or diapers, are the common approaches taken. Two papers in this issue, by Heather Reese and colleagues and by Rob Bain and Rolf Luyendijk, explore the practices involved, the risks associated with them, and their articulation in policy and guidance.

If your work lies in sanitation, then you have a major threefold task over the next 15 years: to serve the 2.5 billion who now lack access; to serve those among the additional 1.1 billion who will be born into unserved households in the next 15 years; and to ensure that those who do enjoy safe sanitation continue to do so. Any one of those components of the job would be challenging enough, but taken together the task is enormous.

To summarize Sanjay Wijesekera's 'Taking Stock', figuring out what works at scale, preventing 'slippage', and getting sanitation firmly embedded in the national psyche are the priorities. It is clear that business-as-usual will not get us to our goal. Perhaps, given the nature of sanitation as a public good and not merely a private right or freedom, a greater degree of compulsion will be needed. Whatever the new approaches which emerge between now and 2030, the sooner we 'get on with it' the better.

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