

The 2nd South Asian Conference on Sanitation  
20-22 September 2006  
Islamabad, Pakistan

Your Excellency, Mr. Prime Minister  
Honorable Ministers  
Your Excellencies of the Diplomatic Corps  
Colleagues and Friends

On behalf of the United Nations, I would like to thank our Host, His Excellency the Minister of Environment, Mr. Makhdoom Syed Faisal Saleh Hayat, and his team for organizing the Second South Asian Conference on Sanitation and for this opportunity to address you on this important topic. Ms. Veneman, UNICEF's Executive Director, asked me to convey her regrets that she was not able to be here herself to deliver this keynote speech, but she wishes me to convey to you all her strongest commitment to sanitation in the region and globally.

I am proud of the privilege to speak on behalf of the broader UN family and sister agencies, who are our partners in the push to dramatically improve sanitation coverage.

#### Introduction

All of us here share a joint commitment to achieving Millenium Goal 7, Target 10 – *to reduce by half the proportion of people without access to basic sanitation*. We are all familiar, through our everyday work, with both the opportunities and challenges we face in achieving this target.

In October 2003, at the last SACOSAN meeting in Bangladesh, nine countries signed the Dhaka Declaration. All agreed that the focus of proper sanitation and hygiene in the region should be “people-centered, community-led, gender-sensitive and demand-driven”. The Honorable Ministers and other Heads of Delegations committed to accelerate the progress of basic sanitation and hygiene in the South Asia region.

Indeed, there has been great progress in the region. Over 100 million people have built toilets during the last three years. This is a notable achievement and deserves our full recognition.

The WHO/Unicef Joint Monitoring Programme, which reviewed progress between 1990 and 2004 shows that access to improved sanitation in South Asia more than doubled, from 17 percent to 37 percent. The current reality, however, is that two out of three people in the region still lack basic sanitation. Despite all efforts, coverage is still among the lowest in the world. While we have come a long way, the harsh reality is that we need to press on with full vigor if we are to ensure the MDG target by 2015.

Evidence base

I am certain that there cannot be and will not be any slackening of commitment, given the stakes at play. Let me just underscore a few.

Children under five are most vulnerable to the effects of insufficient sanitation and hygiene. Every year around the world, 1.5 million children under five die of diarrhea resulting from inadequate and unsafe water, poor sanitation, and insufficient attention to proven hygiene behaviors.

Diarrhea is closely linked to under-nutrition, a condition that is associated with more than half of all deaths of children under five year of age. It is sobering to remember that about half of the world's malnourished children live in our region.

Under-nourished children have compromised immune systems and are also at higher risk for developing pneumonia – which kills more children than any other disease. Indeed, it is no exaggeration to say that hygiene and sanitation are fundamental for child survival and development.

We know that improving excreta disposal can decrease diarrhea rates by 35 percent. Hand-washing with soap at critical times can decrease diarrhea by over 47 percent. Such improvements do nothing less than save children's lives.

In addition to lowering the rates of diarrhea, improved excreta disposal and hand-washing have significant impact on parasitic infections, worm infestations and trachoma, the leading cause of blindness in the world.

Polio is another disease of global importance where South Asia will hold the key to eradication. For centuries, the only line of defense against this fecal-oral disease was improved sanitation. With the development of effective vaccines in the 1950s, the importance of sanitation in controlling polio was often forgotten. Today we know from villages in areas of Northern India that improved sanitation must go hand in hand with immunization campaigns.

Most exciting, however, is recent research that indicates that hand washing with soap may also have a significant effect on the reduction of Acute Respiratory Infections. Preliminary findings from a study in Karachi indicate that the reduction may be as high as 40 percent. ARI and diarrhea are the two leading killers of children world-wide. If the Karachi findings are replicated in other studies it will mean that hand washing with soap is by far the most cost-effective intervention for the reduction of child mortality and morbidity.

Avian Human Influenza is becoming an ever greater threat, both here in South Asia and globally. In this connection, we all have an opportunity to reinforce the importance of hand washing with soap. We know that this will be one of the primary behaviors that we can promote to reduce the risk of spread of this disease. As we found, hand washing was instrumental in the containment of SARS. Similarly, if we are to contain Avian Human Influenza, hand washing will play a critical role.

For a child, hygiene and basic sanitation are essential for health and development. If you do not provide these basic necessities, many other interventions will be undermined. So for UNICEF, given this evidence base, the priority areas for us within the broader definition of sanitation, is safe excreta disposal and the promotion of improved hygiene behaviors, especially hand washing at household and school levels.

#### Other impacts

In addition to the crucial health impact, there are other reasons for improving the sanitation situation in South Asia.

Let me start by talking about why it is so extremely important for the women of South Asia.

Improved sanitation frees women from what our friend Sandy Cairncross calls the “imprisonment by daylight”. It is still true that many women in South Asia can go for defecation only after dark. This can lead to great discomfort as well as to coping patterns that aggravate malnutrition and increase the risk of serious illness. Should these women be pregnant, two lives are adversely affected.

It is also true that the walk to and from the defecation fields in the dark expose millions of women in South Asia to the risk of sexual harassment and assault.

The lack of separate toilets in schools is also a main factor in girls drop-out rates. A review by the Government of India recently found that their school sanitation programme has increased enrollment, decreased drop-outs and reduced absenteeism.

Last, but not least, sanitation facilities allow women crucial privacy and dignity.

But sanitation is also a public good. What you do affects your neighbor and your community. Therefore we need to take a community approach. Everyone has a duty to keep the community clean. This is the underpinning of both the Community-led and the School-led Total Sanitation approaches, which are proving so effective in the region.

What is readily apparent is that sanitation efforts contribute directly to five additional MDGs. It helps to reduce child and maternal mortality (MDG 4 and 5), and combating disease (MDG 6). They are key to reduce child under-nutrition (MDG 1) and to achieving universal primary education (MDG 2).

### Moving forward

As we move forward with the aim of transforming discrete sanitation programmes as islands of success into a massive sea change in sanitation behavior, we are well served by a recent study by the Water and Sanitation Programme of the World Bank on Scaling up Rural Sanitation in South Asia. This study examined eight cases in India, Bangladesh and Pakistan and found three key factors for success.

First, focus on stopping open defecation rather than the building of facilities.

Second, invest in hygiene promotion and social intermediation, particularly at household level.

Third, provide affordable design options for the poor.

We have also found that children can be effective advocates of change in their communities. Several studies have shown that children can be an important factor in a family deciding to build a toilet. In every country in South Asia school-related activities are taking place and spreading with increased speed. First and foremost, it is our duty to ensure that every school in South Asia has adequate sanitation facilities and the children are being taught the importance of hand-washing and personal hygiene. Then these children can be affective advocates back in their families and their communities.

Most important, of course, is that we understand what people want. We must keep in mind that, although provision of sanitation facilities may have an enormous impact on health, this is rarely the reason why people build toilets. A recent study found that when asked what they liked about their latrine, they responded in the following order of priority: lack of smell and flies; cleaner surroundings; privacy; less embarrassment when friends visit; and finally, less disease. We must directly address these issues in our programming and promotional activities.

Our experience so far tells us that there are three major issues which need to be addressed in order for us to move forward and accelerate sanitation coverage in our region:

1. Advocacy and capacity building at sub-national levels
2. increased involvement of women in all aspects of sanitation and hygiene and close links with health, education, and rural development efforts
3. improved monitoring at local level, to inform strong policies and procedures and to make the acceleration measurable and visible.

Happily, all these issues will be addressed in some depth during the course of this conference.

## Conclusion

Honorable compatriots in this supremely important effort,

At SACOSAN I in Dhaka, three years ago, we pledged to work tirelessly to improve the sanitation situation in our region. I am very happy to stand before you today to announce that this effort is producing benefits. There are many notable achievements and you all deserve congratulations. I would like to single out but a few for brief special mention.

Our host, the Government of Pakistan, has developed, through a country-wide consultative process, a National Sanitation Policy, which has just been submitted for approval by the Federal Cabinet. This policy will guide and support the provincial and district governments in their efforts to increase sanitation coverage. This is particularly timely since the Government has significantly increased the profile of sanitation in the Medium Term Development Framework and has significantly increased funding to the sector. We congratulate you on this.

Afghanistan had a coverage rate of only 4 percent in 1990, one of the lowest in the world. They have managed, despite conflict, to raise the level to 34 percent. We laud your untiring efforts.

Sri Lanka, having achieved an overall coverage rate of 91 percent with an urban coverage of 98 percent, demonstrate to all of us what is possible. We thank you for your leading by example.

India's West Bengal Rural Sanitation Programme, over a period of more than a decade has managed to reach an implementation rate of over 1 million toilets per year. We thank you for showing how a programme can go to scale.

Despite all achievements and all our best efforts we cannot become complacent. There are still more than 900 million people in the region who do not have access to a toilet. This represents 1/3 of the global unserved population. And when we look at the urban/rural disparity, we find that South Asia has the highest rural urban disparity in the world. On average our urban coverage is twice our rural coverage and yet, because of rapid urbanization, the number of people without toilets in our cities has actually increased from 139 million in 1990 to 153 million in 2004.

In addressing you today, I am not just representing Unicef, but also our sister agencies in the UN and the partners working throughout the region in sanitation. We stand together to provide the Governments in this region all support that is required to move the sanitation agenda forward.

As an example of increasing global commitment and attention to Sanitation, the UN Secretary General's Advisory Board on Water and Sanitation has last month proposed to designate 2008 as the International Year of Sanitation. Such a step would certainly help to raise awareness of the urgent need to accelerate sanitation coverage.

In concluding, I would like to point out that this region has made such significant progress in the area of water supply, raising its coverage to 85 percent, amongst the highest in the world, that it is already virtually meeting the MDG target of 86 percent. I am sure that with the same level of political will, energy and resources, we can achieve similar success in the area of sanitation.

The future of our children and our region depend on it.

Thank you.