

Geneva, Switzerland
20 March 2008

Address to commemorate World Water Day

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Your Royal Highness, Prince Willem-Alexander, fellow colleagues from the United Nations family, Mrs Wilhelm, distinguished guests, ladies and gentlemen,

As the head of a health agency, I am especially pleased to participate in this year's World Water Day, which shares its theme with the International Year of Sanitation. By putting the spotlight on sanitation, the United Nations aims to raise awareness of the very vital role of sanitation in promoting health, dignity, and development.

We also need to greatly accelerate progress in reaching the sanitation target set by the Millennium Development Goals. To do so, we need to take a frank look at some unpleasant realities. I am honoured to be followed by a speaker who has taken these issues to a princely level.

Lack of sanitation is strongly associated with poverty, and it anchors huge numbers of people in poverty. Better sanitation is thus a cornerstone for poverty reduction. It boosts economic productivity, contributes to gender equality, and protects investments made in other sectors, such as education and agriculture. Sanitation is a fundamental stepping stone for better health.

Ladies and gentlemen,

Let me go straight to the point. An estimated 40% of the world's population lives without one of the basic amenities of modern life: a toilet. This means that 2.6 billion people are forced to relieve themselves in open spaces – in fields, forests, bushes, water bodies, or a patch of mud. This is a degrading way of life, and this is a form of environmental degradation with direct and dramatic consequences for health.

Lack of sanitation breeds the so-called diseases of filth. These are diseases caused by the faecal contamination of food, water, or soil, or spread by flies that feed on filth. In the absence of sanitation, huge numbers of people are, in effect, being sickened by ingestion of infected excrement. This is intolerable amidst the collective wealth of the 21st century.

The associated diseases are big ones. Here are some examples. Diarrhoeal disease is responsible for an estimated 1.5 million deaths each year. The vast majority of these deaths occur in young children. In the absence of sanitation, cholera tends to explode in epidemics that can sicken tens of thousands and disable routine health services for months.

Schistosomiasis, which currently infects around 200 million people, impairs childhood growth and cognitive development. Left untreated, it causes permanent damage to the liver, kidney, and other internal organs.

Viral diseases, such as hepatitis A and E, are spread by oral-faecal contamination. Another example is blinding trachoma. Spread by filth flies, this disease is the second leading cause of blindness worldwide. WHO estimates that at least six million people are currently blind because of this disease. Another 150 million people are in urgent need of treatment.

We should not underestimate the burden of diseases caused by the lack of sanitation. All of these diseases cause misery, impede productivity, strain health systems, compromise investments in other sectors, and mire millions of people in abject poverty.

Let me ask you some questions. How can we expect human development to move forward in the

presence of such diseases? How can we hope to prevent these diseases in the absence of sanitation? These are fundamental questions.

Ladies and gentlemen,

Let us look at the impact on human dignity. In almost all societies, women and girls suffer the most when sanitation is inadequate. By far, women and girls bear the greatest burden of domestic responsibilities, including the disposal of household human wastes. Their work keeps them close to the stench, the filth, and the related health risks.

Women and girls have a special need for sanitation facilities that are safe, private, and near their homes. Women care for children – children who are suffering and often dying – from diarrhoeal disease. Women bear the children to replace the ones that die. Lack of sanitation facilities at schools keeps girls at home. We all know the impact of female education on future maternal and child mortality.

Let me turn to the positive side. Sanitation can serve as an entry point for tapping the power of women to act as agents of change. As His Royal Highness noted during a recent seminar in New Delhi, sanitation can work in synergy with microfinancing schemes for women. Moreover, as is so often the case in public health, studies show that sanitation projects are more likely to succeed when women are engaged as participants and as decision-makers.

Ladies and gentlemen,

When I took office at the start of last year, I called for a return to the values, principles, and approaches of primary health care. Unless we do so, I do not believe we will be able to reach the health-related Millennium Development Goals.

And sanitation fits hand-in-hand with this agenda. It demonstrates the importance of intersectoral action. It tackles a fundamental determinant of tremendous ill health. It stresses prevention. It benefits the poor and helps lift them out of poverty. It aims for sustainable results. And it relies on appropriate technologies.

We have today a full menu of low-cost technical options for the provision of sanitation in most settings, though sanitation in poor urban areas remains a major challenge. Several governments are determined to bring sanitation to their poorest populations. We are seeing some very good results. I would like to commend the governments which support this important agenda, including the Netherlands and Switzerland, along with others.

But the target set for sanitation is a far more daunting challenge than the one for drinking water. The scale is bigger and the unit costs are usually higher. But most importantly, the demand is lower.

We must not underestimate the need to create demand for sanitation in ways that permanently change behaviours. Experience tells us: building latrines will not be sufficient if these latrines go unused.

In this regard, the new approach of community-led total sanitation shows considerable promise in rural areas. Again, we see the principles of primary health care at work. This approach is community-led, driven by community demand, and taps the great potential of communities to work out ingenious solutions to their own priority concerns.

To reap the health benefits of sanitation, inclusive community participation and a sense of solidarity are absolute necessities. The strategy for total sanitation acknowledges that exclusion of a single household – even one single household – perpetuates the risks for the entire community.

Ladies and gentlemen,

If we want to break the stranglehold of poverty, and reap the multiple benefits for health, we must

address sanitation.

Let us use this International Year of Sanitation to increase awareness, to increase commitment, and to demonstrate results on the ground. The return on this investment will be enormous.

Thank you.