Don't waste a good investment

GDP for GDP: the full story
This document is part of the GDP for GDP toolkit. An advocacy brochure – Don’t waste a good investment – aimed particularly at politicians and other high-level decision-makers, contains a shorter version of the dignity and economic arguments set out in this document. This, and other resources such as posters, graphics and e-buttons, and guidelines on how to use the materials can be found at www.wsscc.org.
FOREWORD

What is the value of human waste? The answer might surprise you.

As individuals, and societies, we are constantly making decisions about how much value an action or an item has for us. These judgements determine our behaviour. We spend time with people we value. We save up for something that we think is really worth spending money on—like a car or a mobile phone. As nations, we allocate budget to health care and security.

But we don’t always get it right. Consider the benefits, in terms of healthy families and a strong workforce, that countries miss out on when they fail to educate women, for example.

When it comes to human waste we often get it wrong. Ensuring basic sanitation, essentially latrines or toilets that effectively separate excreta from human contact, and good hygiene practices, such as washing hands with soap, are actions that have not been given the priority they deserve. We have failed to see the value of human waste. We think of it as a problem—an unfortunate aspect of human existence that is going to cost us money and time to address.

But what if we choose to see human waste, and its management, as a source of income? A way to create jobs? Grow better crops? Reduce healthcare costs?

If I offered you a return on investment of nine dollars for every dollar you invested, that would sound like a good value proposition, wouldn’t it? And if I explained that, in addition to economic growth, you would also be ensuring the dignity of people everywhere, I feel sure you would be interested.

Our value proposition is “GDP for GDP”. Invest in Good Dignity Practices, such as encouraging communities to build toilets or teaching children about good hygiene practices, and you can increase GDP—Gross Domestic Product.

It’s up to you to decide how, and how much, you want to invest.

Anna Tibajuka

Chair, Water Supply and Sanitation Collaborative Council
CONTENTS

DIGNITY .............................................................................................................................................................. 5
HEALTH ............................................................................................................................................................... 7
PRODUCTIVITY ...................................................................................................................................................... 9
EDUCATION .......................................................................................................................................................... 11
TOURISM ............................................................................................................................................................ 14
JOBS .................................................................................................................................................................... 16
LEADERSHIP ......................................................................................................................................................... 19
GDP for GDP ....................................................................................................................................................... 21
BIBLIOGRAPHY ................................................................................................................................................... 22
FURTHER READING ............................................................................................................................................. 25
Return on investment:

DIGNITY

Investing in sanitation brings greater human dignity, freedom and equality for women and men, girls and boys

Worldwide, 2.6 billion people—more than one in three human beings—lack a private, hygienic, and physically safe toilet. Nearly one in six people on the planet, 17% of humankind, practices open defecation. Most of this document will focus on the high economic costs of inadequate sanitation and the socio-economic benefits linked to adequate sanitation. But the human costs are staggering, as well. And the return on investment in addressing this situation is invaluable—greater human dignity, freedom, and equality for women and men, girls and boys.

Consider for a moment the personal toll of having little choice but to perform intimate and unavoidable bodily functions along the roadside or railway tracks, or in fields, forests, and open lots, or in streams, rivers and lakes, or in bags and buckets outside your house—not once, not even on a weekly basis, but every single time you need to use the toilet. During bouts of intestinal disease. During menstruation. During pregnancy and after childbirth. In the pouring rain. In places where you feel afraid. Imagine—really imagine—facing this grim choice on a daily basis: defecating in full view of passers-by, or enduring uncomfortable, even painful, stretches while awaiting the cover of darkness. Imagine being, in essence, a prisoner to your biology, sentenced to a practice that invites stigma, ridicule, and assault; erodes human dignity; eats away at pride and self-esteem; and breeds powerlessness and shame.

Imagine, as well, the pain of losing a child to a preventable disease. Approximately two million children die needlessly every year as a result of poor sanitation, unsafe water, and insufficient hygiene. The number is so large as to be difficult to grasp. But behind that somewhat abstract number are unique and irreplaceable children, most of them under age five, who left behind grieving parents and grandparents, brothers and sisters, people whose lives are forever diminished in ways too profound to quantify.

1 WHO, UNICEF (2010)
2 Prüss-Ustün et al. (2008)
As renowned development economist and Nobel laureate Amartya Sen writes, development is about more than economic growth. It is about human flourishing and human freedom.\textsuperscript{3} Realizing Sen’s expansive vision is impossible without the dignity that sanitation affords. As odd as it may seem to people whose access to sanitation is an unquestioned part of daily life, having a clean, private toilet at home frees people—women and children especially—from a practice that threatens their well-being, curtails their freedom, and limits their opportunities. The simple toilet is more effective than immunizations and medical treatments in ensuring that children reach their fifth birthdays. A safe, private toilet protects girls and women from harassment and harm and removes critical barriers to their participation in public life, from school to work to politics.

People living with HIV and AIDS, people who are disabled, people who are elderly, and those who care for them suffer particularly from poor sanitation. People who are sick may need to use the toilet more frequently; those who care for them may need more access to water to keep them clean; those who are disabled may need a caregiver to go with them into the toilet. The placement and design of facilities has tremendous potential to improve quality of life and counter the indignities often associated with illness, age, and disability. Frequently, minor, inexpensive design modifications can make facilities and services more responsive to the needs of everyone.

Women in areas where sanitation coverage is poor typically believe in the transformative power of sanitation, as evidenced by the higher priority women place on household investments in sanitation as compared to men\textsuperscript{4} and also in the simple wish that many voice for their own girls: “I hope that my daughter has the good fortune to marry into a family with a private toilet.”\textsuperscript{5} Sanitation is empowering, and empowerment, particularly women’s empowerment, is fundamental to a country’s growth and progress.

One cannot put a price tag on a life of dignity or quantify the personal costs the lack of sanitation exacts from 2.6 billion people. But sanitation’s absence has well-documented, substantial costs across a range of sectors...and its expansion brings countries concrete, measurable gains. It is to these monetary costs and benefits to which we now turn.

**Good Dignity Practices:**

- Take into account the needs of women for safe, private, clean, and accessible toilets.
- Ensure that the design of facilities meets the needs of everyone: women and men, children and the elderly, people with disabilities, people who are ill.
- Understand that development is not just a matter of economics; it also encompasses the human dignity that sanitation brings.

\textsuperscript{3} Sen (1999)  
\textsuperscript{4} Lenton, Wright, Lewis (2005)  
\textsuperscript{5} UN-HABITAT (2005)
Return on investment:

HEALTH

Investing in sanitation and hygiene pays huge dividends in the health sector

Investing in sanitation and hygiene promotion pays huge dividends in the health sector, with significant knock-on effects in other sectors that depend upon a healthy, productive workforce. Countries pay a high cost for diseases that stem from poor sanitation. For instance, research shows that mortality directly attributable to inadequate sanitation, hygiene, and water costs Pakistan 2.9% of its GDP annually. The adverse health impacts of poor sanitation cost India 4.6% of its GDP.

According to the World Health Organization, diarrhoeal disease, 88% of which stems from inadequate sanitation, poor hygiene and unsafe drinking water, is the third leading cause of death overall and the second leading cause of death among children, after pneumonia, in developing countries. It consumes a huge share of health costs in the developing world simply because it is so widespread: at any given time, roughly half the world’s hospital beds are occupied by people suffering from diarrhoeal disease and other illnesses associated with inadequate sanitation and water supply. In Zambia, government officials estimate that over 80% of illnesses that bring people to health clinics are rooted in poor environmental sanitation. A study in Karachi, Pakistan, found that people living in communities with neither adequate sanitation nor hygiene education spend six times more on medical treatments than those with proper sanitation facilities. If everyone had access to adequate sanitation and water services, the world’s health sectors would save around US$12 billion every year, and patients themselves would save US$565 million.

---

6 Bartram, Cairncross (2010)
7 WSP (2010)
8 WHO (2009); WHO (2010)
9 Bartram et al. (2005)
10 Government of Zambia (2005)
11 UNICEF (2000)
12 Hutton, Haller (2004)
Although in a spiritual or moral sense, one cannot affix a monetary value to a human life, in many fields, from economics to insurance, doing so using a formula based on future earnings is standard practice. By this measure, more than US$5 billion would be saved each year if everyone were to have access to adequate sanitation and water.\textsuperscript{13}

Despite the terrible toll of diarrhoea, and despite the cost-effectiveness of interventions to prevent it, this illness gets a smaller share of the health budget than other diseases. Diarrhoeal diseases cause more deaths among children under five years old than HIV/AIDS, malaria and measles combined.\textsuperscript{14} They are also a significant underlying factor in under-five mortality due to undernutrition.\textsuperscript{15} Research shows that sanitation and hygiene promotion are more cost effective than a range of interventions currently being used against HIV/AIDS and malaria, yet most national and donor health budgets are directed toward addressing these diseases.\textsuperscript{16} In fact, sanitation and hygiene promotion are the most cost-effective of any health intervention, costing US$11 and US$3 per disability adjusted life year (DALY)\textsuperscript{17} averted, respectively. These approaches are nearly 100 times more cost-effective than oral rehydration therapy or antiretroviral therapy.\textsuperscript{18}

Access to sanitation reduces childhood diarrhoeal disease deaths by 30%, handwashing with soap reduces such deaths by at least 40%, and hygiene education reduces them by nearly 30%.\textsuperscript{19} Yet many countries spend less than 0.5% of their GDP on sanitation and water, with an even lower share for sanitation only.\textsuperscript{20}

Adequate sanitation and hygiene forestall huge direct and indirect health costs; the failure to invest in sanitation and hygiene promotion means that tremendously inexpensive life-saving opportunities are being missed.

**Good Dignity Practices:**

- Argue the case that the health of the nation depends on sanitation.
- Support programmes that encourage people to adopt good hygiene practices.
- Ensure that the budget allocated for sanitation and hygiene matches, or exceeds, the costs of poor health resulting from inadequate services.
- Convince your colleagues that investments in sanitation pay off in lower healthcare costs.

\textsuperscript{13} Ibid
\textsuperscript{14} WHO (2010)
\textsuperscript{15} WHO (2009)
\textsuperscript{16} WaterAid (2009a)
\textsuperscript{17} The disability-adjusted life year (DALY) is a measure of overall disease burden. It captures both morbidity and mortality in a single number by combining years of life lost due to premature mortality and years of life lost due to time lived in states of less than full health.
\textsuperscript{18} Cairncross, Valdmanis (2006); Laxminarayan, Chow, Shahid-Salles (2006)
\textsuperscript{19} Fewtrell et al. (2005)
\textsuperscript{20} WHO, UN Water (2010)
Return on investment:

PRODUCTIVITY

Investing in sanitation frees up time and increases productivity

Research shows that significant economic benefits associated with improved sanitation and water services stem from greater productivity, particularly productivity that results when people have adequate facilities nearby and thus spend less time queuing for and traveling to toilets and water points.\(^\text{21}\)

The time burdens imposed upon those who lack access to a safe water supply at home are well documented; girls and women in particular spend huge amounts of time collecting or queuing for water.\(^\text{22}\) Even more time is lost when there are no clean, safe sanitation facilities at home. In these cases, people have to walk to a toilet or a place where they can defecate in the open, or wait to use public facilities.\(^\text{23}\)

This “time poverty” makes income poverty still more entrenched. Meeting the MDG drinking water target would free up 4 billion working days annually—and meeting the MDG sanitation target as well would free up 20 billion working days. Universal access to sanitation and water would free up an astonishing 74 billion working days per year. Whether saved time is used for generating additional income or not, people value reducing the unnecessary time lost from accessing sanitation. The yearly value of these time savings can be estimated by using the minimum wage rate as a proxy for the value of time. Meeting MDG Target 10 would save more than US$63 billion worth of time; universal access to sanitation and water would save some US$229 billion.\(^\text{24}\)

Other productivity gains result from the health benefits that proper sanitation brings. Workers who are sick either miss work or are less productive on the job. Those who need to look after sick children and other relatives also have less time to be productive, either at work, or at home fulfilling domestic tasks like cooking, and tending household gardens, which are also important contributions to a productive economy. Poor sanitation also undermines the investments made in sectors that rely on a healthy

---

21 Hutton, Haller (2004); Hutton, Haller, Bartram (2007)
22 UNICEF (1999); UNDP (2006)
24 Ibid
population to function properly; investments in education do not have the impact they could if children are too weak from diarrhoea or diarrhoea-related malnutrition to learn; investments in agriculture do not have the impact they could if adults are too weak from illness to farm.

Still further gains can be identified when we look at individual sectors. The productivity of fisheries, for instance, is greater when water is not polluted by faecal matter. Cambodia, Indonesia, Philippines, and Viet Nam together lose around US$170 million per year in the value of their fish catch due to pollution of freshwater water bodies resulting from poor sanitation. Investments in agriculture, industrial production, hydropower, water resources management, and environmental management all realize a greater return when the costs of cleaning up land and water contaminated by faecal matter are not part of the equation.

*Increased productivity is key to economic growth. And increasing productivity across a range of factors—from more productive workers to more productive fisheries—depends upon better sanitation and water services.*

**Good Dignity Practices:**
- Recognize the value of people’s time by financing programmes that aim to increase the number of household toilets.
- Protect the productivity of vital sectors by safely managing human waste and avoiding contamination of water resources, fisheries and agricultural lands.

---

25 Hutton et al. (2008)
Return on investment:

EDUCATION

Investing in sanitation and hygiene leads to higher levels of education, which in turn bring higher incomes, better health, and longer lives.

Higher levels of educational attainment are associated with higher earnings, better health, and longer lives for people themselves—but also with increased levels of national economic growth. Primary education for all children and secondary education for as many as possible allow countries to benefit from a globalized economy, lift people out of poverty, and are an essential pre-condition for economic growth. Countries around the world are mobilizing to meet the education targets in Millennium Development Goals 2 (to achieve universal primary education) and 3 (eliminate gender disparities at all levels of education). Some have already reached the finish line, others are on track, and a few will miss the targets if current trends continue.

But speeding progress toward the goals and protecting the gains already made depends in part on sanitation and hygiene facilities in schools. So does enjoying the largest possible returns on educational investments and realizing this economic growth potential that increased education offers.

In countries around the world, everyday, children are going to schools that lack safe, clean toilets and where there is nowhere to wash their hands. According to a UNICEF study in developing countries, less than half of primary schools have access to safe water and just over a third have adequate sanitation facilities. The result is that:

Diseases spread and children are not able to learn. Unsanitary school environments allow infectious diarrhoea, intestinal worms, and other diseases to spread easily from student to student. A study showed that more than 40% of diarrhoea cases in schoolchildren result from disease transmission in schools rather than homes. Children who are sick miss school or don’t concentrate as well as when

---

26 IIASA (2008)
27 UNICEF (2010)
28 UNICEF (2009)
29 Koopman (1978)
they are healthy. When children have intestinal worms, they lose a significant portion of the goodness from the food they eat, so they are often undernourished, weak and listless in school. Inadequate nutrition in early years also harms cognitive development. Schoolchildren in Bogotá, Colombia, who reported good handwashing behaviours in schools were 20% less likely to report absenteeism. Meeting the MDG target on sanitation and water would result in some 270 million additional days of school attendance worldwide each year.

**Girls stop attending school when they begin to menstruate.** Without a clean, private place to attend to their sanitary needs at school, many girls miss days, or stop attending altogether once they begin to menstruate. This phenomenon is not confined to secondary school; menstruation can begin anytime between age 9 and age 16, and is thus a factor in school-leaving among primary school students as well as secondary school students. A survey in Nepal showed that about half of the respondents (53%) had been absent in school at least once due to menstruation. Many girls, though physically present in school, found it difficult to concentrate on their work during menstruation due to the anxiety associated with the lack of adequate sanitation facilities.

Educating girls expands their freedoms and improves their well-being, a desirable end in itself. But it also brings economic benefits for countries. For instance, educated girls tend to marry later and have fewer, healthier children than less educated girls, a demographic transition associated with economic growth and development. Each 1% increase in female education is associated with a 0.37% increase in economic growth.

**Attracting and retaining female teachers becomes more difficult.** Female teachers, like their female students, may shun environments in which they will not have access to a safe, clean, private toilet, particularly during menstruation. A supply of qualified teachers is necessary to meet the MDG education targets.

**An opportunity for behaviour-change is lost.** Schools are, after households, typically the most important places of learning for children, and behaviours learned at an early age in a positive environment are likely to stay with a person throughout life. Children can be important role models to other students, often taking a lead role in ensuring sanitation and handwashing behaviour change in their schools. They also take the lessons they’ve learned and their new habits home, to parents, brothers and sisters, stimulating demand for better conditions and creating new social norms.

**School sanitation and hygiene education keep children healthier, enable girls to continue their schooling, and lay the foundation for life-long good dignity practices—which, in turn, contribute to a country’s GDP.**

---

30 Lopez-Quintero, Freeman, Neumark (2009)
31 Hutton, Haller (2004)
32 WaterAid (2009b)
33 Knowles, Lorgelly, Owen (2002)
Good Dignity Practices:

- Speed progress toward the Millennium Development Goals education targets by ensuring sanitation in schools.
- Make school sanitation a priority: schools are one of the best places to teach good hygiene, and childhood is the best time to learn about it.
- Ensure separate facilities for girls and boys.
Return on investment:

TOURISM

Investing in sanitation improves the environment, attracting more tourists

Global tourism is a large and growing sector, accounting for 5% of the world’s economic activity. Tourism generates business opportunities and employment, accounting for between 6 and 7% of the overall number of jobs worldwide. It also brings in foreign exchange income as travelers spend their holiday budget on accommodation, food, transport, entertainment, recreation, cultural experiences, and souvenirs. From 1995-2007, the sector grew by 4.2% a year, making it the world’s largest growth industry.

High-income countries are the chief destinations for international travelers, but the proportion traveling to developing countries has grown by nearly 9% since 1995. The tourism sectors in East Asia and the Pacific, South Asia, the Middle East, and Africa in particular are predicted to grow at rates above 5% per year.

Where will all those tourists go? What makes them choose one country over another? Will they become return visitors? Will they recommend the location to friends or post positive reviews on the web? Understanding what keeps potential tourists away from a country can be as critical as communicating a destination’s attractions.

Simply put, the risk of poor sanitary conditions—associated as they are with diseases resulting from contaminated food, a visual landscape marred by debris and wastes, water too polluted for swimming much less drinking, and personal discomfort—keeps many from traveling to developing countries for a holiday.

Just imagine a community of 10,000, 30% of whom practice open defecation. Since each person produces 150 grams of faeces per day, open defecation would result in 3.15 tons of faeces per week—or 100 full dump trucks’ worth of human excrement annually—deposited in the community.

---

34 UNWTO (2010)
35 ESCAP (2010)
36 UNWTO (2010)
37 WSSCC (2008)
Unfortunately, this is not a hypothetical situation in many underserved areas. Not only is this situation harmful to the physical and psychological health of those who live amidst this waste; it also deters visitors. Water resources also suffer; in the developing world, roughly 90% of sewage is discharged without treatment, polluting waters, killing plants and fish, and making swimming dangerous.\(^{38}\) In Cambodia, Viet Nam, Indonesia and the Philippines alone, 13 million tons of faeces are released to inland water sources each year.\(^{39}\)

Adventurous travelers may be undeterred, but for the average tourist, health, safety, comfort, and aesthetic concerns easily trump natural beauty and cultural riches when choosing a holiday destination. In addition, those with both the time and the money for foreign travel tend to be older, and seniors often place a higher premium on sanitary standards. Ecotourism is a growing sector, but it is one particularly reliant on a clean environment.

A study from the Water and Sanitation Program of the World Bank estimated that poor sanitation costs Cambodia, Viet Nam, Indonesia and the Philippines combined around US$350 million per year in lost tourism dollars.\(^{40}\) Countries suffering from cholera see precipitous drops in tourism. For instance, in Peru, an outbreak of cholera in the early 1990s cost the country US$1 billion in lost tourism and agricultural exports in just ten weeks.\(^{41}\)

Tourism is a large and growing sector of the global economy; getting your country’s share requires investments in sanitation.

Good Dignity Practices:

- Prioritize sanitation, water services, and effective waste treatment to improve the desirability of your country as a tourist destination.
- Ensure a clean environment to access the lucrative ecotourism market.

---

\(^{38}\) UNDPI (2002)  
\(^{39}\) Hutton et al. (2008)  
\(^{40}\) Ibid  
\(^{41}\) UNICEF (2000)
A new latrine is just the beginning of an ongoing business opportunity. Sanitation and hygiene open up a viable market with high revenue potential for entrepreneurs, in particular for local and small-scale businesses. Providing services and products on a regular basis—not only for households, but also for public toilet facilities, schools, public institutions, tourism spots and more—creates jobs and investments, and, where start-up costs are relatively low, can be a way for those who do not have much money to get into business.

In the sanitation sector, the biggest and most obvious market lies in the construction of toilets and latrines: masons and others dig the pit, lay the slab, connect plumbing, and construct walls and doors to provide privacy and comfort. Small shops offer ceramic toilets, tiles, and sanitary products. Once a latrine has been constructed, it usually fills up and needs ongoing operation and maintenance services, such as faecal sludge emptying, transport, disposal, and treatment, in addition to cleaning, repair, and replacement. Another source of income arises from the reuse of human waste: urine and composted faeces have a significant market value as nutrient-rich agricultural fertilizers. Biogas, produced from treating human waste, often together with other organic and agricultural wastes, provides households with a free, renewable energy source for cooking and lighting. It also offers a market niche for skilled construction workers and biogas appliances producers.

Sanitation and hygiene as a good business is not a new approach; it is already practiced the world over. In rural Malawi, for example, Water For People has tested a “sanitation as a business” programme. It starts with families purchasing composting latrines using loans from the sanitation entrepreneur. Household members do not receive cash; rather the sanitation entrepreneur installs the composting latrine. As repayment on the loan, the entrepreneur collects the compost from the latrines and sells it to a local fertilizer buyer or farmer. Once the latrine is fully paid for, the household continues its relationship with the sanitation entrepreneur and, most importantly, receives a small payment for the
compost. Families make money by using their latrine; entrepreneurs make money by selling their compost.\textsuperscript{42} Sulabh International has established another very successful service model in India that other countries are copying: Sulabh constructs and maintains public toilets (more than 7,500 all over India), while generating income by charging user fees.\textsuperscript{43} In some cases, the community toilets are also used to generate biogas.

Hygiene is also an area in which taking a business approach yields benefits for the private sector while advancing the public good. Partnerships that bring together governments, NGOs, and soap manufacturers have proven extremely effective in promoting handwashing with soap. In India, for example, local women’s groups have started manufacturing sanitary pads. This project offers employment and, at the same time, a much-needed local product at a low price. Poor women and girls can now afford sanitary napkins, which enhances their dignity and comfort during menstruation.\textsuperscript{44}

In sum, the private sector produces, markets, sells, and maintains sanitation and hygiene services and products that are adapted to consumer needs and demands. And there are many potential customers waiting to make their own choices about services and products: 2.6 billion people are keen to use a decent toilet that is affordable to build and maintain;\textsuperscript{45} many households wish to improve their existing facilities; and everyone benefits from good personal hygiene. In India, for example, the sanitation market has a potential value of US$152 billion (with around two-thirds in infrastructure and one-third in operations and maintenance services) over the 2007-2020 period. The annual sanitation market is estimated to grow from US$6.6 billion in 2007 to US$15.1 billion in 2020.\textsuperscript{46}

Unfortunately, the charity and donor-based sanitation models (free or subsidized latrines) have in the past often unintentionally damaged the market environment by creating unfair competition for local producers. The market approach, on the other hand, stimulates socially and economically sustainable sanitation solutions, based on a long-term service model between the service provider and the customer. The private sector has strong incentives to offer good services: attracting customers and maximizing profit and business opportunities. In addition, small-scale entrepreneurs often come up with locally adapted and innovative solutions, catering to a different clientele. Offering a range of services and products, rather than a single “one-model-fits all” solution, makes it more likely that the latrines will be used appropriately and that the broader health, environmental, and productivity gains will be realized.

The key to realizing a good return on investment when it comes to businesses and jobs is to view sanitation and hygiene promotion as exactly that: a business with customers, not beneficiaries. Strong economic incentives for high-quality service provision contribute to comfort and dignity, and also to wider health and environmental benefits. Combining the objectives of the public sector, the community understanding of NGOs, and the marketing knowledge of private firms can create a win-win-win situation for all involved.

\textsuperscript{42} Bramley, Breslin (2010)  
\textsuperscript{43} Sulabh International  
\textsuperscript{44} WaterAid (2010)  
\textsuperscript{45} WHO, UNICEF (2010)  
\textsuperscript{46} WSP (2010)
Good Dignity Practices:

- Explore opportunities for public-private partnerships in marketing, training, and product development.
- Provide professional business development support for small-scale sanitation providers.
- Entice new entrepreneurs to enter the market and boost existing businesses by reducing market barriers.
- Regulate quality and technical standards for the construction of latrines. Ensure that the collection, treatment, disposal and reuse of human waste comply with health and environment standards.
Leadership on meeting the sanitation challenge is badly needed. But rapid progress in countries as varied as Angola, Rwanda, Bangladesh, Guatemala, Honduras, Mexico, Pakistan, Syrian Arab Republic, and Viet Nam shows that change is possible and affordable. In Burkina Faso, the president launched a national advocacy and social mobilization campaign on sanitation in 2010, setting a target of 54,000 new toilets per year to meet the MDG sanitation target. In Ethiopia, the Bureau of Health made sanitation and hygiene part of their basic community health package, and rolled out the programme with a significant mobilization and political promotion component; the result was substantial increases in latrine construction within a short time frame. These and other experiences demonstrate that, with political will, community mobilization, and alliances with civil society actors, access can expand rapidly.

Summoning the political will to prioritize sanitation is a critical first step, and on this front, there has been progress. But bottlenecks remain. A multitude of government stakeholders are responsible for sanitation and hygiene, making it difficult to agree on common goals, develop and implement policies, and allocate resources efficiently; it also dilutes accountability. Donor support for sanitation and water has been declining, and developing countries likewise fail to prioritize sanitation and water in their budgeting; the median allocation is just 0.48% of GDP, and most countries report that available resources are insufficient to meet the MDG targets in this area.

Simply put, few are giving sanitation the priority it demands. By failing to prioritize sanitation, policy-makers from developed and developing countries alike are failing to invest in an area with substantial return. A new mindset is needed: rather than seeing sanitation as a service-delivery sector and a long-term drag on the national budget, policy-makers should think of sanitation as they would of a

---

48 Burkina Faso WASH Coalition (2010)
49 RIbble (2008)
50 WHO, UN Water (2010)
productive sector that promises significant financial rewards. It’s difficult to imagine any investor passing on the chance to get a 9-to-1 yield. Yet that is just what is happening today. 51

Expanding access to sanitation services is no great mystery. It requires:

• Moving sanitation to the top of the agenda and speaking plainly about the high economic, social, and health costs of poor sanitation;
• Changing our thinking about sanitation from something that costs money to something that generates income;
• Allocating sufficient resources, both in terms of aid flows and in terms of national budgets;
• Giving priority to underserved countries and underserved populations within them, especially the rural poor and those living in informal urban settlements;
• Recognizing that expanding sanitation coverage requires community involvement, demand creation, and the full and equal participation of women and men;
• Establishing one national coordinating body, formulating a single, country-wide sanitation plan, and putting into place a transparent monitoring framework; and
• Providing professional business development support for small-scale sanitation providers.

It requires action from YOU. What is your commitment to advancing GDP for GDP today?

Good Dignity Practices:

• Become a sanitation champion.
• Build alliances with civil society.
• Ensure community involvement.
• Recognize that political will is critical to GDP for GDP.
• Speak frankly about the high cost of poor sanitation.
• Champion the idea of a national sanitation plan with clear, time-bound targets and sufficient resources.

51 Hutton, Haller, Bartram (2007)
Return on investment:

GDP for GDP

Investing in sanitation needs YOU

The case for investing in Good Dignity Practices—actions that lead to better sanitation and improved hygiene—is robust. Decision-makers with budgetary responsibility are wasting a good investment opportunity if they do not choose to take action. But where to start? There are many choices... here are just a few.

Which Good Dignity Practices will YOU implement?

- Support programmes that encourage people to adopt good hygiene practices.
- Take into account the needs of women for safe, private, clean, and accessible toilets.
- Make school sanitation a priority.
- Ensure separate facilities for girls and boys.
- Protect the productivity of vital sectors by safely managing human waste and avoiding contamination of water resources, fisheries and agricultural lands.
- Prioritize sanitation, water services, and effective waste treatment to improve the desirability of your country as a tourist destination.
- Speak frankly about the high cost of poor sanitation.
- Champion the idea of a national sanitation plan with clear, time-bound targets and sufficient resources.

What benefits will these practices bring?

- Dramatically reduced national health costs.
- Adolescents who complete secondary school, boosting your country’s economic growth prospects.
- Adults with more time for productive purposes, either because they are not sick themselves, or because they are spending less time looking after sick friends and relatives.
- Clean, inviting rivers and beaches, unspoiled natural beauty, appealing cities, all of which bring visitors—and foreign exchange.
- New jobs and business opportunities in waste management, in the construction of sanitary facilities, and in the manufacture and sale of soap and other hygiene products.

The bottom line is increased GDP for your country.
BIBLIOGRAPHY


Burkina Faso WASH Coalition (2010). The national campaign of advocacy and mobilization for access to adequate sanitation: 54,000 latrines each year to achieve the MDGs in sanitation in Burkina Faso!


WSP (2010). *The economic impacts of inadequate sanitation in India.* New Delhi, Water and Sanitation Program.

FURTHER READING

Dignity


Economic impacts


Hutton, G, Rodriguez, UE, Napitupulu, L, Thang P, Kov, P (2008). *Economic impacts of sanitation in Southeast Asia: A four-country study conducted in Cambodia, Indonesia, the Philippines and Viet Nam under the Economics of Sanitation Initiative (ESI)*. Jakarta, World Bank, Water and Sanitation Program. (Click [here](#) to access separate country reports from Cambodia, Indonesia, Lao PDR, Philippines and Viet Nam.)

WSP (2010). *The economic impacts of inadequate sanitation in India*. New Delhi, Water and Sanitation Program.
Health


Education


Jobs


SDC, WSSCC, WSP (2007). One fly is deadlier than 100 tigers: Total sanitation as a business and community action in Bangladesh and elsewhere. Bern, Swiss Agency for Development and Cooperation.
