Open defecation and poor sanitation are linked to transmission of diseases such as cholera, diarrhea, dysentery, hepatitis A, typhoid and polio.

Poor sanitation is a major factor in several neglected tropical diseases, including intestinal worms, schistosomiasis, and trachoma. It also contributes to malnutrition.

Diarrhea is a leading cause of death in children, accounting for 9% of all deaths among children under age 5 worldwide in 2015.

WASH, in particular hand-washing, is essential for reducing maternal and neonatal mortality rates by preventing sepsis.

Sanitation and hygiene are linked to most SDGs. The SDGs marked above are specifically identified in WSSCC’s Strategic Plan 2017-2020.
SANITATION AND WOMEN’S HEALTH
Sanitation has a significant impact on women’s psychological well-being, particularly menstrual management and defecation.
Access to safe WASH can be a matter of life and death for a pregnant woman and her foetus. Sanitation practices encompass more than defecation and urination and include carrying water, washing, bathing, menstrual management, and changing clothes. During these activities, environmental barriers, social factors and fears of sexual violence all contribute to sanitation-related psychosocial stress.
Women who lack access to a sanitation facility or use unhygienic places are more likely to experience maternal mortality and severe pregnancy outcome, which passes the burden of WASH disease on to their neonates.
In health facilities offering antenatal care and institutional deliveries, improved sanitary conditions are not universally available, which might be health hazards and reduce the appeal of such health facilities.

WATER, SANITATION AND HYGIENE (WASH) IN HEALTH CARE FACILITIES
In low- and middle-income countries, WASH services in many health care facilities are absent. Data from 54 countries, representing 66,101 facilities show that 38% of health care facilities do not have an improved water source, 19% do not have improved sanitation and 35% do not have water and soap for handwashing. This lack of services compromises the ability to provide safe and quality care and places both those providing and those seeking care at considerable and preventable risk.

ECONOMIC BENEFITS OF IMPROVING HEALTH THROUGH WASH
World Bank research indicates that hygiene is the most economical health intervention available, and can reduce extreme poverty at very little cost.
The economic benefits are threefold. There are savings related to less need to seek and provide healthcare, a reduction in the loss of productive time due to disease, and a reduction in premature mortality. The time of adults too sick to work is valued at 30% of average GDP per capita, on an hourly basis. For school-age children and adults caring for under-fives, time is valued at 15% of GDP per capita. Mortality is valued using the human capital approach.
Health benefits are presented by income quintile for two variables; WASH coverage and under-five deaths.

POOR SANITATION CONTRIBUTES TO 700,000 CHILD DEATHS FROM DIARRHEA EACH YEAR

38% OF HEALTHCARE FACILITIES DO NOT HAVE AN IMPROVED WATER SOURCE

ECONOMIC BENEFITS OF IMPROVING HEALTH THROUGH WASH
EVERY DOLLAR INVESTED IN WATER AND SANITATION LEADS TO A $4.3 RETURN IN REDUCED HEALTH CARE COSTS