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Greater Access to Cell Phones than Toilets in India

UNU-INWEH report offers 9-point prescription for achieving Millennium Development Goal for Sanitation by 2015

Far more people in India have access to a cell phone than to a toilet and improved sanitation, according to UN experts who published today a 9-point prescription for achieving the world's Millennium Development Goal (MDG) for sanitation by 2015.

They also urge the world community to set a new target beyond the MDG (which calls for a 50 percent improvement in access to adequate sanitation by 2015) to the achievement of 100 percent coverage by 2025.

Recent UN research in India, the world's second most populous country, shows roughly 366 million people (31 percent of the population) had access to improved sanitation in 2008.

Other data, meanwhile, shows 545 million cell phones are now connected to service in India's emerging economy. The number of cell phones per 100 people has exploded from 0.35 in year 2000-01 to about 45 today.

Worldwide some 1.1 billion people defecate in the open. And data show progress in creating access to toilets and sanitation lags far behind world MDG targets, even as mobile phone connections continue to a predicted 1 billion in India by 2015.

Says Zafar Adeel, Director of United Nations University's Canada-based think-tank for water, the Institute for Water, Environment and Health: "It is a tragic irony to think that in India, a country now wealthy enough that roughly half of the people own phones, about half cannot afford the basic necessity and dignity of a toilet."

"Popular education about the health dangers of poor sanitation is also needed. But this simple measure could do more to save lives, especially those of young people, improve health and help pull India and other countries in similar circumstances out of poverty than any alternative investment. It can also serve as a very significant boost to the local economy."

The new UNU report cites a rough cost of \$300 to build a toilet, including labour, materials and advice. Worldwide, an estimated \$358 billion is needed between now and 2015 to reach the MDG for sanitation – some of this funding is already mobilized at national and international levels.

“The world can expect, however, a return of between \$3 and \$34 for every dollar spent on sanitation, realized through reduced poverty and health costs and higher productivity - - an economic and humanitarian opportunity of historic proportions,” adds Dr. Adeel, who also serves as chair of UN-Water, a coordinating body for water-related work at 27 UN agencies and their many global partners.

World leaders assembled at the UN in 2000 pledged to halve by 2015 the proportion of people with inadequate sanitation from levels prevailing as the millennium began.

However, if current global trends continue, the World Health Organization and UNICEF predict a 1 billion person shortfall from the sanitation goal in 2015 -- in all, 2.7 billion will lack access. So, while the world will miss the MDG target, the absolute number of those without access to sanitation will actually go up.

The problem is a major contributor to water-borne diseases that, in the past three years alone, killed an estimated 4.5 million children under the age of five -- a death toll roughly equal to the population of Ireland or Costa Rica.

“This report notes cultural taboos surround this issue in some countries, preventing progress,” says Zafar Adeel, Director of UNU-INWEH. “Anyone who shirks the topic as repugnant, minimizes it as undignified, or considers unworthy those in need should let others take over for the sake of 1.5 million children and countless others killed each year by contaminated water and unhealthy sanitation.”

The UNU-INWEH report synthesizes information from a wide range of UN and sources:

- * Of the estimated \$358 billion cost to meet the MDG target, \$142 billion is needed to expand coverage (mostly to rural areas) and \$216 billion to maintain existing services (mostly in urban areas)
- * For all of Africa to meet the water and sanitation MDGs, the number of people served must double from the 350 million served in 2006. At current rates of progress in Sub-Saharan Africa, the sanitation MDG might not be met until 2076
- * An estimated 443 million school days are lost each year due to water-related diseases
- * Once girls reach puberty, lack of access to sanitation becomes a central cultural and human health issue, contributing to female illiteracy and low levels of education, in turn contributing to a cycle of poor health for pregnant women and their children

The report offers nine recommendations:

1. Address sanitation in the context of global poverty and in concert with the other MDGs as part of an overall strategy to increase global equity;
2. Make sanitation a primary focus within the broader context of water management and access to safe water;

3. Integrate sanitation into community life – holistic, community-based and community-driven. Empower local communities (not just households) to identify needs, change behaviour, create demand for ownership and overcome obstacles such as land tenure;
4. Make coordinated, long-term sanitation investments focused on both “software” (usage) and “hardware” (facilities). To make monitoring more valuable, integrate failures and successes associated with sanitation delivery in community-based evaluations;
5. Redefine “acceptable” sanitation access within the context of gender, economic realities and environmental constraints;
6. Adjust the MDG target from a 50 percent improvement in access to adequate sanitation by 2015 to 100 percent coverage by 2025;
7. Co-ordinate the responses of national NGOs to the sanitation crisis and enhance communication, especially regarding lessons learned, to form an effective and vocal sanitation advocacy group;
8. Design new business models to develop markets at the bottom of the pyramid and deal with the apexes of the water-sanitation-hygiene triangle concurrently;
9. Recommit to official development assistance equal to 0.7 percent of GDP and, within this framework, commit 0.002 percent of GDP to international investments in sanitation.

Says Dr. Adeel: “As president of the G8 in 2010, Canada has announced it will champion ‘a major initiative to improve the health of women and children in the world's poorest regions,’ making this the top priority of the leaders’ meetings in June. Better nutrition and immunization are foremost among the remedies cited.”

“We would urge, however, that providing decent sanitation be emphasized among the simple, inexpensive solutions available, as it would do more to save the lives than any other possible measure.”

Says report co-author Corinne Shuster-Wallace of UNU-INWEH: “Sanitation for all is not only achievable, but necessary. There is a moral, civil, political and economic need to bring adequate sanitation to the global population.”

Media resources (**note: if hyperlinks fail when clicked, paste URL into browser**):

Final report in full:
www.inweh.unu.edu

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UNU Institute for Water, Environment and Health

UNU-INWEH was established in 1996 to strengthen water management capacity, particularly of developing countries, and to provide on-the-ground project support. With core funding from the Government of Canada through CIDA, it is hosted by McMaster University, Hamilton, Canada.