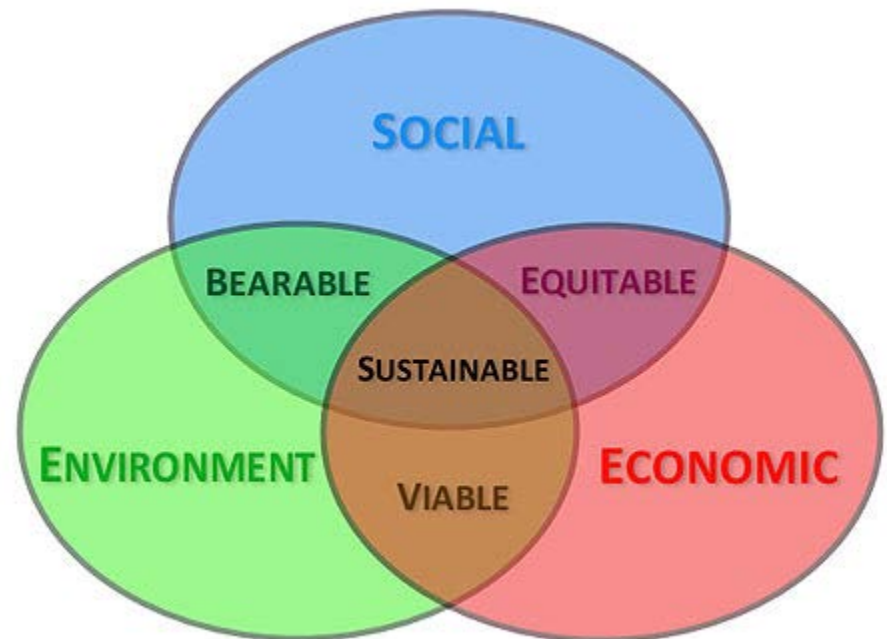


Interlinkages

- Three dimensions of sustainable development
 - People (social)
 - Prosperity (economic)
 - Planet (environmental)
- Other Ps
 - Peace
 - Partnerships





15
Years

17
Goals

169
Targets

230
Indicators





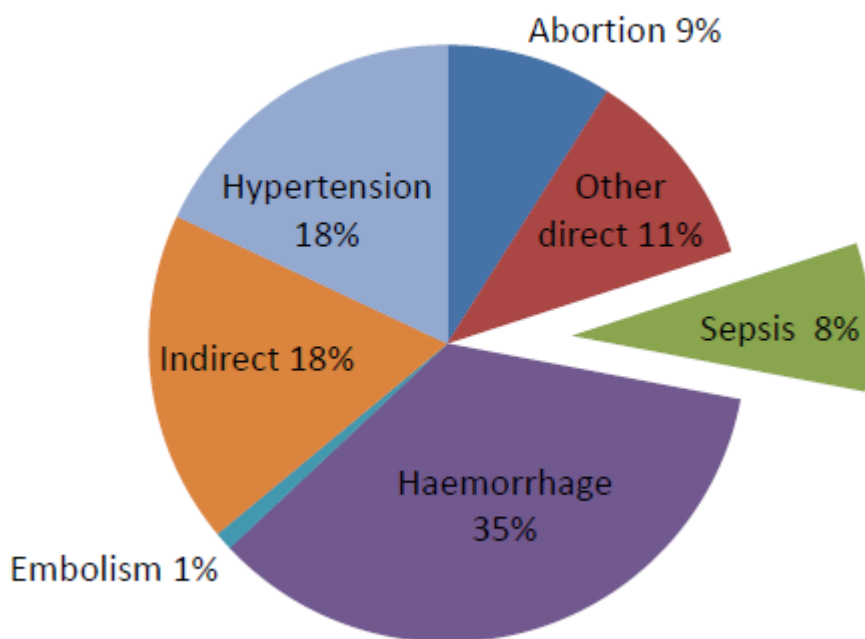
People: WASH and Goal 3

- WASH is directly linked through indicators
 - Universal Health Coverage
 - Deaths and illness from hazardous chemicals and air, water, and soil pollution
- WASH contributes importantly to realizing health gains within Goal 3
 - Maternal, infant, and neonatal mortality
 - Neglected tropical diseases



3.1: Maternal mortality

Causes of maternal mortality



Systematic review and meta-analysis: association between water and sanitation environment and maternal mortality

Lenka Benova¹, Oliver Cumming² and Oona M. R. Campbell¹

Author	Year	Country	Comparison	Best_estimate_type	Odds Ratio (95% CI)	% Weight
Sanitation						
Golding	1989	Jamaica	Other v. WC	Adjusted	3.16 (1.56, 6.41)	42.93
Urassa	1995	Tanzania	Other v. flush	Crude	3.27 (1.52, 7.04)	36.49
Taguchi	2003	Indonesia	No facility v. any	Adjusted	2.50 (1.00, 7.70)	20.58
Subtotal (I-squared = 0.0%, p = 0.983)					3.14 (1.98, 4.99)	100.00
Water						
Golding	1989	Jamaica	Other v. piped	Crude	2.04 (1.21, 3.46)	23.73
Urassa	1995	Tanzania	Not tap v. tap	Crude	2.60 (1.70, 4.00)	28.27
Fikree	1997	Pakistan	Not potable v. potable	Adjusted	1.50 (1.10, 2.10)	33.72
Taguchi	2003	Indonesia	Not clean v. clean	Crude	0.50 (0.39, 1.98)	14.27
Subtotal (I-squared = 57.5%, p = 0.070)					1.75 (1.21, 2.54)	100.00

Sanitation: OR 3.14

Water: OR 1.75



3.2: U5 and neonatal mortality

- High contribution of infections and sepsis
 - In high mortality settings, up to 50% of neonatal mortality is due to infections
 - 30-40% of infections that lead to neonatal sepsis deaths are transmitted at the time of childbirth
- Six cleans
 - Handwashing by birth attendant reduces neonatal mortality by 19%, cord infection by 30%, and tetanus by 49%

Many health care facilities still lack basic water, sanitation and hygiene facilities

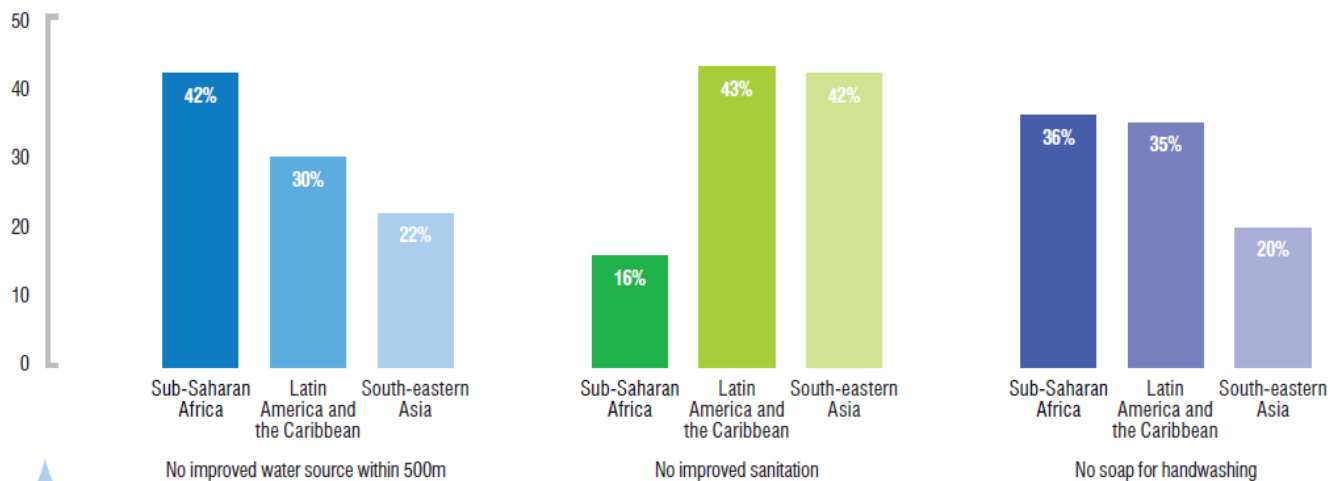
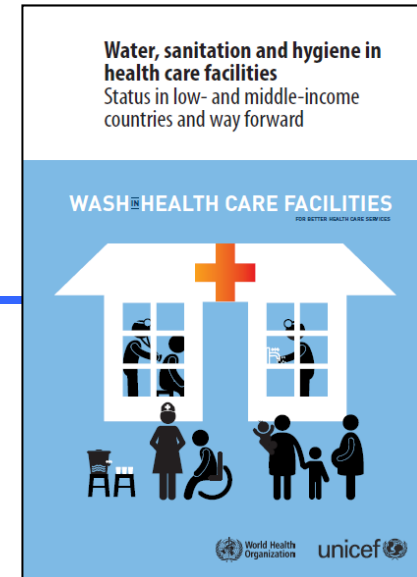
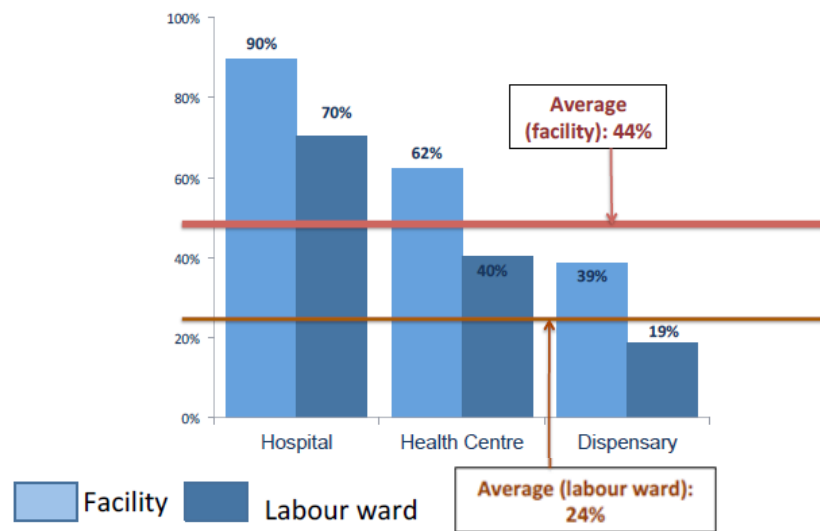


Fig.43 Proportion of healthcare facilities without basic water, sanitation and hygiene facilities



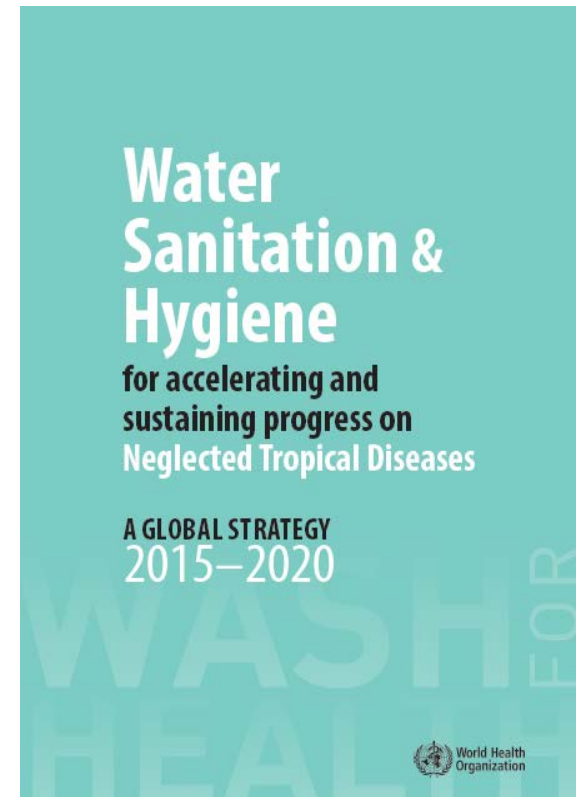
Tanzania 2010 -Health facilities and labour wards: % with water supply & latrines ("WASH safe")

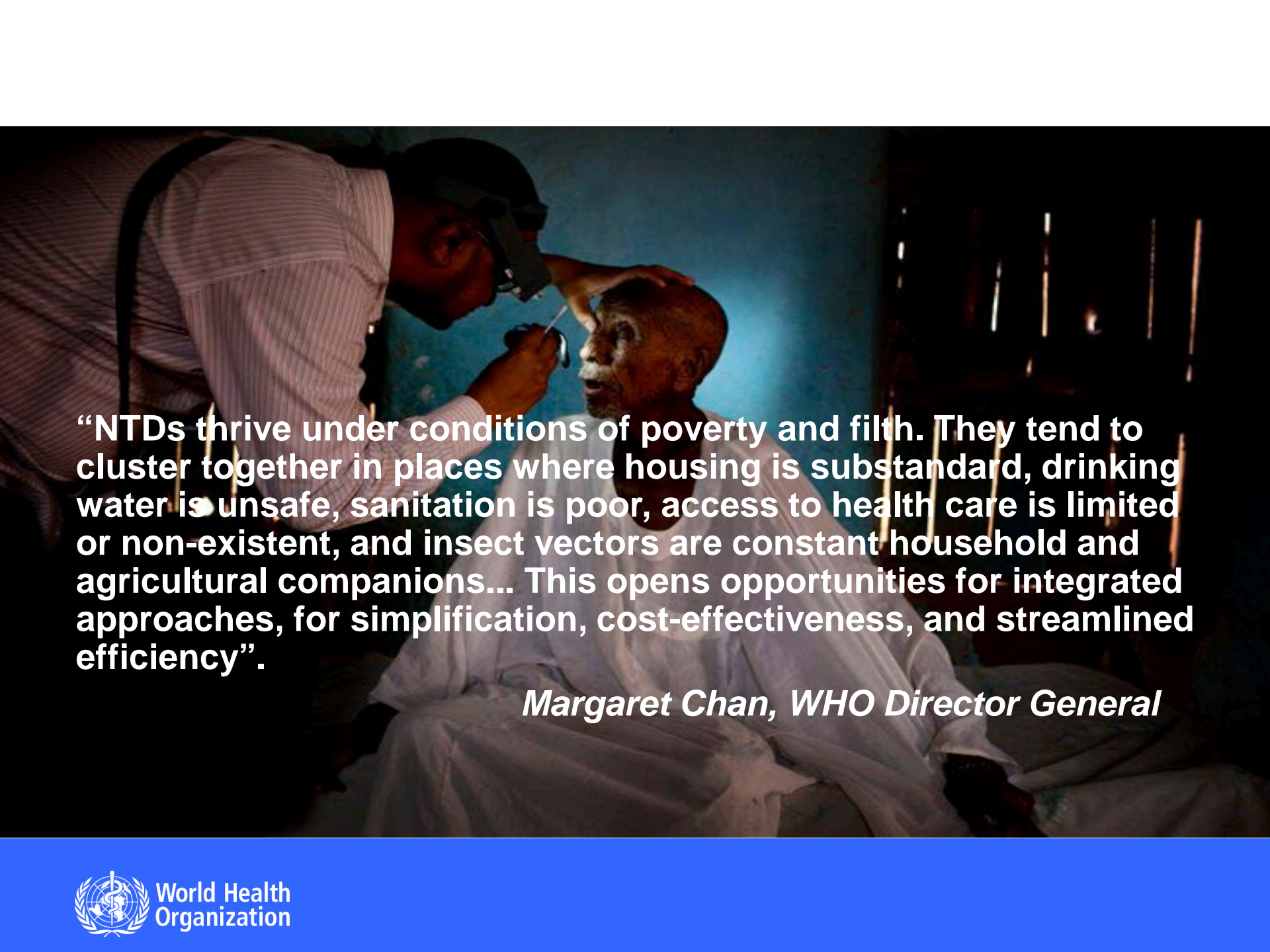




3.3: Communicable diseases

- 3.3.5 Number of people requiring interventions against neglected tropical diseases





“NTDs thrive under conditions of poverty and filth. They tend to cluster together in places where housing is substandard, drinking water is unsafe, sanitation is poor, access to health care is limited or non-existent, and insect vectors are constant household and agricultural companions... This opens opportunities for integrated approaches, for simplification, cost-effectiveness, and streamlined efficiency”.

Margaret Chan, WHO Director General



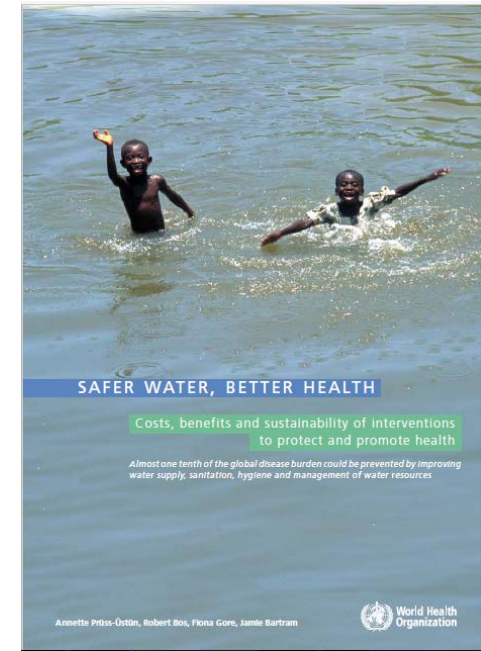
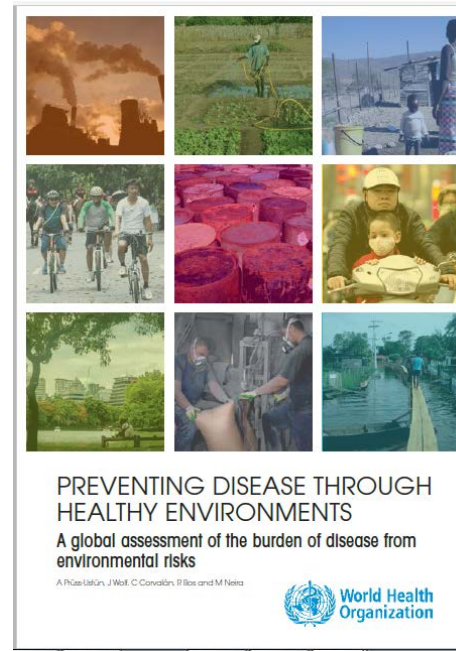
3.8: Universal Health Coverage

- 3.8.1 Coverage of tracer interventions including WASH



3.9: Deaths and illness from hazardous chemicals and air, water, and soil pollution

- 3.9.2 Diarrhoeal diseases attributable to inadequate WASH





Other People



1.4 Basic services for the poor



2.2 End all forms of malnutrition



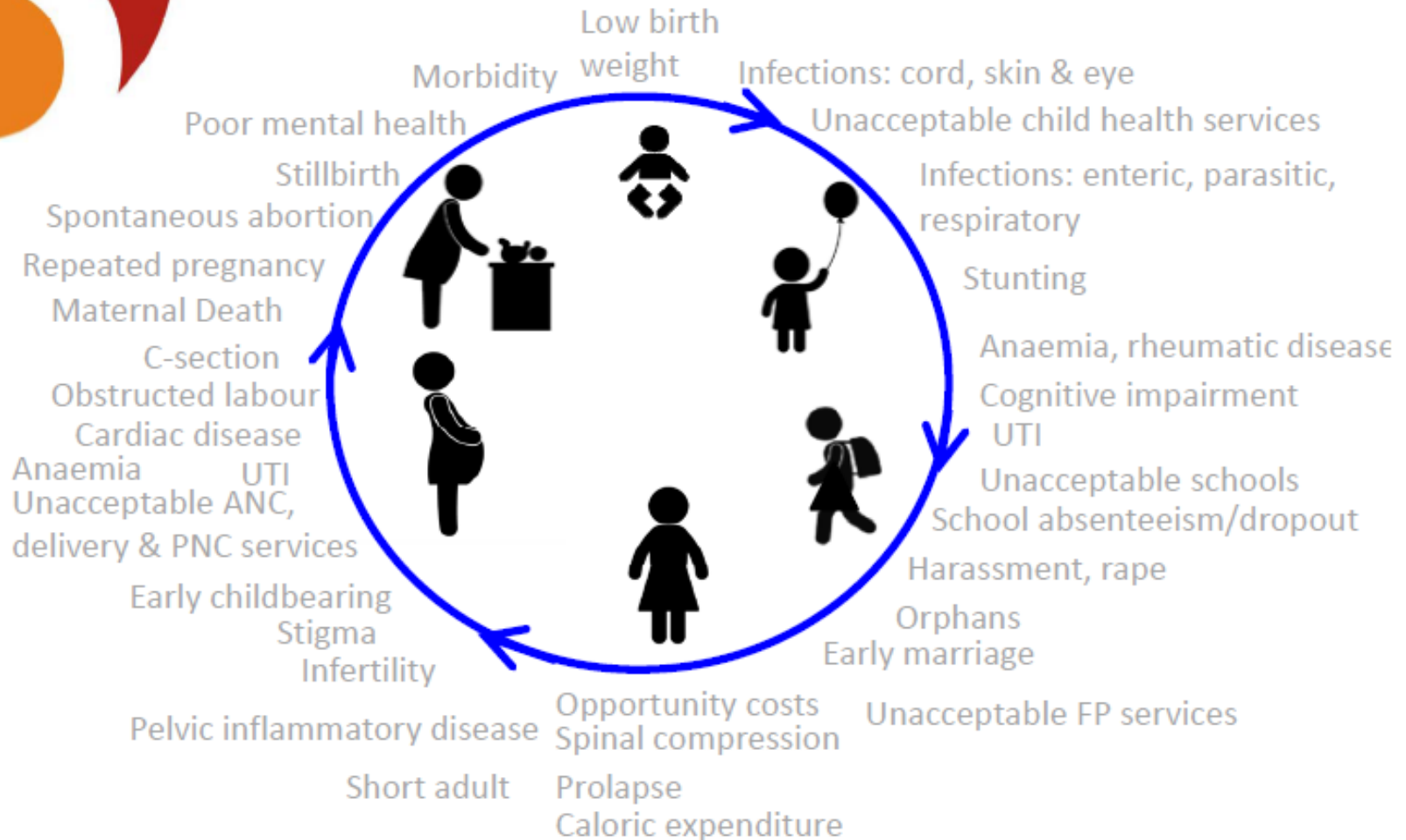
4.5 Eliminate disparities in education
4.a WASH in schools



5.5 Full and effective participation at all levels



Life course perspective on potential impacts



Credit: Lenka Benova, 2014





Prosperity

7 AFFORDABLE AND
CLEAN ENERGY



Water needs
energy
Energy needs
water

10 REDUCED
INEQUALITIES



Heavy impact
of WASH on
inequalities

8 DECENT WORK AND
ECONOMIC GROWTH



Water is
needed for
work

11 SUSTAINABLE CITIES
AND COMMUNITIES



WASH in urban
settings
11.5 Deaths from
water-related
disasters



Planet



6.3 Water quality

6.4 Water scarcity

6.5 Water resource management

6.6 Water-related ecosystems



13.1 Resilience and adaptive capacity