WHO/UNICEF/USAID Document: Improving nutrition outcomes with better water, sanitation and hygiene: practical solutions for policies and programmes

5 Key Facts

1. UNDERNUTRITION and LACK OF SAFE WATER AND SANITATION ARE MAJOR GLOBAL CHALLENGES.
Globally, in 2014, an estimated 159 million children under five years of age were stunted, and 50 million were wasted. Furthermore, according to 2015 updates, 2.4 billion individuals lack access to improved sanitation and 663 million lack access to a protected water source. Often the same communities affected by undernutrition also have limited access to safe water and sanitation, reinforcing the causes of undernutrition and emphasising the need for multi-faceted solutions.

2. ACHIEVING GLOBAL HEALTH GOALS REQUIRES BETTER NUTRITION AND WATER, SANITATION AND HYGIENE (WASH).
Achieving important global health goals, such as ending preventable child and maternal deaths, eliminating neglected tropical diseases and the global non-communicable disease targets, will require addressing malnutrition in all its forms. Lack of access to WASH can affect a child’s nutritional status through at least three direct pathways: via diarrhoeal diseases, intestinal parasite infections and environmental enteropathy. WASH interventions can positively impact all three of these pathways and in turn improve nutrition.

3. PROVEN NUTRITION AND WASH INTERVENTIONS EXIST AND HAVE BEEN SUCCESSFULLY IMPLEMENTED.
Key nutrition interventions include: early initiation of breastfeeding, exclusive breastfeeding, appropriate complementary feeding practices, vitamin A supplementation, fortification when needed, management of moderate and severe acute malnutrition and nutritional care for child and women in difficult circumstances. Proven WASH interventions include use of improved household toilets or latrines, improved water supply, safe household water management, including treatment and storage, and handwashing with soap. In addition, keeping food safe through safe handling, preparation and storage is important. With sufficient resources and culturally appropriate approaches, these interventions have been successfully implemented with documented health gains.

4. SUCCESSFUL INTEGRATION REQUIRES THINKING DIFFERENTLY, CONSIDERING TRADE-OFFS AND LEARNING FROM THE FIELD.
This document provides examples of WASH interventions and delivery mechanisms at the health facility, community and household levels, and offers practical solutions for knowing when and how to integrate. For example, how to negotiate improved practices through small doable actions, and using community health workers as agents and examples of change. Suggested, validated indicators for both nutrition and WASH are provided to guide implementers in developing monitoring and evaluation tools. Finally, as highlighted through case studies, a number of countries, such as Bangladesh, Ethiopia, Mali and Peru have made progress in jointly addressing undernutrition and inadequate WASH through integrated efforts.

5. WASH AND NUTRITION COMMITMENTS AND PLATFORMS PROVIDE A FOUNDATION FOR SCALING-UP INITIAL SUCCESSES.
Achieving the six global nutrition targets 2025, first adopted by the World Health Assembly and subsequently endorsed by the 2nd International Conference on Nutrition requires substantial WASH investments. Likewise, the World Health Assembly Resolution on Drinking-water, Sanitation and Health, calls for improving primary prevention by integrating WASH with health efforts, including nutrition. In addition, several countries made public commitments to improve nutrition as part of the 2014 High Level Meeting of Sanitation and Water for All global partnership and in the 55 countries that have joined the Scaling-Up Nutrition (SUN) movement, partners are working together to implement multisectoral action in order to effectively deliver nutrition interventions. While these efforts are important first steps, more can and should be done to effectively and smartly integrate nutrition and WASH in order to make a difference in the health of the world’s most vulnerable populations.