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Safe water...effective sanitation...good hygiene. All critical to the health of every person. All essential to building fair and healthy societies. And all areas where your governments have made — and continue to make — investments that have improved, even saved, billions of lives.

Since 1990, 2.6 billion people gained access to improved sources of drinking water. And 2.1 billion people gained access to improved sanitation. In 1990, one in four people practiced open defecation. This year? One in eight.

Billions of individual lives improved...futures brightened... children growing up free from thirst and disease. Each life a measure of progress for communities, countries — indeed, for our world.

But our progress, while undeniable, has also been uneven. Huge inequalities remain — among countries and within them.

Hundreds of millions of human beings are still being denied the basics. One in ten drinks water from unimproved sources. And one in three still lacks access to even a basic level of sanitation.

Our pursuit of the MDGs over the last decade taught us that measuring progress without looking at what lies behind aggregate national statistics is insufficient. And to hundreds of millions of people, unfair, because these averages obscured their struggles.

The girl forced to make the long, dangerous and daily journey to fetch water — often missing school to do so. The boy whose source of water is close at hand — but is little more than a muddy pit. The parents who watch helplessly as their children suffer — even die — from diarrhea or other water-borne illnesses. 159 million stunted children — their development blunted, their futures blighted — because of undernutrition too often caused by environmental enteric dysfunction, intestinal worms or diarrheal disease.

Our progress has also clearly demonstrated the work that remains to be done in those communities climbing the ladder to the highest levels of service. Those that now have access to water, but water that still isn't safe to drink — including an estimated 1.8 billion people. Those households that no longer practice open defecation, but that have facilities that do not manage waste safely.

The Sustainable Development Goals aim to close these gaps. They've dramatically raised our sights. Sustainable Development Goal 6 — achieving universal water and sanitation coverage — includes a call for safely managed water and sanitation services. This means water that is free of contamination, available when needed, and on premises. And it means sanitation systems that contain, empty, transport, treat and dispose of waste safely.

An ambitious goal — and expensive, at an estimated cost of over \$100 billion per year from now until the year 2030. So we must shape efficient, cost-effective strategies to achieve real progress. This will require governments, and indeed all of us, to make clear strategic choices.

One path would be to focus first on those fortunate communities that have already made important progress, but need more support to gain the safely managed services envisioned by the SDGs.

A second path would be to focus only on the most disadvantaged communities and populations: the hardest-to-reach and hardest-to-serve, but those in greatest need.

But taking only one of these paths, at the expense of the other, would be insufficient. The first path would mean seeking the “perfect” for some at the expense of the “good” for all. And the second path would seek progress only for the most disadvantaged — neither practical nor politically possible.

So today, I’d like to propose a third path: a primary emphasis on improving services for the most disadvantaged citizens — while still maintaining some support for progress in those communities that already enjoy a basic level of service. This is not only the fairest, but the most effective pathway towards the SDG’s full ambition.

Because we know that when we invest the most in the most disadvantaged communities, we in fact gain the greatest results. A UNICEF study — called *Narrowing the Gaps* — showed us that investing specifically in the health of the most disadvantaged children not only yielded faster progress in maternal and child health, but was far more cost-effective than traditional approaches. By focusing on the most disadvantaged, we achieved greater returns, and saved more lives per dollar, than we would have by focusing on wealthier populations.

The same benefits can be found in water and sanitation investments. A 2013 study¹ by the London School of Hygiene and Tropical Medicine showed that improving sanitation for the poorest households actually brings greater, more immediate health benefits for all, than by focusing just on wealthier households.

Children in the poorest households are at greatest risk of diarrheal diseases and early mortality. And these households tend to have the most children — so we achieve more results, quicker, for every dollar spent. And the fact is that eliminating the practice of open defecation in a community benefits everyone, rich and poor alike, by dramatically decreasing illness and disease throughout that community. Thus preserving the hard-won successes that so many communities have achieved over the years.

And more: when we reach the most disadvantaged people — when we do more, and better, in the most disadvantaged communities — we dramatically improve an entire society's health, education, equality and economic prospects over the long term. Giving today's generation the access to health and support they need not only to shape better lives for themselves — but better futures for their societies. Ultimately, investments in water and sanitation are also investments in a society's equality...prosperity...and even peace.

¹ "Estimating inequities in sanitation-related disease burden," London School of Hygiene & Tropical Medicine, 2013

And when we invest in the most disadvantaged people, we avert the high economic costs of poor sanitation and inadequate water, which result in a global GDP loss of \$260 billion annually.

So investing in equity — in working to reach every child, everywhere — is not only the right thing to do, it's the smart thing to do.

At yesterday's sector ministers' meeting, we suggested two core accountabilities to shape our approach.

First — every person should have access to at least a basic level of drinking water service. Truly “safe” water that is free from bacterial or chemical contamination — what we call “basic plus,” where the plus relates to water quality.

Second — every person should use a safe toilet that separates waste from human contact, with handwashing facilities available. And that affords privacy, dignity and safety — especially when inadequate sanitation keeps so many girls out of school.

And more — we must make these services available in every context. In every school and health centre. In times of stability and conflict alike. In the midst of natural disasters — and, especially, once those disasters subside and communities rebuild.

And throughout, we must always consider the financial sustainability of our efforts — progressively improving services, while making sure the poorest are not excluded because of an inability to pay.

These accountabilities will not only bring us closer to our SDG goal of sanitation and water for all — they will help preserve the hard-won successes that so many communities have achieved as they progress towards safely managed WASH services.

But as we call for more investment in this vital cause, we must also recognize that resources alone are insufficient without establishing clear priorities for funding — or a clear approach for meeting the high standards demanded by the SDGs.

The SDGs have raised our sights. So we must be all the more practical — all the more cost-effective — in their pursuit.

The good news is that investing more in those in greatest need is not only the right thing to do — but the most cost-effective. And it represents the best path to the achieving truly “universal” water and sanitation services.

I look forward to our discussion today.
