

Sanitation and the MDGs: Making the politics work



Peter Newborne

‘Progress on sanitation requires a better understanding of how to combine sound policy-making and astute politics’

Why is it that Sanitation and Hygiene (S&H) policies, backed by sound epidemiological evidence, and supported by solid socio-economic arguments for increased investment, are still being overlooked by so many governments? Technical solutions exist, as well as broad agreement that they should be used to support demand (the old supply-led policies put aside).

What is more, the international community has an agreed goal: to halve the proportion of people without access to safe drinking water and improved sanitation by the year 2015, a target under Goal 7 of the Millennium Development Goals (MDGs).

Yet, progress towards the sanitation target is too slow, as the 2008 Joint Monitoring Programme (JMP) report, ‘Progress on Drinking Water and Sanitation: Special Focus on Sanitation’ states: ‘the world is not on track to meet the sanitation target.’ The message is clear, as the report says: ‘We need to greatly accelerate progress in sanitation.’ It notes an alarming lack of progress in sub-Saharan Africa (Box 1).

Recent research suggests that the problem lies in failures in sanitation policy-making.

Box 1: Global sanitation progress

Between 1990 and 2006, the proportion of people, globally, without improved sanitation decreased by only 8 percentage points. At that rate, says the Joint Monitoring Report (JMP), the world will not achieve even half the MDG sanitation target by 2015, and miss the target by over 700 million people. The lowest coverage is in sub-Saharan Africa, where only one-third (31% according to the average figure cited by the JMP) of the population uses improved sanitation.

Policy-making: An example

In 2007, ODI and its partners in the RiPPLE Programme (Research-inspired Policy and Practice Learning in Ethiopia and the Nile

Region) carried out research on an example of successful sanitation policy-making by the government of a region in Ethiopia, in the Southern Nations, Nationalities and Peoples’ region (SNNPR). The strategy of the regional government represented a shift to a new approach that encouraged households to construct simple latrines from locally-available materials at ‘low-cost’. Hardware subsidies, e.g. giving households sanitation items such as concrete latrine slabs, were abandoned. In the study areas, the new approach resulted in a substantial increase in the number of household latrines in the space of just three years (2003-2006) – including a leap in coverage from 16% to 94% in one district, Mirab Abaya, and from 10% to 69% in Alaba district.

To see how policy-making was conducted, the study investigated policy content, context and process, consulting key S&H (and water) actors involved in the initiation, formulation, communication and implementation of the policy.

Experience in the south of Ethiopia shows how government can achieve results by placing sanitation policy high on the political agenda. Three features of this approach are pointers to successful sanitation policy-making.

A sound strategy ...

Sanitation and Hygiene became part of a package for basic community health, comprising seven out of 17 items in the Ministry of Health’s health extension programme, which included a strong preventive element. Strong leadership was provided by the Head of the Bureau of Health (BoH) and his team of senior civil servants and health officials were open to the preventive approach. The S&H strategy was manageable within existing financial resources (the low-cost element), and administratively feasible – in essence, via existing government structures, with the addition of community health promoters.

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... strong political positioning of the strategy ...

The S&H strategy, as outlined by the BoH, did not conflict with the existing policies at federal level (the 1993 National Health Policy). The strategy was conceived and presented to make it politically attractive to other Bureau heads and politicians in the regional cabinet. Concepts not specific to S&H were used, such as: the 'right to basic health'; 'participation'; and 'accountability'. The development of the strategy, in late 2003 and early 2004, coincided with rallies for the 2005 national election, which provided a political 'launch-pad' for the new S&H initiative. Further, the S&H strategy was inspired by regional needs, rather than being donor-driven. As part of implementation of the strategy, tools that had been piloted by donors (UNICEF and USAID) were adopted and applied by the BoH, with donor funding made available for software aspects.

... and good communication of the strategy

Contrary to the conventional way of documenting a policy strategy in technical terms, key elements of policy were formulated in brief, general terms, giving the BoH approach the flexibility to evolve in an opportunistic way. Communication documents ('ignition'/'health revitalisation') were produced, using non-technical language to inspire, persuade and mobilise non-technical actors. Meanwhile, BoH officials in SNNPR did not perceive the approach as a 'dumbing down' of environmental health standards. The Head of the BoH was a member of the regional cabinet, whose approval provided the political lever to institutionalise the S&H policy, and put the issue on the agendas of different bureaus to ensure implementation. In the outreach to households, a mixture of command and encouragement was employed. Households were told what to do, but were also informed and educated as to why. The two elements were seen to work better together: people taking forward their own development, with pressure, nevertheless, exerted by government.

So, as suggested by this Ethiopian example, the answer to the question as to why S&H policies, have not been adopted by many governments is as follows: strategising, political positioning and communication must be grafted on to the evidence base.

The positioning of S&H as a key preventive measure in community health is a strategic option that will be useful in many countries. Meanwhile, political promotion of sanitation requires an additional political ingredient: the framing of development objectives in terms of political goals.

Political positioning and communication make different demands, in terms of ideas and language, from those of 'development-speak'. For example, 'WASH' - Water, Sanitation and Hygiene is an important development concept and convenient shorthand for links that must be made 'on the ground' between water supply and S&H, i.e. in implementing development objectives. And WASH campaigning in, for example, Mali (as presented at the 2008 World Water Week in Stockholm), has been successful in mobilising a groundswell of public interest in S&H. It seems that WASH provides an important message for communication at or near local level, and for gathering coalitions of support to increase demand for improved S&H facilities, but that WASH is not the strategic or political 'ticket'.

Towards better understanding of sanitation policy-making

For sanitation people to make their case to high-level politicians, the politics must be placed in sanitation policy.

Better understanding of political dynamics around S&H policy-making is needed.

The Ethiopian case is one example of successful policy-making. The aim must be to take other cases of recent political breakthroughs and look for lessons in political communication, including insights into underlying political motivations. Practical collaborative research/policy work could also help to create new successes, by working with key stakeholders in selected countries to frame and interpret sanitation in appropriate strategic and political terms.

Learning from such examples of leadership, the way forward to successful sanitation policy-making can be shown, by development specialists and politicians alike, as an essential contribution to putting progress towards the MDG sanitation target back on track.

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ISSN 1756-7629

Useful resources

RiPPLE website: <http://www.rippleethiopia.org/>
Peter Newborne and Jo Smet (2008). Synthesis of the Ethiopia case study: <http://www.rippleethiopia.org/documents/info/20080807-synthesis-sanitation-hygiene>.

Blog by David Steinhilper (2008) 'ODI on World Water Week', <http://blogs.odi.org.uk/blogs/main/>

[archive/2008/08/29/5642.aspx](http://www.odi.org.uk/publications/briefing-papers/13-sanitation-hygiene.aspx)
Peter Newborne and Katharina Welle (2006) 'Sanitation and hygiene: Knocking on new doors', ODI Briefing Paper no. 13, <http://www.odi.org.uk/publications/briefing-papers/13-sanitation-hygiene.pdf>