

Media Kit

WSSCC

**GLOBAL FORUM ON SANITATION
AND HYGIENE**



Announcement & Information
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Online content at www.wsscc-global-forum.org

MUMBAI HOSTS GLOBAL FORUM ON SANITATION AND HYGIENE

MUMBAI/GENEVA, OCTOBER 2011 – A GENERATION AFTER MAN WALKED ON THE MOON, A BILLION PEOPLE ON EARTH STILL DEFECATE IN THE OPEN AND ANOTHER BILLION USE UNSAFE HOLES IN THE GROUND. NOW SANITATION IS BECOMING MUCH MORE PROMINENT: AS UN SECRETARY-GENERAL BAN KI-MOON SAID RECENTLY: “IT IS TIME TO PUT SANITATION AND ACCESS TO PROPER TOILETS AT THE CENTRE OF OUR DEVELOPMENT DISCUSSIONS.”

Some 500 activists, business leaders, health professionals, governmental officials and others will do just that by focusing on the topic at next week's first-ever Global Forum on Sanitation and Hygiene (www.wsscc-global-forum.org) in Mumbai, India.

The Global Forum on Sanitation and Hygiene takes place on 9-14 October 2011 the Renaissance Mumbai Hotel & Convention Centre. Press registration is available on site.

Arranged by WSSCC and co-hosted by the Governments of India and Maharashtra, the Forum aims to highlight how to save millions of lives around the world through handwashing, how to build educational opportunities for teenage girls through separate latrines, and how to “invest in waste” through biogas-generating toilets and other entrepreneurial innovation.

Of the 2.6 billion people living without safe and clean toilets, roughly a third live in South Asia, a third in sub-Saharan Africa and a third in China. These people are unable to fulfil their daily needs with safety, convenience and dignity. There are good reasons to turn this situation around, including evidence that points to the negative economic impacts of poor sanitation.

“Poor sanitation is costing developing countries between 3 and 7% of GDP,” said Anna Tibaijuka, chair of WSSCC. “Improved access to toilets has the potential to reduce healthcare costs, improve productivity, increase earnings from tourism and promote greater educational attainment, especially among girls. When a school has separate toilets for girls, with doors that lock, their attendance rates improve, especially once they reach menstruation.”

“Governments of developing countries need to continue to place a high priority on supporting improved access to sustainable sanitation services, while prioritizing sector investments and providing a clear roadmap to ensure comprehensive coverage to the poor and underprivileged, in particular,” added Jon Lane, executive director of WSSCC. He said one aim of the Forum is to help put sanitation higher at the national, regional and global political levels, in part by building links between practitioners and policymakers.

The meeting in Mumbai aims to accelerate progress through a unique focus on leadership, behaviour change, equity and sanitation communities of practice. It will showcase knowledge, investment and technologies, as well as strengthen national, regional, South-South, and global dialogue and collaboration. The Global Forum's sessions and speakers represent disciplines such as sociology, economics, anthropology, engineering, health and education working to evolve sanitation from a minor neglected grant-based development topic to a major everyday human and economic activity.

In Mumbai, WSSCC officials and staff, and other participating experts, will be available on site for one-on-one interviews or for telephone and television interviews. Contact the WSSCC press team to learn more or to set up an interview with an expert: David Trouba, +41 79 261 5400, david.trouba@wsscc.org; Kiran Mahabir Singh Negi, + 91 9811942080, kiran.negi@gmail.com; or Eileen Palmer, +91 82 859 420 80.

Programme Highlights

Full details on sessions, including speakers and presentations at www.wsscc-global-forum.org. Presentations, video and other material from the conference will be available at the website.

9 October 2011 – Opening Day and Inauguration

- WIN Gender Equity and Human Rights Expert Consultation

10 October 2011 – Leadership and Behaviour Change

- Inspire to Act
- Breaking the Mould
- What Changes Behaviour?
- Exploring Private Sector Partnerships in Behaviour Change
- Rewards, Sanctions and Benchmarking as Tools for Behaviour Change
- The Community-Led Total Sanitation (CLTS) Debate

11 October 2011 - Accelerating Change

- Tipping Points: Getting from Small to Big
- Reaching Many Millions
- Communications for Change
- Urban Sanitation at Scale
- Gotcha! How to Win Hearts and Minds through WASH Advocacy
- Communications for Behavioural Impact (COMBI)
- Urban Sanitation Field Visits

12 October 2011 – Equity and Inclusion

- Looking at Sanitation from the Lens of the Vulnerable
- What Success Would Look Like with an Equity Lens
- Inclusive Design for the Life Cycle
- Governance for Equity
- Monitoring for Equity
- Financing for Equity
- Handwashing: Who, When and How?
- SuSanA, Cities and Planning Working Group

13 October 2011 – Focus on Actions

- Beyond the Regions
- Actions Going Forward
- Influencing Public Policy for WASH at Global and National Levels

14 October 2011 – Training Sessions and Rural Field Visits

- Sanitation Marketing
- Inclusive Design
- Monitoring Behaviour Change Using Outcome Mapping
- Field trips in rural Maharashtra

IMPORTANT INFORMATION

+ Press Room: A fully staffed press room is available to accredited journalists, who can get assistance with interview requests, work in a quiet environment and obtain information on scheduled press events. The press accreditation and work room is located in Meeting Room 1.

There you can also find a listing of scheduled press conferences and media events.

+ Interviews: Contact the WSSCC press team to learn more or to set up an interview with an expert: David Trouba, +41 79 261 5400, david.trouba@wsscc.org; Kiran Mahabir Singh Negi, + 91 9811942080, kiran.negi@gmail.com; or Eileen Palmer, +918108718475.

+ Online Content: At www.wsscc-global-forum.org, presentations, speeches and news from the week will be uploaded at the Global Forum website, making it a unique resource during and after the conference. Together with our social media partner Arghyam, a wide variety of content from the Global Forum is also being made online via different online platforms. These platforms include www.wsscc.org, www.wsscc-global-forum.org, and www.indiasanitationportal.com.

The WSSCC Twitter hashtag links you to real-time reporting going on in conference sessions. Search for **#globalsanitationforum**.

+ Co-hosts: Government of India, Government of Maharashtra

Sponsors: Share Consortium, Sulabh International Social Service Organisation, Unilever

Partners: African Civil Society Network on Water and Sanitation (ANEW), Arghyam, CREPA, EAWAG, Freshwater Action Network/FAN-South Asia, Freshwater Action Network (FAN), IDE – International Development, The Institute of Development Studies (IDS), International Water Association, Plan International, Public Private Partnership for Handwashing with Soap (PPPHW), The CLTS Foundation, UNICEF South Asia, WASH United, Water Integrity Network (WIN), and WaterAid.

ISSUES

SESSIONS AT THE GLOBAL FORUM ON SANITATION AND HYGIENE WILL FOCUS ON A NUMBER OF DIFFERENT ISSUES. HERE ARE SOME STORY IDEAS ABOUT SANITATION AND HYGIENE THAT ARE WORTH INVESTIGATING.

Handwashing: The World's Most Effective Health Intervention

At USD 5 per DALY (disability adjusted life years, a unit measuring the amount of health lost due to a disease or a condition) averted, hygiene promotion is a veritable bargain. By comparison, a DALY costs an average of USD 10 for insecticide-treated bed nets to prevent malaria; around USD 100 for condom promotion and distribution to prevent transmission of HIV/AIDS; and from USD 80 to USD 800 for directly observed short-course chemotherapy for endemic, infections or non-infectious tuberculosis. With the burden of disease costing the world USD 4.1 trillion each year, such simple hygiene acts as hand washing, safe disposal of shit, and good general hygiene around food, domestic animals, and sick family members, are the world's most cost-effective health interventions.

Triggering People to Want a Toilet

One of the best feel-good stories in the effort to end open defecation and help more people to be served by sanitation is the ascendance of CLTS, community led total sanitation. CLTS represents a shift from centralised top-down supply-driven approaches to decentralised, people-centred demand-driven approaches. Developed in Bangladesh, the approach takes advantage of the knowledge and opinions of rural people in the planning and management of sanitation programmes in their own villages, and success is being seen as the approach spreads into India and Africa.

Tryin' to Hide Pryin' Eyes

Poor women and girls are hit hardest by the absence of toilets. They care for the sick and are in greatest physical contact with human waste. Lacking toilets in overcrowded slums means going the whole day without relieving oneself and then risking exposure – or even assault – at night, a humiliating daily routine that can damage health. Menstruation adds considerably to the need for

sanitary facilities. Sexual harassment and rape are also a risk in rural areas, where women often seek privacy in the darkness, and in refugee camps, which all too often fail to provide safely located, women-only toilets. These realities absorb women's time, imperil their physical well-being, and limit their free and equal participation in the economic and social life of their societies.

Boom Times Behind that Closed Door

Improved sanitation in developing countries typically yields about USD 9 worth of economic benefit for every USD 1 spent. That is an impressive ratio, though it is still relatively unknown outside of the sector. These benefits are mainly: saving time, reducing direct and indirect health costs, increasing the return on investments in education, and safeguarding water resources. The biggest element is the first one, saving time. People without toilets at home spend a great deal of time each day queuing for public toilets or looking for secluded places to defecate. The World Health Organization estimates this time has an economic value of well over USD 100 billion each year.

Toilets make education investments go further

Many developing countries are increasing education spending to meet the Millennium Development Goal targets for school enrolment. For a host of reasons, that spending will have more impact if some money goes towards providing toilets for students and teachers, with separate facilities for girls. For example, children enduring intense infections with whipworm have twice as much school absenteeism, thereby deepening a cycle of poverty. The average IQ loss per worm infestation is 3.75 points, representing 633 million IQ points lost for the people who live in the world's low-income countries. Knowledge on disease transmission suggests that 100% of infections caused by these soil-transmitted parasitic worms can be prevented by adequate

sanitation, hygiene and water. In addition, the reduction in diarrhoea by meeting the MDG sanitation target would add almost 200 million days of school attendance per year. Girls are reluctant to attend schools, and parents are disinclined to send them, if there are no safe, private toilets for them to use. This is particularly true once menstruation has begun. More girls in school means higher literacy rates – typically, in developing countries, each 1% increase in female secondary schooling results in a 0.3% increase in economic growth.

Toilets increased national Gross Domestic Product (GDP)

In the past it was difficult to prove, with empirical data, that the lack of proper toilets curbs economic growth. But now the economic impacts of poor sanitation are being systematically quantified. The evidence indicates a number of links between sanitation coverage and a range of sectors that drive economic growth. These “bottom-line” numbers are starting to gain the attention of finance ministers and decision makers. The World Bank recently assessed the annual economic impact of poor sanitation in a range of countries, and concluded that the costs

were equivalent to:

- US \$53.8 billion in India, around 6.4% of GDP
- US \$6.3 billion in Indonesia, around 2.3% of GDP
- US \$193 million in Lao PDR, around 5.6% of GDP
- US \$1.4 billion in the Philippines, about 1.5% of GDP

Sanitation is Vital for Good Health

Globally, diseases caused by inadequate sanitation and hygiene are making us all sick. Diarrhoea is not the only health effect of poor hygiene and sanitation – cholera, dysentery, worms, trachoma, pneumonia and malnutrition to name just a few could also be reduced through improved sanitation and hygiene. Diarrhoea, the second leading cause of deaths in children under five in developing countries, is primarily due to poor hygiene and sanitation. Every 30 seconds a child dies, that's two unnecessary child deaths per minute almost 3,000 a day or 1 million young lives wasted each year.



EXPERTS & SPOKESPEOPLE

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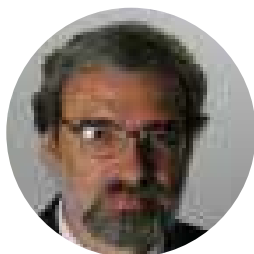
Professor Anna Tibaijuka, Chair, WSSCC

Prof. Anna Tibaijuka is the Chair of the Water Supply and Sanitation Collaborative Council (WSSCC), a role she assumed in March 2011. In the Government of the United Republic of Tanzania, Prof. Tibaijuka is Minister of Land Housing and Habitation.



Jairam Ramesh, Minister for Rural Development, Government of India

Jairam Ramesh is an Indian economist and an influential politician of the Congress Party in the United Progressive Alliance (UPA) ruling coalition of center-left political parties heading the Government of India. He is a Member of Parliament representing Andhra Pradesh state in the Rajya Sabha since June, 2004. In July, 2011, Mr. Ramesh was elevated to the Union Council of Ministers of India and appointed Minister of Rural Development and Minister of the new Ministry of Drinking Water and Sanitation. He was previously the Indian Minister of State at the Ministry of Environment and Forests from May 2009 to July 2011.



Jon Lane, Executive Director, WSSCC

Jon Lane, OBE, is one of the world's leading water and sanitation experts. A civil engineer by profession, he has worked with international development and specifically water and sanitation for poor people for many years. He was appointed Executive Director of WSSCC in October 2007.



David Kuria, CEO and co-founder Ecotact, Kenya

Kenyan David Kuria is creating high quality sanitation facilities accessible to the urban poor, by connecting sanitation as part of the dignity of living in community. He includes the community in the design, construction, and management of the facilities.



Nomathemba Neseni, Commissioner, Human Rights Commission, Zimbabwe

Dr. Neseni is a noted human rights expert who serves as WSSCC's national coordinator in Tanzania. She is Executive Director of the Institute of Water and Sanitation Development, Zimbabwe.



Rohini Nilekani, Chair and Founder, Arghyam, India

Rohini Nilekani is Founder-Chairperson of ARGHYAM, a foundation she has personally endowed to fund initiatives in ‘safe, sustainable water for all’. She is also Founder-Chairperson of Pratham Books, which seeks to democratize the joy of reading for children with ‘A book in every child’s hands’. As a committed philanthropist, she also funds work in education, health, microfinance, governance, and the environment.



Ebele Okeke, Former Head of Nigerian Civil Service and WASH Ambassador, Nigeria

Engr. Ebele Ofunneamaka Okeke is the first female Head of the Civil Service of the Federation of Nigeria; the first female engineer Federal Permanent Secretary, and the first female civil engineer in Nigeria.



Bindeshwar Pathak, founder and CEO of Sulabh, India

Bindheshwar Pathak is an Indian sociologist. He is the founder of Sulabh International, an India-based social service organization which works to promote human rights, environmental sanitation, non-conventional sources of energy, waste management and social reforms through education. His work is considered one of the pioneer in social reform especially in the field of sanitation and hygiene.



Louis Boorstin, Deputy Director Water, Sanitation & Hygiene, Bill & Melinda Gates Foundation, USA

Louis Boorstin is the deputy director of Water, Sanitation, & Hygiene at the foundation.



Kamal Kar, Development Consultant and Chairman of the CLTS Foundation, India

Dr. Kamal Kar is a specialist in livestock production, agriculture and natural resources by training, with special interest in Social and Participatory Development. He has worked as an independent consultant in South and South East Asia, Africa and Latin America for bilateral, multilateral and international agencies, including the World Bank, WSP, the Asian Development Bank, DFID, UNICEF, UNDP, Ireland Aid, GTZ, and a number of International NGOs, including CARE, Plan International and WaterAid.



STATISTICS

2.6 BILLION PEOPLE WITHOUT ADEQUATE SANITATION

- Global improved sanitation coverage is up from 54% in 1990 to 62% in 2006, but the MDG target will still be missed by over 700 million people at the current rate. If flushing toilets were the only type regarded as 'improved,' the number of people without 'improved' sanitation would be over 4 billion.
- 1.2 billion people are practising open defecation, 87% of them in rural areas. Over half of all open defecators live in India. However, the fastest reductions in open defecation have happened in South Asia, with a 17% reduction from 1990-2006. The fastest increases in use of improved sanitation have happened in East Asia and South-East Asia.
- 62% of the world's population uses improved sanitation facilities, while most countries that are not on track to meet the sanitation MDG target are in Sub-Saharan Africa and Southern Asia.
- 8 out of 10 users of unimproved sanitation facilities live in rural areas. Nearly 1/3 of the world's rural population practices open defecation. In Southern Asia the figure is 63%.

SANITATION IS VITAL FOR HUMAN HEALTH

- Diarrhoea, the second leading cause of deaths in children under five in developing countries, is primarily due to poor hygiene and sanitation.

- Sanitation interventions lead to avoided diarrhoea deaths, decrease in worm infestations and diseases such as trachoma, skin and respiratory infections and schistosomiasis. 100% coverage of improved sanitation facilities would save the lives of 1.5 million children a year.
- One gram of faeces can contain 10,000,000 viruses, 1,000,000 bacteria, 1000 parasite cysts, 100 parasite eggs.
- Proper toilets dramatically reduce diarrhoea, cholera, pneumonia, worms, and malnutrition. In Sub-Saharan Africa, treating diarrhoea consumes 12% of the health budget, while on a typical day, more than half the hospital beds in are occupied by patients suffering from faecal-related disease.
- Every 30 seconds a child dies, that's two unnecessary child deaths per minute almost 3,000 a day or 1 million young lives wasted each year.
- Providing access to a toilet can reduce child diarrhoeal deaths by over 30%, hand-washing by more than 40%.
- Control of cholera is a major problem in several Asian countries as well as in Africa. From 2004 to 2008, over 830 000 cases were notified to WHO, representing a 24% increase in the number of cases reported for this most recent five-year period. Proper personal and food hygiene coupled with hygienic disposal of human excreta are effective preventative measures.

SANITATION GENERATES ECONOMIC BENEFITS

- The World Bank recently assessed the annual economic impact of poor sanitation in a range of countries, and concluded that the costs were equivalent to:
 - US \$53.8 billion in India, around 6.4% of GDP
 - US \$6.3 billion in Indonesia, around 2.3% of GDP
 - US \$193 million in Lao PDR, around 5.6% of GDP
 - US \$1.4 billion in the Philippines, about 1.5% of GDP
- Time savings, reduced direct and indirect health costs, increased return on investments in education, boosted tourism revenues and safeguarded water sources can be achieved through hand-washing and hygienic, private toilets.
- Total economic benefits of meeting the water and sanitation MDGs by 2015 amount to USD 66 billion in days of productivity gained, time saved and reduced health costs.
- Improved sanitation in developing countries typically yields about USD 9 worth for every USD 1 spent.
- Developing countries with low infant mortality have growth rates five to nine times higher than similar countries with high infant mortality rates.
- Hygiene promotion is often the single most cost-effective public health intervention.

SANITATION CONTRIBUTES TO DIGNITY AND SOCIAL DEVELOPMENT

- A humble clean toilet advances progress towards gender equality, promotes social inclusion, increases school attendance, builds community pride and social cohesion and contributes to poverty reduction.
- Investments in social sectors like education and health are imperilled by poor sanitation, while the provision of private and separate sanitary latrines can increase girls' enrolment in school by 11%. For every 1% increase in female literacy, due to increased school attendance where proper sanitation facilities exist, a country's economy can grow by 0.3%.
- In India, around 800,000 people make a living by removing faeces from other people's latrines

and carrying it away in baskets on their heads, a livelihood that bars their inclusion in mainstream society.

- Improving sanitation reduces the contamination of the environment, including water and soil, thus protecting biodiversity and people's livelihoods in a sustainable manner. A healthy living environment is closely connected to sanitary toilets, especially in dense settlements.
- In the developing world, roughly 90% of sewage is discharged untreated into rivers, polluting waters and killing plants and fish.
- Water pollution stemming from poor sanitation costs Southeast Asia more than USD 2 billion per year and in Indonesia and Vietnam creates environmental costs of more than USD 200 million annually, primarily from the loss of productive land (IYS Advocacy Kit, UN-Water 2008, Factsheet 4).

SANITATION AND HYGIENE FOR ALL IS ACHIEVABLE

- Sanitation for all requires neither colossal sums of money nor breakthrough scientific discoveries. Hard work, plain speaking, political leadership, creating and meeting demand for sanitation are all challenging but doable.
- Using existing, proven approaches and technologies, and for about USD 10 billion a year, the world could meet the MDG sanitation goal by 2015. If sustained, the same investment could achieve basic sanitation for the entire world within or two decades.
- This spending is less than 1% of world military spending in 2005, and 1/3 of the estimated global spending on bottled water.
- The UN commitment: The target set for Millennium Development Goal 7 is to "halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation". On 28 July 2010, the United Nations General Assembly, through Resolution A/RES/64/292 declared safe and clean drinking water and sanitation to be a human right essential to the full enjoyment of life and all other human rights.

These statistics come from the WHO/UNICEF Joint Monitoring Programme, and other United Nations sources. WSSCC can provide original references.

THE WATER SUPPLY AND SANITATION COLLABORATIVE COUNCIL

WSSCC'S VISION IS OF A WORLD WHERE EVERYBODY HAS SUSTAINED WATER SUPPLY AND SANITATION AND GOOD HYGIENE. WSSCC, ITS MEMBERS AND STAFF, WILL WORK RESOLUTELY AND CEASELESSLY UNTIL THIS VISION IS ACHIEVED.

The Water Supply and Sanitation Collaborative Council's (WSSCC) mission is to ensure sustainable sanitation, better hygiene and safe drinking water for all people. Good sanitation and hygiene lead to economic and social development, yielding health, productivity, educational and environmental benefits. WSSCC manages the Global Sanitation Fund, facilitates coordination at national, regional and global levels, supports professional development, and advocates on behalf of the 2.6 billion people without a clean, safe toilet to use. WSSCC is hosted by UNOPS, supports coalitions in more than 30 countries, and has members around the world.

- WSSCC's work responds to the demands and needs of individuals and communities where sanitation coverage is poorest, and is designed to serve them.

- WSSCC is particularly concerned for poor people, marginalized groups and people with disadvantages and disabilities.
- WSSCC aims to be at the forefront of global knowledge, debate and influence in its field, an organization that sets the agenda not one that follows it.
- WSSCC always works in open collaboration with its Members and partners and actively encourages others to adopt its ideas and to replicate its work.
- WSSCC's work contributes to the broader goals of improved health and social and economic development and promotes good governance, equity and sustainability.

WATER SUPPLY & SANITATION COLLABORATIVE COUNCIL

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