



House Committee on Foreign Affairs

Subcommittee on Africa, Global Health, Global Human Rights, and
International Organizations

The Impact of U.S. Water Programs on Global Health
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Testimony by:

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Safe Drinking Water, Sanitation, and Hygiene for All

Thank you Chairman Smith, Ranking Member Bass, and distinguished members of the Subcommittee on Africa, Global Health, Global Human Rights and International Organizations for the opportunity to provide these brief remarks.

First, let me express my gratitude for Congress' support for safe drinking water, sanitation, and hygiene (WASH) programs throughout the developing world over the years. I also want to recognize what many American citizens are doing to help solve this crisis through their own civic organizations, faith communities, corporations, universities, and nonprofits, often in partnership with the U.S. Government.

Thank you to this subcommittee in particular for its support over the years for water, health, and many other important development challenges. Your commitment is admirable and your efforts are saving and improving millions of lives across the globe. I would also like to recognize and applaud the commitment and efforts of the other panelists and their respective organizations to work toward solutions to the global water crisis, as well as the dozens of individuals who helped draft this testimony through crowdsourcing.

Safe drinking water, sanitation, and health are about the dignity of human life. Imagine a situation that's all too common in developing countries: A woman spends the first three hours of her day trekking miles through dangerous terrain to the nearest ditch, where she slowly retrieves a bucket of filthy water. She then spends the next three hours hauling this same load (20 liters of water weighs 44 pounds) on her head back to her house for her family, not knowing whether this water will make her children ill. She may not have even named her younger children, because so many in her community die before the age of 5 due to illnesses that come from dirty water. Further, neither she nor her children have a bathroom at home, meaning that they have to suffer the indignity and insecurity of



defecating in the open. We have not lived under these conditions for centuries, but hundreds of millions of people around the globe face this reality every single day.

The good news: we have the tools to make sure that families like hers are able to take a drink of safe water from a well-functioning tap and not have to worry about illness, to go to the bathroom in private for the first time in their lives, and to carry schoolbooks on their heads instead of heavy buckets of water. In fact, Americans are already providing these basic services to millions across the globe.

We have an opportunity to fundamentally transform millions of lives in the poorest countries and communities across the globe by providing the dignity that comes with access to water, sanitation, and basic hygiene. My goal here today is to be a resource for you as you try to get the biggest bang for your development dollar by reaching the largest number of people in the most effective fashion.

Background

WASH Advocates is a nonprofit advocacy initiative entirely dedicated to solving the global safe drinking water, sanitation, and hygiene (WASH) challenge. We have been fully funded for our work since 2005 by a small group of private philanthropists including the Conrad N. Hilton Foundation, the Wallace Genetic Foundation, the Howard G. Buffett Foundation, and the Osprey Foundation. We receive no federal funding. Our mission is simply to increase both the amount and effectiveness of U.S. funding and programming in the global water and sanitation sector.

You've tasked your witnesses today with a particularly important question about the linkages between safe drinking water and health. Safe drinking water, sanitation, and hygiene help children, families, and communities survive and thrive throughout the developed and developing world. There are important linkages not only between water and public health, but between water and primary education, opportunities for girls, food security and under-nutrition, environmental conservation, security challenges, and others. Long-term success with these related development priorities will be more secure if those initiatives are built on a foundation of safe drinking water and sanitation.

The global water, sanitation, and hygiene challenge is certainly grave. Almost 800 million people currently live without safe drinking water, and 2.5 billion live without sanitation – without a safe place to go to the bathroom. This lack of safe drinking water and sanitation kills approximately two million children each year and sickens billions of other children and adults unnecessarily. You also will recall that our intelligence community in 2012 identified water as a potential source of significant security challenges to this country over the next decade.



This is a grave problem, but for the most part, we know today how to solve it. The key is getting the solutions to where they are most needed. And it is important that it be solved: above and beyond the lives that safe drinking water saves and improves, every dollar invested in water and sanitation in developing countries returns at least \$4 for that \$1 investment. This return comes primarily in the form of decreased healthcare costs and increased economic productivity. Imagine what each of us could do with an extra four to six hours each day not spent hauling water around on our heads.

Most importantly, this challenge is being solved across the globe. The international donor community plays a key role, and the U.S. government and private citizens are playing a smarter role for water as key stakeholders within that donor community.

Momentum

I am optimistic about the current momentum for water and health, and I'll quickly highlight a number of recent successes:

- 1) USAID has recently launched – with strong bipartisan support – its first five year Water and Development Strategy.¹ Under Administrator Shah's leadership, USAID is making tremendous strides toward increasing the effectiveness of its programming on global water, and positioning water as pivotal to meeting important development challenges in health, education, poverty alleviation, opportunities for girls, under-nutrition, and others. My colleagues and I from across the WASH sector applaud the strategy and look forward to working with USAID and the Department of State to further prioritize water as an important sector in its own right, and to demonstrate water's contributions to successful programs throughout our development assistance portfolio.
- 2) We are seeing stronger, more transformative, more leveraged programming by USAID and its partners. Our job in the international donor community is to get out of the aid business by helping to move every country around the world to aid-independence and count them not as beneficiaries but as strong trading partners and allies. Recent USAID water programs in Ethiopia, Afghanistan, Kenya, and the Philippines are examples of strong, leveraged programs which lead in that direction.
- 3) The Water for the World Act of 2013 is soon to be introduced. This legislation would significantly strengthen the Water for the Poor Act of 2005 in part by increasing the monitoring and evaluation of projects, particularly after the technical phase of the implementation, and ensuring that our WASH programming is targeted to help the world's poorest.
- 4) We are seeing increased support for the global water and sanitation crisis from Americans across the country – from Rotary clubs, churches, large corporate philanthropies, ingenious social entrepreneurs, universities, primary

¹ <http://www.usaid.gov/documents/1865/usaid-water-and-development-strategy-2013-2018>



schoolchildren, private foundations, and nonprofits. Congressman Meadows asked about public-private partnerships in this Subcommittee's recent hearing on malaria. Many such partnerships are currently on WASH Advocates' website² as part of our effort to track just a small part of what Americans in all 50 states are doing for global water.

- 5) We are also pleased that, even in a difficult budget climate, Congress continues to appropriate the funds necessary to maintain its commitment to the Water for Poor Act of 2005. This year the House Appropriations Committee has maintained level funding, and urged that \$117 million of the total be directed to sub-Saharan Africa. Its Senate counterpart has increased funding by \$90 million – further underscoring the importance that Congress places on safe drinking water and sanitation as a priority of U.S. foreign policy.

Most importantly, we see leadership on water and sanitation from developing countries themselves, leading toward self-sufficiency and an eventual end to U.S. aid. We see increasingly strong commitments from countries throughout Africa, Asia, and Latin America to: meet and exceed the Millennium Development Goals; design even more ambitious post 2015 Sustainable Development Goals on water and sanitation; support the Sanitation and Water for All Partnership³ (a global partnership to ensure that all people have access to basic sanitation and safe drinking water); and increase budgets and strengthen national policies in such a fashion that the outcomes meet the needs of everyone in their countries – rural, urban, and peri-urban - not just relatively wealthy people on the grid.

For purposes of this hearing, it is important to note that this water and sanitation programming is not taking place in a vacuum. Many of these programs in water and sanitation align with and support complementary efforts in global health, food security, basic education, opportunities for girls, and other important development priorities.

Water, Health, and Other Important Development Challenges

Programs in support of safe drinking water, sanitation, and hygiene occur throughout USAID, including in global health, Feed the Future, education, and other sectors. WASH Advocates and many of our partners support this broad effort because of the need for stronger linkages between development challenges and solutions. On the other hand, we believe strongly that water merits being further elevated and institutionalized within USAID as an intrinsically important development priority.

² <http://www.washadvocates.org/learn/americanswash/>

³ <http://www.sanitationandwaterforall.org/>



- *Water and Health:* We encourage the water team at USAID to continue their efforts to work with their agency counterparts in global health to position water and sanitation as a means toward meeting public health objectives.

- *Water and Food/Nutrition:* We also encourage the water team to continue to strengthen their relationship with the President's Feed the Future effort to address needs not only for water in agriculture, but to be sure that people in developing countries have the safe drinking water they need to consume and digest their food and put those calories to work without wasting them through waterborne diarrheal disease. Approximately 50% of under-nutrition is due to unsafe water and sanitation, as waterborne diarrheal diseases cause the loss of a great deal of nutrients. Just as the energy community says that the greatest new source of energy may be efficiency, perhaps the greatest new source of calories for our food security efforts may be preventing calories from being wasted due to preventable waterborne diarrhea. Safe water and better nutrition will help prevent physical stunting and poor cognitive development, which leads to better educational outcomes as well.

- *Water and Neglected Tropical Diseases (NTDs):* Mr. Chairman, you said at your recent hearing: "Generally NTDs affect the health of the poor in developing countries where access to clean water, sanitation and healthcare is limited." Cognizant of that hearing, we encourage USAID's water team to position safe drinking water, sanitation, and hygiene as an important contributor to limiting the spread of these neglected diseases. Along with USAID, many other stakeholders are active on the water / NTDs challenge, including The Carter Center, the Conrad H. Hilton Foundation, Helen Keller International, and the International Trachoma Initiative.

- *Water and HIV/AIDS:* We ask that the water and HIV teams within the U.S. government work together to make sure that HIV+ persons have the safe drinking water they need to consume and absorb their antiretroviral drugs, and that those HIV+ persons have adequate sanitation facilities as they are several times more likely to suffer from opportunistic diarrheal disease.

- *Water and Education:* Beyond the water/health and water/food linkages, we are aware of and supportive of efforts at USAID to bring together the water and education teams so that young children have the opportunity to attend school instead of hauling water around on their heads, and that older children have the opportunity to stay in school. As I believe you know, many girls drop out of school when they start menstruating because their schools don't have single-gender sanitation facilities and thus no privacy.

There is an enormous amount of high-quality research⁴ that has been done on these linkages:

Water and Health:

- Diarrhea is the **second leading cause of child death in the world today, and the top cause of child mortality in sub-Saharan Africa**. Diarrhea is caused by poor sanitation, hygiene, or dirty drinking water.
- Malnutrition and diarrheal disease are closely linked. When it doesn't kill, repeated bouts of early childhood diarrhea can negatively impact **physical and cognitive development**.⁵ Reductions in diarrheal disease, which could be achieved by providing improved sanitation and water supply, can **prevent long term morbidity and at least 860,000 child deaths a year caused by malnutrition**.⁶
- Linking water and sanitation programming with child survival interventions **reduces the number of child deaths caused by diarrheal disease by an average of 65 percent**.⁷
- Achieving sustainable increases in food production to alleviate poverty and **eradicate hunger** requires sound management of critical inputs like water and land, making linkages between agriculture, food security, water management, and safe drinking water programs essential.
- Simple handwashing, an element of hygiene programming, can **reduce the incidence of childhood respiratory infections, such as pneumonia, by at least 23%,⁸ and diarrheal disease by approximately 45%.⁹** Awareness of the health benefits of handwashing is still low in many poor communities.
- Hygiene and sanitation are among the most cost-effective child survival interventions.

Water and HIV/AIDS:

- People living with HIV/AIDS and others with compromised immune systems, are more **prone to common illnesses and diseases such as diarrhea**. As such, access

⁴ <http://www.washadvocates.org/learn/wash-integration/>

⁵ Guerrant, RL, et al. Early Childhood Diarrhea Predicts Impaired School Performance. *The Pediatric Infectious Disease Journal*. 2006; 25(6): 513-20.

⁶ WHO, *Safer Water, Better Health: Costs, Benefits and Sustainability to Interventions to Protect and Promote Health*, 2008.

⁷ WHO as stated at: http://www.wateraid.org/international/what_we_do/statistics/default.asp.

⁸ Rabie T and Curtis V (2006) "Handwashing and risk of respiratory infections: a quantitative systematic review" in *Tropical Medicine and International Health*, 11(3), 258-267.

⁹ Curtis V and Cairncross S. Effect of washing hands with soap on diarrhoea risk in the community: a systematic review.

The Lancet Infectious Diseases 2003; 3:275-281.



to improved sanitation and water supply is essential to the overall health of people living with HIV/AIDS.¹⁰

- Adequate **nutrition**—compromised by diarrhea, which reduces the body’s retention of nutrients—is fundamental for people taking antiretroviral drugs. Water and sanitation can improve the efficacy of the significant US investment in **HIV/AIDS treatment**.
- One study of people living with HIV/AIDS in Uganda found that the **presence of a latrine reduced the risk of diarrheal disease by 31%**.¹¹
- Evidence suggests that **improved access to a sustainable water supply lessens the risk of sexual violence, a risk factor for HIV**, experienced during water collection.¹²

To accomplish complementary water, health, nutrition, and education goals requires a strong water team at USAID, and we applaud Administrator Shah’s leadership on this issue. To support and strengthen this momentum, and knowing of the Chairman’s and the Subcommittee’s desire for tangible recommendations, we respectfully request that the U.S. Congress:

1. Support and pass the Senator Paul Simon Water for the World Act of 2013. This legislation would strengthen the Water for the Poor Act of 2005 by a) increasing the effectiveness of programming in the water and sanitation sector, b) increasing the monitoring and evaluation of projects, particularly after the technical phase of the implementation, c) ensuring that our WASH programming is targeted to help the world’s poorest; and d) codifying the progress currently being made by USAID and the U.S. Department of State on water and sanitation. Allow me to reinforce one of these points: these communities don’t get water or sanitation, much less the health, education, and poverty alleviation benefits, unless the projects function properly over the long run. So I encourage Congress to provide the oversight necessary so that these projects continue to function long after the technical phase of the effort. I also encourage this Subcommittee to work with Chairman Royce and to hold more such hearings on this issue.
2. Visit U.S.-funded safe drinking water and sanitation projects in Africa, Asia, and Latin America. This is particularly true for you, as members of this Subcommittee. Little is more important than seeing firsthand the results achieved by U.S. public and private support for water and health. Congressman Stockman, during his trip to the Democratic Republic of Congo, saw firsthand how health challenges are restraining economic productivity in that country.

¹⁰ Obi, CL, B. Onabolu, M.N.B. Momba, J.O. Igumbor, J. Ramalivahna, P.O. Bessong, E.J. van Rensburg, M. Lukoto, E. Green, and T.B. Mulaudzi. The interesting cross-paths of HIV/AIDS and water in Southern Africa with special reference to South Africa. South African Water Research Commission, Vol. 32 No. 3, July 2006.

¹¹ Weinger, Merri. Dignity for All: Sanitation, Hygiene and HIV/AIDS. USAID, 2008

¹² Based on a formative study carried out for the CARE Water, Health and Livelihood (WHELL) project in South Africa.



3. Work with your appropriations colleagues to support increased funding for foreign assistance, while providing the oversight necessary to ensure these funds are well-spent. This includes full funding and oversight for the Water for the Poor Act of 2005. We are grateful for your colleagues' work on FY14 appropriations both in the House and the Senate, and encourage the House to support the recommended Senate level of funding: \$405m for FY14, with the strong statutory and report language necessary to ensure these funds are invested in transformative water and sanitation programs in the poorest countries and communities.
4. Provide more effective oversight as to where and how these funds are being invested. We are concerned that many of these funds are not going to countries and communities where the need is greatest for safe drinking water and sanitation. Further, the USG and our partners should not only be drilling wells and building latrines. We should be focused on getting the job done – that is our exit strategy. Congress should urge USAID to be a more catalytic stakeholder in water, focused as much on outcomes as on inputs. USAID and its partners have an opportunity to focus less on direct service provision, and more on capacity-strengthening. The goal is to leave behind not simple wells and latrines, but capacity so that the local communities can solve their own problems long after we leave. A key part of this is to support monitoring and evaluation particularly “post project,” so that any problems after the technical end of the project are resolved in a sustainable fashion. Effective, appropriate programming like that envisioned in the new USAID water strategy leads not only to water and sanitation successes, but to aid independence and stronger trading partners.
5. Push the Administration harder on linking water and sanitation with other important development objectives whose success depends on safe water.

If successful, your actions to support global water and sanitation will save and improve millions of lives by increasing the effectiveness of U.S. foreign assistance in the water and sanitation sector; make programs in related development sectors - health, girls' education, poverty alleviation, hunger/under-nutrition - more successful initially and more transformative over the long run; catalyze more support from U.S. foundations, corporations, and civic organizations like Rotary International; inspire more support from faith-based groups around the United States; and encourage powerful grassroots organizations like CARE, MercyCorps, NRDC, ONE and many others to do even more for safe water.

My goal today is to applaud the progress being made, and hopefully inspire the U.S. government and American citizens to do more. The global water crisis provides a genuine leadership opportunity for the U.S. to seize. This is a grave but solvable challenge which can help millions of people around the world survive and thrive, unite Americans, and improve the image of the U.S. abroad in these difficult times.



These are indeed uncertain times on Capitol Hill and beyond. But none of us spent six hours hauling dirty water on our heads this morning, and none of us are worried about our children dying from easily preventable waterborne disease today. Water-related death and disease have traditionally been unavoidable; I hope to continue to be a resource for you, and work with you to make them unacceptable.