

Opportunities, challenges and priorities on the road towards universal access to sanitation by 2030

Summary of evidence from an expert consultation

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Andrés Hueso

Senior Policy Analyst – Sanitation, WaterAid

Abstract

What needs to change in the sanitation sector if the world is to achieve universal access to sanitation by 2030? 18 sanitation experts were consulted on this pressing question.

In the past, sanitation was regarded as a private issue and taboo topic, and consequently given low political prioritisation. This resulted in inadequate financing, a lack of capacity in the sector and ineffective institutional arrangements. Sanitation programmes were implemented outside government systems and focused on infrastructure, neglecting behaviour or addressing it with blanket approaches that offered a simplistic view of sanitation. Such approaches failed to reach the poorest, and urban sanitation services were entirely 'off the radar'.

However, the global prioritisation of sanitation has increased drastically in recent years and this has the potential to resolve the challenges faced to date. However, several knowledge gaps need to be filled, especially on urban sanitation, behaviour change, working at scale, working cross-sector, and reaching the poorest. But a more open, inclusive, and learning-oriented mindset must also be adopted. On the road towards universal access, experts identified urban sanitation as the top priority, followed by ensuring government leadership and sector harmonisation, getting the right monitoring mechanisms within the Sustainable Development Goal agenda, developing institutions and capacities, working cross-sector and improving learning and debate.

Introduction

The last period of the Millennium Development Goals (MDGs) and the preparation for the post-2015 era has witnessed a very intense consultation and discussion process within the WASH sector, especially within the sanitation community. The fact that the sanitation target was one of the most off-track among MDG targets, and that universal access is the key ambition in the forthcoming Sustainable Development Goals, justifies this amount of discussion and reflection. Progress on household sanitation coverage to date has been slow –2.36 billion people still lack improved sanitation– and mostly concentrated on the wealthiest quintiles. Moreover, there are rising concerns about sustainability, sanitation in institutional settings and the challenges of rapidly increasing urbanisation. Business as usual is therefore not an option: the sanitation sector needs a step change if universal access is to be achieved by 2030. But what does this 'sector step change' look like?

The question requires looking back and reflecting on what have been the key blockages, successes and lessons learned during the MDG era, as well as understanding the opportunities and challenges that the new global scenario presents. It is then possible to look forward and set the priorities towards universal access by 2030.

This research contributes to this reflection process through a consultation with sanitation experts from various sector institutions, and analysing their views to help develop a vision on the changes the sanitation sector must undergo to respond to the 2030 challenge.

The research

The research methodology consisted of a brief review of relevant literature followed by an expert consultation using individual semi-structured in-depth interviews. Around 30 sanitation experts were contacted and 18 interviewed, including seven from international development agencies and organisations (UNICEF, Gates Foundation, Plan International, the World Bank's Water and Sanitation Program, IRC), six from academia (WEDC, University of North Carolina, EAWAG, London School of Hygiene and Tropical Medicine, Stockholm Environmental Institute) and five independent consultants.

The initial sampling of respondents was purposeful, identifying a diverse array of sanitation experts from key sector institutions. This was then complemented by snow-ball sampling, whereby the interviewees suggest other people to talk to.

Interviews opened with questions on the lessons learned from the MDG era, starting with general barriers to progress and then focusing on the way sanitation was approached and how sector actors related to each other. Then, questions looked at the opportunities and challenges ahead, focusing on knowledge gaps and sector priorities towards achieving the 2030 agenda of universal access.

Low priority as the key blockage

There was a high degree of consensus on the reasons for poor progress toward the sanitation goal during the MDG era. The key problem identified was the low priority given to sanitation, both at the community and political levels, with a mutually reinforcing effect. In the words of a specialist from an international agency: “Short answer: lack of demand or interest by communities and households and/or lack of high level political will to address this. I could argue either way about which comes first”.

In an attempt to explain why sanitation is such a low priority, interviewees mentioned the taboo around sanitation and the fact that it is not politically ‘sellable’, unlike water. For these two reasons, different actors were less willing to engage in sanitation.

Moreover, there has been a perception of sanitation (and WASH in general) as a low performing sector in which it is risky to invest, and one that does not offer enough reliable and fundable initiatives at scale. Closely related to this, sanitation is seen as a low-impact domain in terms of development outcomes, probably because impacts are diffuse (whereas other intervention areas under the MDGs, such as bednets for malaria and immunisation for child survival offer more tangible and attributable gains). However, the existing knowledge gaps in the sector –presented in-depth below– have also played a role in this perception. A further reason behind the lack of government prioritisation of sanitation has been its framing as a private or community issue instead of as a public good. This is also linked to the approaches and perspectives of sanitation programmes, discussed in the forthcoming section.

Nonetheless, it must be noted that there has been significant improvement in the political prioritisation of sanitation over the past decade, exemplified by the inclusion of access to sanitation as an MDG target, the declaration of the International Year of Sanitation and its recognition as a Human Right. This has been reinforced by the emergence of new donors willing to fund sanitation and a general rise in the profile of the sector. Despite this improvement, the level of prioritisation does not yet reflect the scale of the global sanitation challenge. As one international agency employee put it: “Is the glass half full of half empty? There has been a massive increase in interest, but the starting point was so low that there is still a long way to go”.

The consequences of this lack of priority were manifold, but two aspects stand out across most interviews: financing and institutions.

The amount of finance available was considered to have been insufficient to address the scale of the sanitation crisis, but the quality of finance was also a concern. On the one hand, aid spending was poorly-coordinated and inadequately-aligned with government budgets; on the other hand, public finance mechanisms were also inefficient. In addition, spending was biased towards capital expenditure and infrastructure projects, neglecting operation, management and service provision.

With regard to institutional issues, a substantial problem was fragmentation; in many countries the mandate over sanitation was split between different government ministries and departments, resulting in lack of leadership and coordination. Especially worrying is the fact that sanitation has fallen into a silo and, in most cases, was detached from the roles and responsibilities of health institutions and health workers, despite public health being an important goal of national sanitation efforts. An additional institutional obstacle was the fact that decentralisation of the responsibility for sanitation provision was not accompanied by increased finance and capacity for planning and implementation at the local government level.

Recent improvements to both financing and institutional issues have been modest, compared to the rise in political prioritisation of sanitation. This is also partly caused by poor collaboration, as discussed in the next section.

Collaboration and accountability in the sector

Very diverse responses were prompted by the question addressing the level of collaboration among the key sanitation sector stakeholders. Members of international organisations and agencies recognised some challenges and thought that levels of collaboration varied from country to country, but also highlighted that there has been substantial progress recently, especially through the consultation process around the role of WASH in the Sustainable Development Goals, which has helped build consensus and bring people together. Academics and especially some of the consultants were more critical and thought that projects are often implemented by different organisations in an uncoordinated manner in the same region, and with little engagement with government. They pointed to various non-collaborative behaviours of organisations, such as competing for funding or failing to disseminate and share information and lessons learned.

Two interviewees highlighted that some actors, such as those from academia, are not sufficiently involved in the sector and that there is a lack of dialogue between different communities within the sector. One example of this is the disagreement and poor communication between those focused on on-site sanitation and those looking at wastewater management. Other interviewees questioned the depth of the existing discussions in the sector: “is there meaningful discussion? Many times it stops in a fairly empty statement nobody will disagree with”.

In any case, there was consensus about sector financing structures being the main cause of these behaviours –“Decision making is money-driven”– as they foster competition instead of collaboration, tend to focus on single solutions, and require reporting on isolated impacts of the intervention funded.

This obviously affects the collaboration and accountability mechanisms between governments and development partners, contributing to the institutional and financing challenges mentioned earlier. The Regional Sanitation Conferences and the Sanitation and Water for All partnership, although useful in creating political

capital and coordination platforms, have not managed to deliver clear improvements in terms of accountability.

Approaches to sanitation

In relation to the way in which sanitation has been understood, and the approaches used in most programmes, a key problem identified by the interviewees was the narrow understanding of sanitation as 'infrastructure'. This was the case during most of the MDG era, in which behavioural dimensions, environmental issues and wider aspects of sanitation as a service were thus neglected. The focus was on supplying toilets instead of promoting behaviour change, and little attention was paid to maintenance and service delivery mechanisms, resulting in low sustainability rates. The indicator for measuring success against the sanitation target under the MDGs – household access – is considered to have reinforced this narrow focus, but incentives related to corruption and financial lending mechanisms also have contributed to the bias towards capital expenditure and infrastructure.

In rural sanitation, the rise of the Community-Led Total Sanitation (CLTS) approach during the 2000s is seen as a welcome sector shift towards a partially broader perspective, with a clear emphasis on collective behaviour and demand creation, mainstreaming the achievement of open-defecation free status as the aspiration of sanitation programmes. There were nevertheless some critical voices, questioning the idealised notion of 'community' in which CLTS is rooted, the myth that households will move up the sanitation ladder on their own, and the fact that it is diverting the focus from public service provision: "Community-led approaches emerged in the absence of effective local governments (...) That is fine as an interim solution (...) [The sector] has lost view on community-led approaches, which are seen as an ideal instead of as a suboptimum".

In any case, the predominant view was that CLTS played a key role in the evolution of the sector, but needs to be complemented with other approaches.

The more recent rise in sanitation marketing was seen as promising, with the potential to get the private sector involved in sanitation, "but not a panacea". Most interviewees thought that ideological debates should be avoided and that approaches should be adapted and combined according to each context and situation. For instance, sanitation marketing can complement CLTS to encourage movements up the sanitation ladder, perhaps with a micro-financing component.

The overall consensus in the sector is currently not to subsidise household sanitation hardware. However, two interviewees from international organisations expressed their concern about the implications for inequalities, as approaches like CLTS or sanitation marketing have failed to consistently reach the poorest. They also felt that such approaches reinforce the view of sanitation as a household and community problem, shifting the responsibility away from governments and neglecting institutional strengthening.

The story for urban sanitation is somewhat parallel, with a predominant focus on large infrastructure for wastewater and household toilets. The move towards behaviour change has been slower and weaker, again with CLTS adaptations and sanitation marketing innovations piloted at slum level. Collective public health issues such as faecal sludge management have been left to the informal market and infused with the myth of full cost-recovery through tariffs. In the words of one academic: “people don’t realise that moving and managing shit is expensive and cannot be recovered from tariffs”. Systematic engagement in planning processes and efforts to involve city authorities have been rare, with few exceptions in recent years.

Several experts acknowledged that some of these challenges are related to the inherent complexity and context dependence of sanitation. The fact that this complexity is insufficiently acknowledged is a key problem; the sanitation sector suffers from programming inertia –“there is too much programming where we continue to do things without seeing if it makes a difference”– and gets stuck in dogmatic debates as if a single approach could solve the whole equation: “Sometimes there are religions in sanitation and hygiene, [people] believe in one approach and exclude other approaches”. Instead, “we need a conversation to decide where each solution fits and how to bring them all together in the right place and moment”. This is related to insufficient reflexivity, and poor collection, use and dissemination of evidence within the sector, on which the forthcoming section elaborates.

Learning and knowledge gaps

In the past, knowledge gaps in the sanitation sector have hindered progress and reduced the willingness of different actors to engage and invest. There has been significant progress both through increased sophistication of global monitoring mechanisms and the amount and quality of research, which is also communicated in international learning and exchange events. However, there are still many unanswered questions.

Still, several interviewees pointed out that changing mindsets is more important and more urgent than filling knowledge gaps. They felt that certain groups within the sanitation sector are not open to feedback or criticism and sometimes do not recognise failures and challenges. As noted by one consultant: “About what works, it is an honesty gap, really... we are too busy trying to deliver results-based solutions”. Related to that, the dissemination and use of existing knowledge and lessons from the past is weak: “We know a lot but people don’t use it! There is a lack of dissemination and proactive learning, too. We don’t know about some things (...) but most things are out there, people are reinventing things”. In an expanding sector with new actors emerging, this is an area of concern, as they may end up repeating past mistakes.

Interviewees discussed many knowledge gaps, which are organised below into thematic clusters, listed in descending order of the number of interviewees that mentioned them.

The most frequently mentioned thematic cluster was urban sanitation. Highlighted gaps relate primarily to small towns and informal settlements or slums and focus on concerns like how to do urban sanitation planning, how to deal with the entire sanitation chain, how to implement effectively and how to find the best technological options.

The other prominent cluster was on how to change behaviour. Although the sector has improved the quality of evidence in this area, it is still unknown how best to change defecation practices in complex socio-cultural environments, how to increase the rate of success of CLTS, or how to ensure behaviour change is ingrained into social norms.

Other knowledge gaps related to working at scale: having a clear picture of how to best prioritise and use increased financial resources, how to ensure an enabling environment (including both institutions and legislation) and how to decrease production costs to supply at the scale required.

A smaller cluster related to working cross-sector, from getting the health sector involved and paying attention to sanitation in health centres, to finding cost effective ways to ensure WASH in schools.

The last cluster related to equity, namely how to reach the poorest and ensure that they are served. Other gaps mentioned were issues around menstrual hygiene management, understanding the contents and risks of faeces, listening to customers, and the links between antibiotic resistance and sanitation.

Finally, two interviewees also expressed some concern about the sector research agenda and rigour. They felt it is time to move on from proving that sanitation is important to focusing on 'how' to do it. Operational research will be important in the coming era, and calls for rigorous work that goes beyond using evidence to draw general conclusions or for making simplistic recommendations for scaling-up that overlook contextual differences.

Priorities towards 2030

Most interviewees shared an optimistic outlook of the 2015-2030 period. Although there are obstacles ahead, there is an unprecedented level of political prioritisation which has the potential to tackle any challenge. The responses to what the three top priorities for the sanitation sector in the post-2015 era ought to be showed a certain degree of convergence.

In line with its prominence among the knowledge gaps, urban sanitation was the most frequently-mentioned priority –featuring in eight interviews. In a context of increasing rates of urbanisation, the sanitation sector needs to solve some of the existing challenges along the sanitation value chain, such as transportation of

sludge, or ensuring that faecal sludge management is not neglected at the expense of wastewater. There were diverse opinions on whether prioritisation of urban sanitation may pose a risk of neglect or provide an opportunity for rural sanitation.

The second priority cluster, mentioned seven times, was about ensuring government leadership and sector harmonisation. The cluster included ensuring that governments (national, city, local) prioritise and actively coordinate the provision of sanitation services, making sure there is adequate collaboration and alignment of development partners' activities and funding with government priorities, and improving accountability mechanisms.

Six interviewees mentioned the Sustainable Development Goals as a key priority, ensuring both that the sanitation aim is finally accepted and that it comes with the appropriate indicators –although views on what these should be were diverse. However, one academic warned of the risk that the 2030 ambition might lead to a rush to meet the targets, instead of “making sure we do the best we can”.

Three different priorities came next, featuring in five interviews each.

One focused on developing institutional mechanisms and building the required capacities. The scale and nature of the sanitation crisis requires a huge leap forward in terms of numbers of staff that need to be trained, ensuring a sanitation workforce with cross-disciplinary skills, and working within an adequate institutional framework (regulation, planning, monitoring, incentives and retention mechanisms).

Another priority deals broadly with working cross-sector, primarily engaging with the health sector. This is meant at all levels, whether at the strategic level –ensuring public health considerations are central to sanitation, and that health sector actors do not neglect preventive interventions–, or the operational level –linking sanitation habit formation to health promotion and ensuring adequate sanitation in health care facilities. This last aspect applies also to education, ensuring adequate sanitation services in schools, as well as to other institutional settings.

The third of these priorities highlights the need for more learning and debating. On the one hand, the sector needs to be aware of the lessons from the past, and then better coordinate research to fill existing knowledge gaps. On the other hand, it is important that evidence is well communicated, shared and used, especially at the national level. To do this, it will be necessary to open up the discussion, instead of being too diplomatic or consensual.

Three different clusters of priorities featured in four interviews each.

One cluster centred on reaching the poorest in order to reduce inequalities, which is seen as one of the most challenging areas. As mentioned earlier, how to do this is still a knowledge gap, and interviewees did not provide any specific focus for moving forward. Moreover, one academic disagreed with this view, questioning whether focusing on the poorest is a wise and cost-effective path towards universal access.

Another priority cluster concerned ensuring adequate financing, mainly ensuring funding streams and mechanisms contribute to addressing the key bottlenecks of the

sector, instead of leading to piecemeal interventions, duplication and competition. There were mixed views in terms of quantity, with some interviewees feeling that more funding will be critical, while others believed that “money is hardly an issue”.

The last of these three clusters referred to the need for more flexibility in terms of approaches used on the ground, acknowledging that different strategies and approaches are needed for different settings. The need to challenge the ‘no hardware subsidy’ consensus in order to ensure sustainable sanitation for the poorest, was specifically highlighted by a member of staff from an international agency.

Finally, priorities mentioned twice include moving from pilot projects to working at scale, broadening the perspective through which issues of sanitation are conceptualised, and addressing socio-cultural and psychological dimensions of behaviour change.

Conclusions

After slow progress during the MDG era, the sanitation sector is at a crossroads. The business-as-usual path will make the 2030 universal access goal a wishful aspiration and a lost opportunity. The sector needs to make significant changes in order to get on the path of accelerated progress, and this expert consultation has shed light on what those much needed changes may look like.

There was a high degree of consensus in the responses of the interviewees, although consultants and especially academics tend to have more critical views. To a considerable extent, it can be said that key sector actors share a view on what needs to be done.

For instance, there are several knowledge gaps which need to be filled, including on urban sanitation, behaviour change, working at scale, working cross-sector and reaching the poorest. However, even more important than knowledge gaps is the attitudinal gap: sector actors need to be more open and learning-oriented. Regarding the priorities on the road towards universal access, urban sanitation topped the ranking, followed by ensuring government leadership and sector harmonisation, getting the right Sustainable Development Goals monitoring mechanisms, developing institutions and capacities, working cross-sector and improving learning and debate.

A clear agenda for the sector emerges from this consultation, revealing what needs to be done and, even more importantly, how things need to be done. It is indeed the ‘how’ that will be critical and most difficult to change, as it involves deeper internal shifts among sector actors –mindsets, attitudes and ways of working with others. These changes, as happens with any deviation from the status quo, will inevitably face inertia and resistance, and the question remains whether sector actors will display the leadership required to undertake them successfully.