WASH and Maternal Health Programs: An Advocacy Partnership that Saves Lives

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“Investing in the health of women and girls around the globe is one of the most effective, yet under-utilized, tools for encouraging social stability and economic prosperity in the developing world. When women are empowered and healthy, families and communities will thrive. A strong commitment to addressing MCH will save countless lives and is one of the smartest development investments we can make.”

U.S. Senator Jeanne Shaheen
About International Medical Corps

• A global, humanitarian, nonprofit organization dedicated to saving lives and relieving suffering through health care training and relief and development programs.

• By offering training and health care to local populations and medical assistance to people at highest risk, and with the flexibility to respond rapidly to emergency situations, International Medical Corps rehabilitates devastated health care systems and helps bring them back to self-reliance.
International Medical Corps: Our Approach

• Through the integration of specialties like emergency medicine; women’s and children’s health; nutrition services; water, sanitation and hygiene; and mental health into the primary health care setting, we ensure that those we serve receive holistic, comprehensive care.

• The value of our integrated approach to community health and well-being and our emphasis on capacity building through training - are critical for the long-term growth of conflict and natural disaster-affected communities and fragile states.
Maternal Mortality and Morbidity

• Every other minute of every day a woman somewhere dies from pregnancy-related causes. In death, she leaves behind children who are ten times more likely to die within two years than those whose mother remains in the home.

• More than one-third of maternal deaths occur in fragile states (and half of the children who die before the age of five are in these countries).

• For every maternal death, 20 other women suffer injury, disease or infection during or after their pregnancy. In all, this tragedy touches nearly 6 million women directly each year, 99% of them in the developing world.
Water, Sanitation and Hygiene

- 2.5 billion people still have no access to an improved sanitation facility.
- Diarrheal diseases are the second leading cause of death in children under five years old, but a significant proportion of diarrheal disease can be prevented through safe drinking water and adequate sanitation and hygiene.
- Half of all hospital beds in the developing world are occupied by people with WASH-related diseases.
Investing in WASH: ROI

• Every $1 invested in water, sanitation and hygiene brings $4.30 in higher productivity and lower health care costs.

• Each $1 invested in water supply and sanitation services can offer returns ranging from $5 and $46 with the highest returns generated in the least developed nations.

• Universal access to safe drinking water and sanitation would save over $134 billion in annual health costs avoided, lost productivity and reduced mortality.
Joining Efforts to Advance Maternal Health: Advocacy
WASH and Violence

• 1 in 3 women worldwide risk shame, disease, harassment and even attack because they have nowhere safe to go to the toilet.
• Violence during pregnancy can lead to miscarriages, still-birth, pre-term delivery, and low birth weight.
• Violence hinders a woman’s ability to gain access to education, health care, employment, voluntary marriage, and political participation.
• There is a strong association between GBV, maternal depression, and suicide.
WASH and Reproductive Health

• Silence, stigma and lack of information regarding menstruation, coupled with inadequate sanitation facilities, disempowers women and girls and can lead to poor health practices that are linked with reproductive health problems.

• Access to sanitation and drinking water are essential for the survival of mothers during and immediately after childbirth; and also play a crucial role in improving gender equality and women and girls’ empowerment.
WASH and Mental Health

• Maternal depression, especially in mothers also facing social disadvantages or harsh environments such as conflict or a disaster, often leads to low birth weight, undernutrition in the first year of life, higher rates of diarrheal disease and early cessation of breastfeeding.

• Maternal depression can impact the ability of mothers to respond to their children’s needs and to engage in recommended behaviors relevant to health and hygiene.

• Maternal mental health is directly associated with many outcomes that contribute to infant mortality, such as undernutrition, diarrheal disease, immunization, and breastfeeding uptake.
WASH and Nutrition

• Today, nearly half of malnutrition cases worldwide can be attributed to poor water, sanitation and hygiene. However, issues of water and sanitation are often looked at in isolation from food and nutrition security.
• USAID’s new Water and Development Strategy and forthcoming Nutrition Strategy are critical steps forward to ensure that actions are harmonized across sectors and partners.
WASH and Health Workers

• Frontline health workers are the first - and often the only - link to health care for millions of individuals living in the developing world, providing services where they are most needed, especially in remote and rural areas.

• Increasing health worker capacity has been linked to more respectful treatment of maternal patients, a reduction in infection, increased sanitation practices and successful birth outcomes.
WASH and Health Workers

• Frontline health workers provide individuals, families and communities access to simple, affordable, life-saving care to prevent and treat infections, improve nutrition, increase coverage of vaccines, and improve the chances of a healthy birth for both mother and newborn child.

• The absence of skilled health care during pregnancy, childbirth and the first month after delivery continues to exact a social and economic toll on the world’s poorest nations estimated at $15 billion annually—roughly three times the cost of expanding maternal care to reduce the toll of death and disability.

• Despite their role, WHO estimates there is a shortage of at least one million frontline health workers in the developing world.
Recommendations: Global Efforts/Initiatives

• WHO’s Partnership on Maternal, Newborn and Child Health working on WASH and MNCH knowledge summary to be launched this spring/summer.

• WASH is part of Every Newborn Action Plan – final draft will be presented to Member States at World Health Assembly (May 2014) to Member States.

• Efforts underway to highlight WASH and MNCH linkages through major platforms and events (such as June’s Partnership for Maternal, Newborn and Child Health Partners Forum and others).

• Find opportunities to highlight linkages – budget/appropriations, platforms, messaging, etc.
Recommendations: Funding and Education

• Increased appropriations for Global Health Programs, Development Assistance and International Disaster Assistance.
• Increase topline appropriations for the Senator Paul Simon Water for the Poor Act of 2005.
• Educate policymakers about the impact that increased appropriations, Water for the World Act, and better implementation of the USAID water strategy would have.
• Educate policymakers about the value of integrated strategies.
• Fund research to help fill gaps in evidence.
Recommendations: Legislative Initiatives

- Enactment of the Enactment of the Senator Paul Simon Water for the World Act (H.R. 2901) - to improve the capacity of the U.S. Government to implement, leverage, and monitor and evaluate programs to provide first-time or improved access to safe drinking water, sanitation, and hygiene to the world’s poorest on an equitable and sustainable basis.

- Enactment of the International Violence Against Women Act (H.R. 3571).

- Passage of H.Res. 135 recognizing the importance of frontline health workers toward accelerating progress on global health and saving the lives of women and children.
Recommendations:
Programming and Implementation

- Provide international political leadership to make WASH a part of mainstream emergency relief and development strategies, highlighting both the critical role and the cost-effectiveness of all three in poverty reduction.
- Advise USAID and the State Department on the implementation of its Water and Development Strategy.
- Position WASH as a complement to other equally important development objectives:
  - Nutrition and WASH
  - PEPFAR should invest in WASH to make HIV treatment more effective
- NTD programs should include WASH to prevent transmission.
Recommendations: Programming and Implementation

• WASH services be a mandatory part of all new health facilities and that these services meet minimum standards and guidelines.
  – Specific focus on clean deliveries
• Strengthen integration of WASH and MNCH – and increase integration of nutrition services and community health programs to improve both the cost effectiveness and the overall impact of these programs.
• Increase male participation in WASH and MNCH services, as well as training and GBV education to raise awareness.
• Promote integration of WASH across health and nutrition.
Recommendations: Commemorative Events/Opportunities

• Grassroots efforts highlighting:
  – International Women’s Day – March 8th
  – WWD – March 22nd / Advocacy Day – March 13th
  – World Health Worker Week - April 6-12
  – National Nutrition Month – March 2014
Recommendations: Post-2015 Development Agenda

• Advance WASH within the post-2015 development agenda - identify goals, targets and indicators in WASH and Health (and relevant areas).
• Goals related to health must be presented in a holistic manner that recognize its economic, social and environmental scope.
• There also needs to be a larger focus on new ways to address health issues in fragile country contexts, an area that lacked significant focus by the MDGs.
• Quality and equity of care is a priority across all post-2015 health goals but especially for maternal health where poverty, poor infrastructure, and gender norms can prevent women from seeking health care.
“Politics isn't about big money or power games; it’s about the improvement of people's lives.”

“If we don't fight hard enough for the things we stand for, at some point we have to recognize that we don't really stand for them.”

U.S. Senator Paul Wellstone (1944-2002)