IFMSA Policy Proposal
Access to Safe Water, Hygiene and Sanitation

Proposed by SfGH U.K and DENEM-Brazil
Presented to the 69th IFMSA General Assembly August Meeting 2020

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Policy Statement
Introduction:
Access to safe water, sanitation and hygiene (WASH) is a human right. WASH is vital for human health and environmental sustainability. Sustainable Development Goal (SDG) 6 aims to ensure availability and sustainable management of water and sanitation for all. Improvements in WASH access have been made, but globally significantly large gaps are still prevalent. Unless progress towards this target is scaled up, 90 countries will significantly miss their 2030 target and be left behind. Furthermore, WASH interplays with many other key issues like poverty, gender disparity, health and nutrition. As such, progress towards this target can enable and drive progress for many other SDGs and reduce inequalities.

IFMSA position:
The IFMSA believes access to WASH is paramount in building healthy and productive nations, and accessibility to services are integral to the development and prosperity of communities locally, nationally and globally. The role of such services in improving public health and lifting people out of poverty is acknowledged. Thus, we affirm the importance of addressing the WASH needs of people around the globe. The intersection between health and provision of WASH are inextricably intertwined. Therefore, it is imperative that these basics of survival be available to all.

WASH is integral in the increasingly interconnected world we live in, playing a role in combating infectious diseases, the agriculture supply chain, the success of the response to natural disasters and engagement with education. The regional disparities present must be considered in order to reduce inequality in access to drinking water, to face these shortages as a global problem and search for collective solutions. Due to the urgent threat of climate change and its impact on water scarcity, the IFMSA highlights the need for infrastructures to adapt and work towards providing services in the most sustainable manner. The IFMSA recognises the disproportionate impact a lack of WASH services can have on women and stresses the need to provide high quality and sustainable services to all, to work towards a fairer and equitable global society.

Call to Action:
IFMSA calls for Governments to:
- Use social mobilisation strategies targeting both household- and community-level improvements for the comprehensive provision of WASH services.
- Construct or improve water supply systems as well as implement low-cost strategies to treat and safely store drinking water.
- Develop and implement specific strategies to enhance their capacity to guarantee WASH, monitor and respond to deteriorating conditions.
- Encourage research initiatives focusing on identifying, designing, and testing the effectiveness of innovations in the field.
- Address bureaucratic and legal constraints to WASH.
- Mobilise their resources (tax revenue, subsidisation) to overcome WASH inequality.
- Leverage financial schemes to increase funding and provide financing for WASH.
- Hold elected representatives accountable to the urban and rural communities lacking WASH.
- Prioritise WASH service provision in the effort to achieve Universal Health Coverage (UHC).
- Ensure safe waste disposal from a variety of contexts, including but not limited to, agriculture, healthcare facilities and pharmaceutical companies.

IFMSA calls for International Organisations and NGOs to:
- Recognise the role of households and communities as important actors of change in WASH progress, increasing funding for projects and cooperation with youth-led organisations.
- Conduct local, national and international research and data collection with an emphasis on the incentives necessary to compel households and communities to engage with services including emphasis on high quality use and practice of hygiene.
• Organise and participate in campaigns to raise awareness about WASH targeting household- and community-level improvements.
• Advance cooperation at the local, national and international levels to develop strategies for effective maintenance of community sanitation and water facilities.
• Advocate with governments and non-state actors to guarantee WASH.
• Further ensure governments’ accountability and cooperation in countries where progress in WASH is needed.
• Advance multi-sectoral cooperation to develop WASH strategies for effective coordination between international, national and local actors.

IFMSA calls on National Member Organisations to:
• Take active roles in their countries, advocating for and raising awareness of WASH and provision of adequate WASH to accomplish SDG 6 and ensure safe WASH interventions are implemented and promoted.
• Support evidence-based research and monitoring of existing WASH programs.
• Work to include sanitation behaviour change strategies within sanitation interventions.
• Advocate for the incorporation of hygiene education to within the school curriculum including handwashing and menstrual hygiene management.
• Engage in public health campaigns that work towards breaking taboo and stigma surrounding menstrual health.
• Promote discussion with local communities on their needs and rights regarding the integral role of WASH services.
• Advocate for and ensure inclusive universal public access to WASH especially addressing the needs of those in vulnerable populations e.g. those who are homeless, transgender, non-binary, intersex or have disabilities.

IFMSA calls on Medical schools and healthcare students to:
• Ensure comprehensive and mandatory education on the need to practice safe WASH, and equip students with the necessary skills and tools.
• Educate students on the importance of raising awareness in the wider community and encourage engagement in projects that promote the universal right to WASH.
• Support research on the role of WASH and its relation to health.

IFMSA calls on Education providers and healthcare facilities to:
• Ensure universal access to adequate and safe WASH services, taking into consideration the needs of vulnerable populations.
• Fund regular maintenance and stocking of WASH services and supplies.
• Educate about menstruation and menstrual hygiene management for school pupils and using public health campaigns targeting vulnerable populations.
• Provide access to toilets within the community in addition to their own facilities, which should strive to include a variety of accessible, gender-segregated, unisex and/ or third gender toilets.
• Invest in research about development of WASH in different contexts.
• Support communities and work with governments in order to achieve WASH goals.
• Ensure provision of adequate WASH for patients and healthcare professionals.
• Establish safe waste disposal of contaminated material.
• Provide regular public health information in local communities in conjunction with public health experts, government and international organisations regarding WASH.
• Ensure evidence-based training and information is continually provided for educators, students and healthcare professionals.
Position Paper

Background information:

In 2010 the UN General Assembly declared water and sanitation to be human rights (1). This sentiment was reaffirmed within the 2030 Agenda for Sustainable Development, which was adopted by 193 countries, with SDG 6 committing to ‘ensure availability and sustainable management of water and sanitation for all’ (2). Despite substantial progress over the years in improving access to safe water for drinking, washing and domestic activities, billions of people, particularly in rural areas, continue to be deprived of this basic provision. Services that safely remove and dispose of waste as well as proper hygiene facilities are incredibly important to sustain a healthy population and yet, in many areas, this is not the case. Globally, one in three people lack access to clean drinking water, two out of five people do not have a basic hand washing facility (comprising of soap and clean water), 4.2 billion people do not have access to safely managed sanitation (3) and open defecation is still practiced by over 673 million people (4-6).

The issue of insufficient supply is often further complicated by governments’ failure to mobilise public resources to address shortages in building water and sanitation infrastructure (7). Moreover, adoption of new water and sanitation technologies involves large-scale investments which require often overworked local institutions to partake in burdensome legal arrangements (7).

Even in areas where there is a water and sanitation network and it is technically feasible to make connections, there is the issue of insufficient demand (7). Consequent to potential beneficiaries not fully appreciating the value of new WASH services over their current options, they may be reluctant to invest (7). As such, education is vital to establishing high quality and sustainable WASH services and practices (7).

If regional and local levels of government are not involved in facilitating the implementation in the local context, centralised supply solutions may not be sustainable or even possible (7). In addition, coordination problems can arise when the sanitation or water infrastructure is shared and must be jointly maintained (7).

High levels of water stress affect one third of the world’s population. Countries in the Middle-East and North Africa are disproportionately affected, with many countries facing extreme stress, indicative of serious difficulties in freshwater supply. This issue is compounded by climate change, which is set to increase water scarcity worldwide. Thus, it is incredibly necessary for robust green infrastructure and supply chains to be established, in concordance with increasing agricultural efficiency and recycling used water, in order that these fundamental needs be met for those living in such areas, as well as to strengthen services in other regions (8).

The absence of adequate WASH not only compromises a person’s survival and dignity but also increases the risk of disease transmission (9). Poor WASH services account for 6.6% of the burden of disease and disability worldwide (10). This disease burden, a substantial part of which falls on women and children in low-income countries, often manifests itself in the form of diarrhoeal disease, which can result in malnutrition (11). The provision of WASH services can be transformational to a society, being a fundamental building block of human existence.

Discussion:

WASH as a Human Right

The access to WASH, recognised by the UN in 2010, is also fundamental for other human rights including education, housing, health and life (12,13). There are several key aspects underpinning the right to water. Firstly, the right to water contains freedoms and entitlements. The freedoms include:
'protection against arbitrary and illegal disconnections; prohibition of unlawful pollution of water resources; non-discrimination in access to safe drinking water and sanitation, non-interference with access to existing water supplies; and ensuring that personal security is not threatened when accessing water or sanitation outside the home.'

The entitlements include:

‘access to a minimum amount of safe drinking water to sustain life and health; access to safe drinking water and sanitation in detention; and participation in water and sanitation related decision-making at the national and community levels.'

The water supply for every individual must be sufficient and continuous to ensure it covers personal and domestic uses. This water must be safe and acceptable and is applicable to all water sources. Additionally, WASH facilities must be physically accessible for all sections of the population, as well as being affordable to all (12). Universal access to WASH is paramount for public health due to the well established link between WASH and well-being.

Wastewater and WASH

Wastewater is any water that has been adversely affected in quality by anthropogenic influence and comprises liquid waste discharged by domestic residences, commercial properties, industry, and/or agriculture and can encompass a wide range of potential contaminants and concentrations (14).

Poor waste management that causes the release of hazardous chemicals and materials has had a devastating effect on the health of urban and rural dwellers (14). Contamination by sewage leads to significant numbers of infectious diseases, including diarrhoea, cholera, dysentery, typhoid, and hepatitis A (14). Furthermore, depending on its source and collection methods, sewage may also contain a range of chemicals and specialised wastes including industrial chemicals, nutrients such as nitrates and phosphates, heavy metals, pharmaceuticals, medical wastes and oils and greases (14). These result in additional threats to human health (14).

Moreover, exposure to toxins and pathogenic microorganisms associated with poor waste management poses a substantial threat to the environment (14). Excess nutrients are discharged to the marine environment through sewage, fertilisers from agriculture and by nitrogen oxides from burning fossil fuels (14). Increased nutrients may lead to eutrophication which is an excessive growth of marine plant life and decay (14).

Water safety & quality and WASH

Water safety and quality are fundamental to human development and well-being (15). Providing safe and sufficient water to households has been identified as indispensable as it is one of the most effective instruments in promoting health and reducing poverty (15). Moreover, the benefits of having access to an improved drinking water source can be only fully realised when there is also access to improved sanitation and adherence to good hygiene practices (15).
As of 2019, 1.9 million people rely on water from unsafe or unreliable sources that are contaminated with faecal substances (15). Without access to improved drinking water, people are forced to rely on sources such as surface water, unprotected and possibly contaminated wells, or vendors selling water of unverifiable provenance and quality (15). Furthermore, exposure to the transfer of faecal matter into people’s food through water sources given the lack of access to safe, clean water, helps the spread of serious diseases such as cholera, typhoid, and gastroenteritis (15). Thus, the impact of universal access to improved drinking water is achieved by promoting effective risk management practices by water suppliers, communities and households, could be profound (15).

Education and WASH

Education and promotion of sanitation and hygiene practices must ensure a participatory, community-based approach to establish targeted information, sustainability and promote accountability. When targeting behavioural change in particular, there needs to be consideration of socio-cultural factors such as existing perception, beliefs and practices to ensure compliance (16).

Within schools the lack of or presence of inadequate WASH facilities negatively impacts student attendance. Features such as: insufficient quantity of toilets for the student population; toilets located outside of buildings; non-functioning toilets; lack of handwashing and drying facilities; lack of soap; toilet paper; hand drying towels; menstrual hygiene products and sanitary bins all contribute to this (17, 18). Absenteeism is also impacted by diarrhoeal disease, difficulty in menstruation management, fear of assault and need to collect water (18). Toilet avoidance is common and is attributed to a range of reasons including: lack of privacy due to non gender-segregated toilets; missing and/or inadequate toilet doors; inadequate locks; inadequate partitioning; lack of cleanliness, temperature and lighting and the stigma and embarrassment associated as well as the need to ask permission to use the toilets (17).

Functional, clean toilets and good hand hygiene contribute to improved concentration, health and well-being, ensuring attendance, and tackling this would be vital in reducing inequalities in access to education. Inadequate hydration also impacts cognitive ability, and this is influenced by lack of safe water sources available (17).

Gender and WASH

Women and girls are heavily impacted by a lack of access to WASH due to periods of increased vulnerability such as during menstruation and pregnancy (19). WASH practices that are often inadequate during birth include handwashing, cleanliness of delivery surface, bathing, cord care and cutting resulting in an increased risk of infections which is associated with maternal and new-born death (18). This group also experience an increased risk of violence and psychological stress, worsening school attendance, and poor maternal and new-born health because of inadequate WASH services (18).

Women and girls are also often responsible for unpaid domestic work such as water-fetching responsibilities. Water-fetching is also linked to poorer maternal and child health outcomes directly and indirectly. The water carrier is directly impacted due to the associated pain, fatigue and emotional distress involved. The indirect impact of this activity includes the limited uptake of healthcare services, decreased time in education and income generating activities (19, 20).

Girls and women due to inadequate access to WASH experience an increased risk of a variety of violence which includes, sexual, psychosocial and sociocultural. There is also increased psychological stress due to a variety of reasons associated with WASH such as the inability to manage menstrual hygiene, maternal health, fear of violence and stressors associated with collecting water (18). Women often must travel large distances when collecting water from distant water sources. This often amplifies risks due to increased vulnerability on their journey due to having to openly defecate and the lack of lighting at night-time. Women also often are vulnerable due to open air sanitation facilities and inadequate bathing areas. The fear of rape and physical and sexual assault can prevent women and
children using facilities outside the home at night. This is not an isolated issue for women as boys and men also experience violence when accessing WASH facilities, however it is underreported due to the association with stigma for the survivor and perceived implications on masculinity (18, 21).

WASH is integral to tackling menstrual poverty which is caused by lack of access to sanitary products, WASH facilities, dignity and education about menstruation (22). Just some of the barriers faced by those menstruating are: the expense of sanitary products; lack of/dirty water for bathing and washing of menstrual materials; inadequate waste disposal facilities; lack of access to underwear and lack of privacy for changing menstrual materials (23). Inadequate WASH facilities at school also contribute to school absenteeism (23).

Menstruation is a taboo topic and can come with a wide range of menstrual hygiene management practices thus WASH approach must be on individual basis (23). Menstrual hygiene management which is especially required to prevent urogenital infections, and tract infections can result in school and work absenteeism and psychological impact due to embarrassment and stigma (18). Menstrual poverty can also lead to sexual violence with reports of girls being forced into sexual acts in exchange for sanitary products (22).

Research has demonstrated that non-cis gender individuals who menstruate experience discomfort and anxiety about their menstruation and menstrual management, one of the causes being the navigation of gendered bathrooms in public spaces (24). There is also stigma faced by transgender men and non-binary persons when seeking menstrual health hygiene materials and services (25). Male public toilets rarely have access facilities for menstrual hygiene management providing barriers for safe WASH for transgender men using male toilets (26).

Those who do not conform to a fixed gender may experience violence and abuse when using gender segregated WASH facilities especially in shared facilities. This could result in increased stress and anxiety, and could result in leaving school or place of work. LGBTQIA+ individuals are particularly at risk in emergency situations such as conflict or natural disaster, when WASH sources are scarce as they are often overlooked due to the lack of intersectionality in initiatives (27).

Agriculture, Nutrition and WASH

Agriculture is the largest user of water globally, and it is responsible for spending more than 70% of potable water worldwide (28). Although it is a fundamental human activity, due consideration must be given to the substantial amount of food grown for purposes other than human consumption, especially in low-middle income countries whose economy heavily relies on the trade of commodities. Much of the global grain cultivation, requiring a significant amount of water, is used to feed animals and to produce non-edible products (28-31). Besides, extensive farming is also related to an increased use of pesticides, responsible for water and environmental contamination. The poorest and more vulnerable populations are the most affected and suffer with the lack of WASH due to these factors. Thus, new forms of food production such as organic food and family farming have been developed over time aiming to solve these problems, and should be promoted by governments. These techniques can be brought together in a concept called agroecology, that is based in transdisciplinary knowledge and considers also the social aspects of a community, building a sustainable, secure and fair food system, allowing access to potable water and, being a key point in achieving the SDGs (28-31).

The provision of high-quality WASH facilities throughout the agriculture supply chain is necessary, inclusive of the farming, processing and manufacturing stages (32). Sustainable management of water and related services is critical to the success of the agricultural industry with regard to productivity, wellbeing and increased performance of their workers and improved reputation amongst stakeholders.

Access to WASH and nutrition are inextricably intertwined (33). Chronic nutritional deficiencies leading to anaemia, reduced physical development and inhibited cognitive development are associated with
repeated ingestion of animal and human faeces due to poor waste management and a lack of sanitation, poor hygiene practices as well as poorly managed water sources (33).

Poor WASH service provision can contribute to the increased infection rate of diarrhoeal causing pathogens, the second largest cause of mortality in children under the age of five. Should repeated bouts of diarrhoea occur, dehydration and changes to the small intestine can prevent the full absorption of nutrients. In the long-term this results in a child becoming malnourished. For children under the age of five, diarrhoea is the leading cause of malnutrition, stressing the need for adequate WASH facilities to be present to combat this very preventable loss of life (34,35).

WASH and Disease

The positive impact that adequate WASH provision has on preventing the transmission of communicable diseases is widely acknowledged. A number of diseases, most notably diarrhoeal, as well as schistosomiasis, malaria, dengue and cholera, being water-borne and vector-borne, thrive in circumstances where there is poor WASH provision. Such infectious diseases, as well as food-borne diseases, are expected to pose a greater risk to populations as a consequence of climate change (36). The importance of WASH has been exemplified in the Ebola epidemic and the COVID-19 pandemic, with the establishment of the ‘Hand Hygiene for All Global Initiative’ in response to the latter (37,38). As such, hand hygiene has been highlighted as being one of the most effective actions you can take to reduce the spread of pathogens and prevent infections.

Lacking access to safe toilet infrastructure, many people continue to practice open defecation. This action is one that is known to perpetuate the cycle of poverty and disease (39). WASH related diseases can render individuals incapacitated. The broader impact of this can be significant and long-term in communities. Disease can contribute to children failing to attend school, families unable to generate income, a reduction in productivity as well as a number of multifaceted losses felt at a societal level.

At this time, the threat of Antimicrobial Resistance (AMR) is also a concern. AMR, a consequence of overuse, inappropriate and unregulated use of numerous antibiotics and antimicrobial agents in both human and veterinary medicine are noted. Should such agents find their way into the water cycle, for instance through human waste or improper disposal during production, they can contribute to the emergence and spread of AMR, as the harmful substances pass into the agriculture system or into groundwater reserves (40).

Healthcare facilities and WASH

The need to practice good hygiene and uphold a high standard of WASH in healthcare facilities is paramount. Access to sanitation services, hand hygiene facilities, cleaning capabilities and segregation of waste are all compromised by the lack of WASH (41). One in four healthcare facilities lack basic water facilities (42). Safely managed and reliable water sources are imperative for the production of food, cleaning, waste management, latrines, infection prevention control and hygiene among other services required in a healthcare facility. Safe global surgery also remains under threat without adequate WASH present. As such, without access to WASH services, healthcare facilities are not able to practice safely and uphold a high quality of care (43).

The provision of WASH in these settings plays a critical role in the movement towards Universal Health Coverage (UHC), allowing populations to have essential access to services that work to reduce morbidity and mortality as well as meeting the needs of both patients and staff (43). In 2019, the international community unanimously voted in a resolution at the World Health Assembly to tackle the issue of WASH in healthcare facilities, confirming the indispensable nature of such service provision and cementing global partnerships in this area.
Refugee, Asylum Seeker and Migrant health and WASH

Migrants’ access to WASH services can be impacted by vulnerability, exclusion, and their political and documentation status. When looking at undocumented migrants, they often have more hazardous journeys where access to WASH is particularly challenging. Seeking access to WASH services may also be avoided due to the fear of detection by authorities (44). Those who are displaced are also vulnerable to discrimination and racism, which further diminishes their access to WASH (12). Refugee and internally displaced people (IDP) camps have reduced access to WASH for a number of reasons, the camps often rely on unsafe and untreated water, and lack of toilets often lead to open defecation near water sources (45). Camps are often overcrowded resulting in inadequate access to WASH, especially for those with specific needs such as those with disabilities, and this can often result in spread of waterborne diseases (12). Furthermore, lack of priority, funding and resource allocation, trained personnel, community participation, hygiene promotion activities and consideration of socio-cultural factors all further contribute to the lack of access (16). The lack of access to WASH in camps also contributes to increased incidences of gender-based violence including, sexual harassment, assault and verbal and physical violence. This is often due many reasons including the lack of privacy, low levels of illumination and location of latrines, water sources and bathing facilities with many of them located at a distance from living quarters (21, 46, 47).

Furthermore, access to inadequate WASH services can also occur after migration for refugees, asylum seekers and migrants. This is often due to settling in inadequate housing, language barriers, risk of detention and deportation and a lack of knowledge of rights which can all prevent access to better services. They are also more vulnerable to the risk of homelessness, which increases the risk of reduced access to WASH. Furthermore, government education initiatives fail to reach migrants with language barriers as many WASH public health messages are not communicated in multiple languages (44).

Accessibility and WASH

Vulnerable groups such as individuals with disabilities, chronic illness’ or those who are homeless are more likely to have inadequate access to WASH facilities as a result of barriers due to the environment, infrastructure, institution and social attitudes (18). People who sleep rough are often denied the human right to water and sanitation, with their needs rarely addressed due to most interventions targeting those with some form of shelter (48). Reduced availability of public toilets impact hygiene amongst those who use these facilities for daily self-care and those with access to sanitation facilities may feel unsafe or uncomfortable when using them (49).

Studies have shown individuals with disabilities to wait until dark to defecate, increasing risk of abuse or soiling themselves when waiting or, reducing food and water intake to reduce the need to defecate and urinate (18). Disability-friendly facilities as well as removal of physical and social barriers are needed to ensure access is achieved for such groups (18). Individuals with disabilities or chronic illness’ may limit themselves from participation in local activities due to lack of suitable facilities, increasing social isolation. Availability of toilets is a particular problem for those who may need to use these facilities urgently for example those with Crohns’ disease. Social attitudes also create a barrier from access to these toilets due to ‘hidden’ illness’ or disabilities. It has been highlighted that some people have received public abuse for using accessible toilets when others did not recognise that they had a right to use them (50).

Prohibition from access to WASH facilities can also be due to social attitudes towards particular castes, ethnic groups and religions also resulting in exclusion from participatory processes (51). The caste system is a traditional system of social segregation and WASH accessibility can often rely on the hierarchy. Caste-based exclusion in particular often results in untouchability being practised, with cases studies of violence reported when those from lower castes try to access water (18, 51, 52).

Another vulnerable group facing barriers accessing WASH facilities are the LGBTQIA+ community, where there have been cases of violence, denied access, arrests and expulsion when trying to access
WASH facilities. Gender-neutral or third gender toilets may be of benefit to reduce this (26). Those who are not cis-gender or heterosexual experience greater vulnerability to sexual violence and are also at greater risk of being rejected by families, which not only affects access to private facilities, but drives people to use public facilities, which are sites of increased vulnerability (26).

Overall, there is better access to WASH in urban areas compared to rural areas, but around 881 million of the urban population in the developing world reside in slums (53). Such households commonly remain disconnected from formal WASH systems as authorities show reluctance to acknowledge such settlements as legitimate. This frequently results in members of slum households relying on water collection from unprotected sources (12). WASH in detentions, prisons and jails can be inadequate especially for the number of detainees, which could result in abuse. WASH facilities may also be denied as a form of punishment, torture and abuse resulting in emotional and physical discomfort. Facilities that lack privacy may also increase the risk of sexual assault and/or abuse (54).

Threats to WASH

Emergencies present a substantial threat to the access of WASH services. Emergencies comprise natural disasters, of which about 90% are water related, as well as civil unrest and war. In such circumstances, impacts can be divided into direct and indirect, both with potential to have long-lasting implications for the communities affected. Direct impacts include the loss of life and property and damage to buildings, crops and infrastructure, thereby compromising the integrity of services available, due to damage to physical structures such as latrines. Human health impacts, loss of productivity and livelihood, increased risk of investment and indebtedness are all indirect impacts. Disasters can result in mass displacement, resulting in a reduced access to WASH and previous provision no longer being adequate (55).

A sturdy WASH system can be vital in reducing risks, health-related and otherwise, and costs during such a trying time. However, the resilience of such services can depend on urbanisation and the surrounding ecosystem, among other factors. For instance, just over half of the world’s population lives in urban areas, this proportion is rising and is estimated to reach two-thirds by 2050. The greatest projection of this increase is focused in low-middle income countries (56). Urbanisation places increased demand on these cities which already lack the capacity to provide the essential WASH services for their residents.

Furthermore, climate change and its exacerbation of water availability and extreme weather events such as: floods, droughts and storms threaten various WASH progress in place through destruction to existing infrastructure, changes in water availability and water quality (57). For instance, flooding of a sewage system can lead to the contamination of drinking water sources. The areas where WASH resources were already scarce face an increased risk of exacerbation due to the threat of climate change (58). Extreme weather conditions are predicted to occur more frequently. As such, strong systems need to be in place, which will require adequate resources to develop and implement necessary changes, to ensure vulnerable groups have access during such crises (59).
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