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**Intersectoral approaches to water,  
sanitation, hygiene and health**



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Canadian Council for International Co-operation

Canadian Network for Neglected Tropical Diseases

Canadian Society for International Health

CAN-WaCH

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# FOREWORD

This report *‘Delivering results for women and girls: Intersectoral approaches to water, sanitation, hygiene and health’* comes at a critical juncture.

Momentum is building. Earlier this year, the Women Deliver conference shone the light on the multifaceted progress and challenges affecting women and girls everywhere, while high-level meetings at the UN and other international gatherings are recognizing the inextricable link between health and WASH. The Canadian government has also committed to delivering on its ambitious Thrive Agenda.

Yet, the world is far off target to meeting the Sustainable Development Goals (SDG’s), particularly those on health, nutrition and water, sanitation and hygiene (WASH). The SDGs are integrated and indivisible calling for coordinated approaches across multiple sectors. However, this cross-cutting approach is not always translated in policies and practice, which is why there is an urgent need to understand how best to work across sectors, including developing smart partnerships and new approaches to drive collective impact across all the SDGs.

This report looks in detail at the relationship between WASH and its impact on health and wellbeing, particularly for women and girls. It summarises the evidence and seeks to demonstrate priority actions and key steps partners in Canada, including civil society, private sector and the Government, can take to drive more integrated, cross-sectoral approaches to improve the health and wellbeing of women and girls around the world.

We know that addressing the underlying causes of poor health, including WASH is paramount to achieving the highest standard of health for everyone, everywhere. We must have the courage and imagination to work differently, and to seize this growing momentum for fundamental change.

**Nicole Hurtubise**

**Chief Executive Officer, WaterAid Canada**

Effective community development that leaves no one behind is only possible when the full complexity and inter-dependence of all livelihood factors are taken into consideration. Lasting outcomes in gender equality, education, health, water, sanitation and hygiene or economic development are co-dependent and directly correlated. This is why cross-sector collaboration is so critical to the success of the 2030 Agenda for Sustainable Development and the realization of the Sustainable Development Goals (SDGs).

The 2030 Agenda requires that all development actors – including Global Affairs Canada – grapple head on with the added complexity of cross-sectoral analysis and the multiple dimensions of sustainable development in programming. In this context, CCIC is pleased to have supported the collaboration and conversations which informed this report. As participants examined how best to deliver results for women and girls through intersectoral approaches to water, sanitation, hygiene and health, they also developed an impressive model for other sectors to follow. Other sectors can take note of the example provided by the report findings and the process to develop these; where collaboration served to overcome information asymmetry and promote mutual exchange and learning.

The SDGs challenge us all to realize the intersections in our work. Even where we focus on one or more of the goals, we cannot ignore their interdependence with others. Working with WaterAid on this roundtable and report examining the immense role of WASH and Health in advancing gender equality (among other things) has been a trial for CCIC. In this trial, we explored new ways of leveraging our research skills in support of member-led cross-sector efforts to share best practice and policy analysis. With this great success to inform us, we look forward to doing more such work in the future.

**Nicolas Moyer**

**President-CEO, Canadian Council for International Co-Operation**

# Executive summary

The 2030 Agenda for Sustainable Development and its 17 Sustainable Development Goals (SDGs) are integrated and indivisible with progress on each SDG dependent on the overall progress of all goals. The challenge presented by the 2030 Agenda is for a wide range of stakeholders to adopt integrated and intersectoral approaches to sustainable development that work to ensure progress across sectors through innovative approaches and partnerships that work to leave no one behind. In the health and water, sanitation and hygiene (WASH) sectors, there is growing recognition of the need for more integrated approaches to realize the SDGs and commitments to Universal Health Coverage. Moreover, intersectoral approaches to health and WASH are critical for realizing the human rights of women and girls, and

promoting gender equality. Too often the role of WASH is neglected from policies and actions to improve the health and wellbeing of women and girls.

In May 2019, WaterAid Canada partnered with the Canadian Council for International Co-operation to convene a roundtable of health and WASH sector stakeholders within Canada's development sector. The aim of this roundtable was to identify recommendations that will support more integrated approaches to health and WASH to realize sustainable development impact, notably for women and girls. The roundtable led to the identification of commitments for how Canada's health and WASH sectors can adopt more integrated approaches and recommendations for how Global Affairs Canada can support such efforts.



## WASH and health sector civil society organizations committed to:

- ✓ Co-create a theory of change rooted in evidence of impact to support integrated approaches to health and WASH
- ✓ Capture and disseminate good practices and success stories to inform policies, advocacy work and improve knowledge sharing
- ✓ Develop joint advocacy for more integrated and intersectoral approaches to health and WASH
- ✓ Create smart partnerships and development of joint programs across health and WASH sectors
- ✓ Engage diverse stakeholders in and outside the health and WASH sectors
- ✓ Deliver integrated approaches to health and WASH in line with the principles in the Feminist International Assistance Policy
- ✓ Improve and make use of shared metrics to measure direct outcomes and systemic and social change

## Global Affairs Canada can support more integrated and intersectoral approaches to health and WASH. The sectors recommend that Global Affairs Canada:

- ✓ Demonstrate commitment to intersectoral approaches by integrating WASH as a core component of health programs, particularly focusing on women and girls
- ✓ Invest in WASH capacity and leadership within Global Affairs Canada

- ✓ Leverage innovative partnerships to support integrated and intersectoral approaches to health and WASH
- ✓ Support collaboration between health and WASH sectors through funding intersectoral, integrated approaches, and investments in national health and WASH systems
- ✓ Join global initiatives to accelerate progress on WASH as part of Canada's feminist leadership
- ✓ Support integrated and intersectoral approaches to health and WASH in line with the principles in the Feminist International Assistance Policy
- ✓ Invest in evidence, quality disaggregated data and success metrics that support integrated and intersectoral approaches to health and WASH, including in relation to Sexual Reproductive Health and Rights (SRHR)
- ✓ Better communicate the impacts of integrated projects and intersectoral approaches

WASH contributes to sustained health outcomes when communities, and women and girls, have access to improved WASH services in homes, educational institutions, healthcare facilities, places of employment and public spaces. **Investments in WASH are investments in health outcomes, gender equality and the empowerment of women and girls.** Civil society organizations in the health and WASH sectors are ready to explore new ways of working together and with Global Affairs Canada to support approaches to health and WASH that promote human rights and improved outcomes for the people and communities most at risk of being left behind.

# Introduction

The 2030 Agenda for Sustainable Development and its 17 Sustainable Development Goals (SDGs) are integrated and indivisible, based on a recognition that progress on sustainable development requires intersectoral and coherent approaches. Progress on each SDG is dependent on the overall progress of all goals. Governments and other stakeholders have committed to pursuing social, economic and environmental aspects of sustainable development in tandem, through integrated and intersectoral approaches that promote the realization of human rights, tackle the root causes of inequality and marginalization, and work to leave no one behind. Intersectoral approaches require deliberate collaboration across sectors, with considerations for the linkages between sectors informing efforts to maximize positive synergies and progress across multiple sectors. Integrated approaches include joint planning, implementation and monitoring through one delivery platform where relevant.

In the health and water, sanitation and hygiene (WASH) sectors, progress on SDGs 3 and 6 (related to health and WASH, respectively) requires intersectoral and integrated approaches. Moreover, progress on SDGs 3 and 6 contributes to progress on a range of SDGs, including those related to poverty, nutrition, education, gender equality, sustainable cities, infrastructure and the environment.

As noted in the World Health Organization (WHO) / United Nations Children's Fund (UNICEF) Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP), while 74% of health care facilities globally had basic water services<sup>1</sup> in 2016, in that same year more than 1.5 billion people continued to have no access to sanitation services at their healthcare facility.<sup>2</sup> As key users of health and WASH services, intersectoral approaches to health and WASH are critical for realizing the human rights of women and girls and promoting gender equality. Too often the role of WASH is neglected from policies and actions to improve the health and wellbeing of women and girls. A challenge remains for governments, civil

society organizations and other stakeholders to move beyond the rhetoric on the importance of intersectoral approaches to practice, including the adoption of integrated, comprehensive approaches.

In Canada, health and WASH experts are looking at ways to adopt more intersectoral and integrated approaches, including by working in partnership. In May 2019, WaterAid Canada partnered with the Canadian Council for International Co-operation to convene a roundtable of health and WASH sector stakeholders within Canada's international development sector to identify recommendations to support more intersectoral and integrated approaches to health and WASH to realize sustainable development impact, notably for women and girls. The roundtable offered an opportunity for participants to identify links between health and WASH, including the role of WASH in achieving health outcomes for women and girls, share good practices for collaboration and innovation, and identify opportunities and priority actions for government and other actors in Canada to advance intersectoral approaches to health and WASH.

This report provides an overview of the latest evidence on the linkages between WASH and health. It showcases how WASH is integral to achieving sustainable health outcomes, with an emphasis on women and girls. It presents challenges, evidence and solutions for strengthening health systems and improving health through a life-cycle perspective. The report looks specifically at the Canadian context through an overview of key policies and aid spending trends as they relate to health and WASH. Challenges to pursuing intersectoral approaches, identified by participants at the roundtable, are then presented. Finally, the report provides analysis and recommendations on how civil society organizations in Canada's health, WASH and development sector and Global Affairs Canada can address the challenges to adopting intersectoral approaches.

1 Refers to when water is available from an improved water source on the premises.

2 JMP. 2019. *WASH in healthcare facilities: Global Baseline Report 2019*. Geneva: WHO and UNICEF.



# WASH: Integral to improved health outcomes

Health and rights are the foundations of sustainable development for everyone. For women and girls, the journey to empowerment starts early, and it starts with the right to good health. There is no single pathway to the achievement of good health and empowerment. However, evidence shows that there are basic and essential interventions, services and rights,

that underpin good health for women across the lifecycle. As part of the social, economic and physical environment, WASH is a fundamental determinant of health<sup>3</sup> throughout life and an essential complement to other health interventions across various stages of the continuum of care for women.

## Universal Health Coverage and Health System Strengthening

The progressive realization of the human right to health is captured by the ambition of Universal Health Coverage (UHC) under the 2030 Agenda. Access to WASH is a human right and is fundamental to realizing UHC.<sup>4</sup> At the core, UHC is defined as all people and communities accessing the promotive, preventive, curative, rehabilitative and palliative health services they need of sufficient quality without experiencing financial hardship. WASH plays an important part in both the provision and quality of these services. Lack of access to WASH in households and communities negatively impacts the health of individuals and the ability to prevent and control diseases. In healthcare facilities, inadequate WASH impacts the delivery of quality health care, a key parameter of UHC.

Despite the central importance of WASH to health and the achievement of UHC as well as a range of SDGs, globally access to WASH remains a critical issue affecting the poorest and most marginalized people. Latest estimates by the United Nations show that a large proportion of the world's population continues to lack access to safe sanitation and three in ten lack access to safe drinking water,<sup>5</sup> with coverage gaps more significant in rural areas.<sup>6</sup> Lack of access to WASH continues to contribute significantly to reduced health outcomes. According to the Institute for Health Metrics and Evaluation's Global Burden of Disease, diarrheal diseases are among the top 5 causes of early death and disability, ranked fourth in 2017 (an improvement over 2007, when diarrheal diseases were ranked 3rd).<sup>7</sup>

3 World Health Organization. 2019. "The determinants of health." Accessed 27 August 2019. Available at <https://www.who.int/hia/evidence/doh/en/>. Personal characteristics and behaviors are also determinants of health alongside those listed above.

4 In 2010 the United Nations reconfirmed the right to water and through Resolution 64/292 noting that the realization of these rights requires services that are sufficient, safe, acceptable, accessible and affordable without discrimination. These services are generally considered a "prerequisite for the realization of other human rights." See [https://www.un.org/en/ga/search/view\\_doc.asp?symbol=A/RES/64/292](https://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/64/292) for the full resolution.

5 The latest United Nations report on progress on the SDGs notes that, 2.3 billion people lacked a basic level of sanitation service and 892 million people continued to practice open defecation in 2015. The report noted improvements in access to drinking water. In 2015, 5.2 billion people, or 71% of the global population, used safely managed drinking water services in 2015 (which refers to an improved, available water source located on premises that is free from contamination). Nevertheless, 17% of the global population (1.3 billion people) continued to have access to improved water sources but not more than 30 minutes away and 844 million people lack access to basic levels of service. United Nations. 2018. *The Sustainable Development Goals Report 2018*. New York: United Nations.

6 JMP. 2019. *Progress on household drinking water, sanitation and hygiene 2000-2017. Special focus on inequalities*. New York: United Nations Children's Fund (UNICEF) and World Health Organization.

7 Institute for Health Metrics and Evaluation (IHME). 2019. *What is the Global Burden of Disease?* Seattle: IHME and University of Washington.

In 2019, the WHO noted that inadequate sanitation is estimated to cause 432 000 diarrheal deaths annually.<sup>8</sup> WASH also contributes to prevention, care and treatment of neglected tropical diseases, to varying degrees as outlined in the WHO's global strategy (2015-20) on WASH to accelerate and sustain progress on neglected tropical diseases.<sup>9</sup>

The situation is alarming in healthcare settings where one would assume these basics exist.<sup>10</sup> According to the JMP, 896 million people globally had no water service at their healthcare facility and more than 1.5 billion people globally had no sanitation service at their healthcare facility in 2016.<sup>11</sup> Moreover, data on WASH in healthcare facilities remains limited with information on water, sanitation, waste management and environmental cleaning unavailable in many countries. WASH in healthcare facilities is critical to ensuring adequate infection, prevention and control. Without these services in place, this compromises the ability of healthcare workers to deliver safe, quality health services, increasing the risk of healthcare-associated infections, and antimicrobial resistance.<sup>12</sup>

Latest evidence, from the WASH Benefits and SHINE trials, also shows that basic WASH interventions delivered in isolation are unlikely to contribute to sustained health and nutrition outcomes.<sup>13</sup> To achieve sustained improvements in health outcomes, there is a need for more 'transformational' WASH services that go beyond basic to safely managed water and sanitation with higher levels of service. Such an approach will require greater ambition and investments in government and community systems.



- 8 World Health Organization. 2019. "Sanitation." Accessed 27 August 2019. Available at <https://www.who.int/en/news-room/fact-sheets/detail/sanitation>.
- 9 World Health Organization. 2015. *Water, Sanitation & Hygiene for accelerating and sustaining progress on Neglected Tropical Diseases. A Global Strategy 2015-2020*. Geneva: World Health Organization.
- 10 For a full discussion, see WaterAid Canada. 2019. *Water, Sanitation and Hygiene in Health Care Facilities: Driving transformational change for women and girls*. Ottawa: WaterAid Canada.
- 11 JMP. 2019. *WASH in healthcare facilities: Global Baseline Report 2019*. Geneva: United Nations Children's Fund (UNICEF) and World Health Organization.
- 12 See Pearson, M. et al. 2018. *Antibiotic Prescribing and Resistance: Views from LMIC Prescribing and Dispensing Professionals. Report to World Health Organisation AMR Secretariat*. London: London School of Hygiene and Tropical Medicine. See also Graham, W.J. et al. 2016. *What are the threats from antimicrobial resistance for maternity units in low- and middle-income countries?* *Global Health Action*. 9:10.3402/gha.v9.33381.
- 13 Luby S.P. et al.. 2018. *Effect of water quality, sanitation, handwashing, and nutritional interventions on diarrhoea and child growth in rural Bangladesh: a cluster randomised controlled trial*. *The Lancet Global Health* 6(3): PE302-E315. Stewart C.P. et al. 2018. *Effects of water quality, sanitation, handwashing and nutritional interventions on child development in rural Kenya (WASH Benefits Kenya): a cluster randomised controlled trial*. *The Lancet Global Health* 2(4): 269-80. Humphrey J.H. et al. 2019. *Independent and combined effects of improved water, sanitation, and hygiene, and improved complementary feeding, on child stunting and anaemia in rural Zimbabwe: a cluster-randomised trial*. *The Lancet Global Health* 7(1): PE132-E147.



In 2018, the United Nations Secretary General issued a Global Call to Action to elevate the importance of, and prioritize action on, WASH in healthcare facilities. Strengthening health systems is well recognized as the pathway to achieving UHC. Overall system strengthening includes addressing six building blocks of the health system: service delivery; health workforce; health information systems; essential medicines and supplies; financing; and governance. Improving WASH in healthcare facilities requires consideration of all six aspects of health systems to ensure long-term and sustainable improvements. For example, this includes investments in WASH capacity development, infrastructure, adherence to and promotion of key hygiene behaviors by healthcare workers and with members of the community, and routine collection of WASH metrics in health management information systems.

The need for inclusive planning in overall health system strengthening remains. Efforts to strengthen health systems and ensure UHC include a diverse range of government, civil society, private sector, academic and development partners from health and other sectors that contribute to health outcomes, including stakeholders in WASH, nutrition, education and infrastructure. Planning processes should engage with an inclusive set of stakeholders and ensure effective resource allocation and coordination around UHC, including recognizing the impact of WASH in homes, schools and communities on overall health outcomes.

Overall, there is a need to include WASH as a critical component of health programming, health system strengthening and UHC reforms, including through policies and programs that promote health and embed WASH, financing for WASH in healthcare facilities, strengthened government coordination mechanisms, and investment in data on WASH in healthcare facilities.

## What can be done?

- Convene and coordinate a diverse range of stakeholders from within and outside the health sector to support and facilitate holistic, appropriate approaches to health programming, health system strengthening and the promotion of Universal Health Coverage.
- Improve WASH in healthcare facilities, including as part of quality of care initiatives, infrastructure improvement projects, regular professional development and training of healthcare workers and in efforts to promote healthy behaviours among patients.
- Build the capacity of service providers to deliver WASH interventions alongside healthcare and promote good WASH practices in healthcare facilities and communities, including with respect to solid waste management.
- Include WASH data in health management information systems and facility assessments, ensuring data is collected is disaggregated across multiple dimensions such as gender and disability access.

# Maternal and Newborn Health



WASH impacts maternal and newborn health outcomes through multiple pathways from conception through to the first months of life. One of the most significant of these pathways is the WASH environment at the time of birth and delivery in healthcare facilities.

An estimated 30,000 women and 400,000 babies worldwide die every year from infections such as puerperal sepsis according to the WHO. These infections are often caused by lack of water and sanitation and poor hand-washing practices.<sup>14</sup> The risk of infections, sepsis, and death for infants and mothers can be reduced by up to 25 percent with the use of simple hygiene practices during antenatal care, labour and birth.<sup>15</sup> WASH also helps to reduce the risk of antimicrobial resistance as a result of prophylactic use of antibiotics during birth in the absence of a clean environment. The misuse or overuse of antibiotics contributes to a growing rise in antimicrobial resistance. Moreover, access to WASH around delivery is part of hygienic, safe and dignified birth.

## What can be done?

- Ensure availability of water, sanitation and handwashing facilities where births occur, including in all healthcare facilities.
- Ensure healthcare workers are adequately trained and supported to follow and promote key hygienic practices during antenatal care, labor and birth, and postpartum.
- Establish basic protocols for cleaning in healthcare facilities and ensure appropriate, available and accessible training and cleaning supplies for relevant staff.

14 World Health Organization. 2017. "Forgetting to wash your hands can cost lives." Accessed May 15, 2019. Available at <https://www.who.int/news-room/feature-stories/detail/forgetting-to-wash-your-hands-can-cost-lives>.

15 See The Partnership for Maternal, Newborn and Child Health. 2014. [Water, sanitation and hygiene – the impact on RMNCH](#). *PMNCH Knowledge Summary 30*. Geneva: World Health Organization.



# Newborn to childhood

The health and well-being of children is determined by access to WASH. Poor WASH conditions, especially from conception to a child's second birthday, can significantly increase the risk of undernutrition. Access to WASH prevents diarrhea and other infections such as intestinal worms and contributes to physical and cognitive development.

Poor sanitation is the second leading risk factor for stunting.<sup>16</sup> It has been estimated that a quarter of all cases of stunting are attributed to five or more

episodes of diarrhea before the age of two.<sup>17</sup> Globally, 525,000 children under five die every year as a result of diarrheal diseases, with 1.7 billion cases occurring annually.<sup>18</sup> Diarrhea is largely preventable and according to the WHO, the deaths of 297 000 children under the age of five could be avoided if WASH related risk factors were addressed.<sup>19</sup> Finally, lack of access to WASH also impacts overall physical and cognitive development<sup>20</sup> and contributes to repeated infections in children which has been associated with reduced immunogenicity of oral vaccines.<sup>21</sup>

## What can be done?

- Ensure access to WASH in homes, communities, early childhood development centres, education institutions and healthcare facilities to support effective nutrition programming, vaccination and reduce the risk of disease.
- Include WASH in routine health service provision for children, alongside the delivery of nutrition and immunization programs as part of holistic approaches to children's health.
- Ensure community healthcare worker and primary healthcare models take an integrated approach to child health, incorporating all essential services and coordinated efforts across sectors.
- Educate and promote behavioral change within homes and communities to ensure appropriate handwashing and food preparation as part of holistic hygiene routines.

16 Danaei, G. et al. 2016. [Risk Factors for Childhood Stunting in 137 Developing Countries: A Comparative Risk Assessment Analysis at Global, Regional & Country Levels](#). *PLoS Medicine* 13(11).

17 Walker C.L. et al. 2013. [Global burden of childhood pneumonia and diarrhoea](#). *The Lancet* 381(9875):1405-16.

18 World Health Organization. 2019. "Diarrhoeal Disease." Accessed 19 July 2019. Available at <https://www.who.int/en/news-room/fact-sheets/detail/diarrhoeal-disease>

19 WHO. 2019. "Drinking-water." Accessed 26 July 2019. Available at <https://www.who.int/en/news-room/fact-sheets/detail/drinking-water>

20 Stewart C.P. et al. 2018. [Effects of water quality, sanitation, handwashing and nutritional interventions on child development in rural Kenya \(WASH Benefits Kenya\): a cluster randomised controlled trial](#). *The Lancet Global Health* 2(4): 269-80.

21 Church, J.A. et al. 2019. [The impact of improved water, sanitation and hygiene on oral rotavirus vaccine immunogenicity in Zimbabwean infants: sub-study of a cluster randomized trial](#). *Clin Infect Dis*. 2019 Feb 16. pii: ciz140.

# Childhood to adolescence

WASH continues to impact the health of children as they move towards adolescence. Beyond ongoing concerns with respect to infections and nutrition noted above, access to WASH in homes, communities and education centres impacts menstrual hygiene management and sexual and reproductive health and rights.

The provision of basic handwashing and sanitation facilities in pre-primary and primary schools has shown to reduce cases of diarrhea and other infectious diseases in young children.<sup>22</sup> Research also shows that WASH in schools increases student attendance, contributes to dignity, respect and gender equality and significantly reduces hygiene-related diseases.<sup>23</sup> In 2016, while 66% of schools surveyed

in 101 countries had basic sanitation services, over 620 million children continued to lack access to basic sanitation service at their school.<sup>24</sup> The JMP estimates that one in five primary schools and one in eight secondary schools have no sanitation service globally. A survey of 81 countries showed that only 53% of schools had a handwashing facility with water available (but with no soap) while 36% had no hygiene services (no facility or no water available) in 2016. Lack of privacy, necessary infrastructure for cleaning and washing and good hygiene in school toilets contributes to school absenteeism when girls menstruate. Access to water, soap and single-sex toilets are key for menstrual hygiene management in schools.

## What can be done?

- Ensure access to WASH in homes, communities, and education institutions to support overall well-being of children and adolescents.
- Include health and WASH as part of education initiatives to improve nutrition, health and educational outcomes, particularly for girls who face real and perceived barriers to education as a result of lack of access to WASH.
- Ensure initiatives to promote sexual and reproductive health and rights integrate WASH both in terms of infrastructure improvements, hygiene promotion, and better care that provides safe, hygienic and dignified access to sexual and reproductive health and rights.

22 Bowen, A. et al. 2007. [A cluster-randomized controlled trial evaluating the effect of a handwashing-promotion program in Chinese primary schools](#). *American Journal of Tropical Medicine and Hygiene* 76(6): 1166–73.

23 United Nations Children's Fund. 2014. [Maintaining the Momentum: Advancing Health, Learning and Equity through WASH in Schools](#). New York: United Nations.

24 JMP. 2018. [Drinking Water, Sanitation and Hygiene in Schools. Global baseline report 2018](#). New York: United Nations Children's Fund (UNICEF) and World Health Organization.



# Adulthood

Access to WASH in homes, communities, places of employment and healthcare facilities impacts health and wellbeing outcomes for adults.

For women, limited access to WASH at home and in places of employment impacts menstrual hygiene management and overall well-being. For 2017, JMP estimates that only 60% of the global population had access to basic handwashing facilities with soap and water at home.<sup>25</sup> Improved access to sanitation at home also ensures women's dignity, reduces exposure to violence and can improve nutritional status, all of which have positive impacts on health, including reproductive health and child health.<sup>26</sup>

The burden of poor WASH in healthcare facilities disproportionately impacts women. In many countries around the world, women are the main users of health services and the primary caregivers for families. Women also carry out most frontline healthcare provision, working as nurses, midwives, community health workers or health attendants.<sup>27</sup> Poor WASH services places patients, caregivers and healthcare providers at increased risk of healthcare-associated infections and other infections. Moreover, access to WASH in healthcare facilities impacts sexual and reproductive health and rights, particularly the implementation of safe abortion and HIV infection management.

## What can be done?

- Ensure availability of water, sanitation and handwashing facilities in places of employment and all healthcare facilities.
- Integrate WASH into sexual and reproductive health and rights programming and efforts to strengthen health systems, recognizing that access to WASH in these contexts disproportionately impacts health outcomes for women.
- Ensure initiatives to promote sexual and reproductive health and rights integrate WASH both in terms of infrastructure improvements and better care that provides safe, hygienic and dignified access to sexual and reproductive health and rights.

25 JMP. 2019. [Progress on household drinking water, sanitation and hygiene 2000-2017. Special focus on inequalities](#). New York: United Nations Children's Fund (UNICEF) and World Health Organization.

26 Pickering, A.J. et al. 2015. [Effect of a community-led sanitation intervention on child diarrhoea and child growth in rural Mali: a cluster-randomised controlled trial](#). *The Lancet Global Health* 3(11): e701–11. Padhi, B.K. et al. 2015. [Risk of Adverse Pregnancy Outcomes among Women Practicing Poor Sanitation in Rural India: A Population-Based Prospective Cohort Study](#). *PLoS Med* 12.7.

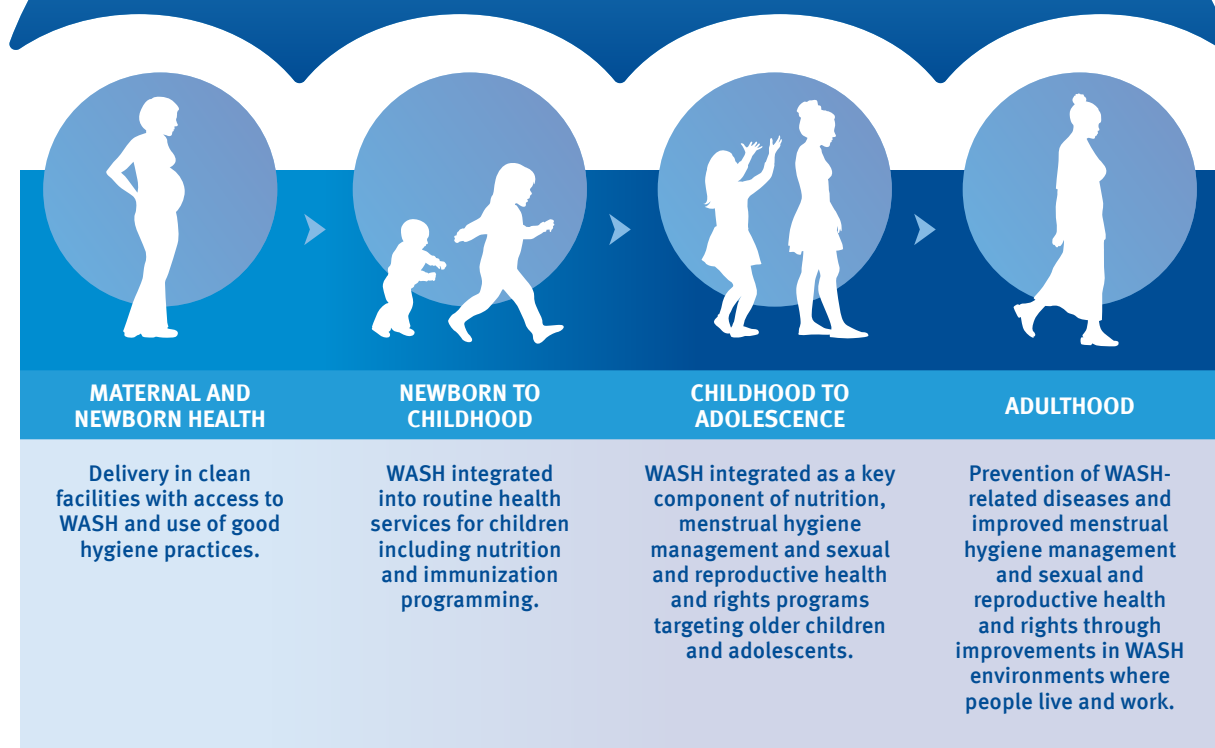
27 George, A. 2008. [Nurses, community health workers and home carers: gendered human resources compensating for skewed health systems](#). *Global Public Health* 3 (1): 75-89.

## Investments in WASH are investments in health

### Universal Health Coverage Realized

\* WASH is available, accessible and safe in homes, communities, educational institutions, places of employment and healthcare facilities as part of holistic approaches to realizing health outcomes.

\* Primary health care providers and community health workers integrate WASH into service provision, particularly targeting women and children.



### IN A LIFECYCLE WITHOUT WASH

Increased risk of infections, maternal and newborn sepsis, and mortality.

Misuse and overuse of antibiotics is contributing to the rise of antimicrobial resistance.

Increased risk of stunting and its long-term impact on physical and cognitive development.

Increased risk of healthcare-associated infections.

Prominence of WASH-related diseases.

Inability to effectively manage menstruation.

Lower attendance in schools, especially among girls.

High rates of common childhood diseases such as diarrhea, and increased risk of mortality.

Unfulfilled sexual and reproductive health needs and rights.

# Canada's approach

## Policy context

Canada's international development efforts are guided by the Feminist International Assistance Policy (FIAP) and the 2030 Agenda for Sustainable Development.<sup>28</sup> The FIAP sets out a bold vision for a feminist approach to international development cooperation that focuses on gender equality and the rights and empowerment of women and girls at its centre. The policy includes six action areas:

1. **Core Action Area: Gender Equality and the Empowerment of Women and Girls**
2. **Human Dignity (health and nutrition, education, humanitarian action)**
3. **Growth that Works for Everyone**
4. **Environment and Climate Action**
5. **Inclusive Governance**
6. **Peace and Security**

Under the action area of human dignity, Canada has identified health and nutrition as priorities. The policy makes limited references to WASH, though notes the importance of water issues, sanitation and hygiene and integrated water resource management under the action area related to environment and climate action. It also notes that lack of clean drinking water, coupled with the gender-based imbalance in household responsibilities means that water scarcity arising from climate change disproportionately impacts women and girls.

In July 2019, Global Affairs Canada released more specific guidance through action area policies.<sup>29</sup> Overall, the action area policies place greater importance on WASH in comparison to the FIAP.<sup>30</sup> The action area policy for human dignity takes a positive step towards integrated approaches to WASH and health. Under health, the policy refers to WASH and menstrual hygiene management as important issues and one area of focus for Canada. For nutrition, the policy highlights nutrition-sensitive initiatives “such as the provision of safe water and sanitation, coupled with hygiene, to improve overall health and nutrition.” Under education, the action area policy calls for the scaling up of systemic intersectoral approaches in partnership with protection, health, nutrition and growth sectors to develop innovative solutions at scale in the education sector that meet the needs of women, girls and marginalized communities. It also points to the need for separate toilet facilities, menstrual hygiene management and WASH programs in schools to enable the participation of girls and adolescent girls. The policy also emphasizes education programming that addresses sexual and reproductive health and rights, including by ensuring access to health and nutrition information, services and products.

The action area policy on the environment and climate change also features WASH.<sup>31</sup> Recognizing the burden that water collection places on women and girls, the government plans to foster “improvements in the immediate economic and living conditions of women and girls, by developing climate-resilient infrastructure, technologies and practices that address the gender imbalance in household

28 Global Affairs Canada. 2017. *Canada's Feminist International Assistance Policy*. Ottawa: Government of Canada.

29 Global Affairs Canada. 2019. “Action Area Policy: Human Dignity (Health and Nutrition, Education, Gender-Responsive Humanitarian Action).” Accessed 27 August 2019. Available at [https://www.international.gc.ca/world-monde/issues\\_development-enjeux\\_developpement/priorities-priorites/fiap\\_human\\_dignity-paif\\_dignite\\_humaine.aspx?lang=eng](https://www.international.gc.ca/world-monde/issues_development-enjeux_developpement/priorities-priorites/fiap_human_dignity-paif_dignite_humaine.aspx?lang=eng)

30 WASH does not feature strongly in other action area policies, including the subsection on humanitarian assistances in the human dignity action area, growth that works for everyone, or peace and security. Nevertheless, WASH (and health) are important intersecting issues with respect to the well-being and rights of women and girls, as demonstrated in WaterAid Canada's 2017 position paper, *Water, Sanitation and Hygiene: A Pathway to Realizing Gender Equality and the Empowerment of Women and Girls* (Ottawa: WaterAid Canada).

31 Global Affairs Canada. 2019. “Action Area Policy: Environment and Climate Action.” Accessed 27 August 2019. Available at [https://www.international.gc.ca/world-monde/issues\\_development-enjeux\\_developpement/priorities-priorites/fiap\\_environment-paif\\_environnement.aspx?lang=eng](https://www.international.gc.ca/world-monde/issues_development-enjeux_developpement/priorities-priorites/fiap_environment-paif_environnement.aspx?lang=eng)

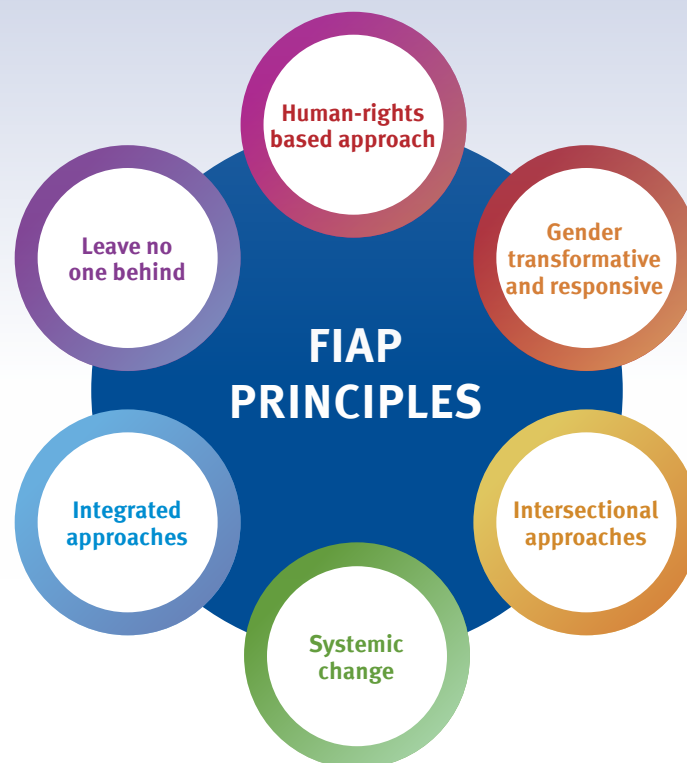


responsibilities, such as by reducing the amount of time women and girls spend collecting water, growing food and securing fuel.”

WASH and health entry points also exist in the action area policy on inclusive governance, though they are not explicitly mentioned. This is through the focus in the policy on realizing human rights as well as ensuring that public services work for everyone, which applies to all levels of government and includes reference to ensuring that public services are responsive to the needs of those left behind through human rights-based approaches to public-service delivery. The policy also includes a focus on capacity development for national, sub-national and local governments and accountability in the delivery of public services such as through support for statistical systems strengthening.

Outside Canada’s thematic priorities, the FIAP highlights important principles that inform the delivery of Canadian official development assistance. These include a human-rights based approach, gender-transformative and responsive approaches, a focus on intersectionality, efforts to create institutional, systemic change, integrated approaches and efforts to reach the furthest behind first. Feminist partnerships are also an important part of the FIAP, including the focus on community and country ownership, empowerment and agency, and working with local organizations and women’s organizations. Moreover, feminist leadership under the policy means making use of Canada’s political and diplomatic leadership to tackle the issues that most impact women and girls.

## Underpinned by feminist partnerships and leadership



## Funding

In preparation of the end to Canada's Muskoka Initiative on Maternal, Newborn and Child Health in 2020,<sup>32</sup> Canada made a historic 10-year commitment to global health and the rights of women and girls at Women Deliver in June 2019. The commitment includes reaching \$1.4 billion annually for the health of women and girls, starting in 2023, with an annual investment of \$700 million for sexual and reproductive health and rights starting in the same year.<sup>33</sup> This commitment was the result of concerted efforts by the Canadian global health community to develop what was coined the Thrive Agenda, a bold vision developed by civil society and other non-state actors for the next phase of Canadian leadership in international development.

The agenda called for a comprehensive approach to health and rights that places women at the centre, seeking to unlock her access to the full spectrum of interventions needed throughout life to maximize potential. As Canada moves forward on meeting its global health commitments, Thrive advocates have called for a series of feminist, integrated and gender-transformative policies and programming that will enable Canada to deepen impact on the lives of women, adolescents and children around the world. WASH is referenced in the Thrive Agenda that informed advocacy efforts by Canadian organizations on global health. The action areas suggest that WASH will feature strongly in Canada's approach going forward and the 2019 call for proposals on health and rights of women, adolescents and girls points to the importance of WASH.

### Global Affairs Canada's Call for proposals – WASH in the context of health and rights for women, adolescent girls and children

Following the announcement at Women Deliver, Global Affairs Canada released its call for proposals on the health and rights of women, adolescent girls and children. The call made reference to projects that “address persistent barriers to adequate nutrition and to water, sanitation and hygiene (WASH) (especially in health facilities).” Moreover, proposals were expected to take a multi-sectoral approach grounded in the social and environmental determinants of health as well as rights and improving the quality and accessibility of health services for the most marginalized. WASH featured as a contributor to a number of the desired intermediate outcomes, including addressing social, cultural and structural barriers to access to health (including sexual and reproductive health and rights), social and economic empowerment, and informed decision-making. The call also focused on strengthening sustainable and gender-sensitive health systems, which included an important role for WASH.

See Global Affairs Canada. 2019. “Call for proposals – Health and Rights for Women, Adolescent girls and Children.” Accessed 26 July 2019. Available at [https://www.international.gc.ca/world-monde/funding-financement/health\\_rights\\_women-sante\\_droits\\_femmes.aspx?lang=eng](https://www.international.gc.ca/world-monde/funding-financement/health_rights_women-sante_droits_femmes.aspx?lang=eng).

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- 32 Under this initiative, Canada committed \$2.85 billion from 2010 to 2015, and an additional \$3.5 billion in 2014 from 2015 to 2020. See Global Affairs Canada. 2016. “Audit of the Maternal, Newborn and Child Health Commitments.” Accessed 27 August 2019. Available at <https://www.international.gc.ca/gac-amc/publications/audits-verification/2016/mnch-smne.aspx?lang=eng>
- 33 See Prime Minister of Canada. 2019. “Government of Canada makes historic investment to promote the health and rights of women and girls around the world.” Accessed 27 August 2019. Available at <https://pm.gc.ca/eng/news/2019/06/04/government-canada-makes-historic-investment-promote-health-and-rights-women-and>. While the long-term nature of the commitment is historic, assessments of trends in Canadian official development assistance and health spending suggests that the announcement is a reconfirmation of Canada's priorities, rather than a substantial increase, particularly as current spending levels are already around \$1.1 billion annually. For details, see Hadley, L. and Bhushan, A. 2019. “Canada's historic \$1.4 billion annual commitment to women and girls' health.” Accessed 27 August 2018. Available at <http://cidpnsi.ca/canadas-historic-1-4billion-annual-commitment-to-women-and-girls-health/>

Historically, Canada's funding for health saw a slight increase in recent years.<sup>34</sup> In fiscal year 2017–18, Canada spent \$1.1 billion on health and population policies/programs and reproductive health, roughly 18% of international assistance.<sup>35</sup> Over 2016–17, this figure was \$977.39 million, or 16.8% of international assistance spending. The increase in 2017–18 is largely accounted for by additional spending on population policies/programs and reproductive

health.<sup>36</sup> In comparison, funding for WASH has seen a decline in recent years. In fiscal year 2017–18, Canada spent \$97.02 million (CAD) on water and sanitation in international assistance. This represents roughly 1.6% of Canada's international assistance spending and a decline in spending over 2016–17 when Canada spent \$127.03 million (CAD) or 2.27% of international assistance on water and sanitation.

## Integrated approaches to health and WASH: WaterAid Canada's experience

Supported by Global Affairs Canada, WaterAid Canada has been working in Ghana to improve the health of up to 47,000 Ghanaians, including mothers, their newborns and 4,500 schoolchildren, in the Bongo and Kassena Nankana West districts. The organization is supporting the improved delivery of WASH and more integrated approaches to public health in the Upper East Region through environmentally-friendly sanitation facilities, access to potable water in schools and health facilities, awareness raising among birth attendants, health service staff and community members, and the development of a new approach to public health planning. Importantly, the project combines infrastructure development, service delivery and behavioral change through an integrated approach to WASH and health.

As of 2018, the project had achieved several results, including 457 household latrines constructed in 42 communities and four communities with 100% latrine coverage for households. Rainwater harvesting systems were installed for 6 schools where 2,868 children benefit, and 6,213 people are benefiting from sustainable latrines in schools and health facilities.

Source: Global Affairs Canada Project Browser. Accessed 27 August 2019. Available at <https://w05.international.gc.ca/projectbrowser-banqueprojets/project-projet/details/D000791001>.

34 Statistical reports on international assistance are available for 2012–13 to 2017–18 at <https://www.international.gc.ca/gac-amc/publications/odaaa-lrmado/sria-rsai.aspx?lang=eng>.

35 For all figures presented, includes official development assistance and other official flows. Global Affairs Canada. 2019. *Statistical Report on International Assistance – Fiscal Year 2017-2018*. Ottawa: Government of Canada.

36 According to the Statistical Reports on International Assistance, spending on health increased by roughly \$11 million from 2016–17 to 2017–18 whereas spending on population policies/program and reproductive health rose from \$231.03 million to \$342.40 million.



## Rising to the challenge of integrated approaches to health and WASH

While there is increasing recognition of the role of WASH in health and nutrition, Canadian stakeholders continue to face the challenge of working across sectors. For integration of health and WASH, there is limited normative guidance on good practices and most effective approaches, coupled with a lack of financial and other incentives for more integrated approaches.

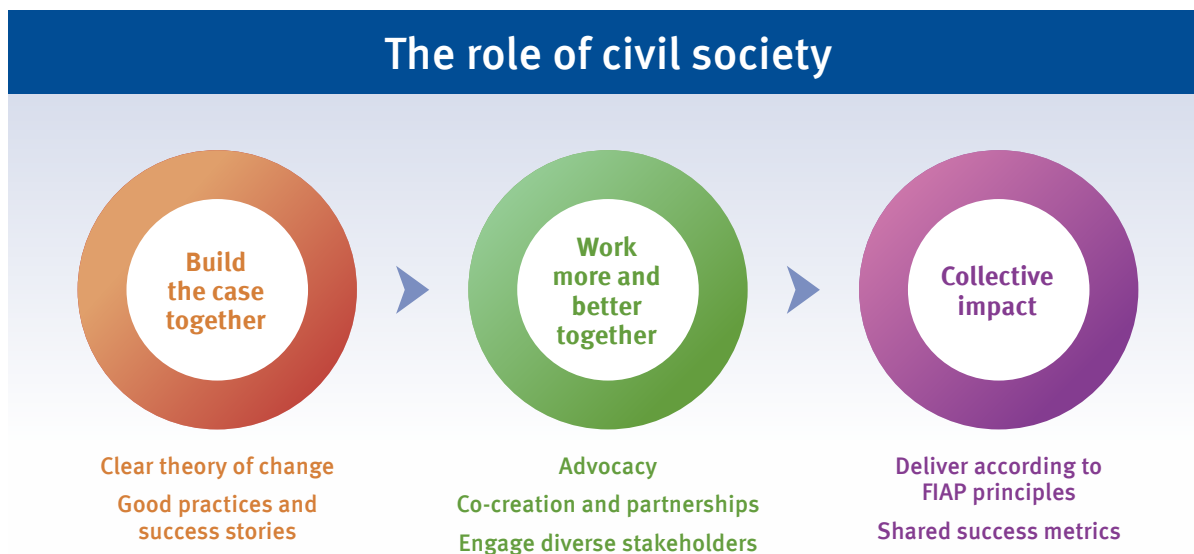
Overall there are steps that governments, civil society organizations and others can take to increase collaboration between WASH and health sectors, in order to contribute to sustainable improvements in health outcomes, particularly for women and girls.

Participants at the roundtable identified challenges that will need to be addressed going forward. These include insufficient knowledge of evidence on integrated health and WASH approaches, limited knowledge sharing from WASH to health sector experts, limited capacity within Global Affairs Canada and civil society organizations for inter-sectoral and integrated approaches, and the need for a trusted convener to bring organizations that often compete for similar funding opportunities together. Finally, organizational priorities, capacities, funding streams and incentives can make it difficult for organizations to move from understanding the importance of integrated approaches to activities such as joint advocacy work to improve financial incentives for collaboration, joint or coalition programming and making use of shared indicators.

## Charting a path towards integrated approaches to health and WASH: Next steps for Canada's WASH and health sectors

Participants identified actions to improve the integration of health and WASH sector activities. Broadly, these actions include jointly building the case for more integrated approaches to health and WASH, exploring and developing partnerships to work

more and better together, and delivering integrated programming according to good practice principles to realize shared results.



## BUILDING THE CASE TOGETHER

As shown above, the evidence base to support integrated health and WASH sector programming is clear. Nevertheless, challenges persist in terms of shared knowledge, a common vocabulary, and understanding across the two sectors. Moreover, differences exist between the sectors in terms of how services and progress are monitored and evaluated. For example, the WASH sector measures progress as access to services such as percentage coverage of basic water services or safely managed sanitation services. However, the health sector tends to measure progress in terms of health outcomes such as prevalence of disease or rate of mortality in a given population such as among pregnant women or children under five. These differences in measuring success can hinder collaboration if not recognized from the onset, and a shared vision of success is determined. Participants identified two concrete actions to address barriers to integrated approaches to health and WASH that arise from lack of knowledge and culture within the sectors.

### Co-create a theory of change

This paper is a useful starting point for developing a theory of change for integrated approaches to health and WASH. It lays out the evidence base for integrated approaches from a life-cycle perspective. Nevertheless, there is a need to establish a clear theory of change that supports integrated approaches to health and WASH, grounded in the latest data on impact and evidence. While there is a need to mainstream WASH into health sector programming, WASH is also a priority in its own right. WASH sector strengthening and systems building remain critical for advancing outcomes in health as well as with respect to access to water and sanitation in line with the 2030 Agenda. Moreover, a theory of change for health and WASH should consider the impact of other sectors including education, climate change, energy and infrastructure that interface with health and WASH sector programming.

### **Capture and disseminate good practices and success stories to inform policies, advocacy work and improve knowledge sharing**

There is a need to consolidate resources that can support greater collaboration between health and WASH sectors. Information on good practices, success stories and guidance documents on integrated approaches to WASH and health, such as evidence-based reports and toolkits, are not readily available. To address this gap, participants highlighted the need to collect and document good practices and success stories that can be shared with stakeholders in Canada, as well as partners globally. For example, the WHO recently published a toolkit for how WASH and neglected tropical diseases sectors could work more effectively together.<sup>37</sup> Additional similar resources would help to address knowledge asymmetries and improve knowledge sharing to reduce inefficiencies arising from a lack of shared information, provide a useful basis for stakeholders to identify their entry points into more integrated approaches, and bolster the evidence base for integrated approaches to health and WASH, informing policies and advocacy.

## **WORK MORE AND BETTER TOGETHER**

Participants identified three key areas where civil society stakeholders in the health and WASH sectors can work better together: advocacy, partnerships and engagement with diverse stakeholders inside and outside the health and WASH sectors.

### **Develop joint advocacy for more intersectoral approaches to health and WASH**

Domestic and international opportunities provide a platform for stakeholders in the health and WASH sectors to advocate for integrated and intersectoral approaches, including with the Prime Minister's Office and Global Affairs Canada. Joint advocacy efforts could include a call for a greater WASH focus by Global Affairs Canada, including in the context of dedicated

WASH funding within health and nutrition funding portfolios. There is an opportunity for health, nutrition and WASH organizations to team up with respect to their advocacy efforts to promote more integrated and intersectional approaches. Such efforts could also include a call for more WASH expertise within Global Affairs Canada to ensure greater support for intersectoral policies, partnerships and programming. In this regard, a range of entry points exist in the FIAP, including gender equality, health, nutrition, education and humanitarian efforts. Finally, grassroots efforts and citizen engagement in Canada would benefit from the inclusion of WASH issues to support the ground-swell for more integrated approaches as part of advocacy work.

Global fora, such as the G7, G20, and World Health Assembly are opportunities for joined up efforts, particularly in the context of promoting human rights to health, water and sanitation, as well as UHC and a greater focus on the role of WASH in achieving other sector goals. In partner countries, joint advocacy efforts could be directed at local and national governments and development partners to call for better and more joined up planning and programming, as well as addressing data collection needs with respect to health and WASH, and how data is used and shared across ministries and departments.

### **Create smart partnerships and development joint programs**

As a first step, organizations can include WASH as part of health, nutrition, education and sexual and reproductive health and rights funding proposals to support more integrated and intersectoral approaches addressing the multiple, overlapping needs of women and girls. Recognizing that partnership development takes time, an initial step could be to consult with and collaborate more informally across sectors, with the aim of establishing and documenting models that are scalable and encourage more partnerships. In partner countries, organizations can contribute to the promotion of more integrated approaches by supporting the capacity of health and WASH sectors to work better together at local and national levels.

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37 See World Health Organization and Neglected Tropical Disease NGO Network. 2019. [\*WASH and health working together. A 'how-to' guide for Neglected Tropical Disease programmes\*](#). Geneva: World Health Organization.





In this context, health and WASH sector organizations can promote more integrated approaches by working together directly and indirectly, as well as promoting their partners and networks to do the same.

### Engage diverse stakeholders in and outside the health and WASH sectors

Participants agreed that there is a need for civil society organizations to better engage with the private sector to support integrated approaches to health and WASH. This includes engaging with the private sector to address supply chain management constraints that limit opportunities for holistic approaches to WASH in healthcare facilities, educational institutions and communities more generally. Moreover, innovative finance presents opportunities for health and WASH sector organizations to catalyze innovative solutions and private investments to increase overall health

outcomes. Strategic engagement with organizations in the humanitarian sector is also critical, particularly given the protracted nature of conflicts and displacement. The nexus between development, humanitarian action, and peace and conflict underscores the importance of integrated approaches to health and WASH to meet immediate and long-term needs.

Finally, roundtable participants recognized the need to engage beyond health and WASH. As noted above, health and WASH outcomes intersect with education, infrastructure and economic empowerment. WASH is an entry point for other intersectoral discussions. There is a need for organizations to identify missing partners from other sectors with respect to holistic, integrated approaches to health and WASH, and work towards strategies and actions that support intersectoral programming including and beyond health and WASH.

## COLLECTIVE IMPACT

Integrated approaches to health and WASH are a critical starting point for improving health outcomes. However, participants agreed that optimizing collective impacts also means delivering solutions according to international and Canadian good practice and developing appropriate metrics to measure success.

### **Deliver integrated approaches to health and WASH in line with the principles in the Feminist International Assistance Policy**

The principles and approaches in the FIAP translate into key ways of working for health and WASH sector organizations adopting integrated approaches. Gender analysis should inform and be incorporated into programming with efforts focused on the progressive realization of human rights. Activities should be carried out according to a human rights-based approach that ensures inclusion and participation of impacted communities and focuses on the obligations of duty bearers while supporting human rights holders. In this context, efforts are needed to promote institutional and systemic changes that support better health and WASH outcomes, which requires working with a diverse set of stakeholders including government, the private sector, civil society and local communities. Feminist partnership also includes direct partnerships with women's groups and local communities in the delivery of integrated approaches to health and WASH with efforts geared at supporting local agency and empowering marginalized groups. Finally, translating the principles and approaches outlined in the FIAP into practice is not automatic. Many organizations will need to invest in appropriate capacity development and training for themselves and their partners on the FIAP, gender transformative and responsive approaches and the human rights-based approach.

### **Improve and make use of shared metrics to measure direct outcomes and systemic and social change**

Integrated approaches to health and WASH should be informed by robust evidence of the current state of play in both sectors, including their various points of intersection. However, as noted above, data on health and WASH, particularly in healthcare facilities, is still limited. There is a need to strengthen existing metrics and data collection efforts to better inform targeting and monitoring the outcomes of integrated approaches. In the Canadian context, efforts to establish an accountability framework to support the rollout of the government's ten-year commitment to global health and the rights of women and girls presents an opportunity for health and WASH advocates to ensure an integrated approach with respect to monitoring progress. Civil society organizations can also work with their partners to ensure that their success metrics make use of shared WASH and health indicators to capture direct outcomes, and work with governments and other partners to promote measurement of systemic and social change. Strengthening monitoring at the sub-district and higher levels through improved data collection and strengthening data systems that support intersectoral approaches is a priority in this context.

### **Supporting intersectoral and integrated approaches to health and WASH: The role of Global Affairs Canada**

Global Affairs Canada can take concrete steps to support the integration of health and WASH sector activities. Broadly, these include making WASH a priority as part of health programming, investing in institutional leadership and capacity to support integrated approaches, including with clear guidance and frameworks for staff to assess integrated proposals and ensure quality programming, supporting collaboration between sectors and with diverse stakeholders, and translating the FIAP principles into practice, investing in metrics and communicating impacts to realize shared results.

## The role of Global Affairs Canada



### MAKE WASH A PRIORITY

As this paper has demonstrated, WASH is essential to realizing sustainable health outcomes. Global Affairs Canada needs internal leadership and capacity to support intersectoral work.

#### **Demonstrate commitment to intersectoral approaches by integrating WASH a core component of health programs, particularly focusing on women and girls**

While Canada's action area policies could more clearly demonstrate how WASH features into Canada's efforts to contribute to equitable UHC by supporting gender-responsive health systems, the inclusion of WASH as a priority for realizing health and nutrition outcomes is welcome. Calls for proposals should reflect the importance of WASH in health and nutrition programming with successful proposals demonstrating integrated approaches.

### **Invest in WASH capacity and leadership within Global Affairs Canada**

Participants noted while Global Affairs Canada tends to have strong capacity and leadership with respect to health policies and programming, WASH expertise has diminished over the past decade. Global Affairs Canada can better support integrated approaches to health (and nutrition) and WASH by building WASH expertise through training or the hiring of WASH experts, and inclusion of WASH specialists within the health and nutrition team. In addition, there is a need to develop clear guidance and frameworks for staff to assess integrated proposals and ensure quality programming.



## LEAD AND INVEST IN PARTNERSHIPS

Participants agree that Global Affairs Canada has a critical role to play in supporting innovative partnerships and collaborations to promote intersectoral and integrated approaches to health and WASH.

### Leverage innovative partnerships

The action area policy for human dignity includes a commitment to engage with diverse stakeholders across sectors and around the world to accelerate innovations and increase investments to improve health and nutrition, including through innovative financing approaches. This commitment is welcome. At the roundtable, participants noted that an opportunity exists to leverage Canadian innovations to support integrated approaches to health and WASH, including by working with and beyond the international development and humanitarian assistance sectors through trade, technology transfer and by harnessing intellectual property. These elements could be a part of holistic approaches to supporting health outcomes.

### Support collaboration

Intersectoral and integrated approaches could be better supported through greater information sharing on WASH and health within Global Affairs Canada, as well as with civil society organizations and other partners. This would help to build capacities for collaboration across WASH and health sectors with diverse stakeholders. Global Affairs Canada can play a leadership role by convening diverse stakeholders to identify solutions to complex challenges through intersectoral approaches, creating opportunities for engagement between Global Affairs Canada, civil society, the private sector, academia and others. Finally, building on the success of the Gender Equality Partnership, Global Affairs Canada could promote greater collaboration across sectors through funding calls that support integrated approaches to health and WASH and include a partnership requirement.

### Join global initiatives to accelerate progress on WASH

Canada is not a member of the [Global Water Security and Sanitation Partnership](#) or the [Sanitation and Water for All partnership](#). Participation in these initiatives would demonstrate Canada's commitment to WASH as a critical component of achieving overall health, nutrition and WASH outcomes and support efforts to build a global partnership to accelerate progress. Moreover, given the emphasis in Canada's international assistance policy framework on feminist, gender-transformative and gender-responsive approaches, and willingness to tackle complex and contentious issues that impact the rights of women and girls, such as access to sexual and reproductive health and rights, Canada can bring its feminist perspective to global WASH discussions as a feminist leader.

## SUPPORT COLLECTIVE IMPACT

The FIAP, with its associated action area policies charts the path for Canada's principled approach to realizing sustainable development outcomes and supporting the 2030 Agenda. In the context of integrated approaches to health and WASH, Global Affairs Canada should continue to ensure the translation of its principles into programs and practice, invest in success metrics and communicate results.

### Support intersectoral and integrated approaches to health and WASH in line with the principles in the Feminist International Assistance Policy

Canada's action area policies align with the priorities identified by participants at the roundtable with respect to principled approaches. Participants emphasized the critical importance of ensuring efforts are informed by and support local voices, working with feminist groups and organizations, including direct investments in their organizations and capacity development for women leaders

at national and district levels. Canada's official development assistance should be delivered in ways that ensure country ownership, in line with Canada's commitments to effective development cooperation, and support coalitions and collaborations in partner countries. Moreover, systemic approaches, and investments in national systems should be favoured over project-based and siloed approaches. This means working within and strengthening existing systems in partner countries and leveraging where progress is occurring on health and WASH. It also means adopting holistic approaches to WASH as part of overall health outcomes with efforts directed towards improving WASH in homes, educational institutions, healthcare facilities and communities. Investments should target infrastructure, systemic change and human capacities simultaneously with a focus on needs throughout the lifecycle, particularly for women and girls from newborns to the elderly. Canada's commitment to global feminist leadership also means including advocacy as an important element in all programming.

### **Invest in evidence and success metrics that support integrated approaches to health and WASH, including in relation to SRHR**

Participants highlighted the need for greater investments in data, research and metrics to inform integrated approaches to health and WASH. Global Affairs Canada can work with its partners to ensure the accountability framework for Canada's ten-year commitment to global health and the rights of women and girls includes metrics that reflect intersectoral, integrated approaches to WASH and health. Moreover, Global Affairs Canada can support its partners and partner countries to develop shared metrics, including WASH and health indicators, to monitor direct outcomes. It can also work with governments to support the measurement of systemic and social change. In this context, there is a need to focus on

data that is appropriately disaggregated to inform efforts to leave no one behind, address inequality and inform sub-national efforts. This includes collecting data disaggregated by gender, age, geography, socio-economic status and ability.

Civil society-research partnerships also require support, particularly in the context of programs supported by Global Affairs Canada. These types of partnerships can help to inform current and future program development, identify good practices and build the evidence base to further define integrated approaches to health and WASH.

Finally, while the evidence base is growing with respect to many aspects of the interface between health and WASH, a gap exists in terms of research on WASH and sexual and reproductive health and rights needs. Given Canada's priorities with respect to sexual and reproductive health and rights and focus on evidence-based decision making, Global Affairs Canada is well-placed to support further research to inform Canadian and global efforts to improve sexual and reproductive health and rights outcomes for women and girls.

### **Better communicate the impacts of integrated projects and approaches**

Global Affairs Canada has supported integrated approaches to health and WASH in the past, however there is a need to better communicate the outcomes of such initiatives and promote information sharing between partners. Highlighting successful examples of Canada's support for intersectoral approaches, including integrated health and WASH programming, would demonstrate the value of such approaches to partners and Canadians, and provide opportunities to inform future efforts with good practice and lessons learned.





# Conclusion

The role and importance of WASH for public health is well established. WASH contributes to sustained health outcomes when communities, and women and girls, have access to improved WASH services in homes, educational institutions, healthcare facilities, places of employment and public spaces. As demonstrated in this paper, **investments in WASH are investments in health outcomes, gender equality and the empowerment of women and girls.**

Civil society organizations in the health and WASH sectors are ready to explore new ways of working and further their collaboration in support of holistic, intersectoral and integrated approaches to health and WASH. They will continue to pursue innovative solutions to complex development challenges, operating in accordance with good practice principles, feminist partnerships and feminist leadership. Global Affairs Canada has a critical role to play in this context and a vested interest in doing so. Such approaches are critical to realizing the human rights of women and girls and supporting gender equality and empowerment. The action area policies provide an important starting point for Canada's leadership in this regard.

Moving forward, civil society organizations and Global Affairs Canada can pursue integrated approaches to health and WASH by following these specific recommendations.

## WASH and health sector civil society organizations commit to:

- ✓ Co-create a theory of change rooted in evidence of impact to support integrated approaches to health and WASH
- ✓ Capture and disseminate good practices and success stories to inform policies, advocacy work and improve knowledge sharing
- ✓ Develop joint advocacy for more integrated and intersectoral approaches to health and WASH

- ✓ Create smart partnerships and development of joint programs across health and WASH sectors
- ✓ Engage diverse stakeholders in and outside the health and WASH sectors
- ✓ Deliver integrated approaches to health and WASH in line with the principles in the Feminist International Assistance Policy
- ✓ Improve and make use of shared metrics to measure direct outcomes and systemic and social change

## Global Affairs Canada should:

- ✓ Demonstrate commitment to intersectoral approaches by integrating WASH as a core component of health programs, particularly focusing on women and girls
- ✓ Invest in WASH capacity and leadership within Global Affairs Canada
- ✓ Leverage innovative partnerships to support integrated and intersectoral approaches to health and WASH
- ✓ Support collaboration between health and WASH sectors through funding intersectoral, integrated approaches, and investments in national health and WASH systems
- ✓ Join global initiatives to accelerate progress on WASH as part of Canada's feminist leadership
- ✓ Support integrated and intersectoral approaches to health and WASH in line with the principles in the Feminist International Assistance Policy
- ✓ Invest in evidence, quality disaggregated data and success metrics that support integrated and intersectoral approaches to health and WASH, including in relation to Sexual Reproductive Health and Rights (SRHR)
- ✓ Better communicate the impacts of integrated projects and intersectoral approaches



