COVID advocacy – key stats and facts (updated June 2020)

Using a few key stats and facts in your COVID advocacy (e.g. in briefs, messaging, press releases) can be powerful in persuading governments or donors to take action by demonstrating to them the scale of the problem and the potential impact of the solutions. You should pick and choose from the content here (rather than use it all). Think carefully about who you're trying to influence, and what stats or facts are most likely to grab their attention and persuade them. For instance, how informed and technically-focused are they? Is their primary motivator political (winning votes/elections)? If it's a Health Minister, they want to know about health impacts/benefits/costs. If it's a Finance Minister, it's about economics, value-for-money, and cost-benefit ratio. Where possible, also use stats about your country or the countries/regions that your target has responsibility for.

Don't forget that JMP has country-specific stats on household, school and health care facility WASH: https://washdata.org/

The global status of hygiene (all stats from JMP)

In Households:

- 3 billion people, 2 out of 5 globally lack soap and water at home.
- 40% of households globally lack handwashing facilities with soap and water.
- Three-quarters of households in Sub-Saharan African lack basic hygiene facilities to wash their hands with soap and water in their homes.
- Only 19% of people globally practice handwashing with soap after using the toilet.

In Health Care Facilities:
Note: updated WASH in HCF JMP stats to be released mid-July 2020

- Two in five health care facilities globally (40%) lack hand hygiene at the point of care where doctors, nurses and midwives are treating patients.
- Nearly half (45%) of healthcare facilities in least-developed countries, and one in four globally (26%), do not have clean water on site. That's 896 million people who have no clean water at all at their healthcare facility.
- One in five healthcare facilities globally (21%) have no decent toilets. That's more than 1.5 billion people who have no decent toilets at their local healthcare facility.
- Only one in four (27%) healthcare facilities in least-developed countries have the ability to safely dispose of medical waste, and only four countries have data on how healthcare facilities are cleaned.

In Schools:

- 47% of schools globally still lack handwashing facilities with soap and water. That's 900 million children who lack soap and water at their school (of high importance when children return to school from closures).

Financing for hygiene (GLAAS[i]):

- Only 9% of countries with costed hygiene plans reported having enough financial resources to implement the plan.
- Only 4% of countries reported having sufficient financial resources to achieve national hygiene targets.

The health arguments for WASH – to make the case to health ministries and health actors

Note: we do not yet have stats/facts specific to COVID-19 about WASH impacts, because most research on COVID-19 will take longer to produce results, but we are monitoring closely and working with others such as WHO and academia to identify the most relevant and uptodate evidence.

- **Handwashing is one of the most effective disease prevention methods available**. It has been shown to reduce cases of pneumonia by 50%, acute respiratory infection by 16-23%, and up to 48% reduction in risk of endemic diarrhoea[ii].

- **Inadequate WASH access increases maternal and infant mortality and morbidity rates**[iii]. 15% of all maternal deaths in LMICs are attributed to infections that can be directly linked to inadequate WASH conditions at home or in facilities during labour and birth and in the six weeks after birth[iv v vi].
- **More than 1 million deaths each year are associated with unclean births**, where infections account for 26% of neonatal deaths[vii].
- **Diarrhoea remains the second leading cause of death in children under 5**, with over **half of these (58%)[viii] attributable to poor WASH** – equating to **over 800 children a day.**
- WaterAid analysis estimates that scaling up an **integrated package** of WASH, rotavirus vaccination and nutritional interventions to 100% coverage could potentially **reduce morbidities by nearly two thirds (63%) and almost halve mortalities (49%) from diarrhoea and pneumonia** – the equivalent of averting more than **697,000 child deaths a year**[ix].
- Hospital-acquired infections are the **third-biggest contributor to antimicrobial resistance (AMR)** globally[x]. In addition, an estimated 494 million cases of diarrhoea are treated annually with antibiotics in India, Nigeria, Indonesia and Brazil. Antibiotic use to prevent diarrhoea could be cut by 60% in these countries by improving access to water and sanitation.
- Poor sanitation is the **second leading risk factor for stunting** worldwide[xi].

The education arguments for WASH – to make the case for WASH in schools as they reopen

- **Around the world up to 443 million school days are lost every year because of water-related illnesses** of which 272 million are lost due to diarrhoea alone [xii].
- Girls often skip school when they start their period, if there are no decent toilets or space to wash themselves and stay clean and healthy. **1 in 3 girls in South Asia are missing school days every month, in part due to inadequate toilet facilities**[xiii].

The economic arguments for WASH – to make the case for WASH in economic recovery

- For every $1 invested in WASH there are estimated **economic returns of $5.5 in Sub-Saharan Africa and $2.8 in S Asia**[xiv].
- Sanitation provision in businesses and workplaces can contribute to **improving gender equity, increasing productivity and reducing absenteeism**[xv xvi xvii].
- For every US$1 invested in water and sanitation globally, there is a **$4.3 return in the form of reduced healthcare costs**[xviii].
- It would cost just over **1% of global GDP** to invest in the infrastructure required to provide clean water for all countries by 2030[xix]. By contrast, diseases linked to contaminated water cost many countries up to **5% of GDP due to poor health and lost productivity**[xx].

The climate arguments for WASH – to make the case for WASH in 'green recovery' and climate resilience

- Most of the poorest countries in the world are also the ones **highly vulnerable to the impacts of climate change**. They are also the countries that have **contributed least to the crisis**.
- Clean water is a first line defence, but the most climate-vulnerable countries have some of the **lowest levels of clean water** access in the world.
- Only **5% of climate finance** is spent on helping countries adapt to climate change. Even less is spent in the most vulnerable countries, and **less still on vital services like clean water**, placing billions of lives at risk[xxi].

[i] UN-Water & WHO (2020) Hygiene: UN-Water GLAAS findings on national policies, plans, targets and finance. https://apps.who.int/iris/bitstream/handle/10665/332267/9789240006751-eng.pdf?ua=1

[ii] Luby, Stephen P et al. Effect of handwashing on child health: a randomised controlled trial. The Lancet, Volume 366, Issue 9481, 225 - 233

[iii] Cheng, J. J., Schuster-Wallace, C. J., Watt, S., Newbold, B. K., & Mente, A. (2012). An ecological quantification of the relationships between water, sanitation and infant, child, and maternal mortality. Environmental Health, 11(1), 4.

[iv] Say, L., Chou, D., Gemmill, A., Tunçalp, Ö., Moller, A. B., Daniels, J., ... & Alkema, L. (2014). Global causes of maternal death: a WHO systematic analysis. The Lancet Global Health, 2(6), e323-e333.

Shuster-Wallace et al, 2019

[v] Theiss-nyland, K. (2014). Knowledge Summary 30: Water, sanitation and hygiene–the impact on reproductive, maternal, newborn and child health.

[vi] Schuster-Wallace, C., Watt, S., Mulawa, Z., & Pommells, M. (2019). WaSH as a maternal health issue: three perspectives from rural Uganda. Development in Practice, 29(2), 183-195.

[vii] Water, sanitation and hygiene in health care facilities: practical steps to achieve universal access. Geneva: World Health Organization; 2019 https://apps.who.int/iris/bitstream/handle/10665/311618/9789241515511-eng.pdf

[viii] Clasen, T., Pruss-Ustun, A., et al., 2014. Estimating the impact of unsafe water, sanitation and hygiene on the global burden of disease: evolving and alternative methods. Tropical medicine & international health : TM & IH, 19(8), pp.884–93. Available at: http://www.ncbi. nlm.nih.gov/pubmed/24909205

[ix] WHO (2012). Global costs and benefits of drinking-water supply and sanitation interventions to reach the MDG target and universal coverage. Available at www.who.int/water_sanitation_health/ publications/2012/globalcosts.pdf (accessed 5 Dec 2017).

[x] Horton, Richard Offline: AMR—the end of modern medicine? The Lancet, Volume 393, Issue 10172, 624 https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30367-8/fulltext

[xi] 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): e1002164. doi.org/10.1371/journal.pmed.1002164

[xii] Drinking water, sanitation and hygiene in schools: global baseline report 2018. New York: United Nations Children's Fund (UNICEF) and World Health Organization, 2018.

[xiii] WaterAid and UNICEF (2018) Menstrual hygiene management in schools in South Asia. Available at: https://washmatters.wateraid.org/publications/menstrual-hygiene-management-in-schools-south-asia

[xiv] Hutton G (2012) Global costs and benefits of drinking-water supply and sanitation interventions to reach the MDG target and universal coverage. WHO, Geneva, Switzerland. Available at: www.who.int/water_sanitation_health/publications/2012/global_costs/en/index.html

[xv] Kiendrebeogo Y (2012). Access to Improved Water Sources and Rural Productivity: Analytical Framework and Cross-country Evidence. African Development Review 24: 153-166.

[xvi] Water Supply and Sanitation Collaborative Council (WSSCC) and UN Women (2014). Menstrual Hygiene Management: Behaviour and Practices in the Louga Region, Senegal.

[xvii] Water and Sanitation for the Urban Poor (WSUP) (2015). Discussion Paper – Creating business value and development impact in the WASH sector.

[xviii] Hutton G (2012) Global costs and benefits of drinking-water supply and sanitation interventions to reach the MDG target and universal coverage, p4. WHO, Geneva, Switzerland. Available at: www.who.int/water_sanitation_health/publications/2012/global_costs/en/index.html

[xix] World Resources Institute (21 January 2020) It Could Only Cost 1% of GDP to Solve Global Water Crises. https://www.wri.org/blog/2020/01/cost-to-solve-global-water-crisis

[xx] https://www.unwater.org/water-facts/water-sanitation-and-hygiene/

[xxi] Climate Policy Initiative (2019). Global landscape of climate finance. Available at: climatepolicyinitiative.org/publication/global-landscape-of-climate-finance-2019/ (accessed 20 Jan 2020).