Investments in Sanitation, Hygiene and Menstrual Health are crucial to achieving the SDGs

Decades of under investment in sanitation and hygiene have made this sector the weakest link in our efforts to achieve the Sustainable Development Goals (SDGs). By now, the lack of progress has become a serious roadblock. Continuing the neglect of this crucial area of global development efforts is putting much of our other progress at risk and undermines other investments.

- Many of the most serious diseases and leading causes of child mortality are directly related to poor sanitation and hygiene.

- Sanitation and hygiene are the first line of defence against pandemics, such as COVID-19, and other deadly infectious diseases, such as cholera, diarrhoea, Ebola and polio.

- Lack of basic sanitation and hygiene in health care facilities leads to poor quality care, compromises patient safety, exacerbates the spread of antimicrobial-resistance and undermines efforts to improve child and maternal health.

- Lack of sanitation and hygiene, particularly during menstruation, negatively impact women's and girls' safety from sanitation-related gender-based violence, mobility, freedom of choice, health, including sexual and reproductive health, and their access to education, employment, and social and economic power.

- Poor sanitation and hygiene in schools impacts children's health, the quality of the learning environment and can pose challenges in school attendance, particularly for those menstruating.

- Poor sanitation alone costs the world US$ 222 bn each year. Lack of hygiene, as currently evidenced by the ongoing COVID-19 pandemic, can contribute to severe economic downturns.

- Above all, lack of adequate sanitation hampers livelihoods and robs people of dignity and their human rights.

A strategic and comparably modest investment in sanitation and hygiene will improve the lives of hundreds of millions of the world’s poorest; it will help liberate the lives of millions of women and girls and empower them to learn, work and live without stigma; and it will significantly accelerate progress in multiple SDGs.
More than 4 billion people globally do not have access to safely managed sanitation services, around 2 billion do not even have access to basic sanitation, and 3 billion lack access to basic handwashing facilities. Nearly 10% of the world’s population still practice open defecation. Hundreds of millions do not have the means to manage their menstrual health safely. 1 in 3 schools do not have even basic sanitation and hygiene services and 1 in 5 health care facilities have no sanitation services whatsoever.

1. Based on projections derived from JMP data trends
The Sanitation and Hygiene Fund (SHF) offers a 21st century development model to create impact at scale, inspired by best practices from Gavi and the Global Fund and building on the work of the Global Sanitation Fund, which has already reached millions of people around the world with essential and often lifesaving interventions in sanitation, hygiene and menstrual health.

Interventions supported by the SHF will be country-led, technically sound and reflect value for money: Country led multi-sector coordinating committees will determine key needs and submit funding requests to the SHF based on robust, costed national strategies, thereby ensuring strong country ownership. Where such strategies do not exist, the SHF, together with partners, will support countries develop them, along with monitoring and data collection systems and investments in other sector building blocks, thereby ensuring capacity building and a strengthening of the systems that are necessary for successful and sustainable sanitation and hygiene interventions. Reviewed independently by a team of global experts, funding proposals will receive feedback to ensure the SHF’s catalytic investments are well targeted, technically sound and reflect value-for-money.

4. The SHF sector strengthening investments will use the established Sanitation and Water for All Building Blocks as a normative framework.
As sanitation, hygiene and menstrual health are often housed across different ministries in countries, including the ministry of water, health, education, infrastructure and women's affairs, the SHF will ensure better coordination across these actors by only considering funding proposals that have been developed through an inclusive process and signed off by a country multi-sectoral coordination mechanism.

The SHF will also hold itself and recipients accountable for results through performance-based disbursements, with performance being measured through a combination of sanitation and hygiene outcomes, quality grant management and delivering value for money. Where need be, funds will be reprogrammed to ensure money follows performance.

A suite of policies further ensures that funds are sustainably invested where they are most needed: In line with aid effectiveness principles only countries with the highest burden and least ability to respond will be eligible to apply for funding to the SHF.

By effectively including key stakeholders and partners in the funding application and implementation process and by raising political awareness of the importance of investing in sanitation and hygiene, our investment is further designed to complement and leverage other investments and stakeholder actions – domestic and international. Sustainability of investments will be promoted through the SHF’s co-financing and transition policies, which will require countries to increasingly invest in sanitation and hygiene from day one of being funded by the SHF.

Key to the SHF’s model and one of the SHF’s core principles are partnerships with other stakeholders in the sector – ministries, sector development partners, donors, the private sector, and civil society organisations. The SHF will leverage and complement these partnerships, not replicate or compete with them. In particular we will collaborate closely with partners with expertise and resources in-country such as UNICEF, WHO and the World Bank.

With the new SHF comes a new and solid governance structure, a restructured Secretariat and a new Executive Director, Dominic O’Neill, has recently been hired to lead the SHF.

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**Given sanitation and hygiene’s key role in health, education and the equitable and just lives for women, girls and other vulnerable groups, an investment in the SHF is an investment in a broad set of SDGs.**

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The Sanitation and Hygiene Fund seeks $2 billion for 2021 to 2025

The SHF seeks $2 billion to be invested over the five years 2021 to 2025 across Low-Income and prioritised Lower-Middle-Income countries. In line with the SHF’s Eligibility and Transition Policy, eligibility to receive an allocation for funding from the SHF is determined by a country’s sanitation burden and income level. Currently, 46 countries meet the eligibility criteria.

Investment methodology

Of the total US$ 2 billion, the SHF expects to invest 60%, equivalent to US$ 1.2 billion, in bridging the gap in household sanitation. Investments of US$ 200 million each are expected to be made in addressing (i) WASH in schools (ii) WASH in health care facilities and (iii) advancing menstrual health and hygiene. In each of these areas 5% will be set aside for investments in data and systems strengthening and capacity building. Other resources will be applied towards supporting innovative solutions, strategic learning initiatives and to meeting the costs of the SHF Secretariat.

Allocations to countries will be based on the SHF allocation methodology which recognizes the relative burden and income levels across eligible countries. The first Allocation Period under the SHF is expected to begin in Quarter two 2021. Until then, with the intention of maintaining gains, the full current portfolio of Global Sanitation Fund countries will remain eligible for funding into 2021.
While there is not sufficient data to establish a definitive, overall funding need, we do know that national programmes are substantially under-resourced – both in terms of money (see Image 2, indicating the gap, usually to reach levels below safely managed sanitation, for 12 and 11 countries respectively) and people. It is clear that the SHF alone, with $2 billion invested over five years, cannot fully bridge the funding gap. But we can have a material and catalytic impact in the countries and local administrative areas we prioritise for support.

This will, along with the learnings gleaned from the early years of implementation, create positive momentum and pave the way for further investment.


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With $2 billion for 2021 to 2025 the Sanitation and Hygiene Fund will …

… help the world narrow the vast basic sanitation and hygiene gap

In SHF eligible countries, 60% of the population — 900 million people — do not have access to even basic sanitation.6 On current trends, this will increase to nearly 1 billion by 2025.7

Despite significant increases in those benefitting globally from basic sanitation since 2000, these numbers have not kept pace with population growth, particularly in the SHF target countries. In sub-Saharan Africa for example, relative to 2000 levels, population is projected to have increased by more than 70% by 2020 and almost 120% by 2030.8 In the absence of concerted efforts, on current trends, rather than decline, the number of people without access to at least basic sanitation in the SHF target countries will grow from 900 million in 2020 to around 1 billion by 2025.

The SHF will invest in nation-wide systems, policies and programmes, urban and rural, to increase household access to at least basic sanitation and hygiene. A large proportion of funds will be directed to the more disadvantaged rural local administrative areas, home to ~90% of those still forced to defecate in the open.

Supported activities will for example include:

• Development and implementation of policies, strategies and costed plans; multi-stakeholder coordination, inclusive of left behind populations; strengthening of M&E and (financial) data systems and of institutional arrangements and capacity

• Area-wide programming combining collective behaviour change interventions with activities to upgrade unimproved toilets and ensure safe management along the sanitation service chain; further reinforced by (sub)national campaigns and messaging to reinforce behaviours or shift social norms

• Provision of appropriate, targeted financial support to vulnerable households to enable them to access at least basic sanitation and hygiene services with safe containment

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6. Basic sanitation means sanitation facilities that ensure hygienic separation of human excreta from human contact. Basic, climate-resilient sanitation is critical to ensure households benefit from associated health benefits, including reduced spread of infectious diseases, including pandemics such as COVID-19. While recognizing the SDG’s ambition of safely managed sanitation for all we work on the premise that we first need to attain at least universal basic sanitation.

7. Estimations based on linear projections made by the SHF from JMP historical data and use of World Bank population growth data up to 2030.

Projections of the SHF impact on rural sanitation show an appreciable impact (see Image 3). The SHF intends to invest 60% of its overall resources towards bridging the household sanitation gap. This will be primarily, but not exclusively, directed towards rural sanitation. The SHF modelling anticipates that the resources that the Fund contributes will, through its catalytic effect, be matched by a combination of domestic national and local government resources and other international funders. The consumer-led investment will partially meet the cost of sanitation hardware in the household. These investments could deliver basic sanitation to an additional 101 million people by 2025, mostly in rural areas. At the same time, the targeted population would also benefit from basic hygiene and menstrual health interventions administered simultaneously.

Notwithstanding these gains, the projection at rural level highlights two things: Firstly, the need for far greater investment in order to get closer to the green line. This is the trajectory required to achieve universal basic sanitation by 2030 in the SHF supported countries; and secondly, the consequences of inaction – the blue line showing an ever-widening access gap.

Building a deeper understanding of sanitation and hygiene-related unit costs and the impact of investments will also be a major thematic focus of a SHF Learning Agenda over the next two years.

9. Projections are constrained by the quality of available data.
Over 620 million children worldwide are unable to use a toilet throughout the school-day and nearly 900 million are unable to wash their hands with soap and water. This leads to the spread of infectious diseases and poses sometimes insurmountable challenges to attending school, particularly for those menstruating.

The SHF will support countries to build and implement integrated strategies and costed plans to increase the availability of WASH in schools, through investments in infrastructure, rehabilitation, sanitation and hygiene related education and advocacy.

**Supported activities will for example include:**

- Development of integrated policies, strategies, mapping, and costed plans for the provision of equitable and sustainable WASH services and related education at schools
- Adoption of proven at-scale WASH in schools programme approaches, such as the “Three Star Approach” (UNICEF) and “Fit for School” (GIZ)
- Strengthening of monitoring for WASH in schools through national education management and information systems (EMIS)

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10. Drinking water, sanitation and hygiene in schools: Global baseline report.
The lack of data around WASH in schools (e.g. lack of unit costs) makes it difficult to set a baseline from which to project the SHF’s impact in this area. The SHF will therefore use the first two years of its programmes to build a deeper understanding of school sanitation and hygiene economics and returns.

While pursuing this learning agenda, the SHF will meet the urgent need and expects to invest $200 million over the five-year strategy period, seeking to secure equal co-investment funds from domestic and other investors to bring WASH and better menstrual health and hygiene to students across its countries. It is anticipated that these services will reach 38 million11 students within the five years.

Based on a 2019 WHA resolution, the first ever investment case on WASH in healthcare facilities is now being prepared, and the SHF will join this collective effort. To support these efforts, the SHF will promote national policies and strategies to address WASH needs in health care facilities. As with WASH in schools, information on needs, gaps and unit costs is limited, constraining impact modelling. The SHF expects to invest $200 million over five years in infrastructure, rehabilitation, sanitation and hygiene related education, and will prioritize healthcare centres (over hospitals) and favour local administrative areas that are less well served and in hotspot areas (e.g. cholera or stunting hotspots). The initial two years will enrich the SHF Learning Agenda as we build a deeper understanding of costings and impact of WASH in health care facilities.

Three out of four health care facilities in Sub-Saharan Africa lack basic sanitation; two in three health care facilities in Eastern and South-Eastern Asia lack basic hygiene12.

11. In the absence of WASH cost data in all the SHF supported countries, an average cost of US$10, suggested in some studies, has been used.
12. WASH in Health Care Facilities: Global baseline report.
Supported activities will for example include:

- Implementation of WASH in health care facility roadmaps, including the initial capital cost of new infrastructure and, where appropriate, rehabilitation
- Informed by approaches such as the Water and Sanitation for Health Facility improvement Tool (WASH FIT), setting of national standards on WASH (aligned to WHO guidance of WASH in Health Facilities), including health care waste management, hygiene and cleaning, and hygiene behaviour protocols and norms, through public health policies, strategies and costed plans
- Monitoring of WASH in health care facilities through national health management and information systems

...help mitigate the impact of COVID-19

As the COVID-19 pandemic imposes a heavy additional burden on health systems and societies, the need for effective prevention has been brought into sharp focus. Hand washing – the first line of defence - is among the most effective ways to prevent transmission. Yet, access to soap and clean water remains out of reach for billions of people at home, in schools, at healthcare facilities.

The SHF intends to support urgent scale-up of investment in the national COVID-19 preparedness, prevention and response plans and thereby help build long-term resilience against future waves of infections and similar future threats. Once the SHF is resourced, it will look to fast-track portions of the funds allocated to countries so that these can be rapidly invested to scale-up those hygiene interventions that will act as a barrier to the spread of COVID-19.

Supported activities will include for example:

- Sanitation, handwashing and MHH behaviour change programming in family, school and health care facility settings, integrating COVID-19 messaging as relevant
- Construction or rehabilitation of WASH infrastructure in school and health care facilities, in line with existing WASH in Schools and WASH in Health Care Facility roadmaps
- The distribution of hygiene-related products such as soap or menstrual hygiene products

... have a positive impact on menstrual health and hygiene

Addressing menstrual health and hygiene (MHH) gaps is critical to achieving health for all, including sexual and reproductive health, and to achieving better education and employment outcomes for girls, gender equality and economic growth, and inclusive and resilient societies.
Strengthening the Weakest Link

Supported activities will for example include:

- Strengthening of building blocks such as national MHH policies, strategies, costed plans and monitoring strategies and systems, including the adoption of guidelines to ensure access to safe spaces for women and girls to manage menstruation.
- Support informed choice about and access to menstrual products and the management of menstrual hygiene materials.
- Strengthening platforms for inter-ministry and multi-stakeholder dialogue, collaboration and programming for the design and delivery of costed plans, policies and strategies.
- Implementation of national plans, combining efforts to address stigma and through knowledge and skills building.

More than 386 million women and girls between 15 and 49 years in the SHF eligible countries do not have access to basic hygiene, most of them lack even basic sanitation facilities; many of them lack the means to afford menstrual products and face significant challenges around menstruation.13

Investing in WASH in schools and health care facilities and in sanitation and hygiene at the household level accompanied by menstrual health behaviour change communications will begin to narrow the menstrual health and hygiene gap. However, this alone will not be enough. The SHF expects to invest US$ 200 million over five years to provide access to better products, and in education on MHH management, which is expected to be matched by leveraged funds from a combination of domestic national and local government resources and investments from other international funders. Through this investment more than 53 million girls and boys could be reached with MHH education, and 21 million girls could be provided with access to menstrual products. This would translate into reaching an estimated 75% of all girls in secondary school in rural areas with access to products in the 46 eligible countries.14 Around 5% of available funding for MHH is expected to be spent on systems strengthening.

At the same time – and given that MHH has long been neglected as an area of research and investment – the SHF will invest into a learning agenda, addressing gaps in the available evidence and contributing towards a better understanding of the needs of women and girls and the cost-benefit and cost-effectiveness of MHH interventions.


14. Population numbers are based on the most recent year available. Estimated costs include programme costs from the perspective of a government programme or healthcare payer providing these interventions and are calculated for 1 year except for menstrual cups, which can last up to 10 years. A split between 50% investment in reusable pads, 25% in disposable pads, 12.5% in menstrual cups, and 12.5% in tampons is assumed.
…boost innovation

The SHF’s innovation work sits within a broader sector landscape for sanitation, hygiene, and menstrual health where multiple small and large players and alliances are supporting the effort to develop, incubate and validate innovations. The SHF’s role in this landscape will be to encourage and support governments and the private sector to identify, accelerate and scale-up innovations that have already gone through a tried and tested development and incubation process. Close partnerships with the private sector, domestically and internationally, will be critical to the success.

The SHF will focus on climate-resilient ways of countering the risks of poor sanitation and hygiene; advancing the sanitation economy to scale up initiatives that transform waste into economic resources; ensuring safely managed sanitation services in remote rural locations and for people living in challenging environments; and on menstrual hygiene products and market shaping.

For this, the SHF will set aside funding to support promising innovative strategic initiatives.

**Supported activities will for example include:**

- Innovative measures to ensure inclusive service delivery, meeting minimum Equality and Non-Discrimination requirements and principles
- Market-shaping and market-based sanitation and hygiene activities to increase the availability and affordability of appropriate sanitation, hygiene and MHH products and services for rural populations
- Development of an enabling environment for private sector engagement in urban / rural service delivery, including appropriate policy frameworks, regulation, incentives, loan finance, etc.
- Innovative approaches to at scale hygiene promotion and infection prevention during pandemics or in response to chronic or localized public health crises or disease outbreaks, including cholera response

Photo credit: ©SHF/Javier Acebal
Through these interventions the SHF will have a significant impact on health and economic outcomes

The investments made by the SHF will over time deliver significant health impacts and economic gains. Not all of these can be quantified today due to the poor quality of data that plagues the sector.

...health outcomes

Diarrhoea related to inadequate sanitation or hygiene conditions claims 1.3 million lives a year\(^\text{15}\)

Safe sanitation and hygiene, including access to MHH, are central to healthy lives and their impact extends across multiple SDGs. Today, many of the most serious diseases and many leading causes of child mortality are directly related to poor sanitation and hygiene. Investments in sanitation and hygiene in households, schools and health care facilities, and related to menstrual health and hygiene as described above are key to better health outcomes. This includes mitigating the impact of many deadly infectious diseases including, diarrhoea, cholera, Coronaviruses, Ebola and polio, to reducing maternal and neonatal death, to preventing sepsis and to reducing malnutrition, stunting and pneumonia.

While we cannot today accurately predict the number of lives saved or illnesses that can be averted through SHF interventions, we can confidently anticipate that a stepped increase in investment in sanitation and hygiene will have very significant impact, not least from the mitigation of the effects of pandemics, antimicrobial resistance and the drastic reduction of deaths from diarrhoea.

...economic impact

A 2015 study\(^\text{16}\) estimated that poor sanitation alone costs the world US$222 billion per year globally through the economic fallout of premature death, lost production, healthcare costs and time foregone due to lack of access to toilets. The lack of hygiene, as currently evidenced by the ongoing COVID-19 pandemic, will cost the world billions of dollars and drastically alter the outlook of the global economy. Furthermore, a WHO study from 2012\(^\text{17}\) estimated that every US$ 1 invested in improved sanitation translates into an average global economic return of US$ 5.5, more than double the economic return on water spending. Improving hand hygiene policies can generate savings in health expenditure up to 15 times the cost.\(^\text{18}\)

\(^{15}\) IHME Global Burden of Disease website http://ghdx.healthdata.org/gbd-results-tool
\(^{16}\) The true cost of poor sanitation, update September 2016, Oxford Economics, Lixil and WaterAid at: https://www.toiletboard.org/media/16-the_true_cost_of_poor_sanitation_e.compressed.pdf
\(^{17}\) WHO 2012; Global costs and benefits of drinking water supply and sanitation interventions at: https://www.who.int/water_sanitation_health/publications/global_costs/en/
\(^{18}\) Comparative efficacy of interventions to promote hand hygiene in hospital: systematic review and network meta-analysis. BMJ 2015;351:h3728 doi: 10.1136/bmj.h3728;
The SHF will invest in building and strengthening systems and data

Despite previous efforts, the sanitation and hygiene sector is limited by poor, outdated and incomplete data. The quality and quantity of the available data makes the modelling or projecting of anticipated returns on SHF investments difficult.

The SHF will contribute to addressing these shortcomings. Alongside our core investments, we, together with countries and sector partners, including our core partners the WHO, UNICEF, the World Bank in addition to Sanitation and Water for All and the Toilet Board Coalition, will use the first two years of the Fund to address documented knowledge gaps, expand the evidence-base and pursue a Learning Agenda. A Mid-Term-Review in the third year will synthesize these learnings. Programmes will be re-calibrated based on results as necessary.

The world has been struggling with the shortcomings of sanitation and hygiene facilities amongst its most vulnerable populations for many decades.

With ten years to 2030 we cannot give up on the SDG target but instead must translate the rhetoric into action. The time to act is now.