

The *Lancet* Commission on water, sanitation and hygiene, and health



In 2010, access to water and sanitation was recognised as a human right and, in 2015, an ambitious Sustainable Development Goal (SDG) of achieving universal access to safely managed water, sanitation, and hygiene (WASH) services by 2030 was agreed. Half a decade later, SDG 6 is off-track,¹ and the COVID-19 pandemic has highlighted how limited access to WASH services undermines public health efforts² and exacerbates health and social inequalities.³ Important inter-related trends, including climate change, rapid urbanisation, increasing humanitarian crises, and persistent gender and income inequalities, compound this challenge.

The deficit is huge—almost half the world's population did not have access to safely managed sanitation services in 2020.¹ But achieving this ambitious SDG must not be dismissed as beyond reach. For diverse reasons, including public health, gender equality, and social and environmental justice, achieving this goal is imperative. Yet the reality is that many national systems have inadequate plans, financing, and capacity to deliver on the promise of the SDG.

The public health case for investing in WASH services is clear and increasingly urgent in the context of climate change, antimicrobial resistance, and rapid urban growth. Effective WASH services prevent various infectious diseases and their sequelae,⁴ reduce exposure to naturally occurring and synthetic toxic chemicals,⁵ and reduce pressure on health-care services. Beyond public health, WASH shapes people's living conditions and their opportunities, particularly for women and girls.⁶

Many WASH investments do not realise these potential returns. Results from large trials of low-cost WASH interventions report little or no health impact, even when delivered with high fidelity and sustained compliance.^{7–10} Other research has revealed the early onset of asymptomatic enteropathogen carriage in communities without safe WASH services¹¹ and its longer-term consequences, including childhood stunting.¹² This situation has led to calls for "radically more effective" WASH interventions.¹³

Low-cost household interventions focusing on individual behaviours also risk shifting responsibility

for public goods from the state to the individual. Such interventions often demand a large investment of time and financial resources from those least able to bear the costs, and underestimate or overlook the structural challenges faced by people living in poverty. Moreover, the true costs of these so-called low-cost approaches are often born by women as the de-facto water managers or caregivers who are tasked with additional responsibilities, reinforcing gender inequalities.¹⁴

International attention focuses almost exclusively on low-income and middle-income countries (LMICs), suggesting WASH is no longer a truly global concern. This focus neglects the challenges faced by many disadvantaged groups in high-income countries (HICs), such as populations in rural¹⁵ and urban¹⁶ settings in the USA. The near exclusive focus of the global WASH sector on LMICs reinforces an international architecture and outlook still shaped by colonial legacies.¹⁷

Against this backdrop, *The Lancet* announces a new Commission on water, sanitation and hygiene, and health. The aim of the Commission is to reimagine and reconstitute WASH not only as a central pillar of public health, but also as a pathway to gender equality and social and environmental justice. The work of the Commission will be informed by the latest evidence but will also be grounded in critical reflection on the evolution and priorities of this global sector.

The Commissioners are diverse across research disciplines, geography, and career stages, gender balanced, and are supported by a wider global network of scientists undertaking supporting research. The UK Foreign, Commonwealth and Development Office and the Bill & Melinda Gates Foundation have provided funding for research that will inform the work of this Commission.

At the first Commission meeting, three priority areas for its work were agreed. First, the necessity of achieving universal access to at least safely managed WASH services must be clearly argued. The continued pursuit of narrow, low-cost household interventions in the



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face of growing evidence of their insufficiency distracts from the central challenge of building national systems capable of delivering universal access to safely managed services. The Commission will assess the health, social, and environmental consequences of slow progress towards universal access to safely managed WASH services, and delineate the scale and distribution of these deficits.

Second, the cost of achieving universal access to at least safely managed WASH services will be immense but so too are the potential benefits. The Commission will assess the financial costs of achieving universal access to at least safely managed services, as well as other barriers to progress. But we will also provide a comprehensive assessment of the potential benefits of such an achievement, encompassing public health gains, financial returns through improvements in human capital and productivity, and other benefits relating to social and environmental justice and gender equality.

Third, the Commission will make concrete recommendations for reform focused on the establishment of national systems that are capable of both professionalised delivery of WASH services for all and responding to key challenges such as climate change and rapid urbanisation. Public health, gender equality, and broader social and environmental justice will be at the heart of our recommendations. The focus will be global, recognising that WASH-related inequalities exist in HICs and LMICs, as does the potential for further health and social gains.

As our work progresses, we will engage policy and practice actors and post interim updates on the Commission's website. The current pandemic shows we cannot afford to slide further on our international goals of improving access to WASH, and renewed action is needed now.

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For the website of the Commission on water, sanitation and hygiene, and health see www.WASH-commission.com

