

Correspondence

India's sanitation needs & the millennium development goals

Sir,

The editorial by Nayar and Kapoor¹ highlights the harsh reality of health inequality gap between the poor and rich countries. I would like to add further on the global sanitation crisis. About 2.6 billion people, mostly from developing nations do not have access to toilet². Although the Millennium Development Goals (MDGs)³ have an ambitious agenda to end the appalling state of sanitation (target 10) in half by 2015⁴, the crisis on the lack of toilet further frustrates many nations. The MDGs are drawn from the actions contained in the UN Millennium Declaration adopted by 189 nations in 2000³.

Only 28 per cent of people in rural areas, who make up two-thirds of India's billion plus people, had access to toilets in 2006⁵. In order to solve the crisis, serious efforts are needed to bring awareness and funds at the grassroots. Educational programmes are therefore fundamental. Health workers need to highlight the advantages of toilets such as: (i) people can save time/energy to locate safe places to defecate/urinate, (ii) toilets will be more convenient in bad weather and at night, (iii) toilets will give protection from poisonous animals, (iv) community can promote better health/hygiene, (v) people can save money/time by avoiding hospital visits to treat sanitation illnesses, and (vi) clean household environment will prevail.

The Government of India has been promoting 'Total Sanitation Campaign' since 1999⁶. To construct a toilet through this programme would cost US\$ 200, but the government's 25 per cent subsidy (since January 2009) could cover only US\$ 50, which is neither enough to build better toilets nor motivate people. The impoverished cannot afford to spend US\$ 150 for a toilet. Unless the government changes its policy to increase subsidy, it will not be possible to achieve MDGs target⁴.

However, achieving total sanitation is not a herculean task. In Medinapur district of West Bengal, for example, people did not have household toilets in 1990. A decade later, 80 per cent of families possessed toilets due to aggressive awareness campaigns and government funding⁷.

Providing higher subsidy for toilets can in fact reduce government spending to treat sanitation illnesses. Cost and benefit analysis shows that achieving the MDGs on water and sanitation would bring substantial economic gains from health and other benefits, and the money invested would bring enormous economic return (3-34 times) depending on the region⁸. Saving time will enable productive activity for adults and school attendance for children. The benefits would include a global reduction in the occurrence of diarrhoea, and the health-related costs avoided would reach US\$ 7.3 billion annually. Besides, the annual global value of adult working days gained as a result of reduced sanitation illness would be about US\$ 750 million in developing nations⁸.

By 2050, India's population is estimated to reach 1.6 billion. Hence it is high time for India to carefully review the failures of the low subsidy and increase the subsidy by at least 80 per cent to tackle the basic human need- toilet. Also, solving the sanitation crisis would help the women who are trapped in the bottom of the social and economic hierarchy since they suffer most due to lack of toilet.

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