

Achieving total sanitation and hygiene coverage within a generation: – lessons from East Asia

Background: Sanitation is the most off-track MDG sector. We want to see universal access in 2030, but to achieve this we must perform better, which requires new strategic approaches.

Lessons for the sector?

This research is intended to challenge the sanitation sector to consider how radical improvements in access to services can be achieved, breaking away from the poor rates of progress we are currently achieving (see graph).

1 High-level political leadership was critical and did not stem from community-driven demand

Improvements in sanitation and hygiene were a result of a high-level political push to elevate national standards of public health, cleanliness and hygiene. Total sanitation coverage was pursued as part of a wider narrative of common wellbeing, modernity and nation-building.

National leaders oversaw and input into implementation strategies. Supervision was up-close, high-profile and personal – promotion, progress-chasing, law-making and, at times, punitive measures drove changes in social and cultural norms.

Public information campaigns were also used to pursue public common good, develop social cohesion and build societies based on living well.

“It has nothing to with whether you are rich or whether you are poor. It is just your social habit – a sense of responsibility which you nurture, which you inculcate, by persuasion and education and most necessary, discipline and punishment to those who refuse to conform to what are desirable social standards.”

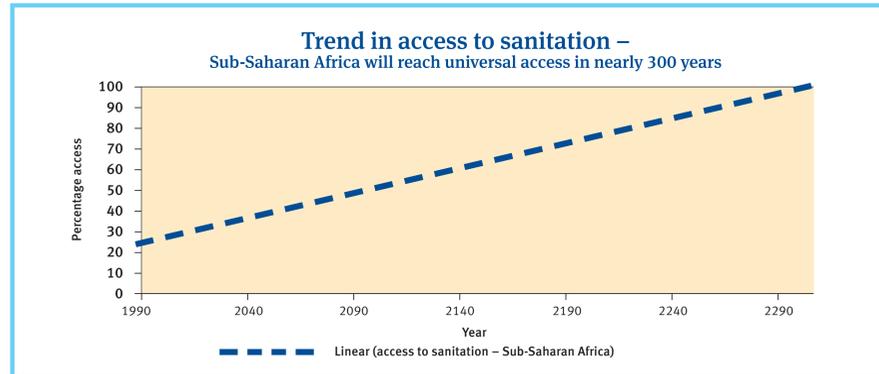
Prime Minister Lee Kuan Yew, Singaporean President 1967

2 Hygiene, cleanliness and public health aims drove sanitation improvements

Sanitation improvement occurred as part of wider public health, housing and hygiene programmes, rather than being a standalone campaign. As such, government-led and publicly-subsidised sanitation infrastructures were developed parallel to changes to public health and hygiene policies.

Methods: The research is ongoing, investigating the political economy of the reforms that delivered universal access to sanitation and hygiene within a generation in four East Asian countries – Singapore, South Korea, Malaysia and Thailand. These countries produced remarkable results in their formative stages as nation-states, and their experience can shed light on some of the strategic shifts that this entailed.

This poster draws on the insights from Singapore and South Korea; the research method consisted of documentary review and in-depth interviews with key informants who were involved in the change.

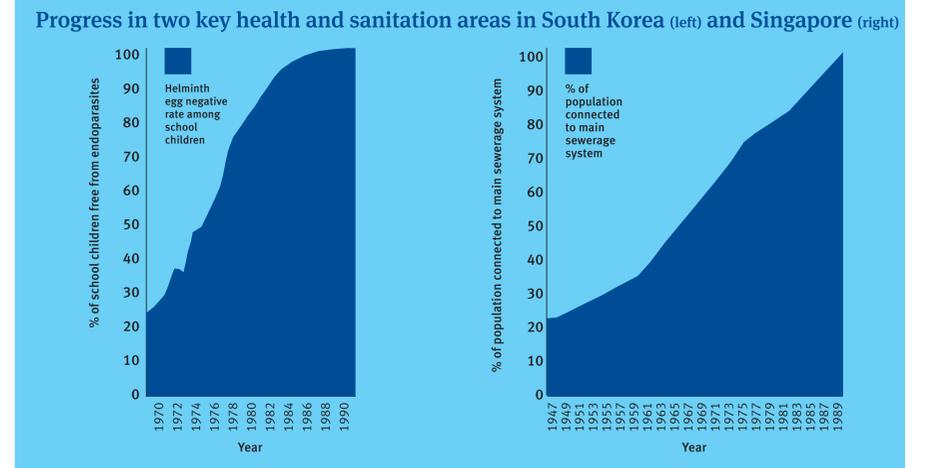
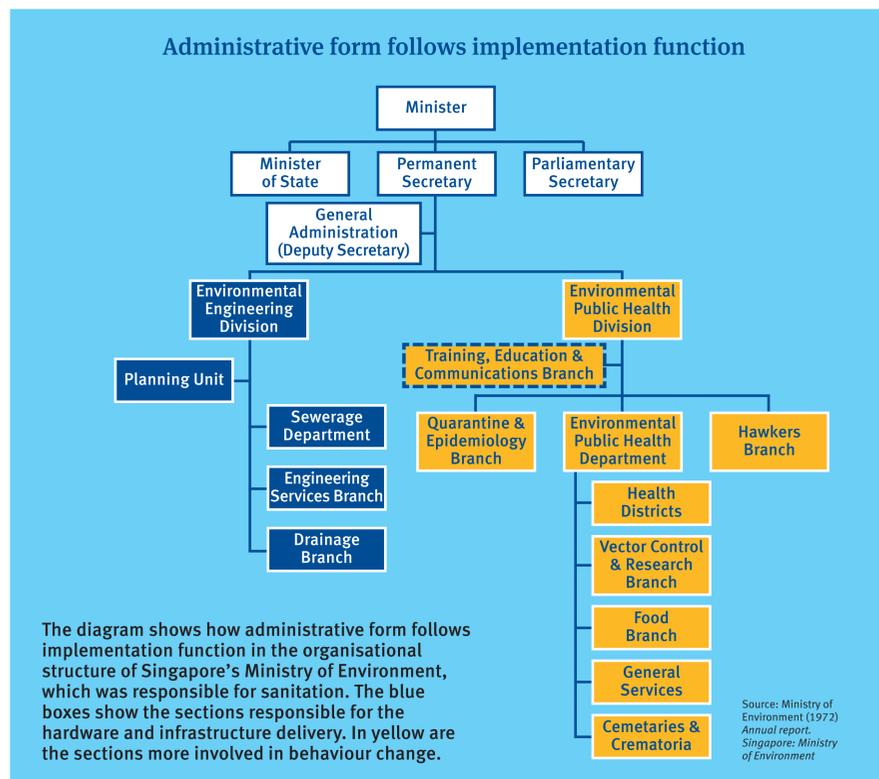


3 A well coordinated multisector approach was necessary for rapid sanitation improvements

Delivering new sanitation services – within development programmes such as pro-poor housing, urban renewal, and primary education and public health initiatives, as well as in broader rural development schemes – required synchronised public policy and institutional coordination.

4 Capacity building happened alongside sanitation improvements

Government leaderships designed ministries after prioritising sanitation and public health, which enabled the design to reflect their responsibilities. Part of this design included increasing the capability of the sector to deliver – note the seniority of the training, education and communications branch in the chart below.



5 The vision of total sanitation coverage came before attaining levels of national wealth

Attaining a threshold of national per capita income was not key in the choice to prioritise sanitation. In the 1960s, income levels in the states studied were equivalent to those in many Sub-Saharan African countries. This suggests that strategy and vision came first, with sector investments sought after.

6 Monitoring was continuous and standards raised as goals were achieved

Coordinating several departments and policies required continuous and cyclical monitoring and analysis. This allowed national governments to identify performance and implementation weaknesses and respond to bottlenecks. Continuous local-level monitoring of programmes was key – from design, through the delivery chain, to implementation, with ongoing follow-up reforms and improvements.

Country	GDP per capita in 1960 (in USD)	National improved sanitation coverage rate in 2000	Reaching a threshold of per capita GDP was not decisive in the strategic choice to set the course to deliver total sanitation coverage.
South Korea	\$155	100%	
Ghana	\$183	10%	
Liberia	\$170	12%	
Senegal	\$249	43%	
Zambia	\$227	41%	
Zimbabwe	\$280	40%	

Source: World Bank and UNICEF/WHO

Summary

The dynamic in these countries can be characterised as a cyclical process:

