



WASH: a basic human right and essential intervention for child health and development

In their cluster-randomised trial, Jean Humphrey and colleagues (January, 2019)¹ report that water, sanitation, and hygiene (WASH) interventions in combination with improved infant and young child feeding (IYCF) is unlikely to reduce stunting or anaemia more than implementation of IYCF alone. The accompanying Comment² concludes that the “absence of a growth or clinical morbidity response in SHINE does not mean that WASH is totally unimportant as development agencies and agents strive to achieve the Sustainable Development Goals, but it should cause such agencies and agents to carefully reconsider their approaches”. We are concerned that this concluding statement could jeopardise essential ongoing investments in WASH. We argue that WASH remains a crucial intervention for child health and development and is central to sustainable development for three key reasons.

First, access to WASH is a fundamental human right.³ Governments have committed to achieving universal access to WASH through the Sustainable Development Goals.

Second, we are interested in measuring and addressing childhood stunting because it is an indicator of childhood health and development; the benefits of investing in WASH should not be assessed on the basis of improving stunting outcomes alone. WASH prevents the two syndromes that are common causes of childhood deaths globally—diarrhoea and acute lower respiratory infection.⁴ WASH prevents trachoma and helminth infections in children.^{5,6} The intervention also prevents impetigo,⁷ and plays an important role in preventing or slowing disease outbreaks.⁸ Infectious diseases have

a negative effect on growth and nutrition, and children with poor nutrition have excess mortality from such diseases; arguably an even greater need exists for targeted investments in WASH to address poor growth and nutrition.

Third, although this study did not show short-term effects of WASH on stunting and nutrition, there is likely to be a substantial intergenerational contribution to stunting.⁹ WASH is a determinant of educational outcome in girls,¹⁰ with maternal education a strong predictor of child health outcomes, including stunting and nutrition.¹¹ In settings with restricted access to clean water, the burden of water collection is typically placed on girls,¹² with predictable negative effects on education. Access to improved sanitation facilities, which are single sex and usable, is also essential for menstrual hygiene management and enables school attendance for pubertal girls.¹³

Investments in WASH assure a fundamental human right. WASH interventions are essential for assuring child health and development, and are also likely to have an impact on childhood stunting and nutrition, but perhaps through pathways not investigated in this study.

We declare no competing interests.

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