Sanitation: the backbone of public health

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Although improvement in sanitation has been recognized as one of the key achievements in bringing a phenomenal change in the overall health status of populations in the industrialized world sanitary conditions remained grossly unsatisfactory in many developing countries. Many of the countries in the world that have less than 50% coverage of improved drinking water sources are in Africa. About 42 percent of the population in sub-Saharan Africa is not served with improved water sources and only 36 percent have proper waste disposal facilities As a result of these gross sanitary inadequacies diseases related to poor sanitary conditions such as food borne diseases are still among the major public health problems consuming much of the health resources.

Recent studies in Ethiopia also indicate that sanitary conditions around residential areas and in food establishments are far below what is desired. Food establishments lack basic sanitary facilities and utensils used for handling food are grossly contaminated (2). With increasing population mobility for business or leisure purposes the use of food establishments has become common in recent times. Living quarters are highly contaminated by parasites (3) and parasitic infections are prevalent among urban residents (4). These studies indicate that much remain to be done in order to achieve a reasonable level of sanitary conditions in residential and commercial establishments.

Achieving a better health status is highly influenced by the improvement of sanitary conditions that requires a concerted effort by all stakeholders. A proactive approach that involves community action initiators has resulted in major transformation of the public health in the developed world. For instance the person who championed the British public health revolution, Edwin Chadwick, was

neither a medical doctor nor a sanitary engineer Setting standards, public education, providing technical support to communities and strong follow up mechanisms need to be established. Promotion of both personal and environmental hygiene has to be done through collective community actions. objectively measurable indicators that help track changes in sanitary conditions such as presence of parasites in human and residential areas deserve the attention of regulatory authorities rather than simply relaying on the physical presence or absence of latrine and water sources as indicators of change in sanitary conditions.

A recent opinion pool was conducted by the British Medical Journal to find the greatest medical breakthrough since 1840. The poll voted improved sanitation as the greatest medical milestone. Sanitation was voted highest among fifteen other medical advances made during the same time, including the discovery of antibiotics, the creation of the Pill, and the development of vaccines. The poll clearly indicated improved sanitation is the backbone of a better public health today and in the future (6).

The fact of the matter is that sanitation is undoubtedly plays a vital role in making progress in public health and reducing the disease burden that is costing the life of millions of people, especially children. Improving sanitation should not be left as a sole responsibility of public health workers. History tells us that significant and fruitful changes were achieved through a concerted effort of all stakeholders. Legislators, public administrators, health authorities, professional association, community self-help groups, professionals and all others must come together to exert maximum efforts to improve the sanitary

conditions without further delay in order to leave behind a cleaner and healthier environment for the generations to come. Without improving sanitation non community has ever achieved a modern and healthier life.

Reference

- 1. WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation; Meeting the MDG drinking water and sanitation target: a mid-term assessment of progress, 2004.
- Zeru K, Kumie A. Sanitary Conditions of Food Establishments in Mekelle Town, Tigray, North Ethiopia. Ethiop.J.Health Dev. 2006;21(1):3-11.

- 3. Legesse W, Gebre-Selassie S. Sanitary survey of residential areas using Ascaris lumbricoides ova as indicators of environmental hygiene, Jimma, Ethiopia. Ethiop.J.Health Dev. 2007;21(1):18-24.
- 4. Mengistu A, Gebre-Selassie S, Kassa T. Prevalence of Intestinal parasitic infections among urban dwellers in Southwest Etiopia. Ethiop.J.Health Dev. 2007;21(1):12-17.
- Hamlin C, Sheard A. Revolutions in public health: 1848, and 1998? BMJ 1998;317:587-591.
- 6. Ferriman A. BMJ readers choose the "sanitary revolution" as greatest medical advance since 1840. BMJ 2007;334;111 (20 January), doi:10.1136/bmj/39097/611806/DB.