This paper aims to show the interlinkages between a human rights-based approach (HRBA) and Water, sanitation and hygiene (WASH) and Health. All development and stakeholders should take HRBA into account in their work. WaterAid support and encourage staff to use a HRBA to health and WASH to achieve the global goals. This paper will share how WaterAid implement a HRBA and show how that can be adapted to organisations.

Human Rights-Based Approach

Human rights are inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status. We are all equally entitled to our human rights without discrimination. International human rights law sets out the obligations of states to respect, protect, and fulfil human rights for all. These obligations impose specific duties upon states, regardless of their political, economic, and cultural systems.

A human rights-based approach to development is rooted in the central idea of empowerment. It seeks to change the relationship between development actors and poor or vulnerable people from one of charity and powerlessness to one of obligation and rights. The central feature of a rights-based approach is the importance it places on the shift in the attitude with which people approach the state or other duty-bearers regarding their responsibility to fulfil entitlements to basic services such as WASH, education, health and nutrition.

Interlinkages between human rights and WASH and Health

All human rights – political, civil, social, cultural and economic – are equal in importance and none can be fully enjoyed without the others. Fulfilment of the human rights related to WASH is fundamental to the fulfilment of the right to health, and several other human rights. Thus unsafe water consumption and absence of basic sanitation and hygiene will compromise the efforts to assure basic nutrition and healthy living.

“The right to health embraces a wide range of socio-economic factors that promote conditions in which people can lead a healthy life, and extends to the underlying determinants of health, such as food and nutrition, housing, access to safe and potable water and adequate sanitation, safe and healthy working conditions, and a healthy environment.”

- CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12)
WaterAid focuses on strengthening seven health areas through the integration of WASH: WASH in Health Care Facilities; Nutrition; Child health and immunisation; Cholera; Neglected tropical diseases (NTDs); Antimicrobial resistance (AMR) and Sexual and Reproductive Health Rights (SRHR). All of these health priorities has a clear linkage with fulfilling human rights and it is therefore important that programming takes a HRBA.

Examples of interlinkages between basic human rights and WASH and Health:

- Diseases and infections associated with poor WASH are often preventable - poor health due to WASH-related sepsis, diarrhoea and cholera are therefore challenges in achieving the **right to health**.
- Without WASH in healthcare facilities, healthcare cannot be of adequate quality and therefore not achieving the **right to health**.
- Poor WASH is associated with diarrhoea, intestinal worms and gut infections that damage the ability of the body to retain and absorb nutrients, leading to chronic malnutrition. This causes stunted growth, cognitive damage, and a higher risk of death due to a compromised immune system. This challenges the **right to nutrition**.
- A lack of adequate WASH facilities in schools can have direct health consequences that further impact a child’s ability to receive an **education**. For example, children having to hold their natural excretion for long periods due to an absence of toilets can cause illnesses and infections. A lack of menstrual hygiene facilities can lead to girls being unable to manage their periods hygienically, resulting in infections and causing them to miss school days.
- Adequate WASH access in homes, communities and healthcare facilities is vital to ensuring safe births, and to ensuring infants grow and develop in the crucial 1,000 day window between conception and age 2. Thus ensuring the **rights of children**.
- **Gender equality** is a human right, but women and girls are often disproportionately marginalised from healthcare or uniquely affected by poor health service conditions e.g. when pregnant women must give birth in unsafe conditions because of a lack of WASH facilities, and are forced to bring often unsafe water with them to the health centre for the delivery.
- Ensuring WASH in health facilities, schools and communities are inclusive and accessible is essential for everyone, including people with **disabilities**, to fulfil their right to health. Accessibility is also important for people who experience difficulties because they are pregnant, have recently given birth or have other health issues.

**HRBA advocacy strategies and tactics for WASH and Health**

Humanitarian and development organizations who work with health issues should implement a HRBA into their work. Human rights can be approaches by implementing advocacy strategies and tactics relevant for WASH and health into organizations programmatic work. The following section highlights some advocacy strategies and tactics that reflect a HRBA and that may be relevant for multiplied humanitarian and development contexts.
• Critical analysis of politics and power dynamics in the provision of healthcare can be conducted to better understand the dynamics in order to identify entry-points for integrating a HRBA for WASH and health.

• Improve integration of HRBA and health by support, encourage and facilitate dialogue, accountability and transparency between duty-bearers and rights-holders – between citizens, elected representatives and governments.

• Advocating for and supporting the development and implementation of health-related laws and policies that reflect the international obligations so that citizens and people can defend their human rights.

• Supporting and amplifying the voices of health service users and health workers who are those directly affected by the health impacts of poor WASH.

• Ally with human rights activists, organisations and those advancing the right to health to strengthen the impact.

• Prioritise people who are marginalised or in vulnerable situations – those most affected by poor WASH and who are neglected or deliberately excluded from social services such as WASH and health services.

• Strengthen citizens by supporting and enabling them to hold public and private healthcare providers accountable for meeting national standards for WASH and healthcare services, and support and influence governments to recognise their responsibility.

If you want further reading WaterAid has developed guidelines for how to integrate a human rights-based approach into programmes; https://washmatters.wateraid.org/publications/embedding-and-integrating-a-human-rights-based-approach.