



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
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The Human Rights to Water and Sanitation

Water and sanitation are basic human needs. In July 2010 United Nations General Assembly explicitly recognise the human right to safe drinking water and sanitation. Further, clean water and adequate sanitation facilities were recognised as essential requirements to achieve many other human rights. In the same meeting, the nations and international organizations agreed to provide financial and technical support to the needy countries to improve their water supply and sanitary facilities.

Right to water was defined as the right of everyone to have **safe, sufficient, acceptable, physically accessible** and **affordable** water for both personal and household uses in 2002 November in the Committee on Economic, Social and Cultural Rights of UN in their general comment No 15.

Safe

Water which is used for personal and household functions must be free from micro-organisms, chemical substances and radiological hazards.

Sufficient

Available water for an individual should be adequate for his/her personal and household activities. Further, water should be available continuously. According to the World Health Organization (WHO), 50 to 100 litres of water is required by an individual per day to ensure the fulfilment of basic needs.

Acceptable

The available water should be acceptable in colour, odour and taste to the consuming population. All facilities which provide water for both personal and domestic use should have these qualities. Further, they should be sensitive to gender, lifecycle and private requirements.

Physically accessible

Water with the above qualities will be of no

use if it is not available within the closest reach. Wherever the individual is, water should be available within the premises or at a short distance. According to WHO, water source should be available in 1000m from the individual's place or the collecting time should be less than 30 min.

Affordable

Good quality Water should be available at a reasonable cost where everybody can purchase. United Nations Development Fund (UNDP) suggests the expenditure for water should be within 3% of the total household income.

Safe drinking water is directly related to the accomplishment of many other human rights. They include right for education, housing, health, life, work and protection from cruel, inhuman or degrading treatment or punishment. Further, it is very much linked to gender equality and discrimination. Association between the availability of an adequate number of toilet facilities and improved school attendance has been shown in many instances. This is clearly evident in female school children with their sexual maturity. Further same has improved the habit of drinking an adequate amount of water which is an essential factor for keeping them sufficiently hydrated.

Inadequate drinking water facilities seriously hamper the right to health. It is estimated that approximately half of the people who live in the developing world are suffering from health issues due to poor water and sanitation facilities. Further, unclean water and sanitation are believed to be the second killer in children.

Children's physical protection and privacy are in danger if the water is not available inside the households. It is reported in many instances that children and especially females have become vulnerable to many physical and psychological harassments when they go out of their houses for water.

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Human right experts suggest a rights-based approach to provide safe drinking water and better sanitary facilities. The framework includes,

- Express the linkage to rights
- Accountability
- Empowerment
- Participation
- Non-discrimination and attention to vulnerable groups.

Though the framework does not provide direct answers to water-related issues (policy, financing), they provide international standards to guide political and economic decisions related to safe water provision in the country.

The same article states the following as misconceptions about the right to water

1 . Does the right to water require water to be provided free of charge?

Water is an essential component of life. However, it does not mean that it should be given free of charge. Right to water means that water should be affordable for all. At the same time, it is essential to note that no one should be deprived of access to water due to their inability to pay.

2 . Does the right to water extend to water for agriculture or animal husbandry?

Water is essential for food security. However, the right of water only covers personal and domestic needs. This encompasses drinking, cooking, washing and hygienic practices. It does not cover water for agriculture or animal husbandry.

Value of clean, safe water and sufficient sanitation is being stressed in the Sustainable Development Goals. In goal number 6, there are 6 targets to be achieved by the year 2030. They are,

- By 2030, achieve universal and equitable access to safe and affordable drinking water for all
- By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
- By 2030, improve water quality by reducing pollution, eliminating dumping and minimizing the release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally
- By 2030, substantially increase water-use efficiency across all sectors and ensure sustainable withdrawals and supply of freshwater to address water scarcity and substantially reduce the number of people suffering from water scarcity
- By 2030, implement integrated water resources management at all levels, including through trans-

boundary cooperation as appropriate

- By 2020, protect and restore water-related ecosystems, including mountains, forests, wetlands, rivers, aquifers and lakes
- By 2030, expand international cooperation and capacity-building support to developing countries in water- and sanitation-related activities and programmes, including water harvesting, desalination, water efficiency, wastewater treatment, recycling and reuse technologies
- Support and strengthen the participation of local communities in improving water and sanitation management

Demographic and health survey (2016) reports that 10% of the households in Sri Lanka are consuming water from unimproved sources in the whole country, while in estate sector 60% of the households are consuming water from unimproved sources. (Those who are taking water from rivers, streams and springs are considered as unimproved water sources)

Currently, 35% of the households in the country have a water supply of the main line from the water board. (Urban 73%, Rural 28%, Estate 19.2%)

The same document reports that 91% of the households in Sri Lanka are having improved toilet facilities while 7% of the population uses improved toilet facilities on shared basis. It is important to note that 2% of the surveyed population are found with no toilet facilities.

Sources: The Right to Water, Fact Sheet No35, United Nations Human Development Report 2006. Beyond scarcity: Power, poverty and the global water crisis, UNDP, 2006 Sri Lanka, Demographic and Health Survey, 2016

Editor

Table 1: Selected notifiable diseases reported by Medical Officers of Health 02nd - 08th June 2018 (23rd Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmaniasis		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	220	3705	4	42	0	4	2	28	4	14	4	99	0	6	0	3	0	0	1	376	0	25	0	2	61	100
paha	110	1948	3	33	0	5	0	12	3	14	1	119	0	4	3	8	0	0	17	393	2	21	1	17	68	100
Kalutara	93	1497	3	38	0	3	0	5	0	35	36	264	0	5	0	5	0	0	9	304	2	37	4	7	55	100
Kandy	94	1537	0	37	0	4	0	3	0	9	4	26	2	62	1	14	0	0	6	175	0	17	3	12	61	100
Matale	24	507	0	8	0	1	0	1	0	12	10	45	0	2	0	3	0	0	0	21	1	6	1	52	59	100
NuwaraEliya	3	84	1	27	0	3	0	9	0	9	1	13	10	81	0	15	0	0	4	132	0	21	0	0	30	100
Galle	28	513	0	22	0	7	0	0	0	2	9	219	1	16	0	2	0	1	3	157	1	28	0	5	12	100
Hambantota	16	477	0	9	0	3	0	2	0	4	2	25	0	22	0	1	0	1	8	140	0	2	2	308	74	100
Matarra	12	455	0	24	0	5	1	4	0	21	6	116	1	21	0	6	0	0	4	150	0	5	11	204	54	100
Jaffna	64	1495	8	75	0	0	0	28	2	202	0	8	5	229	0	1	1	2	3	179	1	8	0	3	35	93
Kilinochchi	5	148	1	17	0	1	0	8	0	1	0	2	0	8	0	0	0	1	2	27	0	2	0	1	49	100
Mannar	1	32	0	11	0	0	0	2	0	2	0	1	0	0	0	0	0	0	0	25	0	1	0	2	36	100
Vavuniya	10	231	1	8	0	3	1	28	0	8	0	20	0	7	0	0	0	1	7	36	0	3	0	3	54	100
Mullaitivu	3	39	0	4	0	0	0	8	0	9	0	8	0	3	0	0	0	0	0	6	0	1	0	1	19	100
Batticaloa	147	3343	1	89	0	5	0	2	0	20	3	26	0	1	0	2	0	2	2	77	0	11	0	0	66	100
Ampara	20	92	7	26	0	1	0	1	0	2	3	30	0	0	1	4	1	1	6	123	2	11	0	1	67	100
Trincomalee	36	499	1	31	0	1	0	4	0	8	0	37	1	16	0	1	0	0	5	127	0	3	0	18	29	100
Kurunegala	33	1290	0	70	1	8	0	9	0	3	3	61	0	10	1	9	0	1	9	275	2	47	9	115	67	100
Puttalam	23	1147	1	21	0	4	0	3	0	4	3	17	0	6	0	2	0	0	4	83	3	41	0	1	71	100
Anuradhapura	28	459	2	27	0	4	0	2	0	34	7	72	0	13	0	4	0	1	17	236	2	20	12	183	42	95
Polonnaruwa	11	153	1	14	0	1	0	0	0	11	4	65	0	0	0	3	0	0	11	130	1	8	16	114	61	88
Badulla	10	218	6	57	0	4	0	6	0	10	10	85	2	36	2	17	0	0	9	270	1	59	0	4	47	100
Monaragala	11	513	1	44	0	2	0	1	0	2	10	183	5	73	0	14	0	0	1	87	4	31	1	20	62	100
Ratnapura	35	1069	4	89	0	26	0	15	0	2	21	255	1	21	0	12	0	1	2	167	2	59	1	124	44	100
Kegalle	19	668	2	35	0	7	0	4	0	71	5	104	0	48	0	8	0	0	4	188	0	25	1	5	66	100
Kalmune	23	1276	1	24	0	0	0	1	0	20	0	3	0	0	0	1	0	0	3	104	0	6	0	1	49	100
SRILANKA	1079	23395	48	882	1	102	4	186	9	529	14	1903	28	690	8	135	2	12	3988	24	498	62	1203	53	99	

Source: Weekly Returns of Communicable Diseases (WRCD).
 *T=Timeliness refers to returns received on or before 08th June, 2018. Total number of reporting units 353. Number of reporting units data provided for the current week: 351. C**_Completeness
 A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

02nd – 08th June 2018 (23rd Week)

Disease	No. of Cases by Province									Number of cases during current week in 2018	Number of cases during same week in 2017	Total number of cases to date in 2018	Total number of cases to date in 2017	Difference between the number of cases to date in 2018 & 2017
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	01	00	00	02	01	00	00	00	00	04	00	27	36	- 25 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	01	02	01	00	01	02	00	00	00	07	02	171	150	14 %
Measles	01	00	00	00	00	01	00	00	00	02	02	58	168	-65.4 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	04	06	-33.3%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	11	09	22.2 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	00	15	21	- 28.5 %
Whooping Cough	00	00	01	00	00	00	01	00	01	03	00	27	08	237.5 %
Tuberculosis	88	32	00	02	11	09	00	00	18	160	239	3731	3652	2.1 %

Key to Table 1 & 2

Provinces: W: Western, C: Central, S: Southern, N: North, E: East, NC: North Central, NW: North Western, U: Uva, Sab: Sabaragamuwa.
RDHS Divisions: CB: Colombo, GM: Gampaha, KL: Kalutara, KD: Kandy, ML: Matale, NE: Nuwara Eliya, GL: Galle, HB: Hambantota, MT: Matara, JF: Jaffna, KN: Killinochchi, MN: Mannar, VA: Vavuniya, MU: Mullaitivu, BT: Batticaloa, AM: Ampara, TR: Trincomalee, KM: Kalmunai, KR: Kurunegala, PU: Puttalam, AP: Anuradhapura, PO: Polonnaruwa, BD: Badulla, MO: Moneragala, RP: Ratnapura, KG: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,

Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis

CRS** =Congenital Rubella Syndrome

NA = Not Available

Dengue Prevention and Control Health Messages

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them free of water collection.

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Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to chepid@slt.net.lk. **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

ON STATE SERVICE

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