Accelerating sanitation: A mixed methods assessment of the health ministry's role in developing countries

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Abstract: Forty percent of the world's population (2.5 billion) lives without adequate sanitation, such as a latrine at home (WHO, 2012). Because of poor sanitation, each year millions of people die and millions more get sick. Although sanitation is a public health fundamental, little research has been published regarding the public health role of the health ministry in developing countries in supporting sanitation. Furthermore, little research exists regarding how the health ministry influences sanitation use in developing countries.

This mixed methods dissertation includes a qualitative comparison of three developing countries and a quantitative analysis of 83 developing countries. The qualitative multi-case comparison of Malawi, Nepal, and Sri Lanka uses a health sector functions framework to compare the level of primary health care (selective, transitional, and comprehensive) to the inclusion of sanitation within the health sector functions. The research found that sanitation was often excluded from the health sector functions in the selective and transitional primary health care (PHC) countries (Nepal and Malawi, respectively). These countries also focused minimal attention on public or environmental health programs. The quantitative analysis shows that although countries with transitional and comprehensive PHC were more likely to have higher sanitation use, progress in sanitation use between 1990 and 2008 was similar across the PHC groups.

This research advances knowledge by: 1) using the health sector functions framework to evaluate health ministry engagement in sanitation, and 2) examining the relationship between health ministry engagement in sanitation (through PHC level) and increased sanitation use. The literature review and qualitative analysis provide initial evidence that incorporating sanitation into the health sector functions may institutionalize sanitation within the health ministry, which could increase a country's resilience to natural disasters, prevent outbreaks, and provide support for needed health gains. However, the scope of the qualitative research is limited to the health ministry's role in institutionalizing sanitation within the health ministry's policies and programs. This research does not consider the efforts of other ministries to institutionalize sanitation. The results show the need for more research regarding systematic efforts to address sanitation, within both health and other ministries in developing countries.

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