

WORLD TOILET DAY

世界厕所





全球公共卫生危机

让 24 亿人都用上基本的厕所可谓长路漫漫，时不我待。

自 2000 年起，通过《联合国千年发展目标》(MDG)，世界已经在致力于改善安全厕所的普及并消除随地便溺。自 1990 年起，全球 21 亿人已经开始使用基本的厕所和其他经过改善的公共卫生设施。今天，全球有 68% 的人口已经用上了厕所。

尽管已经取得了上述成效，但还有许多工作要做。正如《千年发展目标评估》最终报告强调的那样，我们离公共卫生目标还有 7 亿人口的差距。今天，全球还有 24 亿人用不上基本的厕所。¹水和卫生是人权，但厕所普及上的显著不平等威胁着弱势群体的生存、健康、尊严和安全。卫生得不到改善，妇女和儿童尤其会遭受疾病侵扰并会出现营养不良。

2015 年是世界厕所日的重要年份，更广义而言，也是发展的重要年份。在我们着手推进可持续发展目标，并思考到 2030 年必须达成哪些目标才能确保人人享有水资源和卫生设施之际，今年的“世界厕所日”主题强调：改善卫生对确保积极的营养和健康成果起到关键作用，为可持续的未来奠定基础。

¹ JMP (2015). Progress on Sanitation and Drinking Water: 2015 Update and MDG Assessment. Accessible from: http://www.wssinfo.org/fileadmin/user_upload/resources/JMP-Update-report-2015_English.pdf



厕所与营养？了解其中的不解之缘

更卫生，才能更有营养，对于妇女和儿童而言尤为如此。

无法获得洁净的饮用水和卫生设施，再加上良好卫生规范的缺失，是造成营养不良的部分根本原因。联合国估计约有 9.46 亿人随地便溺。²随地便溺意味着腹泻和肠道寄生虫等疾病肆意传播。世界卫生组织表示，所有营养不良病例中，约有 50% 与反复腹泻或肠道寄生虫感染有关，这些状况是水资源、卫生设施和卫生条件匮乏直接造成的。³腹泻与营养不良造成的恶性循环对儿童的影响尤为突出。

患有腹泻的儿童进食较少，并且对食物的吸收和利用能力较弱；而反过来，营养不良让儿童在接触环境中的粪便时，更易感染腹泻。这对儿童的健康和成长有着严重并且通常是致命的影响。所有儿童死亡病例中，差不多有一半与营养不良和喂养方式不适宜有关。⁴恶劣的卫生设施和卫生条件也与发育迟缓（同年龄身高偏矮）和消瘦（同身高体重偏轻）息息相关，这造成无法挽回的身体和认知损伤。2014 年，这些状况影响着 1.59 亿人，以及 5 千万五岁以下的儿童。⁵

这些状况同样对年轻母亲造成灾难性影响。营养状况良好的妇女在怀孕和分娩时风险更小，而且能生出健康的宝宝。目前，所有孕产妇死亡案例中，至少有 20% 与妇女发育迟缓和贫血（血氧浓度低）相关。⁶这些状况会造成产儿体重偏轻，会影响儿童身心发育。⁷

改善卫生对妇女和儿童的营养状况起到重要作用。避免人类和环境接触粪便，妇女和儿童就能免受疾病和营养不良之苦；儿童就能实

² JMP (2015). Progress on Sanitation and Drinking Water: 2015 Update and MDG Assessment. Accessible from: http://www.wssinfo.org/fileadmin/user_upload/resources/JMP-Update-report-2015_English.pdf

³ World Health Organization. (2008). 'Safer water, better health: Costs, benefits and sustainability of interventions to protect and promote health.' Available at: http://apps.who.int/iris/bitstream/10665/43840/1/9789241596435_eng.pdf

⁴ Black, Robert E., Cesar G Victora, Susan P Walker, Zulfiqar A Bhutta, Parul Christian, Mercedes de Onis, Majid Ezzati, Sally Grantham-McGregor, Joanne Katz, Reynaldo Martorell and Ricardo Uauy. (2013). 'Maternal and Child Undernutrition and Overweight in Low-Income and Middle-Income Countries', Lancet Vol. 382, No. 9890: 427 - 451.

⁵ Levels and Trends in Child Malnutrition UNICEF, WHO, World Bank Group Joint Child Malnutrition Estimates, 2015 edition <[uni.cf/jmedashboard2015](http://www.unicef.org/jmedashboard2015)>

⁶ Black, Robert E., et al. (2008). 'Maternal and Child Undernutrition: Global and Regional Exposures and Health Consequences'. Retrieved from: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(07\)61690-0/fulltext?dialogRequest=](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(07)61690-0/fulltext?dialogRequest=)

⁷ World Health Organization. (2014). WHA global nutrition targets 2025: Low birth weight policy brief. Accessible from: http://apps.who.int/iris/bitstream/10665/149020/2/WHO_NMH_NHD_14.5_eng.pdf

现其全部潜能，妇女和婴儿就能生活得更健康、更满足。



现状

水资源和卫生设施的一般现状⁸

- 1990 年起，全球 21 亿人的卫生设施得到改善，26 亿人的饮用水源得到改善。
- 24 亿人（约占全球人口的 1/3）还未用上基本的厕所（用上改进的卫生设施）
- 9.46 亿人（全球每 7 人中有 1 人）还未用上厕所，只能被迫随地便溺。
- 在农村地区，每 10 人中有 9 人随地便溺
- 我们必须加倍努力，争取到 2030 年消除随地便溺⁹

儿童健康与营养：

- 所有营养不良病例中，有 50% 与反复腹泻或肠道寄生虫感染有关，这些状况是水资源、卫生设施和卫生条件匮乏直接造成的。¹⁰
- 所有儿童死亡病例中，差不多有一半与营养不良和喂养方式不适宜有关。¹¹
- 每天，将近 1,000 名儿童死于腹泻疾病，这源于安全水源、卫生设施和基本卫生条件的匮乏。¹²

⁸ JMP (2015).

⁹ UNICEF. (2015). Progress for Children. Beyond Averages: Learning from the MDGs. Available at: http://www.unicef.org/publications/files/Progress_for_Children_No.11_22June15.pdf

¹⁰ World Health Organization. (2008). 'Safer water, better health.'

¹¹ Black, Robert E. et al. 'Maternal and Child Undernutrition and Overweight in Low-Income and Middle-Income Countries.'

¹² Prüss-Ustün et al. (2014). 'Burden of disease from inadequate water, sanitation and hygiene in low- and middle-income settings: a retrospective analysis of data from 145 countries,' Tropical Medicine & International Health, Vol 19, no 8:894-905.



现状

发育迟缓与消瘦：

- 恶劣的水资源、卫生设施和卫生条件与发育迟缓和消瘦密切相关，造成无法挽回的身体和认知损伤。仅 2014 年，全球有 1.59 亿五岁以下的儿童（全球几乎四分之一的儿童）出现发育迟缓，还有 5 千万遭受消瘦之苦。¹³
- 所有孕产妇死亡案例中，至少有 20% 与妇女发育迟缓和贫血（血氧浓度低）相关。¹⁴
- 2013 年，所有新生儿中，有 15-20% 体重偏轻¹⁵
- 所有发育迟缓病例中，约有 25% 在 2 岁前感染过 5 次或以上的腹泻¹⁶；58% 的腹泻病例与水资源、卫生设施和卫生条件匮乏直接相关¹⁷
- 研究显示用上良好卫生设施可让发育迟缓现象减少 27%¹⁸
- 全球儿童身高差异有 54% 归咎于恶劣的卫生设施¹⁹

¹³ Levels and Trends in Child Malnutrition UNICEF, WHO, World Bank Group Joint Child Malnutrition Estimates, 2015 Edition <uni.cf/jmedashboard2015>

¹⁴ Black, Robert.E., et al. ‘Maternal and Child Undernutrition: Global and Regional Exposures and Health Consequences’

¹⁵ World Health Organization. (2014). WHA global nutrition targets 2025: Low birth weight policy brief. Accessible from: http://apps.who.int/iris/bitstream/10665/149020/2/WHO_NMH_NHD_14.5_eng.pdf

¹⁶ Checkley, William, Gillian Buckley, Robert H. Gilman, Ana Mo Assis, Richard L. Guerrant, Saul S. Morris, Kåre Mølbak, et al. (2008). “Multi-Country Analysis of the Effects of Diarrhoea on Childhood Stunting.” International Journal of Epidemiology 37 (4): 816 – 30. doi:10.1093/ije/dyn099.

¹⁷ Prüss-Ustün et al. (2014). ‘Burden of disease from inadequate water, sanitation and hygiene in low- and middle-income settings: a retrospective analysis of data from 145 countries,’ Tropical Medicine & International Health, Vol 19, no 8: 894-905.

¹⁸ Fink, Günther, Isabel Günther, and Kenneth Hill. (2011). “The Effect of Water and Sanitation on Child Health: Evidence from the Demographic and Health Surveys 1986 – 2007.” International Journal of Epidemiology, June, 102. doi:10.1093/ije/dyr102.

¹⁹ RICE Institute. (2013). The nutritional value of toilets: how much international variation in child height can sanitation explain? Retrieved from: <http://riceinstitute.org/research/the-nutritional-value-of-toilets-how-much-international-variation-in-child-height-can-sanitation-explain/>



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