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Written statement^{*} submitted by the Asian Legal Resource Centre (ALRC), a non-governmental organization in general consultative status

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[22 August 2010]

* This written statement is issued, unedited, in the language(s) received from the submitting nongovernmental organization(s).



Sri Lanka: Lack of safe drinking water leading to upsurge in health problems

1. The Asian Legal Resource Centre (ALRC) joins the UN Independent Expert on human rights, water and sanitation, Ms. Catarina de Albuquerque, in welcoming the landmark resolution adopted by the General Assembly on 28 July 2010 that recognised water and sanitation as a human right.

2. Every year, nearly 1.8 million people die from diarrhoeal diseases, including cholera, according to the WHO. Of that number, almost 90 percent are children under five years old. Up to 88 percent of water-borne diseases arise from unsafe water supplies and inadequate sanitation and hygiene.

3. The ALRC is gravely concerned by increasing reports of serious health problems resulting from unsafe drinking water in Sri Lanka, pointing to the failure of the government to protect and fulfil the right to access to safe drinking water for the country's population. Out of the 25 districts in the country, more than 15 districts are seriously affected, at present.

4. Some two thirds of the country is considered a dry zone, where people face difficulties to access safe drinking water. According to the 2008 national census, pipe-borne water coverage in Sri Lanka is around 34%, with the rest of the population depending on local sources such as wells, hand pump tube wells, small scale rural water supply schemes, rain water harvesting tanks and surface water bodies: irrigation tanks, canals, streams and springs.¹ Although the National Water Supply and Drainage Board has been established to manage and deliver water resources to the public, it is evidently not functioning effectively in the majority of the country as yet.

5. It is believed that contamination of water sources, by industry and through agricultural waste and fertilizers, is the main cause of the growing water-related health problems being reported in the country. A lack of properly functioning State monitoring mechanisms for the usage of fertilizers combined with the use by farmers of toxic fertilizers in coconut plantations and rice paddies is creating a wide-ranging problem with possibly serious long term consequences. The government has taken steps to establish a Pesticides Control Board, but this remains ineffectual to date. Substances used include superphosphate and 1.6 muriate of potash, as well as Triple Super Phosphate. The level of cadmium in the domestically produced variety of TSP is significantly over internationally accepted standards. Such levels of cadmium are believed to be contributing significantly to endemic chronic renal failure (CRF) that has emerged since 2002 in the farming provinces of Sri Lanka. An estimate of dietary cadmium intake was between 15 and 28 µg/kg body weight per week, which are considered to be dangerous levels.² It is understood that contamination of Sri Lanka's water by lead and uranium is also a significant problem, with evident health repercussions.

6. Given the geographical make-up of Sri Lanka, the knock on effect that contaminated agricultural water can have is important. Much of the country's agriculture is located in the central hilly part of the country, which is also the source of the island's major rivers. The

² http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6TCR-4YY8MY2-

¹ http://www.waterboard.lk/rws/overview.htm

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central region is home to the farming of commercial crops like tea, coffee, cocoa and staple foods like potatoes and vegetables, as it has uniquely cool and wet climate. This concentration of agriculture has led to large-scale use of fertilizers and pesticides. Toxic chemicals then enter the county's water system and are delivered to other parts of the country, for example via the Mahavali, Kalani, Walawe and Kalu, rivers causing health problems to those who rely on these water sources for their drinking water. For example, the Mahawali river is the major drinking water resource for many districts in the central, north-central, and north-eastern and eastern provinces of Sri Lanka. The government has taken steps to extend this water supply up to the north, including Vavuniya and Thrincomally. The Kalani river is the major drinking water source for the capital Colombo and Gampaha the two most highly-populated districts in the country.

7. This present situation of pollution of these waters is causing serious problems for large populations in many of these districts. The water supply to Colombo, Gampaha and Kalutara is being supervised by the National Water Supply and Drainage Board, but in other districts people have to use the unclean water directly from these sources, without any protection or monitoring

8. There is some legislation in place, such as the Control of Pesticides Act, No. 33 of 1980 and it's amendment, the Control of Pesticides (Amendment) Act No. 6 of 1994, which have led to the appointment of a Register of Pesticide and several Assistant Registers. There is also a Pesticide Formulary Committee for granting license to industries engaged in the sector and a 'Pesticide Technical and Advisory Committee.' However, it is apparent, given the levels of pollution in the country's water-ways, that these are not sufficient or able to prevent serious water contamination. On August 6, 2010 the parliament approved the Weedicides Control Act, which is aimed at assisting to monitor and manage importers, produces, dealers and stockers of such substances. As with the entire range of human rights in Sri Lanka, while there may be laws and committees that look good on paper, the degradation of the fundamental institutions of the rule of law means that the implementation of laws and the protection of rights remain highly elusive.

9. The recent increase in the number of persons suffering from renal disease is one of the major health problems in Sri Lanka. Since 1994, a new form of chronic kidney disease, known as CKDu, has been identified in Sri Lanka, which has causes that are not yet understood. According to the Annual Health Bulletin 2005, the hospital mortality rate for diseases of urinary system (which includes kidney diseases) doubled during the period 1980 – 2005, from 3.1 to 6.5 deaths per 100,000 persons. At the national level, such diseases were the 11^{th} leading cause of hospital deaths in 2005. However, such diseases were the leading cause of deaths in Vavuniya, the third leading cause of death in Anuradhapura, the fourth leading cause in Polonnaruwa, the sixth leading cause in Jaffna, the seventh leading cause in Trincomalee and the eighth leading cause in Badulla district. This follows the pattern of water pollution mentioned above.

10. According to the statistics available, a significant increase of Chronic Kidney Disease has been observed in recent years in North Central Province (NCP), which consists of Anuradhapura and Polonnaruwa districts. In 2003, in Anuradhapura District there were 1098 cases and 143 deaths while in Polonnaruwa, 291 cases and 55 deaths. The NCP contributed 22% of cases and 17% of deaths nationally – a very high per capita level. The population of the province is only 6% of the total population of the country. In 2005, the Anuradhapura Teaching Hospital alone reported 742 live discharges and 140 deaths due to chronic kidney disease. It is postulated that there is a strong regional bias and that paddy farmers are at high risk. The North Central Province has high fluoride content in the ground water, constant exposure to high concentrations of pesticides, agrochemicals such as fertilizers and the storage of water utilizes substandard systems and technology.

11. The national aggregated numbers of those affected are not currently known with precision, but it is estimated that more than 6000 people are currently undergoing treatment for CKDu. Sri Lanka is a developing nation and its health services struggle to meet the demands of such problems. Frequent dialysis is required for CKDu patients. The demand is far beyond the available facilities provided by the government. Although such treatment is available in some hospitals, some proportion of the cost is to be met by the patient, which is totally beyond the capacity of the poor villagers affected by CKDu.

12. The response by the government of Sri Lanka concerning the unsafe water and related health problem needs to be urgent and comprehensive. It needs to immediately address the problem at its source by effectively regulating, monitoring and reducing the use of toxic chemicals that enter the water system, both through the industrial and agricultural sectors. It also needs to extend its safe drinking water services to cover the entire population. It needs to improve the health services it provides to cater for the growing number of persons requiring long-term health treatment for chronic kidney disease. It also needs to engage in campaign of public information in order to provide grater disease prevention and protection for vulnerable groups and the wider population. The Asian Legal Resource Centre urges the Independent Expert on human rights, water and sanitation and other relevant Special Procedures to monitor this situation closely and provide recommendations to the government of Sri Lanka to assist it in resolving this problem before it worsens further.