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Corrigendum

Editorial: Water supply and sanitation as a ‘preventive medicine’: challenges in rapidly growing economies, by V.S. Saravanan and Daphne Gondhalekar, *Water International*, Vol. 38, No. 7, 867–874, <http://dx.doi.org/10.1080/02508060.2013.857142>

The first paragraph in the section ‘Emphasis on result-based targets’ on pp. 2-3 should read as follows (the final two sentences have been corrected):

Ideally, water supply and sanitation (WSS) combine to represent an integrated system that involves capturing, transporting, treating, effectively supplying and disposing of water through an appropriate socio-institutional environment that is hygienic, equitable and sustainable. In contrast, the contributors reveal that many of the interventions in their case studies were merely on-site, household-level interventions of WSS. They are either technocentric, focused on on-site drinking water and sanitation technologies and in-house treatment, or socially engineered public participation, training households on hand washing and awareness building measures, emulating the result-based targets of the MDGs. Further, the interventions separate water supply, sanitation and hygiene, which are inextricably related. Caraguatatuba, Brazil, claims to have over 95% coverage of drinking water, sanitation and garbage collection (Johansen et al.). However, this does not mean that there is water available at all times; irregular supplies have forced households to store water, and excessive storage of water has been one of the factors associated with the difficulty of controlling dengue epidemics. This is complicated by the poor quality of sanitation and inefficient wastewater management. Similarly, in Saravanan’s paper, Ahmedabad claims to supply more than 90% of its population with water supply and sanitation, yet WVDs continue to recur. Several of our contributors (Saravanan, Babalobi, Gondhalekar et al., and Carino and Xie) argue that the integrated nature of water supply and sanitation is well understood locally but remains elusive for national and international agencies, who believe in “on-site” disengaged interventions, which, the contributors argue, has actually increased the threat of WVDs.