

INVESTING IN WATER AND SANITATION: INCREASING ACCESS, REDUCING INEQUALITIES

Special Report for the
Sanitation and Water for All (SWA)
High-Level Meeting (HLM) 2014



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I. Background

Data from 86 countries¹ are presented in this preliminary analysis, along with information provided by 21 external support agencies (ESAs). The full GLAAS report, scheduled for publication in November 2014, will include an analysis of over 90 countries and ESA respondents, representing all Millennium Development Goal (MDG) regions and over 90% of official development assistance for sanitation and drinking-water.

The GLAAS process enables countries to discuss and identify national water and sanitation priorities and barriers to service provision, along with promoting a culture of accountability,

partnership and shared responsibility. This latest GLAAS information is being used to help governments formulate specific, achievable, measurable, and time-bound commitments in preparation for the Sanitation and Water for All (SWA) High-Level Meeting (HLM). GLAAS provides Finance and Water Sector Ministers, along with Ministers of Development Cooperation, with information that allows them to make more informed investment decisions to extend and sustain service provision. It underscores to Ministries of Health that adopting a primary prevention approach to reduce disease is a cost-effective² and equitable approach to improving the lives of millions.

¹ 2013 GLAAS survey results are based on responses from 86 countries globally: Africa (33), European and Central Asian Region (12), Eastern Mediterranean Region (11), Latin America (16), South-East Asia (6) and the Western Pacific Region (8).

² WHO (2012) Global costs and benefits of drinking-water supply and sanitation interventions to reach the MDG target and universal coverage. Geneva, World Health Organization. Available at: http://www.who.int/water_sanitation_health/publications/2012/globalcosts.pdf [accessed 31 March 2014].

In many countries, water and sanitation policies, plans and strategies are in place to reach vulnerable groups such as those living in poverty. However, monitoring progress in access and service provision for the poor is carried out in less than half of countries for sanitation and drinking-water. Targeting of finance and measures to reduce disparities between the rich and poor are not being consistently applied. Only 15% of low and middle income countries have established and apply financial measures that are targeted towards reducing inequalities in access to sanitation for the poor and just below a quarter for drinking-water. [TABLE 1]

Table 1 Measures of inequality for those living in poverty

		GOVERNANCE	MONITORING	FINANCE	PERCENTAGE OF COUNTRIES IN THE CATEGORY WITH EQUITY MEASURE IN PLACE
		Universal access policy specifically includes measures for the poor	Monitoring system tracks progress in extending services for the poor	Finance measures to reduce disparity between the rich and poor are consistently applied	<ul style="list-style-type: none"> ● 80–100% ● 60–79% ● 40–59% ● 0–39%
SANITATION	World Bank country classification by income ^a	Number of countries			
	Low income	30	80%	40%	13%
	Lower middle income	24	83%	54%	12%
Upper middle income	24	71%	29%	21%	
WATER	World Bank country classification by income ^a	Number of countries			
	Low income	30	80%	43%	23%
	Lower middle income	24	83%	58%	21%
Upper middle income	24	71%	42%	25%	

^a Due to a small sample size the category of 'high income countries', including Chile, Estonia, Lithuania, Oman and Uruguay, has been removed from this table. Due to pending revised data, Colombia, Dominican Republic and Guinea-Bissau have not been included in these calculations.

CAMBODIA

A focus on improving WASH services for the urban poor for better results

Cambodia has achieved remarkable progress in the delivery of urban WASH services in the last 10 years with Phnom Penh Water Supply Authority (PPWSA) highlighted as an example of achievement. PPWSA has won a number of national and international awards for its work, including the Stockholm Industry Water Award in 2010 and the Asian Development Bank Water Prize in 2004. Cambodia has developed effective policies for ensuring water is affordable for poor people especially in urban areas. The result of these efforts is that urban coverage has increased for both drinking water and sanitation among all wealth quintiles. The progress for increasing sanitation coverage for the two lowest urban wealth quintiles is significant: from a low base (0%), to nearly 30% and 70%. In 2012, 7% of the population in urban areas practiced open defecation, down from 28% in 2005.³ A remaining challenge is to strengthen the delivery of rural water and sanitation services.

II. The human right to water and sanitation

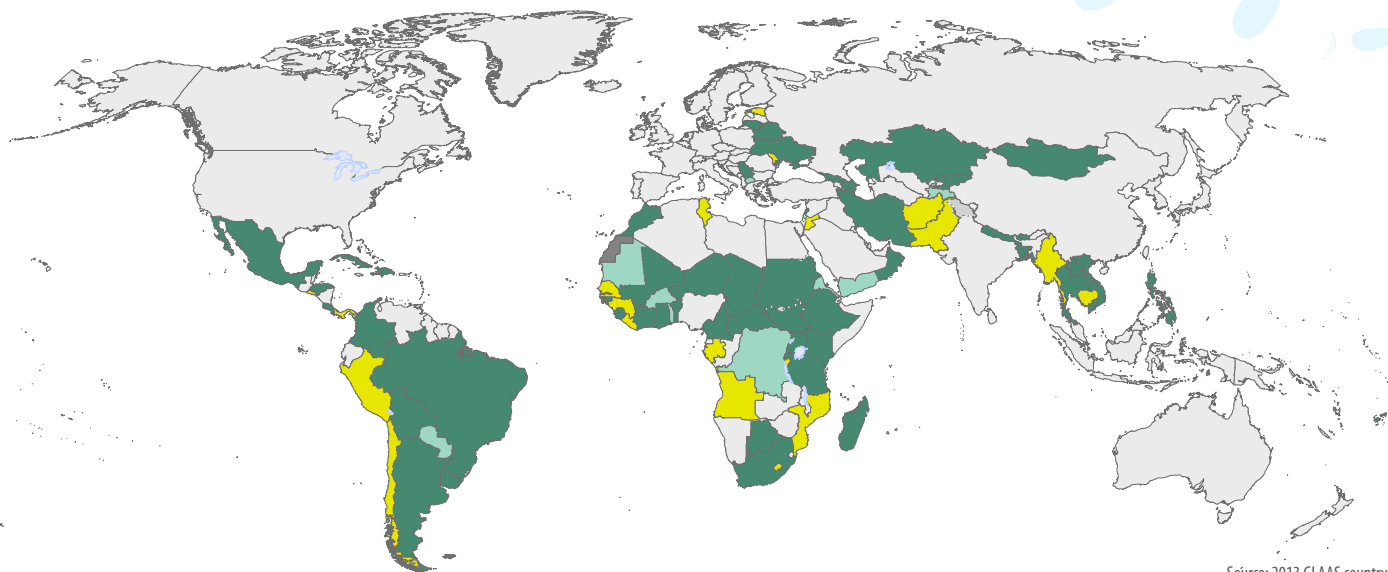
Fig. 1

Countries with a constitution or other legislation that recognize water and sanitation as a human right^a

DOES THE CONSTITUTION OR OTHER LEGISLATION RECOGNIZE WATER AND SANITATION AS A HUMAN RIGHT?

- YES, FOR BOTH WATER AND SANITATION
- YES, WATER ONLY
- YES, SANITATION ONLY
- NO
- DATA NOT AVAILABLE
- NOT APPLICABLE

Over 75% of countries have recognized the human right to water and 67% of countries have recognized the right to sanitation. [FIG. 1]



Source: 2013 GLAAS country survey

a Some countries may have more broadly defined laws or legislation for incorporating the human right than others.

SOUTH AFRICA

A focus on providing for the poorest leads to more equitable WASH outcomes

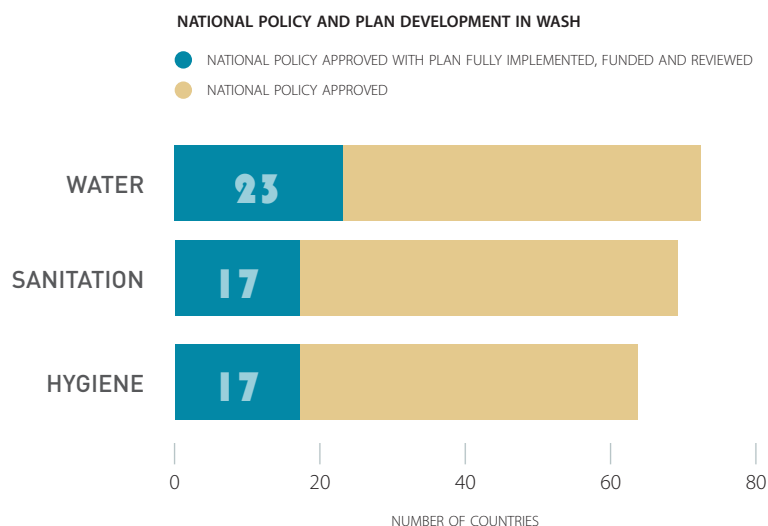
With the ending of apartheid, the Government of South Africa prioritized the provision of basic services, including water supply, sanitation and energy services. Ambitious targets were set within a policy framework that included 'free basic water' and 'free basic sanitation' for households with resources below the social grant amount (approximately US\$ 1 per day). In 2012, 3.47 million and 1.84 million people benefitted from free services for water and sanitation respectively.⁴ Resources were provided to decentralized organizations charged with providing basic WASH services. Strong monitoring frameworks were put in place to track progress against the targets. Although the time-frame for reaching the targets of universal coverage has not been met, major gains in access have been achieved, especially for the poor and those living in rural areas.⁵ There remains, however, a major challenge in attracting and retaining professional staff to manage, operate and maintain WASH infrastructure.

⁴ 2013 GLAAS country survey: South Africa.

⁵ WHO/UNICEF (2014) Progress on drinking-water and sanitation – 2014 update. Geneva, World Health Organization.

III. National policies, implementation and monitoring

Fig. 2 Status of national policy and plan development in WASH



Source: 2013 GLAAS country survey

Countries are struggling to fully implement national WASH plans. While most countries have developed WASH policies, less than 30% of countries report having plans that are costing, funded, implemented and regularly reviewed. [FIG. 2]

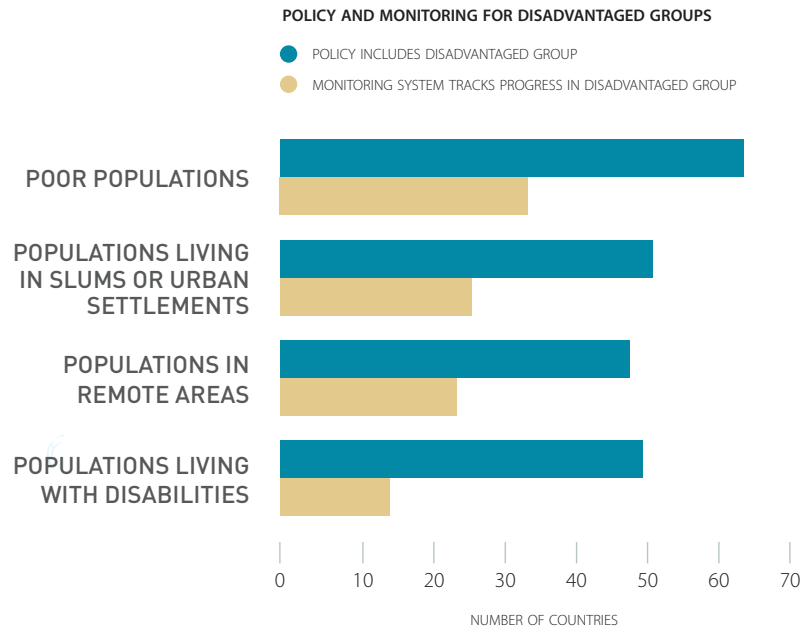
ETHIOPIA

Clear plans and coordinated action by the different ministries responsible for WASH outcomes accelerate progress

Under its Universal Access Plan (UAP)⁶ in 2005, the Government of Ethiopia set ambitious long-term objectives to meet the WASH MDG targets and to move towards universal access. It followed this with a clear strategy to coordinate its WASH efforts across different Ministries (Water Resources, Health, Education) civil society and ESAs. Significant financial and human resources were made available and the UAP was updated in 2011. The result: major increases in access to drinking-water, sanitation and hygiene promotion within both urban and rural populations by all wealth quintiles.

⁶ Moriarty P, Jeths M, Abebe H and Deneke I (2009) Synthesis Paper: Reaching Universal Access: Ethiopia's Universal Access Plan in the Southern Nations, Nationalities and People's Region (SNNPR). Research-inspired Policy and Practice Learning in Ethiopia and the Nile Region (RiPPLe), Governance and Planning Team. Addis Ababa, Ethiopia.

Fig. 3 Policy and monitoring for disadvantaged groups in water and sanitation^a



Source: 2013 GLAAS country survey

^a The following countries have been excluded from analysis pending revised data, Colombia, Dominican Republic and Guinea-Bissau.

Countries are progressively establishing policies for disadvantaged groups, but a gap remains in their capacity to track and report progress in access for disadvantaged groups. [FIG. 3]

Few countries collect and analyse data AND use this information to make funding decisions on sanitation. [FIG. 4]

- Only 31% of countries have and use available data for resource allocation in the sanitation sector.
- By contrast, in the health sector, data-based decision-making is used by 65% of countries to respond to water and sanitation related disease outbreaks.
- More than half of countries undertook a national joint sector review for sanitation in the last two years, involving on average six to nine ministries and institutions (Fig. 4).

Fig. 4 Institutional leadership and coordination in sanitation and existence of a national joint sector review^a

DATE OF LAST NATIONAL ASSESSMENT E.G. JOINT SECTOR REVIEW (FROM JANUARY 2014)

NUMBER OF



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