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Sanitation: Achievements, Failures and Post 2015 Goals

Ms Payden (WHO)

Mr Chander Badloe (UNICEF)

3rd Asian Sanitation Dialogue, ADB, Manila, Philippines, 27-29 May 2014



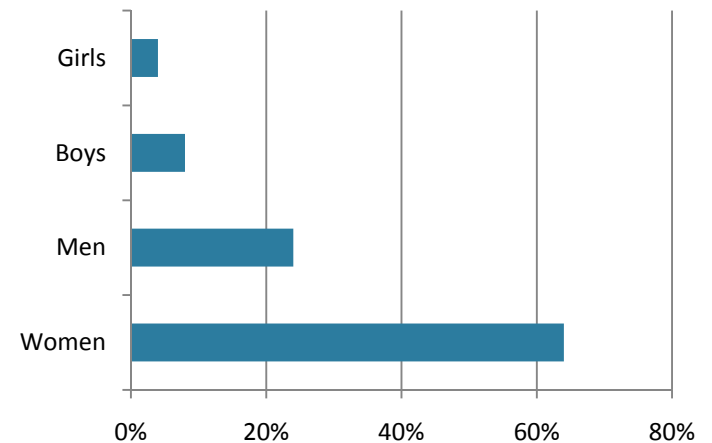
Driving forces for sanitation

- Health gains - preventing diarrheal diseases, stunting (environmental enteropathy), polio, hepatitis
- Economic gains – less spending on treatment, more productive days, reduced health care costs
- Reducing poverty
- Environment
- Enhancing dignity and wellbeing of women and girls (safety, mental health, education)

Driving forces

- Women and girls suffer the most due to poor sanitation
- Lack of adequate sanitation (in schools) deters girls from attending school
- Globally about 44 million pregnant women suffer from sanitation-related hookworm infections

- Women (64%) also bear the burden for collecting water
(WHO/UNICEF JMP report 2010)



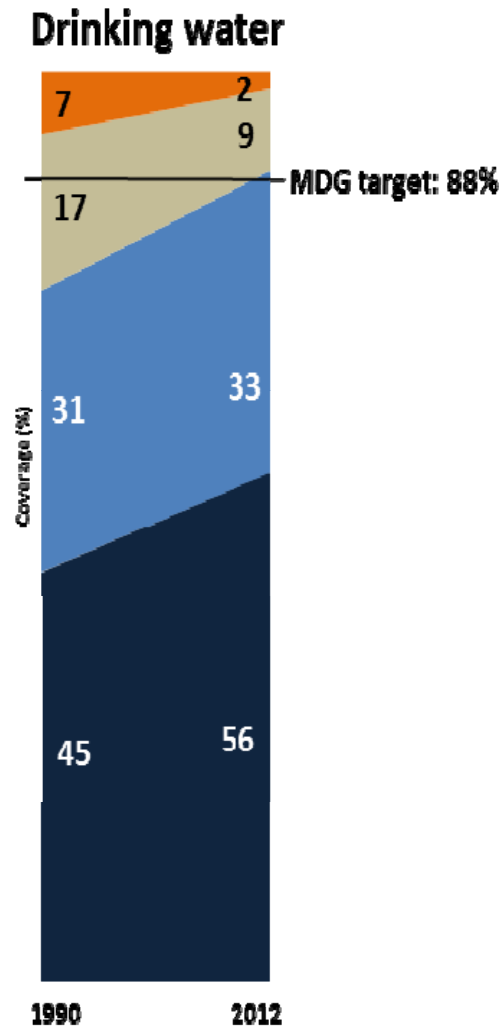
Global progress 1990-2012

Drinking Water

MDG target: 88%

Coverage in 2012: 89%

Countries met MDG target: 116

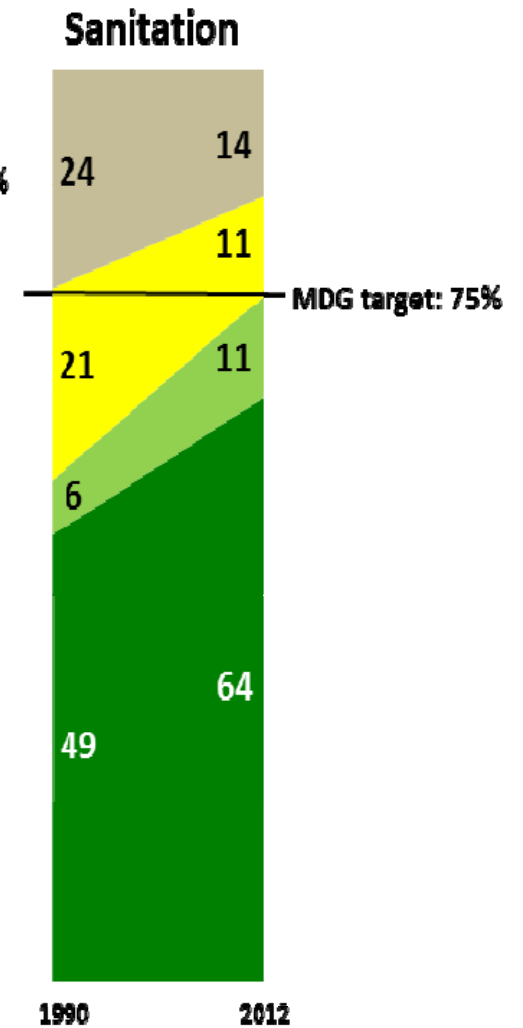


Sanitation

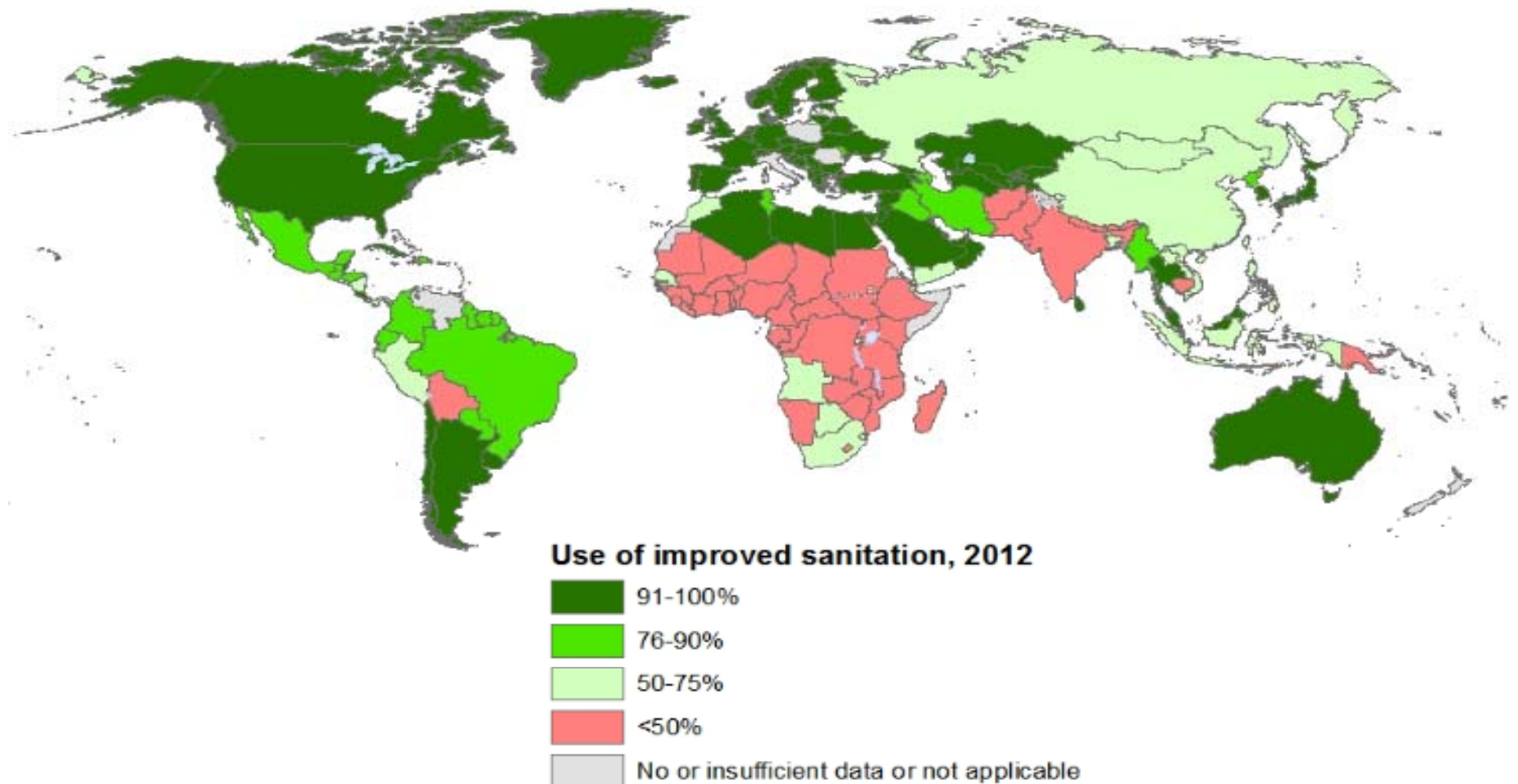
MDG target: 75%

Coverage in 2012: 64%

Countries met MDG target: 77



Access to improved sanitation, 2012



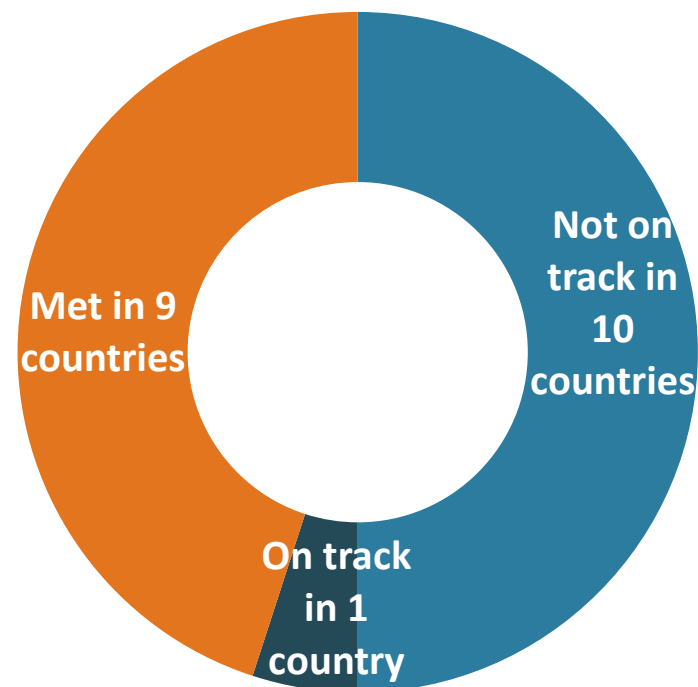
In 46 countries access to sanitation is less than 50%

Progress in Asia (south and south-east 1990-2012)

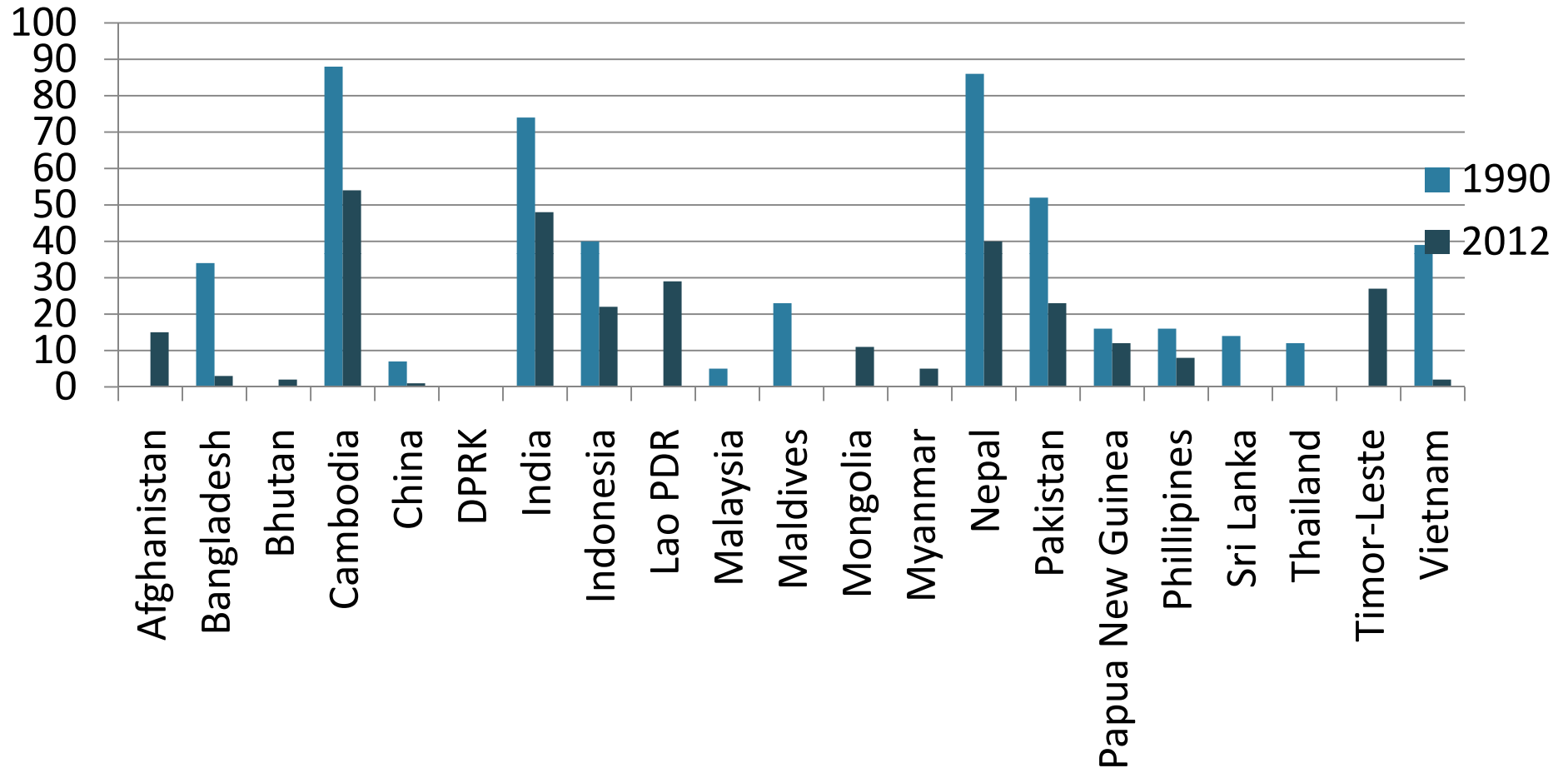
Sanitation

About 1 billion people have gained access to sanitation since 1995

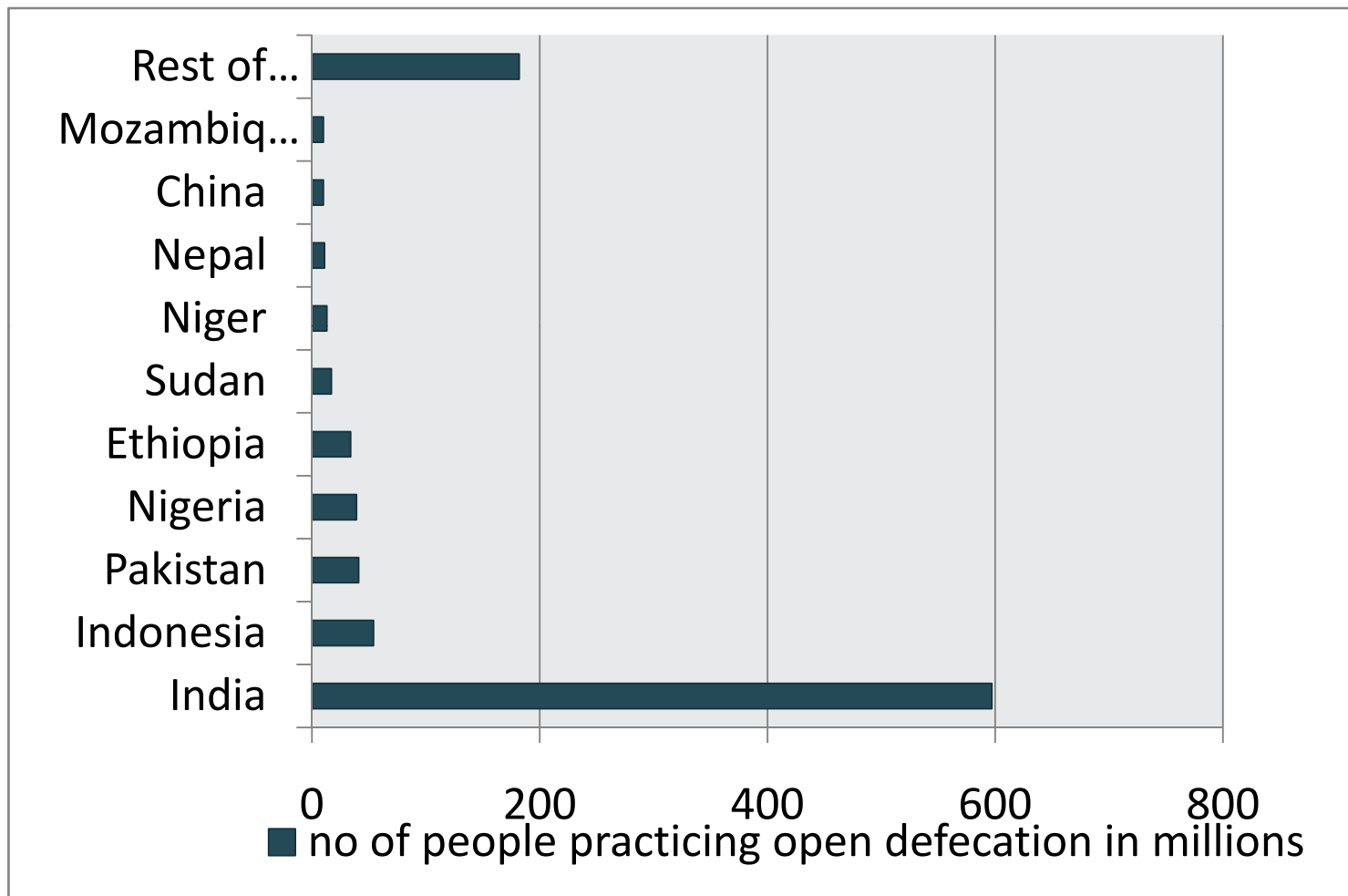
Open defecation has reduced – next slide



Progress on reducing open defecation



82% of the 1 billion people practicing open defecation in the world live in 10 countries

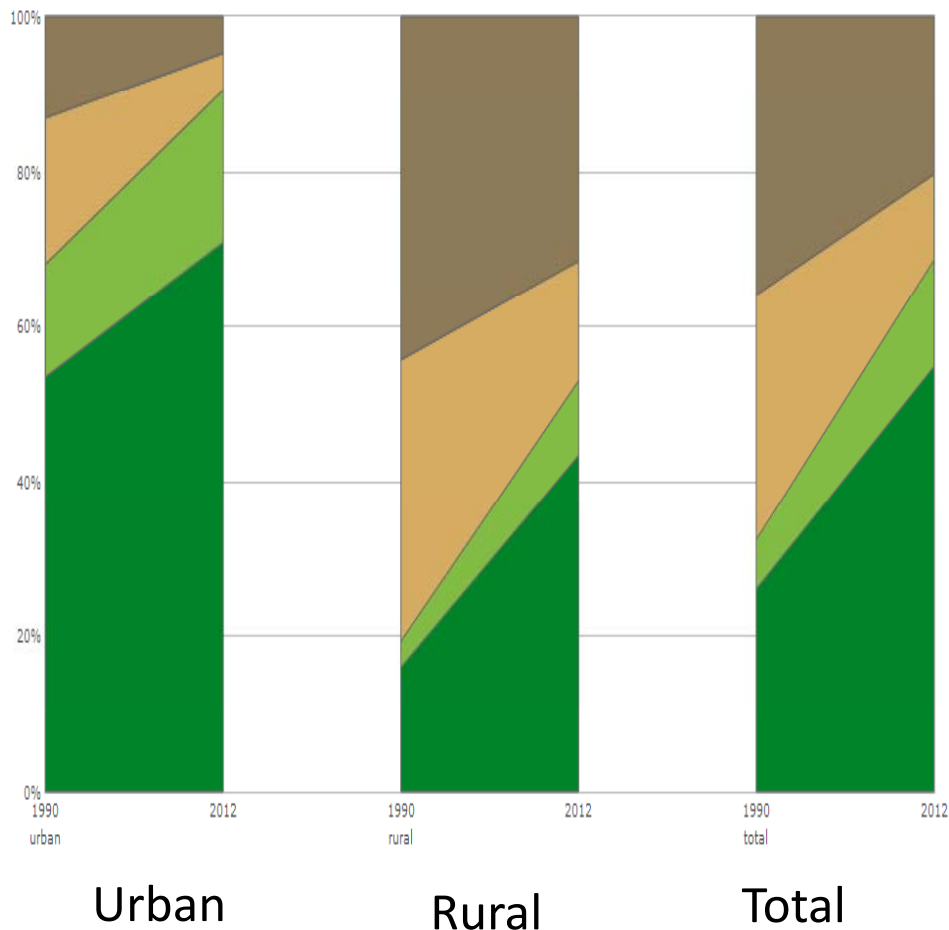


Countries that have significantly reduced Open Defecation (OD)

Country	% practicing OD in 1990	% practicing OD in 2012	% point reduction in OD 1990-2012
Nepal	86	40	46
Vietnam	39	2	37
Cambodia	88	54	34
Bangladesh	34	3	31
Pakistan	52	23	29

Equity: real story lies beneath the surface (2012)

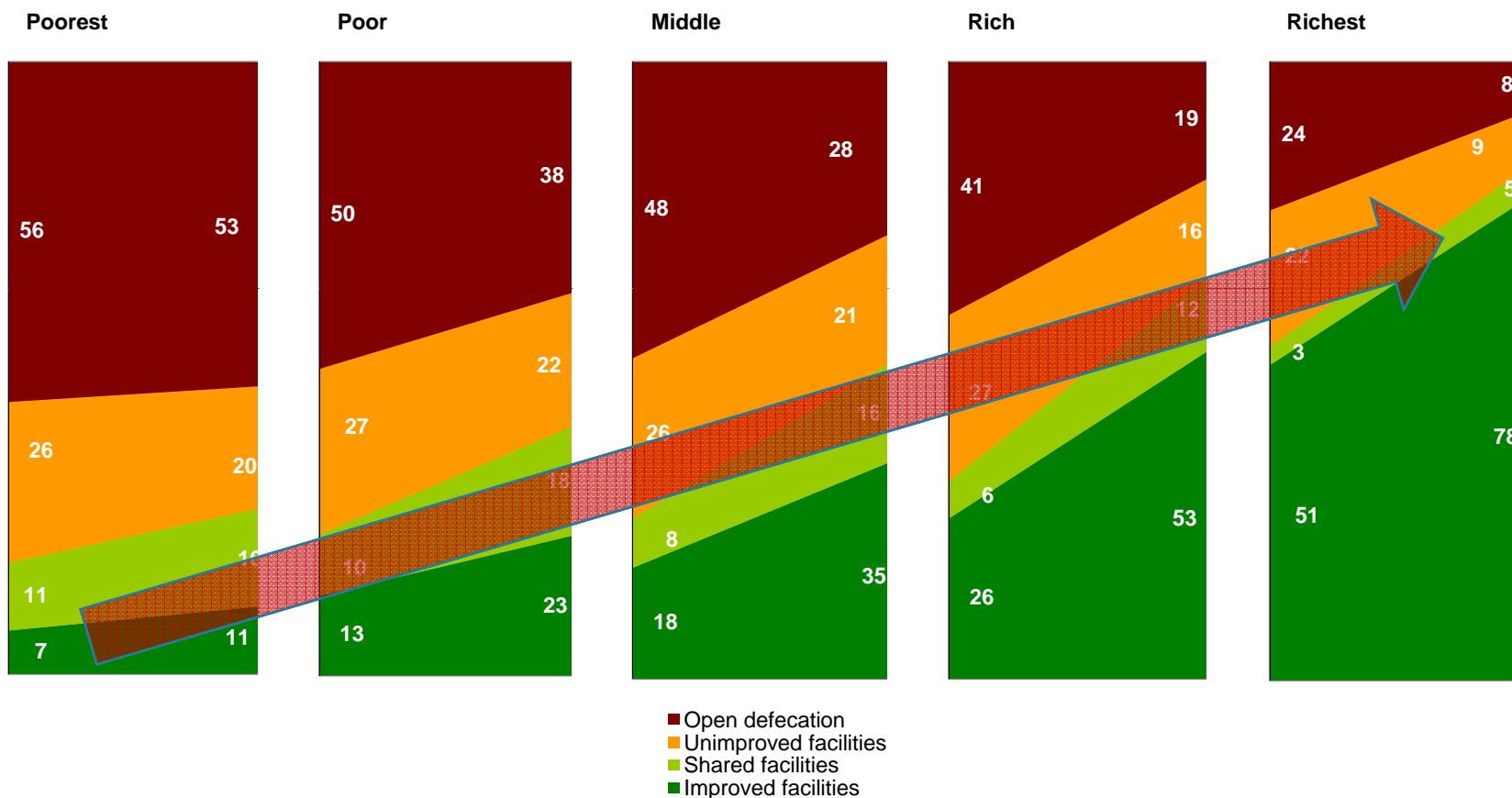
Percentage of population in Indonesia with access to sanitation in 1990 and 2012



- **World Average: 64%**
- **SEA region: 45%**
 - **Urban: 64%**
 - **Rural: 36%**
- **Indonesia: 59%**
 - **Urban: 71%,**
 - **rural: 46%**
 - **Richest: U/R:97%/78%**
 - **Poorest: U/R:46%/11%**

Wealth based disparities: quintile

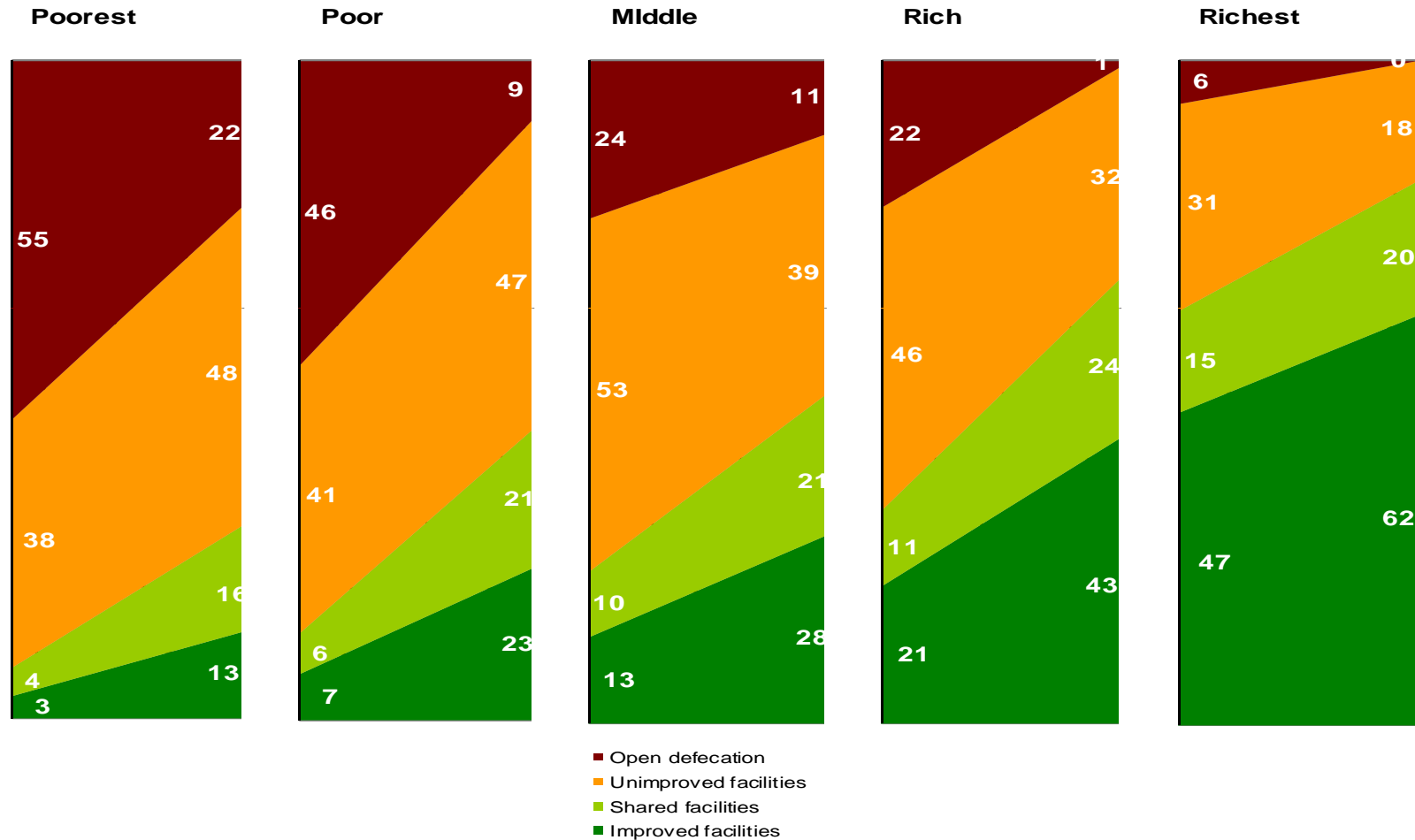
INDONESIA - Rural sanitation coverage
Evolution (1995-2010) by wealth quintiles



Rich-poor gap: 44%pt in 1995 to 67%pt in 2010

Equitable progress: an example

BANGLADESH - Rural sanitation coverage
Evolution (1995-2010) by wealth quintiles

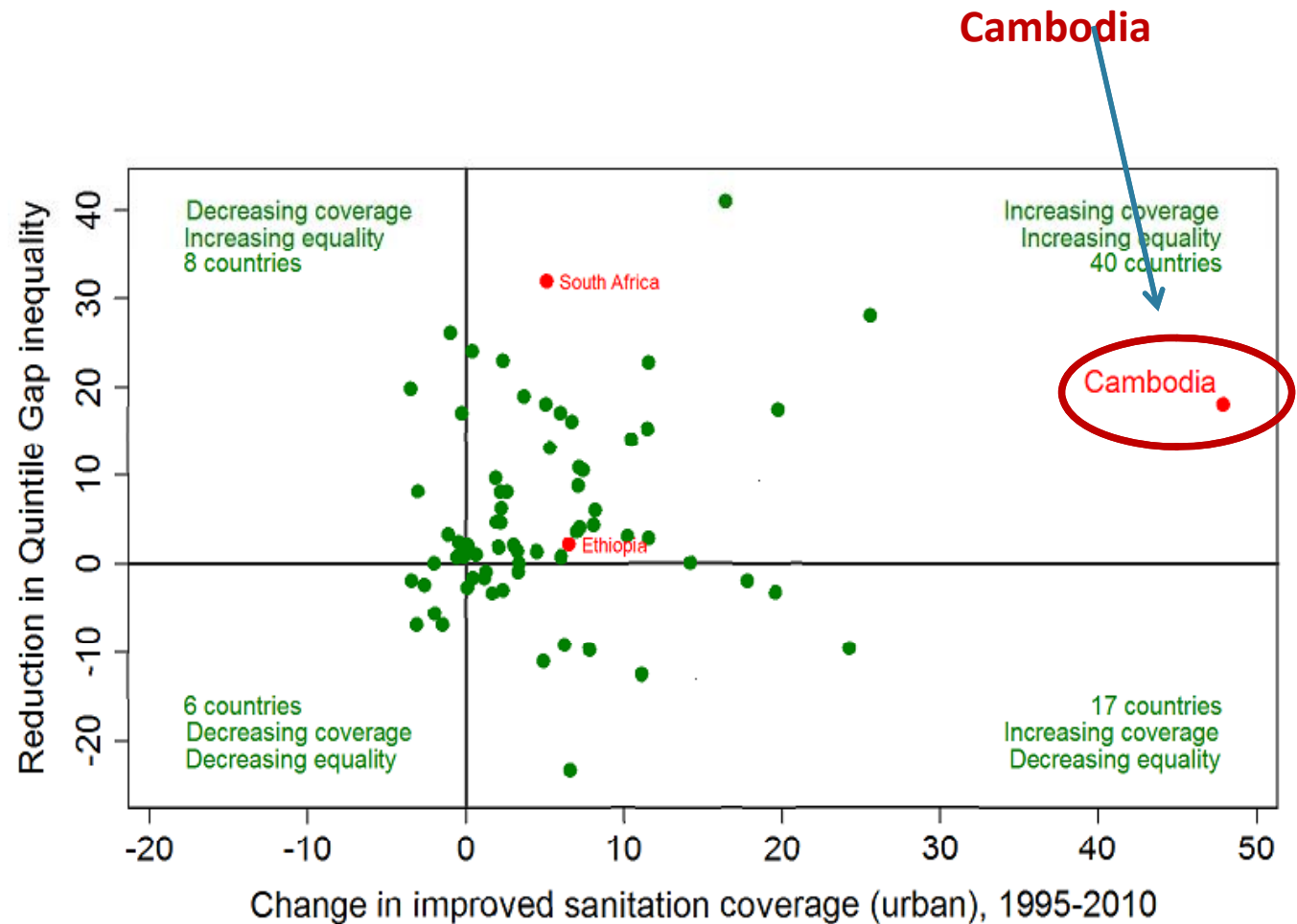


Lessons learned

- *Regional sanitation forums helped accelerate sanitation (SACOSAN greatly and EASAN partly)*
- *Community based approaches (CLTS, total sanitation, school sanitation, STBM etc) – gaining momentum in some countries*
- *JMP and GLAAS processes – identifying achievements and gaps, opportunity for targeting resources*
- *Over 75% of countries (that participated in GLAAS 2014 survey) have recognized the **human right** to water and **67% the right to sanitation***
- *More than half of countries (86 countries that took part in GLAAS survey 2014) undertook a **national joint sector review** for sanitation in the last two years*

Lessons learned - WASH services for urban poor

- CAMBODIA – A *focus on improving WASH services for the urban poor for better results*



Lessons learned - Equity for populations living in poverty

> 75%
Countries have universal access policy with measures for poor populations

< 45%
Countries specifically monitor progress of populations living in poverty

< 20%
Countries consistently apply finance measures to reduce rich-poor disparity

In Asian Region, **5 out of 16 countries** have financial measures in place targeting the poor.

However only **3 of these countries** consistently apply those measures.

World Bank country classification	GOVERNANCE	MONITORING	FINANCE
Low income (30 countries)	80%	40%	13%
Lower middle income (24 countries)	83%	54%	12%
Upper middle income (24 countries)	71%	29%	21%

80 - 100%

60 - 79 %

40 - 59 %

0 - 39 %

Challenges

- **Sanitation *beyond toilets:***
 - *estimated 90% of wastewater in developing countries is discharged directly into rivers, lakes, oceans*
 - *increasing evidence of three health threats (diarrhea, helminths and environmental enteropathy) means conjunctive delivery of water, sanitation and hygiene essential*
- ***Increasing demand, effective use and sustainability – rural areas***
- ***Only 31 % countries have and use available data (financial, access, human resource, national standards etc) to allocate resources to sanitation***

Challenges

- *A gap remains in governments' capacity **to track and report progress in access for disadvantaged groups***
- *Few countries collect and analyse data **AND use this information** to make funding decisions on sanitation*
- *Public expenditure on WASH in low income countries varies from 0 – 1.78% of GDP*

Challenges

- ***Focus has been on sanitation in communities while institutions such as health centres and schools have not been given adequate attention –***
 - *WASH in health care facilities (HCF) is often poor in developing countries*
 - *Monitoring systems are weak or non-existent*
 - *Evidence base for WASH in HCF is deficient*
 - *Many countries do not have policies that account for WASH in HCF*

Developments towards post-2015 WASH

WASH targets build on existing MDG targets with non-discrimination and equity as central components.

The Vision – Universal access to safe drinking water, sanitation and hygiene

<http://sustainabledevelopment.un.org/index.php?menu=1561>

Proposed targets

By 2030

- ***To eliminate open defecation;***
- ***To achieve universal access to basic drinking water, sanitation and hygiene for households, schools and health facilities;***
- ***To halve the proportion of the population without access at home to safely managed drinking water and sanitation services; and***
- ***To progressively eliminate inequalities in access***

Post-2015: addressing

- *WASH in institutions as well as the home*
- *Disparities and inequalities*
- *Water safety*
- *Safe treatment, disposal/reuse of wastewater, fecal sludge*
- *Monitoring*

Thank you

payden@who.int