

INVESTING IN WATER AND SANITATION: INCREASING ACCESS, REDUCING INEQUALITIES

UN-Water Global Analysis and Assessment of
Sanitation and Drinking-Water
GLAAS 2014

MAIN FINDINGS



Executive summary

INTRODUCTION

The UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) 2014 Report, *Investing in Water and Sanitation: Increasing Access, Reducing Inequalities*, is the third biennial report to be published since the original founding of GLAAS, in 2008. GLAAS was first established to enhance the evidence base and help identify bottlenecks to progress in water and sanitation, as well as inform actions undertaken by UN-Water members and partners.

The GLAAS biennial reports analyse and assess both the inputs (human resources and finance) and the enabling environment (laws, plans and policies, institutional arrangements and monitoring systems) for WASH and complement the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation reports that monitor WASH sector outcomes.

WASH CONTEXT

Safe and sufficient drinking-water, along with adequate sanitation and hygiene have implications across all Millennium Development Goals (MDGs) – from eradicating poverty and hunger, reducing child mortality, improving maternal health, combating infectious diseases, to ensuring environmental sustainability. Much progress has been achieved over the past decade:

2.3 BILLION PEOPLE gained access to improved drinking-water between 1990–2012.¹

The number of children dying from diarrhoeal diseases, which are strongly associated with poor water, inadequate sanitation and hygiene, have steadily fallen over the two last decades from approximately **1.5 MILLION DEATHS** in 1990 to just above **600,000** in 2012.²

As the world turns its attention to the formulation of the post-2015 Sustainable Development Goals (SDGs) much remains to be done particularly to reduce inequalities across populations:

2.5 BILLION PEOPLE lack access to improved sanitation¹.

1 BILLION PEOPLE practice open defecation, nine out of ten in rural areas¹.

¹ WHO/UNICEF (2014) Progress on drinking-water and sanitation – 2014 update. Geneva, World Health Organization.

² WHO (2014) Preventing diarrhoea through better water, sanitation and hygiene. World Health Organization, Geneva.

748 MILLION PEOPLE lack access to improved drinking-water and it is estimated that **1.8 BILLION PEOPLE** use a source of drinking-water that is faecally contaminated¹.

HUNDREDS OF MILLIONS OF PEOPLE have no access to soap and water to wash their hands, preventing a basic act that would empower them to block the spread of disease.

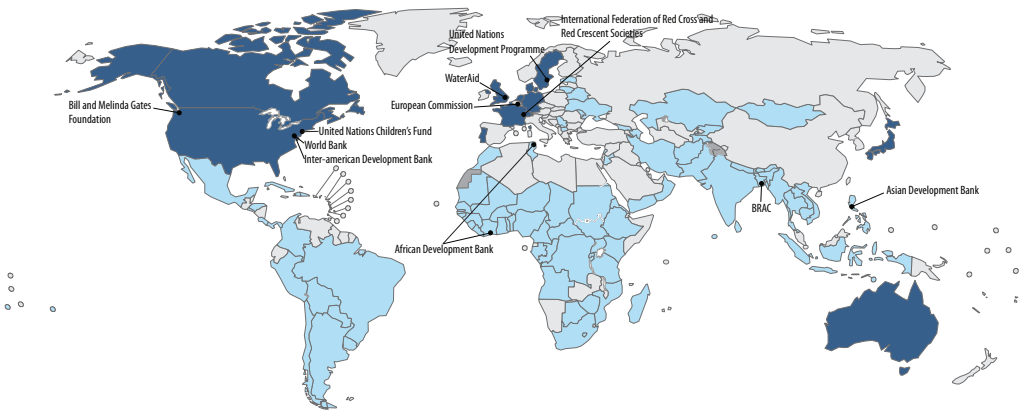
UN-WATER GLAAS 2014

The UN-Water GLAAS 2014 Report, *Investing in Water and Sanitation: Increasing Access, Reducing Inequalities* presents data from 94 countries, covering all MDG regions. It also includes data from 23 external support agencies (ESAs)², representing over 90% of official development assistance (ODA) for sanitation and drinking-water (Fig. 1). Since the start of GLAAS in 2008, the number of participating countries, and the amount and quality of information collected, has increased.

Fig. 1 Country and external support agency (ESA) participation in GLAAS 2013/2014 surveys

PARTICIPATION IN 2013/2014 GLOBAL ANALYSIS AND ASSESSMENT OF SANITATION AND DRINKING-WATER (GLAAS)

- BI-LATERAL DONOR/EXTERNAL SUPPORT AGENCY
- NOT A PARTICIPANT
- AID RECIPIENT COUNTRY
- NOT APPLICABLE



¹ WHO/UNICEF (2014) Progress on drinking-water and sanitation – 2014 update. Geneva, World Health Organization.

² External Support Agencies (ESAs) comprise donors (governments) and other sources of funding/support (e.g. Nongovernmental organisations and foundations) that provide Official Development Assistance (ODA).



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PURPOSE OF GLAAS

The objective of the UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS), which is implemented by WHO, is to monitor the inputs (human resources and finance) and the enabling environment (laws, plans and policies, institutional arrangements, monitoring) required to extend and sustain WASH systems and services to all, and especially to the most disadvantaged population groups. GLAAS also analyses the factors associated with progress, in order to identify drivers and bottlenecks, highlight knowledge gaps and assess strengths and challenges within and across countries. GLAAS facilitates the creation and strengthening of government-led platforms that bring together the many institutions and actors influencing WASH service delivery.

In addition, the GLAAS findings are being used to:

- Promote country and external support agency (ESA) mutual accountability.
- Improve country planning and monitoring processes, and support decision-makers target efforts and resources for more equitable WASH outcomes.
- Identify gaps in understanding and tracking of financing to WASH, supported by the UN-Water GLAAS "TrackFin" initiative, which aims to strengthen national systems for the collection and analysis of financial information.
- Review and inform formulation of commitments that feed into the Sanitation and Water for All (SWA) processes.

SUMMARY TABLE OF KEY INDICATORS FOR WASH – GLAAS 2014

VALUE	INDICATOR
CONTEXT	
2.5 billion	People lacking basic sanitation (JMP 2014)
1 out of 7	Proportion of world population practising open defecation (JMP 2014)
NATIONAL PLANNING AND COORDINATION	
29% / 23% / 20%	Percentage of countries reporting to have plans that are costed, funded, implemented and regularly reviewed for <i>drinking-water / sanitation / hygiene</i>
One third	Countries with a human resource strategy in sanitation, drinking-water and hygiene (covering urban and rural areas)
74% / 67%	Percentage of countries recognizing <i>water / sanitation</i> as a human right by law
79% / 41%	Percentage of countries with: a WASH policy which explicitly includes populations living in poverty / a monitoring system that tracks progress for populations living in poverty
MONITORING AND USE OF PERFORMANCE INDICATORS	
Approx. 50%	Countries reported having undertaken a national assessment for water and sanitation (e.g. Joint Sector Review) since 2012
>60% / <50%	Percentage of countries with formal service providers that report to regulatory authority and use results of their internal monitoring to trigger a corrective action for <i>urban / rural</i> drinking-water
Approx. 70% / Approx. 40%	Percentage of countries report carrying out independent surveillance of <i>urban / rural</i> drinking-water quality against national standards
31% / 45%	Percentage of countries report using indicators to track expenditure against established baseline data for sanitation / drinking-water
21% / 30%	Percentage of countries report to track functionality against established baseline data for sanitation / drinking-water
NATIONAL FINANCING	
35%	Percentage of countries able to provide detailed WASH expenditure
80%	Percentage of countries reporting insufficient financing
73%	Average percentage of WASH financing derived from households
57% / 43%	Breakdown between drinking-water and sanitation country expenditure
82% / 18%	Breakdown between urban and rural country expenditure
<1%	Average expenditure on hygiene promotion (as % of total WASH)
>50% / >35%	Percentage of countries with domestic / external absorption rates greater than 75%
>70%	Percentage of countries with less than 80% cost recovery for O&M
>60%	Percentage of countries indicating that affordability schemes exist
EXTERNAL SUPPORT^a	
US\$ 10.9 billion	Official development assistance commitments for water and sanitation
6.1%	Percentage of total ODA commitments for water and sanitation
US\$ 6.7 billion	Official development assistance disbursements for water and sanitation
73% / 27%	Breakdown between drinking-water and sanitation aid commitments
21%	Proportion of aid commitments directed to basic services
73% / 27%	Breakdown between urban and rural external aid disbursement
45%	Average proportion of external financing allocated for new services
59% / 41%	Breakdown between concessional ODA loans and ODA grants

^a Data year 2012, unless otherwise indicated.

Main findings

Ten key findings emerge from GLAAS 2014. The results show that to improve access and reduce inequalities beyond 2015, much needs to be done to effectively implement and monitor WASH policies at national level, including to:

- Secure, absorb and target sustained international and national financing;
- Renew focus on health facilities as a priority; to strengthen action in the crucial area of hygiene promotion;
- Support the operation and maintenance of existing infrastructure and services;
- Expand efforts in neglected rural areas where the need for improved services is greatest.

Addressing these issues, in line with achieving the goal of universal coverage in water, sanitation and hygiene, will require the collective efforts of national governments, local communities and international agencies alike.

1 Governments show strong support for universal access to drinking-water and sanitation

The findings of GLAAS 2014 show that global aspirations towards universal access to safe and affordable water and sanitation are supported by political processes in many countries. Two thirds of the 94 respondent countries recognize both drinking-water and sanitation as a human right in national legislation. National policies for drinking-water and sanitation are largely in place with over 80% of countries reporting to have approved national policies.

2 Political aspirations, nonetheless, are impeded by weak capacity at country level to set targets, formulate plans, undertake implementation and conduct meaningful reviews

GLAAS 2014 indicates a large gap between aspirations and reality. Despite political support for universal access, less than one quarter of the 94 countries reported having universal access targets for sanitation and fewer than one third of countries had universal access targets for drinking-water. Fewer than one quarter of countries reported in GLAAS 2014 that they have national plans in sanitation that are being fully implemented, funded and regularly reviewed.

3 Critical gaps in monitoring impede decision-making and progress for poorest

GLAAS 2014 results highlight that most sector decisions are not evidence-based due to the widespread lack of capacity for monitoring, inconsistent or fragmented gathering of data and limited use of information management systems and analysis. The vast majority of surveyed countries have no comprehensive process in place to track funding to water and sanitation. Consequently, countries are unable to confirm whether funding was directed to investment needs, nor credibly report back on whether they have met financial allocation targets, for example, related to the eThekweni declaration¹. More importantly, data are often not used to inform decision-making: less than one third of countries report having data available which is analyzed and used for a majority of decisions in allocating resources in the sanitation sector. If plans exist for reducing inequalities in access by targeting disadvantaged groups, the outcomes are commonly left unmonitored. Less than half of countries track progress in extending sanitation and drinking-water services to the poor.

4 Neglect for WASH in schools and health care facilities undermines country capacity to prevent and respond to disease outbreaks

GLAAS 2014 results indicate that less than one third of countries have a plan for drinking-water or sanitation in health care facilities and schools that is being fully implemented, funded and regularly reviewed. Health care facilities are high-risk settings where WASH services are a prerequisite for effective and safe care, especially during childbirth. WASH in schools lacks attention despite its impact on children's health, school attendance, particularly for girls, and its contribution to fostering lifelong healthy hygiene habits. Neglect of WASH, and the ensuing poor conditions and practices in communities and institutional settings like schools and especially health facilities, have exacerbated the current West African Ebola crisis. Ensuring essential services, including WASH, is one of five pillars of the global response strategy to the outbreak and will be key to recovery.

¹ The eThekweni Declaration was signed by over 30 African government ministers in Durban in 2008 at the Second African Conference on Sanitation and Hygiene organized under the auspices of the African Ministers' Council on Water (AMCOW). Recognising that more than half a billion African citizens currently do not have access to safe sanitation, the Ministers and Heads of Delegation responsible for sanitation from 32 African countries came together at the Second African conference on Sanitation and Hygiene (AfricaSan) to sign the eThekweni Declaration. Under this declaration, African governments pledged themselves to the eThekweni commitments on sanitation. Further information: <http://www.unwater.org/downloads/eThekweniAfricaSan.pdf>

5 National financing for WASH is insufficient

One-third of countries report that sector financing plans are fully defined, agreed and consistently followed. Data suggest that government budgets and expenditures for WASH are increasing, along with improved spending of allocated national funds. Despite these improvements, there remains a huge financing gap between budget and plans, with 80% of countries indicating insufficient financing for the sector. One important gap in financing is operation and maintenance, key to ensuring sustainable and safe service provision. With 70% of countries reporting that tariffs do not cover the costs of operation and maintenance, the quality of services and coverage levels are at risk of decline.

6 International aid for WASH has increased and regional targeting has improved

Development aid commitments for water and sanitation have increased 30% to over US\$ 10.9 billion in 2012, from US\$ 8.3 billion in 2010. Aid is increasingly directed towards low-income countries—Sub-Saharan Africa received 38% of water and sanitation ODA in 2012, compared to 27% in 2010. Moreover, countries report improvement in their capacity to absorb donor commitments. Despite this, more needs to be done to change the aid paradigm from infrastructure provision to support sustainable service delivery.

7 Lack of human resources constrains the sector

Only one third of countries report having human resource (HR) strategies in water, sanitation and hygiene for urban and rural areas, despite the fact that insufficient staff has been recognized as constraining the sector, especially in rural areas. Countries cite planning and monitoring, along with operation and maintenance as elements that would most benefit from additional human resource capacity.

8 Sanitation in rural areas – high needs, yet low expenditures

The vast majority of those without improved sanitation are poorer people living in rural areas. Progress on rural sanitation – where it has occurred – has primarily benefitted the non-poor, resulting in inequalities¹. Coupled with these high needs, expenditures for rural sanitation are estimated to comprise less than 10% of total WASH finance and the proportion of external aid flows for basic services is declining. While low-cost approaches in rural areas may partly reflect these low expenditure levels, needs remain high and funding insufficient to reach targets.

¹ WHO/UNICEF (2014) *Progress on drinking-water and sanitation – 2014 update*. Geneva, World Health Organization.



9 Weak monitoring of the critical 'H' factor – hygiene promotion

Despite the proven benefits of handwashing with soap¹, GLAAS 2014 data show that hygiene promotion remains a neglected component of WASH. One fifth of countries indicate that hygiene plans are implemented, financed and regularly reviewed. Only eleven countries (12%) were able to separate hygiene promotion expenditures from general WASH and health budgets and of these, only seven countries reported either over US\$ 1 million expenditure, or greater than 1% of their WASH expenditure on hygiene promotion.

10 Efforts are being made to reach the poor, but few at scale

Several countries reported efforts to reduce inequalities by making services more affordable to the poor (e.g. increasing block tariffs, reduced connection fees, vouchers, free water tanks, free water allocations, microfinance loans) but only half of countries trying such schemes report that their use is wide-spread. Only 17% of countries consistently apply financial measures to reduce disparities in access to sanitation for the poor compared to 23% for drinking-water.

¹ Freeman et al (2014) Hygiene and health: systematic review of handwashing practices worldwide and update of health effects. *Trop Med Int Health*. 19 (8): 906-16.

Investing in water and sanitation yields benefits at many levels across sectors

✓ HEALTH BENEFITS

include millions of children saved from premature death and illness related to malnutrition and preventable, water-borne diseases such as diarrhoea; better maternal health and care for newborns; adults in general living longer and healthier lives. The latest WHO WASH burden of disease report confirms the importance of enabling universal access to basic WASH. Raising service levels to safe and continuous water supply and connection to a sewerage system, protecting entire communities from faecal exposure, could significantly reduce diarrhoeal diseases up to 70%¹.

✓ QUALITY OF LIFE BENEFITS

include time saved searching for and carrying water and using distant or unsafe facilities; improved school attendance and completion, especially for girls; fewer days lost in the home, at school or work due to preventable sickness; greater comfort, privacy and safety, especially for women, children, the elderly and people living with disabilities; a greater sense of dignity and well-being for all.

✓ ECONOMIC BENEFITS

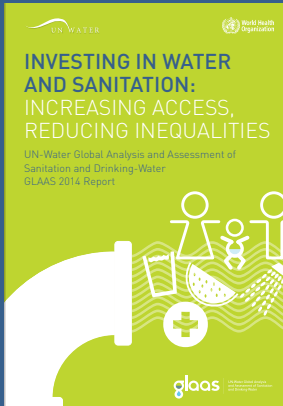
include an overall estimated gain of 1.5% of global GDP and a US\$ 4.3 return² for every dollar invested in water and sanitation services due to reduced health care costs for individuals and society; greater productivity and involvement in the workplace through better access to facilities, especially for women in the workforce; opportunity for growth of new industries, such as infrastructure, disposal and use of human waste and materials supply.

✓ ENVIRONMENTAL BENEFITS

include reduction in pollution of water resources and land and positive impact on inland and coastal fisheries, water ecosystems more broadly, and land values; potential for nutrient reuse, e.g. faecal sludge for fertilizer or biogas generation; opportunities to expand tourism due to a cleaner environment and lower health risks.

¹ WHO (2014) Preventing diarrhoea through better water, sanitation and hygiene. World Health Organization, Geneva.

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



The GLAAS 2014 report was developed and coordinated by the GLAAS team in the Water, Sanitation, Hygiene and Health (WSH) Unit at the World Health Organization (WHO). It contains compiled information from 94 countries and 23 external support agencies (ESAs), and does not necessarily represent the decisions or policies of the World Health Organization. These results have been compiled based on the GLAAS 2013/2014 country and ESA surveys submitted by participating countries, combined with data from the Organisation for Economic Development and Cooperation (OECD) Creditor Reporting System (CRS), feedback from interviews conducted with donor representatives at World Water Week in Stockholm, September 2013 and other partner agencies. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

COUNTRIES

Afghanistan, Angola, Argentina, Azerbaijan, Bangladesh, Belarus, Benin, Bhutan, Bolivia (Plurinational State of), Botswana, Brazil, Burkina Faso, Burundi, Cambodia, Cameroon, Central African Republic (the), Chad, Chile, Colombia, Congo (the), Cook Islands, Costa Rica, Côte d'Ivoire, Cuba, Democratic Republic of the Congo (the), Timor-Leste, Dominican Republic (the), El Salvador, Eritrea, Estonia, Ethiopia, Fiji, Gabon, Gambia (the), Georgia, Ghana, Guinea, Guinea-Bissau, Haiti, Honduras, India, Indonesia, Iran (Islamic Republic of), Jordan, Kazakhstan, Kenya, Kyrgyzstan, Lao People's Democratic Republic (the), Lebanon, Lesotho, Liberia, Lithuania, Madagascar, Maldives, Mali, Mauritania, Mexico, Mongolia, Morocco, Mozambique, Myanmar, Nepal, Niger (the), Nigeria, Oman, Pakistan, Panama, Paraguay, Peru, Philippines (the), Republic of Moldova (the), Rwanda, Senegal, Serbia, Sierra Leone, South Africa, South Sudan, Sri Lanka, Sudan (the), Tajikistan, Thailand, The Former Yugoslav Republic of Macedonia, Togo, Tonga, Tunisia, Uganda, Ukraine, United Republic of Tanzania (the), Uruguay, Vanuatu, Viet Nam, Yemen, West Bank and Gaza Strip, Zimbabwe.

EXTERNAL SUPPORT AGENCIES (ESAs)

African Development Bank (AfDB), Asian Development Bank (ADB), Australia, Department of Foreign Affairs and Trade (DFAT), Bill & Melinda Gates Foundation (BMGF), BRAC, Canada, Foreign Affairs, Trade and Development (DFATD), Danish Ministry of Foreign Affairs (DANIDA), European Commission (EUROPAID), France, Agence française de développement (AFD), Germany, Federal Ministry for Economic Cooperation and Development (BMZ), Inter-american Development Bank (IDB), International Federation of Red Cross and Red Crescent Societies (IFRC), Japan, Global Environment Department (JICA), Portugal, Camões Cooperation and Language Institute, Swedish International Development Cooperation Agency (SIDA), Swiss Agency for Development and Co-operation (SDC), The Netherlands, Ministry of Foreign Affairs (DGIS), United Kingdom, Department for International Development (DFID), United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), United States Agency for International Development (USAID), United States, Department of State (DOS), WaterAid, World Bank.



http://www.who.int/water_sanitation_health/glaas/en/
contact email: glaas@who.int