

INVESTING IN WATER AND SANITATION: INCREASING ACCESS, REDUCING INEQUALITIES

GLAAS 2014 findings —
Highlights for the Eastern Mediterranean Region



WHO/FWC/WSH/15.08

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Design and layout by L'IV Com Sàrl, Villars-sous-Yens, Switzerland.

GLAAS visual identifier design by Ledgard Jepson Ltd, Barnsley, South Yorkshire, England.

Printed by the WHO Document Production Services, Geneva, Switzerland.

Acknowledgements

UN-Water and WHO gratefully acknowledge the financial support provided by the Department for International Development, United Kingdom; the Swiss Agency for Development and Cooperation; the Directorate-General for International Cooperation, the Netherlands; and the Government of Kuwait.

UN-Water and WHO would like to extend their gratitude to all those individuals and organizations that contributed to the development of the GLAAS 2014 results and report – especially those individuals who coordinated efforts and submitted information from 94 countries and 23 external support and partner agencies, acknowledged in Annex F of the GLAAS 2014 report (http://www.who.int/water_sanitation_health/glaas/2014/en/). The preparation of this special report for the Eastern Mediterranean Region involved contributions from the GLAAS team at WHO Headquarters: Marina Takane, Mark Hoeke, Francesco Mitis, Nathalie André, Tara Neville, Peregrine Swann, Betsy Engebretson, Cathy Jung, Bruce Gordon, Maria Neira and Fiona Gore; WHO Regional Office for the Eastern Mediterranean: Hamed Bakir, Tamara Rabadi and Rola Aleman.

In this regional analysis, the UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) 2013/2014 country survey data from 11 Eastern Mediterranean Member States and territories, i.e. countries,¹ are presented along with information provided by 23 external support agencies (ESAs).² The full UN-Water GLAAS 2014 Report, Investing in Water and Sanitation: Increasing Access, Reducing Inequalities was released on November 19th, 2014. It presents data from 94 countries, covering all Millennium Development Goal (MDG) regions. It also includes data from 23 ESAs, representing over 90% of official development assistance (ODA) for sanitation and drinking-water. More detailed information about the GLAAS survey and methodology can be found in Annex A of the full report.³

PURPOSE OF GLAAS

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

This report presents charts and descriptive tabular summaries for numerous drinking-water and sanitation indicators and benchmarks reported by surveyed countries. Financial data presented in the tables or charts are, in a majority of cases, for 2012. For some key indicators, a dashboard of maps and figures is provided to present a geographical summary and global summary statistics. Charts and tabular summaries also generally indicate the number of responses that were considered in the analysis or particular question. This number does not necessarily equal the total number of respondents to the survey, as not every country or ESA answered all parts of the survey, and in many cases the data were collected from an already existing source (e.g. OECD-CRS).

¹ Afghanistan, Iran (Islamic Republic of), Jordan, Lebanon, Morocco, Oman, Pakistan, Sudan, Tunisia, West Bank and Gaza Strip, and Yemen out of 22 total Eastern Mediterranean countries.

² External Support Agencies (ESAs) comprise donors (governments) and other sources of funding/support (e.g. non-governmental organizations and foundations) that provide Official Development Assistance (ODA). A complete list of ESAs included in this analysis can be found in the Contribution section of this report, p. 18.

³ Investing in Water and Sanitation: Increasing Access, Reducing Inequalities. UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water, GLAAS 2014 Report. See http://www.who.int/water_sanitation_health/glaas/en/

In most Eastern Mediterranean Region (EMR) countries, sanitation and drinking-water 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 one-half of countries, and only two of the eleven countries have applied finance measures that are targeted towards reducing inequalities in access to sanitation and drinking-water for the poor (Table 1).

Implementation of monitoring measures and availability of finance resources lag behind adopted policy goals/measures for reaching poor and vulnerable populations.

Table 1

Measures of inequality for those living in poverty

			GOVERNANCE	MONITORING	FINANCE	PERCENTAGE OF COUNTRIES
			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 the poor are consistently applied	<ul style="list-style-type: none"> ● 80–100% ● 60–79% ● 40–59% ● 0–39%
SANITATION	World Bank country income category	Number of countries				
	High income and upper middle income	5	60%	20%	0%	
	Lower middle income and low income	6	83%	67%	33%	
	Total (EMR)	11	73%	45%	18%	
	Total (Global)	94	79%	44%	22%	
WATER	High income and upper middle income	5	60%	40%	20%	
	Lower middle income and low income	6	83%	50%	17%	
	Total (EMR)	11	73%	45%	18%	
	Total (Global)	94	79%	39%	18%	

Source: GLAAS 2013/2014 country survey.

Country commitments to eliminate inequalities in WASH

The third Sanitation and Water for All (SWA) High Level Meeting (HLM) took place on 11 April 2014. This meeting provided an opportunity for countries to make commitments to strengthen accountability in the WASH sector. A focus on eliminating inequalities and improving sustainability was evident in the commitments made by some Eastern Mediterranean countries. Some examples of country commitments for the region include:¹

- Afghanistan's commitments to increase WASH sector investment and eliminate open defecation with the development and implementation of a hygiene and sanitation strategy;
- Pakistan to develop a national monitoring framework to address inequalities in WASH access, based on provincial frameworks established for sanitation and drinking-water; and
- Sudan making a commitment to design a framework to monitor equitable and sustainable delivery of WASH services.

¹ 2014 SWA High Level Dialogue Summaries: Statement of Commitments of Afghanistan, Pakistan, and Sudan. See: <http://sanitationandwaterforall.org/priority-areas/political-prioritization/2014-hlm>



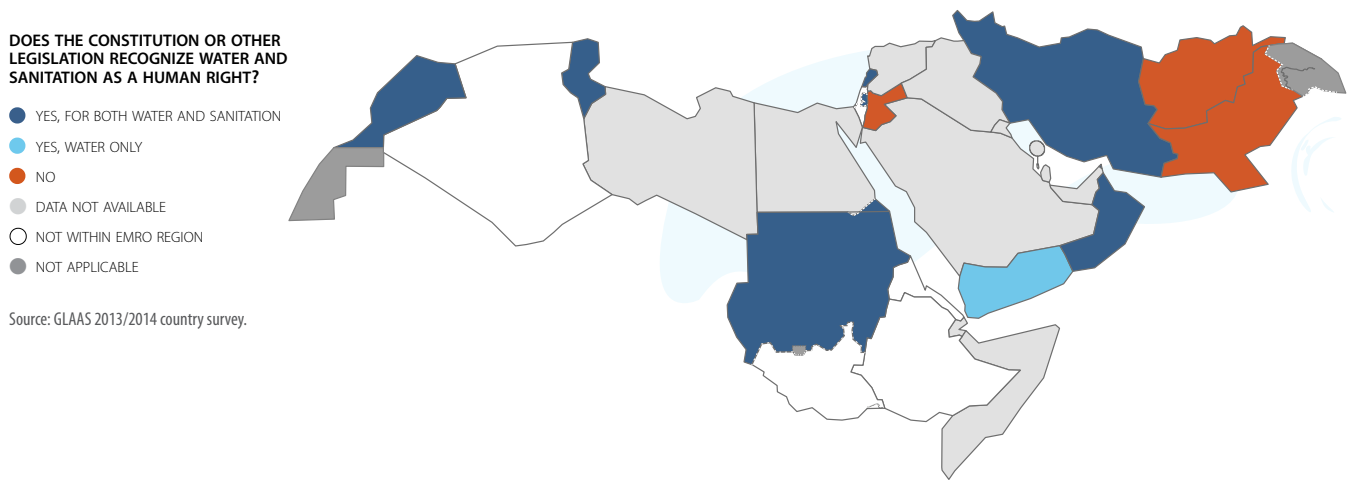
Human right to water and sanitation

There is some considerable progress on the formal recognition of the right to water and sanitation in line with the 2010 UN Resolution on the Right to Water and Sanitation. Eight of the 11 Eastern Mediterranean countries surveyed have recognized the human right to water and seven out of 11 of Eastern Mediterranean countries surveyed have recognized the right to sanitation in their constitutions or other legislation (Figure 1).¹

A majority of countries have recognized the human right to water and sanitation in their constitutions or other legislation (Figure 1).

Figure 1

Countries in the Eastern Mediterranean Region recognizing human right to water and sanitation in constitution or law



WEST BANK AND GAZA STRIP

Laws explicitly recognize the human right to water

The Palestinian Water Law 3/2002 explicitly recognizes the right to water by stipulating that *“Every person shall have the right to obtain his needs of water of suitable quality for his use, and every official or private institution that provides water services must take the necessary steps to insure this right and to make the necessary plans for developing these services.”* Additional legislation includes the Law on Local Authorities (1997), stating that, (translated from Arabic) *“Local councils must provide water with good quality and also to provide sanitation services as basics for human being living.”*

The recognition of the human right to water and sanitation is also reflected in most recent 2014–2016 national water and wastewater policy and reform plan principles, which state that:

- Water has a unique value for human survival and health. Each citizen has the right to sufficient and affordable water of the required quality for the purpose of use; and
- Each citizen has the right to hygienic sanitation services.

Source: GLAAS 2013/2014 country survey and “Final Water Sector Reform Plan 2014–16”, Palestinian Water Authority (www.pwa.ps).

¹ Jordan has ratified the Human rights council resolution 15/L.14 – Human rights and access to safe drinking-water and sanitation. Sector is governed by Water Authority Law No. 18-1988 and related regulations.

IV

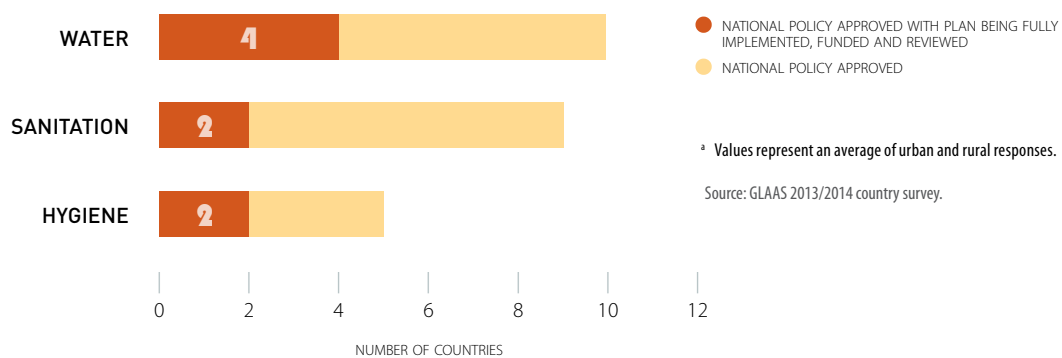
National policies, implementation, and monitoring

National policies for drinking-water and sanitation are largely in place in the Eastern Mediterranean Region with over 80% of countries reporting to have approved national policies. However, most countries report only partial implementation of national policies and plans.¹

Only four out of 11 respondent countries report having plans that are being fully implemented, funded and regularly reviewed for drinking-water (Figure 2).

Figure 2

National policies, implementation and monitoring^a



JORDAN

Ingredients for success

Despite the water scarcity challenge in the country and limited available financial resources, Jordan has made major achievements in providing almost universal access to drinking-water and improved sanitation.

In terms of governance, several ministries and institutions share the responsibilities for sanitation and drinking-water services. The Ministry of Health leads local hygiene promotion initiatives and has a number of responsibilities in sanitation and water. Executive Development Plans have been developed in collaboration with all stakeholders and implemented in support of Royal directives and the National Agenda. These development plans identify the specific objectives in every sector, including water and sanitation, and define timelines for the implementation and achievement of objectives. For instance, the 2011–2013 Executive Development Plan outlined several challenges in water and sanitation, specified over 12 performance indicators and a large number of specific projects and activities across water sector institutions. Highlighting the importance of the water and sanitation, planned expenditures for the sector comprised more than 20% of total planned development program expenditures, more than healthcare and energy infrastructure combined. The Ministry of Water and Irrigation is the lead institution for policy and strategy formulation, development of investment plans, and financing of projects in the country. The Water Authority of Jordan and public utilities are responsible for water and wastewater service provision. Surveillance is currently performed by Water Authority of Jordan, a service provider, and is also performed directly by the Ministry of Health, which acts as an independent regulator.

Jordan has clearly defined performance indicators for monitoring the performance of utilities (e.g. ratio of expenditure versus budget allocation, per cent of wastewater reuse, non-revenue water, operating ratio, etc.) and Jordanians enjoy equal and non-discriminatory access to water and sanitation services. Water is subsidized for low-income populations. However, no tracking system exists for different population groups, mainly because services are tracked against service areas and population centres.

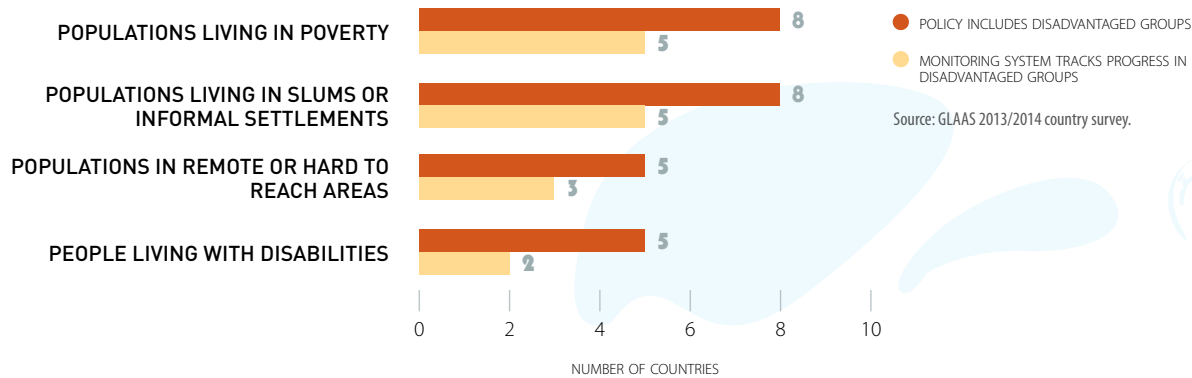
There is a human resource strategy for delivering drinking-water and sanitation services (including hygiene promotion). Capacity is being developed to meet current and future needs and the Water Authority of Jordan has its own centre for training operators.

Jordan has developed mechanisms to allocate, spend, and track financial flows for the WASH sector. At the beginning of every fiscal year, the Budget Law for the Government is prepared with estimated committed funding for WASH. At the end of the fiscal year a new report is prepared that includes expenditures.

¹ The levels of implementation in the GLAAS survey included a five-point scale: 1) no national policy or under development, 2) national policy formally approved and communicated through formal public announcement, 3) implementation plan developed based on approved policy, 4) policy and plan costed and being partially implemented, 5) plan being fully implemented, with funding and regularly reviewed.

Countries report that they have policies to target disadvantaged groups, but a gap remains in their capacity to track progress for these groups (Figure 3).

Figure 3 Number of countries with a policy or plan for universal access which explicitly includes measures to reach disadvantaged population groups compared to the number of countries which have monitoring systems that track progress in extending service provision to those population groups (11 countries)^a



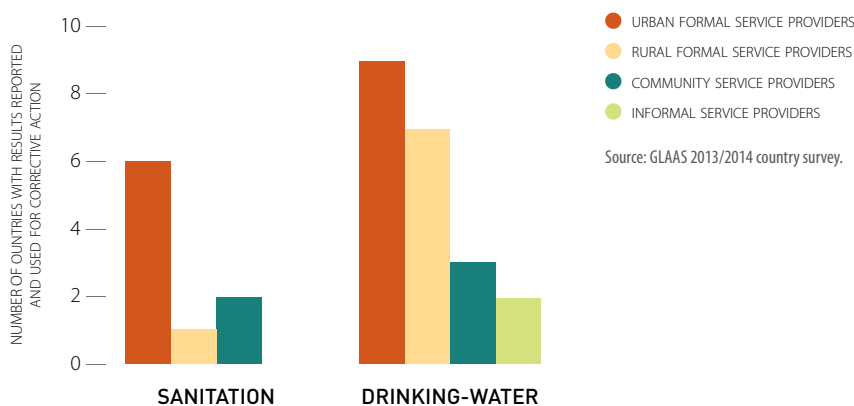
^a Note: Results for monitoring systems that track progress in extending service provision to disadvantaged groups represent an aggregation of drinking-water and sanitation findings.

Few countries use available data to make funding decisions, especially in sanitation.

- Only three of 11 (27%) Eastern Mediterranean countries have and consistently use available data for resource allocation in the sanitation sector, as compared to six out of 11 (55%) for resource allocation in the drinking-water sector.
- By contrast, in the health sector, data-based decision making is used by eight out of 11 (73%) countries to respond to water and sanitation related disease outbreaks.

Internal monitoring results are frequently not reported nor acted upon in sanitation – only six countries (54%) indicate that formal urban sanitation service providers report the results of internal monitoring to regulatory authorities and that these results trigger corrective action (Figure 4).

Figure 4 Number of Eastern Mediterranean countries in which service providers report the results of internal monitoring against required service standards to the regulatory authority and internal monitoring triggers timely corrective action (11 countries)



Nearly one half of Eastern Mediterranean countries conducted a national assessment for sanitation in the last two years, ranging from household surveys to a Joint Sector Review (Table 2).

Table 2

Date of latest national assessment for sanitation and number of national actors by country or territory^a

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

NUMBER OF MINISTRIES OR NATIONAL INSTITUTIONS	DATE OF LAST NATIONAL ASSESSMENT, E.G. JOINT SECTOR REVIEW (FROM JANUARY 2014)			
	<1 YEAR	1 –<2 YEARS	2–4 YEARS	>4 YEARS/ UNSPECIFIED/ NO NATIONAL ASSESSMENT
≤5	Iran (Islamic Republic of)	Afghanistan ^b , Pakistan	Sudan	Oman
6–9		Jordan, West Bank and Gaza Strip		Lebanon, Yemen
≥10				Morocco, Tunisia

^a Examples of national assessments cited in GLAAS responses range from comprehensive joint sector reviews, through to national assessments, GLAAS multi-stakeholder dialogues, WASHBATS, Sustainability Checks, situational analysis, plans and reports for the sector or household surveys.

^b Afghanistan has responded based on nationwide household surveys.

Source: GLAAS 2013/2014 country survey.

Countries report the value of sector coordination mechanisms, which contribute to coherence of aid programmes, particularly in countries where a large number of ESAs operate.

Table 3

External support agency finance compared to implementation of financing plans and sector-wide coordination

COUNTRY	ESA FINANCE (AS % OF WASH FINANCE)	NUMBER OF ESAs (OVER US\$ 100 000 PER YEAR)	SECTOR-WIDE COORDINATION THAT IS BASED ON SECTORAL FRAMEWORK IMPLEMENTED	FINANCING PLAN	PLAN IMPLEMENTATION STATUS
Afghanistan	69	16	Yes	Agreed	Partial
Jordan	11	12	Yes	Agreed	Full
				<i>Except plan for hygiene in development</i>	
Morocco*	13	14	Yes	Agreed	Full
				<i>Except plan for rural sanitation in development</i>	
Pakistan	11	19	No	Agreed	Full
				<i>Except plan for hygiene not developed</i>	
Tunisia	19	11	No data	Agreed	Full
Yemen	48	8	No data	Agreed	Partial

Source: OECD-CRS, 2014 and GLAAS 2013/2014 country survey; 2014 TrackFin pilot assessment (indicated by asterisk *).

v Financing

Extending and sustaining water and sanitation programmes and infrastructure, especially in the context of reducing inequalities, requires adequate funds and effective financial management. Several countries report increasing prioritization and allocations for WASH in recent years, while development aid has decreased slightly. However, countries in the region generally report that national funding continues to lag behind identified programme needs and is a major obstacle to progress.

Seven out of 11 Eastern Mediterranean countries report that current finance is insufficient to meet targets established for sanitation and six indicate finance is insufficient for drinking-water.

Limited country capacity to absorb funding is frequently cited as an issue. However, an analysis of the existence and implementation of financing plans, domestic and donor absorption capacity, availability of expenditure reports, and human resources capacity for financial planning suggests that several Eastern Mediterranean countries which require additional investment have the capacity to absorb funds and implement programs.

Several countries that require investment to extend WASH service provision have the capacity to absorb funds and implement programmes (Table 4).

Table 4 Sufficiency of funds versus human resource and financial planning capacity, and funding absorption (urban sanitation)

SUFFICIENCY OF FUNDS TO MEET MDG TARGET (URBAN SANITATION)			
INDEX OF CAPACITY TO INVEST AND ABSORB FUNDS ^a	<50% OF FUNDS NEEDED	50–75% OF FUNDS NEEDED	>75% OF FUNDS NEEDED
High	Pakistan	Jordan	Iran (Islamic Republic of) ^b Morocco Tunisia ^b
Medium	Lebanon West Bank and Gaza Strip ^b		Oman
Low	Yemen	Afghanistan Sudan	

^a Index is based on total score from responses to five questions, including:

1. Are human resources a limiting factor in national or local WASH planning, construction of facilities, or financial planning and expenditures?
2. Has the government defined a financing plan/budget for the WASH sector, clearly assessing the available sources of finance and strategies for financing future needs?
3. Are expenditure reports available that allow actual spending on WASH to be compared with committed funding?
4. What is the estimated percentage of domestic commitments utilized?
5. What is the percentage of official donor capital commitments for WASH utilized?

^b Indicates that this country has reached the MDG target for sanitation. Reported insufficiency of funding may be based on national targets that go beyond MDG goals, based on funds needed to sustain coverage levels due to recurring capital maintenance or additional needs due to population growth.

Source: GLAAS 2013/2014 country survey; WHO/UNICEF (2014).

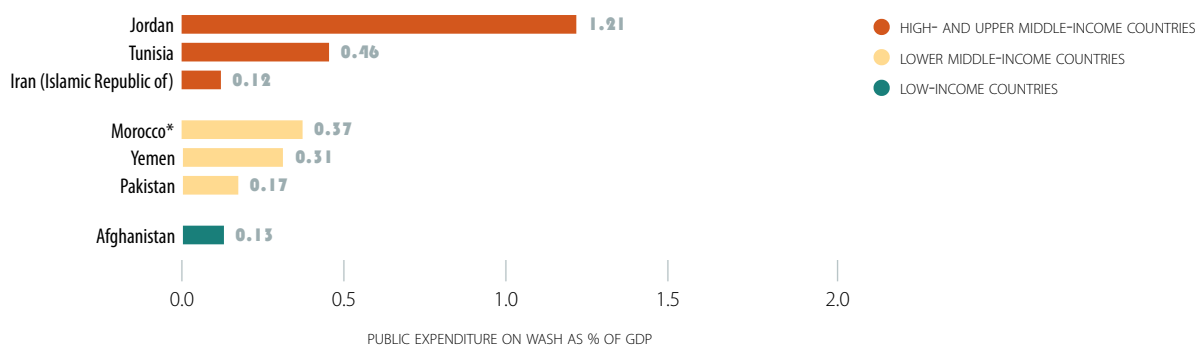
NATIONAL PUBLIC EXPENDITURES, HOUSEHOLD CONTRIBUTIONS, AND FUNDING SUFFICIENCY

- Public expenditure for WASH varies widely ranging from 0.12 to 1.21 per cent of a country's gross domestic product (GDP) for seven Eastern Mediterranean countries providing total WASH expenditure data (Figure 5), and is often significantly less than other social sectors such as health where public expenditures can reach ten per cent of GDP.
- Household contributions are reported to be 25% to 66% of WASH financing (Figure 6).
- Seven out of 11 (64%) Eastern Mediterranean countries indicate WASH financing is insufficient (<75% of funds needed) to reach coverage targets for sanitation and 6 out of 11 (55%) Eastern Mediterranean countries indicate insufficient financing to reach coverage targets for drinking-water.

Reported government-coordinated expenditure on sanitation and drinking-water ranged from 0.12 to 1.21% of GDP.

Figure 5

Comparison of public expenditure contributions by country income groups

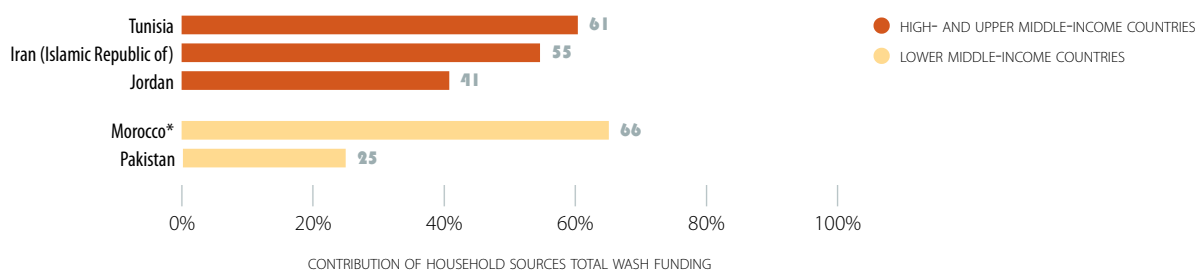


Source: GLAAS 2013/2014 country survey; 2014 TrackFin pilot assessment (indicated by asterisk *).

Household contributions are a significant revenue source comprising a majority of funds in three out of five countries.

Figure 6

Comparison of household contributions by country income groups



Note: It is acknowledged that some of the five countries are likely under-reporting household contributions, especially in rural areas that may not be served by a formal service provider, and where households may make significant non-monetary investments.

Source: GLAAS 2013/2014 country survey; 2014 TrackFin pilot assessment (indicated by asterisk *).

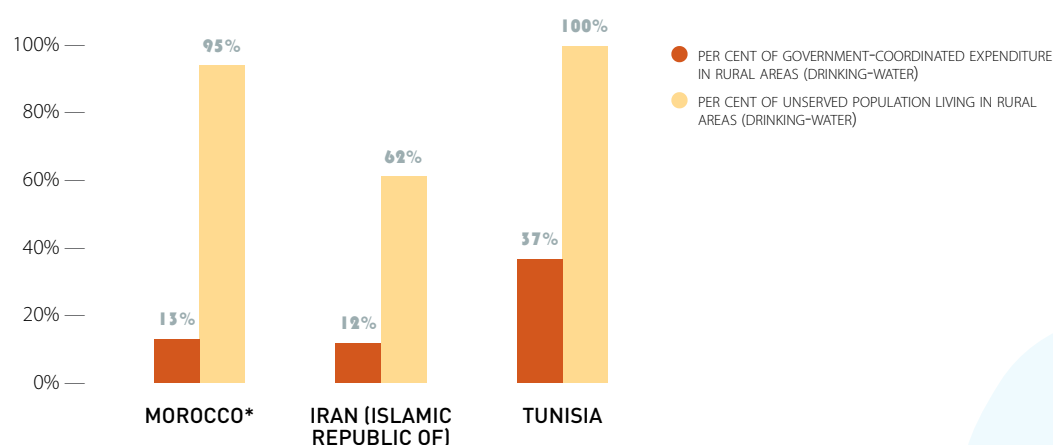
ALLOCATION OF NATIONAL FUNDS

A review of expenditure breakdowns can indicate potential issues with targeting of financial resources. In three countries that provided expenditure data, rural populations represent 70% of the unserved; however, rural areas benefit from only 19% of the expenditures for sanitation and drinking-water (Figure 7).

WASH investments are targeted towards urban areas rather than rural where it is needed most.

Figure 7

Gap in expenditure between urban and rural versus gap in coverage between urban and rural



Source: GLAAS 2013/2014 country survey; 2014 TrackFin pilot assessment (indicated by asterisk *); WHO/UNICEF 2014.

THE ISLAMIC REPUBLIC OF IRAN

Working to reduce inequalities in rural areas

Over the last twenty years, many actions have been taken to improve the WASH sector in the Islamic Republic of Iran, especially with regard to reducing inequalities in rural areas.

Under the Ministry of Energy and coordinated with other WASH actors, national plans include quantified targets and are focused on disadvantaged groups, including those living in remote or hard to reach areas. For instance, performance indicators include, but are not limited to: tracking the percentage of rural population benefitting from modern wastewater systems, and readily available data is used for policy-making and resource allocation. A national assessment was recently conducted, which recommended adding a separate national budget line item for creating wastewater systems in rural areas. Additionally, tariffs in rural areas are one third of those in urban areas and low-income groups are exempt from paying a connection fee. The Islamic Republic of Iran also compiles indices of equity and monitors indicators for people living in rural areas.

All of this has contributed to achieving the MDG for water and sanitation. Access to improved drinking-water supply increased from 92% to 96% from 1990 to 2015 and from 71% to 90% in sanitation, with the largest gains happening in rural areas.

Source: GLAAS 2013/2014 country survey; WHO/UNICEF JMP (2015).

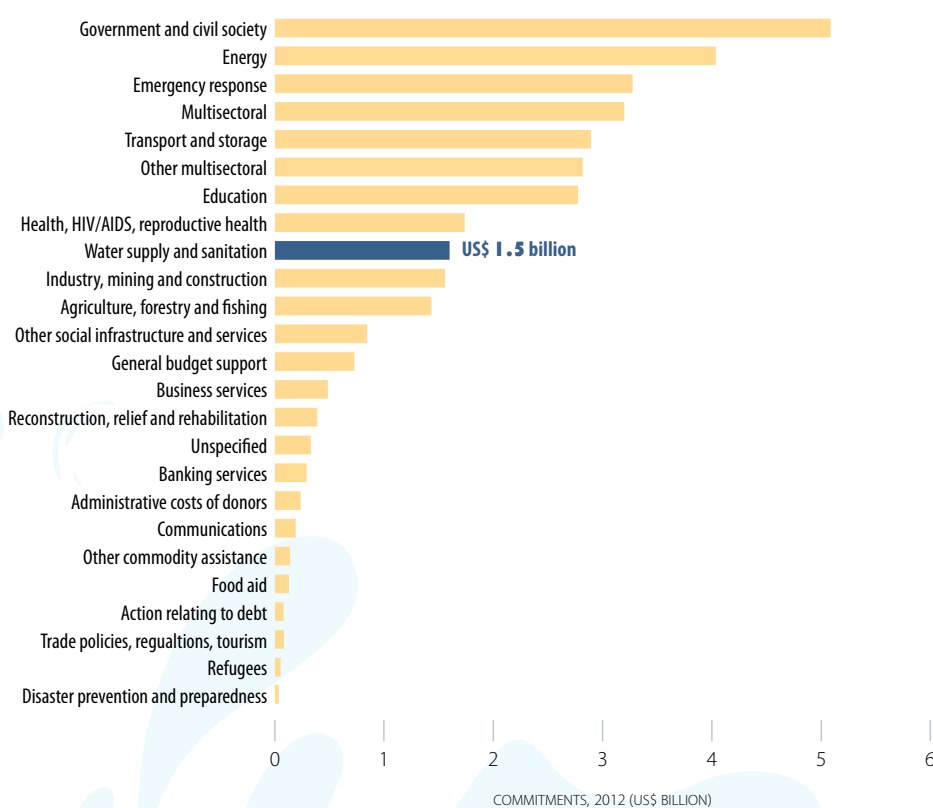
AID POLICY PRIORITIZATION, COMMITMENTS AND DISBURSEMENTS

Supporting the achievement of country objectives in water and sanitation, ESAs play a vital role in WASH programmes in many countries providing both financing and technical support. In relative terms, water and sanitation is overshadowed in the region by other aid sectors, such as government, energy, transport, and education. Water and sanitation ranks ninth in terms of aid funding amounts to the Eastern Mediterranean Region, mirroring global trends (Figure 8).

Aid commitments to water and sanitation (US\$ 1.5 billion) comprised 5.1% of total reported development aid (US\$ 30.8 billion) to the Eastern Mediterranean Region in 2012 and has decreased from US\$ 1.8 billion in 2010.

Figure 8

Comparison of Eastern Mediterranean development aid for water and sanitation in 2012 relative to other sectors



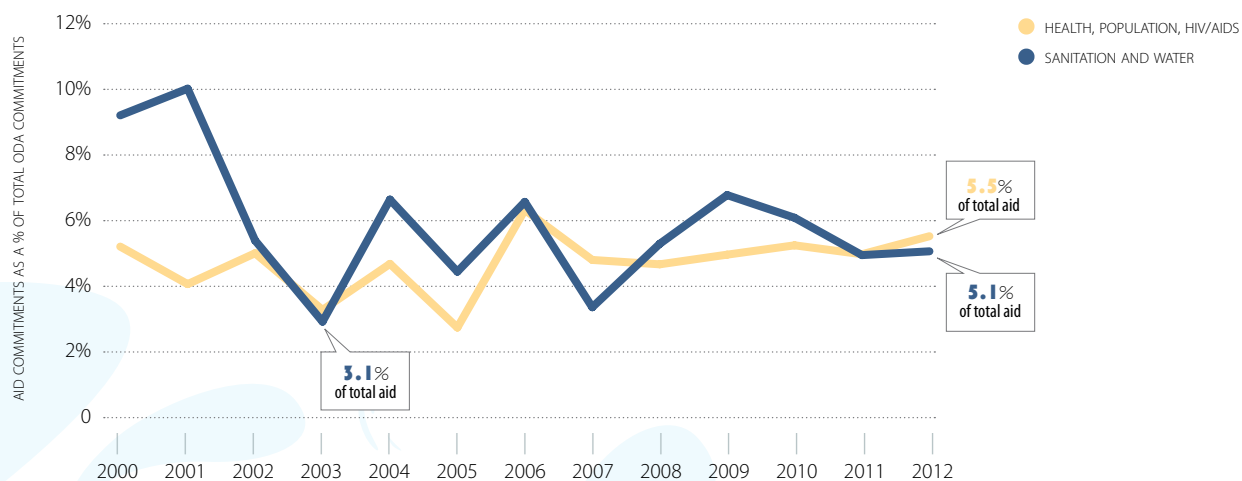
Note: Updated data from the OECD indicates that aid commitments to water and sanitation to Eastern Mediterranean countries increased to US\$ 2.0 billion in 2013.

Source: OECD-CRS 2015.

Development aid for water and sanitation to Eastern Mediterranean countries decreased from 6.1% to 5.1% of total development aid from 2010 to 2012, and has followed similar trends in development aid for health since 2003 (Figure 9).

Figure 9

Comparison of development aid to Eastern Mediterranean countries, water and sanitation trend versus health, population and HIV/AIDS trend



Note: Development aid for water and sanitation increased slightly to 5.6% of total aid to the Eastern Mediterranean Region from 2012 to 2013. Conversely, aid for health, population, HIV/AIDS decreased to 4.7% of total development aid to the Eastern Mediterranean Region in 2013.

Source: OECD-CRS 2015.

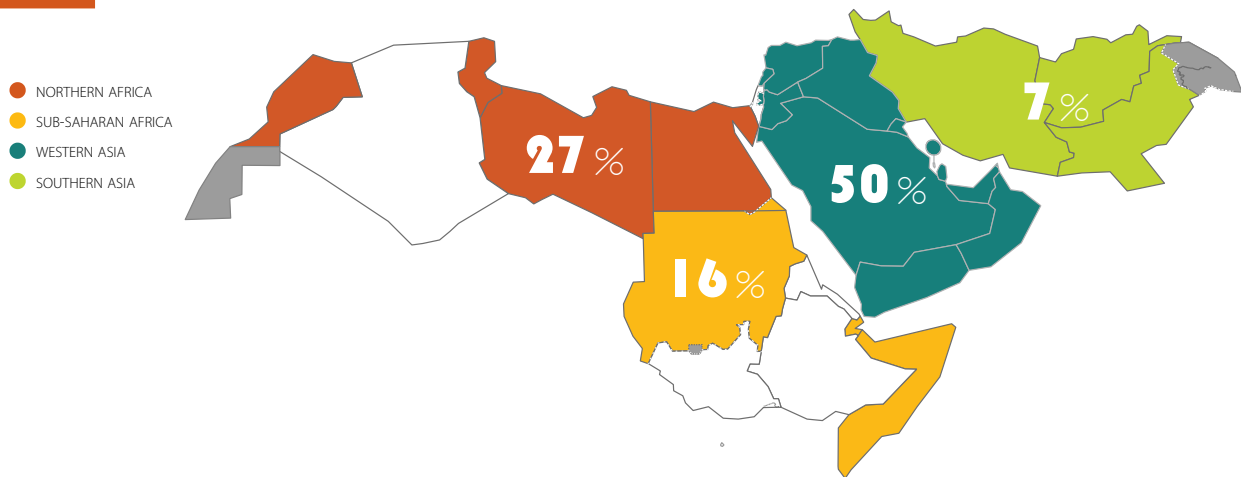
AID TARGETING

Overall, the Eastern Mediterranean Region received 14% of global aid commitments for water and sanitation in 2012. A majority of 2012 aid commitments for water and sanitation to the Eastern Mediterranean Region were directed to countries in northern Africa (US\$ 611 million) and Jordan (\$522 million).

Seventy-eight per cent (78%) of the populations without access to drinking-water and sanitation in the WHO Eastern Mediterranean Region live in the sub-Saharan Africa and Southern Asia MDG region countries; however, these countries receive only 23% of water and sanitation aid to the Eastern Mediterranean Region (Figure 10).

Figure 10

Eastern Mediterranean water and sanitation aid commitments by geographic area (MDG region), 2012

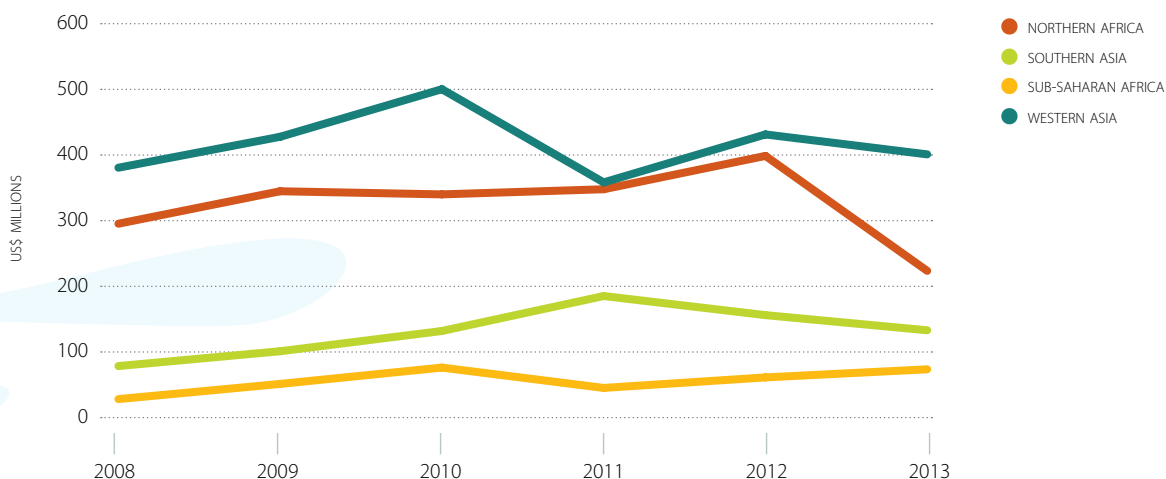


Note: Updated data from the OECD indicates that countries in Northern Africa received 59% of Eastern Mediterranean regional aid commitments in 2013, and countries in Western Asia received 23% of Eastern Mediterranean regional aid commitments.

Disbursement trends indicate that water and sanitation aid to the Eastern Mediterranean Region is primarily directed to countries in the Western Asia and Northern Africa MDG regions (Figure 11).

Figure 11

Eastern Mediterranean Region water and sanitation aid disbursements by MDG region, 2008–2013

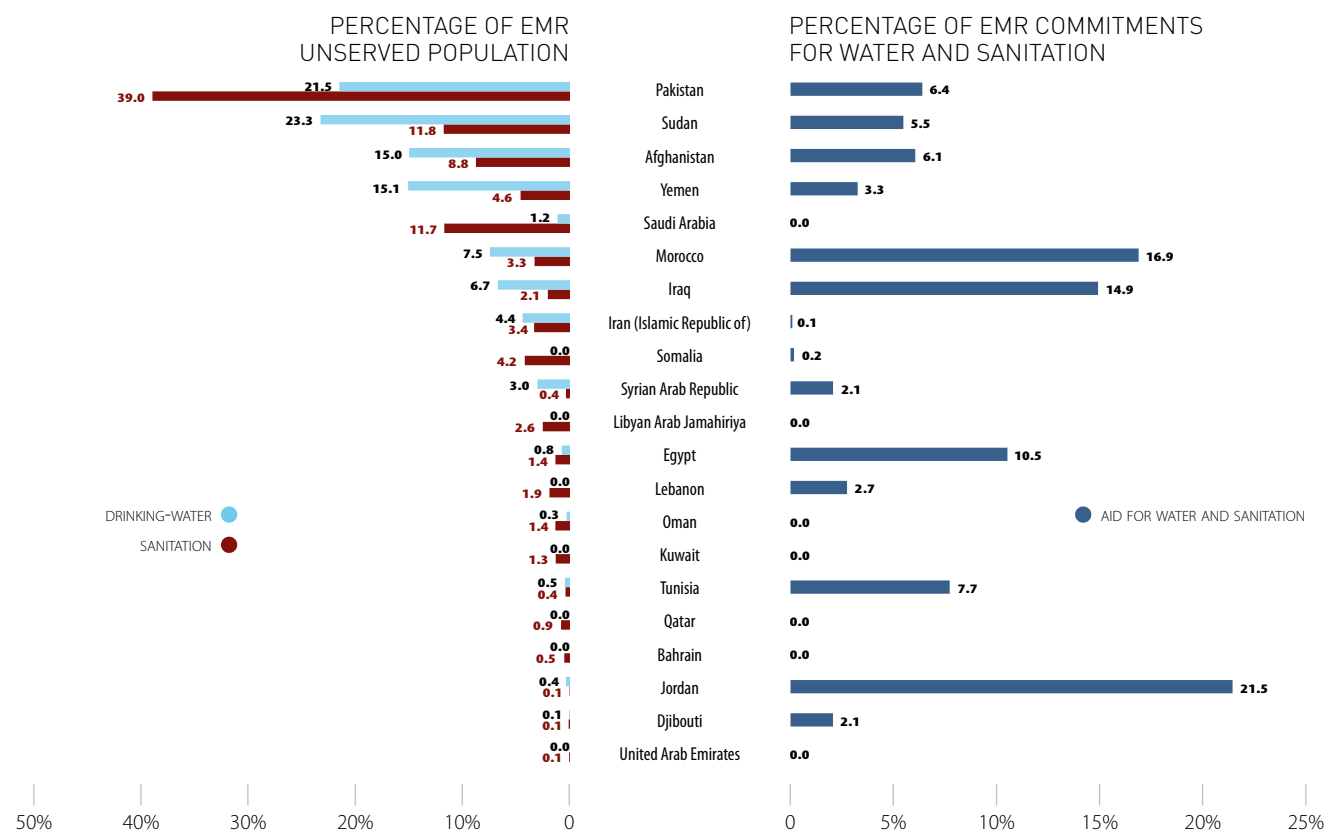


Source: OECD-CRS 2015; WHO/UNICEF (2014).

Factors other than WASH coverage levels play a role in aid targeting.

Figure 12

Comparison of percentage of unserved population and WASH aid by country



Source: OECD-CRS 2015; WHO/UNICEF, 2014.

WHAT ARE BASIC SYSTEMS?

Basic drinking-water systems include rural water supply schemes using handpumps, spring catchments, gravity-fed systems, rainwater collection and fog harvesting, storage tanks, and small distribution systems typically with shared connections/points of use; and urban schemes using handpumps and local neighbourhood networks, including those with shared connections.

Basic sanitation systems are defined as latrines, on-site disposal and alternative sanitation systems, including the promotion of household and community investments in the construction of these facilities.

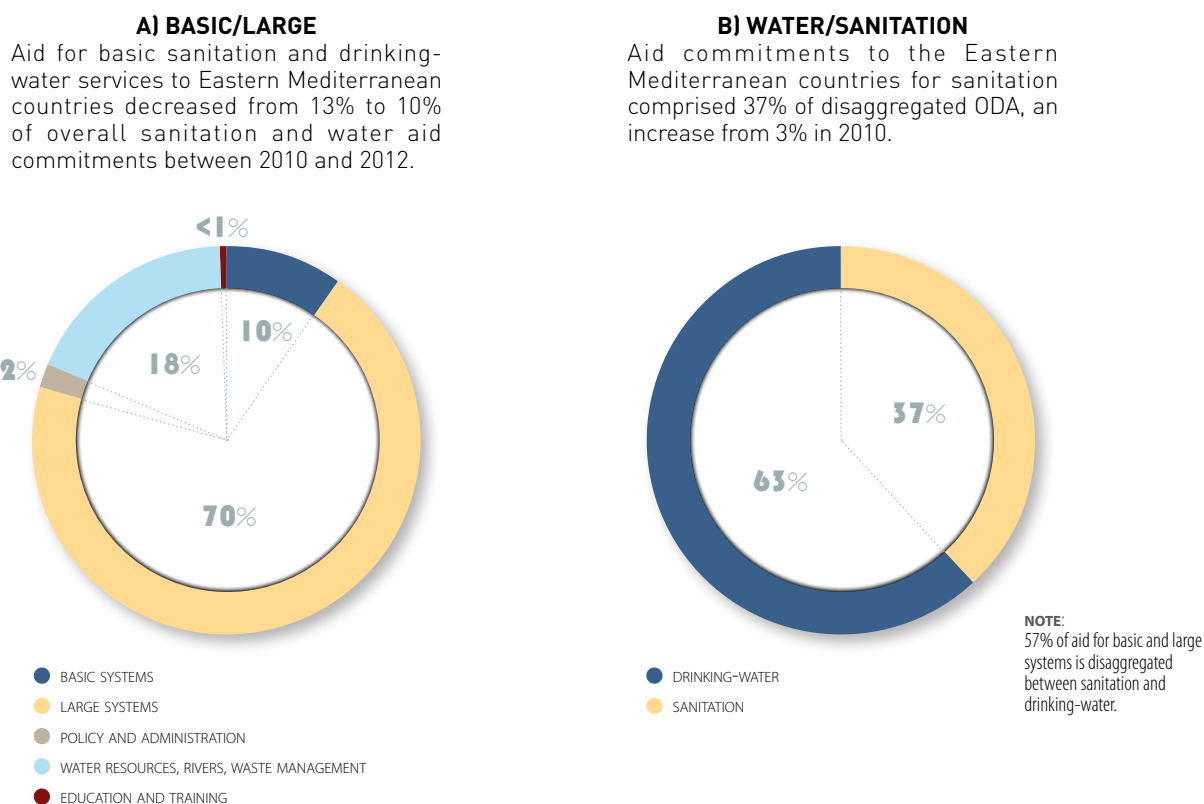
Source: OECD, 2012.

Aid commitments for water and sanitation to the Eastern Mediterranean Region decreased US\$ 300 million from 2010 to 2012 (i.e. from US\$ 1.8 to US\$ 1.5 billion). Aid commitments for basic systems, a proxy indicator for reaching unserved populations and the poor, decreased by US\$ 90 million from 2010 to 2012.

Aid commitments for basic systems have declined as a proportion of total water and sanitation aid to the Eastern Mediterranean while the proportion of aid directed to sanitation has increased (Figure 13).

Figure 13

A) Breakdown of sanitation and water aid commitments to the Eastern Mediterranean Region, by purpose types, 2012; B) Comparison of donor commitments to the Eastern Mediterranean Region, sanitation versus drinking-water, 2012 (US\$ 1.3 billion)



Note: Updated OECD data show the proportion of aid commitments directed to large systems at 73% and basic systems at 9% in 2013 (i.e. no change for basic systems). Data also show that that nearly 72% of the aid going to large and basic systems can now be disaggregated between sanitation and drinking-water. The 2013 data shows that an increasing proportion of aid is directed to sanitation with nearly 52% of US\$ 1.5 billion in disaggregated aid for sanitation.

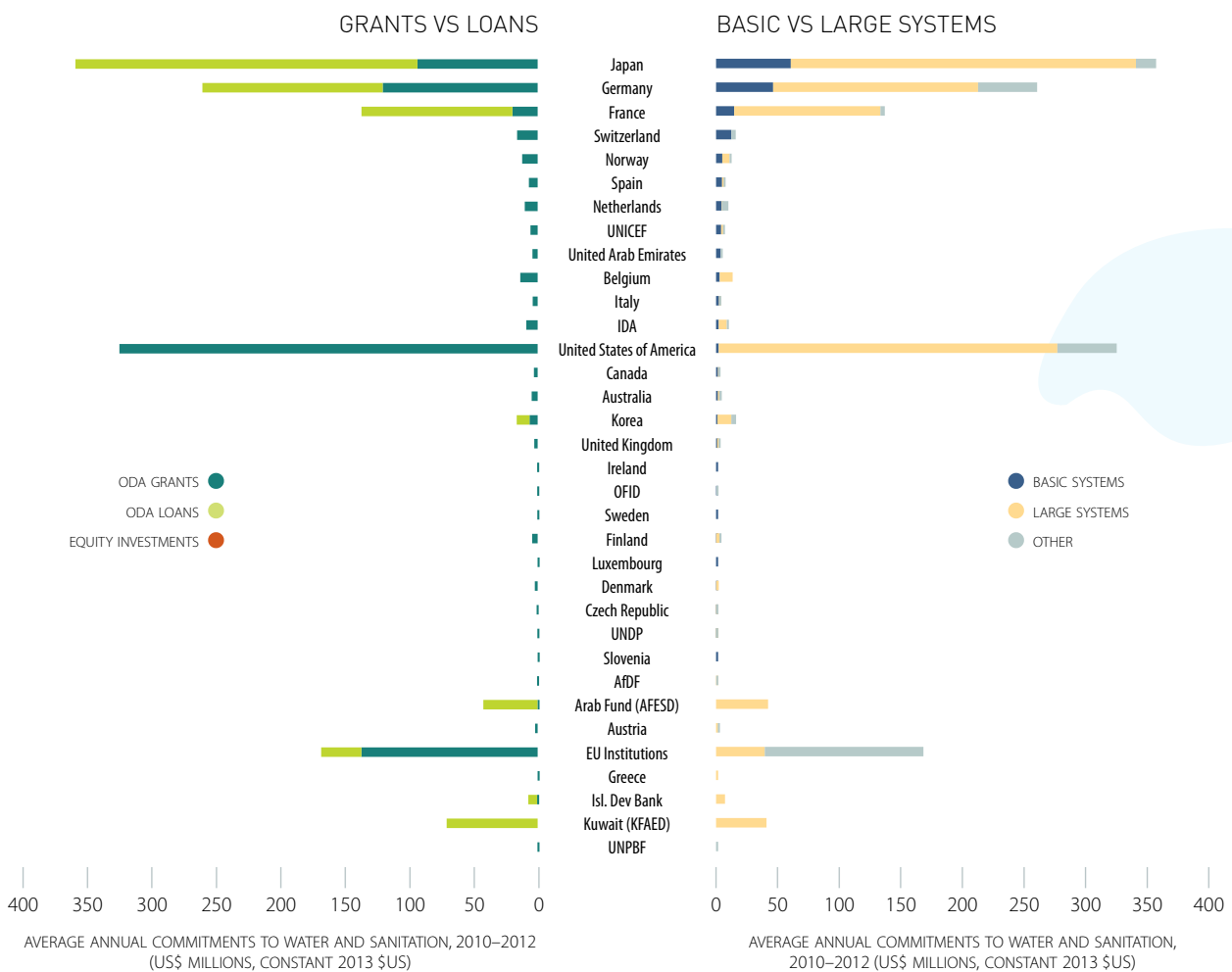
Source: OECD-CRS, 2015.

AID ALLOCATION BY ESAs

Switzerland and the Netherlands target a majority of Eastern Mediterranean aid for basic sanitation and drinking-water services, as well as providing most aid in the form of grants. Other important contributors in terms of aid amounts to basic services include Japan, Germany, and France. The United States of America, European Commission, the Arab Fund, and Kuwait provide most of their water and sanitation aid to large-scale systems and water resource projects.

Figure 14

Breakdown in aid commitments to sanitation and drinking-water to the Eastern Mediterranean countries, among grants and loans, and purpose types, 2010–2012 annual average



AfDF, African Development Fund, African Development Bank; AFESD, Arab Fund for Economic and Social Development; EU, European Union; IDA, International Development Association, World Bank; IDB, Inter-American Development Bank; KFAED, Kuwait Fund for Arab Economic Development; OFID, OPEC Fund for International Development; OPEC, Organization of the Petroleum Exporting Countries; UNDP, United Nations Development Programme; UNICEF, United Nations Children's Fund; UNPBF, United Nations Peacebuilding Fund.

Source: OECD-CRS, 2015.

Summary of recommendations

The 11 countries¹ representing a population of 430 million in the WHO Eastern Mediterranean Region that participated in the 2014 GLAAS survey have increasingly prioritized and made improvements in drinking-water and sanitation services despite increasing service populations, political instability, and increasing water resource demands. Overall access to improved drinking-water and sanitation services in these countries was 84 and 65 per cent in 2015, respectively. More than 60 million people gained access to an improved drinking-water source and 75 million people gained access to improved sanitation in the 2005 to 2015 time period. However, there were still over 150 million people without improved sanitation, and 70 million people without access to an improved drinking-water source in 2015.²

Several challenges need to be addressed to ensure continued progress in delivering services to the unserved, sustaining existing services, and improving the service quality in the face of water scarcity and climate change. These challenges include:

- Securing the allocation of sufficient water sources for domestic water supplies and public health protection;
- Ensuring safety of drinking-water through the scaling up of water safety plans; and
- Regulating the use of wastewater in irrigation of food crops for protecting the safety of workers and the consumers of food crops.

Additionally, prioritizing water, sanitation and hygiene in schools and healthcare facilities is essential to protecting highly vulnerable populations.

Essential to making progress in these areas, countries will need to expedite actions in implementing their approved national policies and regulations. Data from the GLAAS suggest that oversight monitoring and sector assessment are not fully implemented, and that human resources capacity and sector financing are insufficient. Several overarching recommendations include:

- **Improve national monitoring efforts:** Most Eastern Mediterranean countries have adopted universal access policies and targets to reach poor and disadvantaged groups, and have formally recognized the right to water and sanitation in legislation. However, improvements in national monitoring are needed to track progress against targets for extending services and to generate information for evidence-based decision-making (e.g. better targeting to reach those most in need, helping to improve and sustain services such as water quality and reuse).
- **Conduct national assessments of policy and implementation:** Most Eastern Mediterranean countries have approved national plans for drinking-water and sanitation and have national targets that go beyond the MDGs. However, many countries acknowledge that full implementation of these policies is unrealized, impacting sustainability and possibly risking progress made. Periodic review of progress and assessment of sector constraints (e.g. water scarcity, conflict, adequacy of tariff structures, human resources, regulations, etc.) can improve coordination among sector stakeholders and catalyze efforts to improve program implementation, especially in countries where no recent national sector assessment has been performed.
- **Increase capacity development for human resources:** Lack of educational institutions and the lack of skilled graduates was cited as a moderate to severe constraint to the implementation of water and sanitation by a majority of Eastern Mediterranean countries, and less than one half of countries had a human resources strategy in place to address gaps in capacity.
- **Ensure national financing supports national targets and policy goals:** One half of Eastern Mediterranean countries indicate that finance is insufficient to meet targets established for sanitation and drinking-water. Factors leading to insufficient funding for water and sanitation levels should be assessed and addressed in consultations with relevant stakeholders at various levels. National funding allocations and external finance should be reviewed to ensure financing policy supports the achievement of national targets and universal access policies.

¹ Afghanistan, Iran (Islamic Republic of), Jordan, Lebanon, Morocco, Oman, Pakistan, Sudan, Tunisia, West Bank and Gaza Strip, and Yemen out of 22 total Eastern Mediterranean countries.

² WHO/UNICEF (2015) Progress on sanitation and drinking-water – 2015 update and MDG assessment. Geneva, World Health Organization.

Contributions

This special 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 11 Eastern Mediterranean countries and 23 ESAs, and does not necessarily represent the decisions or policies of the WHO. 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) and feedback from interviews conducted with donor representatives at World Water Week in Stockholm, September 2013.

COUNTRIES

Afghanistan, Iran (Islamic Republic of), Jordan, Lebanon, Morocco, Oman, Pakistan, Sudan, Tunisia, West Bank and Gaza Strip, Yemen.

EXTERNAL SUPPORT AGENCIES (ESAs)

African Development Bank (AfDB); Asian Development Bank (ADB); Australia, Department of Foreign Affairs and Trade (DFAT); The Bill & Melinda Gates Foundation (BMGF); BRAC; Canada, Department of 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.

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