

# Argentina

## DEMOGRAPHIC AND ECONOMIC ESTIMATES

<b>Population (2012)<sup>a</sup></b>	<b>41.09 M</b>
<b>Urban population (2012)<sup>a</sup></b>	<b>38.07 M</b>
<b>Rural population (2012)<sup>a</sup></b>	<b>3.01 M</b>
<b>Population growth rate (2012)<sup>a</sup></b>	<b>0.87%</b>
<b>Gross domestic product USD (2012)<sup>b</sup></b>	<b>475.50 billion</b>

<sup>a</sup> World Population Prospects: The 2012 Revision, UNDESA 2013.

<sup>b</sup> World Development Indicators, World Bank 2013.

## HEALTH ESTIMATES

<b>Infant mortality / 1,000 live births (2012)<sup>c</sup></b>	<b>12.7</b>
<b>Under 5 mortality / 1,000 live births (2012)<sup>c</sup></b>	<b>14.2</b>
<b>Life expectancy at birth (2012)<sup>d</sup></b>	<b>76 yrs</b>
<b>Diarrhoea deaths attributable to WASH (2012)<sup>e</sup></b>	<b>265</b>

<sup>c</sup> Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.

<sup>d</sup> World Health Statistics, WHO 2014.

<sup>e</sup> Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

## SANITATION AND DRINKING-WATER ESTIMATES

<b>Use of improved sanitation facilities (2012)<sup>f</sup></b>	<b>97%</b>
<b>Use of drinking-water from improved sources (2012)<sup>f</sup></b>	<b>99%</b>

<sup>f</sup> Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.

## Sanitation, drinking-water and hygiene status overview\*

Based on the information that it had access to for the Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) 2014, Argentina concludes that the national bodies with responsibilities in water, sanitation and hygiene (WASH) should improve their relations. Further advances in coordination should also be made with the activities that each of them carry out based on their specific responsibilities.

There is no integrated water and sanitation plan, but there are specific plans to improve and maintain services, ensuring the continuity and quality as well as increasing coverage.

Data exist in quantity, both for the water sector and the health sector and for the formulation of national policies and care for pathologies associated with WASH issues. The quantity of data implies that the pending "Integrated Plan" is achievable.

Regarding human resources, there are qualified personnel both in the area of services and in health. There is, however, limited development of human resources with a comprehensive health vision that encompasses all aspects of health with regard to hygiene and water and sanitation.

On the other hand, it is important to note the high equity in accessibility of services (97% to 99% in sanitation and drinking-water).

With regards to equity in financing, an assessment on how investments have influenced water, sanitation and hygiene in both urban and rural populations has not been conducted as data to this respect were not available.

\* Sanitation, drinking-water and hygiene status overview provided and interpreted by national focal point based on GLAAS results.

WHO/FWC/WSH/15.26

© World Health Organization 2015

All rights reserved. Publications of the World Health Organization are available on the WHO website ([www.who.int](http://www.who.int)) or can be purchased from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: [bookorders@who.int](mailto:bookorders@who.int)). Requests for permission to reproduce or translate WHO publications – whether for sale or for non-commercial distribution – should be addressed to WHO Press through the WHO website ([www.who.int/about/licensing/copyright\\_form/en/index.html](http://www.who.int/about/licensing/copyright_form/en/index.html)).

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 and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

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

# Highlights based on country reported GLAAS 2013/2014 data<sup>1</sup>

## I. Governance

Two ministries and institutions share the lead for drinking-water services. The Ministry of Health leads hygiene promotion initiatives and has a number of responsibilities in sanitation and water.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Ministry of Federal Planning, Public Investment and Services	✓	✓	
Ministry of Health		✓	✓

Number of ministries and national institutions with responsibilities in WASH: **3**

Coordination between WASH actors includes: No formal coordination mechanism is reported.

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET (%)	YEAR
Urban sanitation	✗	75	
Rural sanitation	✗		
Sanitation in schools	✗		
Sanitation in health facilities	✗		
Urban drinking-water supply	✗	90	2015
Rural drinking-water supply	✗		
Drinking-water in schools	✗		
Drinking-water in health facilities	✗		
Hygiene promotion	✗		
Hygiene promotion in schools	✗		
Hygiene promotion in health facilities	✗		

There are specific plans implemented addressing the issues of reliability/continuity of urban water supply and ensuring drinking-water quality meets national standards.

### SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES<sup>a</sup>

	EXISTENCE AND LEVEL OF IMPLEMENTATION OF MEASURES
Keep rural water supply functioning over long-term	
Improve reliability/continuity of urban water supply	
To rehabilitate broken public latrines	
Safely empty or replace latrines when full	
Reuse of wastewater or septage	
Ensure DWQ meets national standards	
Address resilience to climate change	

<sup>a</sup> Including implementation.

<sup>1</sup> All data represented in this country highlight document is based on country responses to GLAAS 2013/2014 questionnaire unless otherwise stated.

## II. Monitoring

There is limited data availability reported for policy-making and response to WASH related disease outbreak.

### MONITORING

	SANITATION		DRINKING-WATER		HYGIENE	
<b>Latest national assessment</b>	2010		2010			
<b>Use of performance indicators<sup>a</sup></b>	●		●			
<b>Data availability for decision-making<sup>a</sup></b>					Health sector	
Policy and strategy making	●		●		●	
Resource allocation	●		●		NA	
National standards	NA		●		NA	
Response to WASH related disease outbreak	NA		NA		✗	
<b>Surveillance<sup>b</sup></b>	Urban	Rural	Urban	Rural		
Independent testing WQ against national standards	NA	NA	✓	✗		
Independent auditing management procedures with verification	NA	NA	✓	✗		
Internal monitoring of formal service providers	✓	✗	✓	✗		
<b>Communication<sup>a</sup></b>						
Performance reviews made public	●	✗	●	✗		
Customer satisfaction reviews made public	●		●	✗		

<sup>a</sup> ✗ Few. ● Some. ✓ Most.

<sup>b</sup> ✗ Not reported. ● Not used. ✓ Used and informs corrective action.

NA: Not applicable.

## III. Human resources

Human resource strategies are not developed for sanitation and drinking-water. The most important constraints identified are the lack of financial resources and the preference by skilled graduates to work in sectors other than WASH. This is especially the case for hygiene-related positions. There are also great differences in salaries between central government salaries and the large WASH service providers.

### HUMAN RESOURCES

	SANITATION	DRINKING-WATER	HYGIENE
<b>Human resource strategy developed<sup>a</sup></b>	✗	✗	✗
<b>Strategy defines gaps and actions needed to improve<sup>a</sup></b>			
<b>Human resource constraints for WASH<sup>b</sup></b>			
Availability of financial resources for staff costs	●	●	●
Availability of education/training organisations	●	●	●
Skilled graduates	✓	●	●
Preference by skilled graduates to work in other sectors	✗	✗	✗
Emigration of skilled workers abroad	✓	✓	✓
Skilled workers do not want to live and work in rural areas	●	●	●
Recruitment practices	●	●	●
Other			

<sup>a</sup> ✗ No. ● In development. ✓ Yes.

<sup>b</sup> ✗ Severe constraint. ● Moderate constraint. ✓ Low or no constraint.

## IV. Financing

A financing plan is in place and used for most WASH areas, however, there is an insufficiency of funds to meet targets.

### FINANCING

Financing plan for WASH
Assessment of financing sources and strategies <sup>a</sup>
Use of available funding (absorption)
Estimated % of domestic commitments used <sup>b</sup>
Estimated % of donor commitments used <sup>b</sup>
Sufficiency of finance
WASH finance sufficient to meet MDG targets <sup>b</sup>

SANITATION		DRINKING-WATER	
Urban	Rural	Urban	Rural
●	●	●	●
✓	✓	✓	✓
✓	✓	✓	✓
✗	✗	✓	✗

<sup>a</sup> ✗ No agreed financing plan. ● Plan in development or only used for some decisions. ✓ Plan/budget is agreed and consistently followed.

<sup>b</sup> ✗ Less than 50%. ● 50–75%. ✓ Over 75%.

### WASH VS. OTHER EXPENDITURE DATA

Total WASH expenditure <sup>1</sup>	
2010–2012	1.10 billion USD
Expenditure as a % GDP	
Education <sup>2</sup>	6.0
Health <sup>2</sup>	8.2
WASH <sup>3</sup>	0.2

<sup>1</sup> Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.

<sup>2</sup> Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.

<sup>3</sup> WASH expenditure from country GLAAS 2013 response, GDP Average 2010–2012, World Development Indicators, World Bank 2013.

NA: Not available.

## V. Equity

As a step towards addressing equity in access to WASH services, four disadvantaged groups are identified in WASH plans.

### EQUITY IN GOVERNANCE

Laws
Recognize human right in legislation
Participation and reporting <sup>a</sup>
Clearly defined procedures for participation
Extent to which users participate in planning
Effective complaint mechanisms

SANITATION		DRINKING-WATER	
Urban	Rural	Urban	Rural
✓	✓	✓	✓
✓	✓	✓	✓
✗	✗	✗	✗
✓	✗	✓	✗

<sup>a</sup> ✗ Low/few. ● Moderate/some. ✓ High/most.

### DISADVANTAGED GROUPS IN WASH PLAN

1. Poor populations
2. People living in slums or informal settlements
3. Remote populations
4. Indigenous populations

### EQUITY IN FINANCE

**Figure 1.** Urban vs. rural WASH funding

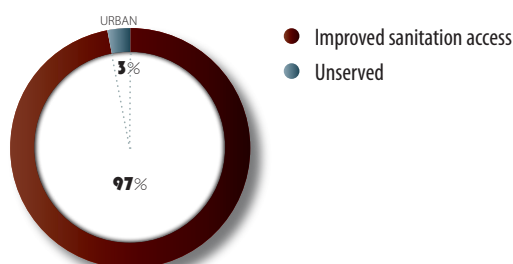
[ No data available. ]

**Figure 2.** Disaggregated WASH expenditure

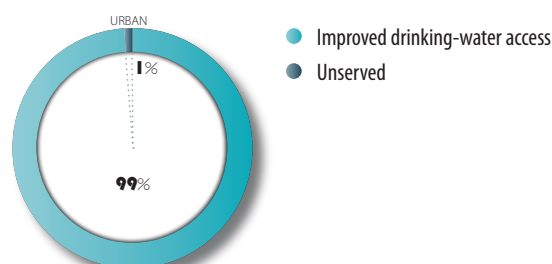
[ No data available. ]

### EQUITY IN ACCESS<sup>1</sup>

**Figure 3.** Population with access to improved sanitation facilities



**Figure 4.** Population with access to improved drinking-water sources



<sup>1</sup> Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.