glaas UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water

Estonia

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)[a]	**1.29 M**
Urban population (2012)[a]	**0.90 M**
Rural population (2012)[a]	**0.39 M**
Population growth rate (2012)[a]	**-0.28%**
Gross domestic product USD (2012)[b]	**22.39 billion**

[a] World Population Prospects: The 2012 Revision, UNDESA 2013.
[b] World Development Indicators, World Bank 2013.

HEALTH ESTIMATES

Infant mortality / 1,000 live births (2012)[c]	**2.9**
Under 5 mortality / 1,000 live births (2012)[c]	**3.6**
Life expectancy at birth (2012)[d]	**77 yrs**
Diarrhoea deaths attributable to WASH (2012)[e]	**NA**

[c] Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.
[d] World Health Statistics, WHO 2014.
[e] Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

SANITATION AND DRINKING-WATER ESTIMATES

Use of improved sanitation facilities (2012)[f]	**95%**
Use of drinking-water from improved sources (2012)[f]	**95%**

[f] World Health Statistics, WHO 2014.

WHO/FWC/WSH/15.50

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UN WATER

World Health Organization

Sanitation, drinking-water and hygiene status overview*

In Estonia the main responsibilities for water, sanitation and hygiene (WASH) are divided between four governmental institutions (the Ministry of Social Affairs, the Ministry of Environment, the Health Board and the National Institute for Health Development). Cooperation between those institutions and NGOs acting in the WASH sector works well. Estonia has taken different measures and adopted different national plans to constantly improve the situation and keep vital services functioning (e.g. public water supply and sewerage development plans and the Estonian National Health Plan). Targets for drinking-water quality and control are set in directive 98/83/EU and targets for collection and treatment of wastewater are set in directive 91/271/EEC, which have been enacted in Estonian legislation.

With respect to hygiene, Estonia has national legislation and requirements for hygiene in different facilities (kindergartens, schools, residential institutions for children, there are also standards for hospital hygiene etc). Competent authorities are constantly carrying out surveillance monitoring of requirements and taking measures (counseling, disciplining etc) if there are possible violations or shortcomings. Annual reports about drinking-water and sanitation are made and published.

Decision-making based on reporting data is purposeful and sufficient. The mechanism of customer reviews may need more attention. There is a need for improvement, regarding human resources, especially in the field of HR strategy development. We have problems with small water supplies in rural areas, where salaries are low and it is hard to attract educated workers. Also, skilled workers migrate from rural to urban areas. Estonia is currently developing a strategy on how to create a sustainable water policy in which those issues are being raised and discussed.

Regarding financing, Estonia has a well-functioning system for the WASH sector. Besides self-financing, the WASH sector is supported by the government via different investment-programmes, campaigns and grants from local authorities. The competition authority is responsible for approval of the prices of the water services so that all regions and people are treated equally. With respect to equality, citizens have the right to participate in the planning processes and there is also an effective complaint mechanism available. It is a priority for Estonia that everyone has equal access to all vital services and rights concerning the WASH sector.

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

Highlights based on country reported GLAAS 2013/2014 data[1]

I. Governance

Two ministries and one institution share the lead for drinking-water services. There is one ministry identified as leading the sanitation sector and two institutions identified as leading hygiene promotion.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Ministry of Social Affairs		✔	✔
Ministry of Environment	✔	✔	
Health Board		✔	✔
National Institute for Health Development			✔

Number of ministries and national institutions with responsibilities in WASH: **4**

Coordination between WASH actors includes:
- ✔ All ministries and government agencies
- ✔ Nongovernmental agencies
- ✔ Evidence supported decisions based on national plan and documentation of process

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET (%)	COVERAGE TARGET YEAR
Urban sanitation	✔	[a]	
Rural sanitation	✔	[a]	
Sanitation in schools	✔	[a]	
Sanitation in health facilities	✔	[a]	
Urban drinking-water supply	✔	[a]	
Rural drinking-water supply	✔	[a]	
Drinking-water in schools	✔	[a]	
Drinking-water in health facilities	✔	[a]	
Hygiene promotion	✔	[a]	
Hygiene promotion in schools	✔	NA	
Hygiene promotion in health facilities	✔	NA	

[a] Targets available but not expressed as percentages.

There are specific plans implemented addressing the issues of reliability/continuity of urban water supply, functioning of rural water supply and ensuring drinking-water meets national standards. There are no plans carried out specfically for sanitation, but work in this field is constantly being carried out.

SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES[a]	EXISTENCE AND LEVEL OF IMPLEMENTATION OF MEASURES (Low → High)
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	

[a] Including implementation.

[1] 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 a high level of data availability reported for policy-making and response to WASH related disease outbreak.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
Latest national assessment	Surveillance control and assessment is continuous and data is presented via annual reports.				
Use of performance indicators[a]	●		●		●
Data availability for decision-making[a]					Health sector
Policy and strategy making	✔		✔		✔
Resource allocation	✔		✔		NA
National standards	NA		✔		NA
Response to WASH related disease outbreak	NA		NA		✔
Surveillance[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	✔	✔	✔	✔	
Communication[a]					
Performance reviews made public	✔	✔	✔	✔	
Customer satisfaction reviews made public	✘	✘	✘	✘	

[a] ✘ Few. ● Some. ✔ Most.
[b] ✘ Not reported. ● Not used. ✔ Used and informs corrective action.
NA: Not applicable.

III. Human resources

No human resource strategies are developed for the sanitation, drinking-water and hygiene sectors. The most important constraints identified are the lack of financial resources for staff costs. Several moderate constraints have also been identified.

HUMAN RESOURCES	SANITATION	DRINKING-WATER	HYGIENE
Human resource strategy developed[a]	✘	✘	✘
Strategy defines gaps and actions needed to improve[a]			
Human resource constraints for WASH[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			

[a] ✘ No. ● In development. ✔ Yes.
[b] ✘ Severe constraint. ● Moderate constraint. ✔ Low or no constraint.

IV. Financing

A financing plan is in place and used for all WASH areas. There is a reported sufficiency of funds to meet MDG targets.

FINANCING	SANITATION		DRINKING-WATER	
Financing plan for WASH	Urban	Rural	Urban	Rural
Assessment of financing sources and strategies[a]	✔	✔	✔	✔
Use of available funding (absorption)				
Estimated % of domestic commitments used[b]	✔	✔	✔	✔
Estimated % of donor commitments used[b]	✔	✔	✔	✔
Sufficiency of finance				
WASH finance sufficient to meet MDG targets[b]	✔	✔	✔	✔

[a] ✘ No agreed financing plan. ● Plan in development or only used for some decisions. ✔ Plan/budget is agreed and consistently followed.
[b] ✘ Less than 50%. ● 50–75%. ✔ Over 75%.

WASH VS. OTHER EXPENDITURE DATA	
Total WASH expenditure[1]	
2012	264 M.USD
Expenditure as a % GDP	
Education[2]	5.7
Health[2]	6.0
WASH[3]	1.2

[1] Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.
[2] Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.
[3] 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, five disadvantaged groups are identified in WASH plans.

EQUITY IN GOVERNANCE	SANITATION		DRINKING-WATER	
Laws				
Recognize human right in legislation				
Participation and reporting[a]	Urban	Rural	Urban	Rural
Clearly defined procedures for participation	✔	✔	✔	✔
Extent to which users participate in planning	●	●	●	●
Effective complaint mechanisms	✔	✔	✔	✔

[a] ✘ 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. Ethnic minorities
5. People living with disabilities

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

[No data available.]

Figure 2. Disaggregated WASH expenditure

[No data available.]

EQUITY IN ACCESS[1]

Figure 3. Population with access to improved sanitation facilities

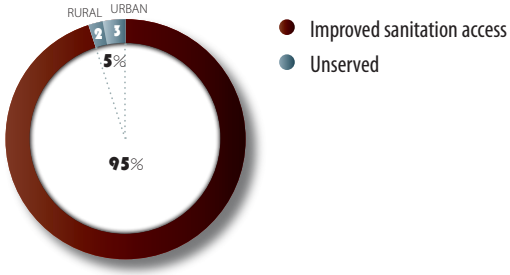
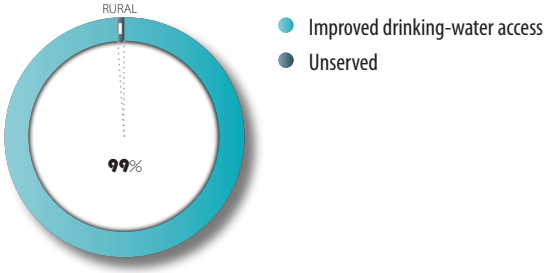


Figure 4. Population with access to improved drinking-water sources



[1] Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.