

# Uruguay

## DEMOGRAPHIC AND ECONOMIC ESTIMATES

<b>Population (2012)<sup>a</sup></b>	<b>3.40 M</b>
<b>Urban population (2012)<sup>a</sup></b>	<b>3.15 M</b>
<b>Rural population (2012)<sup>a</sup></b>	<b>0.25 M</b>
<b>Population growth rate (2012)<sup>a</sup></b>	<b>0.35%</b>
<b>Gross domestic product USD (2012)<sup>b</sup></b>	<b>49.92 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>6.2</b>
<b>Under 5 mortality / 1,000 live births (2012)<sup>c</sup></b>	<b>7.2</b>
<b>Life expectancy at birth (2012)<sup>d</sup></b>	<b>77 yrs</b>
<b>Diarrhoea deaths attributable to WASH (2012)<sup>e</sup></b>	<b>27</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>96%</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\*

In Uruguay, the Constitution of the Republic Article 47 recognizes that water and sanitation is a human right. The country has a National Water Policy including drinking-water and sanitation that was approved and officially published in 2009.

There is currently no formal mechanism to coordinate the work of different organizations with responsibilities in the field of water, sanitation and hygiene (health, education, environment, public works); however, there are several instances of coordination that work regularly as shaped by the Ministry of Housing, Spatial Planning and Environment, the Ministry of Public Health, Sanitary Works and the Services Regulatory Unit of Energy and Water for certain activities related to the provision of drinking-water networks.

There is a financing plan specifically for channeling resources in order to reduce inequities in access and service levels. There are also financial plans to make access to water and sanitation more affordable for disadvantaged groups.

Uruguay has already fulfilled the Millennium Development Goals in water and sanitation, but funding is required to meet the challenges of universal access, proper functioning of systems, sustainability and compliance with environmental standards.

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

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

## I. Governance

Several ministries and national institutions share the lead for drinking-water services. DINAGUA is responsible for national water and sanitation plans though it is in process of consolidation. OSE provides 99% of networked drinking-water services.

### LEAD INSTITUTIONS

	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
<b>The National Water Directorate (DINAGUA) agency of the Ministry of Housing, Spatial Planning and Environment-MVOTMA</b>	✓	✓	
<b>Ministry of Public Health</b>	✓	✓	✓
<b>State Sanitary Works (OSE)</b>	✓	✓	
<b>Montevideo Municipalities and 18 Departments</b>	✓		
<b>Services Regulatory Unit of Energy and Water (URSEA)</b>	✓	✓	

Number of ministries and national institutions with responsibilities in WASH: **10**

Coordination between WASH actors is in development.

### PLAN AND TARGETS FOR IMPROVED SERVICES

	INCLUDED IN PLAN	COVERAGE TARGET [%]	YEAR
<b>Urban sanitation<sup>a</sup></b>	✓	98 / 64	2015
<b>Rural sanitation</b>	✓		
<b>Sanitation in schools</b>	✓		
<b>Sanitation in health facilities</b>	✓		
<b>Urban drinking-water supply<sup>b</sup></b>	✓	99 / 97	2015
<b>Rural drinking-water supply</b>	✓		
<b>Drinking-water in schools</b>	✓		
<b>Drinking-water in health facilities</b>	✓		
<b>Hygiene promotion</b>	✗		
<b>Hygiene promotion in schools</b>	✗		
<b>Hygiene promotion in health facilities</b>	✗		

<sup>a</sup> Piped sewer system and septic tank / piped sewer system only.

<sup>b</sup> Piped and protected dug well / piped water into dwelling.

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

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

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

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

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
<b>Latest national assessment</b>	2013				
<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

There are currently no human resource strategies developed for WASH services. The most important constraints identified are the lack of graduates with skills for policy-making and also skills adapted for small scale and basic services. There are also issues attracting skilled workers to certain areas inland.

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

There is no financing plan nationally for WASH areas, however, the main official service providers have their own finance plan.

### 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
✗	✗	✗	✗
			●

WASH VS. OTHER EXPENDITURE DATA	
Total WASH expenditure <sup>1</sup>	
NA	
Expenditure as a % GDP	
Education <sup>2</sup>	4.5
Health <sup>2</sup>	8.8
WASH <sup>3</sup>	NA

<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%.

<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, two disadvantaged groups are identified in WASH plans. Special rates are conceded to disadvantaged groups for OSE services. Montivideo also has rates based on dwelling value, and retired populations.

### 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
✓	✓	✓	✓
✓	✓	✓	✓
✗	✗	✗	✗
✓	✓	✓	✓

DISADVANTAGED GROUPS IN WASH PLAN
1. Poor populations
2. People living in slums or informal settlements

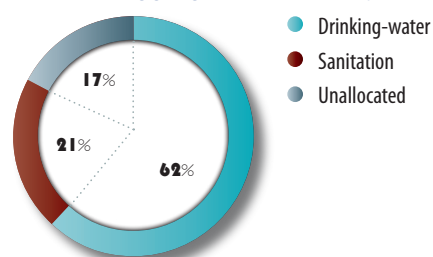
<sup>a</sup> ✗ Low/few. ● Moderate/some. ✓ High/most.

### EQUITY IN FINANCE

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

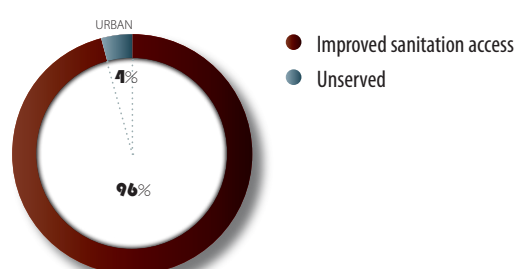
[ No data available. ]

**Figure 2.** Disaggregated WASH expenditure

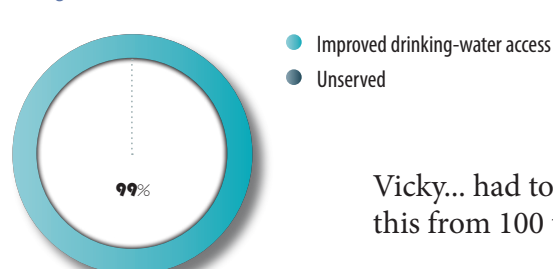


### EQUITY IN ACCESS<sup>1</sup>

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



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



Vicky... had to change this from 100 to 99%

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