

Thailand

Highlights based on country reported GLAAS 2016/2017 data

DEMOGRAPHIC ESTIMATES

Population (millions, 2017) ^a	69 M
% Urban (2014) ^b	49%
% Rural (2014) ^b	51%
Population growth rate (2015) ^c	0.33%

	TU	ECT		TEC
пга			IVIZ	1153

Infant mortality (per 1000 live births, 2015) ^c
Under 5 mortality (per 1000 live births, 2015) ^c
Life expectancy at birth (years, 2015) ^c
Diarrhoea deaths due to inadequate WASH in children under 5 years (total, 2012) ^d
Diarrhoea deaths due to inadequate WASH in children under 5 years (per 100 000, 2012) ^d

NATIONAL	GLOBAL
10	33
12	45
75	71
107	360 688
3	_

UPPER- MIDDLE
INCOME
COUNTRIES
14
17
75

SANITATION AND DRINKING-WATER ESTIMATES

% of population using at least basic sanitation services (2015)e	
% of population using at least basic drinking-water sources (2015)e	

NATIONAL	URBAN
95	94
98	99

RURAL
96
97

WASH FINANCIAL ESTIMATES

Government WASH budget (US\$ millions, current US\$)
Government WASH budget per capita (current US\$)
Government WASH budget as percentage of GDP (%)

2016	
1 364	
19.81	
0.34	

National WASH expenditure (US\$ millions, current US\$)

National WASH expenditure per capita (current US\$)

National WASH expenditure as percentage of GDP (%)





a Total population, data supplement. United Nations, Department of Economic and Social Affairs, Population (2017). World Population Prospects: The 2017 Revision.

b Population of Urban and Rural Areas at Mid-Year (thousands) and Percentage Urban, 2014. United Nations, Department of Economic and Social Affairs, Population Division (2014). World Urbanization Prospects: The 2014 Revision, CD-ROM Edition.

^c Total population, medium fertility variant. United Nations, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision, DVD Edition.

d WHO (2014) Preventing diarrhoea through better water, sanitation and hygiene: Exposures and impacts in low- and middle-income countries. World Health Organization, Geneva.

UNICEF/WHO (2017) Joint Monitoring Programme. Progress on Drinking Water, Sanitation and Hygiene: 2017 Update and SDG Baselines. World Health Organization, Geneva.

f WASH budget and expenditure data are sourced from the GLAAS 2013/2014 and 2016/2017 data. GDP data and average exchange rates are from the World Bank World Development Indicators database (sourced from the International Monetary Fund, International Financial Statistics).

I. Governance

NATIONAL POLICIES AND PLANS: EXISTENCE AND IMPLEMENTATION	NO POLICY OR PLAN	POLICY FORMALLY APPROVED	IMPLEMENTATION PLAN DEVELOPED BASED ON APPROVED POLICY	PLAN PARTIALLY IMPLEMENTED	FULLY IMPLEMENTED PLAN
Urban sanitation					•
Rural sanitation					•
Urban drinking-water					•
Rural drinking-water					•
Hygiene promotion					•
Hygiene promotion in health care facilities					•
Hygiene promotion in schools					•
Water and sanitation in health care facilities					•
Water and sanitation in schools					•
Infection prevention and control strategy					

Under Sustainable Development Goal 6, there is a greater focus on safely managed sanitation services as well as wastewater treatment.

INCLUDED IN POLICY/PLAN
~
✓
✓
*

✓ Yes.

➤ No.

SUSTAINABILITY MEASURES	AND LEVEL OF IMPLEMENTATION	RESPONSIBILITY ASSIGNED TO
Keep rural water supply functioning over the long-term	✓	Ministry of Interior
Improve reliability and continuity of urban water supply	~	Metropolitan Waterworks Authority (MWA), Provincial Waterworks Authority (PWA), Municipalities, Local Administration Offices
Rehabilitate disused drinking-water hand pumps	~	Community Committee
Rehabilitate broken or disused latrines in schools	✓	Individual School
Safely empty or replace latrines when full	~	Bangkok Metropolitan, Municipalities, Local Administration Offices
Maintain sewer systems and treatment facilities	~	Bangkok Metropolitan, Municipalities, Local Administration Offices
Ensure environmental sustainability of water services	_	MWA, PWA, Bangkok Metropolitan, Municipalities, Local Administration Offices
Improve climate resiliency	~	National Water Resource Committee
Rehabilitate disused WASH systems in health care facilities	✓	Individual Health Facility
Safely reuse wastewater and/or faecal sludge	_	Bangkok Metropolitan, Municipalities, Local Administration Offices
Ensure drinking-water quality meets national standards	✓	Ministry of Interior and Ministry of Health

EXISTENCE

[🛩] Plans exist with high levels of implementation. 💶 Plans exist, but only moderate levels of implementation. 🗶 No plan or low levels of implementation.

I. Governance (continued)

SAFETY PLANNING

Water safety planning
Sanitation safety planning

✓ Formally approved. Under development/anticipated. ★ Not required.

LEVEL OF DEVELOPMENT

✓

COORDINATION MECHANISMS: EXISTENCE AND LEVEL OF COORDINATION

Mechanism exists to coordinate WASH actors
Is it a formal mechanism?

✓ Yes. Under development.

No.

DOES THE COORDINATION MECHANISM:

Include all governmental agencies that directly or indirectly influence service delivery

Include non-governmental stakeholders

Include donors that contribute to WASH activities nationally

Include mutual review and assessment

Apply evidence-based decision-making

Base its work on a sectoral framework or national plan

Have documentation of the coordination process

Have an allocated budget line

Top five development partners (as reported by country)

- 1) Ministry of Interior
- 2) Ministry of Public Health
- 3) Ministry of Natural Resources and Environment
- 4) Ministry of Education
- 5) The Prime Minister's Office

✓ Yes. Partly. X No.

COMMUNITY AND USER PARTICIPATION

Urban sanitation
Rural sanitation
Urban drinking-water
Rural drinking-water
Hygiene promotion
WASH in health care facilities
Water pollution control
Water quality monitoring
Water rights/allocation
Water resources management
Water-related environmental protection

USER PARTICIPATION PROCEDURES DEFINED IN LAW/ POLICY ^a
✓
✓
✓

LEVEL OF PARTICIPATION ^b
_
*
_
_
_

WOMEN'S PARTICIPATION INCLUDED IN LAW POLICY ^a	/
×	
×	
×	
×	
×	
×	
×	
×	
×	
×	
×	

a ✓ Yes. ➤ No.

b ✓ High. ■ Moderate. ★ Low.

II. Monitoring

JOINT SECTOR REVIEW (JSR) DRINKING-SANITATION HYGIENE Year of most recent JSR: 2014 **WATER** Sectors covered ✓ Yes. X No.

DATA AVAILABILITY FOR DECISION-MAKING	SANITATION	DRINKING- WATER	HEALTH SECTOR
Policy and strategy	~	~	
Resource allocation	_	~	
Status and quality of service delivery	~	~	
National standards		~	
Response to WASH-related disease outbreak			~
Identify public health priorities for reducing diseases			
Identify priority health care facilities needing improvements			*

DRINKING-

[✓] Data available and used for a majority of decisions. — Partial data or only used for a minority of decisions. 🗱 Limited availability.

	SANIT	ATION	WA	TER
REGULATION	Urban	Rural	Urban	Rural
Regulatory authority responsible for setting tariffs	*	*	*	*
Legally binding national standards for service quality			*	*
Regulatory authority responsible for service quality	*	*	*	*
Collection of coverage data from service providers	*		*	*
Collection of data on quality ^a			*	*
Publish publicly accessible reports ^b	×	×	*	
Publish publicly accessible reports on service quality	×	×	*	
Regulatory authority located in a different institution than service providers	×	×	*	×
Regulatory authority can report findings without government clearance	*	*	*	*
Regulatory authority can dismiss employees without government clearance	×	×	*	*
Funding independent of government budget	×	×	×	×
Ability to take punitive action against non-performers	*	*		

III. Human resources

Impact of increased human resources capacity	SANITATION	DRINKING- WATER	HYGIENE
Policy development	~	~	~
Institutional coordination	~	~	~
National and local/provincial WASH planning	~	~	~
Construction of facilities	~	~	*
Operations and maintenance	~	~	~
Community mobilization	~	~	~
Financial planning and expenditure	*	~	*
Enforcement of regulations	*		~
Health promotion	*	~	~
Monitoring and evaluation		*	*

[✓] Yes. Partially. ★ No.

^a For sanitation, effluent quality data from treatment plant operators; for drinking-water, water quality data from service providers.

^b For sanitation, reports on treated wastewater flows; for drinking-water, reports on drinking-water quality.

IV. Financing



NATIONAL WASH EXPENDITURE (US\$ MILLIONS):



V. Equity

GOVERNANCE

Plans for vulnerable population groups: existence and level of implementation

Poor populations	*
Populations living in slums or informal settlements	~
Populations living in remote or hard to reach areas	~
Indigenous populations	~
Internally displaced persons and/or refugees	~
Women	~
Ethnic minorities	~
People living with disabilities	~
Populations with high burden of disease ^a	~

Plans exist with high levels of implementation. — Plans exist, but only moderate levels of implementation. *No plan, or low levels of implementation.

MONITORING Tracking of progress in access to services	SANITATION	DRINKING- WATER	HYGIENE
Poor populations	~	*	~

✓ Yes.

➤ No.

FINANCE Specific financial measures to increase access for:	SANITATION	DRINKING- WATER
Rural populations	×	~
Poor populations	×	*
Populations living in slums or informal settlements	×	*
Populations living in remote or hard to reach areas	*	*
Indigenous populations	×	*
Internally displaced persons and/or refugees	*	~
Women	*	~
Ethnic minorities	*	~
People living with disabilities	*	~
Populations with high burden of disease ^a	*	*

[✓] Yes, and measures are applied.
— Yes, but measures are not applied consistently.

No. a. e.g. diarrhoea, undernutrition, neglected tropical diseases and cholera.

No. a. e.g. diarrhoea, undernutrition, neglected tropical diseases and cholera.

No. a. e.g. diarrhoea, undernutrition, neglected tropical diseases.

No. a. e.g. diarrhoea, undernutrition.

No. a. e.g. diarrhoea, undernu

Changes in budget allocations to target inequalities (past three years)

↑ Increasing. Relatively constant. • No.		
Affordability	SANITATION	DRINKING- WATER
Affordability schemes for vulnerable groups		✓

✓ Affordability schemes exist and are widely used.

Affordability schemes exist, but are not widely used.

No schemes exist.