

Meeting the MDG drinking-water and sanitation target

The urban and rural challenge of the Decade

Radio interviews

- **Ms. Susanne Weber Mosdorf, WHO's Assistant Director-General, Sustainable Development and Healthy Environments**

Q - What progress has been made since 1990 in improving access to drinking water and sanitation?

In 2004, a total of 5.3 billion people (83% of the world's population) had access to improved drinking water sources – up from 4.1 billion (78%) in 1990. Yet, due to the population growth, the number of people unserved has not changed significantly since then. About one sixth of the world's population - a total of 1.1 billion people - remain without access to improved drinking water. Many of these people live on the outskirts of large developing-country cities, or in poor rural areas, and are thus dangerously exposed to water-related diseases.

To get to the 2015 target which the world has set itself, we need the percentage of people with access to drinking water to rise.

With regard to sanitation, only 59% of the world population had access to any type of improved sanitation facility in 2004. In other words, 4 out of 10 people around the world have no access to improved sanitation. They are obliged to use unsanitary facilities, with a serious risk of exposure to hygiene-related diseases. While sanitation coverage has increased from 49% in 1990, a huge effort at all levels needs to be exerted at an accelerated pace if the MDG sanitation target is to be achieved by 2015.

Q - What are the main emerging trends from the current assessment?

It is thanks to the JMP that the world can see the progress we are making towards achieving the water and sanitation targets and set policy priorities accordingly. We saw an increase of 5 percentage points in drinking water coverage from 1990 to 2004 and a staggering 10% increase in sanitation. This is a remarkable and encouraging development if we consider that the world's population increased by 21% during the same period of time.

Yet, the JMP is also showing us that business as usual will cause us to miss the 2015 targets. If we continue to provide new sanitation connections at the current rate, we will miss the sanitation target by around 1 billion people. And, while until recently we were on track to meet the drinking water target, progress there has been slowing down. If we do not accelerate our efforts to ensure that the world's people have access to an improved source of drinking water, we will miss that target, too.

Q - Why is improving access to drinking water and sanitation so crucial?

Safe drinking water, sanitation and good hygiene are so obviously essential and fundamental to health, survival, growth and development that we often forget that we need to pay attention to these. When we don't ensure that the world's people have access to water and sanitation, it is the poor in general who suffer - both health-wise and economically - and it is the children who die. Last year, we estimate, 1.6 million children under age 5 around the world died from the consequences of unsafe water and inadequate hygiene.

Over 1.1 billion people do not use drinking water from improved sources, while 2.6 billion lack access to basic sanitation. Of these 2.6 billion people, 2 billion of them live in rural areas, while 600 million live in newly developing areas of large cities. Achieving the drinking water and sanitation target poses twin challenges: keeping pace with rapid urbanization, and getting water and sanitation to the huge numbers of hard-to-reach rural dwellers.

We have to work continuously both to get water and sanitation infrastructure installed for the first time, and water piped into people's homes. The challenge is great, but the benefits, as we have shown, are even greater: clean water and adequate sanitation benefit poor households most of all. They allow children to grow healthily and to attend school. Adults become more productive.

We have shown that, for every dollar invested in water and sanitation, the return in economic terms is between \$3 and \$34. Investment in water and sanitation, therefore, is a lever for the world to achieve all the development goals it has set itself for 2015.

- **Dr Maria Neira, WHO's Director, Public Health and Environment**

Q - Is it realistic to believe the MDG drinking water and sanitation target can be reached?

To meet the Millennium Development Goal sanitation target, 1.6 billion more people need to gain access to improved sanitation over the coming decade. This means that according to our projections that if we continue in the same trend - if the trend persists - the sanitation target will not be met. Probably we will miss it by 600 million.

With regard to drinking water, we want to achieve a total number of people served globally equals to 6.4 billion by 2015, this means a reduction in the number of unserved from 1.1 billion in 2004 to 800 million in 2015. The projections indicate a total number of unserved over 900 million in 2015. This represents a shift from past assessments, and is indicating there has been possibly a reduction in the efforts towards the target. If this trend is confirmed, we will not meet the drinking water target either.

Q - How can progress towards drinking water and sanitation solutions be accelerated?

I don't think there is a miracle response here - I think everybody knows we need for sure a strong political commitment, maintain that political commitment, because it is there through the Millennium Development Goals - but we need to maintain that, and make sure that these commitment is coming from central government as well as local communities.

The financial resources are clearly still a problem, and a challenge. We need to mobilize more financial resources; we need to raise and maintain awareness; we need to build more capacity; educate people, and we need to make sure the facilities that we are building now are sustainable and the services, and the services we are delivering are filled by the local populations, and they have ownership over those facilities.

We need involve the users and this has to be done in an effective way, and for the resources to be done in a very effective way, and for the resources and services to be maintained.

Obviously there are a series of technical, social, environmental and financial arrangements that need to respond to the different roles, but essentially what we need is the women and men - the local level - to be really involved at the planning level, and on the construction of the facilities.

We have to focus on the very poor population, and involve them a little bit more, and considering we already two thirds of the time spent from the baseline year of 1990 to the MDG target has elapsed, we

cannot continue business as usual. Definitely we need to take the necessary steps to accelerate and increase effectiveness and investments need to be increased if we want to achieve the MDGs.

Q - What is preventing the water and sanitation sector to develop properly, why so many people are still not served?

Clearly there is a consensus that there are fundamentally triggered reasons for that - one is that the development assistance at the moment is clearly insufficient and probably not focused enough on the poorest low-income countries. We have the example of emerging economies - emerging countries - in which still although they can make the investments they are not focusing on the poor and unnerved populations and this has to change.

Again the lack of ownership - if the local populations and community is not properly involved and lacking support and ownership for water supply initiative among both women and men in poor communities this will be very difficult to achieve.

Thirdly there is a lack of sound planning and investment in construction and maintenance of affordable and effective infrastructure.

We have to emphasize the fact that expanding coverage is potentially not out of reach for developing countries. So this issue has to be considered a priority - and we need to make sure it deserves a lot of attention, and is maintained very high on the political agenda.

- **Mr Jose Hueb, Sanitary Engineer and co-author of the report, WHO's Public Health and Environment Department**

Q -How is coverage evolving in urban and rural areas?

Rural areas still lag far behind urban areas in terms of drinking water coverage. Even though rural drinking water coverage increased from 64% in 1990 to 73% in 2004, we still have some 900 million people that remain unserved. A continuation of this trend would lead to coverage of 80% by 2015 - which means about 300 million people gaining access. Yet, in 2015 about 700 million will remain unserved if the current trend is confirmed.

The urban challenge is different. Urban coverage with improved drinking water has remained practically unchanged over the past 15 years at 95%. But this admirable achievement is threatened by predicted urban population growth over 2005-2015. We are expecting to have about 755 million more people in urban areas. Although the coverage trend analysis predicts a similar coverage in 2015 of 95%, just preventing an increase in the number of people unserved will require the provision of services to almost 800 million new users over the next 10 years.

The good news is that - provided the urban coverage trend continues - about 785 million new urban dwellers will gain access over 2005-2015. In terms of access to drinking water, improving the quality of access is also crucial. Only 44% of the developing world population have access to drinking water through household connections from public piped systems. The next step in the battle towards provision of access to safe drinking water is to promote the need for accelerating investments towards a greater coverage through piped water to the households.

In terms of sanitation, a sustained absence of sanitary facilities contributes to an ever increasing risk of outbreaks of epidemics, such as cholera, typhoid and dysentery. The lack of basic sanitation is a current reality: the global coverage rate of 59% reached in 2004 means that 611 million people in urban areas and a staggering 2 billion in rural areas do not have access to improved sanitation.

In urban areas, the projected increase in population sends out an alert to channel efforts into increasing coverage. Because of the projected increase in population, if efforts continue at the current level they will push up coverage rates from 80% in 2004 to only 82% in 2015. This tiny increase in reality translates into 81 million more unserved people in urban areas to be added to the 611 million already without basic sanitation in 2004

Q - What are some concrete steps to be taken?

In addition to investments for building new infrastructure, there is a need for decision making process established in a way that will lead to more investments to the drinking water and sanitation sector. In addition to that we need to have effective operation and maintenance of drinking water and sanitation systems.

While the infrastructure required to provide safe drinking water services is not available, promoting household water treatment would generate a huge impact in reducing water-washed and water-borne diseases. Hygiene education especially in schools would also have a major impact on health, education and economic development. If I needed to summarize I would say there is need for greater priority for water supply and sanitation as opposed to other development issues especially in developing countries.

Q - What kind of investment is required and for which regions?

Estimates on the investment requirements globally and regionally have been done by different institutions. The numbers differ enormously. They range from 11 billion a year to over 100 billion depending on the method used, assumptions, etc. depending on the type of sophistication of the drinking water and sanitation system.

However, regardless of such estimates, achieving the MDG drinking water and sanitation target would require that the number of additional people served annually from 2005 to 2015 should increase by 35% for drinking water and should double for sanitation as compared to the annual number of people served from 1990 to 2004.

This means that about 300 thousand additional people a day need to gain access to drinking water services, and about 450 thousand a day need to gain access to sanitation over 2005-2015 if we want to reach this target. This is equivalent to providing drinking water and sanitation services to a city like Geneva every day over the next 10 years

- **Dr Jamie Bartram, WHO's Coordinator for Public Health and Environment**

Q - How can progress towards drinking water and sanitation be accelerated?

One particular point to make - which I will make first - acceleration is possible - with more resources, better deployed we can move things ahead even more quickly. Real progress can be made within the resources that already exist if we use them in the right ways.

What does that mean - it means for example ensuring that investment goes where it is going to have the greatest impact and the biggest bang for the buck. That means having explicit ways to target poor populations both in urban and rural areas - and there are different strategies for those two different spaces.

Secondly it means recognizing that women, men, and children play a real role in effective water supply and sanitation. There are still too many interventions that are top down driven that really don't take

full account of the ability of ordinary poor people to operate and maintain drinking water and sanitation facilities that are appropriate for their means. Then a very simple fact that if we reflect on the health gains that can be achieved what are the best places to put available resources we can make better investment decisions, greater benefits sooner for the maximum number of people.

Q - How are trends changing over time at country, regional and global levels?

It is important to recognize that when we are doing these estimates, we are looking at the global overall situation, and this does not reflect what is happening at each individual country. Indeed it doesn't even reflect each separate region.

What we know is that there has been progress - if we look at the period between 1990 and 2004, the actual number of people without access to drinking water decreased by around 118 million people. If that trend continues, the unserved population will continue to go down. We estimate that it will go down by 150 million by 2015. That sounds pretty good.

But we have to bear in mind that even if we achieve that there will still be 900 million people sharing the planet with us who do not have access to a simple water improved source. That's a real painful reminder of how far we still have to go. Those gains have not been evenly distributed. Some regions are better, some worse, and we should recall that because the target is structured as a percentage it's the regions which started with the worst baseline that have got the greatest distance to travel.

In sub-Saharan Africa, although access to improved drinking water sources increased by 7 per cent between 1990 and 2004, the actual number of people without drinking water increased by 60 million - purely because of the fact of population growth. Countries such as Ethiopia, Democratic Republic of the Congo and Niger, they would need to more than triple their current pace of effort if we want to achieve the drinking water target at national level.

IF we leave drinking water and we move to sanitation on the picture is rather different. In 2004, 2.6 billion people in the world did not have access to even a simple basic hygienic latrine. Of those, 2.6 billion live in rural areas - and in the case of sanitation, progress over the past 15 years has been really quite limited. Since 1990, our baseline year for this assessment - the number of people without sanitation has decreased by only 98 million. That is very small compared to the tremendous backlog of 2.6 billion that we need to tackle.

There are other major dimensions to this. Rural coverage consistently lags behind urban coverage. On average, there are three rural dwellers unserved for every urban dweller. However, we are seeing a far higher rate of population in urban than in rural areas. So that demographic shift is going to change the situation we are dealing with.

From 2007 the urban population for the first time will be greater than the rural population on the planet. The urban population is already increased by 37% between 1990 and 2004. That means we are tackling twin challenges - a tremendous rural backlog and a rate of urban population growth that is a challenge for all of our efforts.

Q - Why access to safe drinking water and basic sanitation is so important?

If you look from the perspective of the World Health Organization, we see health as a major factor in enabling poor population to take charge of their own destinies, their own future, their own economic development. Without health a whole series of burdens adversely affect those populations. With health they are empowered to take their lives forward.

The health dimension of safe drinking water and sanitation is so self evident that often it is taken for granted. What are the health problems we are talking about. We are talking about the leading causes of ill health in the developing world. Disease as simple and familiar as diarrhoea, and individual experience by an adult in the developed world is really of very little significance. Repeated diarrhoea, especially amongst children, can have very significant consequences for their life.

Sanitation is also linked to a series of other disease such as intestinal worms, dracunculiasis, schistosomiasis and trachoma. Many of these are extremely important in the developing world. Yet because they are not familiar to the developing world, there is not necessarily the sensitivity to their importance that we would otherwise like to say.

Q - What are the main challenges of the Water for Life Decade?

The Decade is really one other instrument that is really giving focus on the importance of water broadly not only drinking water and sanitation, and hygiene for human development including health. The challenge we have today, is that the time required to get investments in place, and yielding health gains means that the decisions made today will start to pay back typically maybe in eight years time. So we are looking already at actions that follow up that decade.

We can do things that are much more immediate. There are action we can work with in households and communities such as treating water in the home, improving hygiene simple sanitation interventions can be deployed rapidly, and that can give a very rapid benefit to individual households.

Q - How has the Water for Life Decade contributed to achieving MDG targets?

The Decade has helped really focus thinking on the challenge, rather than water being one of a list of MDGs We see a concerted initiative to say that this is something special, which if we can get in right not only the water MDG, the sanitation MDG, but will help drive the overall promise, the dream, the millennium declaration was originally all about.

It does point to certain very important specific features that we need to give proper account to. It highlights the importance of the role of women. It calls for a coordinated response from the whole United Nations system - It re-highlights what is stated so clearly in the MDGs. - and the separate importance of both rural and urban populations.

Obviously the decade itself ends in 2015 - the same year as the target year of the Millennium Development Goals. So those two things are synchronized in the hope that they will give impetus so that we can actually achieve the big dream that was laid out when world leaders first put together the Millennium Declaration.