

Resource Pack on the Water and Sanitation Millennium Development Goals

Water Supply and Sanitation Collaborative Council

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Introduction

The Millennium Development Goals (MDGs) represent a firm political commitment by all 191 United Nations member states to work together to eradicate global poverty. The Water Supply and Sanitation Collaborative Council (WSSCC) endorses the MDGs and believes they offer a viable and effective framework to combat global poverty. WSSCC recognises the political importance of the Millennium Development Goals (MDGs) and seeks to champion the MDG target of halving, by 2015, the proportion of people without access to safe drinking water and basic sanitation facilities. In effect, the MDGs on water and sanitation represent:

- An understanding of the intricate importance of water, sanitation and hygiene for all other fields of development;
- Willingness and commitment by all UN member states to put water, sanitation and hygiene firmly on their agenda;
- A benchmark for progress and monitoring of government commitments to WASH issues.

This resource pack has been developed to inform our regional representatives and national coordinators, members, partner organisations and others of the fundamental importance of the MDGs. The pack will provide the reader with an overview of the history and development of the Goals, and will discuss the necessary processes to achieve them, including the need for monitoring and development of clear and relevant indicators for progress. Lastly, it will explain how water and sanitation goals relate to all other goals and targets. Possible ways in which this resource pack can be used include media briefings, political briefings, and various advocacy, communications and awareness raising activities.

Section One

1.1 What are the Millennium Development Goals?

The MDGs are a set of goals and targets devised to help eradicate global poverty, aimed at accelerating global and national economic, social and environmental development. There are eight goals in total. For each goal one or more specific targets have been set, most for 2015, using 1990 as a baseline..

The eight MDGs are:

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria, and other diseases
7. Ensure environmental sustainability (this goal includes the targets for water and sanitation)
8. Develop a global partnership for development

The MDGs provide a defined framework for monitoring progress on key development issues. They establish yardsticks for measuring results, not just for developing countries but for industrialised countries that help to fund development programmes, and for the multilateral institutions that help countries implement them.

1.2 What is their history/who is responsible?

Many of the MDGs were originally set out by international conferences and summits held in the 1990s. They were later compiled and became known as the International Development Goals. In September 2000, during a meeting in New York that subsequently became known as the Millennium Summit, all of the 191 United Nations member states unanimously adopted the Millennium Declaration – a declaration of political commitment to work together to combat poverty, hunger, disease, illiteracy, environmental degradation and discrimination against women. Following consultations among international agencies, the UN General Assembly recognized the Millennium Development Goals as part of the road map for implementing this Millennium Declaration.

1.3 How will they be achieved?

Achieving the MDGs encompasses a whole range of activities and commitments at a global, national and regional level. First and foremost, the MDGs need to be backed up by a genuine political will to translate rhetoric into actions on the ground. Additional preconditions for achieving the MDGs include: effective collaboration between like minded multilateral organisations, government and donor agencies; readily available and sufficient funds from the industrialised nations to their southern counterparts; and a willingness on all sides to work for the common

good and learn from past experience, whether this be positive or negative. The first seven goals are mutually reinforcing and are directed at reducing poverty in all forms. The last goal – a global partnership for development – is about the means to achieve the first seven. Many of the poorest countries will need additional assistance and must look to the rich countries to provide it. Countries that are poor and heavily indebted will need further help in reducing their debt burdens. And all countries will benefit if trade barriers are lowered, allowing a freer exchange of goods and services.

1.4 Water supply & sanitation and the MDGs

Under Goal number seven, ensuring environmental sustainability, the UN Millennium Summit in 2000 set a target as follows: ‘by 2015, reduce by half the proportion of people without access to safe drinking water’. Two years later, at the World Summit on Sustainable Development in Johannesburg in September 2002, it was agreed to add to this water target a target on sanitation.

The World Summit on Sustainable Development, in chapter 4, article 25 of the Plan of Implementation, agreed to:

“Launch a programme of actions, with financial and technical assistance, to achieve the Millennium development goal on safe drinking water. In this respect, we agree to halve, by the year 2015, the proportion of people who are unable to reach or to afford safe drinking water, as outlined in the Millennium Declaration, and the proportion of people without access to basic sanitation.”

In the above target, safe drinking water refers to *sustainable access to an improved water source, urban and rural*. This includes any of the following types of water supply for drinking: piped water, public tap, borehole or pump, protected well, protected spring or rainwater. Improved water sources do not include vendor-provided waters, bottled water, tanker trucks or unprotected wells and springs.

Basic sanitation refers to access to facilities that hygienically separate human excreta from human, animal and insect contact. Facilities such as sewers or septic tanks, pour-flush latrines and simple pit or ventilated improved pit latrines are assumed to be adequate, provided that they are not public¹. To be effective, facilities must be correctly constructed and properly maintained.

For more detail on the WSSD Plan of Implementation and proposed activities to achieve the targets, see Section 3.1.

¹ World Health Organization (WHO) and United Nations Children’s Fund’s (UNICEF): Global Water Supply and Sanitation Assessment 2000 Report.

1.5 The importance of Water Supply & Sanitation MDGs

At the beginning of 2000, an estimated 1.1 billion people (one sixth) of the world's population were without access to safe water and 2.4 billion people (two-fifths) lacked access to improved sanitation. Over 6,000 people, mainly children, die each day from drinking water related diseases, mainly diarrhoea, caused by unsafe water, poor sanitation and poor hygiene practices. This equates to over 2.2 million people dying each year.

Between 1990 and 2000, large numbers of additional people gained access to water supply and sanitation services. However, owing to global population growth, the numbers lacking access remained roughly the same throughout this period. Water supply and sanitation coverage is an important poverty issue: when consulted, people affected by poverty consistently identify safe water as a high development priority. Furthermore, the range and extent of impacts from water and sanitation interventions point to its critical role in several areas: poverty eradication; the environment; quality of life; child development and gender equity amongst others.

1.6 Water, Sanitation, Hygiene and the other MDGs

Hygiene, sanitation and water supply can be seen as the foundation stones of public health in the developing world. 'WASH' affects almost all development issues; without progress on WASH issues the likelihood of achieving related development goals will be debilitated. This section examines the linkages between WASH and the other MDG's, and gives WSSCC's interpretation of the impact of water, sanitation and hygiene on wider development issues.

Goal 1. Eradicate extreme poverty and hunger

Target 1. Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

Target 2. Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Without access to WASH:

- Time and energy are lost searching for and collecting water
- Poor health and frequent illness lead to lower productivity, and lower income
- Household time, energy and budgets are consumed by coping with frequent illness
- Child malnutrition is rampant, worsened by frequent illness due to a lack of safe water and sanitation

With access to WASH:

- Better health leads to greater capacity to develop and maintain a livelihood
- Time and energy can be reallocated for productive activities and/or self-employment
- Family expenditure on health is reduced

Goal 2. Achieve universal primary education

Target 3. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Without access to WASH:

- Girls are often obliged to stay home from school to help carry water and look after family members who are ill
- School attendance by girls is reduced, and drop-out rates higher, where schools have no separate toilet facilities for boys and girls

With access to WASH:

- Schools are healthy environments
- School enrolment, attendance, retention and performance are improved
- Teacher placement is improved
- Girls feel safe and can maintain dignity while at school

Goal 3. Promote gender equality and empower women

Target 4. Eliminate gender disparity in primary and secondary education, preferably by 2005, and to all levels of education no later than 2015.

Without access to WASH:

- Women and girls face harassment and/or sexual assault when defecating in the open
- Women in rural areas spend up to a quarter of their time drawing and carrying water – often of poor quality

With access to WASH:

- Women and girls enjoy private, dignified sanitation, instead of embarrassment, humiliation and fear from open defecation
- The burden on women and girls from water carrying is reduced
- The burden on women and girls from looking after sick children is reduced

Goal 4. Reduce child mortality

Target 5. Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

Without access to WASH:

- Diarrhoeal disease, including cholera and dysentery, continues to kill more than 2 million young children a year.
- Bottle-fed milk is often fatal due to contaminated water
- Hookworms, roundworms and whipworms breed and debilitate millions of children's lives

With access to WASH:

- Better nutrition and reduced number of episodes of illness leads to physical and mental growth of children
- There is a sharp decline in the number of deaths from diarrhoeal diseases

Goal 5. Improve maternal health

Target 6. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

Without access to WASH:

- Contaminated water and bad hygiene practices increase chances of infection during labour
- Women face a slow, difficult recovery from labour

With access to WASH:

- Good health and hygiene increase chances of a healthy pregnancy
- There is a reduced chance of infection during labour

Goal 6. Combat HIV/AIDS, malaria and other diseases

Target 7. Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Target 8. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Without access to WASH:

- People face difficulty in cleaning, bathing, cooking and caring for ill family-members
- There is a higher chance of infections due to contaminated water, lack of access to sanitation and hygiene, worsening overall conditions of diseased people

With access to improved WASH

- Less occurrence of contaminated water sources and still-standing water around tap-points providing breeding grounds for mosquitoes
- Fewer attacks on the immune system of HIV/AIDS sufferers, allowing for better health
- Better, more hygienic and dignified possibilities to take care of ill people, lifting their burden

Goal 7. Ensure environmental sustainability

Target 9. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Target 10. Halve by 2015 the proportion of people without sustainable access to safe drinking water

Without access to WASH:

- Squalor, disease and degradation of natural surroundings, especially in slums and squatter settlements
- Rural rivers and soils continue to be degraded by faeces

- Due to urbanisation, numbers without adequate sanitation double to almost 5 billion in 2015

With access to WASH:

- There is a sharp decrease in environmental contamination by faeces and wastewater
- There are clean water and sustainable treatment and disposal procedures
- Better health is linked to a reduction in poverty, putting less strain on capacity of natural resources

Goal 8. Develop a global partnership for development

Target 12. Developing open trading and financial systems

Target 13 & 14. Addressing special needs of LDCs, landlocked and small island developing countries

Target 15: Managing debt relief and increasing ODA

Target 16: Creating productive youth employment

Target 17: Providing affordable medicine

Target 18: Spreading benefits of new technologies, especially information and communications

Without access to WASH:

- Poor health leads to low productivity
- Lack of schooling decreases employment chances

With access to WASH:

- Countries are more attractive, boosting tourism and national image
- There are more options for employment creation, as water supply and sanitation provision is labour intensive
- Better chance of completed schooling leading to higher youth employment

1.7 The cost of attaining all MDGs

It is widely perceived that sufficient and sustained funding from industrialised countries is one of the key factors in achieving the MDGs. According to the World Bank, at existing funding rates, development progress in many countries will fall short of targets set by the MDGs. However, if developing countries take steps to improve their policies and increased financial resources are made available from industrialised countries, significant additional progress towards the MDGs is possible.

To obtain an estimation of the cost to achieve the MDGs is not an easy exercise, not merely because many mutually interdependent factors come into play in determining such cost. The World Bank estimates that between \$40 and \$70 billion additional funds are required per year². This amount would roughly represent a doubling of official aid flows over 2001 levels. However the World Bank also states that without accountable and transparent governance, coupled with effective development policies, additional financial assistance will not necessarily lead to faster progress towards the MDGs³.

1.8 The cost of attaining the water supply & sanitation MDGs

Assessments of the cost of reaching the water and sanitation MDGs vary greatly. However, it is estimated that an additional investment of \$11 billion per year is needed to reach the water and sanitation MDGs⁴. This figure is seen as a minimum figure. Other estimates quote as much as \$100 billion per year, depending on the precise definition of those 'unserved' with respect to water supply and sanitation facilities and on the levels of service promoted. The figure of \$10 billion is based on basic sanitation, hygiene and water provision services that will reach the poorest communities. The figure of \$100 billion is based on a much higher level of service provision and technology adoption, focusing more on middle and higher income communities.

As an example of the higher range estimate, at a country level, the cost of achieving the water and sanitation MDGs in Uganda – a country of 26 million, with only 52% of the population having access to safe water and 79% access to improved sanitation⁵ – over a period of 12 years, is calculated at \$2.8 billion dollars⁶.

² 'Goals for Development: History, Prospects and Costs'. Shantayanan Devarajan et al., World Bank Report, April 2002.

³ See: http://www.developmentgoals.org/Achieving_the_Goals.htm

⁴ 'The cost of meeting the Johannesburg targets for Drinking Water'. Henri Smets, French Water Academy, October 2003.

⁵ UNICEF/WHO Joint Monitoring Programme. Website: <http://www.wssinfo.org/en/welcome.html>

⁶ Source: MDG Task Force on Water and Sanitation

Section Two

2.1 Global status regarding the MDGs

A simple extrapolation of global poverty trends since 1990 would suggest that the world is on track to halving income related poverty by 2015. Unfortunately, reality is more complicated and less satisfactory. If one excludes China, progress has been less than half the rate needed. The number of income-poor in sub-Saharan Africa, South Asia and Latin America combined has increased by some 10 million each year since 1990. At present, an estimated 1.2 billion people have to struggle every day to survive on less than US\$1 per day - about the same number as a decade ago⁷.

Global progress on the MDGs is mixed. A constant checking force is the sheer level of global population growth, cumulating in increased demand on already strained resources. Progress on child and maternal mortality, malnutrition, access to safe drinking water and adequate sanitation actually slowed down in the 1990s compared with earlier decades. Because of the AIDS epidemic, the resurgence of other diseases (malaria, TB), and the broken down state of health services, conditions have worsened markedly in the 1990s.

2.2 Regional status

Sub-Saharan Africa

Sub-Saharan Africa lags behind all of the other regions in terms of progress towards the MDGs. Lack of accurate and reliable data is especially evident in this region, but still, from the data available, the region exhibits alarmingly high levels of child malnutrition, HIV/AIDS infection, malaria, tuberculosis, and notably low primary school enrolment rate. Life expectancy has fallen from 50 to 46 years since 1990.

Slow economic growth in Sub-Saharan Africa is a major factor hampering progress, and has meant increases in the number of the poor in the 1990s, leaving it as the region with the largest share of people living below \$1 a day. Africa remains highly dependent on commodity exports and is still experiencing political and economic instability.

Water and sanitation coverage varies greatly throughout this region, but on the whole sanitation coverage lags behind that of water with around 60% the region's population having access to improved water facilities, and as little as 40% access to improved sanitation facilities⁸. Angola, Rwanda and Chad exhibit alarmingly low levels of water supply and sanitation coverage. At present, the reality of meeting the water and sanitation MDG seems a long way off in this region.

Latin America & The Caribbean

This region has the potential to reach many of the MDGs. Although it is a comparatively wealthy, it is also the most unequal region in the world. Inequalities are high both across and within countries. The region includes two very poor countries (Haiti and Nicaragua) and regional averages for country indicators mask wide disparities in social indicators by income, ethnicity, gender and geographic location. It is the only developing region where girls have a higher

⁷ World Bank Group, 'Achieving the MDG Goals', website:

http://www.developmentgoals.org/Achieving_the_Goals.htm

⁸ WHO-UNICEF Joint Monitoring Programme - <http://www.wssinfo.org/en/welcome.html>

literacy rate than boys. The region also has the highest life expectancy at birth of 71 years. Child malnutrition remains a problem in the low-income countries and in poorer regions of some middle-income countries.

Water supply & sanitation coverage is sufficiently developed, with over 85% of the region's population having access to improved water and sanitation facilities. The chances of countries in this region meeting the water & sanitation MDG is mixed, but achievable nonetheless. Haiti stands out as a country in need of urgent assistance, with as little as 28% of the population with access to improved sanitation⁹.

South Asia

South Asia is home to nearly 50 percent of the world's poor living on less than \$1 a day. The region has made notable progress in enhancing primary school education enrolment rates and reducing levels of child mortality. However, challenges remain in key areas such as child malnutrition, maternal mortality, and gender balance in education and health outcomes: nearly half of all children under the age of five are malnourished and youth illiteracy is notably high. The resurgence of tuberculosis and the threat of HIV/AIDS are also a cause for concern.

Water supply and sanitation coverage: significant progress was made during the 1990's in providing safe drinking water, most notably in India; however, sanitation coverage still lags behind; over 900 million people in the region are without access to improved sanitation facilities.

Middle East and North Africa

Past high population growth during the 1970s and 80s has been accompanied by significant poverty reduction – and sharp downturns have been accompanied by slight increases in poverty rates from already low levels in 1990. Since 1990 the percentage of people living below \$1 per day has not improved, and the percentage living below \$2 per day has increased from 21 to 23 percent of the population. The region has made progress reducing child malnutrition rates and primary school education enrolment rates, and are on track to meet the MDGs in this respect. Gender equality is a particular issue of concern, with equality skewed in favour of male education.

Water is characteristically scarce, with only 1,429 cubic meters of freshwater resources available per capita per year. However, *water supply and sanitation coverage* is widespread, with adequate sanitation coverage notably well developed.

Eastern Europe and Central Asia

There are two major measurement problems with respect to the MDGs. First, there is an absence of reliable data on many MDG indicators in a large number of Eastern European and Central Asian countries, and this is compounded by the lack of longitudinal data that would allow for assessment of trends. Second, it is often difficult to set MDG baselines for 1990 or even soon thereafter, as this coincided with a political transition period for many countries in the region that affected all areas of government and policy.

The break-up of the public health system and an increase in risky behaviours in poor Central European countries mean that the potential rapid spread of HIV/AIDS and TB is of particular concern. Similarly, in those countries particularly hard hit by the transition, rising infant mortality rates and deteriorating school enrolment rate are of particular concern. On the other hand, for

⁹ WHO-UNICEF Joint Monitoring Programme - <http://www.wssinfo.org/en/welcome.html>

many countries, gender equity in education is not an issue (in some cases, more girls are enrolled than boys), and so this MDG target is close or has already been met.

Water supply and sanitation coverage is well developed in this region, with the vast majority of the countries having over 90% service coverage.¹⁰ Reaching the water & sanitation MDG is a real possibility for many countries. However, Afghanistan stands against this trend, with as little as 15% of the population having access to improved water and sanitation facilities.

East Asia and the Pacific

With 1.8 billion people, East Asia and the Pacific region is presented with a significant challenge in meeting the MDGs. Strong economic growth has lowered poverty rates faster than anywhere else in the world. In 2000 there were about 261 million people living on less than \$1 a day. That is expected to drop to 80 million in 2015.

Education levels are rising and the gender balance in schools continues to improve, but the rate of progress in the past for the latter is not enough to reach the MDG on time. The under-5 mortality rate has fallen significantly, but will still fall short of achieving a two-thirds reduction by 2015. Poverty declined rapidly in the 1990s, especially in China. But growth in China's poorer and more rural western provinces was much slower than in the more industrialized east.

Water and sanitation coverage: at present only 76 percent of its population receives water from an improved source, 46 percent has access to improved sanitation facilities: Rural areas are particularly underdeveloped in terms of water and sanitation coverage.

¹⁰ WHO-UNICEF Joint Monitoring Programme - <http://www.wssinfo.org/en/welcome.html>

Section Three

3.1 The World Summit on Sustainable Development Plan of Implementation

As described in Section 1.4, in September 2002 the World Summit on Sustainable Development (WSSD) was held in Johannesburg, South Africa. Stating that the provision of clean drinking water and adequate sanitation is necessary to protect human health and the environment, the WSSD Plan of Implementation¹¹ contains two sets of actions that can be included in the attempts to halve, by 2015, the proportion of people without access to safe drinking water and basic sanitation. The chapter on poverty eradication (Chapter 2, article 8) states that the target includes actions at all levels to:

- (a) Develop and implement efficient household sanitation systems;
- (b) Improve sanitation in public institutions, especially schools;
- (c) Promote safe hygiene practices;
- (d) Promote education and outreach focused on children, as agents of behavioural change;
- (e) Promote affordable and socially and culturally acceptable technologies and practices;
- (f) Develop innovative financing and partnership mechanisms;
- (g) Integrate sanitation into water resources management strategies.

In addition to this, chapter 4, 'Protecting and managing the natural resource base of economic and social development', includes the following list of actions:

- (a) Mobilize international and domestic financial resources at all levels, transfer technology, promote best practice and support capacity-building for water and sanitation infrastructure and services development, ensuring that such infrastructure and services meet the needs of the poor and are gender-sensitive;
- (b) Facilitate access to public information and participation, including by women, at all levels in support of policy and decision-making related to water resources management and project implementation;
- (c) Promote priority action by Governments, with the support of all stakeholders, in water management and capacity-building at the national level and, where appropriate, at the regional level, and promote and provide new and additional financial resources and innovative technologies to implement chapter 18 of Agenda 21;
- (d) Intensify water pollution prevention to reduce health hazards and protect ecosystems by introducing technologies for affordable sanitation and industrial and domestic wastewater treatment, by mitigating the effects of groundwater contamination and by establishing, at the national level, monitoring systems and effective legal frameworks;
- (e) Adopt prevention and protection measures to promote sustainable water use and to address water shortages.

¹¹ See: http://www.un.org/esa/sustdev/documents/WSSD_POI_PD/English/POIToc.htm

The Summit acknowledged that addressing water, sanitation and hygiene – the ‘WASH’ issues – is central to the struggle for sustainable development. Moreover, the actions listed above show recognition of similar issues that were identified earlier by WSSCC during its Vision 21 exercise. The degree of overlap is apparent in the following: the need to prioritise sanitation and hygiene both at household and institutional level; the need to focus on affordable and appropriate technologies; the need to ensure that infrastructure and services meet the needs of the poor and are gender-sensitive, and the need for good governance, partnership and participation of all stakeholders.

WSSCC aims to champion the Johannesburg Plan of Implementation in various ways: through the operation of its existing work programmes on advocacy, evidence based applied research and national level action; through membership to the Water and Sanitation Millennium Development Goal Task Force (through Dr. Jan Pronk, Chair of WSSCC; Sir Richard Jolly, ex-Chair of WSSCC and Gourisankar Ghosh, Executive Director); and through lobbying work at the Commission on Sustainable Development.

3.2 Objections and counter arguments

The following section aims to outline some the frequently asked questions and myths about the water and sanitation MDGs. Objections and counter arguments are proposed to aid understanding of the main issues.

The objection: the goals and targets are meaningless, in that they lead to the supply side solutions of old, and are unrealistic given the baselines.

The counter argument: Targets are a very useful tool for monitoring purposes, especially when conceived within a viable and clearly defined framework. Global development targets per se have to be challenging and set a high benchmark, otherwise they will not galvanise all parties involved in working for the ‘greater common good’ of global society. Critically, the goals also serve a purpose in that they mobilise political will.

The objection: they cost too much to achieve

The counter argument: After WSSD, there is general pessimism about the achievement of the MDGs and in particular the basic sanitation goal. There is also an attempt to inflate the resource requirements by advocating service levels beyond the reach of the poorest. This negative approach is ill-founded. As highlighted in section 1.8, estimates of costs can be based on a very basic level of water supply and sanitation and hygiene practices or a higher cost, higher level of service that might not necessarily be relevant to serving the poorest of the poor. Furthermore, one needs to take into account the cost of not working on the water and sanitation MDGs, the cost of continuously high infection, disease and mortality levels, the cost of decreased productivity, the cost of an education system not used to its full capacity; and compare this to the cost of providing basic water and sanitation services. In essence, cost is only relative.

The objection: The MDGs are all about politics and are therefore transitory goals

The counter argument: Genuine political will - at all levels from global to local – is perhaps the greatest issue to be addressed in making development sustainable, and in bringing about the achievement of the MDGs.. By agreeing to the MDGs, at least a portion of the world's countries have shown a genuine political commitment.. While political gain is always a motive for false promises, and the process of accepting the sanitation target during WSSD was arguably a matter of 'trading off' one environmental target against another, the fact that the sanitation target was included in the final WSSD Plan of Implementation is a clear sign that political leaders have accepted improved sanitation as a priority issue. In light of the way in which the MDGs have been established, they can now be used to keep these same politicians accountable for their actions and promises. In order to create sufficient pressure on politicians to take the required action, it is imperative that the MDGs are widely known amongst the general public. Hence, the need to advocate and raise awareness on the goals.

The objection: there is no capacity to deliver the targets

The counter argument: Lack of capacity, especially at national and local implementation levels, is recognised to be a problem. However, in many cases lack of capacity is a matter of budget allocations and the establishment of systems and procedures to build capacity. Although the process takes time, examples exist that illustrate it is possible to increase capacity in parallel with an accelerated roll-out of water, sanitation and hygiene programmes. At the same time, better coordination and cooperation between actors in the field, notably local government, civil society and private sector, will liberate available capacity and increase efficiency and effectiveness of interventions.

Section Four

4.1 Water and sanitation in graphics

This section gives some graphical support to statements regarding coverage figures for water and sanitation in developing countries, and projections of the likelihood of achieving the water and sanitation MDGs based on trends between 1990 and 2000.

As can be seen in Figure 1, in 2000 more people had access to safe water compared to 10 years ago. But, in 2000, 1.2 billion people still lacked access to an improved water source, 40 percent of them in East Asia and the Pacific and 25 percent in Sub-Saharan Africa. Meeting the Millennium Development Goals will require providing about 1.1 billion people with access to safe water and 2.4 billion with access to basic sanitation facilities between 2000 and 2015.

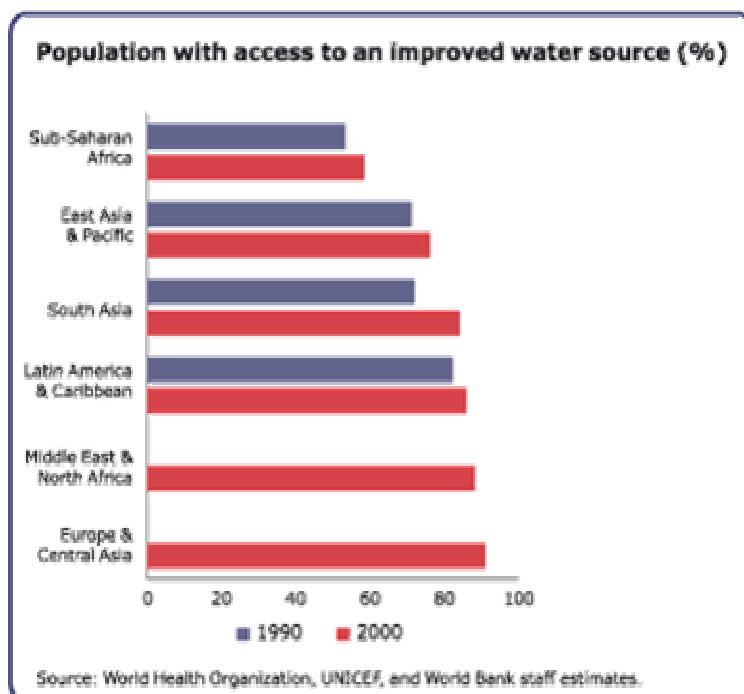
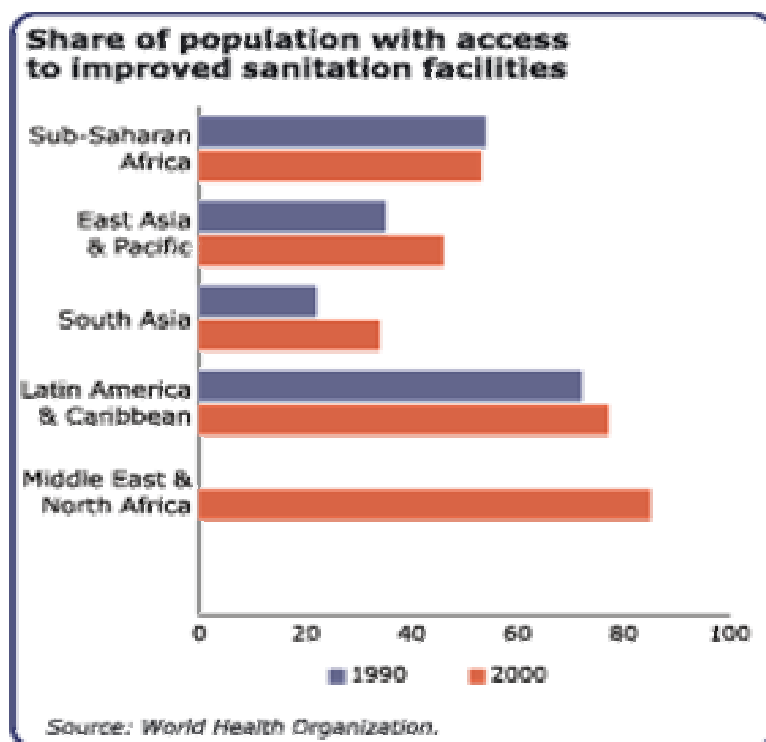


Figure 1: Change in the proportion of people with access to safe water

Figure 2 shows that over the period 1990-2000, access to improved sanitation increased globally from 51 to 61 per cent, resulting in 1 billion additional people with access to sanitation. Despite these gains, in 2000 about 2.4 billion people, 80% of them in Asia, still lacked access. The gap between rural and urban areas remains extremely wide, especially in Eastern and South-central Asia, where coverage in rural areas is only about one quarter of the population, while urban coverage is 70 per cent. Halving the proportion of the world's population without improved sanitation by 2015 will require reaching an additional 1.7 billion people, a challenge for greater financing and more effective sanitation programs.

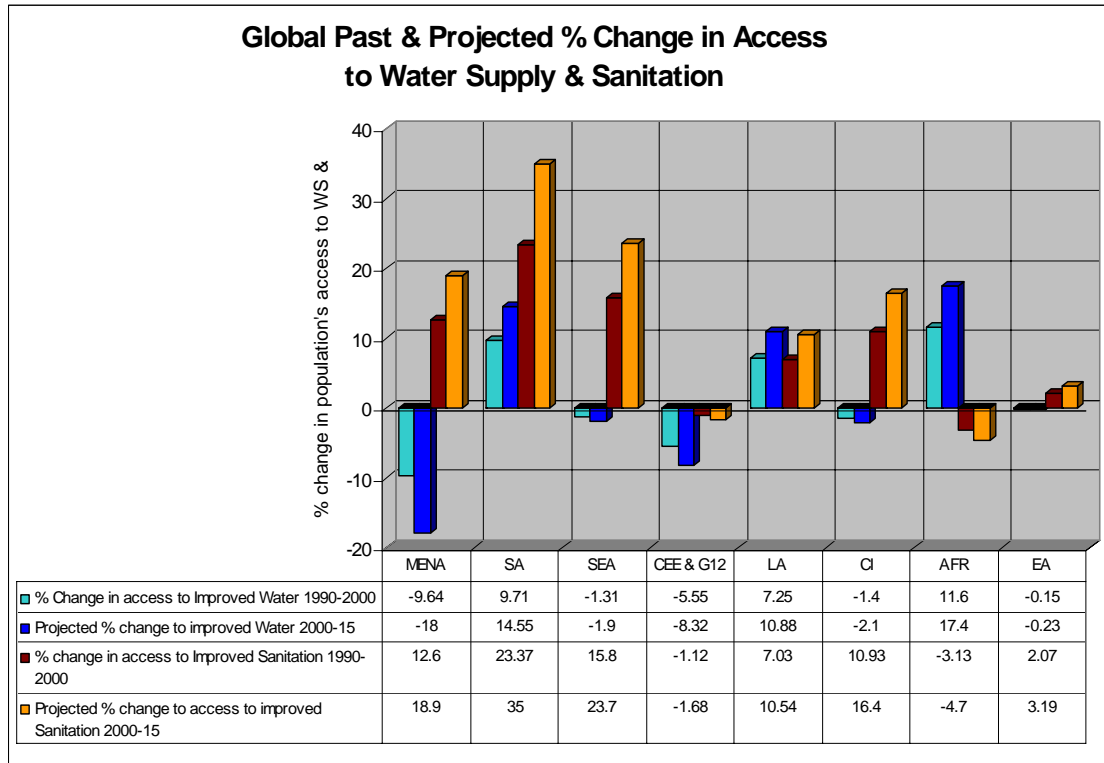
The last figure (Figure 3) shows the projected change in access to water and sanitation for the developing regions by 2015, based on an extrapolation of changes in access between 1990 and 2000¹². If current trends continue, access to water in the Middle East and North Africa will in 2015 have dropped by 18% since 1990. This is assuming population growth will continue as it has between 1990 and 2000. In Sub-Saharan Africa, sanitation coverage will have dropped by 4.7% compared to 1990, while access to water is projected to rise by 17.4%. The biggest change in access is estimated to occur in South Asia, where the percentage of people with access to sanitation services is projected to rise by 35% since 1990. However, this is still 15% short of the Millennium Development Goal target of halving the number of people without access to water and sanitation by 2015, with 1990 as the baseline.

Figure 2: Change in the proportion of people with access to improved sanitation



¹² All data is based on the WHO / UNICEF Joint Monitoring Programme (<http://www.wssinfo.org/en/welcome.html>). The progress over ten years as measured between 1990 and 2000 was divided over ten years to obtain an average per year growth; and this number was thus multiplied by 15 to extrapolate progress for the next fifteen years to 2015. However, the number of datasets used to determine progress between 1990 and 2000 differed for the various regions, impacting on the reliability of the data, and so the extrapolations.

Figure 3: Past and projected change in access to water supply and sanitation



Source: WSSCC, 2003

(CI: Caribbean Islands; MENA: Middle East and North Africa; CEE&G12: Central and Eastern Europe and Central Asia; LA: Latin America; SEA: South East Asia; AFR: Africa; EA: East Asia; SA: South Asia)

Section Five

5.1 Getting involved

What can you do to help the MDGs become a reality for millions worldwide? There are a number of things, ranging from:

- Lobby your local or national government on MDG issues – find out which government department is responsible and what they are doing on their commitments
- Engage with the media on WASH and the MDGs – make use of the WSSCC Media Guide to motivate the media to investigate WASH issues.
- Work with a civil society group/NGO that specialises in the MDG area of your concern.
- Become a member of WSSCC, and get involved in the WASH Campaign, an advocacy campaign focused on achieving the water and sanitation MDGs. See www.wsscc.org
- Read up. Have a look at the list of resources in Section Six of this document in order to get started.

Section Six

6.1 Resources

6.1.1 Web links

- **World Bank Group**

The World Bank Group's website explaining and detailing the monitoring progress of the Millennium Development Goals.

Website: <http://www.developmentgoals.org/>

- **United Nation Millennium Development Goals**

The United Nation's website dedicated to the Millennium Development Goals.

Website: <http://www.un.org/millenniumgoals/>

- **United Nations Development Programme**

The United Nations Development Programme's website detailing the Millennium Development Goals.

Website: <http://www.undp.org/mdg/>

- **Global Water Supply and Sanitation Assessment Report**

The WHO and UNICEF Joint Monitoring Programme for Water Supply and Sanitation provides a snapshot of water supply and sanitation worldwide at the turn of the millennium using information available from different sources.

Website:

http://www.who.int/docstore/water_sanitation_health/Globassessment/GlobalTOC.htm

- **WHO/UNICEF Joint Water Monitoring Programme**

The website hosts both general information and precise water and sanitation data, providing a picture of the situation worldwide at different scales (global, regional and country) enabling you to "zoom" in and out. Information is presented in the form of short texts to which are linked tables, graphs and maps.

Website: http://www.wssinfo.org/en/411_ga2000_en.html

- **UNICEF: Water, Sanitation & Environment**

UNICEF's website dealing with water, sanitation and health issues, within the context of children.

Website: <http://www.unicef.org/wes/>

- **IRC International Water & Sanitation Centre**

News and information, advice, research and training, on low-cost water supply and sanitation in developing countries.

<http://www.irc.nl/>

- **WaterAid**

WaterAid is an international NGO dedicated exclusively to the provision of safe domestic water, sanitation and hygiene education to the world's poorest people.

Website: www.wateraid.org

- **Water & Sanitation Programme**

The WSP is an international partnership of the world's leading development agencies concerned with water and sanitation services for the poor.

Website: <http://www.wsp.org/english/index.html>

- **Water Supply and Sanitation Collaborative Council**

The Water Supply and Sanitation Collaborative Council is a leading international organisation that enhances collaboration in the water supply and sanitation sector, specifically in order to attain universal coverage of water and sanitation services for poor people around the world.

Website: www.wsscc.org

- **Plan of Implementation of the World Summit on Sustainable Development, Johannesburg, September 2002**

Website: http://www.un.org/esa/sustdev/documents/WSSD_POI_PD/English/POIToc.htm

6.1.2 Research papers

- Goals for Development: History, Prospects & Costs

http://econ.worldbank.org/files/13269_wps2819.pdf

- Road Map Towards the Implementation of the United Nations Millennium Declaration

<http://www.un.org/documents/ga/docs/56/a56326.pdf>

- Better Measuring, Monitoring, and Managing for Development Results

[http://lnweb18.worldbank.org/DCS/DevCom.nsf/e5b29851d7c76f9385256c17006f2f35/fd9722b5598a821385256c380004e5bc/\\$FILE/DC2002-0019\(E\)-Results.pdf](http://lnweb18.worldbank.org/DCS/DevCom.nsf/e5b29851d7c76f9385256c17006f2f35/fd9722b5598a821385256c380004e5bc/$FILE/DC2002-0019(E)-Results.pdf)

- United Nations Millennium Development Declaration

<http://www.un.org/millennium/declaration/ares552e.htm>