



Contribution to the 2030 Agenda for Sustainable Development

from the Sanitation and Water for All Global Partnership

Sanitation, hygiene and water for all, always and everywhere

Sanitation and Water for All (SWA) is a global, multi-stakeholder partnership that brings together almost 150 partners from a variety of constituencies (national governments, civil society, academia, bilateral and multilateral support agencies – including UN agencies, private foundations and development banks – and the private sector) working together, on an equal footing, to catalyse political leadership and action, improve accountability and ensure that scarce resources are used more effectively.

SWA regularly brings Sector Ministers (ministers of water, health, education, rural development and other ministries engaged with water, sanitation and hygiene issues) and Ministers of Finance together – along with its other partners, including civil society and the private sector – to identify and discuss challenges, good practices and solutions for reaching sanitation and water for all, always and everywhere. As such, SWA provides a forum for knowledge exchange and mutual learning, and for building partnerships for implementation and cooperation. Over the past six years, SWA has established and refined this mutual accountability mechanism through these unique multi-stakeholder meetings. This proven mechanism is now being aligned with the SDGs, so that it will be fit for the purpose of follow-up and review of the water, sanitation and hygiene related targets of the SDGs, under Goal 6 and other goals.

The vision of the Sanitation and Water for All partnership has, since it was first established, encompassed the concept of eliminating inequalities and ensuring no-one is left behind. This is articulated in the SWA Strategy which states:

The vision of the SWA partners is:

Sanitation, hygiene and water for all, always and everywhere

All – focuses on the importance of universal access, of eliminating inequalities in access and in focusing on the most marginalized and vulnerable people;

Always – invokes the human right to safe water and sanitation in times of natural and man-made emergencies, and the requirement for sustained services;

Everywhere – reinforces “all”, as well as the need to ensure access to sanitation, water and hygiene at the household level and beyond.

The Partnership’s target outcomes are intended to inspire partners to take actions that are “focussed on the progressive elimination of inequalities by addressing the challenges affecting the most marginalized and hard to reach”.

Even before the adoption of SWA’s new Strategy, the Partnership integrated the obligation of progressively eliminating inequalities in its work. One example of this was the 2014 High Level Meeting of Finance Ministers, convened by UNICEF and hosted by the World Bank in Washington in April 2014, which had “eliminating inequalities” as a theme. National governments responded by tabling many commitments related to this issue, against which the Partnership tracks progress. The recent meeting of Minister of Water, Health and other ministries responsible for WASH convened by the SWA Partnership in March 2016 put great emphasis on the SDG requirement to leave no-one behind.

1. An assessment of the situation regarding the principle of “ensuring that no one is left behind” at the global level:

While great progress was achieved in increasing access to drinking water during the MDG period, progress in sanitation was insufficient to overcome the major gaps in coverage, and in both drinking water and sanitation, major inequalities remained in 2015.

The WHO-UNICEF Joint Monitoring Program for Water Supply and Sanitation estimates that in 2015:

- 9% of the global population, 663 million people, still did not use an improved drinking water source
- 4.9 billion people used an improved sanitation facility, leaving 2.4 billion unserved of whom 946 million (1 in 7 people worldwide) had no facility at all and practised open defecation

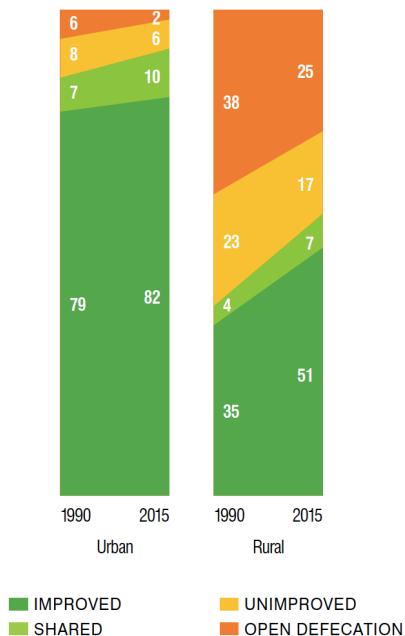


Figure 2 Trends in urban and rural sanitation 1990-2015

Significant urban–rural disparities remain. It is estimated that 97 per cent of the urban population now uses improved drinking water sources, compared with 83 per cent of the rural population. Figure 2 shows that rural sanitation coverage lags significantly behind urban coverage and that quarter of rural dwellers globally still practise open defecation. Figure 1 shows that the gap in drinking water coverage between rural and urban areas has steadily decreased since 1990,

but the gap between access to piped water on

premises in urban and rural areas remains large. Four out of five people living in urban areas now have access to piped

water, compared with 33 per cent of the rural population.

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but the gap between access to piped water on premises in urban and rural areas remains large. Four out of five people living in urban areas now have access to piped

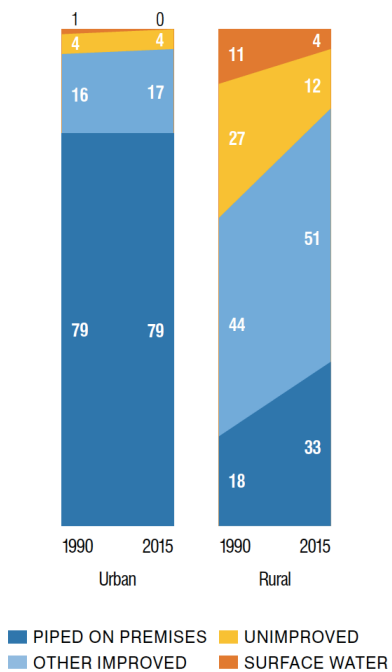


Figure 1 Trends in urban and rural drinking water

drinking water on their premises, compared with just one in three people living in rural areas. In 2015, the vast majority of those who did not have access to improved drinking water sources lived in rural areas. It is estimated that 80 per cent of people using unimproved sources and 92 per cent of the people using surface water live in rural areas.

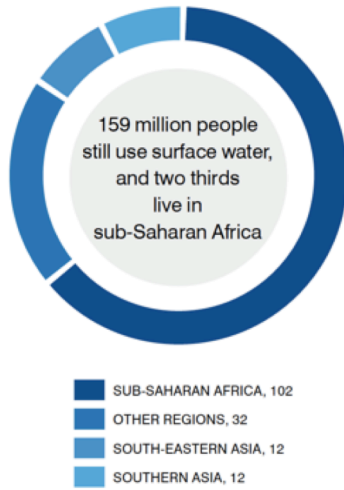


Figure 3 Population using surface water in 2015, by region (Source: WHO-UNICEF Joint Monitoring Program, 2015)

Disparities also exist between countries and regions. As Figure 3 shows, 150 million people still relied on surface water in 2015, of which two-thirds lived in sub-Saharan Africa. In terms of sanitation, in 2015 there were 47 countries with less than 50% coverage of improved sanitation, of which most are in sub-Saharan Africa.

Inequalities between rich and poor are found in all countries. In those countries where data from national surveys allow for the classification of households into wealth quintiles, it is possible to analyse inequalities in access to drinking water and sanitation between rich and poor in rural and urban areas. Inequalities vary across rural and urban areas and according to the type and level of service. Using a subset of data from a few countries, it is possible to assess how the gap between the richest and poorest quintiles has changed over the last two decades.

Figure 4 shows the change in access to urban sanitation for the richest and poorest wealth quintiles in four countries in South-eastern Asia, where the gap between the two groups exceeded 50 percentage points in 1995. Ideally, progress among the poor would be faster than among the rich, allowing the gap to narrow and ultimately disappear, forming a distinctive triangle shape in the figure. Between 1995 and 2015, access to improved sanitation did increase more rapidly among the poorest, but significant gaps remain in three of the countries. Only Thailand has so far come close to closing the gap between rich and poor.

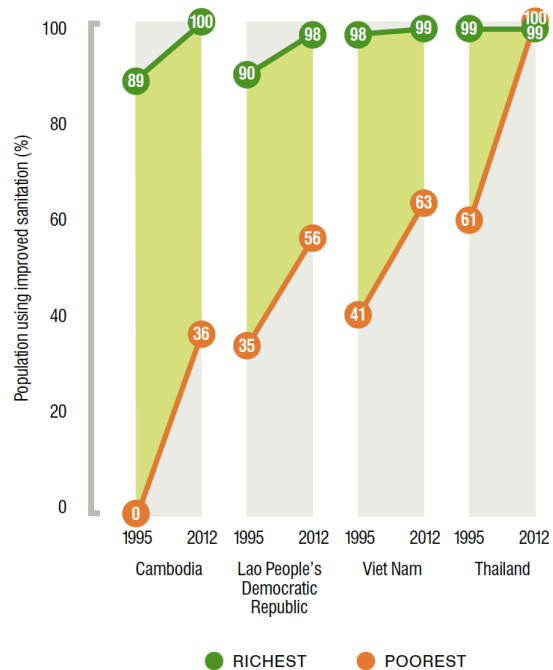
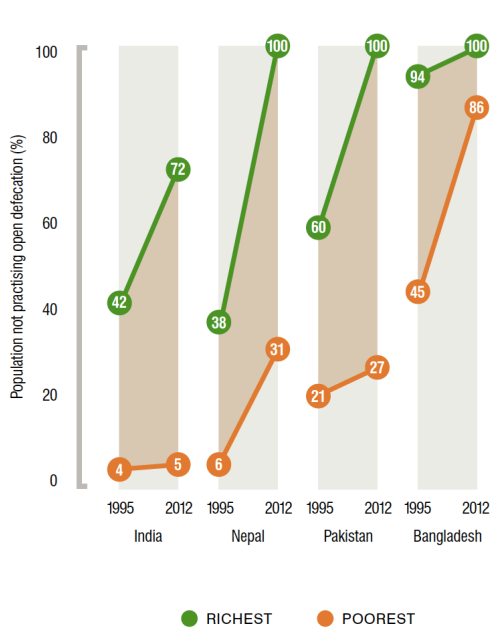


Figure 4 Trends in the use of improved sanitation in the richest and poorest urban wealth quintiles 1995-2012 (Source: WHO-UNICEF Joint Monitoring Program, 2015)



SUSTAINABLE DEVELOPMENT GOALS



Rates of progress in reducing open defecation and closing the gap between rich and poor have varied widely. Since 1995, all countries achieved significant reductions amongst the richest, and three countries succeeded in eliminating open defecation among this group. Progress among the poorest has been slower, and, as Figure 5 shows, in India there has been very little change over the last 20 years, increasing the gap between rich and poor significantly. Bangladesh is the only country where progress has been faster among the poorest and the gap has been reduced.

Figure 5 Trends in the reduction of open defecation in the richest and poorest wealth quintiles 1995-2012 (Source: WHO-UNICEF Joint Monitoring Program, 2015)

Inequalities can also be analysed where they exist along ethnic lines, as household surveys typically allow disaggregation of data by ethnicity, as well as language, religion and other parameters. These data can be used to determine whether certain groups are systematically disadvantaged in terms of access to improved drinking water supply and sanitation relative to other groups in society. Figure 6 shows, for example, that sharp disparities exist between the Roma and the general population of Bosnia and Herzegovina, especially in the lower wealth quintiles.

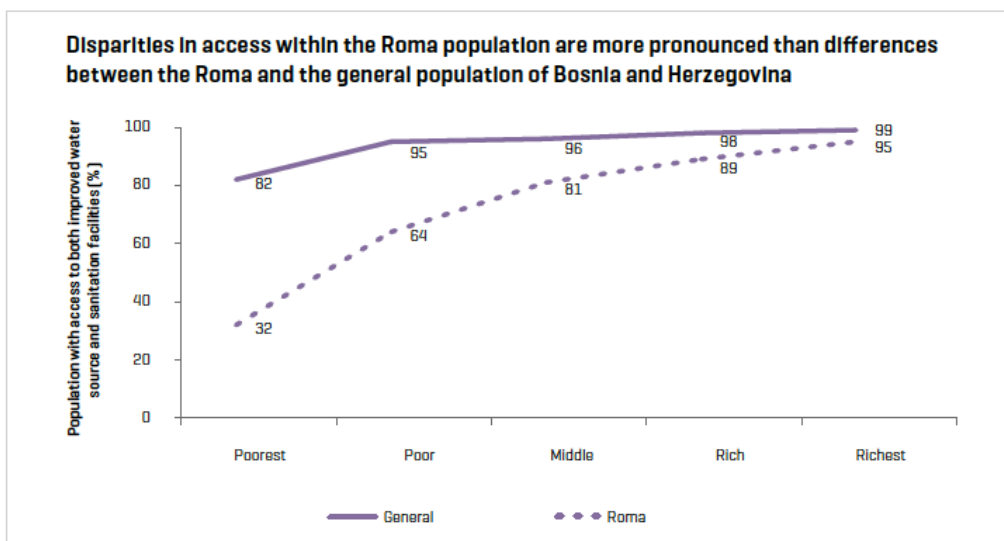


Figure 6 Improved water and sanitation coverage, by wealth quintile, for the general population and Roma ethnic group, Bosnia and Herzegovina, 2010 (Source: WHO-UNICEF Joint Monitoring Program, 2014)



A massive disease burden is associated with poor hygiene, sanitation, and water supply. It has been estimated that globally, around 2.4 million deaths (4.2% of all deaths) could be prevented annually if everyone practised appropriate hygiene and had good, reliable sanitation and drinking water (Bartram and Cairncross, 2010). These deaths are mostly of children in developing countries from diarrhoea and subsequent malnutrition, and from other diseases attributable to malnutrition.

There is emerging evidence that the intestinal disease known as environmental enteropathy also has an effect on child growth. Environmental enteropathy is the result of chronic childhood exposure to faecal microbes due to poor sanitation. It affects the small intestine and reduces a child's ability to absorb nutrients. Children living in households with proper sanitation and hygiene are taller for their age, or less stunted, compared to children living in contaminated environments.

Research by the SHARE Consortium led by the London School of Hygiene and Tropical Medicine has shown that the health burden of poor sanitation falls disproportionately on children living in the poorest households. This increased health burden is the result of both greater exposure to infection and increased susceptibility among children in these households. These children are more likely to be susceptible to diarrhoeal diseases (due to lower nutritional status) and suffer higher mortality. Improvements in sanitation for households in the poorest quintile may thus bring significantly greater health benefits than improvements in the richest quintiles (Rheingans et al 2012).

Poor water, sanitation and hygiene contribute to the cycle of poverty through impacts on gender equality. Lack of water and sanitation in schools undermines attendance by girls; this is particularly true once they start menstruating if there are inadequate opportunities for menstrual hygiene management. Evidence shows that girls often fail to go to school one week per month, or drop out altogether, because they are menstruating. Barriers also exist when girls do not have access to affordable menstrual hygiene products. These circumstances condemn women and girls to having no adequate access to education and work, which perpetuates the cycle of inequality and poverty. Women and girls are also known to shoulder most of the burden of water collection, and the time taken to collect water and the drudgery this imposes sap the potential of women and girls to work, learn and participate in activities outside the home.

2. The identification of gaps, areas requiring urgent attention, risks and challenges:

The SDG targets represent a much greater ambition for the water, sanitation and hygiene sector. Not only do they call for universal access, but the SDG indicators for drinking water, sanitation and hygiene establish a higher service threshold and represent a new 'rung' at the top of the water and sanitation 'ladders' used for monitoring the MDGs. Coverage of "safely managed" drinking water and sanitation services is predicted to be significantly lower than "improved" coverage under the MDGs.

SDG ambition	Safely managed water Improved facility located on premises, available when needed, and free from contamination	Safely managed sanitation Private improved facility where faecal wastes are safely disposed on site or transported and treated off-site; plus a handwashing facility with soap and water
	Basic water Improved facility within 30 minutes round trip collection time	Basic sanitation Private improved facility which separates excreta from human contact
MDG continuity	Unimproved water Unimproved facility does not protect against contamination	Shared sanitation Improved facility shared with other households
	No service Surface water	Unimproved sanitation Unimproved facility does not protect against contamination
	No service Open defecation	No service Open defecation

Figure 7 Indicators for SDG targets for water, sanitation and hygiene (Source: WHO-UNICEF Joint Monitoring Program)

SDG monitoring will not only focus on inequalities in access but also disparities in service levels. Unlike the MDG targets, the SDG targets also include hygiene (measured in terms of handwashing facilities). These changes make the SDGs better aligned with the standards set by the human rights to water and sanitation than the MDGs.

Importantly, the SDGs apply not only to those countries where current water and sanitation access levels are low, where, for example, a large proportion of the population practices open defecation. The new targets also apply to countries where almost 100 per cent of the people enjoy access to a high standard of service provision, but for whom a number of marginalized individuals and groups – people living in detention, homeless people, particular ethnic minorities, indigenous populations – do not have access to WASH services.

Through the ministerial dialogues and participation in the High Level Meetings convened by the SWA Partnership, we have learned that many countries lack capacity to establish and maintain water, sanitation and hygiene for their people. They struggle in particular to identify, target and reach the most remote, the poorest and the marginalized.

The problems developing countries face is compounded by the fact that development assistance is not well designed to address capacity gaps. Much of the investment by both developing countries and their development partners still comes through projects, often concentrating on direct infrastructure investment, and seldom within the framework of an overall sector plan that is geared towards long-term and sustained service delivery. This approach undermines the development of strong country systems and institutions that have the capacity to plan, finance, implement and monitor sustainable service delivery for all. To respond to this, the Sanitation and Water for All partnership has developed a set of Collaborative Behaviours for all Partners to adopt:

1. Enhance government leadership of sector planning processes



2. Strengthen and use country systems
3. Use one information and mutual accountability platform
4. Build sustainable water and sanitation sector financing strategies

Countries and their development partners must also work hard to overcome the taboos that remain around sanitation and menstrual hygiene. These result in an unwillingness to address key obstacles to development, such as high rates of open defecation.

3. Valuable lessons learned on ensuring that no one is left behind:

There are inspiring examples of governments that have made enormous progress on reaching the poorest and marginalised. As shown by the figures above, countries such as Thailand and Bangladesh have both increased coverage levels and reduced the inequality gap in sanitation. Some countries have adopted innovative approaches. In South Africa, the municipality of eThekweni has experimented with flexible service levels and urban on-site sanitation in order to be able to rapidly roll out service to the urban poor. Many countries have embraced demand-led approaches to sanitation, driven by community action, in order to tackle open defecation. This has often required acknowledgement that previous approaches to sanitation have not worked.

Government leadership has been shown to be an important determinant of success. Countries with strong policy on water, sanitation and hygiene have been able to drive progress and to use development assistance effectively. Ethiopia's One WASH program, a plan for universal access launched in 2005 with high political visibility and ownership, is a successful example; as part of this initiative, the federal government set policy, and assigned clear functions to regions and districts. Other countries have shown clear leadership on sanitation. Nepal, for example, established a National Sanitation and Hygiene Master Plan, and created a dedicated fund for behaviour change through a coordinated media campaign.

Experience has shown that robust monitoring is needed to both identify areas of greatest need, and to track progress. Global monitoring of the WASH sector by the WHO-UNICEF JMP and the UN-Water GLAAS has helped establish monitoring norms, inform decision-making and facilitate critical dialogue on sector trends and progress. National monitoring is essential to ensure that service providers are held to account, investments are made in areas of greatest need, and sections of the population are not allowed to fall behind. The Sanitation and Water for All global partnership has prioritized evidence-based decision-making and has worked closely with sector monitoring platforms.

4. Emerging issues likely to affect the realization of this principle:

National governments in developing countries suffer from severe resource constraints in terms of both financing and human resource capacity. In 2014, the UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) reported that despite data that suggest that government budgets and expenditures for WASH are increasing, along with improved spending of allocated national funds, there remains a huge financing gap between budget and plans. Eighty percent of countries surveyed indicated insufficient financing for the sector. One important gap in financing is operation and maintenance, key to ensuring sustainable and safe service provision. With 70% of



countries reporting that tariffs do not cover the costs of operation and maintenance, both coverage levels and the quality of services are at risk of decline (GLAAS 2014).

The vast majority of countries surveyed by GLAAS have no comprehensive process in place to track funding to water and sanitation. Consequently, countries are unable to confirm whether funding was directed to investment needs, nor credibly report back on whether they have met financial allocation targets (GLAAS 2014).

The 2014 GLAAS also revealed that, while several countries reported efforts to reduce inequalities by making services more affordable to the poor (e.g. increasing block tariffs, reduced connection fees, vouchers, free water tanks, free water allocations, micro finance loans), only half of countries trying such schemes report that their use is widespread. Only 17% of countries consistently apply financial measures to reduce disparities in access to sanitation for the poor compared to 23% for drinking water.

Lack of access to water, sanitation and hygiene has been referred to as a question of power, or lack thereof (2006 UNDP Development Report). An emerging challenge is to make sure that the disempowered - those who live in slums, remote rural areas or belong to ethnic minorities - are prioritized by policy makers, and are able to realise their fundamental rights to water and sanitation. Lack of land tenure, or the stigma around defecation and menstruation, may present obstacles to political prioritization of sanitation, water and hygiene for all.

Water resource constraints and the impact of climate change are also rapidly emerging as serious threats to the water, sanitation and hygiene sector. In turn, it is recognized that universal water and sanitation coverage is key to climate change resilience, especially for the poor.

5. Areas where political guidance by the High-level Political Forum on Sustainable Development is required:

The political guidance of the High-level Political Forum will be valuable in helping the Sanitation and Water for All global partnership to track progress, identify bottlenecks, showcase best practice and hold governments accountable for progress against the SDG targets.

The HLPF can also provide guidance on how to turn key policy recommendations into action. This is particularly important for the SWA Collaborative Behaviours for development effectiveness.

The Sanitation and Water for All partnership is seeking greater collaboration with other partnerships and initiatives in the water sector, such as the recently established High Level Panel on Water, and looks to the HLPF for political guidance on how to maximize the benefits of such collaboration while avoiding overlap.



6. Policy recommendations on ways to accelerate progress for those at risk of being left behind:

A significant acceleration of progress is needed to achieve the SDGs. In general the rate of progress will have to be greater than during the MDG period, and it will have to dramatically increase in order to reach the poorest and most marginalised and achieve universal access by 2030. Many countries need assistance to strengthen the means of implementation as described in SDG 17, and establish the basic building blocks of service delivery in the WASH sector:

- Sector policy and strategy
- Institutional arrangements
- Sector financing
- Planning, monitoring, and review
- Human resource capacity

Delivering universal access to WASH requires strengthening and integrating capacities across the sector: the policy direction of line ministries responsible for WASH; the capabilities of core country systems; the reach of decentralized levels of government; and economy-wide capacity (private sector and civil society contractors and service providers) to construct and manage services. Harnessing these capabilities to build programmatic approaches brings economies of scale as well as extending reach and raising implementation rates beyond what is possible using project-based approaches. Development assistance must be aligned with domestic, private and user finance and mobilized against country led plans, systems and processes.

The SWA theory of change is built upon the premise that change happens when, influenced by compelling, evidence-based advocacy, political will for sanitation, water and hygiene is increased. Increased political will leads to vigorous sector analysis and review, which can form the basis for the development of clear financing strategies and implementation plans, led by governments and supported by all sector partners. This in turn will accelerate the development of strong systems and adequate sector capacity. When these building blocks are in place, the sector will benefit from both increased resources and more effective use of those resources, which in turn can further stimulate political will, as part of a 'virtuous cycle' of transformational change. In this way, sustainable sanitation, hygiene and water for all – truly for all, with no-one left behind – can be achieved.

Sanitation and Water for All, as a global, multistakeholder, collaborative partnership, thus seeks to:

1. Increase political prioritization for sanitation, hygiene and water;
2. Strengthen government-led national processes;
3. Develop and use a strong evidence base to support good decision making;
4. Strengthen regional, national and local human and institutional capacities;
5. Follow-up and review progress achieved in implementing sanitation, water and hygiene targets of the SDGs.

The nearly 150 Partners of Sanitation and Water for All are of the view that these objectives are indispensable and effective means to achieve sanitation, water and hygiene for all, and to leave no one behind.
