

# Bridging the divide

Using aid flows to tackle inequality  
in water and sanitation access



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## In summary

This briefing paper identifies the major inequalities that persist in the water and sanitation sector today. It contrasts these inequalities with the latest data on Official Development Assistance and shows that the greatest volume of aid rarely goes to the places where there is the greatest need.

- **Jordan, Mauritius and Montenegro all have access levels above 90% for both water and sanitation, yet they receive US\$855, US\$588 and US\$256 respectively each year for each person without these essential services.**
- **Conversely, many least developed countries receive minimal amounts of support, despite their fragility and high levels of need. Madagascar and Somalia receive less than US\$1 each year for each person without water or sanitation.**
- **This imbalance exacerbates existing inequalities rather than reducing them.**
- **Over the past decade, donors have promised substantial amounts of aid that have not materialised.**

*Bridging the divide* analyses the countries in which water and sanitation poverty is at its highest, and shows that, as international governments turn their attention to ending extreme poverty by 2030, there is a need to address significant fault lines in the way global aid to water and sanitation is targeted and delivered.

Written by John Garrett with contributions from Pankaj KC, Zach White, Hrathe Koundarjian and Tim Brewer.

Cover photo: A woman makes the long walk to collect unsafe water, Nigalopani village, Dhading district, Nepal.

Charlie Bibby/Financial Times

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# Bridging the divide

## An unequal divide

Safe drinking water and sanitation are human rights and critical determinants of development prospects, yet they remain distant, unattainable luxuries for hundreds of millions of the world's poorest citizens. Although World Water Day 2014 sees over six billion people enjoying daily access to improved drinking water and the 2015 Millennium Development Goal (MDG) target for water achieved ahead of schedule, the overall picture is one of a major divide: abundance, even excess for some, yet scarcity or complete absence of safe water for others.

Those on the wrong side of the divide face a daily struggle to access water – walking long distances, carrying heavy loads, facing threats to their personal safety, and living with the impact of reinforced gender inequality. With limited or no ability to treat contaminated water, this situation can be even more harmful – damaging health, holding back education and broader life chances, and putting the vulnerable most at risk.

International aid remains a key element in the fight against water and sanitation poverty, complementing household and national government resources. A major act of solidarity to bridge the divide, it is literally a life-saver for millions of people in

developing countries, providing additional investment for safe waterpoints and toilets and the systems to support them. Despite this critical role, particularly in countries where large numbers live in extreme poverty and national government resources are scarce, its impact could be substantially improved.

Inequality of access is one of the enduring characteristics of the sector. A typical person among the 768 million trapped in water

poverty in developing countries is forced to rely on five litres of unsafe water a day, yet their counterpart in a high-income European country is likely to consume up to 30 times that amount in clean, safe water<sup>1</sup>. This in turn leads to wide differences in the prevalence of water-related diseases: diarrhoea is the second largest cause of child mortality in developing countries, responsible for over 800,000 deaths a year, yet it represents minimal risk and threat to children in high-income countries<sup>2</sup>.



WaterAid/Jon Spaul

Collecting unsafe water from a well, Gopalpur Mushari, India.

**Table 1: Top 10 Development Assistance Committee (DAC) donors by volumes to water and sanitation, constant US\$ million**

Donor	2007	2008	2009	2010	2011	2012
Japan	\$2,684	\$2,065	\$3,127	\$2,425	\$1,711	\$2,162
World Bank (IDA)	\$1,082	\$948	\$500	\$850	\$1,652	\$1,853
Germany	\$626	\$900	\$834	\$843	\$1,041	\$1,476
EU institutions	\$523	\$169	\$538	\$476	\$604	\$1,193
France	\$412	\$358	\$797	\$563	\$323	\$981
USA	\$461	\$884	\$478	\$601	\$465	\$528
Spain	\$116	\$608	\$582	\$506	\$155	\$33
Netherlands	\$386	\$368	\$201	\$233	\$130	\$499
AfDF <sup>8</sup>	\$257	\$309	\$307	\$278	\$300	\$215
AsDB <sup>9</sup>	\$292	\$3	\$433	\$214	\$401	\$198
Other DAC	\$821	\$1,442	\$1,350	\$1,496	\$1,569	\$1,524
<b>Total all DAC donors</b>	<b>\$7,661</b>	<b>\$8,054</b>	<b>\$9,146</b>	<b>\$8,485</b>	<b>\$8,352</b>	<b>\$10,661</b>

Source: OECD DAC Creditor Reporting System. ODA figures use commitments made in USD millions at constant 2011 prices.

Inequality of access is also pervasive among different developing countries. In Sub-Saharan Africa, people living in Botswana, Mauritius and the Seychelles enjoy universal or near universal access to clean water, while countries such as Somalia, Democratic Republic of Congo, Mozambique, Madagascar, Ethiopia and Mauritania have less than half of their populations with access.

Inequality is also a strong feature within countries; in Southern Asia for example, only 7% of the lowest income section of the population has adequate sanitation, compared with 98% access among the wealthiest group, with the poorest quintile barely benefiting from progress<sup>3</sup>. In India, the legacy of discrimination and funding shortages has left scheduled castes and tribes

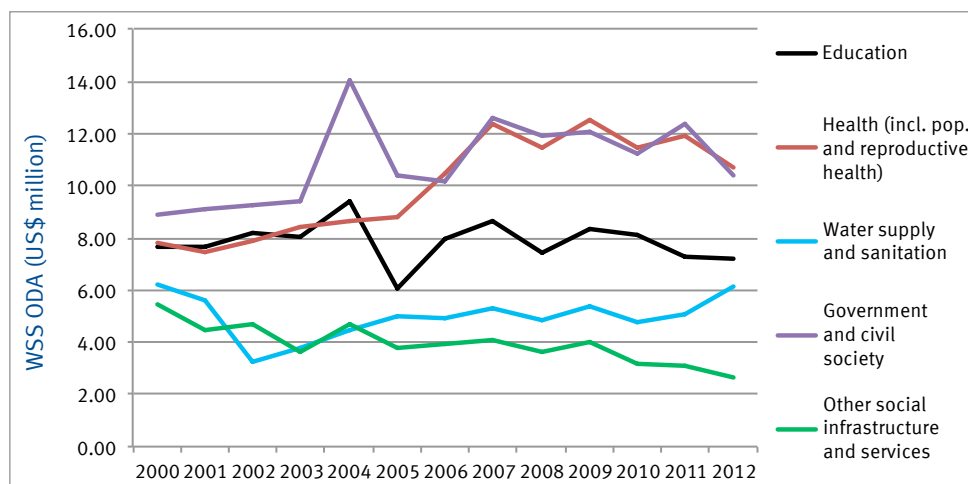
disproportionately affected. In Nepal, certain remote villages in the Himalayan region receive no funding for water and sanitation from the government, donors or non-governmental organisations<sup>4</sup>. There is a major gender divide too. Women and girls bear the main responsibility for collecting water in Sub-Saharan Africa, shouldering over 70% of the burden<sup>5</sup>. Inadequate sanitation in schools disproportionately affects girls' attendance and performance due to menstrual hygiene management needs. Women are often vulnerable to harassment or violence when they have to travel long distances to fetch water, use shared toilets or practise open defecation. In the Indian State of Bihar, the police said that in 2012 over 400 women would have 'escaped' rape had they had toilets in their homes<sup>6</sup>.

Lack of sustainability of services contributes substantially to this inequality, as existing provision falls into disrepair. Estimates by the Rural Water Supply Network in Africa for example have shown non-functionality of water points between 30-40% in Malawi, Zambia and Zimbabwe, and as high as 65-67% in Cote d'Ivoire, Sierra Leone and the Democratic Republic of Congo<sup>7</sup>.

### Global aid flows: volumes on the rise again

Global aid flows play an important role in complementing domestic resources, supporting countries to get on-track for the MDGs and addressing the inequalities previously outlined. The most recent data confirms that the 2010 and 2011 falls in global aid to water and sanitation from the Organisation for Economic Cooperation and

**Figure 1: Percentage allocations of ODA by sector**



Source: OECD DAC Creditor Reporting System. ODA figures use commitments made in USD millions at constant 2011 prices.

Development (OECD) Development Assistance Committee (DAC) countries were reversed in 2012. Table 1 illustrates the total Official Development Assistance (ODA) committed between 2007 and 2012.

Japan has consistently, and by some margin, been the largest donor to the sector over recent years, providing an annual average of US\$2.1 billion between 2010 and 2012. Major increases in aid from the World Bank through the International Development Association (IDA) from Germany, the European Union (EU) and France have meant that for the first time ever ODA commitments to water and sanitation have reached more than \$10 billion. Although the release of aid has not kept pace with this (see p8), it is nevertheless positive news and all

the more so given the impact of the 2008 financial crisis on OECD countries' public finances.

Despite this increase to \$10.7 billion in 2012, most other DAC donors still allocate relatively low priority to water, sanitation and hygiene. Figure 1 shows relative allocation between different sectors for all donors, with the water and sanitation sector receiving significantly less in percentage terms than the governance, health, and education sectors.

### Major recipients of aid flows: middle income countries take the lion's share

While poverty reduction is the assumed core objective for ODA in all sectors, the data suggests

that improved targeting of aid in the water and sanitation sector could substantially increase its effectiveness. Table 2 illustrates the developing countries that have benefited from the largest amounts of aid over the last six years. Given the particularly scarce resources for individuals and governments in least developed countries (LDCs) and low income economy countries, we would expect countries in these categories to be well represented in a list of the top recipients of water and sanitation ODA. In fact, middle income economies dominate the list, and in 2010 and 2011 Bangladesh and Kenya were the only low income economies to feature in the top ten aid recipients.

**Table 2: Top 10 destinations for water and sanitation aid by volume, constant US\$ million**

2007	2008	2009	2010	2011	2012
India \$1269m	Iraq \$814m	India \$895m	Iraq \$601m	India \$723m	India \$1009m
China \$729m	Vietnam \$632m	Vietnam \$726m	Vietnam \$381m	Bangladesh \$687m	Vietnam \$762m
Tanzania \$413m	Morocco \$388m	Iraq \$511m	Bangladesh \$342m	Vietnam \$656m	Brazil \$566m
Kenya \$332m	India \$380m	Azerbaijan \$398m	India \$312m	Brazil \$383m	Kenya \$560m
Bangladesh \$331m	Mozambique \$340m	Turkey \$340m	Morocco \$287m	Jordan \$311m	Jordan \$532m
Vietnam \$234m	Sri Lanka \$270m	Burkina Faso \$296m	Sri Lanka \$279m	Morocco \$307m	Nigeria \$403m
Panama \$229m	Ethiopia \$197m	Tunisia \$272m	Indonesia \$270m	Kenya \$219m	Ethiopia \$306m
Iraq \$222m	Indonesia \$193m	Yemen \$229m	Brazil \$267m	Georgia \$216m	Uganda \$288m
Sri Lanka \$207m	Jordan \$190m	Bangladesh \$226m	Egypt \$243m	Tu key \$214m	Ghana \$214m
Morocco \$204m	Albania \$189m	Congo DR \$219m	Pakistan \$221m	China \$174m	Tanzania \$206m

Source: OECD DAC Creditor Reporting System. ODA figures use commitments made in USD millions at constant 2011 prices.



The relative neglect of LDCs is evident in Table 3, which is ranked according to the amount of aid per capita. Those at the top end of the table, Kiribati, Samoa and Tuvalu, are receiving significant amounts of aid per person (from donors such as Australia, New Zealand, the EU and the Asian Development Fund). Resources at this level are likely to have an impact, and can address some of challenges faced by the Oceania region where levels of access have been falling rather than improving. At the other end of the table, however, LDCs are receiving very small amounts in aid despite high levels of need.

Democratic Republic of Congo and Madagascar are among those with the highest levels of water and sanitation poverty (see below), yet received respectively only \$1 and 60 cents per person in aid. On average LDCs received under US\$3 per person as ODA.

WASHCost has calculated the best available guidance for planning, implementing and monitoring WASH services. For example, the cost range for establishing and maintaining basic water supply and sanitation varies between US\$111 and US\$564 per person for a ten year period<sup>10</sup>.

Although other sources of finance complement ODA flows, in particular from households and national governments, there is a wide difference between how much some LDCs are receiving per person and what is likely to be required to make meaningful progress towards increasing access.

The imbalance in aid targeting is further illustrated by considering the countries that receive the highest levels of aid when measured per person lacking either water or sanitation. Between 2010 and 2012, Jordan, Mauritius, Montenegro and Georgia received

**Table 3: Water and sanitation (WSS) ODA to LDCs, US\$ million, 2010-2012 annual average**

Country	Population, millions	Annual WSS ODA	WSS ODA per person	People without sanitation, millions, (% pop.)	People without water, millions, (% pop.)
Kiribati	0.1	\$11.8m	\$117.1	0.06 (61%)	0.03 (34%)
Samoa	0.2	\$15.1m	\$82.0	0.02 (8.4%)	0.004 (1.9%)
Tuvalu	0.01	\$0.7m	\$70.0	0.002 (16.7%)	0.0002 (2.3%)
Djibouti	0.9	\$31.3m	\$34.5	0.4 (39%)	0.07 (7.5%)
Mauritania	3.5	\$80.2m	\$22.7	2.6 (73.5%)	1.8 (50.5%)
Timor-Leste	1.2	\$21.8m	\$18.9	0.7 (61.5%)	0.4 (31%)
Lesotho	2.2	\$39.9m	\$18.2	1.6 (73.5%)	0.5 (22.5%)
Bhutan	0.7	\$9.3m	\$12.6	0.4 (44%)	0.02 (3%)
Solomon Islands	0.6	\$6.9m	\$12.5	0.4 (71.5%)	0.1 (20.5%)
Comoros	0.8	\$8.7m	\$11.5	0.5 (64.6%)	0.09 (4.9%)
São Tomé and Príncipe	0.2	\$1.6m	\$9.4	0.1 (65.6%)	0.005 (3%)
Liberia	4.1	\$26.2m	\$6.4	3.4 (82%)	1.1 (25.5%)
Sierra Leone	6.0	\$36.8m	\$6.1	5.2 (87%)	2.6 (42.5%)
Benin	9.1	\$52.9m	\$5.8	7.8 (86%)	2.2 (24%)
Vanuatu	0.2	\$1.4m	\$5.5	0.1 (42%)	0.02 (9.5%)
Malawi	15.4	\$84.7m	\$5.5	7.2 (47%)	2.5 (16.5%)
Chad	11.5	\$63.3m	\$5.5	10.1 (88.5%)	5.8 (50%)
Niger	16.1	\$85.1m	\$5.3	14.5 (90.5%)	8.0 (50%)
Mozambique	23.9	\$113.8m	\$4.8	19.4 (81%)	12.7 (53%)
Rwanda	10.9	\$50.9m	\$4.7	4.3 (38.5%)	3.4 (31%)
Senegal	12.8	\$57.8m	\$4.5	6.3 (48.5%)	3.4 (26.5%)
Cambodia	14.3	\$62.7m	\$4.4	9.6 (67%)	4.7 (33%)
CAR	4.5	\$19.6m	\$4.4	3.0 (66%)	1.5 (33%)
Zambia	13.5	\$58.5m	\$4.3	7.8 (58%)	4.9 (36%)
Uganda	34.5	\$144.6m	\$4.2	22.4 (65%)	8.6 (25%)
Mali	15.8	\$66.1m	\$4.2	12.4 (78.5%)	5.5 (34.5%)
Laos	6.3	\$23.3m	\$3.7	2.4 (38.5%)	1.9 (30.5%)
Tanzania	46.2	\$163.9m	\$3.5	40.7 (88%)	21.7 (46.5%)
South Sudan	10.3	\$36.0m	\$3.5	9.4 (91%)	4.4 (43.5%)
Gambia	1.8	\$5.7m	\$3.2	0.6 (32.5%)	0.2 (10.5%)
Togo	6.2	\$17.6m	\$2.9	5.5 (88.5%)	2.5 (41%)
Afghanistan	32.4	\$90.2m	\$2.8	23.3 (71.5%)	12.6 (39.5%)
Bangladesh	150.5	\$391.6m	\$2.6	67.7 (45.5%)	25.6 (17%)

Cont.

Country	Population, millions	Annual WSS ODA	WSS ODA per person	People without sanitation, millions, (% pop.)	People without water, millions, (% pop.)
Burkina Faso	17.0	\$43.4m	\$2.6	13.9 (82%)	3.4 (20%)
Nepal	30.5	\$72.2m	\$2.4	19.8 (64.5%)	3.7 (12.5%)
Sudan	34.3	\$80.6m	\$2.3	26.1 (76.5%)	15.4 (44.5%)
Angola	19.6	\$42.8m	\$2.2	8.0 (41.5%)	9.2 (46.5%)
Haiti	10.1	\$20.7m	\$2.0	7.5 (74%)	3.6 (36%)
Ethiopia	84.7	\$172.6m	\$2.0	66.9 (79.5%)	43.2 (51%)
Yemen	24.8	\$48.7m	\$2.0	11.7 (47%)	11.2 (45.5%)
Burundi	8.6	\$13.9m	\$1.6	4.3 (50%)	2.2 (25.5%)
Guinea-Bissau	1.5	\$2.0m	\$1.3	1.3 (81%)	0.4 (28.5%)
Guinea	10.2	\$12.3m	\$1.2	8.4 (81.5%)	2.7 (26.5%)
Congo, DR	67.8	\$66.4m	\$1.0	46.8 (69.5%)	36.6 (54%)
Madagascar	21.3	\$12.3m	\$0.6	18.3 (86.5%)	11.1 (52%)
Somalia	9.6	\$2.6m	\$0.3	7.3 (76.5%)	6.7 (70.5%)
Myanmar	48.3	\$9.9m	\$0.2	11.1 (22.5%)	7.7 (16%)
Eritrea	5.4	\$1.1m	\$0.2	4.8 (86.8%)	2.5 (39.8%)
Equatorial Guinea	0.7	\$0.1m	\$0.1	0.08 (11.1%)	0.4 (49.1%)
<b>Total</b>	<b>851.1</b>	<b>\$2.48bn</b>	<b>\$2.9</b>	<b>544.7</b>	<b>297.9</b>

Source: OECD DAC Creditor Reporting System and the WHO/UNICEF JMP database. ODA figures use commitments made in USD millions at constant 2011 prices.

substantial water and sanitation ODA even though their access to water is 96%, 100%, 98% and 98% respectively and access to sanitation is 98%, 91%, 90% and 93%. These countries all received over US\$200 each year in aid per person without water or sanitation, with Jordan receiving \$855 per person without these services. Table 4 shows the countries that received the highest amounts of water and sanitation ODA per person without water or sanitation, all of them middle income economies, and contrasts this with the amounts received by some of the LDCs in the greatest need. It provides a sobering analysis of the inability

of the international community to act collaboratively to effectively address the inequality that persists within the water and sanitation sector.

### Available resources left unspent

A further issue that recent data highlights is the need for donors to ensure that aid allocations or commitments are effectively spent. Figure 2 illustrates the difference between commitments made by donors to the water and sanitation sector and the disbursements, the funds that were actually provided to developing countries. Between

2002 and 2012, DAC donors made annual commitments with an aggregate total of US\$81.2 billion. They only released US\$53.6 billion, however, leaving a shortfall of US\$27.6 billion over the 11 year period. The consistent annual shortfall may be a result of donors failing to follow through on commitments, unmet conditionalities, corruption concerns, financial absorption and capacity issues in developing countries, consistency between government accounting codes or categories and those tracked by DAC, or gaps in reporting. Whatever the reasons, funds on this scale, if released and spent, could have a major positive



**Table 4:** Water and sanitation (WSS) ODA to selected countries, US\$ million, 2010-2012 annual average

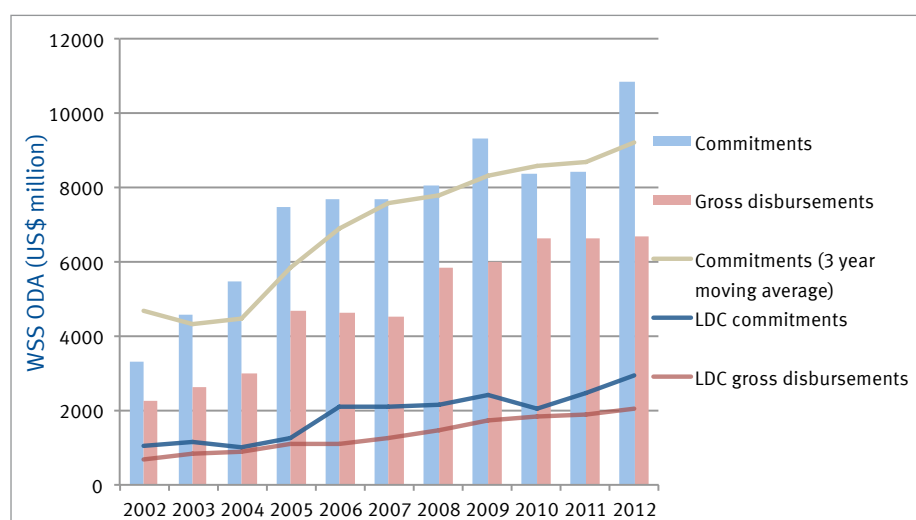
Country	Population, millions	WSS ODA (millions, 2010-12 average)	WSS ODA per person without water and/or sanitation	People without sanitation, millions (% pop.)	People without water, millions (% pop.)
Jordan	6.3	\$312.4	\$854.9	0.1 (2%)	0.2 (4%)
Mauritius	1.3	\$73.8	\$588.0	0.1 (9.5%)	0.003 (0.25%)
Montenegro	0.6	\$19.3	\$255.6	0.1 (10%)	0.01 (2%)
Georgia	4.3	\$81.3	\$220.7	0.3 (6.5%)	0.08 (2%)
Bosnia-Herzegovina	3.8	\$39.0	\$192.8	0.2 (4%)	0.04 (1%)
Macedonia	2.1	\$33.2	\$177.1	0.2 (8.5%)	0.01 (0.5%)
Niger	16.10	\$85.1	\$3.78	14.5 (90.5%)	08.0 (50%)
Mozambique	23.9	\$113.9	\$3.55	19.4 (90%)	12.6 (53%)
Tanzania	46.2	\$163.9	\$2.66	40.7 (88%)	21.6 (46.5%)
Ethiopia	84.7	\$172.6	\$1.56	67.2 (79.5%)	43.2 (51%)
Congo (DR)	67.8	\$66.4	\$0.80	46.9 (69.5%)	36.4 (54%)
Madagascar	21.3	\$12.3	\$0.42	18.4 (86.5%)	11.1 (52%)

Source: OECD DAC Creditor Reporting System and the WHO/UNICEF JMP database. ODA figures use commitments made in USD millions at constant 2011 prices.

impact. Commitments and disbursements for LDCs show a similar pattern (blue and red continuous lines), though with slightly higher disbursement rates.

The issue also raises the question of the obligations of governments in meeting the human rights to water and sanitation. In ratifying the International Covenant on Economic, Social and Cultural Rights (ICESCR), states commit themselves to developing not just laws and policies but also ensuring that sufficient resources are spent to fulfil the human rights obligations. A civil society organisation in Buenos Aires, Argentina, successfully sued the city government for failing to make maximum use of available resources due to

**Figure 2:** ODA commitments vs. disbursement



Source: OECD DAC Creditor Reporting System. ODA figures use commitments made in USD millions at constant 2011 prices.

consistent under-spending of the infrastructure line in the city's education budget<sup>11</sup>.

### Making better use of existing aid

It is critically important to make better use of existing aid levels. *Addressing the shortfall*, 2012, showed that some donors, notably UNICEF, Sweden and Australia, have in recent years released their aid in line with the commitments made. Figure 2 suggests that other donors need to take a hard look at why there has been a systematic shortfall over the decade, and to consider the extent to which the stalling progress on the Paris, Accra and Busan agendas for aid effectiveness is contributing to this.

National governments also need to take steps to improve financial absorption. An ongoing challenge for the sector is to build and strengthen the systems in developing countries so that they are capable of maintaining sustainable services for all. This includes issues such as providing increased political priority to the sector, strengthening human resources and skills, improving public financial management, allocating resources on the basis of equity, addressing maintenance and sustainability challenges, and setting credible milestones to achieve universal access by 2030. The Sanitation and Water for All (SWA) partnership, which brings together developing countries, donors, multilateral agencies and civil society, provides an effective platform and opportunity to

increase political priority to the sector and address some of the key barriers and bottlenecks that hold back progress.

### Improving the targeting of aid

The data in this report indicates that aid could be substantially more effective in tackling water and sanitation poverty if it is directed more on the basis of need. Tables 2 and 3 show that other issues have an impact on decision-making for the targeting of aid: these include geographical or strategic interests, historical links with former colonies, and domestic policy reasons.

For this briefing paper, WaterAid has updated research conducted for *Addressing the shortfall*, 2012, with analysis of which developing countries are most in need of water and sanitation ODA. This is

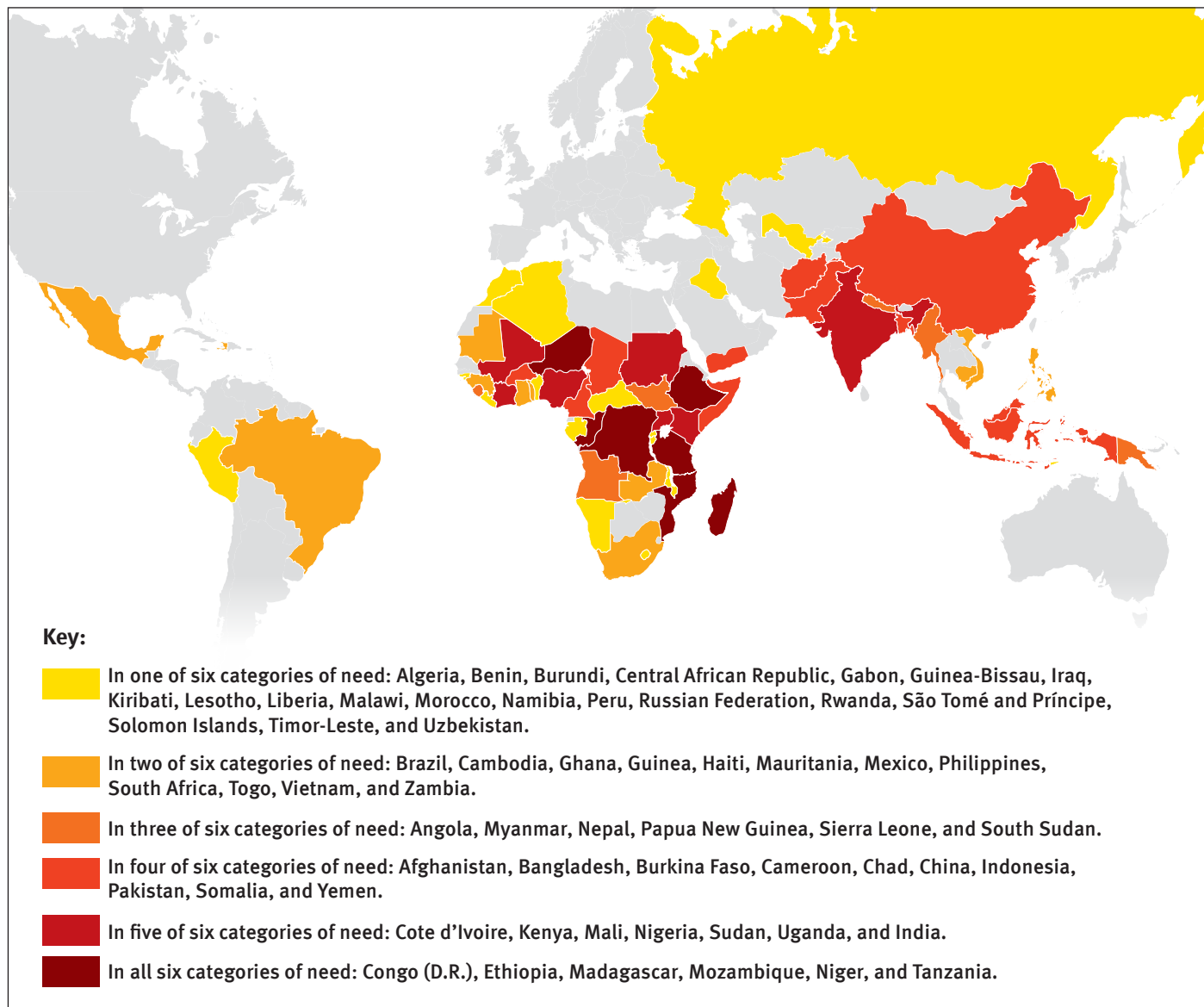
based on six different categories, including countries with the largest number of child diarrhoeal deaths, countries with the highest percentage and highest numbers without water and sanitation, and countries with the largest number of people defined by the Multidimensional Poverty Index as poor and deprived in water and sanitation<sup>12</sup>.

The analysis highlights six countries that fall into all six categories: DR Congo, Ethiopia, Madagascar, Mozambique, Niger and Tanzania. Seven countries are in five of the categories: Côte d'Ivoire, Kenya, Mali, Nigeria, Sudan, Uganda and India, and a further ten are in four of the six categories of need: Afghanistan, Bangladesh, Burkina Faso, Cameroon, Chad, China, Indonesia, Pakistan, Somalia and Yemen.



Children at a dirty water source, Ambalanomby, Morondava, Madagascar.

**Figure 3: Developing countries most in need of investment in water and sanitation**



Source: OECD DAC Creditor Reporting System, the WHO/UNICEF JMP database, the Global Multi Dimensional Poverty Index Data Bank, and the Child Health and Epidemiology Reference Group (CHERG) Child causes of death annual estimates by country, 2000-2010 data set. ODA figures use commitments made in USD millions at constant 2011 prices.

It shows that aid is still needed in most regions of the world, but that a focus on the countries shown in the map will be critical to completing the unfinished business of the MDGs as well as laying the platform for universal access to water and sanitation by 2030.

### Generating greater resources for development

Ultimately, the level of resourcing for water and sanitation worldwide falls short of what is needed to address the inequalities set out at the beginning of this briefing paper, to get off-track countries

back on-track for the MDGs, and to provide a strong platform for universal access.

This includes the contribution of aid, which at \$10 billion a year for water and sanitation, although hugely important in the overall framework, is nevertheless



passer/Demotix Images

A woman carries water through the desert, Niger, West Africa.

insufficient. The 2015 sanitation MDG target will almost certainly be missed by a large margin, and governments and donors have not prioritised sanitation investment over the past decade at anything close to the level needed to ensure the MDG target is met. This is part of a broader failed promise by OECD countries to provide 0.7% of their gross national income (GNI) as ODA, first made over 40 years ago, and which only a handful have consistently met. In order to tackle the continuing water and sanitation crisis, WaterAid is calling on donors to provide aid at levels more realistic to the scale of the challenge, particularly in LDCs. This World Water Day we call on donors to double aid flows to water and sanitation from existing levels, take steps to improve financial absorption, and target aid on the basis of need to address the extreme inequalities identified in this briefing paper.

Universal access to water and sanitation needs to be a central element of the new post-2015 development framework, the Sustainable Development Goals (SDGs). While it is very encouraging to see a consensus building around the eradication of extreme poverty by 2030, the claim to have ended absolute poverty will only be credible if everyone has access to affordable, sustainable, clean drinking water and safe sanitation and hygiene.

Population and industrial growth, rapid urbanisation, and climate change will make the achievement of water and sanitation targets even more difficult. The challenges posed are unprecedented, and require an unprecedented response in terms of international cooperation and solidarity. Part of this response will need to involve substantial mobilisation

of funds, drawing on a broad base of resources within a well-regulated, fair, open and accountable policy framework. It will also require new sources of financing to complement existing ones, for example financial transaction and carbon taxes to complement aid flows<sup>13</sup>. The new framework will also need to place increased obligations on countries and businesses to fund the SDGs, to move rapidly towards low carbon economies, as well as to end practices that work against sustainable development, such as allowing tax havens to flourish.

## Recommendations

The Sanitation and Water for All partnership is a perfect platform and opportunity for governments across the globe to commit to ending the water and sanitation crisis within a generation, to address with urgency the extreme inequalities that persist in the sector, and to tackle the faultlines in the way global aid to water and sanitation is delivered. This World Water Day, WaterAid makes the following recommendations for governments and donors:

### **Commit to achieving universal access to clean water, sanitation and hygiene by 2030, with a dedicated goal in the post-2015 development framework.**

Water, sanitation and hygiene are essential for health, welfare and livelihoods. Yet too many people do not have these basic human rights. After 2015, we must do better, and the international community should commit to a dedicated goal on universal access to water and sanitation in the post-2015 development framework.

### **Target water and sanitation aid to regions, countries, districts and communities on the basis of poverty and need.**

Inequality of access is one of the enduring characteristics of the sector. Sending high proportions of water and sanitation aid to middle income countries where access levels are already high is a sub-optimal use of existing resources. Donors can improve

the impact of their aid by ensuring that the countries and people most in need are prioritised.

### **Address the extreme inequalities in the sector, by making equity considerations central to resource allocations.**

The burden of dirty water and inadequate sanitation falls disproportionately on women and children, those on low income, and marginalised and vulnerable groups, such as the very young or old, or those living with disabilities. National governments should tackle this by placing equity considerations at the heart of resource allocations and service delivery.

### **Tackle the non-functionality issues faced by the sector by investing in and building systems that can deliver long term sustainability.**

Non-functionality of water points and infrastructure falling into disrepair are major barriers to ensuring the sustainability of services. This contributes to inequalities in access, and needs to be addressed as part of a comprehensive approach to service delivery by governments and utilities.

### **Double global aid flows to water, sanitation and hygiene to release an additional US\$10 billion per year, combined with technical support to address financial absorption constraints.**

Aid flows at \$10 billion a year for water and sanitation play a vital role in the overall financing framework, but are nevertheless insufficient. The 2015 sanitation MDG target will almost certainly be missed by a large margin. Donors should respond to insufficient progress on sanitation by doubling aid from current levels.

### **Mobilise substantial additional development finance from a broad base of resources within a fair, open and accountable policy framework.**

Achieving universal access to water, sanitation and hygiene will require substantial mobilisation of funds from a broad base and within a well-regulated, fair, open and accountable policy framework. It will also require new sources of financing, including financial transaction and carbon taxes to complement aid flows. An important lesson from the MDG framework is that many financing promises made by governments have not been kept, leading to uneven progress across the MDGs, across regions and countries. Successful mobilisation of resources for sustainable development and the SDGs will require the international community to commit to obligatory financing mechanisms, and to end harmful practices such as allowing tax havens to continue to flourish.

### Endnotes

- 1 UNDP (2006) *Human development report*, and Ofwat UK household water consumption.
- 2 Child Health Epidemiology Reference Group (2012) *Child causes of death annual estimates*.
- 3 WHO/UNICEF Joint Monitoring Programme (JMP) comparison of income of bottom quintile vs. top quintile (2012).
- 4 WaterAid (2011) *Off track, off target*.
- 5 WHO/UNICEF JMP (2012).
- 6 [www.bbc.co.uk/news/world-asia-india-22460871](http://www.bbc.co.uk/news/world-asia-india-22460871)
- 7 Rural Water Supply Network, handpump data, Sub-Saharan Africa (2009).
- 8 African Development Fund, the soft lending arm of the African Development Bank.
- 9 Asian Development Bank.
- 10 IRC International Water and Sanitation Centre WASHCost (2012) *Funding recurrent costs for improved rural water services*.
- 11 UN Special Rapporteur on the Human Right to Safe Drinking Water and Sanitation (2014) Handbook for realising the human rights to water and sanitation: from policy to practice. Although this focuses on national government budgets, these considerations may still be relevant, in particular for aid provided as budget support or in a sector-wide approach.
- 12 The precise descriptions for each category are: (i) countries with the largest number of child diarrhoeal deaths, between them accounting for 90% of the total; (ii) countries in which over 60% of the population are without sanitation; (iii) countries in which over 40% of the population are without water (iii) countries with the largest number of people without access to water, between them accounting for 90% of the developing countries total; (v) countries with the largest number of people without access to sanitation, between them accounting for 90% of the developing countries total; (vi) countries with the largest number of people defined by the Multidimensional Poverty Index as poor and deprived in water and sanitation, between them accounting for 90% of the total.
- 13 See, for example, Prof. Sachs J (2012) From Millennium Development Goals to Sustainable Development Goals, *The Lancet*, vol 379, no 9,832, pp 2,206-2,211, 9 June 2012.

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WaterAid is an international non-governmental organisation focused exclusively on improving poor people's access to safe water, improved hygiene and sanitation.

We work in Africa, Asia, Central America and the Pacific region, and campaign globally to realise our vision of a world where everyone, everywhere has access to these basic human needs.



WaterAid transforms lives by improving access to safe water, hygiene and sanitation in the world's poorest communities. We work with local partners and influence decision-makers to maximise our impact.

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Australia: ABN 99 700 687 141

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