WATER AND SANITATION

Safe water and adequate sanitation are vital to individual health, livelihood and well-being. Exposure to diarrhoea-causing agents is frequently related to the use of contaminated water and to unhygienic practices in food preparation and disposal of excreta. Globally, diarrhoeal diseases are responsible for the deaths of 525 000 children under age 5 every year (WHO, *www.who.int/en/news-room/fact-sheets/detail/diarrhoeal-disease*). It was estimated that 88% of that burden is attributable to unsafe water supply, sanitation and hygiene and is mostly concentrated on children in developing countries (UNICEF and WHO, 2017b). Better access to water and sanitation contributes to better health but also leads to great social and economic benefits, whether through higher educational participation, improved living standards, lower health care costs or a more productive labour force. The United Nations set a target of achieving universal and equitable access to safe and affordable drinking water for all, as well as achieving access to adequate and equitable sanitation and hygiene for all and end open defecation by 2030. Furthermore, UNICEF's strategy for WASH (UNICEF, 2017) seeks to ensure that every child lives in a clean and safe environment, gains access to basic sanitation and safe drinking water in early childhood development centres, school, health centres and in humanitarian situations.

The proportion of the population using basic sanitary facilities has grown in Asia-Pacific over recent years (Figure 4.18, left panel). In 2015, almost three in five persons living in rural areas and four out of five persons living in urban areas in Asia-Pacific countries have access to basic sanitation. However, in Papua New Guinea and the Solomon Islands, less than one in five persons living in rural areas have access to basic sanitation for adequate excreta disposal and open defecation are still common. The progress was rapid in Cambodia, Lao PDR and Pakistan, with an increase of more than 40 percentage points in the proportion of the population living in rural areas with access to basic sanitation (Figure 4.18, right panel) between 2010-15. Cambodia also reported an increase of 13% in the population living in urban areas with access to basic sanitation during the same period. Myanmar was the only country in Asia-Pacific reporting a decrease in the percentage of the population having access to basic sanitation both in rural and urban areas from 2010-15.

Between 2010-15, all countries in Asia-Pacific – except Korea DPR – improved access to basic drinking water (Figure 4.19, right panel). On average, eight in ten persons in rural areas and nine in ten persons in urban areas have access to improved water sources in Asia-Pacific. Only Cambodia, Mongolia, Papua New Guinea, Myanmar, Solomon Islands and Lao PDR lagged behind with three-quarters or less of the population living in rural areas having access to basic water sources. Papua New Guinea is the only country in the region where less than half of the rural dwellers had access to basic water sources in 2015. China and Lao PDR reported an increase in the population living in rural areas having access to basic drinking water of more than 10% from 2010-15, whereas Solomon Islands reported a decrease of 10% during the same period (Figure 4.19, left panel). Since 2007, the establishment of water safety plans in many countries in the region, including Bangladesh, the Philippines, Mongolia and Viet Nam, has allowed millions to access safer drinking water. Tax-based public subsidies, well-designed water tariffs and strategic use of aid flows to the water sector can assist in ensuring that poor and vulnerable groups have access to sustainable and affordable water services (WHO, 2012b).

Definition and comparability

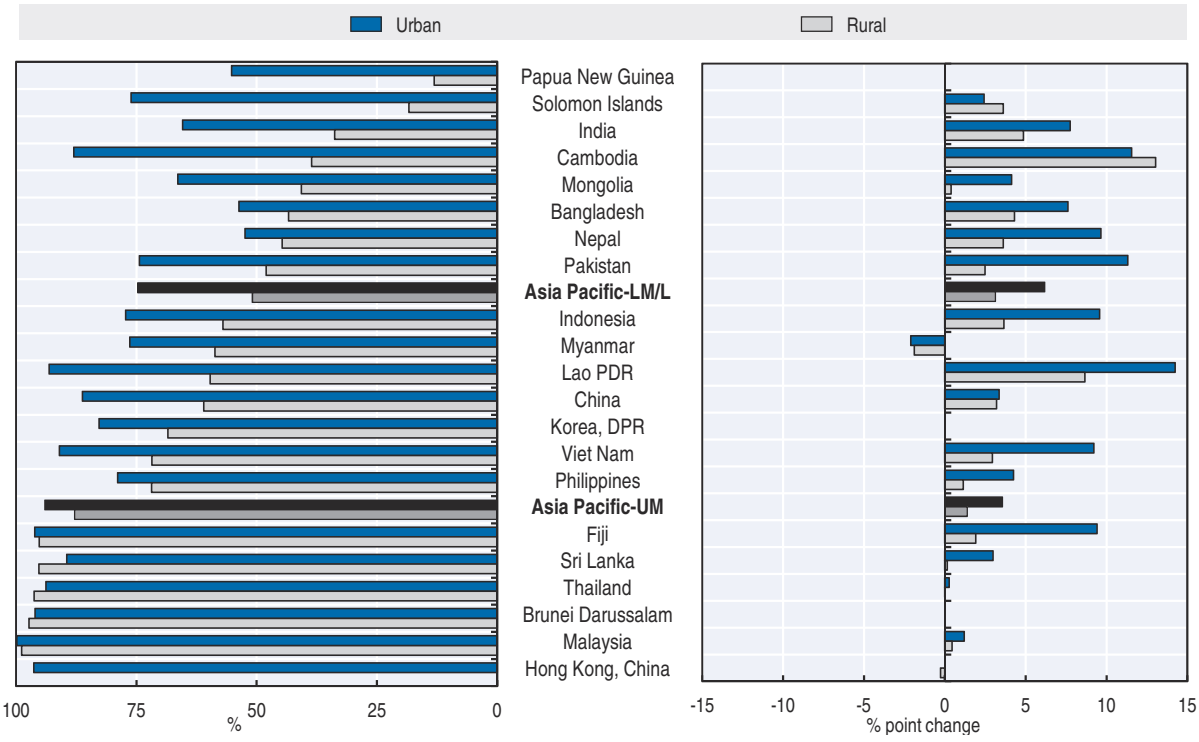
People that use improved sources of drinking water that required no more than 30 minutes per trip to collect water are classified as having at least basic drinking water services. An improved drinking-water source is constructed so that it is protected from outside contact, especially from faecal matter. Improved sources include piped water, public taps, boreholes, and protected dug wells or springs (UNICEF and WHO, 2017b).

People that use an improved sanitation facility that was not shared with other households are classified as having at least basic sanitation services. Improved sanitation facilities hygienically separate excreta from human contact, through the use of flushing to piped sewer systems, septic tanks or pit latrines, along with improved pit latrines or composting toilets (UNICEF and WHO, 2017b).

The WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP) database includes nationally representative household surveys and censuses that ask questions on water and sanitation, mostly conducted in developing countries. Generally, developed countries supply administrative data.

Australia, New Zealand, Japan, the Republic of Korea, Singapore and Hong Kong, China, report a coverage of 100% for basic sanitation and basic drinking water. Therefore these countries are not shown in Figure 4.18 and Figure 4.19.

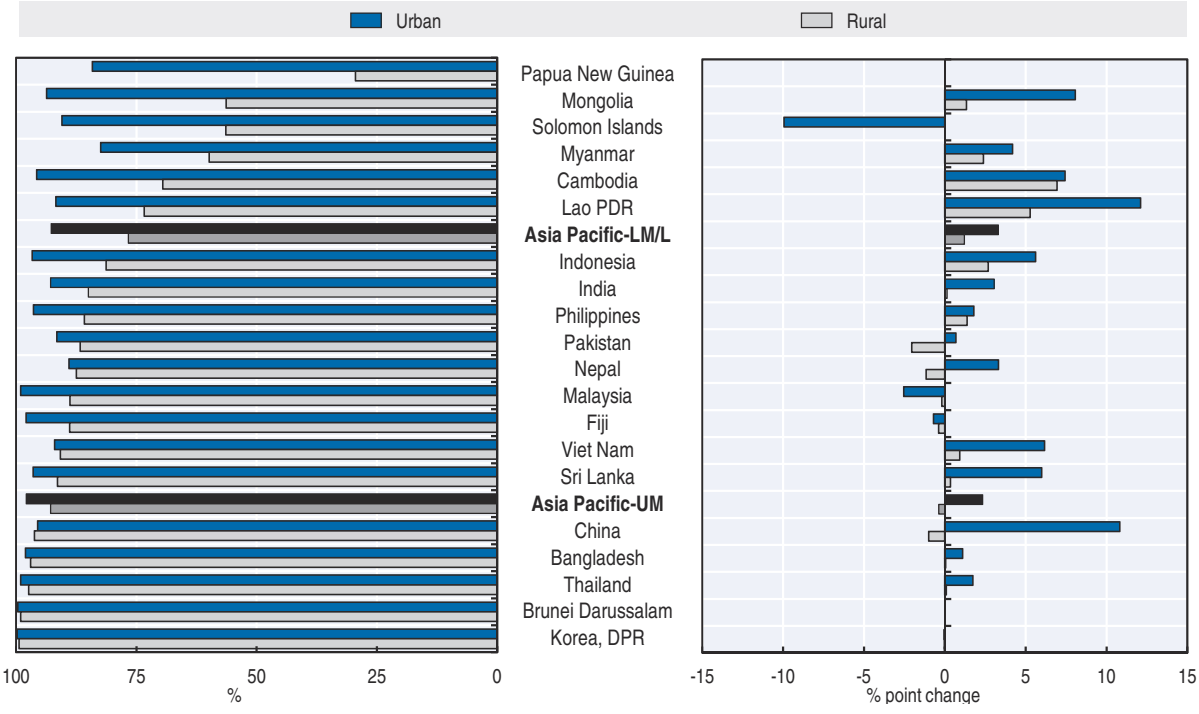
4.18. Access to basic sanitation, 2015 and change between 2010-15



Source: UNICEF and WHO 2017b.

StatLink http://dx.doi.org/10.1787/888933867911

4.19. Access to basic drinking water, 2015 and change between 2010-15



Source: UNICEF and WHO 2017b.

StatLink http://dx.doi.org/10.1787/888933867930