Safe water and adequate sanitation are vital to individual health, livelihood and well-being. Yet, more than one out of four people in the world, around 2 billion people, do not have access to basic sanitation services. A lack of access to basic sanitation can lead to transmission of different diseases such as diarrhoea, cholera and hepatitis A -, and adds to the burden of malnutrition. Better access to water and sanitation could prevent the deaths of 297 000 children under age 5 annually (WHO, 2019[28]). Improving access contributes not only 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. Consequently, the United Nations has 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 Water, Sanitation and Hygiene (WASH) 2016-30 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 (UNICEF, 2018[29]).

In 2017, while more than nine in ten people in Asia-Pacific high income countries and territories had access to basic sanitation, in lower-middle and low income countries and territories only one in two people living in rural areas and about three out of four people living in urban areas had access to basic sanitation for adequate excreta disposal (Figure 4.18, left panel). Access was low in rural areas at 8% in Papua New Guinea and 20% in the Solomon Islands, where open defecation were still common among the vast majority of the population. In urban areas, only about half of the population had access to basic sanitation in Papua New Guinea and Bangladesh in 2017.

Over recent years, the proportion of the population using basic sanitary facilities has grown in most Asia-Pacific countries and territories, and faster improvement was observed in rural areas (Figure 4.18, right panel). The progress was particularly rapid in rural areas in Cambodia, India and Nepal, where the proportion of population with access to basic sanitation increased by more than 20 percentage points between 2010 and 2017. In urban areas, Cambodia reported a significant increase of 21 percentage points in the proportion of population with access to basic sanitation during the same period. On the contrary, Papua New Guinea and Myanmar reported a decrease in the percentage of the population having access to basic sanitation both in rural and urban areas from 2010 to 2017.

In almost all Asia-Pacific countries and territories in 2017, more than nine out of ten people had access to basic drinking water in urban areas, while access was limited in rural areas in some countries and territories. In Papua New Guinea, only about one in three people had access to basic drinking water in rural areas. Access to basic water sources was also low in rural areas in Mongolia (56%) and the Solomon Islands (61%) (Figure 4.19, left panel).

During the period of 2010-17, access to basic drinking water improved in most Asia-Pacific countries and territories, and the progress was generally faster in lower-middle and low income countries and territories than in upper-middle income countries and territories. In urban areas, access to basic drinking water increased by 9 percentage points in Cambodia and Myanmar, while decreased by 2 percentage points in Nepal. In rural areas, Cambodia, Lao PDR, Mongolia and Myanmar reported an increase in the population living in rural areas having access to basic drinking water of more than 10 percentage points, whereas Solomon Islands reported the largest decrease of 8 percentage points from 2010 to 2017 (Figure 4.19, right panel). In recent years, many countries and territories in the region, including Bangladesh, Mongolia, the Philippines and Viet Nam established water safety plans, allowing 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, 2018[30]).

Definition and comparability

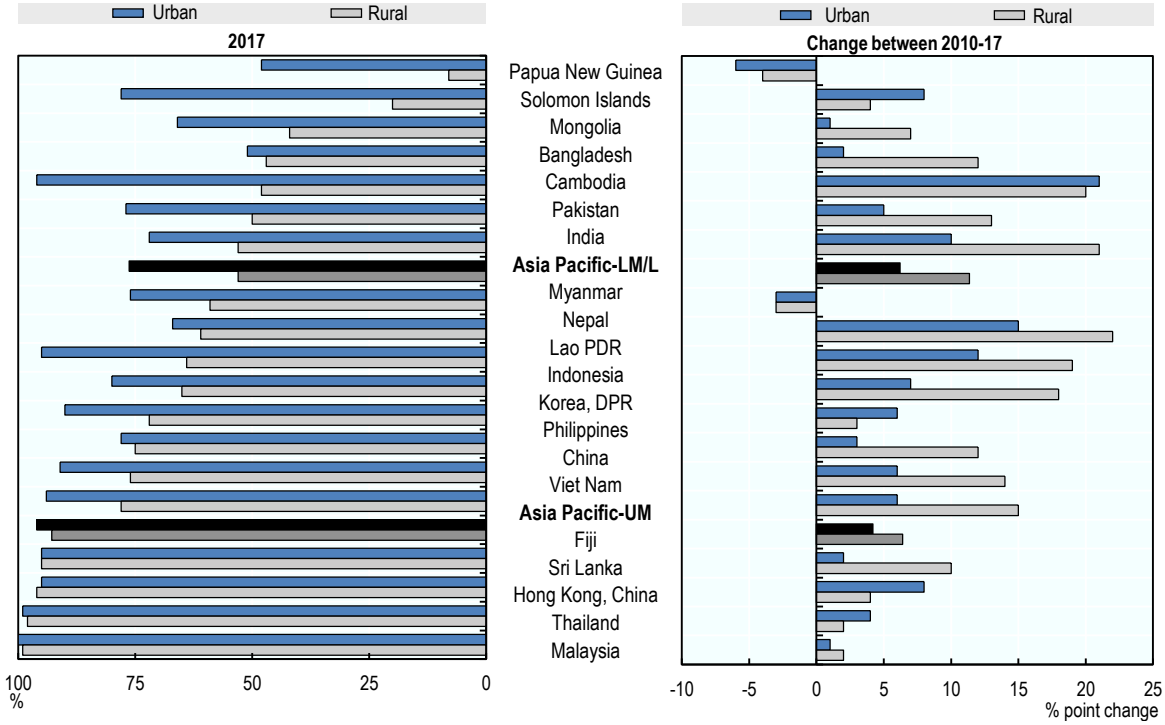
People that use improved sources of drinking water that required no more than 30 minutes per trip to collect water are classified as having at least basic drinking water services. An improved drinking-water source is constructed so that it is protected from outside contact, especially from faecal matter. Improved sources include piped water, public taps, boreholes, and protected dug wells or springs (UNICEF and WHO, 2019[31]).

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, 2019[31]).

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, Japan, New Zealand, the Republic of Korea, and Singapore 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.

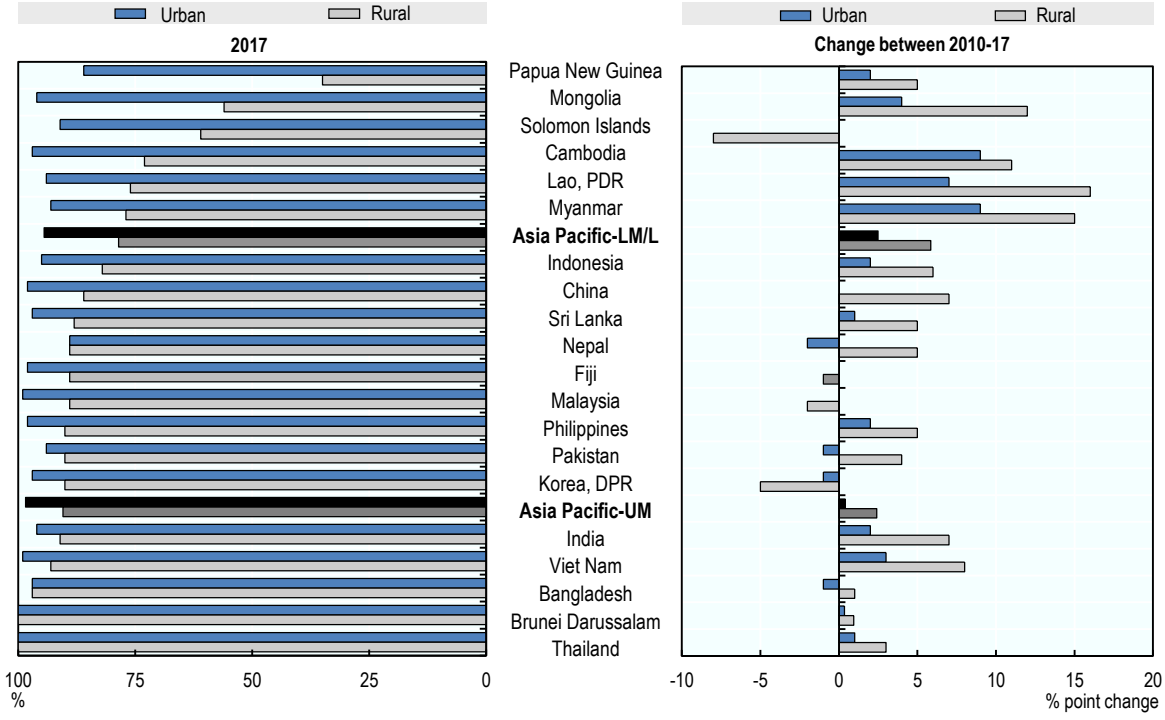
Figure 4.18. **Access to basic sanitation, 2017 and change between 2010-17**



Source: WHO/UNICEF JMP database 2020.

StatLink https://stat.link/e3dvmz

Figure 4.19. **Access to basic drinking water, 2017 and change between 2010-17**



Source: WHO/UNICEF JMP database 2020.

StatLink https://stat.link/tqgczy