REFLECTIONS ON PROGRESS

Water & Sanitation

In September 2000, the world committed to improving the health outcomes of the developing world, particularly of the poor, through improving their access to safe water and improved sanitation facilities. This global commitment was reflected in the Millennium Development Goal (MDG) number 7, target 7c, which calls for countries to halve the proportion of people without sustainable access to safe drinking water and basic sanitation by 2015. At the Gleneagles summit the G8 agreed to implement the G8 Water Action Plan, originally formulated at Evian France in 2003. The action plan gives high priority to ODA allocation to water and sanitation. These commitments have since been reaffirmed in many subsequent summits, driven by the African continent, donors and multilateral development agencies. The analysis below will look at expenditure on water and sanitation, as well as outcomes.

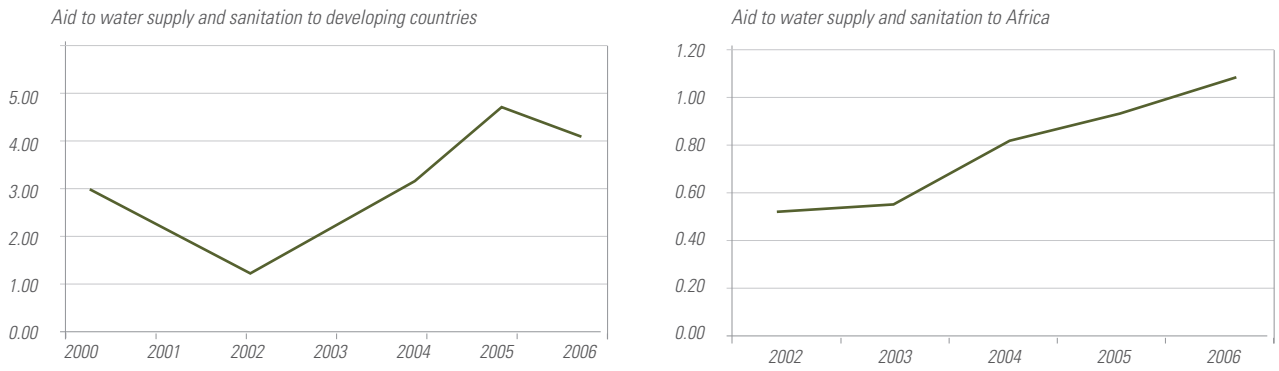
1. EXPENDITURE ON WATER AND SANITATION

Specific estimates on national spending on water and sanitation are largely difficult to come by largely due to data challenges. It is therefore not possible to evaluate how much resources African governments are investing in this sector. However, data is available for various other sources.

The African Development Bank (ADB) has taken a leading role in increasing the efforts of African countries to reach the MDGs in 2015. By 2010, the Bank is hoping to expand access to safe drinking water by 46% through the mobilisation of some US$4.5 billion. The launch of the 2003 Rural Water Supply and Sanitation Initiative (which resulted in 17 programmes expanding water availability to some 33 million Africans for whom it was unavailable in the past) has inspired the Bank to launch a second phase of this programme in the near future. The ADB also started an initiative called African Water Week, held in Tunisia in May 2008. The theme for the initiative was Accelerating Water Security for the Socio-Economic Development of Africa. The overarching objectives of the first African Water Week included the opportunity to provide a platform for African leaders to discuss the practicalities of improved water coverage in Africa. The main thrust of the discussion during the first African Water Week was cooperation among African governments in terms of both the implementation of water and sanitation projects as well as in the monitoring of such projects.

Donor partners have also improved their investment in water and sanitation over the last few years. Figure 26 below shows that ODA allocations to water and sanitation have grown by 35% on average between 2003 and 2006. Between 2002 and 2007, monetary aid to improve water and sanitation in Africa grew by an average of 19% per year.

Figure 26: Aid to water and sanitation in Africa by DAC member countries (US$ billions)



Source: OECD-DAC statistics, 2008

2. WATER AND SANITATION OUTCOMES

2.1. Sanitation Coverage

Access trends show that between 1990 and 2006, 146 million Africans had gained access to sanitation. But large population growth rates meant that the absolute number of people without access to improved sanitation increased by 159 million, from 430 million in 1990 to 589 million in 2006. Africa-wide, 354 million people had access to improved sanitation facilities in 2006. Of the 589 million that did not have access, 154 million shared and 201 million used unimproved sanitation facilities. Overall, 234 million practised open defecation, thereby increasing the health risk related to contamination of water sources and cholera.[6]

Disparities in access between urban and rural areas, mainly resulting from geographical isolation of the latter, are fairly pronounced (see Table 42). Of the population without access to an improved source of drinking water, 84% lives in rural areas.[7] WHO/UNICEF estimates that unsafe water, coupled with a lack of basic sanitation, kills at least 1.6 million children under the age of five years every year.

With respect to sanitation, data shows that in 16 of the 54 African countries, less than 25% of the population used an improved sanitation facility by 2006. It is therefore evident that Africa as a continent will be unable to meet the 2015 targets. WHO/UNICEF estimates that only five of the 54 countries in Africa were on track in providing improved sanitation facilities to its citizens, particularly the poor and geographically marginalised.

Many countries have seen the privatisation of their water utilities. Costs associated with expansion of water services to the poor, coupled with the countries' inability to pay for it, are some of the major obstacles leading to the limited coverage to date. Private water utilities tend to be driven more by profit or cost minimisation considerations to the extent that expanding coverage to the poor is considered poor business and a risky venture.

Table 42: Access to improved sanitation coverage in 2004 (percentage)

COUNTRY	Total access		Sewage connections	
	Urban	Rural	Urban	Rural
Angola	56	16	19	3
Benin	59	11	0	0
Botswana	57	25	27	1
Burkina Faso	42	6	3	0
Burundi	47	35	19	1
Cameroon	58	...	43	...
Cape Verde	61	19	32	11
Central African Republic	47	12	0	0
Chad	24	4	3	0
Côte d'Ivoire	46	29	18	1
Congo	28	25	3	0
Eritrea	32	3	...	...
Ethiopia	44	7	2	0
Ghana	27	11	13	2
Guinea	31	11	0	0
Kenya	46	41	9	1
Lesotho	61	32	6	0

[6] See WHO/UNICEF (2008) Ibid.
[7] See WHO/UNICEF (2006) Meeting the MDG Water and Sanitation Target: The Urban and Rural Challenge of the Decade.

COUNTRY	Total access		Sewage connections	
	Urban	Rural	Urban	Rural
Malawi	62	61	1	1
Mozambique	53	19	4	0
Nigeria	53	36	23	6
Rwanda	56	38	0	0
Senegal	79	34	19	2
South Africa	79	46	70	7
Sudan	50	24	1	0
United Republic of Tanzania	53	43	3	0
Uganda	54	41	10	0
Zambia	59	52	29	1
Zimbabwe	63	47	55	2

Source: WHO and UNICEF: Joint Monitoring Programme for Water Supply and Sanitation, 2006

SPOTLIGHT

Progress in Sierra Leone, Tanzania, Guinea and South Africa

Sierra Leone: In 2005, Sierra Leone reported a 46% rate of coverage for improved drinking water and a 30% rate of coverage for improved sanitation facilities. But in rural areas (comprising 70% of the population), just 10.2% of the population had access to improved drinking water and sanitation facilities. The target set for access to drinking water in 2006 was 50% of households, and 49% was achieved; the target for sanitation was 35%, and 33% was achieved; and the target for primary schools with water and sanitation facilities was 40.5%, and 38% was achieved. For 2007, a target of 53% of households with access to drinking water was set, and 51.5% was achieved; a target of 40% of households with access to sanitation facilities was set, and 33% was achieved; and a target of 45% of primary schools with access to water and sanitation facilities was set, and 40% was achieved. Therefore, although there was shortfall on targets in both 2006 and 2007, the shortfall was not drastic and indicates that some progress is being made to meet commitments and targets on access to water and sanitation in Sierra Leone.

Tanzania: The proportion of the population with access to clean and safe water has increased from 74% in 2005/06 to 78% in 2006/07. Supply of clean water to rural areas has also increased from 53.5% in 2005/06 to 55.7% in 2006/07.

Guinea: The percentage of households with access to drinking water has increased from 51.2% in 1994 to 62% in 2005 overall, and in rural areas, from 44.7% to 52.8% over the same time period.

South Africa: In 1994, only 15.9 million out of 40.4 million South Africans had access to basic water services. However, by 2005, 92% of South Africans had access to improved water supply – a clear indication of progress in the area of improved water supply. In terms of sanitation facilities, in 1994 some 20.4 million South Africans had no sanitation facilities. In 2005, 8.2 million of those who previously had no access to sanitation facilities now have access to basic sanitation infrastructure.

Source: The analyses above is based on country PRSP's

2.2. Access to Safe Water

Table 43 below presents data on drinking water and sanitation coverage as well as the proportion of MDG targets that have been met for sub-Saharan Africa as a whole. The table indicates that in terms of drinking water coverage, sub-Saharan Africa performed considerably worse than the developing world as a whole in 1990 and 2002, with the developing world achieving 71% and 79% coverage in 1990 and 2002 respectively, and sub-Saharan achieving 49% and 58% coverage in 1990 and 2002 respectively. It is clear that sub-Saharan Africa is not on par with the rest of the developing world in terms of access to drinking water. Furthermore, it is projected that the degree to which sub-Saharan African is trailing the rest of the developing world is likely to continue, with the WHO projecting that sub-Saharan Africa will achieve 68% coverage in 2015 in comparison with 88% projected for the developing world as a whole. However, it must be noted that the increase (roughly 9%) in drinking water coverage between 1990 and 2002 is largely in line with the increase (roughly 8%) achieved by the developing world as a whole over the same period.

Table 43: Access to safe water and sanitation (percentage)

DRINKING WATER/ACCESS TO SAFE WATER				
	Coverage in 1990	**Coverage in 2002**	**Projected coverage in 2015**	**MDG attainment target**
Developing World	71	79	88	86
Sub-Saharan Africa	49	58	68	75
SANITATION				
	Coverage in 1990	**Coverage in 2002**	**Projected coverage in 2015**	**MDG attainment target**
Developing World	34	49	63	67
Sub-Saharan Africa	32	36	40	66

Source: WHO: Meeting with MDG Drinking-Water and Sanitation Target: The Urban and Rural Challenge of the Decade (2006).

Inequitable Distribution Between Rural and Urban Areas

Large disparities exist in the distribution of water access between rural and urban areas. Even in cases where overall national improvements are taking place, the gap does not seem to be closing. Below, Algeria, Ghana and Kenya are given as examples of countries who are experiencing challenges in closing the rural/urban gap.

Ghana: Access to water is a major problem in Ghana, with only 71.2% of the urban population and just 16.1% of the rural population having access to piped water. However, there was a slight increase in the proportion of the population with access to safe drinking water between 2000 and 2003, from 41% to 46.4%.

Algeria: There are major disparities in access to drinking water between rural and urban areas in Algeria – disparities as large as 40 percentage points. In 1988, the country's rate of connection to drinking water was 61.9%, and to sanitation networks, 53.9%. By 1995, these proportions had improved to 75.3% and 69% for water and sanitation respectively, and by 2000, they had reached 82% and 73% respectively, indicating improvement in both indicators in Algeria towards the end of the 20th century.

Kenya: Only 32% of Kenyan households (predominantly urban) are connected to piped water. Among rural households, 54% of households lack access to portable water. Indeed, access to portable water is highly differentiated according to income groups, with 93% of the richest 20% of households having access to portable water, and just 28% of the poorest 20% of households having access to portable water.

Conclusion & Key Messages

Access to safe drinking water and improved sanitation services should be taken as a human rights issue and therefore a development imperative. Even if people have adequate access to healthcare, diseases associated with water contamination have shown potential to be quick killers, which may further strain health service provision.

Meeting the MDGs on water and sanitation further requires a deliberate approach to scaling up safe water access points, especially in rural areas. One way of doing this is by integrating the provision of basic water and sanitation in every rural project or programme.

To reach the desired number of people who need access to safe drinking water and sanitation is a huge challenge. African governments should consider pro-poor water financing mechanisms through targeted subsidies to water.