Water and sanitation

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[1]). Improving access to water and sanitation 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[2]).

In 2020, 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 two out of three people living in rural areas and about four in five people living in urban areas had access to basic sanitation for adequate excreta disposal (Figure 4.8, left panel). Access was low in rural areas at around 15% in Papua New Guinea and 20% in the Solomon Islands, where open defecation was still common amongst most of the population. In urban areas, only about half of the population had access to basic sanitation in Papua New Guinea and Bangladesh in 2020.

Over recent years, the proportion of the population with access to basic sanitation facilities has grown in most Asia-Pacific countries and territories, and faster improvement was observed in rural areas (Figure 4.8, right panel). The progress was particularly rapid in rural areas in Nepal, India, Cambodia and Indonesia, where the proportion of population with access to basic sanitation increased by more than 30 percentage points between 2010 and 2020. In urban areas, Nepal and Cambodia reported a large increase of more than 20 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 in urban areas from 2010 to 2020.

In almost all Asia-Pacific countries and territories in 2020, 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, slightly more than 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 the Solomon Islands (59%) and Mongolia (61%) (Figure 4.9, left panel).

During the period of 2010-20, 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 more than 10 percentage points in Myanmar and Lao PDR, while decreased by more than 1 percentage point in Pakistan, Nepal and DPRK. In rural areas, Myanmar, Lao PDR and Mongolia reported an increase in the population living in rural areas having access to basic drinking water of more than 15 percentage points, whereas Solomon Islands reported the largest decrease of almost 10 percentage points from 2010 to 2020 (Figure 4.9, 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[3]).

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/WHO, 2019[4]).

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, using flushing to piped sewer systems, septic tanks, or pit latrines, along with improved pit latrines or composting toilets (UNICEF/WHO, 2019[4]).

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, 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.

References

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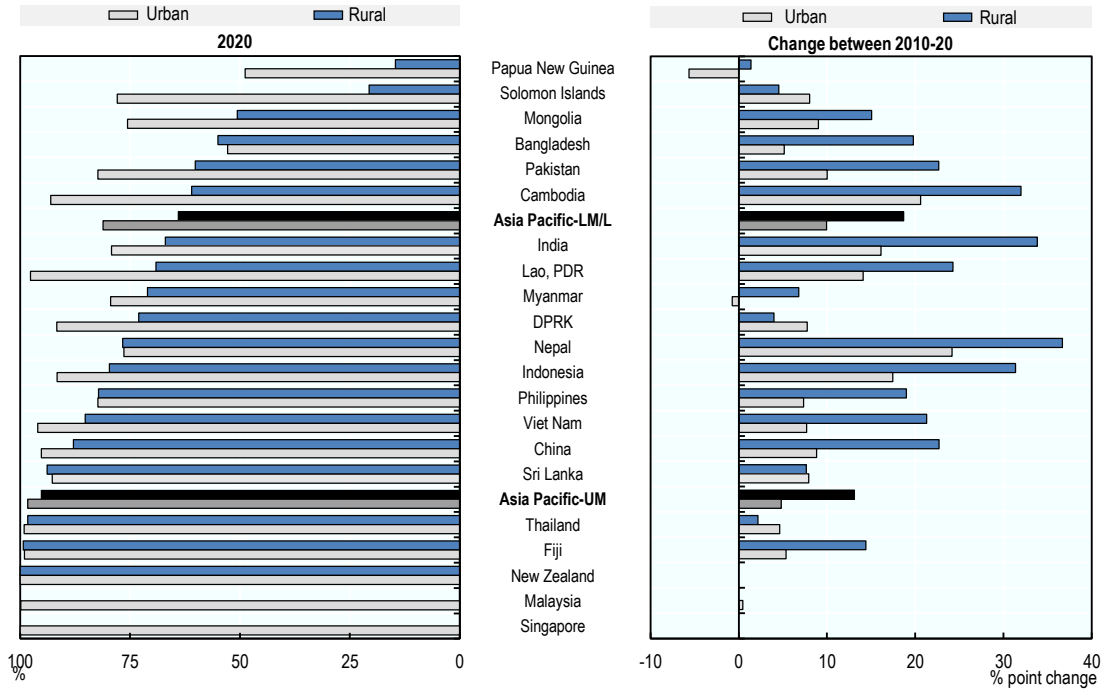
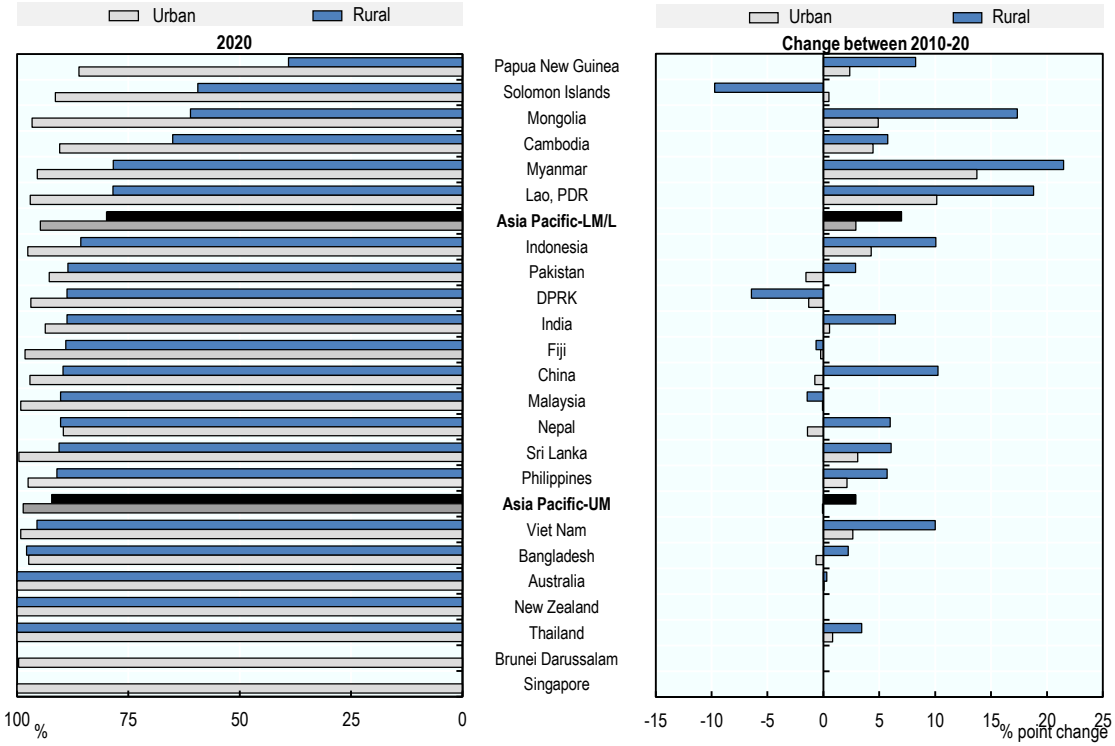
Figure 4.8. Access to basic sanitation, 2020 and change between 2010-20



Source: WHO/UNICEF JMP database 2021.

StatLink https://stat.link/nqm1rb

Figure 4.9. Access to basic drinking water, 2020 and change between 2010-20



Source: WHO/UNICEF JMP database 2021.

StatLink https://stat.link/trn2y1