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#### HEALTH, DRINKING WATER, AND SANITATION IN SUSTAINABLE HUMAN DEVELOPMENT: FINAL REPORT

##### Background

1. In 2001, the 43rd Directing Council of the Pan American Health Organization (PAHO) approved the concept paper *Health, Drinking Water, and Sanitation in Sustainable Human Development* (Document CD43/10 and Resolution CD43. R15) (1, 2), which covered the period from 2001 to 2015. Since neither the document nor the resolution established a period of work on this subject, we are presenting a final report so that this resolution can be considered closed.

2. This final report is based on an analysis of the progress made towards fulfilling the mandates established in the resolution. Therefore, the purpose of this document is to inform PAHO Governing Bodies of the results achieved.

##### Analysis of Progress Achieved

3. The following is an analysis of progress made during the period 2001-2015 toward fulfilling the mandates set out in Resolution CD43.R15.

*a) Strengthening capacities with the ministries of health and their activities in environmental health, to fulfill their responsibilities, including drinking water quality surveillance and contributing to improve the quality of drinking water and sanitation services*

4. A recent study of drinking water safety (3) in 11 countries in Latin America and the Caribbean (LAC) found, first, that the greatest progress has been in standards on drinking water quality in accordance with WHO guidelines. These standards vary according to the level of risk each country is willing to tolerate. Second, it was found that the countries participating in the study have been implementing surveillance activities, either actively and systematically, or through isolated or local actions. Although the 11 countries analyzed have been implementing water safety plans, more work is needed in

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the implementation of sanitation safety plans, which were only applied in two countries. Regulations must also be updated to respond to risk factors and the reality of surveillance systems with regard to drinking water quality, coverage, and continuity.

5. In 75% of the countries participating in the study, formal providers of drinking water services in urban settings shared surveillance results with national health authorities and regulatory bodies with the aim of improving quality of service and promoting corrective actions, if necessary. The results of the Global Analysis and Assessment of Sanitation and Drinking-water (GLAAS) found that eight of 25 LAC countries have conducted effective surveillance of drinking water quality (4).

6. National health authorities should continue to strengthen their environmental health capacities and advance the development of a safe drinking water and sanitation framework. Information systems and data reliability and quality should also be strengthened to determine the needs of the water and sanitation sector and inform decision-makers.

***b) Promotion and collaboration with other ministries or institutions in reforms aimed to improve coverage, quality, equity, and sustainability of drinking water and sanitation services, particularly in rural areas, small towns, and urban poor settlements***

7. The entities responsible for drinking water and sanitation services, including national health authorities, played an important role in meeting target 7C of the Millennium Development Goals (MDGs): *By 2015, halve the proportion of people without sustainable access to safe drinking water and basic sanitation.*

8. In LAC, sanitation coverage rose from 75% of the population in 2000 to 86% in 2015. This means that nearly 225 million people accessed improved sanitation facilities during this period. While progress was more significant in rural areas, 32% of this population remained without improved sanitation services in 2015, and 12% still practiced open defecation.

9. According to the Global Water Supply and Sanitation Assessment 2000 (known as the "Evaluation 2000" in the Region of the Americas (5) and GLAAS (4), access to drinking water services in 21 LAC countries increased from 82% in 2000 to 95% in 2015. Of the countries analyzed, 78% met the MDG target for drinking water. However, there were inequalities in spending and access to safe drinking water.

10. In rural areas, drinking water coverage increased from 53% in 2000 to 79% in 2015. In urban areas, coverage increased from 91% to 97% during this period. In 2015, 35 million people in LAC countries still did not have access to a safe source of drinking water (6).

11. Despite progress with coverage, it was determined that an investment of \$63 billion was required in order to achieve universal coverage of clean water and sanitation services, and that a quarter of this investment should go to rural areas. The need to reduce inequalities and improve the quality of services was also emphasized. The assessment of the drinking water and sanitation sector points to the need to improve governance on

drinking water and sanitation, information systems, financing, regulation, and monitoring of drinking water quality, as well as the sustainability of drinking water and sanitation systems.

***c) Recognition of the work of the countries and the technical cooperation of PAHO/WHO in Evaluation 2000 on drinking water and sanitation in the Region and the study of inequalities in household spending and use of water supply services in 11 Latin American and Caribbean countries<sup>1</sup>***

12. Monitoring and evaluation of drinking water and sanitation services have been key to developing services. The regional Evaluation 2000 report (5) was one of the first LAC analyses to provide evidence on the status of drinking water and sanitation services, making it possible to identify inequalities in spending and use of these services in these 11 countries. Additionally, in 2000, the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation was launched, providing a regular record of progress made in these countries on coverage in urban and rural areas, and monitoring fulfillment of the MDGs.

13. In 2010, the GLASS instrument was implemented with WHO to monitor drinking water and sanitation services in the areas of governance, regulation, coordination, planning, human resources management, and financing.

14. The joint program has been strengthened and adjusted to SDG 6.1, 6.2, and indicator 6.3a,<sup>2</sup> which include safe drinking water and sanitation services in homes and health facilities. During the last GLAAS period, a number of LAC countries (4) provided information, making this global initiative one of the main tools for monitoring countries' progress towards equitable and universal access to safe water, sanitation, and hygiene.

***d) Active participation in regional processes or activities preparatory to Rio+10 or in other activities within its framework, ensuring that health is well represented and identifying and promoting partnerships and priority activities that will facilitate progress in implementing the environmental health agenda, both in the Region and globally***

15. At the World Summit on Sustainable Development Rio +10 (Johannesburg, 2002) (7, 8), countries' participation and commitment to health were highlighted. It was established that there was a need to universalize human dignity and make decisions on objectives, timetables, and partnerships in order to rapidly increase access to basic services such as safe drinking water, sanitation, adequate housing, energy, health care, food security, and protection of biodiversity. At the Summit, the world's countries committed

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<sup>1</sup> The 11 countries were: Bolivia, Brazil, Chile, Colombia, Ecuador, El Salvador, Jamaica, Nicaragua, Panama, Paraguay, and Peru.

<sup>2</sup> SDG 6.1: *By 2030, achieve universal and equitable access to safe and affordable drinking water for all*; ODS 6.2: *By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations*; SDG Indicator 6.3.1: *Proportion of wastewater safely treated*.

to providing financial and technical assistance to fulfill the MDGs, which was reflected in Chapter 6: Protecting and Promoting Human Health.

***e) Participation in a joint meeting between health and environment ministers of the Region in 2002 as part of a process to strengthen their capacity to effectively manage health and environment issues***

16. The first Meeting of the Health and Environment Ministers (Ottawa, 2002), organized by the Canadian ministries of Health and Environment, alongside PAHO and the United Nations Environment Programme, involving 31 countries and non-governmental organizations, proposed strengthening countries' capacities to manage health and environmental problems more effectively, establishing monitoring mechanisms and contributing to the World Summit on Sustainable Development Rio+10 (7, 8). During the meeting, issues of common interest and shared objectives were also recognized with regard to sharing capacities to address environmental threats to human health. Partnerships between national health and environmental authorities were strategic for positioning the environmental public health issues presented at the Summit.

***f) Promotion of actions and establishment of regulations to enable drinking water and sanitation services to contribute to environmental protection and conservation in the Americas***

17. The entities in charge of drinking water and sanitation made progress in strengthening capacities and meeting their responsibilities in environmental health. The fact that 70% of LAC countries (4) have national drinking water and sanitation policies is proof of this. However, only 44% of countries have clear mechanisms and policies to reduce inequalities between urban and rural areas, and to include groups in conditions of vulnerability. Furthermore, 75% of countries manage and provide drinking water services through formal suppliers, and 20 million people in LAC countries receive drinking water from informal or community suppliers. Seven countries in this region have recognized the human right to drinking water and sanitation in their legislation.

18. The results of a sample of 10 LAC countries with national drinking water and sanitation policies show that only four have fully implemented policies with allocated funding and periodical reviews; meanwhile, in four other countries, it was not possible to determine whether approved policies are in effect. Therefore, coordinated work between national health and environmental authorities must be strengthened. This allows for a more appropriate positioning of health priorities in the 2030 Agenda for Sustainable Development.

19. Environmental pollution and climate change are affecting the sustainability of water (9) and sanitation systems. Wastewater and grey water treatment requires more resources to expand, rehabilitate, and renovate systems. In all LAC countries, control of industrial effluents is weak, and pollution of underground water resources is also concerning.

***Lessons learned and best practices***

20. The health sector must implement measures for advocacy, monitoring, and surveillance of drinking water and sanitation in order to consolidate government planning aimed at developing or reviewing public policies and national and local plans to achieve universal safe and sustainable water and sanitation services.

21. Partnerships between the health and environment sector in international forums enabled the environmental determinants of health, including water and sanitation, to be placed on the agenda. Additionally, Evaluation 2000, led by PAHO, was the first instrument for analysis and evaluation of water and sanitation management in the Region before WHO promoted GLAAS beginning in 2010, reflecting inequities in water and sanitation coverage, water quality, resource distribution, and environmental protection and conservation needs. Strategic partnerships with other sectors and good monitoring make it possible to influence public policies on an environmental determinant so important to the health and well-being of the population.

**Action Necessary to Improve the Situation**

22. In order to ensure safe water and sanitation for all by 2030, as set out in the 2030 Agenda for Sustainable Development, inequalities in access must be reduced and a progressive approach to human rights must be implemented.

23. In order to continue working on sustainable human development, through access to drinking water and sanitation, the Region must devote resources to the following activities:

- a) Strengthen drinking water quality monitoring systems as a public health action.
- b) Continue to develop water safety plans to improve the quality of services, specifically in relation to the quality, continuity, and affordability of drinking water.
- c) Increase coverage in areas with high concentrations of groups in conditions of vulnerability (poor people, indigenous people, migrants, and people of African descent, among others) and expand access to drinking water and sanitation in health facilities and schools.
- d) Advocate for guaranteed rates, quotas, and allocations that ensure the sustainability of drinking water and sanitation systems, as well as subsidies for those who cannot afford drinking water and sanitation services, and compliance with the affordability principle of the SDGs (6). Coordination and definition of entities' roles and responsibilities, including community participation, should be strengthened.
- e) Use the epidemiological approach to help define policies and practices for the entities responsible for drinking water and sanitation services.

- f) Combat high levels of pollution in water sources and bodies, protect micro-watersheds, and increase wastewater treatment coverage and sanitation safety plans.
- g) Continue positioning environmental health on the development agenda to achieve universal drinking water, sanitation, and hygiene services as part of the implementation of a new *Strategy on Health, Environment and Climate Change 2020-2030*.

### **Action by the Directing Council**

24. Considering the extraordinary and unprecedented circumstances presented by the COVID-19 pandemic, and in accordance with Resolution CE166.R7, this report will be published for information purposes only, and will not be discussed by the Directing Council.

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