



Definitions of Indicators

Access to safe drinking water is estimated by the percentage of the population using improved drinking water sources, as described below. Similarly, access to sanitary means of excreta disposal is estimated by the percentage of the population using improved sanitation facilities. Improved sanitation facilities are those more likely to ensure privacy and hygienic use. Improved drinking water technologies are those more likely to provide safe drinking water than those characterized as unimproved. See page 23 for a discussion of other issues concerning definitions.

Improved drinking water sources

- Household connection
- Public standpipe
- Borehole
- Protected dug well
- Protected spring
- Rainwater collection

Unimproved drinking water sources

- Unprotected well
- Unprotected spring
- Rivers or ponds
- Vendor-provided water
- Bottled water*
- Tanker truck water

Improved sanitation facilities

- Connection to a public sewer
- Connection to a septic system
- Pour-flush latrine
- Simple pit latrine**
- Ventilated improved pit latrine

Unimproved sanitation facilities

- Public or shared latrine
- Open pit latrine
- Bucket latrine

*Bottled water is not considered improved due to limitations in the potential quantity, not quality, of the water.

**Only a portion of poorly defined categories of latrines are included in sanitation coverage estimates.





The Purpose of this Report

In September 2000, 189 UN Member States adopted the Millennium Development Goals (MDGs), setting clear, time-bound targets for making real progress on the most pressing development issues we face. Achieving these targets will directly affect the lives and future prospects of billions of people around the globe. It will also set the world on a positive course at the start of the 21st century.

Goal 7 is to ensure environmental sustainability. One of its targets is the subject of this report:

Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.

Although the MDGs were formulated in 2000, the baseline for most of the MDG targets, including that on water and sanitation, has been set as 1990. Therefore 2002, the last year for which comprehensive data are available, can be considered the halfway mark towards achieving the 2015 MDG deadline.

This report, prepared by the WHO/UNICEF Joint Monitoring Programme (JMP), provides coverage data for 1990 and 2002 at national, regional and global levels and an analysis of trends towards 2015. It also marks a new cycle of more frequent reporting, which can be effectively used for sector capacity-building efforts at the national and sub-national levels.

The report is intended as a 'reality check' for individual countries and the international community on how far we have come, and where we need to focus next, in order to fulfil our commitment.



Why Meeting the Target Matters

Beyond the focus of public attention, an unseen emergency continues to unfold. It doesn't fall dozens all at once, like a bomb, or carry away whole towns in the blink of an eye, like a flood. Rather, it kills its victims – mostly infants and small children – largely unnoticed, spiriting them away one by one from rural villages and urban slums in every corner of the developing world.

Every day, this unremitting but seemingly invisible disaster claims the lives of more than 3,900 children under five, according to WHO. And for every child that dies, countless others, including older children and adults, suffer from poor health, diminished productivity and missed opportunities for education.

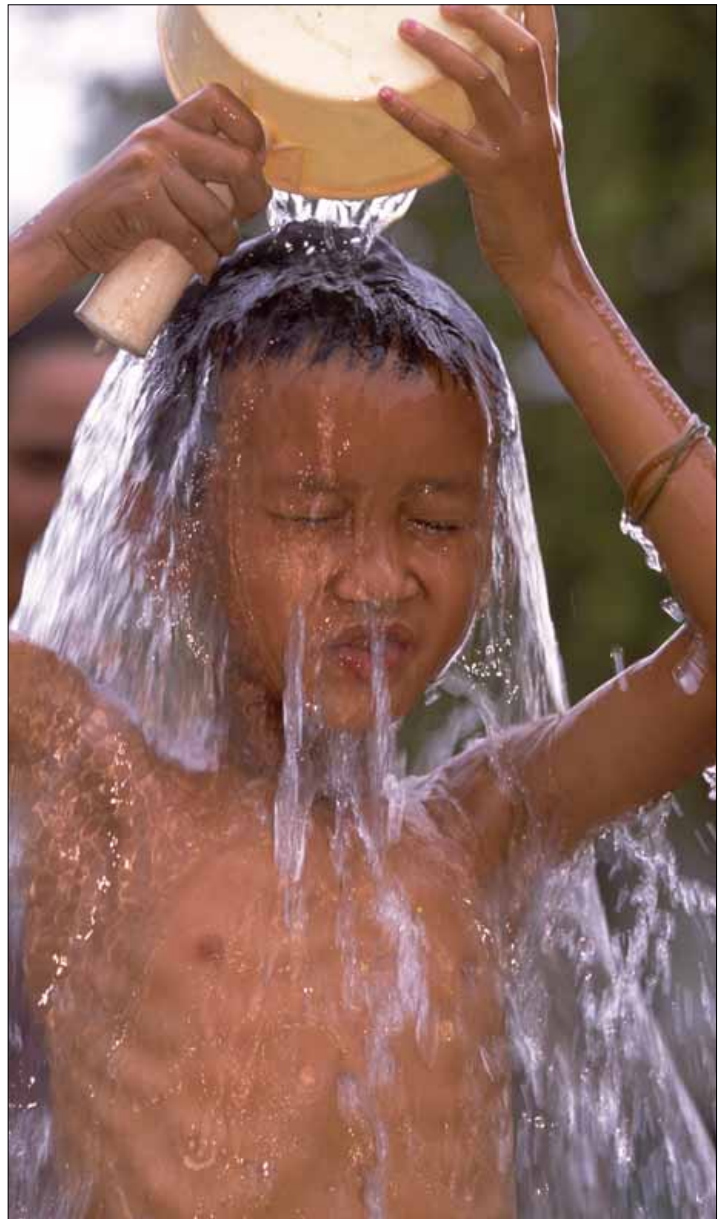
What is behind this wholesale loss of life and potential? It is the absence of something that nearly every reader of this report takes for granted, something basic, unremarkable, commonplace: toilets and other forms of improved sanitation and safe drinking water.

The good news is that, with 83 per cent coverage, the world is on track to meet the MDG target for drinking water. The news is tempered, however, by slow progress in sub-Saharan Africa and stalled action on sanitation in most developing regions. An estimated 2.6 billion people are without improved sanitation facilities. And if the 1990-2002 trend holds, the world will miss the sanitation target by half a billion people.

The figures and trends in this report, based on national surveys and censuses, indicate how far we are from achieving the sanitation target. But they also reveal that a number of low-income countries have made tremendous gains in expanding services, even in the face of rapid population growth and economic stagnation. The lesson that can be drawn from these countries is that rapid progress is indeed possible, and that the goals, while ambitious, are within our grasp.

Meeting the sanitation target will require that an additional 1 billion urban dwellers and almost 900 million people in often remote rural communities are able to use improved sanitation services. Accomplishing this by 2015 will be no small feat. But it will also be a testament to what the world can achieve with a clear vision and with the focused will and determination of every country on earth.

Getting on track to meet the target in both drinking water and sanitation will mean better health, longer lives and greater dignity for billions of the world's poorest people. It will also make a significant contribution to the achievement of other Millennium Development Goals.





Advancing the Millennium Development Goals

MDG goals

Contribution of improved drinking water and sanitation

Goal 1: Eradicate Extreme Poverty and Hunger

- The security of household livelihoods rests on the health of its members; adults who are ill themselves or must care for sick children are less productive.
- Illnesses caused by unsafe drinking water and inadequate sanitation generate high health costs relative to income for the poor.
- Healthy people are better able to absorb nutrients in food than those suffering from water-related diseases, particularly helminths, which rob their hosts of calories.
- The time lost because of long-distance water collection and poor health contributes to poverty and reduced food security.

Goal 2: Achieve Universal Primary Education

- Improved health and reduced water-carrying burdens improve school attendance, especially among girls.
- Having separate sanitation facilities for girls and boys in school increases girls' attendance, especially after they enter adolescence.

Goal 3: Promote Gender Equality and Empower Women

- Reduced time, health and care-giving burdens from improved water services give women more time for productive endeavours, adult education and leisure.
- Water sources and sanitation facilities closer to home put women and girls at less risk of assault while collecting water or searching for privacy.

Goal 4: Reduce Child Mortality

- Improved sanitation and drinking water sources reduce infant and child morbidity and mortality.

Goal 5: Improve Maternal Health

- Accessible sources of water reduce labour burdens and health problems resulting from water portage, reducing maternal mortality risks.
- Safe drinking water and basic sanitation are needed in health-care facilities to ensure basic hygiene practices following delivery.

Goal 6: Combat HIV/AIDS, Malaria and Other Diseases

- Safe drinking water and basic sanitation help prevent water-related diseases, including diarrhoeal diseases, schistosomiasis, filariasis, trachoma and helminths.
- The reliability of drinking water supplies and improved water management in human settlement areas reduce transmission risks of malaria and dengue fever.

Goal 7: Ensure Environmental Sustainability

- Adequate treatment and disposal of wastewater contributes to better ecosystem conservation and less pressure on scarce freshwater resources. Careful use of water resources prevents contamination of groundwater and helps minimize the cost of water treatment.

Goal 8: Develop a Global Partnership for Development

- Development agendas and partnerships should recognize the fundamental role that safe drinking water and basic sanitation play in economic and social development.