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JMP 2013 UPDATE: HIGHLIGHTS

This JMP 2013 update presents country, regional and global estimates for the year 2011. Since the JMP 2012 update, which presented 2010 estimates, results of 230 surveys have been added to the JMP database, bringing the total number of surveys in the JMP database close to 1700. As is to be expected from an annual update, the global estimates have hardly changed. Drinking-water coverage in 2011 remains at 89% – which is 1% above the MDG drinking-water target. In 2011, 768 million people relied on unimproved drinking-water sources.

Sanitation coverage in 2011 was 64%. The world remains off track to meet the MDG sanitation target of 75% and if current trends continue, it is set to miss the target by more than half a billion people. By the end of 2011, there were 2.5 billion people who still did not use an improved sanitation facility. The number of people practising open defecation decreased to a little over 1 billion, but this still represents 15% of the global population.

Since 2011, the JMP has facilitated broad discussions among more than 200 representatives from the water, sanitation and hygiene (WASH) sector, academia and the human rights and global monitoring communities to formulate new global WASH targets and indicators for consideration under

the post-2015 development agenda. On page 10 of this report, this process is further explained, and the preliminary outcomes of these discussions are presented for further consideration.

With less than three years to go, a final push is needed to meet the MDG sanitation target. This requires providing around 1 billion people with access to sanitation – a daunting task that can only be accomplished through the concerted efforts of many partners.

In March 2013, the Deputy Secretary-General of the United Nations called upon the world to increase global efforts to accelerate progress towards the MDG sanitation target, which is among the targets for which progress has fallen furthest behind. In particular, he called upon governments, civil society, the private sector and UN agencies to pull together and help end the practice of open defecation by the year 2025. Page 6 of this report shows which countries have decreased open defecation rates the most since 1990. Some of these countries still have a rather large proportion of the population practising open defecation, while others have reduced the practice to only a few per cent of the population.

1.

GLOBAL SANITATION TRENDS 1990–2011

In 2011, almost two thirds [64%] of the world population relied on improved sanitation facilities, while 15% continued to defecate in the open. Since 1990, almost 1.9 billion people have gained access to an improved sanitation facility. The world, however, remains off track to meet the Millennium Development Goal [MDG] sanitation target, which requires reducing

the proportion of people without access from 51% in 1990, to 25% by 2015. The greatest progress has been made in Eastern Asia, where sanitation coverage has increased from 27% in 1990 to 67% in 2011. This amounts to more than 626 million people gaining access to improved sanitation facilities over a 21-year period.

There are 45 countries where sanitation coverage is less than 50 percent

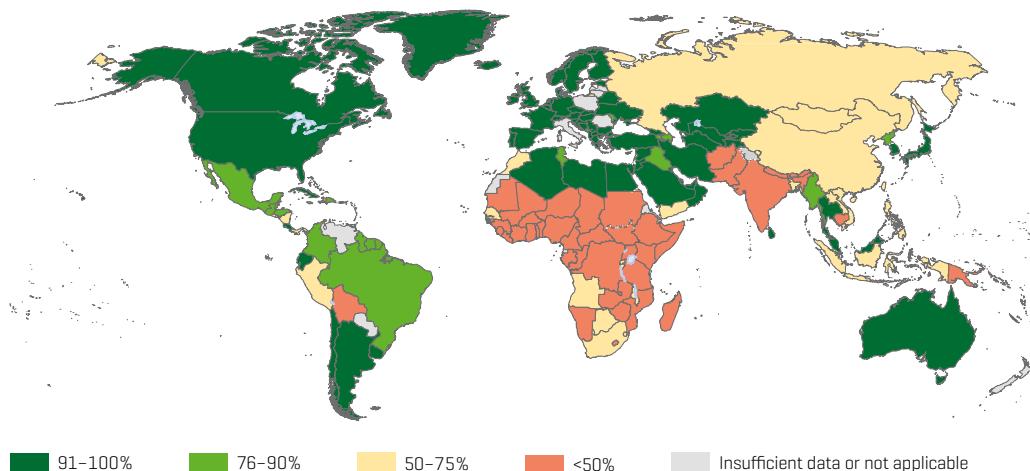


Figure 1. Proportion of the population using improved sanitation in 2011.

Open defecation rates have sharply declined in almost all developing regions

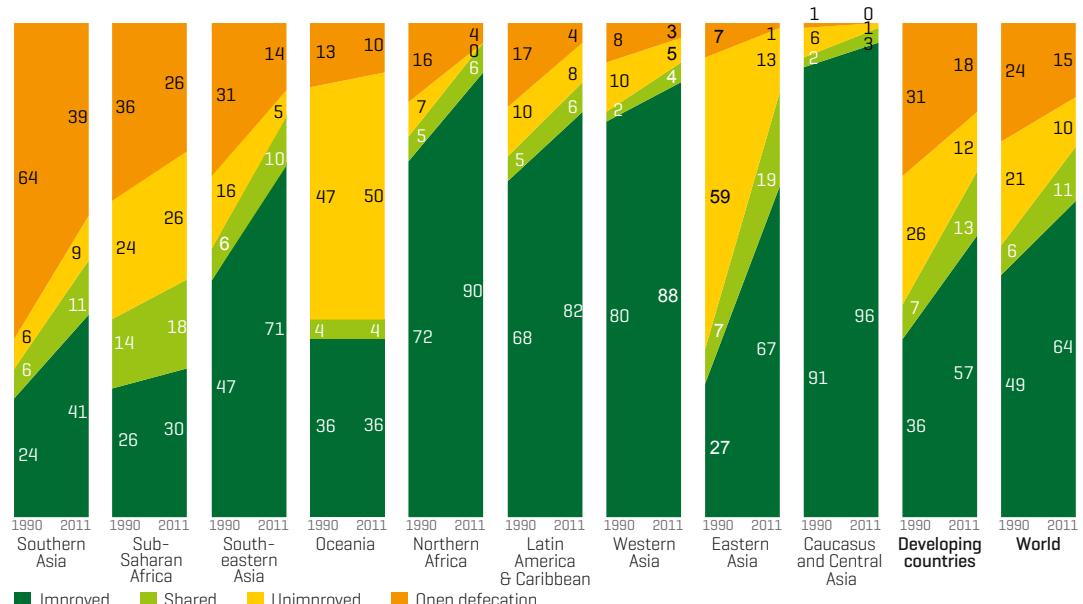


Figure 2. Sanitation coverage trends by developing regions and the world, 1990–2011.

By the end of 2011, there were 2.5 billion people who lacked access to an improved sanitation facility. Of these, 761 million use public or shared sanitation facilities and another 693 million use facilities that do not meet minimum standards of hygiene [unimproved

sanitation facilities]. The remaining 1 billion (15% of the world population) still practise open defecation. The majority (71%) of those without sanitation live in rural areas, where 90% of all open defecation takes place.

Since 1990, 1.1 billion people in urban areas gained access to improved sanitation whereas the urban population grew by 1.3 billion people

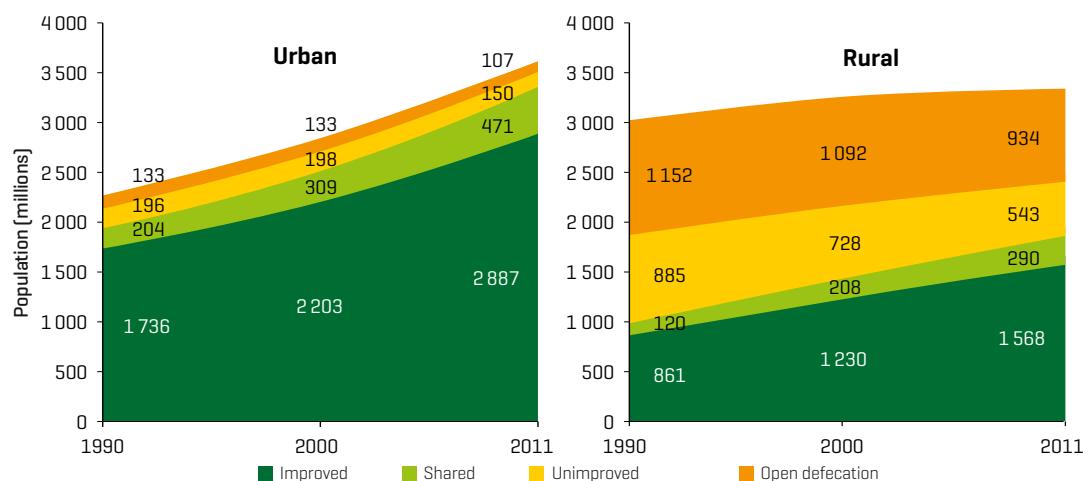


Figure 3. Global sanitation coverage and open defecation trends in urban and rural areas by population, 1990–2011.

27 Countries have more than a quarter of the population still practising open defecation

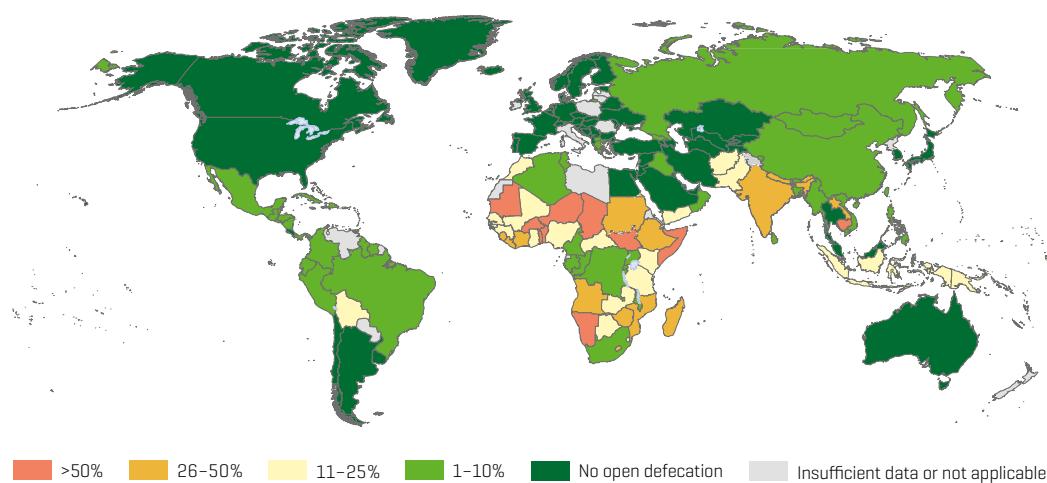


Figure 4. Proportion of the population practising open defecation in 2011.

2.

TRENDS IN OPEN DEFECATION

1990–2011

Open defecation rates declined globally from 24% in 1990 to 15% in 2011. In absolute numbers, this signifies a drop of 244 million people to 1.04 billion in 2011. The decline in the population practising open defecation has differed from region to region. Eastern Asia, South-eastern Asia and the Latin America and

Caribbean regions have seen a steady decline since the JMP's earliest measurements describing conditions in 1990. In Southern Asia, the population practising open defecation peaked around 1995, after which it declined. Only in sub-Saharan Africa is the number of people defecating in the open still increasing.

The global population practising open defecation is slowly declining

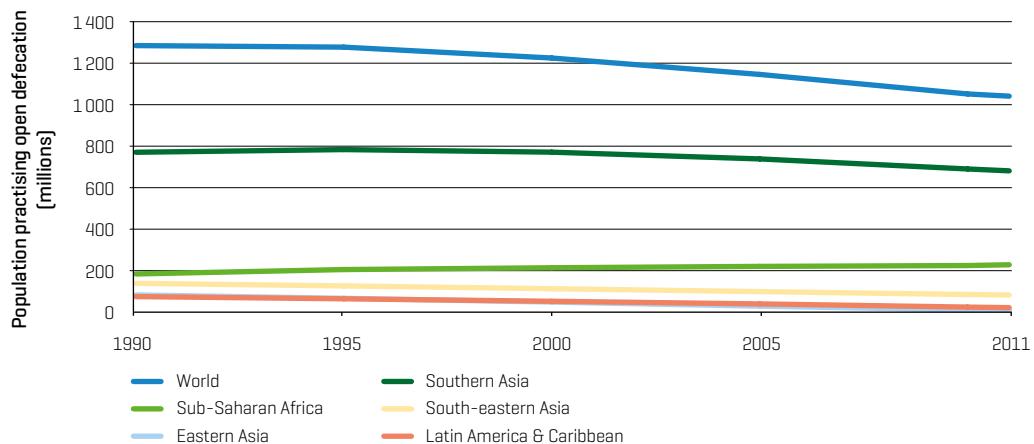


Figure 5. Open defecation trends in developing regions and the world, 1990–2011.

Many countries have made remarkable progress in reducing open defecation rates

Country	Open defecation rate [%]		Percentage point decline	Annual rate of decline [%]
	1990	2011		
Viet Nam	40	3	37	12.3
Bangladesh	32	4	28	9.9
Peru	34	6	28	8.3
Malawi	31	6	25	7.8
Honduras	33	7	26	7.4
Lao People's Democratic Republic*	69	32	37	4.8
Plurinational State of Bolivia	46	19	27	4.2
Pakistan	52	23	29	3.9
Angola	57	26	31	3.7
Haiti	50	23	27	3.7
Ethiopia	93	45	48	3.5
Nepal	84	43	41	3.2
Benin	80	54	26	1.9
Cambodia	84	58	26	1.8

* There are no 1990 open defecation estimates for Lao People's Democratic Republic, so the range given here is for 1995–2011.

Table 1. Countries where open defecation rates declined 25 percentage points or more since 1990



3.

GLOBAL DRINKING-WATER TRENDS 1990–2011

By the end of 2011, 89% of the world population used an improved drinking-water source, and 55% enjoyed the convenience and associated health benefits of a piped supply on premises. An estimated 768 million people did not use an improved source for drinking-water in 2011, including 185 million who relied on surface water to meet their daily drinking-water needs. Urban drinking-water coverage has remained high over the past two decades, and currently only 4% of the urban population relies

on unimproved sources. However, in spite of the high urban drinking-water coverage rates, issues of service quality remain. Supplies are often intermittent and this increases contamination risks. Of the 2.1 billion people who gained access since 1990, almost two thirds, 1.3 million, lived in urban areas. By the end of 2011, 83% of the population without access to an improved drinking-water source lived in rural areas.

Sub-Saharan Africa and Oceania have the lowest drinking-water coverage

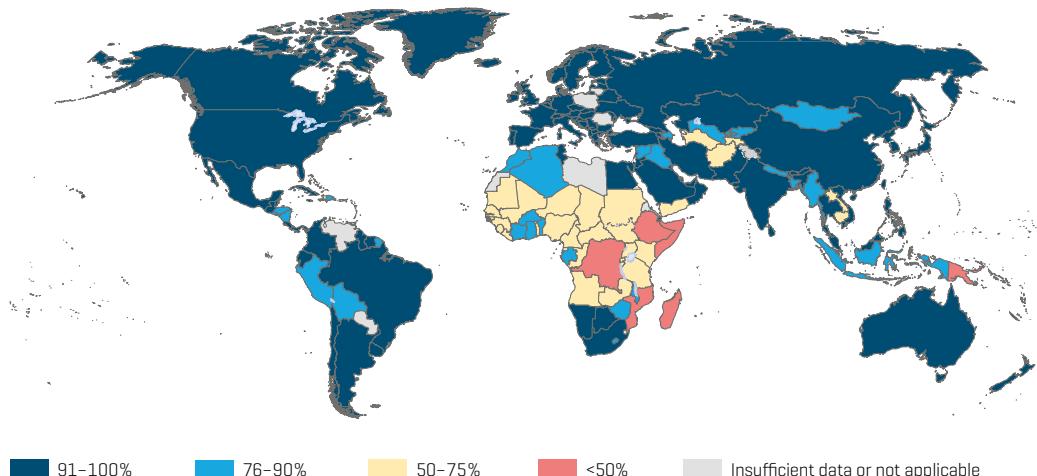


Figure 6. Proportion of the population using improved sources of drinking-water in 2011.

Less than a third of the population in four regions enjoy piped water on premises

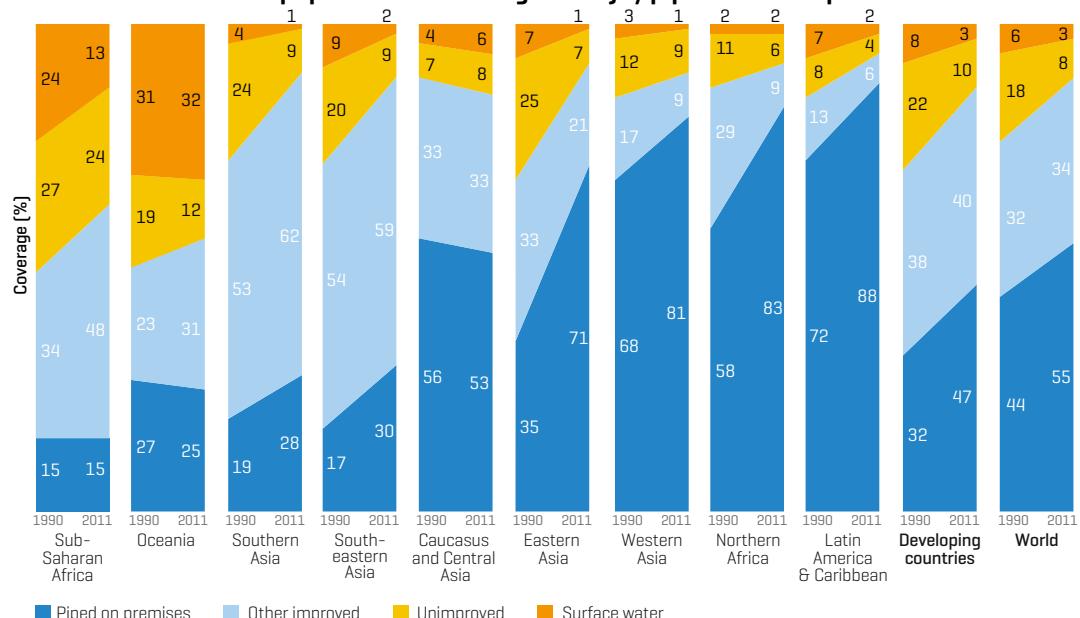


Figure 7. Drinking-water coverage trends by developing regions and the world, 1990–2011.



Over 70% of the global progress made in access to improved sources of drinking-water has been achieved through gaining access to piped drinking-water on

premises. More than two thirds of the 1.5 billion people who gained access to piped supplies at home live in urban areas.

In rural areas, 1.7 billion people rely on public taps, handpumps, protected wells, protected springs and rainwater

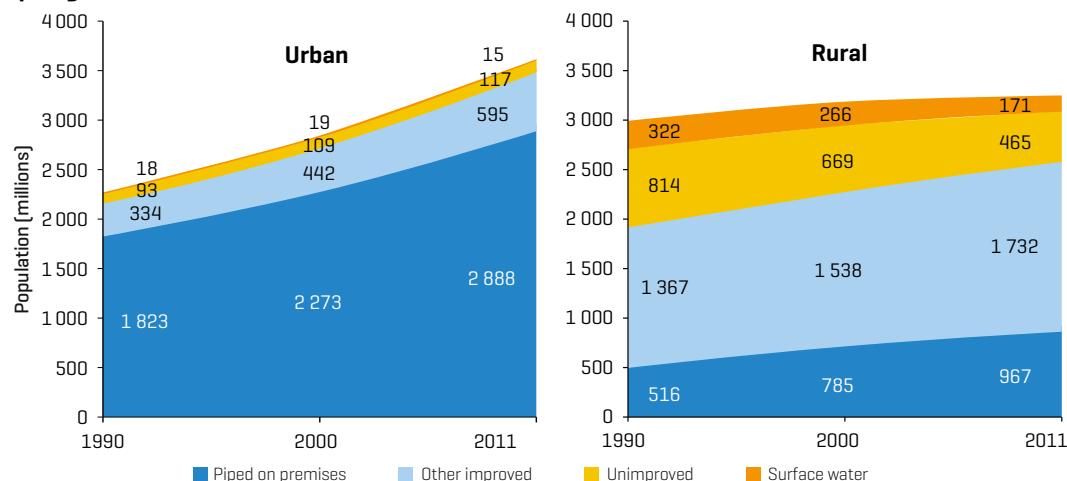


Figure 8. Global drinking-water coverage trends in urban and rural areas, 1990–2011.

Piped drinking-water supplies on premises are associated with the best health outcomes

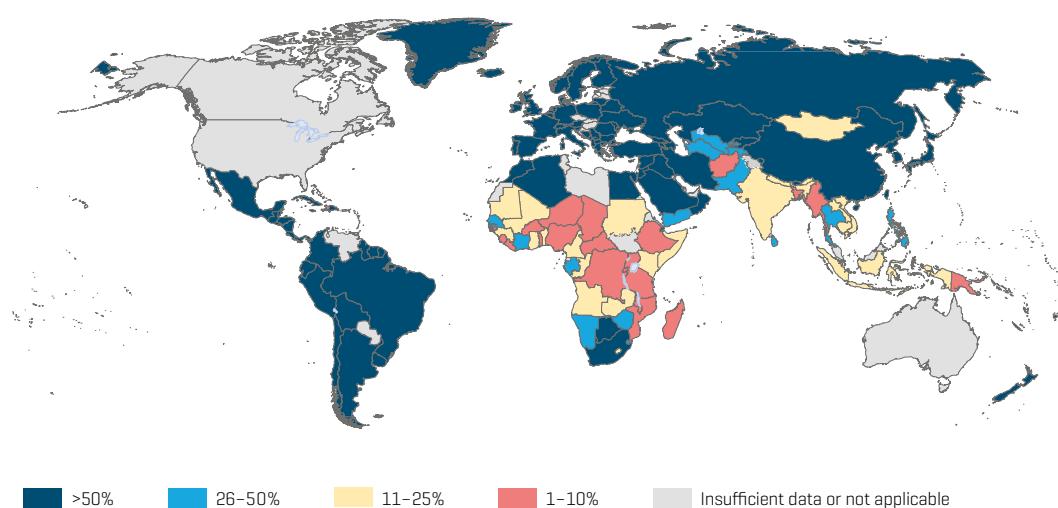


Figure 9. Proportion of the population using piped water on premises in 2011.

4.

TOWARDS A POST-2015 DEVELOPMENT AGENDA

The WHO/UNICEF JMP-led technical process on the formulation of post-2015 WASH targets and indicators

A new era: the post-2015 consultations

Anticipating the discussion on post-2015 development goals, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) convened a first consultation with broad stakeholder representation in Berlin in May 2011, to start a process of formulating proposals for post-2015 targets and corresponding indicators for water, sanitation and hygiene (WASH), in the context of possible goals.

The first consultation reviewed the current global drinking-water and sanitation monitoring landscape, identified the strengths and weaknesses of the current MDG targets and indicators, discussed the relevance of the principles underlying the human rights to water and sanitation for consideration in future goals and targets and reached agreement on a roadmap towards the formulation of a menu of options with a limited number of viable global targets and indicators corresponding to a possible global WASH goal.

As an outcome of the Berlin consultation, four working groups¹ were established: Water Supply, Sanitation, Hygiene and Equity and Non-Discrimination (END), consisting of WASH sector and human rights experts and representatives from academia and the global monitoring community tasked with the development of targets and indicators for the specific subsector (except for END, which was cross-sectoral). Participants agreed to reconvene for a second consultation in The Hague, the Netherlands, in December 2012 to review the work of the respective groups.

In the development of targets and indicators, all working groups were asked to consider the following principles:

- They should be formulated in the context of a simple, inspirational vision, articulated around universal access and use of safe drinking-water and sanitation, with hygiene being added to the scope of the new targets.
- They should reflect progressive realization of the human rights to safe drinking-water and sanitation.
- They should build on existing indicators and monitoring mechanisms to ensure continuity in global monitoring.

Process

Over the ensuing 18 months, the working groups developed proposals for targets and indicators. These were based on the above-mentioned principles and a shared vision that:

- **No one** should practise open defecation.
- **Everyone** should have safe water, sanitation and hygiene at home.
- **All schools and health centres** should have water, sanitation and hygiene.
- Water, sanitation and hygiene should be **sustainable**.
- **Inequalities** in access should be **eliminated**.

The targets and indicators were presented in a consolidated document to the wider development community during the second consultation, held in The Hague in early December 2012.

The proposed targets address the objectives of progressive realization through increasing the numbers of people using services, reducing inequalities, increasing service levels, driving progress in schools and health centres as well as households and achieving sustainable, universal coverage. At their core, the targets are aspirational and visionary. They do not merely formulate what is practical to achieve, but instead strive for the best we can do as a global society.

Detailed targets

The four targets include both interim and final targets and indicators and have received broad support among experts in the sector.

Target 1: By 2025, no one practices open defecation and inequalities in the practice of open defecation have been progressively eliminated.

Target 2: By 2030, everyone uses a basic drinking-water supply and handwashing facilities when at home, all schools and health centres provide all users with basic drinking-water supply and adequate sanitation, handwashing facilities and menstrual hygiene facilities and inequalities in access to each of these services have been progressively eliminated.

¹ Working group leads: Water Supply: WaterAid and International Water and Sanitation Centre; Sanitation: World Bank Water and Sanitation Program; Hygiene: United States Agency for International Development; Equity and Non-Discrimination: United Nations (UN) Secretary-General Special Rapporteur on the Human Right to Water and Sanitation/Office of the High Commissioner on Human Rights.



Target 3: By 2040, everyone uses adequate sanitation when at home, the proportion of the population not using an intermediate drinking-water supply service at home has been reduced by half, the excreta from at least half of schools, health centres and households with adequate sanitation are safely managed and inequalities in access to each of these services have been progressively reduced.

Target 4: All drinking-water supply, sanitation and hygiene services are delivered in a progressively affordable, accountable and financially and environmentally sustainable manner.

Scope of targets:

The targets are global, are outcome-focused and reflect a progressive realization of the human rights to water and sanitation. Based on the simple inspirational vision of the universal access to safe water, sanitation and hygiene, they focus on the poor, disadvantaged and those excluded at the individual and household level, as well as in schools and health centres. Pursuing the elimination of inequities and inequalities, the targets seek to both increase the number of people using water, sanitation and hygiene as well as progressively improve levels of service.

Format of targets:

There are between one and three targets per subsector, each with a set of accompanying indicators that are unambiguous, expressed in simple language to be as easily communicated as possible and without professional jargon. The targets are cohesive, each with clear and comprehensive definitions, expressed in terms of a set of dates by which various levels of inequality reduction and improvements in service levels and practices will have taken place, while respecting each subsector equally [not allowing one subsector to subsume another]. As the target year of the future global development framework has not yet been set, a 25-year period is assumed, between 2015 and 2040.

Moving forward

During 2013, proposed indicators and their data sources will be further validated to ensure that the indicators robustly measure the proposed targets. Time permitting, the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP) intends to collect information on the indicators where data are available in order to be able to establish a credible baseline by 2015.

While the JMP is facilitating the technical process, a parallel political process has begun, with many groups reaching out to UN member states, championing WASH in the wider post-2015 discussions. No matter what framework is adopted for the post-2015 development agenda, these ambitious yet realistic targets can guide the way towards better water, sanitation and hygiene for all people and in doing so will help reduce poverty and achieve sustainable development.

The reports of the consultations held in Berlin and The Hague, along with the consolidated proposal document and the detailed reports of the four working groups, can all be downloaded from www.wssinfo.org/post-2015-monitoring/.

Some proposed definitions for post-2015

Basic drinking-water supply:

- Use of an improved drinking-water source*
- ≤ 30 minute water collection round trip

Intermediate drinking-water supply at home:

- Use of an improved drinking-water source on premises*
- Available in acceptable quantities at least 12 of the past 14 days
- Water quality of < 10 cfu [colony-forming units] of *E.Coli*/100ml

*for urban areas excluding protected dug wells and protected springs

Adequate sanitation at home:

- Use of an improved sanitation facility at home
- Shared between five households or less

5.

THE JMP METHOD

Open defecation

Open defecation: when human faeces are disposed of in fields, forests, bushes, open bodies of water, beaches or other open spaces or disposed of with solid waste.

Unimproved facilities

Unimproved sanitation facilities: do not ensure hygienic separation of human excreta from human contact. Unimproved facilities include pit latrines without a slab or platform, hanging latrines and bucket latrines.

Shared

Shared sanitation facilities: Sanitation facilities of an otherwise acceptable type shared between two or more households. Only facilities that are not shared or not public are considered improved.

Improved

Improved sanitation facilities: are likely to ensure hygienic separation of human excreta from human contact. They include the following facilities:

- Flush/pour flush to:
 - piped sewer system
 - septic tank
 - pit latrine
- Ventilated improved pit (VIP) latrine
- Pit latrine with slab
- Composting toilet

SANITATION LADDER

UNIMPROVED SANITATION

IMPROVED SANITATION

The JMP is tasked with providing estimates that are comparable among countries and across time. Because definitions of "improved" sanitation facilities and drinking-water sources can vary widely among countries, the JMP has established a standard set of categories that are used to analyse national data on which the MDG trends and estimates are based [see page margins for the categories and definitions of access to drinking-water and sanitation]. The population data used in this report, including the proportion of the population living in urban and rural areas, are those established by the UN Population Division [World Population Prospects: 2011 Revision]. The definitions and data sources used by the JMP are often different from those used by national governments. Estimates in this report may therefore differ from national estimates. According to the JMP, an improved drinking-water source is one that, by the nature of its construction, adequately protects the source from outside contamination, particularly faecal matter. An improved sanitation facility is one that hygienically separates human excreta from human contact. The coverage estimates for improved sanitation facilities presented in this report are discounted by the proportion of the population that shared an improved type of sanitation facility. The percentage of the population that shares a sanitation facility of an otherwise improved type is subtracted from the trend estimates of improved sanitation facilities. This is derived from the average of data from household surveys or censuses with such a ratio.

For each country, the JMP estimates are based on fitting a regression¹ line to a series of data points from household surveys and censuses. Because the regression involves retrofitting the entire time series, estimates may differ from and may not be comparable to earlier estimates for the same reference year [including the 1990 baseline year]. This is a result of adding newly available data and filling in missing data

for past years. Questions are often raised about the appropriateness of using a linear trend line. It can be argued that other types of curve-fitting procedures might better reflect the progression of coverage over time. However, the paucity of data points in many countries makes the use of more complex procedures inconsistent with good statistical practice. When MDG monitoring commenced, linear regression was deemed the best method for the limited amount of often poorly comparable data on file [some countries had as few as two data points for many years], especially given the relatively short time frame of the MDGs – 25 years is only a fraction of the time needed to go from no access to full coverage. Unfortunately, the current use of linear regression to derive estimates does not allow rapid changes in coverage to be captured. The increased availability of comparable data now allows for the exploration of more sophisticated modelling in preparation for a new, post-2015 drinking-water target.

Since the publication of the JMP 2012 progress report, 230 datasets from 117 countries have been added to the JMP database [see map on page 13]. The new estimates are based on almost 1700 datasets, nearly double the number of datasets on file five years ago. The JMP has benefited from the increased availability of household survey data on web sites of national statistics offices as well as from the survey repository of the International Household Survey Network hosted by the World Bank. Collaboration with the Secretariat of the Pacific Community resulted in an additional 20 datasets for the countries in Oceania, a region for which the JMP previously had few data. In total, 59 datasets from countries in Oceania were added to the JMP database, significantly increasing the robustness of estimates for that region. The table on page 13 gives a breakdown by region of the data added since the publication of the 2012 report, for the periods before and after the year 2000.

¹ Simple linear regression is used to estimate the proportion of the population using the following drinking-water sources:

- Piped supplies on premises
- Improved drinking-water sources
- Surface water and sanitation facilities:
- Improved types of sanitation facilities (including shared facilities of an improved type)
- Open defecation

The remaining population uses unimproved drinking-water sources and unimproved sanitation facilities, respectively.

For communication purposes in its report, the JMP displays these proportions as rounded integers, which together add to 100% for drinking-water and sanitation, respectively. For its database on the JMP web site (www.wssinfo.org), we use unrounded estimates to achieve greater accuracy when converting coverage estimates into numbers of people with or without access. Any "apparent" discrepancies between the published estimates and those derived from the JMP web site are due to the published estimates appearing rounded to the nearest integer.



The JMP 2013 report includes new data for 117 countries

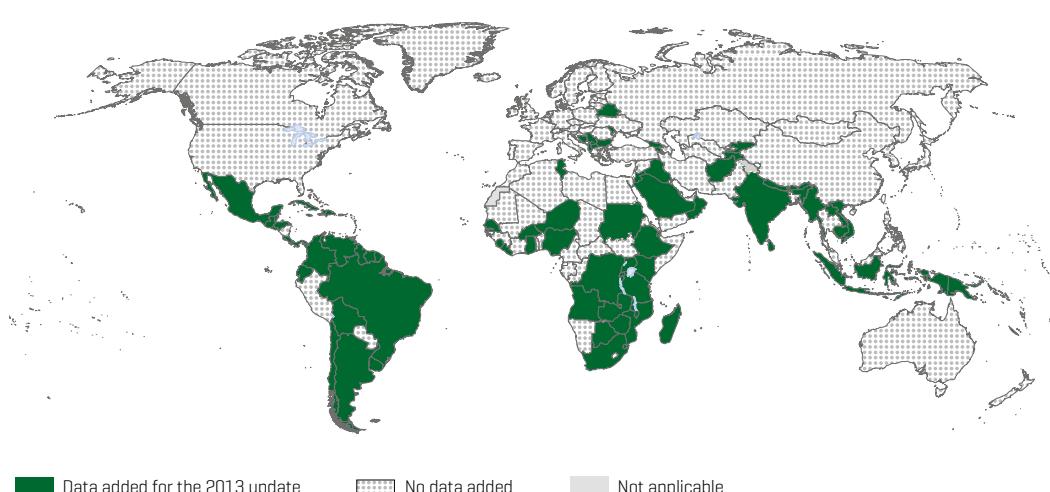


Figure 10. Countries where new data were added since the 2012 report.

Surface water

Surface drinking-water sources: river, dam, lake, pond, stream, canal, irrigation channels.

Unimproved sources

Unimproved drinking-water sources: Unprotected dug well, unprotected spring, cart with small tank/drum, surface water, bottled water.

Other improved

Other improved drinking-water sources: Public taps or standpipes, tube wells or boreholes, protected dug wells, protected springs, rainwater collection.

Piped water on premises

Piped water on premises: Piped household water connection located inside the user's dwelling, plot or yard.

DRINKING-WATER LADDER

Table 2. New datasets added to the JMP database since the publication of the JMP 2012 progress report.

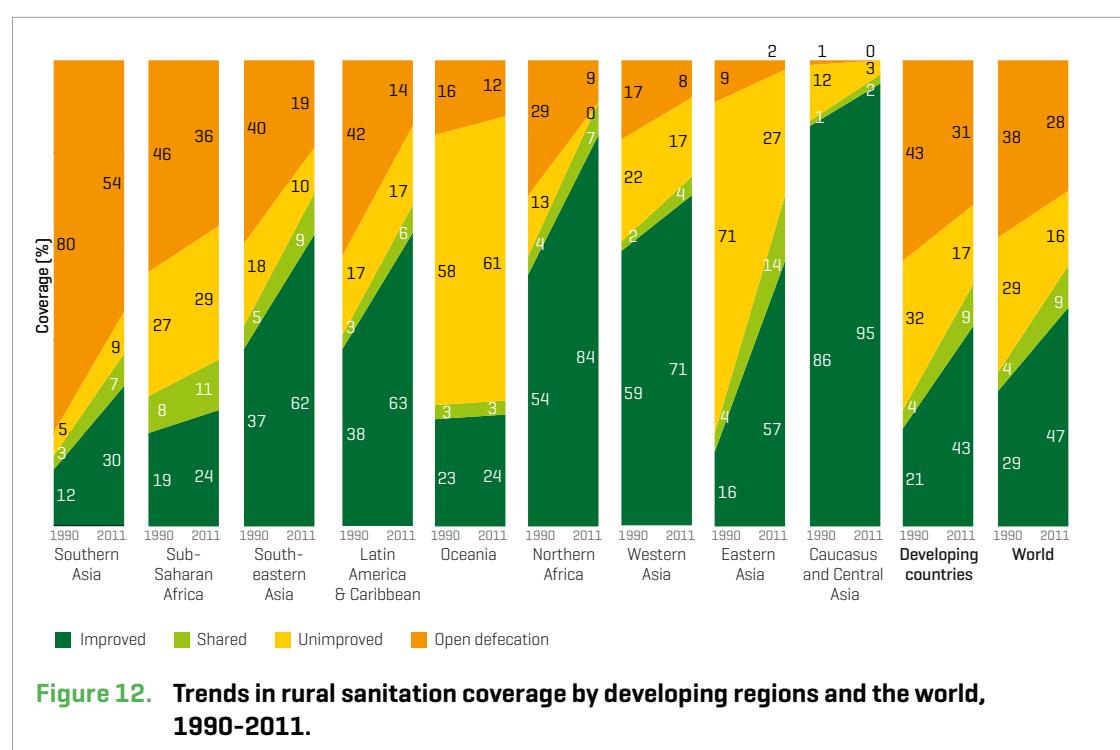
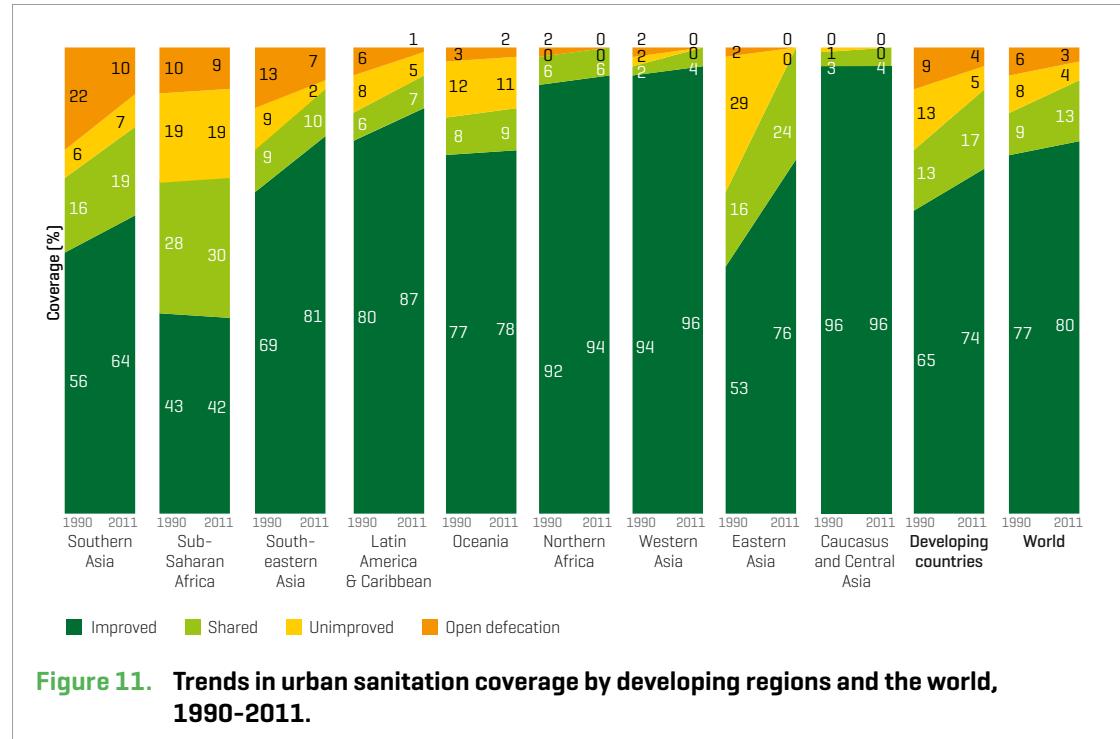
Region	Number of pre-2000 datasets	Number of 2000–2007 datasets	Number of post-2007 datasets
Western Asia	1	5	3
Sub-Saharan Africa	5	4	33
South-eastern Asia	2	1	6
Southern Asia	0	3	9
Oceania	16	27	16
Northern Africa	0	0	1
Latin America and the Caribbean	15	28	32
Caucasus and Central Asia	2	1	3
Eastern Asia	0	0	0
Developed countries	0	10	7
Total	41	79	110

Country, regional and global estimates on sanitation and drinking-water

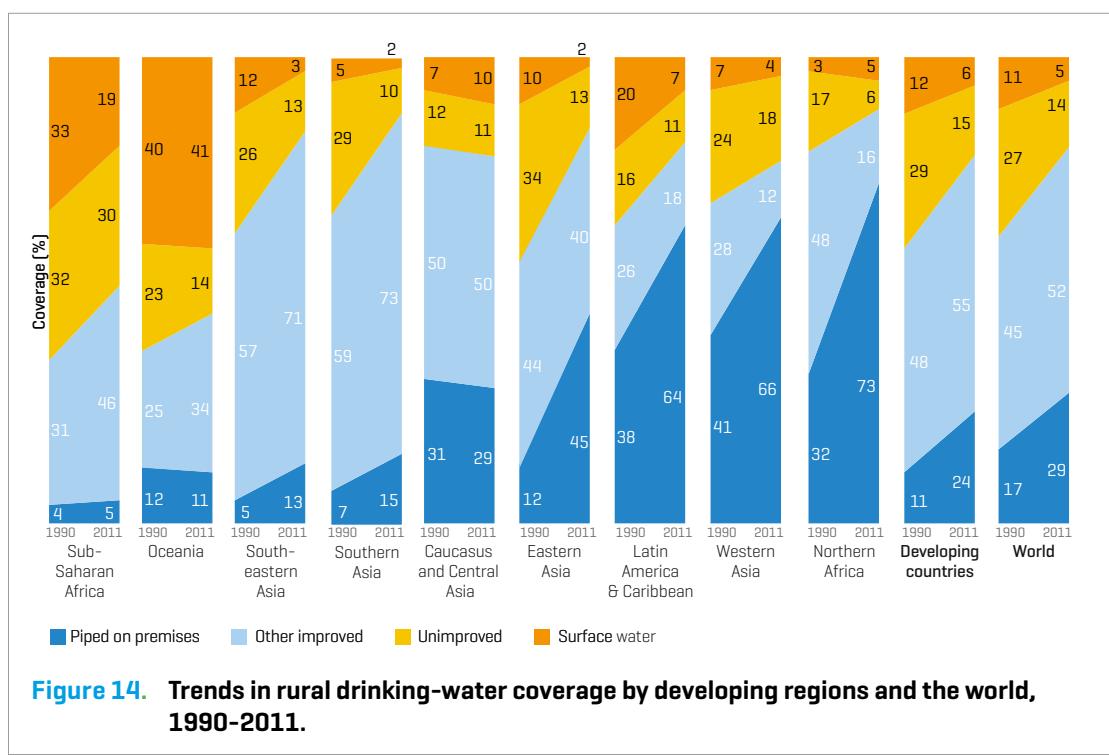
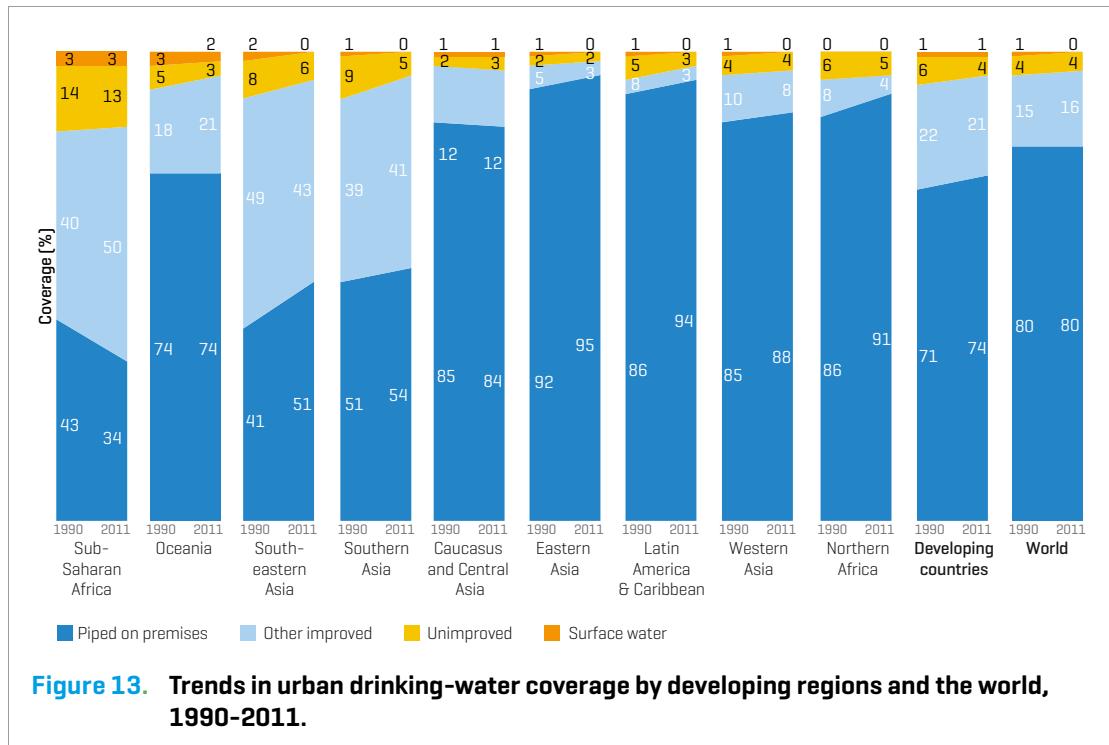
Country, area or territory	Year	USE OF DRINKING-WATER SOURCES (percentage of population)												Proportion of the 2011 population that gained access since 1995 (%)	
		URBAN				RURAL				NATIONAL					
		Improved		Unimproved		Improved		Unimproved		Improved		Unimproved			
		Total	Improved	Piped on premises	Other improved	Unimproved	Surface water	Total	Improved	Piped on premises	Other improved	Unimproved	Surface water		
Afghanistan	1990	-	3	-	-	-	-	3	0	3	49	48	-	58	
	2000	36	10	26	54	10	4	18	0	18	45	37	22	52	
	2011	85	27	58	11	4	-	53	4	49	34	13	61	9	
Albania	1990	100	96	4	0	0	0	95	-	-	3	2	97	-	
	2000	100	95	5	0	0	0	95	44	51	3	2	97	65	
	2011	95	91	4	5	0	0	94	71	23	6	0	95	82	
Algeria	1990	100	87	13	0	0	0	88	48	40	10	2	94	69	
	2000	93	84	9	7	0	0	84	52	32	15	1	89	72	
	2011	85	80	5	15	0	0	79	56	23	20	1	84	74	
American Samoa	1990	-	-	-	-	-	-	-	-	-	-	-	94	65	
	2000	-	-	-	-	-	-	-	-	-	-	-	100	79	
	2011	-	-	-	-	-	-	-	-	-	-	-	81	19	
Andorra	1990	100	100	0	0	0	0	100	100	0	0	0	100	100	
	2000	100	100	0	0	0	0	100	100	0	0	0	100	100	
	2011	100	100	0	0	0	0	100	100	0	0	0	100	100	
Angola	1990	43	16	27	44	13	42	1	41	28	30	42	6	36	
	2000	52	23	29	36	12	39	1	38	24	37	46	12	34	
	2011	66	33	33	31	3	35	1	34	15	50	53	20	33	
Anguilla	1990	-	-	-	-	-	NA	NA	NA	NA	NA	NA	-	-	
	2000	93	58	35	7	-	NA	NA	NA	NA	NA	NA	93	58	
	2011	95	-	-	5	-	NA	NA	NA	NA	NA	NA	95	-	
Antigua and Barbuda	1990	-	-	-	-	-	-	-	-	-	-	97	61	36	
	2000	-	-	-	-	-	-	-	-	-	-	98	76	22	
	2011	-	-	-	-	-	-	-	-	-	-	98	86	12	
Argentina	1990	97	74	23	3	0	69	13	56	18	13	93	66	27	
	2000	98	86	12	2	0	81	50	31	12	7	97	82	15	
	2011	100	99	1	0	0	95	90	5	0	5	99	98	1	
Armenia	1990	98	95	3	2	0	-	52	-	-	-	81	-	-	
	2000	99	96	3	1	0	0	82	68	14	18	0	93	86	
	2011	100	98	2	0	0	0	98	91	7	2	0	99	96	
Aruba	1990	-	-	-	-	-	-	-	-	-	-	91	90	1	
	2000	-	-	-	-	-	-	-	-	-	-	94	91	3	
	2011	-	-	-	-	-	-	-	-	-	-	98	93	5	
Australia	1990	100	-	-	0	0	0	100	-	-	0	0	100	-	
	2000	100	-	-	0	0	0	100	-	-	0	0	100	-	
	2011	100	-	-	0	0	0	100	-	-	0	0	100	-	
Austria	1990	100	100	0	0	0	0	100	100	0	0	0	100	0	
	2000	100	100	0	0	0	0	100	100	0	0	0	100	0	
	2011	100	100	0	0	0	0	100	100	0	0	0	100	0	
Azerbaijan	1990	88	67	21	11	1	49	17	32	33	18	70	44	26	
	2000	88	72	16	11	1	59	18	41	24	17	74	46	28	
	2011	88	78	10	10	2	71	20	51	13	16	80	51	29	
Bahamas	1990	-	-	-	-	-	-	-	-	-	-	-	-	-	
	2000	-	-	-	-	-	-	-	-	-	-	96	93	3	
	2011	-	-	-	-	-	-	-	-	-	-	96	-	4	
Bahrain	1990	-	-	-	-	-	-	-	-	-	-	95	39	56	
	2000	-	-	-	-	-	-	-	-	-	-	99	92	7	
	2011	-	-	-	-	-	-	-	-	-	-	100	100	0	
Bangladesh	1990	87	24	63	13	0	74	0	74	22	4	76	5	71	
	2000	86	27	59	14	0	77	0	77	20	3	79	7	72	
	2011	85	31	54	14	1	82	1	81	16	2	83	10	73	
Barbados	1990	-	-	-	-	-	-	-	-	-	-	95	94	1	
	2000	-	-	-	-	-	-	-	-	-	-	99	96	3	
	2011	-	-	-	-	-	-	-	-	-	-	100	97	3	
Belarus	1990	100	-	-	0	0	0	99	-	1	0	100	-	0	
	2000	100	90	10	0	0	0	99	31	68	1	0	100	72	
	2011	100	95	5	0	0	0	99	79	20	1	0	100	91	
Belgium	1990	100	100	0	0	0	0	100	96	4	0	100	100	0	
	2000	100	100	0	0	0	0	100	99	1	0	100	100	0	
	2011	100	100	0	0	0	0	100	100	0	0	100	100	0	

"NA" represents data not applicable. A dash (-) represents data not available at the time of publication. * Shown as NA for countries with a declining population over the period 1995–2011.

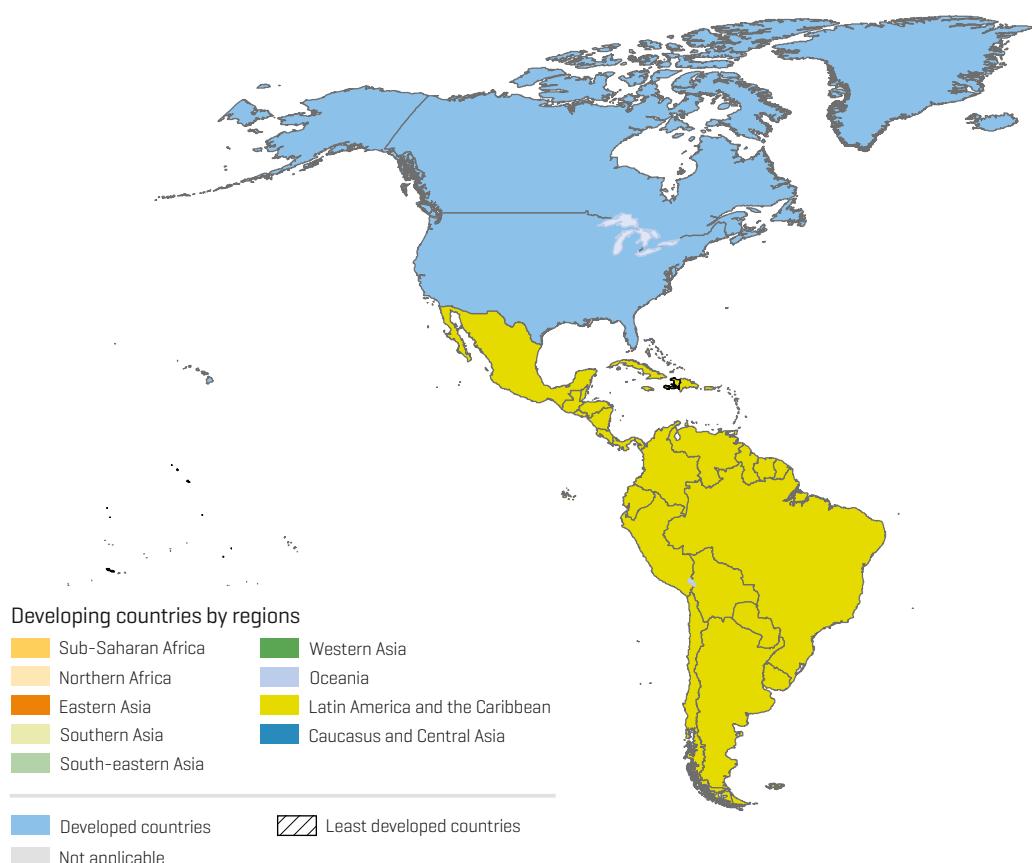
TRENDS IN URBAN AND RURAL SANITATION COVERAGE, 1990–2011



TRENDS IN URBAN AND RURAL DRINKING-WATER COVERAGE, 1990–2011



MILLENNIUM DEVELOPMENT GOALS: REGIONAL GROUPINGS



Developing countries by regions

SUB-SAHARAN AFRICA

Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mayotte, Mozambique, Namibia, Niger, Nigeria, Réunion, Rwanda, São Tomé and Príncipe, Senegal, Seychelles, Sierra Leone, Somalia, South Africa, South Sudan, Sudan, Swaziland, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe

NORTHERN AFRICA

Algeria, Egypt, Libya, Morocco, Tunisia, Western Sahara

EASTERN ASIA

China, Democratic People's Republic of Korea, Mongolia, Republic of Korea

SOUTHERN ASIA

Afghanistan, Bangladesh, Bhutan, India, Iran (Islamic Republic of), Maldives, Nepal, Pakistan, Sri Lanka

SOUTH-EASTERN ASIA

Brunei Darussalam, Cambodia, Indonesia, Lao People's Democratic Republic, Malaysia, Myanmar, Philippines, Singapore, Thailand, Timor-Leste, Viet Nam

WESTERN ASIA

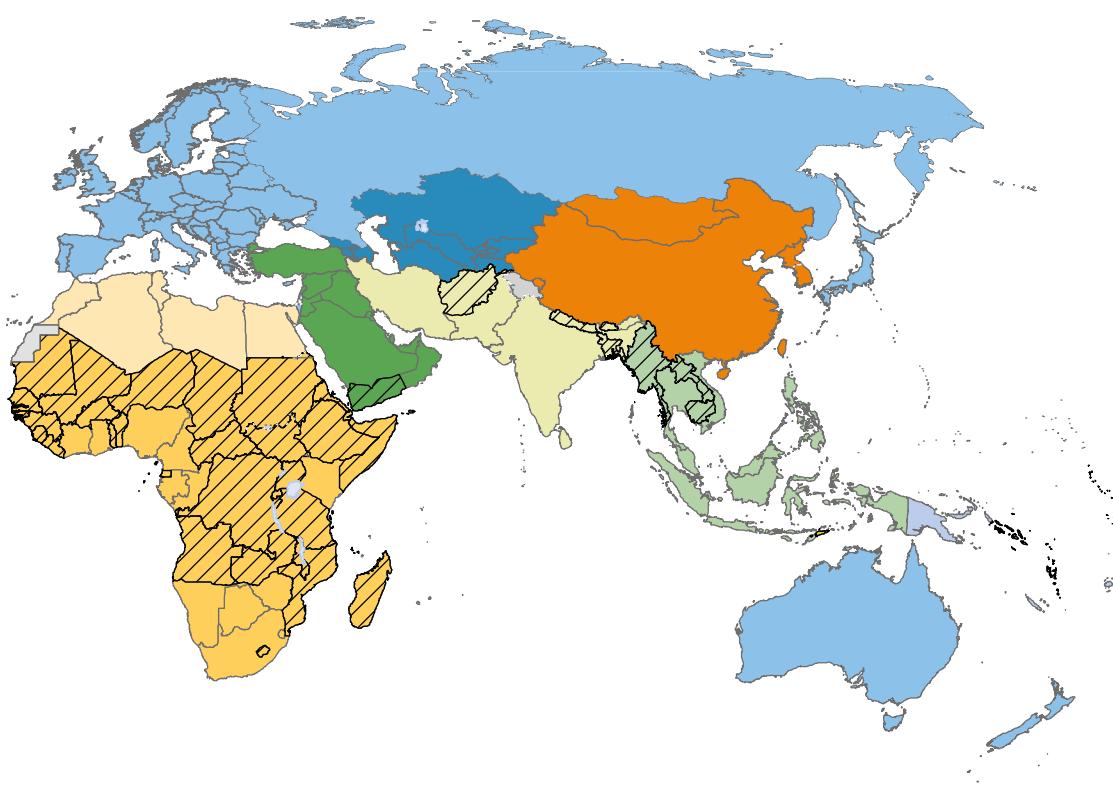
Bahrain, Iraq, Jordan, Kuwait, Lebanon, West Bank and Gaza Strip, Oman, Qatar, Saudi Arabia, Syrian Arab Republic, Turkey, United Arab Emirates, Yemen

OCEANIA

American Samoa, Cook Islands, Fiji, French Polynesia, Guam, Kiribati, Marshall Islands, Micronesia (Federated States of), Nauru, New Caledonia, Niue, Northern Mariana Islands, Palau, Papua New Guinea, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu

LATIN AMERICA & THE CARIBBEAN

Anguilla, Antigua and Barbuda, Argentina, Aruba, Bahamas,



Barbados, Belize, Bolivia
[Plurinational State of], Brazil, British Virgin Islands, Cayman Islands, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Falkland Islands [Malvinas], French Guiana, Grenada, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Martinique, Mexico, Montserrat, Netherlands Antilles, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos Islands, United States Virgin Islands, Uruguay, Venezuela [Bolivarian Republic of]

■ CAUCASUS AND CENTRAL ASIA

Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan

■ Developed countries

Albania andorra, Australia, Austria, Belarus, Belgium, Bermuda, Bosnia and Herzegovina, Bulgaria, Canada, Channel Islands, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Faeroe Islands, Finland, France, Germany, Greece, Greenland, Hungary, Iceland, Ireland, Isle of Man, Israel, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Monaco, Montenegro, Netherlands, New Zealand, Norway, Poland, Portugal, Republic of Moldova, Romania, Russian Federation, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, The former Yugoslav Republic of Macedonia, Ukraine, United Kingdom of Great Britain and Northern Ireland, United States of America

■ Least developed countries

Afghanistan, Angola, Bangladesh, Benin, Bhutan, Burkina Faso, Burundi, Cambodia, Central African Republic, Chad, Comoros, Democratic Republic of the Congo, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Haiti, Kiribati, Lao People's Democratic Republic, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Myanmar, Nepal, Niger, Rwanda, Samoa, Sao Tome and Principe, Senegal, Sierra Leone, Solomon Islands, Somalia, South Sudan, Sudan, Timor-Leste, Togo, Tuvalu, Uganda, United Republic of Tanzania, Vanuatu, Yemen, Zambia



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