

The Human Rights to Water and Sanitation in Practice

Findings and lessons learned from the work on equitable
access to water and sanitation under the Protocol on Water
and Health in the pan-European region



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equitable access to water and sanitation under the
Protocol on Water and Health in the pan-European
region

Ms. Diane Guerrier,

Co-secretariat of the Protocol

on Water and Health

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Protocol on Water and Health**

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A publication to support governments and other actors in achieving equitable access to water and sanitation.



How?

The publication showcases and analyses the experience of pan-European countries in establishing baseline measures of their situation with regards to **equitable access to water and sanitation**

Ultimate objective:

→ Help countries to put into practice the Human Rights to safe drinking water and sanitation by encouraging them to:

- **Engage** in multi-stakeholder self-assessments
- **Implement** actions across different dimensions
- **Develop** strategic approaches to planning and financing for equitable access



Process?

Collaborative effort, building on work developed over the last 9 years



Country
processes

- Self-assessments
- Action plans



Regional
process

- Regional workshop
- Expert group meetings



Scale chosen by countries for equitable access assessments and action plans



FRANCE

Equitable access self-assessment in Greater Paris Area.



SERBIA

Equitable access self-assessment at national scale and in two regions. Equitable Access Action Plan endorsed for the two regions of Sumadija and Pomoravlje.



HUNGARY

Equitable access self-assessment at national scale.



BULGARIA

Equitable access self-assessment at national scale.



UKRAINE

Equitable access self-assessment at national and municipal scales (city of Sebastopol).



REPUBLIC OF MOLDOVA

Equitable access self-assessment at national scale.



PORTUGAL

Equitable access self-assessment at national scale.



NORTH MACEDONIA

Equitable access self-assessment in three municipalities (Skopje, Veles, Kumanovo). Local Equitable Access Action Plans developed.



SPAIN

Equitable access self-assessment at municipal scale (City of Castellò)



ARMENIA

Equitable access self-assessment at national scale. National Equitable Access Action Plan endorsed.



AZERBAIJAN

Equitable access self-assessment at national scale.



UNECE



World Health Organization

REGIONAL OFFICE FOR Europe

The 11 self-assessments offered a mixed and complex picture at national level and some common trends at regional level



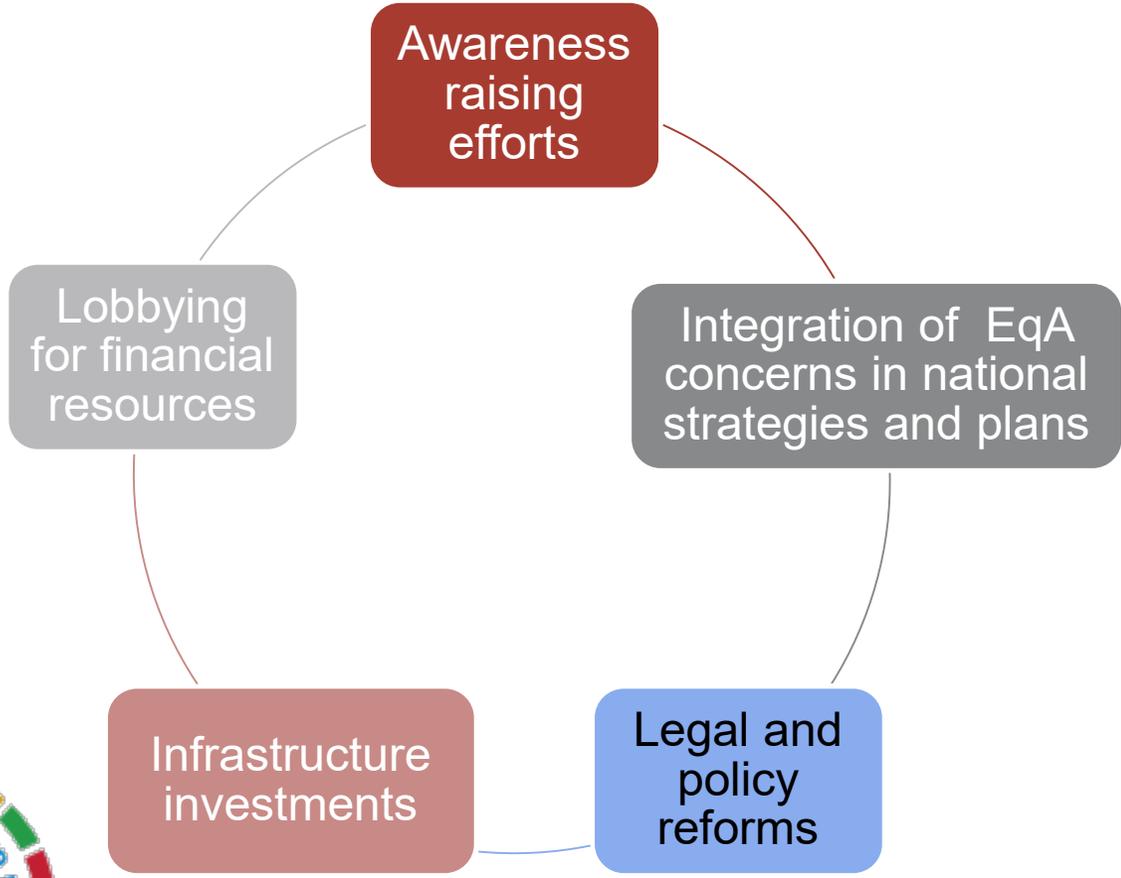
Assessing the current situation is challenging due to lack of information and need for wide-ranging expertise

Geographical disparities are well recognized, but the specific needs of different vulnerable and marginalized groups are not

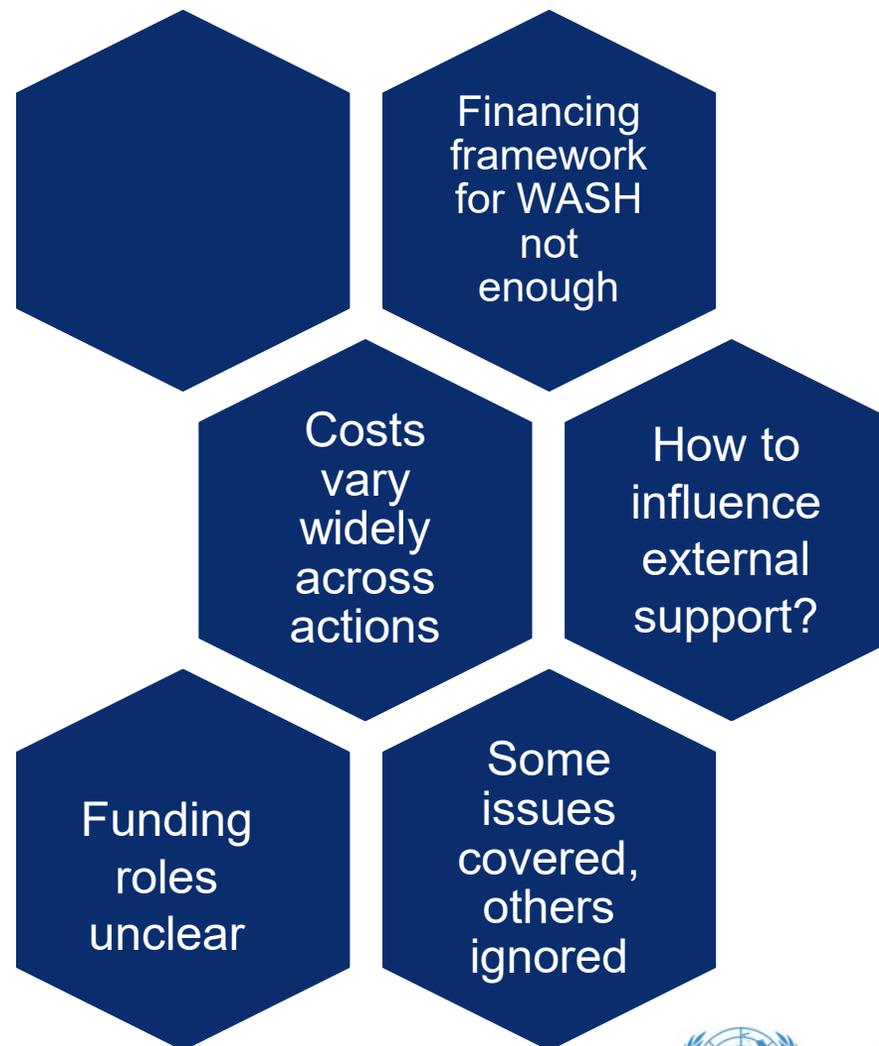
Affordability is a common concern, but options to address it are not well known

Actions to tackle some equity gaps are in place but fastest progress would require a comprehensive strategy

In most countries the self-assessments have been instrumental in prompting progress, and three have developed action plans



Officials and experts struggle to develop a strategic approach to financing equitable access to water and sanitation



Detailed country profiles

- **Key findings** (geographical disparities, affordability, governance, vul/marginalized groups)
- **Self-assessment process** (stakeholders involved, scales, lessons learnt)
- **Actions taken to improve the situation** (whether or not in the framework of action plans)

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6.9 EQUITABLE ACCESS COUNTRY HIGHLIGHTS: SERBIA

Section I: Country setting

Basic information

POPULATION	7.1 million
AREA	80,939 km ²
GDP	US\$ 41.43 billion
GDP PER CAPITA	US\$ 5,940
ACCESS TO DRINKING WATER (2017)	Total 99%
	Urban 100%
	Rural 99%
ACCESS TO SANITATION (2017)	Total 99%
	Urban 99%
	Rural 99%

Protocol on Water and Health. Serbia acceded the Protocol in April 2012. It has since been active in implementing the provisions of the treaty, including the setting-up of national targets under the Protocol and improving equitable access to water and sanitation. Serbia has chaired the Protocol on Water and Health during the period 2017–2019.

Water sector. Several national ministries are in charge of the water sector: the Ministry of Environmental Protection, the Ministry of Health, and the Ministry of Construction, Transport and Infrastructure. Social policy and financial aspects are administered by both the Ministry of Labour, Employment, Veteran and Social Policy and the Ministry of Finance, with the Ministry of Public Administration and Local Self-Government also involved. Public policies in Serbia delegate to units of local self-government the maintenance and operation of communal facilities, as well as the regulation of their performance.

Section II: Self-assessment of equitable access to water and sanitation

I.I.A. Key findings*

Geographical disparities at national level. In rural areas, people rely predominantly on small-scale water supplies and yet there is still a number of challenges. One of them is the lack of a responsible, designated national authority, which consequently leads to the irregular analysis of water quality, which can directly impact on the health of the rural population. Building a centralized water supply system would mobilize high financial costs that are barely justified by the small numbers of users.

Vulnerable and marginalized groups at national level. Serbia's legal framework does not recognize the differentiated needs of vulnerable and marginalized groups. Social categorization is not in line with that of the Equitable Access Score-card, as the definition of social vulnerability only considers financial resources, and social protection is not granted to many categories of users.

Governance framework and geographical disparities at local level. It was found that most municipalities have strategic and operational plans already in place that encompass equitable access to water and sanitation, but only a few have clearly defined targets. Policies to reduce geographical disparities for instance, are addressed through the Sustainable Development Strategy within the priority of rural development, but only a small number of local self-governments have sectoral strategies in place. Moreover, access to sanitation is reportedly low in the local rural areas that carried out the self-assessment, i.e. 0–20 per cent according to the country report⁶⁴.

Vulnerable and marginalized groups at local level. While the needs of users of health and education facilities and retirement homes are recognized within the legal framework, other groups, such as people with disabilities, do not enjoy any social protection with regards to access to water and sanitation because their categories are not recognized at the local self-government level.

* For more information on the findings of the self-assessment of equitable access to water and sanitation, see the country report available at <https://bit.ly/2Wv7yD7>.
⁶⁴ Self-Assessment Score-card, Equitable Access to Water and Sanitation, Serbia Country Report, p.26.

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6.10 EQUITABLE ACCESS COUNTRY HIGHLIGHTS: SPAIN

Section I: Country setting

Basic information

POPULATION	46.57 million (2017)
AREA	505,976 km ²
GDP	US\$ 1,311.32 billion
GDP PER CAPITA	US\$ 28,150
ACCESS TO DRINKING WATER	Total 99%
	Urban 100%
	Rural 99%
ACCESS TO SANITATION	Total 95.06%

Protocol on Water and Health. Spain ratified the Protocol in September 2009. It has co-led activities on increasing resilience to climate change under the programme of work for 2017–2019.

Water sector. In the country, the Ministry for the Ecological Transition is in charge of water resources management. Other ministries involved include the Ministry of Agriculture, Fisheries and Food, and the Ministry of Health, Consumer Affairs and Social Welfare. The responsibility for the provision of water supply and sanitation services, and its tariff system rests with the municipalities, i.e. local governments. Autonomous Communities, i.e. regional governments, are responsible for the support, control and monitoring of the water supply and sanitation services provided by the municipalities, as well as for coordinating the management of shared supra-municipal infrastructures, in particular wholesale services.

In the municipality of Castelló, where the self-assessment was undertaken, there is a service concession with a private company, Tacaó Cidre Integral del Agua (TICSA), in charge of water utility.

Section II: Self-assessment of equitable access to water and sanitation

I.I.A. Key findings*

Governance framework. In the municipality, there is a lack of awareness on the rights-based perspective to water and sanitation. Mechanisms for rights holders to access information, participate in decision-making and redress risk situations are either lacking or scarcely known.

Geographical disparities. Some technical mechanisms are available to facilitate the provision of water and sanitation services in rural areas. Nevertheless, people living and working in peri-urban areas—characterized by small-scale agricultural lands, i.e. “huertas”—are often not connected to the public network so that they resort to self-provision of the water supply and sanitation services, mainly from unregulated wells. Such unregulated provision of water has been overlooked when developing public policies on water and sanitation in the municipality.

Furthermore, people living in vulnerable and marginalized neighbourhoods, mainly in urban areas, face systemic barriers to equitable access to water and sanitation. Indeed, although these neighbourhoods have legal housing with formal access to basic services, their situation is generally neglected in public interventions owing to a knowledge gap about the number of people concerned and the actual conditions of their access to services. Geographical disparities therefore transcend the rural-urban dimension.

Vulnerable and marginalized groups. The self-assessment revealed the lack of official statistics on access to water and sanitation by vulnerable and marginalized groups, particularly agricultural workers and homeless people. Access gaps were also detected for certain categories of users, namely, farmworkers and people with special physical needs.

* For more information on the findings of the self-assessment of equitable access to water and sanitation, see the country report available at <https://bit.ly/2Wv7yD7>.

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6.11 EQUITABLE ACCESS COUNTRY HIGHLIGHTS: UKRAINE

SECTION I: COUNTRY SETTING

Basic information

POPULATION	44.8 million (2017)
AREA	603,628 km ²
GDP	US\$ 112.9 billion
GDP PER CAPITA	US\$ 2,502
ACCESS TO DRINKING WATER	91.33 per cent ⁶⁵
ACCESS TO SANITATION	60.48 per cent ⁶⁶

Protocol on Water and Health. Ukraine ratified the Protocol in September 2003. In 2011, targets under Article 6 were set and approved by the Government. In 2013, Ukraine was one of the countries where the Equitable Access Score-card was piloted.

Water sector. The main responsible authority, which also acts as a coordinator for the Protocol, is the Ministry of Ecology and Natural Resources. Other ministries involved in water and sanitation include the Ministry of Health, the Ministry of Regional Development, Building and Housing, and the Ministry of Education and Science. Financial aspects are overseen by the Ministry of Finance, and the Ministry of Social Policy deals with social regulations.

Section II: Self-assessment of equitable access to water and sanitation

I.I.A. Key findings*

Governance framework. One key finding was that the legal framework, although covering water in many regulations, is underdeveloped with respect to sanitation. Sanitation is given much less attention in State policy, and the right to sanitation lacks a national legal definition.

Geographical disparities. There are major geographical disparities in terms of both water quality and the price of services. There has been a persistent lack of financial resources in the water and sanitation sector for the past two decades, which has led to infrastructure deterioration as well as high levels of risks and accidents. Major cities used local budgets to replace obsolete infrastructures, but villages had been unable to do so leading to significant disparities. Moreover, villages rely overwhelmingly on decentralized systems, e.g. coverage of centralized sanitation systems in rural areas was found to be as low as 3 per cent, and the quality of such systems is not overseen by government authorities. The reduction of geographical disparities is not considered a political priority in Ukraine.

Vulnerable and marginalized groups. Information on the different categories of users varied significantly in terms of completeness and availability. The most significant information gaps were identified with respect to traveller communities (Roma) and homeless people. Kindergarten and school educational facilities were lacking proper menstrual hygiene management facilities for girls, and schools in rural areas were not equipped with sanitary toilets. To address the situation, Ukraine set a national target under the Protocol to increase by 2015 the share of educational facilities with drinking water of adequate quality, and connected to sewers and equipped with cesspools both in cities and in rural areas.

Affordability. The most relevant social protection measures in place in Ukraine aim to maintain affordable prices for all housing and utilities services. Measures include providing water and sanitation services free of charge, discounted prices of central water supply and sanitation services for certain categories of users, and non-monetary housing subsidies. However, social protection measures do not cover decentralized systems and systems of self-provision of water and sanitation. Overall, the tariff system does not strike a good balance between recovering the cost of services and guaranteeing affordability, as tariffs—and the price of other goods and services—increased faster than salaries.

* For official WHO/UNICEF data from 2015, see <https://www.data.unhcr.org/hotspots/>.
⁶⁵ For more information on the findings of the self-assessment of equitable access to water and sanitation, see the country report available at <https://bit.ly/2Wv7yD7>.



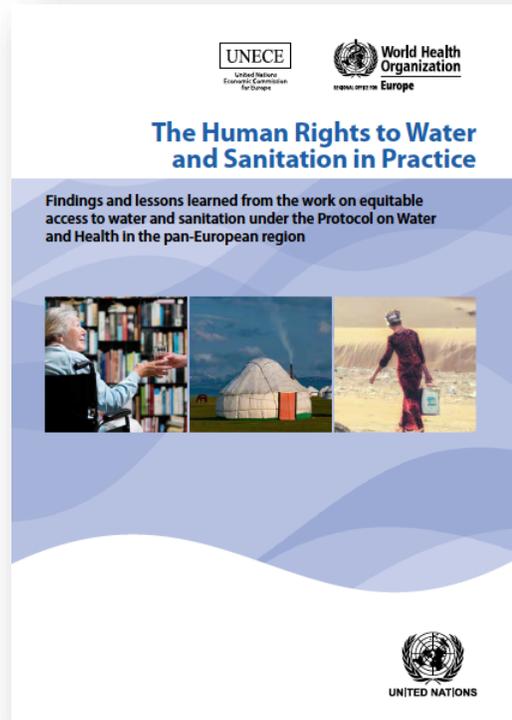
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Thank you for your attention



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<https://www.unece.org/index.php?id=52870&L=0>

