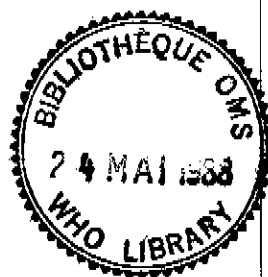


TOWARDS THE TARGETS

An overview of progress in the first five years
of the International Drinking Water
Supply and Sanitation Decade



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This booklet is an interpretation of statistical data contained in the WHO Publication (out of series) *The International Drinking Water Supply and Sanitation Decade — Review of Mid-Decade Progress (as at December 1985)*.

Analysis and comments are based on data provided by the countries themselves to WHO's Global Monitoring System for the IDWSSD.

Towards the Targets was prepared by the WHO Community Water Supply and Sanitation Unit, with the assistance of technical writer, Brian Appleton.

Table 1. Estimated populations served with safe water and adequate sanitation in 1970, 1980 and 1985 and target coverage in 1990 (populations in millions)

URBAN WATER SUPPLY

Region	1970			1980			1985			1990		
	Total pop	Pop served	%	Total pop	Pop served	%	Total pop	Pop served	%	Total pop	Pop served	%
Africa	45	29.7	66	85	56.0	66	115	89.3	78	150	125.7	84
Americas	160	121.6	76	234	182.7	78	277	232.6	84	323	290.9	90
S. E. Asia	157	72.3	46	249	159.1	64	301	195.7	65	367	308.0	84
Eastern Med.	67	53.1	79	107	88.6	83	133	118.6	89	166	162.3	98
W. Pacific	40	30.2	75	58	44.2	76	70	52.5	75	83	74.2	89
TOTALS	469	306.9	65	733	530.6	72	896	688.7	77	1089	961.1	88

URBAN SANITATION

Region	1970			1980			1985			1990		
	Total pop	Pop served	%	Total pop	Pop served	%	Total pop	Pop served	%	Total pop	Pop served	%
Africa	45	21.2	47	85	45.8	54	115	83.6	73	150	122.7	82
Americas	160	121.6	76	234	159.2	68	277	218.8	79	323	290.9	90
S. E. Asia	157	51.8	33	249	74.6	30	301	99.4	33	367	274.9	75
Eastern Med.	67	41.7	62	107	60.9	57	133	90.6	68	166	122.5	74
W. Pacific	40	32.6	81	58	54.1	93	70	65.8	94	83	79.3	95
TOTALS	469	268.9	57	733	394.6	54	896	558.2	62	1089	890.3	82

RURAL WATER SUPPLY

Region	1970			1980			1985			1990		
	Total pop	Pop served	%	Total pop	Pop served	%	Total pop	Pop served	%	Total pop	Pop served	%
Africa	213	27.7	13	261	57.5	22	300	75.0	25	321	147.8	46
Americas	120	28.7	24	124	52.2	42	127	59.7	47	130	86.8	67
S. E. Asia	690	55.2	8	829	256.9	31	891	418.9	47	944	613.9	65
Eastern Med.	117	22.2	19	161	48.4	30	177	65.3	37	191	114.4	60
W. Pacific	103	23.7	23	115	47.1	41	125	59.9	48	152	95.7	63
TOTALS	1243	157.5	13	1490	462.1	31	1620	678.8	42	1738	1058.6	61

RURAL SANITATION

Region	1970			1980			1985			1990		
	Total pop	Pop served	%	Total pop	Pop served	%	Total pop	Pop served	%	Total pop	Pop served	%
Africa	213	48.9	23	261	52.3	20	300	75.0	25	321	167.0	52
Americas	120	29.9	25	124	21.1	17	127	34.3	27	130	54.4	42
S. E. Asia	690	27.6	4	829	49.7	6	891	89.1	10	944	255.0	27
Eastern Med.	117	14.0	12	161	11.3	7	177	15.9	9	191	42.0	22
W. Pacific	103	19.6	19	115	72.3	63	125	82.3	66	152	109.4	72
TOTALS	1243	140.0	11	1490	206.7	14	1620	296.6	18	1738	627.8	36

Counting on statistics



1981-1990

The World Health Organization has collected statistics regularly over the years on the numbers of people in developing countries provided with drinking water supply and sanitation services. Since the launch of the *International Drinking Water Supply and Sanitation Decade*, the data has been collected in a standard form, which makes the statistics more readily comparable.

When compiling the tables, graphs and commentary in this document however, a number of statistical assumptions have had to be made. In particular, the number of countries which supplied information varies from year to year and from subsector to subsector (the four *subsectors* are: Urban water supply; Urban sanitation; Rural water supply; and Rural sanitation).

To make the figures directly comparable and to arrive at global totals, it has been assumed that the reporting countries always represent a reasonably accurate sample of their region. On that basis, the percentage of the population provided with services in the reporting countries has been multiplied by the total population (urban or rural as appropriate) of the region, to estimate the total number of people served. The accuracy of this assumption depends on the proportion of the total population represented by the reporting countries, and on the influence of the presence or absence of data from very large countries with statistics at the extremes of the range. The South-East Asia statistics would change substantially, for instance, if there were no figures for India, while intermittent reporting from Nigeria and Brazil can account for some fluctuation in the figures for Africa and the Americas respectively.

Table 1 opposite shows extrapolated figures

for each subsector for the years 1970, 1980 (the start of the IDWSSD), 1985 (Mid-Decade), and 1990 (targets set by countries for the end of the IDWSSD). Taking the 1985 figures as an example, the global totals for urban water supply have been estimated from returns sent to WHO by countries with a combined urban population of 728 million — an 81% sample. For the other sectors the figures are: Urban sanitation — 76%; Rural water supply — 91%; and Rural sanitation — 78%. Regionally, the figures are more variable. The largest region, South-East Asia is virtually fully reported for each year, whereas the returns for Eastern Mediterranean region in 1985 vary from 67% of the urban population represented by countries reporting on urban water supply, to only 41% of the rural population contributing to the statistics on rural sanitation coverage. In Africa, reporting of water supply coverage (urban and rural) is very much better than that for sanitation, with only 45% of the population represented in the sanitation statistics.

Though the comparatively small samples available for some regions make extrapolation liable to error, there are grounds for optimism that the trends shown in the graphs are a reasonable reflection of the true situation. Comparisons have been made by restricting the sample for each subsector to only those countries which have reported in each of the years under consideration. This eliminates errors introduced by the inclusion of unrepresentative countries in one particular year's figures, though at the expense of a reduced sample. By applying this technique to pairs of years — i.e. 1970-1980, 1980-1985, and 1985-1990 — good agreement was found with the extrapolations from the complete data.

Statistics for individual countries for the four years analysed can be found in the following publications:

For 1970 (and 1975): *World Health Statistics Report, Vol. 29 No. 10 (1976)*.

For 1980: *The International Drinking Water Supply and Sanitation Decade — Review of National Baseline Data (as at December 1980)*, WHO Offset Publication No. 85.

For 1985 and 1990: *The International Drinking Water Supply and Sanitation Decade — Review of Mid-Decade Progress (as at December 1985)*, WHO Publication (out of series).

Global Summary

The first half of the *International Drinking Water Supply and Sanitation Decade* saw a rise in the rate of providing new drinking water supply and sanitation services. Developing countries accelerated the provision of new services in both urban and rural areas, when compared with progress during the ten years leading up to the Decade.

In the context of the world economic climate and of extra strains imposed by droughts, floods, and the ever increasing numbers of refugees, this improvement in sector performance is commendable. Unfortunately though, it has had little impact on the huge backlog of communities lacking basic services. Only in one subsector — rural water supply — did the number of people receiving new services between 1981 and 1985 outpace the growth in population.

The progress charts show clearly that the two fundamental imbalances which prompted the launch of the IDWSSD remain unresolved. While there has been some shift of emphasis during the first half of the Decade, provision of sanitation services still lags way behind water supply, and the deficits in rural areas are much higher than those in the urban centres.

Even if developing countries succeed in their aims to accelerate progress in the remainder of the IDWSSD, they will begin the next Decade with 1,300 million people still lacking adequate excreta disposal facilities — exactly the same number as in 1970. This is despite the fact that some 1,100 million people will have received improved sanitation facilities in the intervening 20 years. Whereas in 1970, the 1300 million people lacking basic services represented three-quarters of the developing world's population, by 1990, the deficit will account for only 45% of the population*.

* China's statistics are excluded from this review, as no coverage figures are available prior to 1985

“... even greater acceleration is needed during the second half of the Decade...”

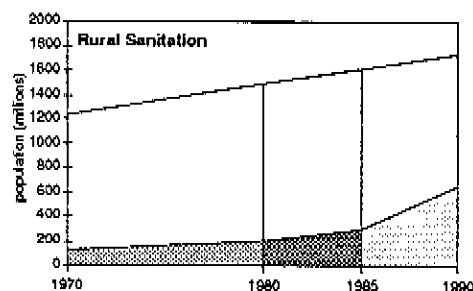
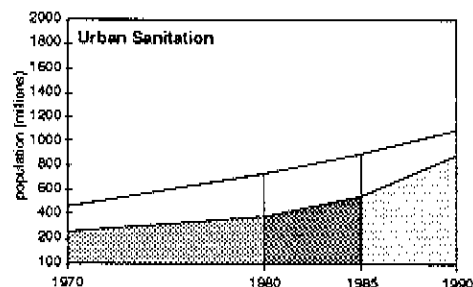
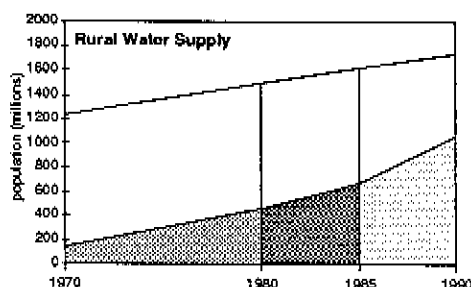
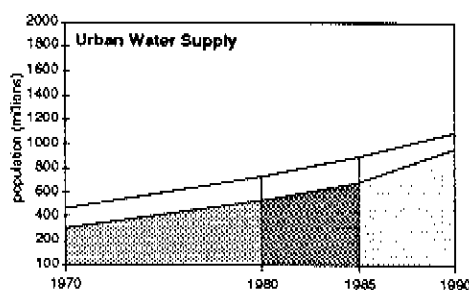
The water supply picture is more optimistic. If Decade goals are achieved, the number of people still lacking access to safe water in 1990 will be 800 million, some 450 million less than in 1970, and an improvement of 400 million on the deficit in 1980, the start of the IDWSSD. In percentage terms: 73% lacked access to safe water in 1970; 55% were without a safe supply in 1980; the figure had dropped to 46% by 1985; and it should be down to 29% in 1990.





Progress and targets

Every day since January 1981, when the IDWSSD officially began, an average of some 205,000 people have gained access to a safe supply of drinking water. That is an improvement of 60,000 people per day on the rate achieved in the ten years leading up to the Decade. In proportional terms, the improvement in the provision of sanitation services has been even greater, up from 52,000 extra people served per day in the period 1970-1980 to 140,000 people per day in the first five years of the IDWSSD.

Impressive as these figures may seem in isolation, they have to be viewed in the context of a developing world population rising at a rate of 160,000 people per day. So even greater acceleration is needed during the second half of the Decade, if any substantial impression is to be made on the backlog. In fact, as the charts show, developing countries have set targets for 1990 which reflect this need for faster progress.

To reach the targets they have set themselves, the countries must together serve an extra 360,000 people every day from January 1986 to December 1990 with both drinking water supplies and sanitation facilities. Such targets are undoubtedly ambitious, and it is hard to see how some countries can hope reach their declared goals in the short time available before the end of the IDWSSD.



Population with adequate services  1970-1980  1980-1985  1985-1990 targets
Population without adequate services 

Coping with constraints

At the start of the Decade, developing countries identified the top constraint to accelerated sector progress as *Funding limitations*. Other constraints in the top five were: *Lack of trained professional personnel*; *Lack of trained sub-professional personnel*; *Inadequate operation and maintenance*; and *Poor logistic support*. Five years later, the last item has dropped away, and *Inadequate cost recovery* has risen to second in the list. The other major constraints remain unchanged. After the first half of the Decade, countries see the least important constraints as: *Lack of planning and design criteria*; *Inappropriate technology*; and *Lack of government policy*.

This reflects an aspect of Decade progress not represented in the coverage statistics. The spotlight brought to the sector by the IDWSSD has led to better sector planning, particularly in the Least-Developed Countries (LDCs) which faced the greatest problems from past neglect. At the same time, collaboration among donor organizations has brought more consistent strategies for funding the sector. With donor support too, much research

and development has gone into the promotion of low-cost water and sanitation technologies.

The fruits of this collaboration and research are only just starting to influence projects in the field. It will be some time therefore before there is a true statistical measure of the cost savings achieved in developing countries. In planning terms, though, countries are already seeing the advantages of low-cost appropriate technologies in achieving greater coverage with limited resources, and, most importantly, in providing facilities which the beneficiaries themselves can operate and maintain. In this way, it is proving possible to tackle the major constraints by reducing the need for scarce resources, while seeking to increase capacity within countries at the same time.

Massive injections of funds from external or internal sources are unlikely, but the IDWSSD is making commendable progress towards making maximum use of those resources which are available. A very rough estimate of the costs of reaching national goals for the second half of the IDWSSD is US\$85-90,000 million, a massive reduction on the original US\$300,000 million estimate for the cost of the whole Decade.

Africa

With drought, floods and conflict imposing their own pressures, African countries have faced difficult times throughout the IDWSSD to date. High population growth rates, particularly in urban areas have added to the challenge of improving water supply and sanitation services. Add an economic climate which saw the region's median per capita gross national product move from US\$260 in 1980 to US\$290 in 1985 — a fall in real terms, and the prospects for significant progress in any development sector are not bright.

Against this background, the statistics for the first five years of the IDWSSD in Africa are remarkable:

Urban Water Supply

66% coverage in 1980 up to 78% in 1985

An extra 33.3 million people served in five years

Urban Sanitation

68% coverage in 1980 up to 79% in 1985

An extra 37.8 million people served in five years

Rural Water Supply

22% coverage in 1980 up to 25% in 1985

An extra 17.5 million people served in five years

Rural Sanitation

20% coverage in 1980 up to 25% in 1985

An extra 22.7 million people served in five years

If the same progress rates were maintained in the second half of the IDWSSD, African countries would achieve their urban targets of 84% with safe water and 82% with proper sanitation. The rural challenge is more daunting. To reach the rural water supply goal of 46% coverage by 1990 would mean providing new services for an extra 73 million people in the second five years (compared with 17.5 million in the first five). For sanitation, the 1990 rural target of 52% coverage implies new services for an extra 92 million people in five years. So rural progress would have to accelerate

“. . . the statistics for the first five years of the IDWSSD in Africa are remarkable.”

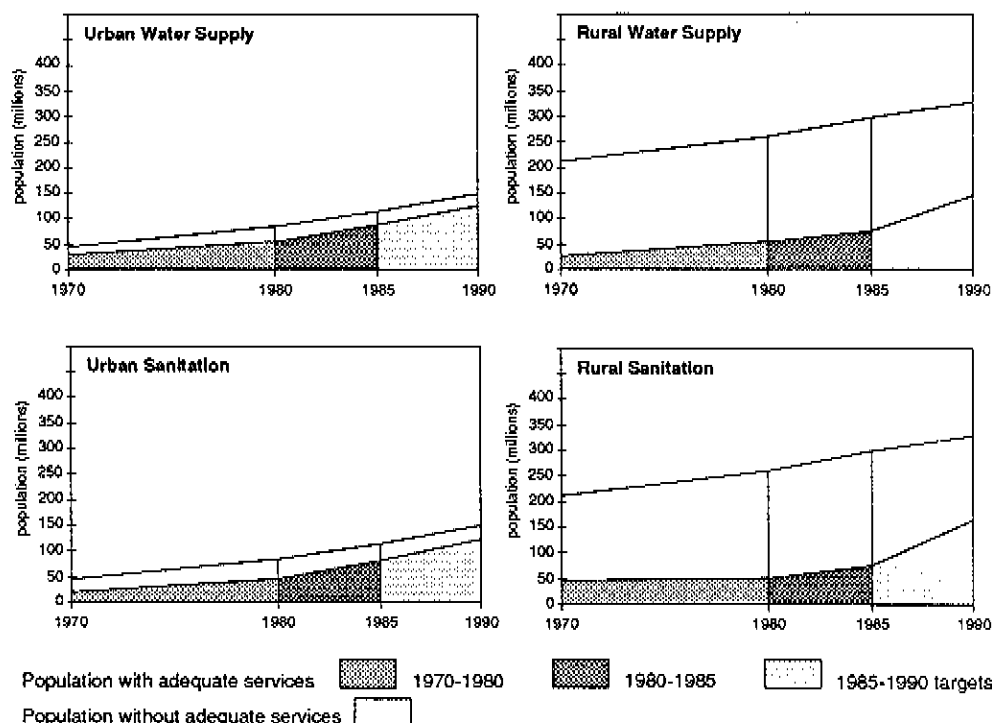
by a factor of four to reach the Decade goals.

Any such increase in the implementation rate for one particular sector would be unprecedented, and it is likely that African countries will take longer to achieve the targets they have set themselves. It is however clear that the IDWSSD has brought new approaches to rural water supply and sanitation sector planning and implementation in Africa. The *Abidjan Statement* endorsed in October 1986 by some 30 African countries and 15 external support agencies urges the widespread use of proven low-cost technologies in rural and urban-fringe areas. Community management of completed facilities is seen as the way of overcoming one of the most serious handicaps to rapid progress in Africa — the difficulty of keeping new facilities in reliable operation.

The figures reveal a pressing need for cost reductions. Reports from 25 African countries indicate a mean cost of US\$40 per capita for the construction of rural water supplies. In South-East Asia, the only other region with comparable GNP levels, the equivalent figure is US\$14.50. Median rural sanitation costs for the two regions are US\$25 for Africa and US\$14.50 for South-East Asia. If the new approaches adopted by African countries can narrow those gaps, they will go a long way towards bringing about the acceleration needed in rural water supply and sanitation.

Projected costs of meeting African countries' Decade targets amount to approaching US\$13,000 million from 1986 to 1990. More than 70% of that total would need to come from external sources — the highest proportion of external support indicated by any region.

Of the nine countries which have supplied data comparing current sector investment with that needed to achieve Decade goals, all but one (Mozambique) require to accelerate spending, and five would need more than double 1981-85 investment rates for the rest of the Decade.



Decade highlights

Analysis of reports from individual countries shows a consistent pattern of improvements during the first half of the Decade in **urban water supply**, contributing to the overall progress from 1980's 66% to 1985's 78% coverage. Countries meriting special mention include: **Malawi**, where coverage rose from 77% to 97% despite a massive 47% growth in the urban population during the five years; **Rwanda**, with the number of people served almost doubling, as coverage rose from 48% to 79%; **Benin**, where more than a million people gained new supplies to lift coverage from 26% to 80%; and **Togo**, where 100% coverage was reached — up from 70% in 1980.

Urban sanitation progress matched that in urban water supply, rising overall from 68% to 79%. Notable figures were recorded by: **Mali**, where coverage rose from 79% to 90% despite a population rise of 31%; **Burundi**, with three times as many people served at the end of 1985 as there were at the start of the Decade, raising coverage from 40% to 84%; and **Sierra Leone**, where

coverage rose from 31% to 60% in the five years.

Africa's urban progress was not matched in the rural sector. Individual countries did make substantial improvements, though usually from a comparatively low baseline.

In the **rural water supply** subsector, for example, there was good progress in: **Madagascar**, where an extra 840,000 people were served in raising the coverage from 7% to 17%; **Niger**, with almost a million more people receiving new supplies to lift coverage from 32% to 49%; **Lesotho**, where the number of people served rose more than threefold and coverage went up from 11% to 30%.

Most countries just about matched rising populations with new services in **rural sanitation**, with the overall increase from 20% to 25% coverage partly attributable to the low starting point and partly to creditable progress in: **Benin**, where coverage rose from 35% to 56%; **Sierra Leone**, with a fivefold increase in the number of people served and coverage up from 4% to 20%; and **Sierra Leone**, where lifting coverage from 6% to 10% doubled the number of people served.

The Americas

“. . . Decade goals seem well within reach for most of the region's countries.”

Latin American countries have been making steady progress in the water supply and sanitation sector ever since the Charter of Punta del Este established the first Ten-Year Public Health Programme in 1962. Until comparatively recently, emphasis had been on urban areas, with rural sanitation in particular being neglected.

The IDWSSD has seen an acceleration in all the subsectors except rural water supply, and Decade goals seem well within reach for most of the region's countries. An increased focus on improving sanitation services is apparent in the statistics for the first five years of the IDWSSD:

Urban Water Supply

78% coverage in 1980 up to 84% in 1985

An extra 49.9 million people served in five years

Urban Sanitation

68% coverage in 1980 up to 79% in 1985

An extra 59.6 million people served in five years

Rural Water Supply

42% coverage in 1980 up to 47% in 1985

An extra 6.5 million people served in five years

Rural Sanitation

17% coverage in 1980 up to 27% in 1985

An extra 13.2 million people served in five years

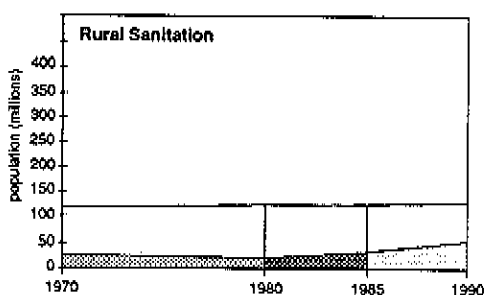
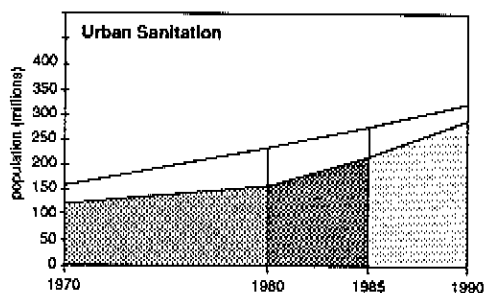
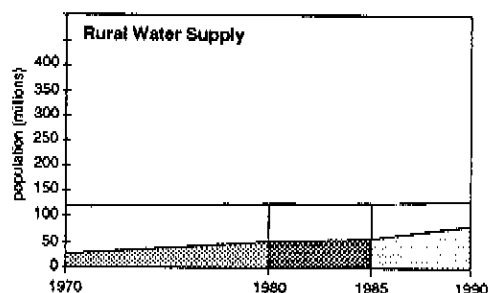
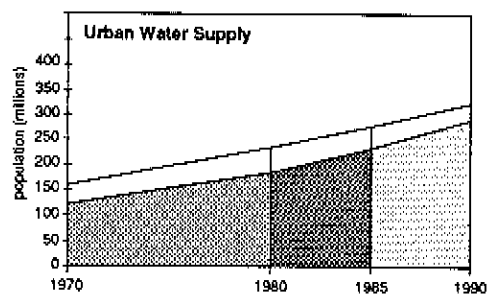
The reports indicate that the significant acceleration of progress in urban water supply and sanitation has partly come about through the adoption of low-cost technologies in urban-fringe areas. In moving towards their goals of 90% coverage in both urban water supply and urban sanitation by 1990, Latin American countries will also improve the health and living conditions of the millions of squatters and slum dwellers on the fringes of the region's major cities. To reach the 90% targets, an extra 58 million urban residents will have to be provided with improved water supplies during the second five years of the



Decade, and an extra 72 million will need improved sanitation. As the charts show, this represents an achievable increase which should bring full coverage of Latin America's urban population within reach before the end of the century. The more detailed figures from individual countries show that the targets also include for upgrading many urban water systems from standposts to house connections and bringing sewer connections to communities presently served by individual sanitation systems.

The rural picture is less encouraging. Even with the extra efforts implied by the 1990 target figures, there will be substantial numbers of rural people without basic services at the end of the Decade. The aim is to lift rural water supply coverage to 67% by 1990, which means providing improved supplies for 27 million rural people in five years. The rural sanitation target is 42% coverage by 1990, implying new services for an extra 20 million people. Faster progress may help to halt Latin America's well-recognized "urban drift", which is apparent from the comparative population growth rates in urban and rural areas.

Unit construction costs are high in comparison with other regions (second only to the wealthier countries of the Eastern Mediterranean). The median reported costs of house connected urban water supplies have risen more than 25% from US\$125 per capita in 1980 to US\$160 per capita in 1985, while sewer-connected services are reported as costing US\$150 per capita in 1985, US\$15 less than the 1980 figure. Rural water supply costs US\$83 per capita (US\$88 in 1980), and rural sanitation US\$40 per capita (US\$30 in 1980)

These are key figures in the US\$20,000 million cost of meeting the region's 1990 targets. As 70% of this cost is expected to come from internal resources, any cost reductions which can be achieved will be most welcome in countries already beset by crippling debts.



Population with adequate services  1970-1980
 Population without adequate services 

 1980-1985  1985-1990 targets

Decade highlights

The individual country reports show that urban water supply progress across the region was far from uniform. Some two-thirds of the 50 million urban people who received improved water supplies in the first five years of the Decade are accounted for by: **Brazil**, where coverage rose from 80% to 89%; and **Mexico**, where the 64% coverage in 1980 rose to 79% in 1985. Eight countries report full (100%) coverage in urban water supply. On the other hand coverage actually fell in **Dominican Republic** from 85% to 73%, and in **Nicaragua** from 91% to 76%.

Urban sanitation progress was also patchy. Biggest improvements were reported by: **Ecuador**, where coverage rose from 39% to 77% despite a 32% rise in the urban population; **Guatemala**, where the served population almost doubled as coverage rose from 45% to 73%; and **Dominican Republic**, with a rise from 25% to 72% coverage meaning services for an extra 1.3 million people. A review of the standards of acceptable services is the most likely explanation for a reduction in

coverage levels in **Honduras** — down from 49% to 20%, and in **Paraguay**, where the reported coverage of 95% in 1980 is down to 66% in 1985.

Greatest progress in rural water supply was reported by: **Brazil**, with coverage up from 51% in 1980 to 71% in 1985; **Venezuela**, where the rise from 50% coverage to 80% is partly explained by a reported fall of more than 20% in the rural population; **Guatemala**, with coverage up from 18% to 39%; and **Bolivia**, where raising coverage from 10% to 27% meant that three times as many rural people had safe water in 1985 as in 1980.

The rural sanitation figures are confused by reported substantial drops in coverage (presumably due to application of more stringent standards of acceptability) in **Mexico**, **Venezuela**, and **Paraguay**. Among countries reporting significant improvements were: **Peru**, where the first 890,000 rural people received sanitation facilities, bringing coverage from 0 to 12%; **Ecuador**, up from 14% to 29%; **Guatemala**, up from 20% to 42% coverage; and **Dominican Republic**, with 1.7 million extra people served in the five years, to lift coverage from 4% to 59%.

South-East Asia

“. . . it seems likely that IDWSSD goals may be achieved somewhat later than 1990.”

South-East Asian countries have produced regular and consistent reports throughout the Decade monitoring. The noted trends are therefore a true reflection of the recorded situation over the whole region. Inevitably, however, the statistics are dominated by India, which contains two-thirds of the total regional population of 1,150 million.

During the first five years of the IDWSSD, South-East Asian countries have not quite kept pace with rising populations in urban areas, though the percentage coverage rates have improved slightly. The number of people lacking basic sanitation facilities in rural areas has also risen, though again there has been some improvement in the percentage coverage. The region's most dramatic progress has been in rural water supply, continuing and accelerating a trend which began in the 1970s.

Sector by sector, the Decade statistics to date are:

Urban Water Supply

64% coverage in 1980 up to 65% in 1985

An extra 36.7 million people served in five years

Urban Sanitation

30% coverage in 1980 up to 33% in 1985

An extra 24.8 million people served in five years

Rural Water Supply

31% coverage in 1980 up to 47% in 1985

An extra 162 million people served in five years

Rural Sanitation

6% coverage in 1980 up to 10% in 1985

An extra 39.4 million people served in five years

The imbalances between conditions in urban areas and those in rural areas and between coverage in water supply and in sanitation were very apparent in South-East Asia during the 1970s. Efforts in rural water supply began during the 1970s. The IDWSSD has increased the emphasis

on rural areas, and is beginning to have an effect on sanitation developments too, though so far the impact is comparatively small.

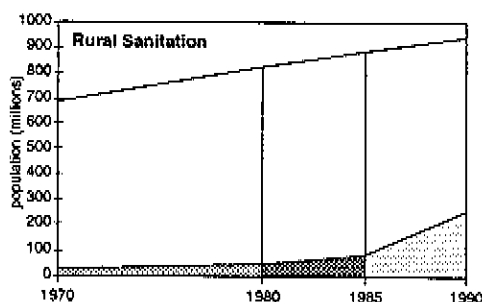
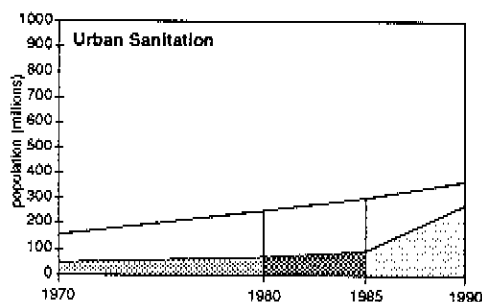
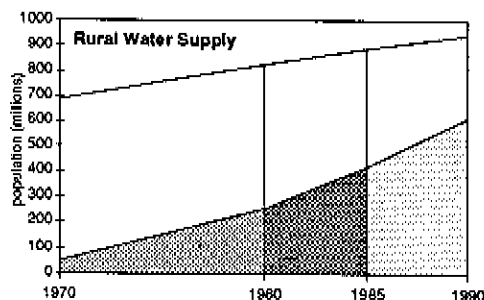
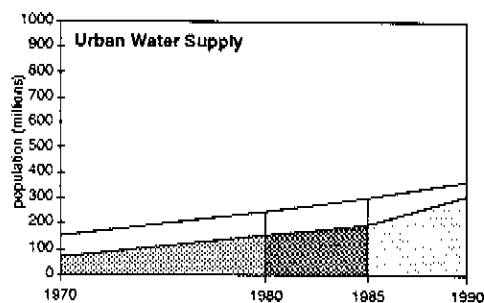
Plans for the remainder of the IDWSSD reinforce these trends, and must certainly be viewed as ambitious when compared with achievements to date. To bring urban water supply coverage up to the target of 84% by 1990, for instance would mean providing improved facilities for some 112 million people in five years, a fourfold acceleration from the Decade's first five years. In rural sanitation, even the apparently lowly target of 27% coverage by 1990 implies serving an extra 166 million people from 1986 to 1990. No less than 136 million of those people are in India, where the aim is to raise coverage from 1985's 2% to 22% by the end of the Decade.



Though the region has shown that remarkable progress can be achieved when the political will is there, it seems likely that IDWSSD goals may be achieved somewhat later than 1990.

South-East Asian countries have the advantage of the world's lowest construction costs for water supply and sanitation. So, although the region contains almost half the population of the developing world (excluding China), the \$16,000 million cost of achieving the targets set for the second half of the Decade is less than a fifth of the global total.

Nevertheless, all but one of the seven countries which reported on investment needs would need to more than double the rate of spending between 1981 and 1985 to accomplish their Decade goals. The exception is Thailand, and even there the spending will have to rise by a factor of 1.9.

Approaching 40% of the required investment has to come from external sources, much of it on soft loan terms. There is therefore acute pressure on the countries of the region to introduce further savings on construction costs, and to adopt low-cost technologies wherever possible.



Population with adequate services  1970-1980
Population without adequate services 

 1980-1985  1985-1990 targets

Decade highlights

Reports from individual countries confirm the general trend, that countries have barely matched the rise in urban population with provision of new water supply services. Only three countries recorded a rise in urban water supply coverage in the first half of the Decade and two of those were among the smallest in the region: **Sri Lanka**, where a rise from 66% to 82% coverage was helped by a 400,000 fall in the population classified as urban; **The Maldives**, in which an increase from 10% coverage to 58% was achieved by providing water supplies for an extra 23,000 people; and **Indonesia**, where new services for some 8 million people brought coverage up from 35% to 43%.

Urban sanitation statistics benefited from the fact that the four most populous countries of the region each registered gains: **India**, with an extra 21 million people served to lift coverage from 27% to 31%; **Indonesia**, where coverage rose from 29% to 33%; **Bangladesh**, where the rise from 21% to 24% coverage was achieved despite a rise from 10 million to 18 million in the population classified as urban; and **Thailand**, where the extra 3 million

people served in the five years raised coverage from 64% to 78%.

Every reporting country recorded dramatic improvements in rural water supply coverage. Particularly noteworthy performances came from: **Nepal**, where 2.9 million extra people were served, raising the coverage from 7% to 25% and achieving a fourfold increase in the number of rural people with access to safe water in the five years; **Bhutan**, with a rise from 5% to 19% in the coverage level; and **Burma**, where the increase from 15% to 24% coverage meant services for an extra 3.1 million people.

Rural sanitation remains neglected in South-East Asia. With **India** recording only 2% coverage in 1985, the regional coverage level was bound to be low (it is in fact 10%). Five of the region's countries had coverage figures below 3% at the end of 1985. The three exceptions among the eight reporting countries were: **Indonesia**, where coverage rose from 21% in 1980 to 38% in 1985, with services provided for an extra 19.6 million people; **Thailand**, with coverage rising from 41% to 46%; and **Burma**, where the 1980 coverage of 15% rose to 21% in 1985.

Eastern Mediterranean

“. . . a realignment of programme priorities is needed in the second half of the Decade.”

Only twelve of the Eastern Mediterranean region's 23 countries provided reports on their water supply and sanitation coverage at mid-Decade. Some caution is therefore needed in deriving trends on the basis of comparison with earlier progress. The 12 countries represent 59% of the regional population. As Pakistan accounts for more than half of the sample population, its statistics have a big influence on the total figures.

The first half of the IDWSSD saw improved rates of progress in each of the subsectors, with the improvements most marked in urban areas and more marginal in rural areas. Urban sanitation showed the greatest acceleration and is the one subsector where Decade targets seem to be achievable if present progress is maintained. The separate figures were:

Urban Water Supply

83% coverage in 1980 up to 89% in 1985

An extra 30.0 million people served in five years

Urban Sanitation

57% coverage in 1980 up to 68% in 1985

An extra 29.7 million people served in five years

Rural Water Supply

30% coverage in 1980 up to 37% in 1985

An extra 16.9 million people served in five years

Rural Sanitation

7% coverage in 1980 up to 9% in 1985

An extra 4.6 million people served in five years

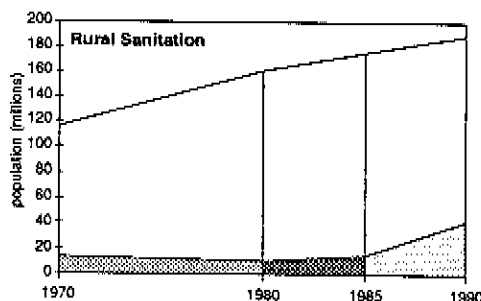
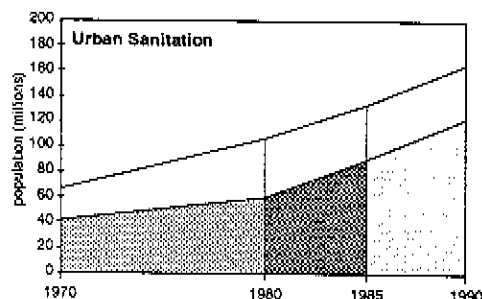
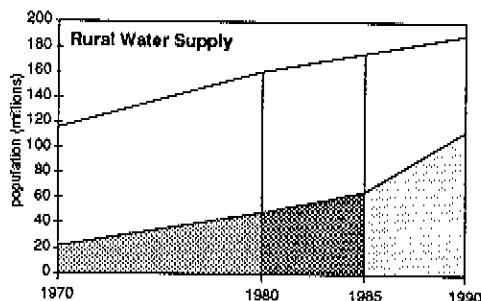
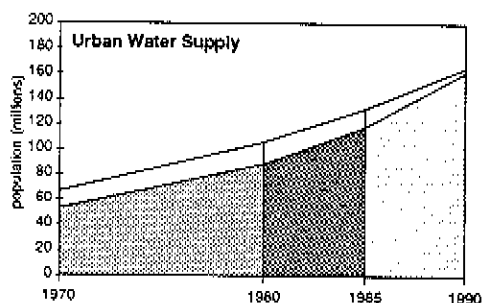
The widely diverse geographic and economic conditions of the Eastern Mediterranean region mean that approaches must be very different from country to country. Nevertheless, it is apparent from the charts and tables that rural areas are still receiving less attention than urban areas and that a realignment of programme priorities is needed in the second half of the Decade, if any impression is to be made on the backlog.



Seven of the 12 reporting countries recorded 100% coverage in urban water supply in 1985, and a further two plan to reach that goal by 1990. Overall, the target of 98% coverage by the end of the Decade calls for improved water supplies for an extra 43.7 million urban residents in the second five years of the Decade, an achievable acceleration. Reaching the urban sanitation target of 74% coverage by 1990 will mean providing new services for an extra 31.9 million people, about the same rate of progress as was achieved in the first half of the Decade.

The goals for rural water supply and sanitation, on the other hand, imply substantial acceleration in the second half of the IDWSSD. An extra 49.1 million rural people should receive improved water supplies between 1986 and 1990, 3 times as many as were served from 1981 to 1985. Rural water supply coverage would then rise from 37% to 60%. In rural sanitation, the meagre 9% coverage in 1985 is targeted to rise to 22% in 1990, meaning improved services for an extra 26.1 million people, compared with just 4.6 million served in the Decade's first half.

Eastern Mediterranean countries have the highest unit construction costs in the world — a reflection of both difficult terrain and the number of richer countries in the region. In many cases, construction costs in the region are more than double those in the rest of the world, and, in the extreme case of urban sanitation through non-sewered systems, the median cost of US\$345 per capita compares with US\$116 in Africa, US\$80 in Latin America, US\$73 in Western Pacific, and US\$20 in South-East Asia.

Perhaps not surprisingly, in view of these figures, the region accounts for US\$32,000 million of the global estimate of US\$86,500 million needed to reach Decade goals. With more than 80% of the cost coming from internal sources, cost reductions are badly needed.



Population with adequate services  1970-1980
Population without adequate services 

 1980-1985  1985-1990 targets

Decade highlights

With so few countries reporting consistently from year to year, comparison of 1980 and 1985 reduces the sample even further. In **urban water supply**, only five countries provided coverage figures for both years. The **Yemen Arab Republic** and **Tunisia** recorded 100% coverage in both 1980 and 1985; **Saudi Arabia** raised coverage to 100% in 1985, from 92% in 1980; in **Pakistan**, an extra 5.3 million people were served in the five years, as coverage rose from 72% to 83%; and in **Afghanistan**, the rise from 28% to 38% coverage was achieved despite a 30% increase in the urban population.

In **urban sanitation**, comparative figures are available for only two countries: **Pakistan**, where improved services for 3.8 million people lifted coverage from 42% in 1980 to 51% in 1985, despite a 3.2 million rise in the urban population over the same period; and **Saudi Arabia**, from the opposite end of the economic spectrum, where 100% coverage was achieved for the first time in 1985, up from 81% in 1980.

Reporting was also low in the rural subsectors. 1980 and 1985 figures are available from only four countries for **rural water supply**: in the **Yemen Arab Republic**, raising coverage from 18% in 1980 to 25% in 1985 meant more than doubling the number of people served, largely because of a 52% jump in the recorded rural population over the five years; an opposite trend in **Afghanistan**, where the rural population declined in the five years, saw coverage rise from 8% to 17% as an extra 1.2 million received services; **Pakistan** served an extra 6 million rural people, to lift coverage from 20% to 27%; and in **Saudi Arabia**, again a rising rural population accounted for a recorded drop in coverage from 87% in 1980 to 68% in 1985.

In **rural sanitation**, again only two countries have provided comparable figures: in **Saudi Arabia**, no extra people were served in the first half of the Decade, so coverage dropped from 50% to 33% because of a large population increase; in **Pakistan**, though there was a fourfold increase in the number of people served from 1 million in 1980 to 4 million in 1985, this is still only a mere 6% of the rural population.

Western Pacific

As yet, no IDWSSD statistics are available from China, without which, Western Pacific is the smallest of the WHO regions, with a total population of about 200 million people. Western Pacific countries began the IDWSSD with relatively high levels of water supply and sanitation coverage, compared with other regions.

Progress recorded during the first five years of the Decade has been modest, though the wide variation from country to country means that caution is needed when analysing trends. Sector by sector, the Decade statistics to date are:

Urban Water Supply

76% coverage in 1980 down to 75% in 1985

An extra 8.3 million people served in five years

Urban Sanitation

93% coverage in 1980 up to 94% in 1985

An extra 11.7 million people served in five years

Rural Water Supply

41% coverage in 1980 up to 48% in 1985

An extra 12.8 million people served in five years

Rural Sanitation

63% coverage in 1980 up to 66% in 1985

An extra 10.0 million people served in five years

Targets for 1990 recognize the need for accelerated progress in the second half of the Decade. To achieve the goal of 89% urban water supply coverage by 1990, Western Pacific countries would need to provide improved services for an extra 21.7 million people in the second five years (compared with 8.3 million in the first five). Western Pacific is the only region in which more people are deemed to have satisfactory sanitation facilities than have access to safe water. Maintaining the high coverage in urban sanitation means bringing improved facilities to an extra 13.5 million people in five years, only a small increase on the progress achieved from 1980 to 1985.

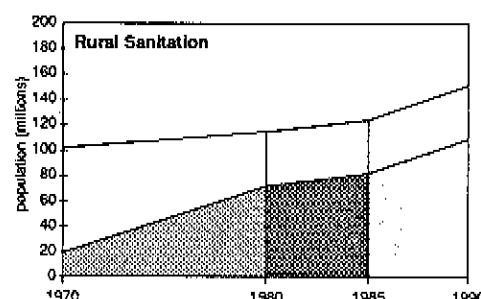
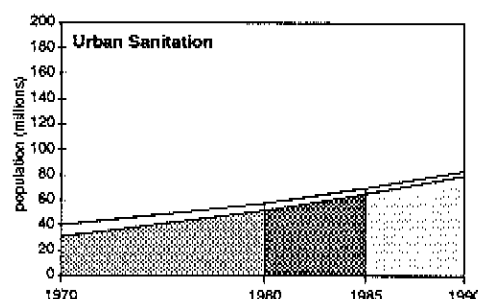
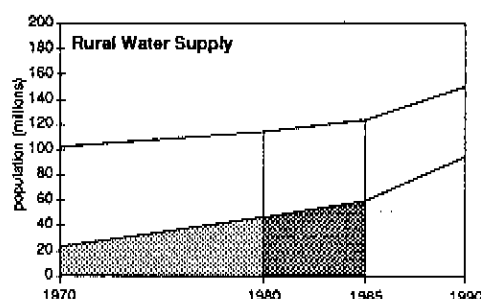
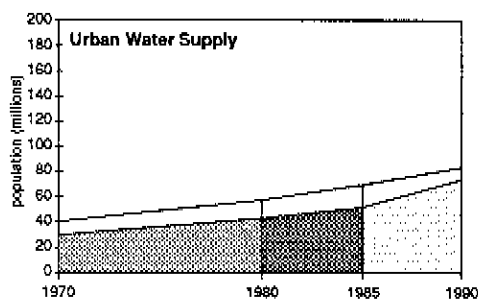
"It is in the rural areas where future efforts will have to be concentrated."



It is in the rural areas where future efforts will have to be concentrated. Compared with the 12.8 million rural people who gained access to a safe water supply between 1980 and 1985, the aim is to bring new services to 35.8 million in the second half of the Decade, almost a threefold increase. That would lift coverage to 63%. A similar acceleration is needed in rural sanitation, where there was a marked slowdown from 1980 to 1985 in comparison with progress achieved in the ten years leading up to the IDWSSD. The 1990 target of 72% coverage means providing improved facilities for 27.1 million people in five years.



With the single exception of urban sewerage, Western Pacific countries have relatively low unit construction costs for water supply and sanitation, both in urban and rural areas. As only Singapore has a significant proportion of its urban population served by sewer connections, the high urban sewerage figure has little effect on the region's overall Decade costs. Urban water supply unit costs of US\$96 per capita for house connections and \$42 for standpost supplies are lower than all other regions except South-East Asia. The same is true for household sanitation systems, averaging \$73 per capita, and Western Pacific's mean cost for rural sanitation systems of \$12 per capita is the lowest in the world.

The region therefore has a sound base for seeking faster implementation of water supply and sanitation programmes. In all, \$5,500 million will be needed in the five years from 1986 to 1990, to reach the Decade targets. That means a spending level of \$5.50 per year for every one of the region's 200 million population. Comparative figures for other regions are: Africa — \$6.20; The Americas — \$9.90; South-East Asia — \$3.10; Eastern Mediterranean — \$20.65 per person per year.

In the case of Western Pacific countries, a little over half of the planned investment is expected to come from external sources.



Population with adequate services  1970-1980
 Population without adequate services 

 1980-1985  1985-1990 targets

Decade highlights

Western Pacific region is unusual in the large number of small countries which are included in its total population. Regional statistics are dominated by progress in the larger countries, and conceal some of the achievements of the small territories.

In urban water supply, for example: Papua New Guinea doubled the number of people with access to safe water between 1980 and 1985, raising coverage from 55% to 95%; in Vanuatu, new supplies for an extra 8,000 people raised coverage from 65% in 1980 to 95% in 1985; whereas, by comparison, it needed extra services for 2.8 million people to bring coverage in the Republic of Korea up from 86% to 90%.

In urban sanitation, many of the reporting countries are now close to 100% coverage. In the first five years of the IDWSSD: Singapore served an extra 600,000 people, lifting coverage from 80% to 99%; in the Philippines, coverage rose from 81% to 83% despite a growth of almost 5 million in the urban population; Malaysia had to provide services for a 900,000 growth in the urban

population, to maintain its 100% coverage.

Rural water supply progress would have seemed more impressive had not two countries recorded a drop in the number of people with access to reliable services. A review of the standards of acceptability is the most likely explanation for drops in coverage in: Samoa, down from 94% coverage in 1980 to 67% in 1985, with 27,000 fewer people deemed to have safe supplies; and the Republic of Korea, where 900,000 less people make up the 48% coverage in 1985, compared with 61% in 1980. In comparison: Tonga raised coverage from 70% to 99% in the five years; and Malaysia served an extra 3.35 million people, increasing coverage from 49% to 76%.

Five countries recorded drops in rural sanitation coverage, the most significant being the Philippines, with 2 million fewer people served in 1985 than in 1980, a drop from 67% to 56% coverage. The only significant improvement in the five years was reported by Malaysia, with 1.3 million extra people served, as coverage rose from 55% in 1980 to 60% in 1985.