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Address by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
at the
Ministerial Conference on Drinking Water
and
Environmental Sanitation

"The Mid-Decade Water and Sanitation Goals Can Be Achieved
by 1995"

Noordwijk, The Netherlands
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**"The Mid-Decade Water and Sanitation Goals Can Be Achieved
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I am delighted and honoured to participate in this important gathering. On behalf of UNICEF and the world's children, I would like to warmly commend the government of the Netherlands for hosting this international conference on drinking water and environmental sanitation. It is, actually, the first global ministerial meeting exclusively on water and sanitation. So the initiative is most timely, and what better place is there to discuss these critical issues than the Netherlands -- this land of dikes, *polders*, and canals, where water management has developed into a fine art and environmental protection is fast becoming a national obsession!

Our hosts have brought together many of the world's "movers and shakers" in the field of water, sanitation, and environment -- government ministers responsible for the sector; international and bilateral development agency heads and officials; leading NGO representatives, and some of the world's most distinguished experts. Together, we have an opportunity that must not be squandered: the opportunity to accelerate efforts in a sector that is uniquely positioned to contribute synergistically to progress across the entire spectrum of development activities -- and to do so just when momentum is growing for a major leap of human progress by the end of the century.

As government ministers and officials responsible for the water and sanitation sector, you find yourselves at the strategic convergence point of at least four building-blocks of progress: first, what you do every day brings the goal of Health for All by the year 2000 that much closer; secondly, your efforts are key to

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poverty alleviation and sustainable development; third, you are on the frontline of the struggle to protect and preserve our fragile environment; and, lastly, there is an increasing awareness of the centrality of progress in the area of water and sanitation to the advancement of women, especially rural women. Many of you are also responsible for irrigation and management of scarce water resources that are essential for increasing food production and improving nutrition.

These mutually-reinforcing roles mean that you work along the cutting edge of some of the central dynamics of our times, a fact that deserves much greater recognition by politicians, financial planners, the public and the media. As part of its advocacy work, UNICEF is committed to raising awareness of the importance of your work and the need to integrate the sector more fully into development planning, financing and programming.

I will go into this a bit more later on, but I want to say at the outset that new developments in the field make rapid progress in water and sanitation a real possibility. There has been a rethinking of policies and strategies for extending coverage; the cost of the technology for supplying drinking water and adequate sanitation to rural and peri-urban communities has dropped considerably over the last decade. Community financing and cost-recovery schemes are demonstrating that low income people are willing and able to shoulder a fair share -- an even greater share -- of the economic burden than higher income groups. But higher income groups have far greater access to credit which spreads the costs than do low income groups who have to pay up front. Experiences in India, Bangladesh, Burkina Faso, Sudan, and Honduras, among other countries, show that even nations with low per capita GNP can make rapid gains in this sector.

This being the case, the most critical factor for accelerating progress is now political will by government at the level of ministers and heads of state and government. Serving the unserved, reaching the unreached is possible and affordable; now what's needed is courage, vision, creativity and leadership to make water and sanitation a national and global priority.

In our latest State of the World's Children report, we describe the inter-action of the problems of poverty, population growth, and environmental degradation as the "PPE" spiral. These three mutually-reinforcing problems form a downward spiral in which population growth fuels poverty and environmental deterioration; poverty stimulates population growth and more environmental damage; poor environment leads to greater poverty, and so on. Instability and conflict often follow in its wake. The work you are doing to provide drinking water, adequate sanitation and a healthy environment for all is critical to breaking the PPE spiral and giving a boost to peaceful, sustainable human development.

A promising new approach is being developed to deal with environmental problems at the community level, based on progress made in the field of primary health care. It is called Primary Environmental Care (PEC) and combines efforts to empower communities to meet their basic needs for health care, nutrition, family planning, water and sanitation, with environmental education and action. Water is the ideal entry point for the PEC initiative, since water is usually the most keenly felt need at the community level, and collection of both water and firewood consumes an inordinate amount of women's time and energy that could be spent on caring, self-advancement and gainful employment.

Meeting people's basic needs will vastly accelerate solutions to the major problems threatening humankind on the threshold of the 21st century. Our experience in the field and on the advocacy front has shown us that children can be a powerful lever for development as a whole.

This was recognized by the world leaders who attended the historic World Summit for Children in 1990. They agreed on a holistic approach to development, child- and human-centered, and committed themselves to achieving 27 measurable goals for radically improving the lives of children, women and families by the year 2000. Universal access to safe drinking water and sanitation figures prominently among the goals. To date, a total of 156 heads of state and government have formally pledged to achieve the goals. Over 100 countries have issued or drafted National Programmes of Action outlining the programmes and resources the effort will require. Almost 90 per cent of the developing world's children live in countries that have developed and started implementing such plans. This is the first time since the dawn of history that humankind has begun to plan and act in concert, embracing common goals to benefit all children.

The momentous ethical shift this implies is reflected, also, in the Convention on the Rights of the Child, which came into force in 1990 and has already been ratified by a record 156 countries. Only 34 countries have yet to ratify (we hope that the Netherlands, which has already signed, will go on to ratify the Convention in the near future). This comprehensive "Bill of Rights" for children has a good chance to become, by the end of 1995, the first truly universal law, as called for by the World Conference on Human Rights in Vienna last year. It is an extraordinary ethical-legal instrument, for it codifies for the first time the comprehensive obligations of States, parents and civic society toward children. One of those obligations, spelled out in Article 24 of the Convention, is to provide children with access to clean drinking water and environmental sanitation.

All the goals for children set by the World Summit for Children were later endorsed by the Earth Summit and incorporated into Agenda 21. UNICEF believes that the goals for women and

children constitute the most immediately "do-able" and affordable core of Agenda 21, and that their speedy achievement would give a major boost to sustainable development.

Lest you think we are making too much of papers and promises, let me assure you that we are already seeing concrete results in the field. As we explain at length in the 1994 State of the World's Children report, and in our new annual statistical publication, Progress of Nations, many of the traditional enemies of children are now on the run -- vaccine-preventable diseases, malnutrition, ignorance, among others.

The Child Survival and Development Revolution has saved more than 20 million young lives since its inception in the early 1980s, and it is now averting the deaths of approximately four million children per year. Prospects have never been better for accelerating this momentum. Thus, the heads of state and government of most developing countries have agreed to intermediate, mid-decade goals to be reached by end 1995. Their achievement would mean saving an additional 2 million child lives annually, as well as the virtual elimination of the greatest cause of preventable mental retardation -- iodine deficiency -- and of one of the two principal causes of blindness among children -- vitamin A deficiency.

The task ahead remains formidable -- but a good start has been made.

The same thing can be said about water and sanitation; though we have a long way to go, we're off to a good start. Real progress was made in the 1980s, even though the targets of the International Drinking Water Supply and Sanitation Decade were not met. Some 1.3 billion people gained access to water over the decade, and 700 million obtained adequate sanitation. In Africa -- the continent of greatest need -- access to clean water increased impressively over the 1980s, bringing an additional 170 million people within reach of some form of improved wells, handpump or deep tube well. Modern techniques, appropriate technologies and higher levels of competition have made it far easier to find and supply water and provide adequate sanitation at an affordable cost. Today, 70 per cent of the developing world's population has access to clean water and 51 per cent to proper sanitation, up from 46 per cent and 39 per cent, respectively in 1980.

But as you know, approximately 1.3 billion people in the developing world today still lack safe drinking water and 1.9 billion have no sanitary facilities. About a third of the developing world's children remain without access to clean drinking water and half of them lack adequate sanitation. The poor in marginal urban and rural areas pay a disproportionate share of their income for water services that are irregular, inconvenient, and often of dubious quality. As I mentioned earlier, finding and

transporting water absorbs far too much time and energy -- especially of women and girls -- in rural areas. The lack of safe water and adequate sanitation continues to undermine the health and nutritional security of the world's poor, with a disproportionate burden being borne by children and women. Of the 37 major diseases in developing countries, 21 are water and sanitation related. Poor health, in turn, lowers school performance and labour productivity. And so the traditional poverty cycle is fueled, in great measure, by lack of water and sanitation.

What needs to be done to close the shameful water and sanitation gap? Clearly, "business as usual" will not do it. If the same policies and priorities for development in the 1980s are applied to this decade, the world would not even approach the goal of universal coverage by the year 2000. We estimate that some 770 million people would remain without safe water and 1.9 billion without proper sanitation. Progress in health, nutrition, environmental preservation and education would most certainly be compromised.

Based on UNICEF's more than 40 years of providing drinking water and sanitary facilities to people in need -- currently we are providing more than \$130 million annually to support water and sanitation programmes in over 90 countries -- I would like to contribute the following eight suggestions or challenges to the deliberations of this important conference:

* First, in order to even have a chance at achieving the year 2000 goal of universal access to safe drinking water and adequate sanitation, **we must accelerate efforts to reach the mid-decade goals** that have been established. By 1995, countries should increase water supply and sanitation so as to narrow the gap between the 1990 levels and universal access by the year 2000 of water by one-fourth and of sanitation by one-tenth. Also, the year 2000 target for eliminating guinea-worm disease has been advanced to 1995. Achieving the mid-decade goals -- which have been endorsed by the WHO-UNICEF Joint Committee on Health Policy, by the UNDP Administrator in a letter to all Resident Representatives, and by the WHO Director-General and the Executive Director of UNICEF in a joint letter to all heads of state and government -- will create capacity, confidence and momentum toward reaching the year 2000 target. To achieve the mid-decade goals, we will need to provide water to an additional 193 million people and sanitation services to an additional 190 million.

* Second, **a fundamental restructuring of the way governments and donors apportion resources is clearly required.** Most governments and donor assistance have focused on providing water and sanitation to middle- and upper-income urban populations. More than 80 per cent of the \$10 billion spent each year on water and sanitation in developing countries goes

to high-cost, hard to sustain technologies, including household water and sanitation connections costing more than \$200 per capita. The water and sanitation needs of the poorest of the poor whose urgent needs can be met at one tenth the cost continue to be seriously under-supported. Our watchword must be: "Provide some for all rather than more for some."

* **Third, the water and sanitation effort must not be a lonely sectoral undertaking isolated from overall social and economic policy.** It must be seen as an integral and vital part of a multi-sectoral push to reach concrete goals for the benefit of the nation. That is why we place a great deal of emphasis on visible political leadership from the top and active mobilization of the population, which were keys to the success of immunization efforts. The sector needs to move from its current hardware orientation to a people-focused approach that emphasizes outcome as reflected in improved health and socio-economic benefits, and in sustained maintenance, with the participation of the community. The World Summit for Children National Programme of Action should serve as a focus for national water and sanitation efforts.

* **Fourth, determined actions for improving cost-effectiveness** must be taken. We now have appropriate technologies that cost less today than in the 1980s, mainly because of economies of scale. Experience especially from Asian countries has shown that improved cost-effectiveness is feasible, allowing coverage of a large number of people with limited resources. Today it should be possible for most rural villages and peri-urban communities to bring the cost of supplying safe water and sanitation down to below \$30 per capita -- and even significantly lower where grassroots volunteers are heavily involved in installation and maintenance of systems.

* **Fifth, experience has shown that governments need not -- indeed, cannot -- bear sole financial responsibility for extending water and sanitation services.** However, they need to play a crucial role in supporting funding and in motivating others to contribute. Rich and poor alike are willing to pay for water, but under the status quo the better-off are often subsidized and have access to credit while those least able to afford it devote as much as 40 per cent of their income to purchasing water that is far more expensive and of substandard quality. We agree with WHO, which has stated that no family should have to pay more than 5 per cent of their income on water and sanitation. There is ample scope for local management and financing that does not place an undue burden on the poor, but rather contributes to a sense of "ownership" and builds sustainability. We need to promote cost-recovery schemes in water and sanitation similar to those now achieving considerable success in the area of primary health care in

Africa -- under the rubric of the Bamako Initiative. **If there is to be a significant increase in coverage, three major changes are required.** First, far greater emphasis must be placed on technologies that service more people for less money e.g. \$20 vs \$200. Second, a greater part of the cost must be borne by the consumer: a) out of pocket and b) through credit as is available to the rich. Third, much can be done to reduce the considerable waste and inefficiency that characterize the sector in most countries.

* **Sixth, integration of services and "piggy-backing" of interventions are absolutely necessary if we are to optimally employ our limited resources to accelerate progress.** Only by clustering goals and taking advantage of every opportunity -- every appropriate venue -- for multiple interventions can we get the kind of acceleration of progress that is required. Mexico, for example, has developed a successful programme combining low cost technologies for water and sanitation with ORT promotion and hygiene education programmes through community sanitarians. There is a gradual shift away from top-down approaches toward more decentralized, participatory and integrated programmes.

* **Seventh, monitoring systems must be strengthened** to provide accurate and timely information to guide policy and programme. Currently, because of weak monitoring systems, most developing countries lack the accurate and up-to-date data that are so important to our human development efforts. Without solid monitoring mechanisms, accountability is undermined all along the chain of responsibility. When such mechanisms are in place top political leadership is able to identify problems early on and make mid-course corrections so vital to any complex and dynamic social undertaking. What seems to be a mere question of statistics is, in fact, a policy issue of the greatest import.

* **Eighth, sanitation should become a national priority.** Lack of resources is not the only reason for slow progress in sanitation coverage. Because they involve changing people's behaviours, low cost sanitation programmes are far more difficult to implement than water programmes. But experience shows that progress can be accelerated when the mass media and traditional channels of communication, when the schools and other community institutions are mobilized to promote more sanitary means of waste disposal. Children and youth have shown themselves to be enthusiastic activists for the environment -- they can play a crucial role in bringing about a new sanitation consciousness as well. Women and girls -- who have the most to gain from improved water and sanitation services -- often turn out to be the most effective organizers for change.

These are some of UNICEF's thoughts on how to accelerate efforts in this sector in the 1990s. The developing countries are responding to the lessons of the 1980s and are now taking the lead for improving cost-effectiveness and impacts in the development process. We are seeing this in the water and sanitation area, and it would be a shame if these encouraging efforts were not met with resolute and generous support on the part of the industrial countries. Donor support is absolutely critical at this stage to keep the momentum going.

Most developing countries are prepared to restructure their existing development budgets and provide an additional \$3 billion per year, globally, toward extending low-cost water and sanitation coverage where it is most needed. **The challenge is to ensure that the donor community provides the additional \$1 billion per year that will be necessary for the rest of the decade to actually achieve the goals.**

It must be said that the Netherlands has shown the way. Not only has our host country consistently provided high per capita ODA to the world's poorest countries, but it has given priority to social infrastructure, within which the water sector has long received special emphasis. What is more, the Netherlands is spearheading the crucial shift toward low-cost and appropriate technologies to satisfy unmet needs in rural and peri-urban areas. This is an example worth emulating.

In the 1990s, we are seeing the beginnings of a new approach to development, and the beginnings of a new ethic with respect to children. We at UNICEF believe that meeting children's basic needs can "jump-start" the broader process of sustainable development -- including progress in water and sanitation.

I have tried to communicate a sense of hope, a sense of what is realistically do-able in the immediate future. I am sure this conference will recharge our batteries for accelerated action. As we go about our work, let us not forget for a single instant that 13 million children will die again this year of causes that are now largely preventable. That means that some 35,000 children under the age of five will die again today, more than 8,000 of them of causes related to unsafe water and poor sanitation. Let us not forget this obscenity as we go about our daily lives, as we set our priorities, as we allocate resources, as we relate to our neighbours and families, as we relate to ourselves in our quiet moments of self-reflection. The world's children are looking to us for something better, something that will give them -- and us all -- a better future.