

updated April 2009

## Regional facts on water, sanitation and hygiene

**SAFE DRINKING WATER** (source: World Health Organization/UNICEF Joint Monitoring Programme, 2008)

- With drinking water coverage reaching 88 per cent in 2006, the East Asia and Pacific region has surpassed its 2015 Millennium Development Goal (MDG) target of 85 per cent. The population without an improved drinking water source decreased from 31 per cent in 1990 to 12 per cent in 2006, a significant achievement.
- Rural drinking water coverage increased from 57 per cent in 1990 to 81 per cent in 2006. Urban drinking water coverage remained high at 96 per cent throughout the period 1990–2006. This is quite an achievement given the fact that the urban population increased by a staggering 71 per cent, from 500 million people in 1990 to 856 million in 2006. Maintaining high coverage rates in urban areas remains a challenge, especially because the urban population is set to grow by 200 million people over the period 2006–2015.
- The proportion of the population that enjoys the convenience and associated health benefits of a piped drinking water connection in the household increased from 41 per cent in 1990 to 61 per cent in 2006. The largest increase was registered in rural areas where coverage with a piped water connection in the household increased from 29 per cent in 1990 to 48 per cent in 2006. However, a greater number of new connections were registered in urban areas, with 307 million people gaining access to a piped supply in the household versus 204 million in rural areas.
- The percentage of children younger than 5 years (under 5) living in households with an improved drinking water source increased from 69 per cent in 1990 to 87 per cent in 2006. However, there are still 19 million children under 5 who do not use an improved drinking water source.

**SANITATION** (source: WHO/UNICEF Joint Monitoring Programme. 2008)

- The percentage of the population using an improved sanitation facility increased from 49 per cent in 1990 to 66 per cent in 2006. If this rate of progress is sustained over the coming years, the region will meet the MDG sanitation target of 75 per cent coverage by 2015, representing a gain of 281 million people.
- The practice of open defecation declined from 11 per cent in 1990 to 7 per cent in 2006. One in five people in the region uses a sanitation facility that does not meet the minimum hygiene standards of an improved facility that hygienically separates human waste from human contact.

- The number of people that uses an improved sanitation facility has increased by more than 50 per cent since 1990, from 814 million to 1.3 billion in 2006 – a gain of 482 million people over the 16-year period.
- The population that practises open defecation has decreased over the period 1990–2006, from 174 million in 1990 to 144 million in 2006. The decline in the practice of open defecation in rural areas was 53 million people. However, in urban areas the practice actually increased by 23 million, from 28 million in 1990 to 51 million in 2006.
- The percentage of children under 5 living in households that use an improved sanitation facility increased from 49 per cent in 1990 to 66 per cent in 2006.
- The percentage of children under 5 living in households that practise open defecation only slightly declined, from 11 per cent in 1990 to 9 per cent in 2006; in urban areas, that percentage increased from 6 per cent in 1990 to 7 per cent in 2006.
- Of the 145 million children under 5 in the region, 95 million live in households that use an improved sanitation facility, while 13 million children live in households that practise open defecation and have no sanitation facility at all.

## **WATER, SANITATION AND HYGIENE IN GENERAL**

- Investing in water and sanitation makes economic sense: The return on a US\$1 investment in sanitation is \$9, while the return on a \$1 investment in drinking water is \$4–\$35. (WHO, 2004)
- Overall annual per capita economic losses from poor sanitation range from \$9 in Viet Nam to \$32 in Cambodia. (Water and Sanitation Programme of the World Bank, 2007)
- Around 88 per cent of the under-5 deaths from diarrhoeal diseases are attributable to unsafe drinking water, poor sanitation and poor hygiene behaviour. Water, sanitation and hygiene interventions reduce the incidence of diarrhoeal disease by one quarter to one half. (WHO, 2008)
- An estimated 860,000 children under 5 in this region die annually as a direct or indirect result of malnutrition induced by unsafe water, inadequate sanitation and insufficient hygiene. (WHO, 2008)
- In this region, arsenic in drinking water is a problem in Cambodia, Lao PDR, Myanmar and Viet Nam, exposing up to 2 million people total, according to a 2008 UNICEF evaluation of arsenic mitigation in those four countries. A 2006 estimate (WASH for Children, 2008)

places some 20 million at risk of exposure in China. Globally, more than 130 million people are estimated to be exposed at concentrations above the WHO guideline value of 10 parts per billion. Naturally occurring arsenic, if consumed even in small concentrations over many years, can result in chronic arsenic poisoning, including skin lesions and cancer. The problem is being addressed primarily by water supply programmes that prevent or reduce risk through provision of alternative safe water sources. (UNICEF, 2008)

- Fluoride is another serious chemical contaminant that occurs naturally in drinking water. In this region, it is found in high concentrations in China, where a significant source of domestic exposure is from coal burning. Damaging dental and skeletal fluorosis can result from exposure above the WHO guideline value of 1.5 parts per million. (UNICEF, 2008)