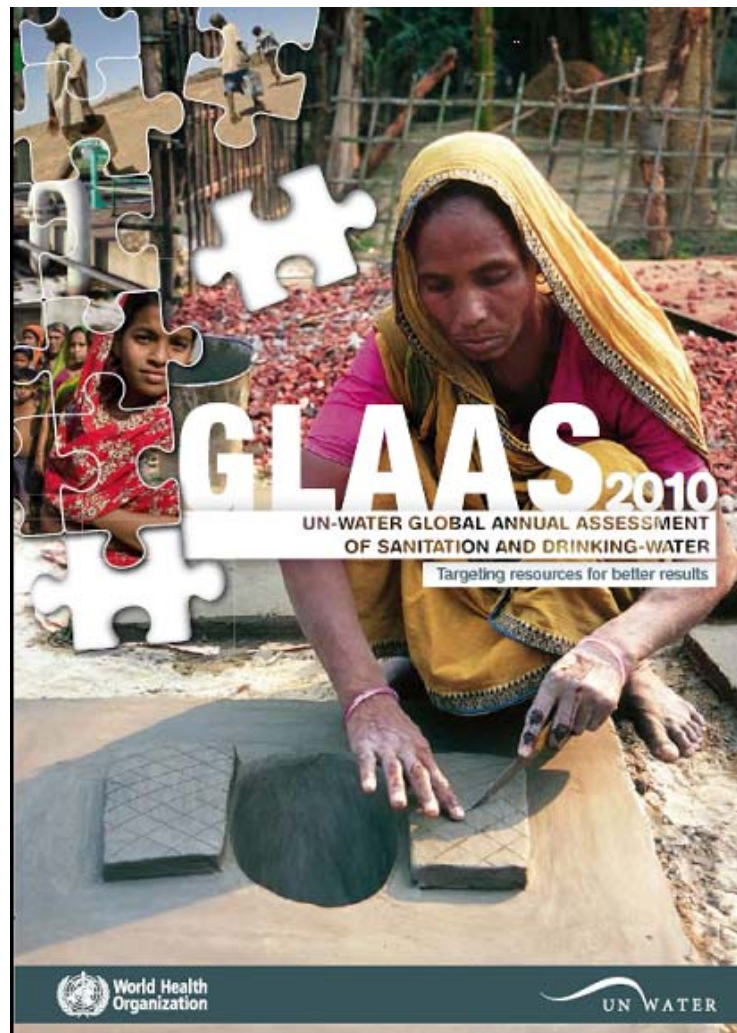


'THE POWER OF EVIDENCE'

An Update on GLAAS

2 July 2010



The UN-Water Global Annual Assessment of Sanitation and Drinking Water

(led by WHO)

1 SUMMARY

1.1 GLAAS is a relatively new addition to the sanitation and drinking-water monitoring landscape, with the first GLAAS report published on 21 April 2010. Yet, it responds to a strongly felt need for more information, and the announcement of the first report created a great deal of anticipation. Since its publication, it has already made its mark with many stakeholders. The call continues to be strong for the kind of information that GLAAS has demonstrated it can provide. It is important that this momentum is not lost.

1.2 GLAAS is one of a number of monitoring mechanisms in sanitation and drinking-water. For example:

- The WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP) has provided critical data on access and use of safe drinking-water and basic sanitation in all countries in the world since 1990. GLAAS complements the JMP report, by providing data on the inputs to sanitation and drinking-water, in terms of financial and human resources, policy frameworks and political capital, made available by developing countries and external support agencies (donors and nongovernmental organizations).
- The World Bank's Water and Sanitation Program (WSP) is carrying out, on behalf of the African Ministers' Council on Water (AMCOW), a second round of Country Status Overviews in 32 African countries. GLAAS and WSP have collaborated very closely to avoid duplication of data collection efforts in Africa.

1.3 Many countries do have some kind of regular assessment process to gauge the trends with respect to some of the factors driving progress in sanitation and drinking-water. There was, however, no report that puts this into a global context, covers all factors comprehensively and looks at the issues from the perspective of the developing countries, the industrialized countries and the international donor community joined as they are in their commitment to meet the MDG target for safe drinking-water and basic sanitation. GLAAS aims to be a reference for all stakeholders and a key tool for decision-makers at all levels.

1.4 Questions such as *'what works?'* or *'what has to happen to accelerate and sustain progress?'* are frequently raised in international and regional fora. The suggested solutions or ways forward are sometimes based on relatively small 'pilot studies' that are not able to demonstrate whether they can work at large scale or in different contexts. To make a step change in progress, decision-makers need to have evidence of what has worked in whole regions of countries if not whole countries rather than in some sub-district where a local champion has made a difference, but at relatively small scale and not replicable. The GLAAS has shown to be able to provide some answers to these critical questions, in a relatively short space of time.

1.5 Although GLAAS is a useful report in its own right, it has gained considerable strength from its association with Sanitation and Water for All (SWA). This new initiative has a strong political element that calls for decisions to be made at a high level that can only succeed if they are based on the kind of evidence that GLAAS makes available. The two initiatives have a great potential to mutually re-enforce one another, as was shown by the catalysed interest in GLAAS at and in the wake of the SWA High Level Meeting. This resulted in a greater response to the GLAAS survey by participants of the SWA High Level Meeting.

2. BACKGROUND

2.1 Unsafe water, inadequate sanitation and insufficient hygiene are important factors contributing to poor health. WHO estimates that diarrhoeal disease is the second leading contributor to global disease burden. For children under 15, this burden is greater than the combined impact of HIV/AIDS, malaria and tuberculosis. WHO estimates that more than 2.2 million deaths of children per year could be prevented by the reduction of diarrhoeal and malnutrition impacts related to unsafe water, inadequate sanitation or insufficient hygiene.

2.2 Investing in sanitation and water is extremely cost-effective. WHO estimates that achieving the water and sanitation MDG target could bring economic benefits, ranging from US\$ 3 to US\$ 34 per US\$ 1 invested, depending on the region. The World Bank estimates that the cost of poor sanitation ranges from 2% to 7% of countries' gross domestic product.

2.3 For the last 20 years the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP) has provided information on the status of countries and regions concerning access to and use of safe drinking-water and basic sanitation. The JMP presents this information globally and by region, and it disaggregates the national datasets into populations in urban and rural areas. Since 2000, the JMP has been the recognized mechanism for monitoring MDG Target 7.C: "*Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation*". The latest JMP report, launched in March 2010¹, focused on the disparities in the use of safe water and basic sanitation between urban and rural populations and between wealth quintiles. The report took a closer look at the 'water and sanitation ladders' and the diverse trends in moving up the ladders in different countries.

2.4 Increasingly, however, there has been a demand for information on the drivers and obstacles behind the JMP figures, especially since the sanitation target is considerably off track. Questions are frequently asked along the lines of 'what needs to happen' in order to accelerate progress towards the MDG 7.C target in some countries. Is the answer related to political leaders giving sanitation and drinking-water greater priority, or to increasing financial investment, or developing and implementing better policies, or improving the capacity of the institutions responsible for delivering services, or is it a combination of these things? In its report, GLAAS addresses these issues and it will increasingly be in a position to provide evidence-based answers to these questions.

The UNDP Human Development Report 2006

2.5 In 2006 the UNDP Human Development Report² (HDR) focused on water and sanitation, highlighting the importance of the political process and power relationships when it comes to issues relating to water. The HDR included four key recommendations including the need to develop a Global Action Plan (see box below). The report also had important messages on the human right to water, the 'vast deficit in sanitation', and the need to reduce the inequalities when it comes to access to safe water and basic sanitation between different groups within countries.

Develop a global action plan. International efforts to accelerate progress in water and sanitation have been fragmented and ineffective, with a surfeit of high-level conferences and a chronic absence of practical action. In contrast to the strength of the international response for HIV/AIDS and education, water and sanitation have not figured prominently on the global development agenda.

From HDR 2006

¹ PROGRESS ON SANITATION AND DRINKING-WATER - 2010 UPDATE

² Beyond scarcity: Power, poverty and the global water crisis - Human Development Report 2006

2.6 In their reaction to the HDR report some donors considered ways to render the international architecture more responsive to the needs of the powerless, un-served and vulnerable populations. A perceived need for a 'global framework' led to what is now referred to as *Sanitation and Water for All: a Global Framework for Action* which includes a call for an annual High Level Meeting (HLM) on sanitation and drinking-water and an annual global assessment to provide the evidence for decision-makers. The global HLM, and the associated regional meetings to prepare for it, need the kind of global and regional data that GLAAS is able to provide. An example of this is the use of the first GLAAS report, published on 21 April 2010 just before the first HLM on 23 April in Washington DC, as a basis for a number of 'calls and commitments' made and recorded in the Chairman's Summary of this event³.

The Hashimoto Action Plan II

2.7 In January 2010 the United Nations Secretary-General's Advisory Board on drinking-water and sanitation (UNSGAB, chaired by His Royal Highness Prince Willem-Alexander of the Netherlands) published the Hashimoto Action Plan II (HAP II). Section 3 of this report covers 'Monitoring and Reporting' and highlights the important role played by monitoring including by the JMP in monitoring MDG target 7.C. This section of the report sets out five objectives for global monitoring and reporting that included a call to enhance *'the knowledge of water and sanitation economics at the global and national levels, by close collaboration with OECD, GLAAS, the UN-System of Environmental-Economic Accounting for Water (SEEA) and the World Bank'*.

2.8 The emphasis on water and sanitation economics in HAP II is welcome. In addition, however, there is a clear need to monitor issues related to the enabling environment that is so instrumental in translating financial inputs into access and use outcomes. Elements include the level of conduciveness of the policy environment to a process aimed at increasing access to the un-served (both at national levels and at the level of the international development community), the capacity of institutions to respond to the demands of their customers for services and enter into intersectoral decision-making dialogues, the human resources available especially at the sub-national level and the funding flows that are underlying all of these phenomena. In addition the political expedience to overcome the challenges faced by sanitation and drinking-water systems and services is a critical factor for accelerating progress towards the MDG target and towards sustaining progress beyond 2015.

The role of UN-Water

2.9 UN-Water is a mechanism to strengthen coordination and coherence among all United Nations bodies dealing with a variety of water related issues, such as health, farming, environment, energy, food, climate, sanitation and disasters. UN-Water was set up in 2003 through a decision by the High Level Committee on Programmes of the UN Chief Executive Board for Coordination. UN-Water is not another UN agency. Instead, UN-Water adds value to existing UN programmes and projects and fosters more cooperation and information sharing among UN agencies and their partners.

2.10 In 2007 UN-Water mandated WHO to implement GLAAS. WHO was chosen among the UN-Water Members because health is one of the main ultimate outcomes of improved water and sanitation, and because of WHO's comparative advantage in providing an independent and authoritative source of evidence for policy making.

2.11 While UN-Water does not have a day-to-day role in managing GLAAS, it plays an important part in ensuring the UN organizations are aware of what GLAAS is doing and that all members of UN-Water endorse the GLAAS report. The coordination and

³ Summary by the Co-Chairs of the High Level Meeting on April 23rd 2010

inclusiveness provided by GLAAS being a UN-Water product is important for the success of GLAAS.

Achievements of GLAAS to date

2.12 In its relatively short life-time GLAAS has earned its place in the monitoring landscape and the information it yields is increasingly used as basis for more informed decision-making. The pilot GLAAS report launched in 2008 demonstrated that conceptually it was both appropriate and feasible. It was a report that provided information on both developing countries and donors, one that looked back to what had happened in the recent past and forward to plausible future scenarios, and one that tried to analyse the drivers of and constraints to progress towards expanded access to safe drinking-water and basic sanitation. The *guiding principles* of the pilot report, maintained for GLAAS 2010, were that it should:

- be a resource for all stakeholders working to enhance access and use of basic sanitation and safe drinking-water in developing countries;
- complement the work of other agencies and not duplicate their efforts;
- look at sanitation and drinking-water from the viewpoint of both developing countries and external support agencies (ESAs) that include donors (bilateral and multilateral) and non governmental organizations;
- minimize the burden of data collection from responding countries and organizations while capturing the main factors influencing the way that sanitation and drinking-water coverage can be increased;
- work with other organizations and initiatives to ensure quality of analysis of the data;
- work with other sectors, including education and health, to learn from their experiences and analyse the complementarities between them and sanitation and drinking-water.

2.13 In keeping with these guiding principles the GLAAS team has worked closely with the WHO/UNICEF JMP team and with the WSP team working on the Country Status Overviews for Africa (CSO), joining the CSO and GLAAS questionnaires and sharing resources to assist with in-country processes. Similarly the GLAAS questionnaires were used by UNESCAP for their study that contributed to the Asian Water Development Outlook Report 2010. The GLAAS 2010 report was also influenced by other sectors, particularly the education sector.

2.14 The GLAAS Report 2010 was launched on 21 April 2010 under the title *'Targeting resources for better results'*. GLAAS 2010 includes data from 42 developing countries and most main donors. The report presents four key recommendations:

- (a) increase the political commitment and prioritization of sanitation and drinking-water;
- (b) target resources better to meet the needs of the un-served;
- (c) strengthen national and sub-national systems to plan, implement and monitor the delivery of sanitation and drinking-water;
- (d) strengthen partnerships to support the development and implementation of national sanitation and drinking-water plans.

2.15 As part of the preparation work for the HLM, a number of developing country governments prepared short reports on the status and the main priorities for reaching the MDG target on basic sanitation and safe drinking-water. At the same time a number of ESAs prepared short statements on their priority regions and countries and their priority actions. GLAAS data was used as the basis of these reports and statements.

2.16 The GLAAS 2010 report has rapidly been seen by many stakeholders as an advocacy tool. Requests for GLAAS reports at international and regional conferences is

high and the key messages of the report are used to gain more support for sanitation and drinking-water. The GLAAS report is frequently referred to in regional and international fora and has earned itself a place in the monitoring landscape.

2.17 The link between GLAAS and *Sanitation and Water for All* (SWA) has clearly proved very valuable. The response to the GLAAS questionnaires was strengthened as a result of the need for those countries who planned to attend the HLM to have some data to present. Similarly the HLM itself gained from having the evidence from developing countries and ESAs to guide the discussions and prepare the statements of commitments. The SWA initiative brings together stakeholders from national governments, donors, international and national civil society and the UN family to discuss the key issues relating to basic sanitation and safe drinking-water. Such a forum needs the global picture provided by GLAAS to help determine what are the key priorities for making progress, while GLAAS itself benefits hugely from the combined knowledge and experience of the SWA partners.

Maintaining and enhancing the quality of GLAAS reports

2.18 To ensure that the quality of the GLAAS reports is maintained to the highest standards as well as meeting the needs of stakeholders, a multi-stakeholder evaluation meeting was held on 21-22 June 2010 that included a wide group of specialists. The aim of this meeting was to provide advice on how GLAAS might develop for the next report in 2011 and over the next few years. The main conclusion of the GLAAS evaluation meeting will be published and presented to the Stockholm World Water Week in September 2010.

2.19 The development of GLAAS is also, along with the JMP, a subject for discussion in the JMP/GLAAS Strategic Advisory Group (SAG) for monitoring sanitation and drinking-water up to 2015 and beyond, until universal access is achieved. Developing new outcome indicators for sanitation and drinking-water will be important for the JMP. Developing more sophisticated indicators for inputs and process such as the qualitative ones of 'effective advocacy', "overcoming fragmentation", 'leadership' and 'credible national plans' will be important for GLAAS. The SAG is expected to play a key role in guiding the strategic approaches towards achieving JMP and GLAAS goals. A GLAAS Technical Support Group will also be established. Members drawn from this group will meet towards the end of 2010 to provide more detailed advice on guidance to the GLAAS Team.

2.20 The GLAAS report relies on the constitutional contacts between WHO and its Member States. GLAAS will build on this relationship and on those of other relevant organizations such as the World Bank and UNICEF. GLAAS will establish a small global network (6 or 7 people) of specialists who can work at a regional level, maintain high-level contacts with country stakeholders and ensure 'institutional memory' within the GLAAS team. Regional GLAAS consultations, coordinated with other events as appropriate, will help to increase outreach to countries where expanding access to safe drinking-water and basic sanitation continues to be a key development priority. They will also serve as a source of information on what the in-country needs are for further evidence of 'what works' and for the further assessment of country needs.