Information note:
The contribution of the human rights to water and sanitation to the realization of the MDGs

The Millennium Development Goals (MDGs) have been valuable in galvanizing international support around a certain number of poverty reduction targets, including with respect to water and sanitation. They have generated broad and high level political commitment to water and sanitation, by putting them on the international agenda. Integrating the rights to water and sanitation within MDG monitoring and policy-making can help to make progress towards the MDGs more inclusive and sustainable, while promoting equity, accountability and policy coherence.

Universal access to water and sanitation
The MDG target on access to water and sanitation aims for a fifty percent reduction in the lack of access to improved water sources and improved sanitation facilities by 2015. Achieving these targets would undoubtedly represent a great success but would still leave 672 million people without access to “improved” water sources and 1.7 billion people without access to sanitation in 2015. International human rights obligations do not stop at a fifty percent reduction or any other arbitrary benchmark. Human rights law requires “progressive realisation,” as provided in Article 2(1) of the International Covenant on Economic, Social and Cultural Rights. States should ultimately aim for universal coverage within timeframes tailored to the country situation and to the maximum of their available resources. These also require that national target-setting and benchmarking be undertaken in the context of an objective assessment of national priorities and resource constraints.

In this regard, some countries are examples of what can be achieved with appropriate political will. For instance, in Bangladesh, the National Water Policy (1998) and the National Sanitation Strategy (2005) recognize water and sanitation as human rights. The country’s targets for universal access to safe drinking water and sanitation have been set to be achieved by 2011 and 2013, respectively. While the continued presence of arsenic in drinking water is hampering progress towards the target on drinking water, the country has performed particularly well in the area of sanitation. Since 1990, 14% of the population has gained access to improved sanitation and open defecation has decreased from 33% of the population in 1990 to 7% in 2008.

Aligning MDG indicators with normative human rights criteria
As with other economic, social and cultural rights, the normative content of the rights to water and to sanitation can be determined in terms of the criteria of availability, quality, acceptability, accessibility, and affordability. These criteria are reflected to some extent, but not entirely, in MDG indicators. For instance, measuring water quality clearly shows a discrepancy between the two approaches. To meet human rights standards, water has to be safe. It has to be of such quality that it does not pose a threat to human health. While MDG 7 target C explicitly refers to access to safe drinking water, the indicator does not measure quality directly. It is based on the assumption that improved sources are more likely to provide safe water than unimproved sources. However, recent rapid assessments by UNICEF and WHO in eight countries have shown that the drinking water obtained from improved sources was often unsafe, with potentially adverse consequences for the health-related MDGs as well as MDG 7, and target on access to water and sanitation. Initial results from those pilot studies reveal that compliance with WHO drinking water quality standards was close to 90% for piped water sources, while it was between 40% and 70% for other improved sources. Taking the criterion of safety explicitly into account will have the effect of shedding light on a more complex and serious situation of drastically higher numbers of people without access to safe drinking water.
Moreover, human rights obligations regarding sanitation determine that States treat, dispose or re-
use human excreta, whereas the MDG's target on sanitation is simply indifferent to these issues. 
Hence, there can be States that fully comply with the MDGs and still dump over 90% of the 
wastewater into rivers and oceans.

Non-discrimination – looking beyond averages
The MDGs focus on “average” or aggregate progress. Disaggregated data are indispensable for 
detecting and addressing discrimination. The indicator for MDG 7 target on access to water and 
sanitation seeks data disaggregated according to rural/urban areas. However, international human 
rights instruments prohibit discrimination on a range of grounds including race, colour, sex, 
language, religion, among others. At the global level, disaggregating according to wealth quintiles 
of the population as well as gender should be prioritized. In addition, States should adopt a 
contextualized approach to identify groups and individuals who face discrimination and specifically 
monitor progress in improving their access to water and sanitation. Even in countries with relatively 
high levels of access to water and sanitation, those who still lack access almost always face 
systemic forms of discrimination, and addressing such discrimination is often a matter of political 
will. For instance, some municipalities in Slovenia face challenges in connecting Roma settlements 
to water and sanitation services, notably related to the fact that the Roma people do not hold tenure 
over the land that they occupy. However, with political will, many municipalities have found 
solutions, both short and long term, in order to ensure that no person within their jurisdiction is 
deprived of access to safe drinking water and sanitation.

Participation and empowerment
The lack of adequate participation has been a troubling feature of many MDG-based planning 
processes for water and sanitation. The aim of participation should be to help empower people to 
challenge existing inequities and to transform power relations, thereby bringing about real and 
sustainable changes, with strengthened accountability particularly towards those most 
marginalized. Some countries have made important inroads towards introducing participation in the 
water and sanitation sectors at the national level. In the case of Bangladesh, the Community Led 
Total sanitation (CLTS), which was developed by the Village Education Resource Centre, and 
WaterAid, and has been officially adopted by the Government, has been credited with raising 
awareness about the importance of sanitation, and helping to eliminate open defecation. CLTS 
emphasizes the importance of behaviour change in improving access to sanitation and is based on 
a participatory model, whereby the community examines its sanitation status and takes action to 
address it. This approach advocates the empowerment of the community to find and finance its 
own sanitation solutions, and as a result, low-cost sanitation technologies have been developed.

Strengthening accountability at national and global levels
The MDGs help to promote accountability at national and global levels through monitoring and 
reporting against internationally agreed targets as well as nationally tailored poverty reduction 
targets, indicators and benchmarks. They draw upon widely available socio-economic statistics and 
data sets to monitor progress towards a number of quantifiable targets. In this regard, they can 
provide a valuable complement to more traditional human rights monitoring tools and techniques. 
However, international human rights commitments constitute prerequisites for the realization of the 
MDGs, providing a wider set of complementary standards and mechanisms for accountability. 
Human rights monitoring institutions and expert bodies add important accountability dimensions to 
MDG monitoring and reporting processes. These include courts, national human rights institutions 
and informal justice systems, public expenditure reviews, human rights impact assessments as well 
as international mechanisms including the United Nations treaty bodies and special procedures of 
the Human Rights Council.