WHAT IS GLAAS?
The UN-Water Global Analysis and Assessment of Sanitation and Drinking-water (GLAAS) monitors the inputs required to extend and sustain water, sanitation and hygiene (WASH) systems and services. The components of the “enabling environment” include government policy and institutional frameworks; the volume, sources and targeting of investment; the human resource base; the nature of external assistance; and performance. GLAAS also analyses the factors associated with progress, or lack thereof, in order to identify drivers and bottlenecks, knowledge gaps, strengths, weaknesses and challenges, and priorities and successes, and to facilitate benchmarking across countries.

KEY HIGHLIGHTS
Between 1990 and 2010, over 2 billion people gained access to improved water sources and 1.8 billion people gained access to improved sanitation. This demonstrates what countries can achieve with sustained commitment, adequate resources and effective implementation approaches. The GLAAS 2012 report shows, however, that in many countries policies and programmes under-emphasize adequate financing and human resource development to sustain the existing infrastructure and to expand access to sanitation, drinking-water and hygiene services. Financing is insufficient and the institutional capacity to absorb what is available is limited. The danger of slippage against the MDG target is real.

POLITICAL WILL AND ACCOUNTABILITY: There is growing political will for WASH implementation, as expressed in new efforts to be more accountable and to plan and coordinate more effectively.

In 2011, countries reported substantive political commitments to WASH, increasing funding allocations, and leadership and coordination among implementing agencies. The majority of countries have established transparent WASH service provision targets and have put in place supporting policies, and many monitor against these targets. Countries also confirm that the rights to water and sanitation are increasingly adopted in laws or policies. Accountability can be improved, as most countries do not include consumers in planning and only half have established regular review processes. The total amount of development aid for sanitation and water increased from 2008 to 2010 to US$ 7.8 billion, along with a notable increase in non-concessional lending for sanitation and water.

Despite these efforts, most countries are falling short on meeting their own national WASH commitments, with over 70% of countries reportedly falling significantly behind the trends required to meet their defined national access targets for sanitation and drinking-water.
DOMESTIC FINANCING: There is insufficient domestic financing for WASH overall, with particularly serious shortfalls for sanitation. This is exacerbated by difficulties in spending the limited funds that are received.

SUSTAINABILITY: There is a risk of slippage on progress made unless sufficient financial and human resource support is given to sustain operation and maintenance.
TARGETING OF FINANCIAL RESOURCES

Domestic WASH funding can be made more equitable

Drinking-water continues to absorb the majority of WASH funding, even in countries with relatively high drinking-water supply coverage and relatively low sanitation coverage. Countries also indicate that expenditures are largely targeted for extending services in urban areas, even in countries where urban areas are relatively well served and rural areas are off-track.

Funds are largely targeted for extending services in urban areas

Drinking-water continues to receive the majority of WASH funding

Targeting of external support for WASH can be further improved to assist those most in need

50% of sanitation and drinking-water aid is targeted to the sub-Saharan Africa, Southern Asia and South-eastern Asia MDG regions, those parts of the world where 70% of the unserved live

NOTE: An additional 7% of global sanitation and water ODA is targeted to regional programmes

Aid for basic sanitation and drinking-water services increased from 16% to 26% of overall sanitation and water aid commitments between 2008 and 2010
GLAAS 2012 Report – Highlights

MONITORING AND EVALUATION: Improved monitoring is required to generate the information for evidence-based decision making.

The use of periodic reviews to monitor and evaluate the performance of sanitation and drinking-water uptake and services is increasingly used by countries as a basis for planning. However, the lack of robust data is a potentially major constraint to progress.

- Half the countries did not report on access to adequate sanitation in schools or health-care facilities, suggesting a lack of monitoring systems and capacity.

- Despite clear country responses indicating insufficient staff in water and sanitation services, only half of countries were able to provide data for staff in place and one third could anticipate staffing needs.

- To strengthen the collection of WASH financial information, a harmonized method of data monitoring is needed.

The 2012 UN-Water GLAAS report presents data received from 74 developing countries, covering all the Millennium Development Goal (MDG) regions, and from 24 external support agencies (ESAs), representing approximately 90% of official development assistance (ODA) for sanitation and drinking-water.

The 2012 report draws on the latest information, including data from the Organisation for Economic Co-operation and Development (OECD) Creditor Reporting System (CRS), and data gathered through two sets of questionnaires: one for low- and middle-income countries and one for ESAs. These questionnaires have allowed countries and donors to score their progress and WASH inputs according to objective criteria. While the responses are based on consensus from multiple national stakeholders and are subject to validation, it is acknowledged that the accuracy of responses will show variability. Thus, to some extent, the responses should be interpreted as a self-assessment of country and donor priorities.

For further information: www.who.int/water_sanitation_health/glaas or glaas@who.int

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.