Disparities in access: renewed focus on the underserved

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Sector proposal for post-2015 targets

By 2030:

• to eliminate open defecation;

• to achieve universal access to basic drinking water, sanitation and hygiene for households, schools and health facilities;

• to halve the proportion of the population without access at home to safely managed drinking water and sanitation services; and

• to progressively eliminate inequalities in access.
Metrics and visualization of inequality

• Status
  – Gaps
  – Ratios
  – Complex measures

• Trends
  – How status measures change over time
Progressive reduction of inequalities

Advantaged: 1.6% per year
Disadvantaged: 3.4% per year
Stratifiers of inequalities of access

• Geographic
  – *Urban/rural*; regions; *formal/informal urban* remote/accessible

• Group-based
  – Religion; ethnicity; caste

• Individual-based
  – *Wealth*; education; *sex*; *age*; *disability*
GEOGRAPHIC INEQUALITIES
Regional gaps
Urban-rural gaps
(piped drinking-water on premises)

Average gap: 50 percentage points
Urban-rural gaps are closing
(improved drinking-water)

Change in national drinking-water coverage (percentage points)
GROUP-BASED INEQUALITIES
Culture-specific

• Tend to be specific to local culture
  – Religion
  – Ethnicity (language)
  – Caste

• Challenge of correlation with urban/rural, wealth
Religion in D.R. Congo

![Bar chart showing the proportion of the population by religion in the Democratic Republic of the Congo. The chart includes categories such as rural, urban, Jehovah's Witnesses, Catholic, Muslim, Protestant, other Christian, no religion, Kimbanguiste, and Animist.]
INDIVIDUAL INEQUALITIES
Wealth based disparities: quintile

INDONESIA - Rural sanitation coverage Evolution (1995-2010) by wealth quintiles

Rich-pooral gap: 44% pt in 1995 to 67% pt in 2010
Typologies (1)

Type 1: Uneven progress – Rural Pakistan

Type 2: Equitable progress – Rural Peru
Typologies (2)

Type 3: Levelling up – Urban Cambodia

Type 4: Stagnation – Rural Burkina Faso
Wealth quintile gaps are closing in urban areas.
Wealth quintile gaps are closing in urban more than in rural areas.

[Graph showing the change in coverage for improved sanitation from 1995 to 2010 for various countries. The x-axis represents the change in coverage, and the y-axis represents the reduction in quintile gap inequality. The graph includes countries such as Brazil, Cambodia, Indonesia, Egypt, Paraguay, and Pakistan. There are two clusters: one for decreased coverage and decreased equality, and another for increased coverage and increased equality.]
Other individual stratifiers

• Age
• Sex
• Disability
• Education
Open defecation practices in Burkina Faso, Cambodia, India, Ethiopia and Nepal show disparities according to level of education.
Disability

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<tr>
<td>Burkina Faso</td>
<td>16%</td>
<td>9%</td>
<td>59%</td>
<td>68%</td>
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<tr>
<td>India</td>
<td>41%</td>
<td>35%</td>
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<td>Pakistan</td>
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WHO / UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation
Limitations of household surveys

• Normally a single respondent
  – Typically woman of child-bearing age

• Small sample size
  – For (multiple) disaggregation
MULTIPLE DIMENSIONS
Multiple dimensions

Victora, 2005
Averages mask huge disparities; 40% open defecation in Mozambique, but 96% among the rural poor.
Conclusions

• Inequalities will be front and centre in post-2015 monitoring

• New metrics and new methods will be needed

• Data should drive programmes and investments