

It's No Joke:

The State of the World's Toilets 2015





Hanging latrines surrounded by rubbish in Madagascar.

WaterAid/Anna Kari

Introduction

We all laugh at toilet humour – but the state of the world’s toilets is really no joke.

For people in developed countries, flushing a toilet and turning on a tap is taken for granted. But more than 650 million people in the world do not have access to clean water, and more than 2.3 billion do not have access to a safe, private toilet.¹ Diarrhoea is one of the three most common killers of young children globally, along with pneumonia and malaria.² Most of these deaths – 58% of them – could be prevented by clean water, sanitation and good hygiene including handwashing with soap.³

That is more than 314,000 young children⁴ who could be saved, every year.

This is a problem that can be solved.

In September, the UN adopted new Global Goals on sustainable development. The entire world has come together to agree a path to a fairer, more sustainable world – one in which extreme poverty is eliminated and no matter where you are you have enough to eat, clean water to drink, a safe, private place to relieve yourself and soap and water to wash with.

Goal 6 promises adequate, equitable access to water, sanitation and hygiene to everyone everywhere by 2030.

Now we need to work together to bring these goals to fruition.

This report shows us where we need to start.



The background: why your toilet is so important

Your toilet. You use it every morning without thought, and the idea of trying to get by without one is almost impossible to imagine. But doing without a toilet has many terrible, tragic costs for communities.

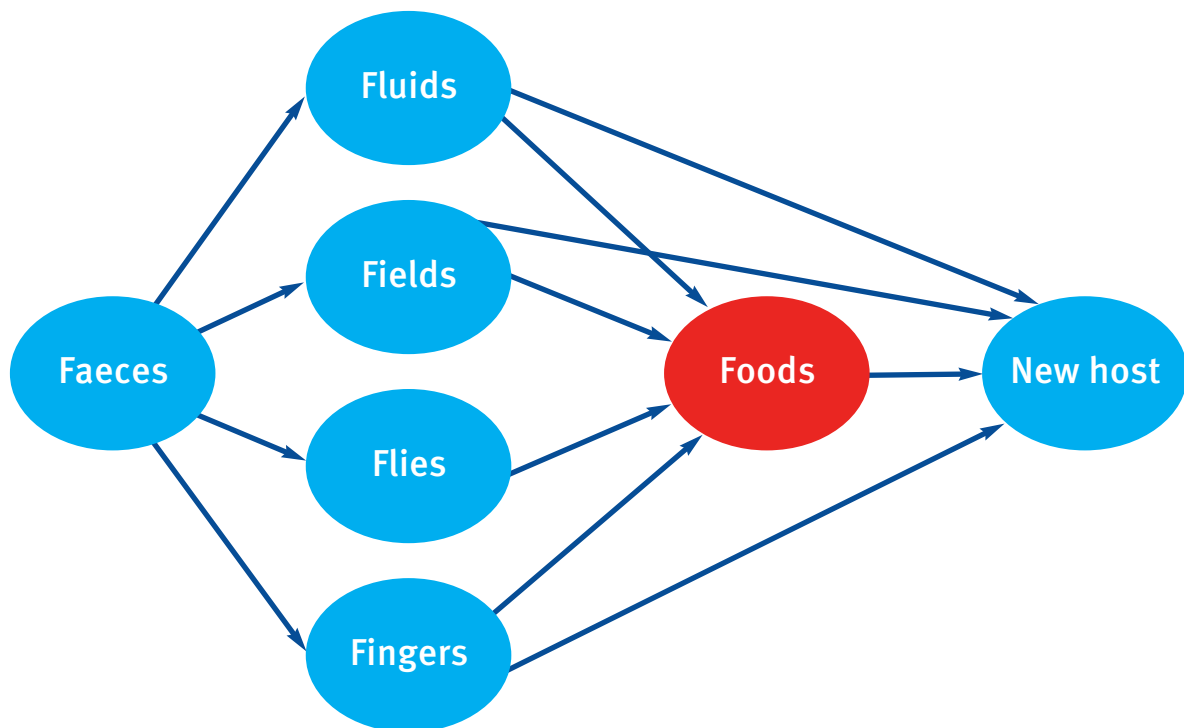
Not having a proper toilet, whether you defecate in the open or use a bucket or rudimentary pit latrine which leaks its contents, means you have no way to prevent your faeces from contaminating your environment. This is a one-way street to illness – one gram of faeces carries up to 1 million bacteria and 10 million viruses.⁵ When faeces is let loose in your environment, minute amounts contaminate your hands, food and water, and spread diseases.

This faecal-oral transmission of disease, which happens when the barriers of toilets, safe water

and hygiene are not in place, can be illustrated by an 'F' diagram: minute particles of **faeces**, which get onto **fingers**, are spread by **flies**, picked up in **fields**, spread through **fluids** (including waterways) and then ingested, either directly or when a person eats contaminated **food** (see diagram below).⁶ In addition, flies carrying faeces can land on faces, spreading infections or blinding eye disease.

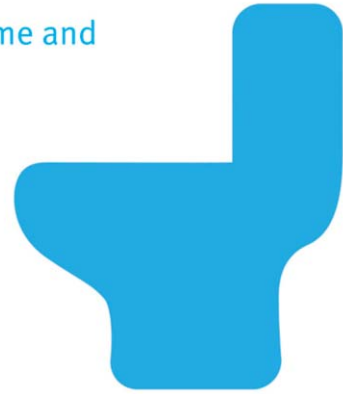
Contamination routes include water polluted by pit latrines or open defecation, food prepared in the presence of faecal matter, poor or no handwashing after using the toilet or changing nappies, and poor or no cleaning of anything that has been in contact with faeces.

This transmission has a far wider impact than many people realise.



Source: UN Water <http://esa.un.org/iys/docs/IYS%20Advocacy%20kit%20ENGLISH/Fact%20sheet%201.pdf>

19% of health-care facilities in low-income and middle-income countries,
53% of people in South Asia,
70% of people in Sub-Saharan Africa,
 and
46% of schools in developing countries
do not have toilets.



Source: World Health Organization/UNICEF

• Maternal health

Every day, 800 women around the world die of preventable causes associated with pregnancy and childbirth.⁷ Of these deaths, 99% are in developing countries, and more than 10% are caused by sepsis, a condition which arises when the body cannot cope with severe infection.

In South Asia, nearly 14% of maternal deaths can be attributed to sepsis.⁸ Many of these deaths are preventable. If women can give birth in clean, hygienic surroundings, and their babies are delivered by skilled attendants who have been able to wash their hands with soap and sterilise their instruments, the likelihood of infection is greatly reduced. Yet results of a World Health Organization (WHO) survey of low-income and middle-income countries showed that 38% of health-care facilities do not have even basic access to water, 19% do not have basic sanitation and 35% do not have water and soap for handwashing.⁹

• Newborn mortality

The first few weeks of a baby's life are when they are most vulnerable, especially when they are in an environment with dirty water, poor sanitation and inadequate hygiene. The environment in which babies are born has an important impact on whether the bacteria that cause sepsis are spread, before, during and after delivery.

In Sub-Saharan Africa and South Asia in 2013, sepsis, meningitis and tetanus – all infections that are linked to unhygienic environments – killed more than 400,000 newborn babies.¹⁰

After the first week of life, sepsis is the most common cause of death of babies up to one month old.

• Child health

Children younger than five years are more susceptible to infections when growing up in a place with dirty water and poor sanitation than are older children, and the impacts follow them well beyond early childhood. If children live in a community without toilets, the areas in which they play and live are contaminated by human waste. This is very easily spread to their hands and food, and into their bodies.

Preventable diarrhoeal illnesses linked to dirty water and poor sanitation kill more than 314,000 children under five every year.¹¹ Many hundreds of thousands more are left stunted, their physical, cognitive and social development impaired by malnutrition (by which in this report we mean undernutrition – the under-absorption of nutrients).

Malnutrition doesn't just occur when there isn't enough food – repeated infections and diarrhoea make it difficult for a child's small body to absorb nutrients.

Studies show that stunting is more common in places with high rates of open defecation, because faecal matter contaminates the food, water and general environment, making children frequently ill, and can permanently damage children's intestines and thereby their ability to absorb nutrients.

The implications reach beyond health.

• Gender equality

It is women and girls who feel the impact of a lack of sanitation most severely. Without a safe, private place to relieve themselves, girls and women are often left with no choice but to go out at daybreak or in the evening to find a place to go in a field, roadway, railway track or bush. These unhygienic, unsafe conditions can contribute to infection and leave them more vulnerable to harassment or assault.

How girls and women care for themselves during their periods is also of major concern – not just for the risk of infection but for the lack of dignity a woman experiences when she does not have a safe, private place to manage her periods.

• Education

Imagine if your primary school had no toilets in working condition, or if there were just one or two in a school of 600 or more students. This is the reality for too many primary schools in developing countries, and it has a serious impact on how long students are able to stay in education. Children who are frequently off sick because of infections picked up in unhygienic schools are more likely to fall behind and drop out. UNICEF found that in low-income countries only 46% of schools, on average, have toilets

for their students.¹²

The impact of inadequate toilets at school is greater on girls who have begun menstruation. Without proper sanitary supplies or a safe, private place at school to wash and care for themselves, many girls stay home for that week each month; they quickly fall behind, and it's often not long before they stop attending entirely.


• Economic development

The cost of hospital beds full of people suffering from preventable illnesses linked to dirty water and poor sanitation holds back a country's workforce and its economic development. The annual global economic losses associated with inadequate water supply and sanitation are estimated to be US\$260 billion.¹³

This is nearly double the net overseas development aid – \$135.2 billion – given by donor nations in 2014.¹⁴

Keeping communities healthy increases productivity and opportunity. Investing in water and sanitation systems has tremendous economic rewards – at least \$6 return on every \$1 spent on eliminating open defecation, and \$3 for every \$1 spent on sanitation.¹⁵

Unfortunately, for many countries there is still a long way to go before the vision of a safe, private toilet for every household will become a reality.



A pit latrine in poor repair in rural Niger.

WaterAid Niger

Part 1: The ten worst places in the world to find a toilet

Bottom ranked: South Sudan

Runners up: Niger, Togo, Madagascar

Rank	Country	% of population without access to an 'improved' toilet (2015) ¹⁶	Gross national income per capita (\$) (2014) ¹⁷	Average life expectancy, at birth ¹⁸ (2013)	Maternal mortality rate, sepsis-related (per 100,000 births) ¹⁹	Child deaths, under five, from diarrhoea (per 1,000; 2013) ²⁰	% of children stunted (indicator of malnutrition) ²¹
1	South Sudan	93.3	940	55	75.2	9.8	31
2	Niger	89.1	420	58	64.9	11.8	44
3	Togo	88.4	570	56	46.4	7.1	28
4	Madagascar	88.0	440	65	45.3	5.2	49
5	Chad	87.9	980	51	100.1	17.9	39
6	Sierra Leone	86.7	710	46	113.3	21.4	38
7	Ghana	85.1	1,600	61	39.1	6.0	19
8	Congo	85.0	2,710	59	42.2	2.5	25
9	Tanzania	84.4	930	61	42.2	3.8	35
10	Eritrea	84.3	680	63	39.1	5.1	50

Ibrahim Soumana, 15, a sixth-grader, in front of a WaterAid school latrine in the village of Sinder in the Tillaberi Region of Niger. "We students no longer have to leave the school and go into the bush to relieve ourselves, now that the latrine has been built."



WaterAid/Nyani Quarmyne/Panos

Africa's newest country, **South Sudan**, holds the dubious title of being the hardest place in the world to find a household toilet.

South Sudan gained independence in July 2011, part of a 2005 peace agreement which ended a long civil war, but has since been beset by power struggles and violence. Amid such unrest, rebuilding is a slow and complicated road; more than 50% of South Sudan's people²² live below the national poverty line,²³ and 91% are without basic, safe sanitation, contributing to high levels of maternal and child mortality.²⁴

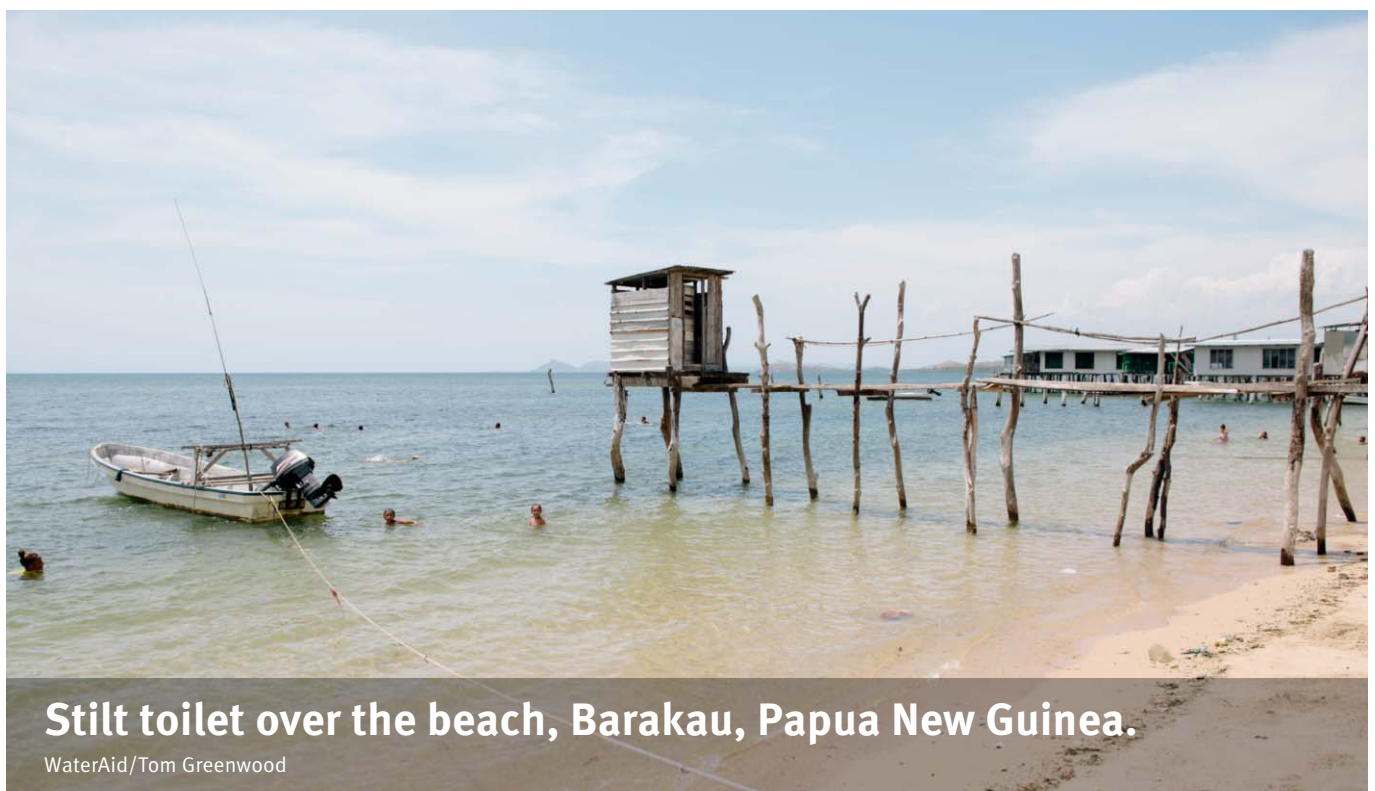
Running a close second to South Sudan is **Niger**. This landlocked desert country has seen huge upheaval and conflict; a decade of internal conflict left more than 100,000 people displaced. 41% of its population lives in extreme poverty and 89.1% does not have safe, private toilets.

Much of Niger's population is nomadic, which poses particular challenges to access to water and toilets. Distances to water sources are great, and water supplies are often polluted with naturally occurring arsenic. Populations which move on regularly are unlikely to build more than the most

rudimentary toilets, so open defecation, which spreads disease, is common. In fast-growing urban areas, natural sources of water are drying up, and there is little sanitation infrastructure.

Rounding out the bottom four are **Togo** and **Madagascar**. The latter – a large island off southern Africa – is among the world's poorest countries, with more than 75% of its people living in poverty,²⁵ and 88% lacking access to basic toilets.

Finally, we include a mention for **Papua New Guinea**, which is the only state outside Sub-Saharan Africa to fall in the world's hardest 12 countries in which to find a toilet, by percentage of population. Some 81% of this Pacific island's residents do not have a safe, private toilet to use. With an average per-person gross national income of \$2,030, a child mortality rate of 61 per 1,000 livebirths and a life expectancy of 62 years, life for people here is incredibly difficult. On average 220 women out of every 100,000 will die in childbirth, and at least one in 20 of those will die of sepsis which might have been prevented by safe water, good sanitation and rigorous hygiene, including by the midwife washing their hands with soap.



Part 2:

Top ten places with the longest queues for toilets

Longest queue: India

Runner up: China

Rank	Country	Number of people without access to 'improved' private toilets (2015) ²⁶	Gross national income per capita (\$) (2014) ²⁷	Average life expectancy, at birth (2013) ²⁸	Maternal mortality rate due to sepsis (per 100,000 births) ²⁹	Child deaths, under 5s, from diarrhoea (per 1,000; 2013) ³⁰	% of children stunted (indicator of malnutrition) ³¹
1	India	774,222,300	1,570	66	26.0	5.5	39
2	China	329,851,200	7,380	75	0.8	0.5	9
3	Nigeria	130,387,500	2,970	52	57.7	11.0	33
4	Indonesia	100,168,400	3,630	71	10.4	1.6	36
5	Ethiopia	71,217,200	550	64	43.3	6.0	40
6	Pakistan	68,666,800	1,410	67	23.3	9.0	45
7	Bangladesh	63,267,800	1,080	71	23.3	2.6	36
8	Democratic Republic of the Congo	50,833,300	380	50	75.2	12.3	43
9	Tanzania	44,159,400	930	61	42.2	3.8	35
10	Russian Federation	39,468,700	13,210	71	1.1	0.1	No data

India, the world's second most populous nation, has a well-known problem with sanitation. Cities growing at an incredible pace with unofficial, unserviced slums, combined with cultural preferences for open defecation in fields rather than enclosed spaces, mean India has the World's Longest Queues for Toilets.

If you stretched all 774 million people in India now waiting for household toilets, the queue would stretch from Earth to the moon – and beyond! That queue would take 5,892 years to work through,

assuming each person needs about four minutes in the toilet.

The resulting health crisis is a serious matter. More than 140,000 children younger than five years die each year in India from diarrhoea.³² Nearly 40% of India's children are stunted; this will affect both their life chances and the future prosperity of India. India also has high rates of maternal and newborn mortality linked to sepsis. The equipment necessary to prevent infection during and after childbirth is simple and inexpensive, but requires

clean water and soap, and clean surroundings, which are difficult to achieve in an environment contaminated by open defecation, and without good hygiene practices such as handwashing with soap by clinic staff and midwives.

Work is underway in India to end the crisis. Prime Minister Narendra Modi has given the issue high political priority, and in autumn 2014 announced the Swachh Bharat (Clean India) Mission. Swachh Bharat aims to ensure every household has a toilet

by 2019 and to educate people about the long-term health and economic benefits of using a toilet.

This is an important and long-overdue initiative, and is bringing change to India's communities. But simply building the toilets won't be enough. What will be absolutely crucial is getting local, state and national government to make this a priority, and creating the cultural shift that will ensure that once the toilets are built they are used – by everyone.

“My name is Tahira Devi. I'm 40 years old and live in Soniya Camp in East Delhi. I'm a local leader and work to improve the water, sanitation and hygiene facilities facilities in my slum. There are many problems because of the community toilet. There is too much rush as too many people are dependent on it. People don't pay for its proper maintenance. In the morning, when we have to work, we waste time standing in line.

The toilets are also dirty and not well maintained. If I had my own toilet in my own house it would be very good, especially if it is connected to a sewer line. This would help my son and daughter to not depend on the community toilet and to study better. Having my own toilet would also help in preventing illness and help my family lead a healthy life and contribute to our economic betterment.”



Tahira Devi, 40, in the community toilet block in the Soniya Camp slum east of Delhi, India.

WaterAid/Anil Cherukupalli



The community toilet block in the Soniya Camp slum, east of Delhi, India.

WaterAid/Anil Cherukupalli

Part 3:

Most people defecating in the open, per square km

Worst offender: India

Runners up: Haiti, Togo

Rank	Country	Number practising open defecation (2015) ³³	Surface area (sq. km) ³⁴	Average number of people practising open defecation per sq. km ³⁵	Average life expectancy, at birth (2013) ³⁶	Maternal mortality rate due to sepsis (per 100,000 births) ³⁷	Child deaths, under 5s, from diarrhoea (per 1,000; 2013) ³⁸	% of children stunted (indicator of malnutrition) ³⁹
1	India	569,397,200	3,287,260	173	66	26.0	5.5	39
2	Haiti	2,011,100	27,750	72	63	31.5	8.7	22
3	Togo	3,710,000	56,790	65	56	46.3	7.1	28
4	Nepal	8,973,700	147,180	61	68	26.0	2.8	37
5	Benin	5,800,200	114,760	51	59	35.0	7.7	34
6	Nigeria	46,017,300	923,770	50	52	57.7	11.0	33
7	Cambodia	7,439,800	181,040	41	72	9.3	2.8	32
8	Burkina Faso	9,876,500	274,220	36	56	41.2	9.6	33
9	Pakistan	25,100,200	796,100	32	67	23.3	9.0	45
10	Indonesia	52,252,400	1,910,930	27	71	10.4	1.6	36

India takes the title in this category, with 173 people defecating in the open for every square kilometre in the country. That ratio would be the same as 500 people having to defecate in the open

in the Square Mile of the City of London, or 15,000 people in Manhattan, New York City. Open defecation leaves communities filthy and children ill and undernourished.

India's 'Swachh Bharat' (Clean India) mission

In October 2014, Indian Prime Minister Narendra Modi announced his 'Clean India' mission to deliver a toilet to every household and end open defecation by 2019. This is no small task in a country where 560 million people still defecate in the open.

One year in, they've delivered toilets to 8 million households – a promising start. But, to succeed, more funding, greater government prioritisation at all levels and

a focus on changing people's behaviour to ensure everyone uses these new toilets will be required. If just one person continues to defecate in the open, the environment remains polluted for everyone.

If Clean India is to succeed, sanitation must be seen as a fundamental human right along with food, education, livelihoods and health, for everyone in the country – including the poorest and most marginalised.



An open defecation area opposite Deepak Colony, east of Delhi, India.

WaterAid/Anil Cherukupalli

Part 4:

Worst of the best: toilet problems in developed countries

Worst toilet access of developed countries: Russia

Runners up: Moldova, Romania

Dishonourable mentions: Ireland, UK, Sweden

Rank	Country	% of population without safe, private toilets (2015) ⁴⁰	Number of people without safe, private toilets (2015) ⁴¹	Gross national income per capita (\$) (2014) ⁴²	Average life expectancy, at birth (2013) ⁴³	Maternal mortality rate due to sepsis (per 100,000 births) ⁴⁴	Child deaths, under five, from diarrhoea (per 1,000; 2013) ⁴⁵
1	Russian Federation	27.8	39,468,700	13,210	71	1.1	0.1
2	Republic of Moldova	23.6	810,200	2,550	69	1.0	0.2
3	Romania	20.9	4,515,100	9,370	74	1.5	0.1
4	Bulgaria	14.0	997,000	7,420	74	0.2	0.1
5	Latvia	12.2	248,000	15,660	74	0.6	0
6	Ireland	9.5	449,900	44,660	81	0.4	0
7	FYRO Macedonia	9.1	191,700	5,150	75	0.3	0.1
8	Lithuania	7.6	228,000	15,380	74	0.5	0
9	Albania	6.8	216,300	4,460	78	1.0	0.1
10	Belarus	5.7	525,600	7,340	72	0	0
	UK	0.8	504,100	42,690	81	0.4	0
	USA	0	36,100	55,200	79	1.3	0.1
	Canada	0.2	65,200	51,690	81	0.5	0
	Sweden	0.7	67,200	61,600	82	0.2	0
	Japan	0	0	42,000	83	0.3	0.1
	Australia	0	0	64,680	82	0.3	0

Only 17 countries in the world – including Australia, Japan, South Korea, Singapore and Saudi Arabia – have reported that just about every single household in the country has a safe, private toilet.⁴⁶

Perhaps surprisingly, the USA, Canada, the UK and Sweden are not among them. The numbers without toilets are somewhat larger in Russia and across Eastern Europe.

Although the proportions are small compared with those in developing countries, all of these nations have measurable numbers of people who live without private access to toilets in their households. This includes student dormitories, bedsits and homeless shelters, as well as the apartment blocks once common in Eastern Europe, where more than one household might share a toilet.

In Canada, 65,200 rural residents lack private access to toilets in their homes – in part reflecting the poor state of infrastructure and housing in

many aboriginal communities.⁴⁷

What is harder to capture in statistics is the number of people who struggle even to access decent shared toilets – e.g. those sleeping on the streets of big cities, or in camps for refugees and migrants, official and makeshift, which have sprung up across Europe to house people fleeing poverty or conflict.

In any place where access to sanitation is a challenge, women, children, older people and disabled people are most likely to suffer most. For women and girls, managing menstrual hygiene becomes a constant struggle, from lack of both toilets and affordable sanitary materials.

The UN's new Global Goals call for access to water, sanitation and hygiene for everyone everywhere, and for elimination of inequalities. In developed countries where these services are not delivered, it's a question of political priority.



Part 5:

Most improved in access to sanitation, 1990–2015

Most improved: Tokelau

Runners up: Vietnam, Nepal

Rank	Country	Improvement, (% points), in population living without toilets, 1990 vs 2015 ⁴⁸	Number of people without sanitation, 1990 (and %) ⁴⁹	Number of people without sanitation (2015) (and %) ⁵⁰	Gross national income per capita (\$) (2014) ⁵¹	Average life expectancy, at birth (2013) ⁵²	Maternal mortality rate, from sepsis (per 100,000 births) ⁵³	Child deaths, under 5, from diarrhoea (per 100,000; 2013) ⁵⁴	% of children stunted (indicator of malnutrition) ⁵⁵
1	Tokelau	45.3	900 (54.8%)	100 (9.5%)	No data	No data	No data	No data	No data
2	Vietnam	41.8	43,945,800 (63.8%)	20,555,200 (22%)	1,890	76	2.7	2.9	19
3	Nepal	41.3	17,297,200 (95.5%)	15,416,800 (54.2%)	730	68	26.0	2.8	37
4	Pakistan	39.8	84,790,300 (76.3%)	68,666,800 (36.5%)	1,410	67	23.3	9.0	45
5	Cambodia	39.5	8,791,600 (97.1%)	9,025,400 (57.6%)	1,020	72	9.3	2.8	32
6	Micronesia	37.7	77,600 (80.6%)	44,800 (42.9%)	3,270	69	4.8	2.8	No data
7	Paraguay	36.3	2,025,500 (47.7%)	801,900 (11.4%)	4,380	72	9.1	1.2	No data
8	Honduras	34.5	2,541,000 (51.8%)	1,461,800 (17.3%)	2,280	74	10.0	1.4	No data
9	Fiji	34.3	314,500 (43.2%)	79,300 (8.9%)	4,540	70	2.9	1.1	No data
10	Bhutan	31.5	434,300 (81.1%)	385,100 (49.6%)	2,390	68	16.4	2.6	No data

The two countries which have made the biggest strides in sanitation are the tiny Pacific island nation of **Tokelau** (population 1,400), a territory of New Zealand that now enjoys more than 90% sanitation coverage, and **Vietnam**, which has now reached nearly 80% of people with sanitation and has become one of Southeast Asia's fastest-growing economies.

Nearly matching Vietnam's impressive progress is **Nepal**. This mountainous, landlocked nation has made incredible strides in both water and sanitation in recent years. Like neighbouring India, this isn't just a problem of infrastructure. Delivering sanitation in Nepal also means overcoming traditional cultural beliefs that it's better to defecate away from your home.

Public campaigns against open defecation in Nepal have proven successful – communities have celebrated their ‘Open Defecation Free’ status like weddings, with proud banners, music and food.

However, this progress was delivered a difficult blow by devastating earthquakes in April and May 2015 which killed more than 8,000 people and levelled entire villages.

The damage has set back many villages which previously showed good progress on access to water and toilets. Villages that had celebrated their Open Defecation Free declarations found that

status in jeopardy and fears of waterborne illness including cholera grew.

There is much rebuilding still to do in Nepal, and water supply and sanitation repair will play a crucial part. The importance of having access to clean water and a safe, private toilet came into sharp relief in the days immediately after the earthquakes. These simple necessities can make all the difference for families trying to survive the initial days of shock and fear – the difference between being able to drink, cook, bathe and relieve yourself privately with a measure of good hygiene, or falling ill and suffering even more.



**Sarmila Shrestha, 26, at the toilet.
Ugrachandi Nala 2, Kavre, Nepal.**

WaterAid/Mani Karmacharya

Sarmila and her family, including her young son, stayed in a tent on their farm for a month after the earthquake, but continued to use their old toilet which was hard to reach and damaged by the earthquake. Eventually they were able to build a temporary shelter of wood and corrugated metal, and approached WaterAid Nepal’s local partner CIUD for help to build a safe temporary toilet.

“I cannot explain that it is such a great relief to get a toilet in our temporary shelter. It is very comfortable these days. The toilet in the shelter has saved lots of my time – now I do not have to worry about taking my son to the toilet.

“A toilet is very essential in our life. If there is no toilet we would be unhealthy and surroundings will be very dirty. This is because when there is no toilet, people will defecate in an open area, which is very risky for our health. It directly pollutes the river and other water sources and when we consume such contaminated water we would definitely get sick.”



A little-used household toilet in Panna district, Madhya Pradesh, India, used as a satellite dish stand. Poor construction and the failure to convince people to change their behaviour can lead to toilets falling into disuse.

Part 6:

Most behind on access to sanitation

Most behind on access to sanitation: Djibouti

Runners up: Georgia, Nigeria

Rank (worst in world)	Country	Increase (% points) in population without toilets, 2015 vs 1990 ⁵⁶	Number of people without access to sanitation (and %), 2015 ⁵⁷	Number of people without access to sanitation (and %) 1990 ⁵⁸	Gross national income per capita (\$) (2014) ⁵⁹	Average life expectancy, at birth (2013) ⁶⁰	Maternal mortality rate due to sepsis (per 100,000 births) ⁶¹	Child deaths, under 5, from diarrhoea (per 100,000; 2013) ⁶²	% of children stunted (indicator of malnutrition) ⁶³
1	Djibouti	18.7	472,900 (52.6%)	199,800 (33.9%)	No data	62	23.7	6.3	34
2	Georgia	11.5	591,600 (13.7%)	120,600 (2.2%)	3,720	74	3.5	0.1	No data
3	Nigeria	9.1	130,387,500 (71.0%)	59,206,600 (61.9%)	2,970	52	57.7	11.0	33
4	Tonga	3.4	9,600 (9.0%)	5,400 (5.6%)	4,290	73	6.0	0.2	No data
5	Zimbabwe	3.1	9,504,400 (63.2%)	6,290,600 (60.1%)	830	60	48.4	7.7	28
6	Qatar	1.9	46,600 (2.0%)	600 (0.1%)	94,410	79	0.3	0	No data
7	Papua New Guinea	1.3	6,187,500 (81.1%)	3,319,400 (79.8%)	2,030	62	11.0	5.4	50
8	Samoa	1.2	16,400 (8.5%)	11,800 (7.3%)	4,050	73	2.9	0.6	No data
9	Aruba	0.9	2,400 (2.3%)	900 (1.4%)	No data	75	No data	No data	No data
10	Belarus	0.8	525,600 (5.7%)	504,700 (4.9%)	7,340	72	0	0	No data

In the unfortunate position of the world's most regressive country on sanitation is **Djibouti**, a tiny country bordering Ethiopia, Eritrea and Somalia. Racked by civil war until 2000, nearly a quarter of its population lives in extreme poverty. It has few natural resources, little arable land and little rainfall; its main income comes from its position at the southern entrance to the Red Sea, which makes it Ethiopia's main trade route.

In second position is **Georgia**. This former Soviet republic saw war with Russia in 2008 which destroyed infrastructure and brought its economy to a standstill. Although now recovering, the damage is still felt. Although country-wide access to sanitation is 86.3%, this is a decrease from 97.8% in the early 1990s.

The third nation on this list is Sub-Saharan Africa's largest economy and now classed as a lower-middle-income country. Despite this, **Nigeria** is failing when it comes to progress on delivering sanitation to its citizens. Some 71% of Nigeria's people do not have access to basic, safe toilets; more worrying, the number of households with access to sanitation has actually slipped by nine percentage points since 1990.

This takes a heavy toll on Nigeria's people. An estimated 11 children in every 1,000 die of diarrhoeal illnesses each year in Nigeria, and 58 out of 100,000 births result in the mother dying of sepsis.

To change this situation will take political commitment and financing from the very top. Nigeria needs to measure up to its status as a middle-income country and finance its infrastructure accordingly. This means mobilising domestic resources, including through taxes and tariffs, and making effective use of traditional aid to target poor people.

Another obstacle to improving sanitation practices in Nigeria, including the use of toilets, is convincing people to embrace their use. In some rural areas, people might prefer to find a spot in a field rather than use a small, possibly smelly room in their home. Promoting the health benefit of sanitation is key.

What's next?

Access to water, sanitation and hygiene is a basic human right. These services are essential for good health, for progress in gender equality, for economic development and for our dignity as human beings.

Yet, whether you are a child growing up in rural India, a homeless person in London, a refugee fleeing conflict or a young woman giving birth in Mali, the inability to access safe, private toilets has humiliating and sometimes devastating consequences.

Whether you're at home, at school or in a medical clinic, you have the right to a safe, private place to relieve yourself.

This year all UN member states have adopted new Global Goals on sustainable development. This 15-year framework aims to eradicate extreme poverty and tackle inequalities and climate change by 2030, creating a world that is healthier, fairer and more sustainable.

Goal 6 aims to deliver access to water, sanitation and hygiene for everyone everywhere. Without achieving this goal, the world cannot achieve many of the other goals – it can't end hunger and malnutrition, or ensure gender equality, education and healthy lives for all. Ultimately, it can't deliver on the overarching aim – a world free from extreme poverty by 2030. So it's a big ask. But it **can** happen, because it has happened before. In the UK, in Europe, in South Korea, in Singapore, and in many other countries, strong leadership, political will and sufficient funding for sanitation have dramatically changed public health and modernised societies.

To get there we need determination and commitment. We need to hold world leaders to account and make them deliver on their promises to reach everyone including the poorest, most vulnerable and most marginalised people in our world.

Kadoon Tilenen, 21, is a farmer in Agaku, Benue state, Nigeria. She is married with a small child and another on the way. This is their community's pit latrine; she and her large extended family use the field to relieve themselves when the toilet is not sufficient for all of them.

"I use the latrine we have at home but I also defecate in the bush if there is someone in the toilet and I am pressed. The family is large so one or two toilets will not serve.

"It feels very uncomfortable but sometimes I have no choice. In my condition, my stomach hurts me sometimes when I am in the bush bending and the grasses help to cover.

At night, I am afraid so I don't go very far from the house. There are thorns that prick, and sticks that injure me. Defecating in the bush disgusts me and makes me vomit a lot, especially in my pregnant state.

"Clean water and a toilet will make people no longer fall sick. The environment will be clean and we won't see shit in the open. It will also help us save money and not spend it on hospital bills. I think people would use latrines if they had them.

"The traditions I know is that it is not good to see shit in the open but these days it doesn't really matter because people have to pass out faeces."



Kadoon Tilenen, 21, a farmer in Agaku, Nigeria, in the field with the community pit latrine. WaterAid plans to work in this area with the support of the HSBC Water Programme.

WaterAid/Andrew Esiebo

Urgent action is needed. What should be done?

- Having agreed the ambitious new Global Goals to end poverty by 2030, world leaders must now step up to fund, implement and account for progress towards the goals. Goal 6 – water, sanitation and hygiene for all – is fundamental to ending hunger and ensuring healthy lives for everyone, and must be a top priority.
- The state of the world's toilets will not improve without a dramatic and long-term increase in financing for water, sanitation and hygiene by both national governments and donor countries like the UK.
- To reduce maternal, newborn and child deaths, national governments must ensure that schools, health-care facilities and birthing centres have safe toilets, clean running water and functional sinks with soap for handwashing.
- To make health and nutrition programming more effective, national governments should ensure that water, sanitation and hygiene services are embedded in plans to reduce undernutrition, acute malnutrition, childhood diseases and newborn deaths.
- Many of the world's poorest countries which are most in need of aid for sanitation and hygiene are neglected, because either the country or the sector does not fit with donors' strategic priorities. Aid needs to be directed to where it's needed most, at the levels required, and aligned with country systems and plans.
- National governments also need to mobilise domestic revenue to make water, sanitation and hygiene a priority.

About WaterAid

WaterAid's vision is of a world where everyone everywhere has access to safe water and sanitation. The international organisation works in 37 countries across Africa, Asia, Central America and the Pacific Region to transform lives by improving access to safe water, hygiene and sanitation in some of the world's poorest communities. Since 1981, WaterAid has reached 23 million people with safe water and, since 2004, 21 million people with sanitation. For more information, visit www.wateraid.org, follow @WaterAidUK on Twitter, or visit us on Facebook at www.facebook.com/wateraid.

- Around 860 children die every day from diarrhoeal diseases caused by dirty water and poor sanitation.
- Over 650 million people (around one in ten) are without safe water.
- Over 2.3 billion people (around one in three) live without improved sanitation.

Appendix 1: Access to sanitation,⁶⁴ Sub-Saharan Africa, highest to lowest⁶⁵

Country	% of population without access	Country	% of population without access
Seychelles	1.6	Democratic Republic of the Congo	71.3
Réunion	1.7	Ethiopia	72.0
Mauritius	6.8	Mali	75.3
Equatorial Guinea	25.5	Côte d'Ivoire	77.5
Cape Verde	27.8	Central African Republic	78.2
South Africa	33.6	Guinea-Bissau	79.1
Botswana	36.6	Mozambique	79.5
Rwanda	38.3	Guinea	79.9
Gambia	41.1	Burkina Faso	80.3
Swaziland	42.5	Benin	80.3
Angola	48.4	Uganda	80.9
Burundi	52.0	Liberia	83.1
Senegal	52.4	Eritrea	84.3
Djibouti	52.6	United Republic of Tanzania	84.4
Cameroon	54.2	Congo	85.0
Zambia	56.1	Ghana	85.1
Gabon	58.1	Sierra Leone	86.7
Malawi	59.0	Chad	87.9
Mauritania	60.0	Madagascar	88.0
Zimbabwe	63.2	Togo	88.4
Comoros	64.2	Niger	89.1
São Tomé and Príncipe	65.3	South Sudan	93.3
Namibia	65.6	Mayotte	no data
Lesotho	69.7	Somalia	no data
Kenya	69.9	Sudan	no data
Nigeria	71.0		

Appendix 2: World access to sanitation,⁶⁶ highest to lowest, 2015⁶⁷

Country	% of population without access	Country	% of population without access
Andorra	0	Réunion	1.7
Australia	0	Norway	1.9
Austria	0	Qatar	2.0
Cyprus	0	Grenada	2.0
Greenland	0	Hungary	2.0
Israel	0	Maldives	2.0
Japan	0	Anguilla	2.1
Kuwait	0	Netherlands	2.3
Malta	0	Aruba	2.3
Monaco	0	Finland	2.3
New Caledonia	0	Cook Islands	2.4
Niue	0	Luxembourg	2.4
Palau	0	United Arab Emirates	2.4
Republic of Korea	0	Kazakhstan	2.4
Saudi Arabia	0	British Virgin Islands	2.5
Singapore	0	Estonia	2.8
Uzbekistan	0	Poland	2.8
United States of America	0	Croatia	3.0
Switzerland	0.1	Oman	3.2
Spain	0.1	Libyan Arab Jamahiriya	3.4
Canada	0.2	Uruguay	3.6
Portugal	0.3	Serbia	3.6
Denmark	0.4	United States Virgin Islands	3.6
Italy	0.4	Argentina	3.6
Belgium	0.5	Barbados	3.8
Sweden	0.7	Malaysia	4.0
Puerto Rico	0.7	Ukraine	4.1
Germany	0.8	Montenegro	4.1
United Kingdom	0.8	Syrian Arab Republic	4.3
Bahrain	0.8	Cayman Islands	4.4
Czech Republic	0.9	Sri Lanka	4.9
Slovenia	0.9	Tajikistan	5.0
Chile	0.9	Turkey	5.1
Greece	1.0	Bosnia and Herzegovina	5.2
Slovakia	1.1	Egypt	5.3
Iceland	1.2	Costa Rica	5.5
France	1.3	Venezuela (Bolivarian Republic of)	5.5
Jordan	1.4	Belarus	5.7
French Polynesia	1.5	Kyrgyzstan	6.7
Seychelles	1.6	Albania	6.8

Country	% of population without access	Country	% of population without access
Cuba	6.8	Peru	23.8
Mauritius	6.8	Panama	25.0
Thailand	7.0	El Salvador	25.0
Lithuania	7.6	Equatorial Guinea	25.5
Occupied Palestinian Territories	7.7	Philippines	26.1
Bahamas	8.0	Russian Federation	27.8
Tunisia	8.4	Cape Verde	27.8
Trinidad and Tobago	8.5	Lao People's Democratic Republic	29.1
Samoa	8.5	Nicaragua	32.1
Fiji	8.9	South Africa	33.6
Tonga	9.0	Nauru	34.4
TFYR Macedonia	9.1	Guatemala	36.1
Saint Lucia	9.4	Pakistan	36.5
Belize	9.5	Botswana	36.6
Ireland	9.5	American Samoa	37.5
Tokelau	9.5	Rwanda	38.3
Iran (Islamic Republic of)	10.0	Indonesia	39.2
Guam	10.2	Bangladesh	39.4
Armenia	10.5	Mongolia	40.3
Azerbaijan	10.7	Gambia	41.1
Paraguay	11.4	Vanuatu	42.0
Latvia	12.2	Swaziland	42.5
Algeria	12.4	Micronesia (Fed. States of)	42.9
Georgia	13.7	Angola	48.4
Bulgaria	14.0	Bhutan	49.6
Iraq	14.4	Bolivia (Plurinational State of)	49.7
Mexico	14.8	Burundi	52.0
Ecuador	15.3	Senegal	52.4
Dominican Republic	16.0	Djibouti	52.6
Guyana	16.3	Cameroon	54.2
Brazil	17.2	Nepal	54.2
Honduras	17.3	Zambia	56.1
Democratic People's Republic of Korea	18.1	Cambodia	57.6
Jamaica	18.2	Gabon	58.1
Colombia	18.9	Malawi	59.0
Lebanon	19.3	Timor-Leste	59.4
Northern Mariana Islands	20.3	Mauritania	60.0
Myanmar	20.4	Kiribati	60.3
Suriname	20.8	India	60.4
Romania	20.9	Zimbabwe	63.2
Viet Nam	22.0	Comoros	64.2
Marshall Islands	23.1	São Tomé and Príncipe	65.3
Morocco	23.3	Namibia	65.6
China	23.5	Afghanistan	68.1
Republic of Moldova	23.6	Lesotho	69.7
		Kenya	69.9

Country	% of population without access	Country	% of population without access
Solomon Islands	70.2	Brunei Darussalam	No data
Nigeria	71.0	Channel Islands	No data
Democratic Republic of the Congo	71.3	China, Hong Kong SAR	No data
Ethiopia	72.0	China, Macao SAR	No data
Haiti	72.4	Dominica	No data
Mali	75.3	Faeroe Islands	No data
Côte d'Ivoire	77.5	Falkland Islands (Malvinas)	No data
Central African Republic	78.2	French Guiana	No data
Guinea-Bissau	79.1	Guadeloupe	No data
Mozambique	79.5	Isle of Man	No data
Guinea	79.9	Liechtenstein	No data
Burkina Faso	80.3	Martinique	No data
Benin	80.3	Mayotte	No data
Uganda	80.9	Montserrat	No data
Papua New Guinea	81.1	Netherlands Antilles	No data
Liberia	83.1	New Zealand	No data
Eritrea	84.3	Saint Kitts and Nevis	No data
United Republic of Tanzania	84.4	Saint Vincent and the Grenadines	No data
Congo	85.0	San Marino	No data
Ghana	85.1	Somalia	No data
Sierra Leone	86.7	Sudan	No data
Chad	87.9	Turkmenistan	No data
Madagascar	88.0	Turks and Caicos Islands	No data
Togo	88.4	Tuvalu	No data
Niger	89.1	Western Sahara	No data
South Sudan	93.3	Yemen	No data
Antigua and Barbuda	No data		
Bermuda	No data		



References

- 1 wateraid.org, taken from the Unicef-World Health Organization Joint Monitoring Programme on Water Supply and Sanitation, 2015, wssinfo.org
- 2 <http://www.who.int/mediacentre/factsheets/fs178/en/>
- 3 Prüss-Ustün A, Bartram J, Clasen T et al (2014), Burden of disease from inadequate water, sanitation and hygiene in low- and middle-income settings: a retrospective analysis of data from 145 countries, *Tropical Medicine and International Health*, <http://www.ncbi.nlm.nih.gov/pubmed/24779548>
- 4 <http://blog.washwatch.org/2015/10/why-has-the-number-of-children-dying-from-diarrhoeal-disease-due-to-poor-wash-significantly-dropped/>
- 5 UNICEF, 2000.
- 6 UN Water, <http://esa.un.org/iys/docs/IYS%20Advocacy%20kit%20ENGLISH/Fact%20sheet%201.pdf>
- 7 <http://www.who.int/mediacentre/factsheets/fs348/en/>
- 8 [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(14\)70227-X/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(14)70227-X/fulltext)
- 9 http://www.who.int/water_sanitation_health/publications/wash-health-care-facilities/en/
- 10 <http://www.wateraid.org/~media/Publications/Healthy-Start.pdf?la=en>
- 11 <http://blog.washwatch.org/2015/10/why-has-the-number-of-children-dying-from-diarrhoeal-disease-due-to-poor-wash-significantly-dropped/>
- 12 [http://www.unicef.org/wash/schools/files/Advancing_WASH_in_Schools_Monitoring\(1\).pdf](http://www.unicef.org/wash/schools/files/Advancing_WASH_in_Schools_Monitoring(1).pdf)
- 13 WHO, Global costs and benefits of drinking-water supply and sanitation interventions to reach the MDG target and universal coverage, 2012 http://apps.who.int/iris/bitstream/10665/75140/1/WHO_HSE_WSH_12.01_eng.pdf?ua=1
- 14 <http://www.oecd.org/dac/stats/documentupload/ODA%202014%20Technical%20Note.pdf>
- 15 <http://www.copenhagenconsensus.com/publication/post-2015-consensus-water-and-sanitation-assessment-hutton>
- 16 UNICEF-WHO Joint Monitoring Programme on Water Supply and Sanitation, 2015, wssinfo.org
- 17 <http://data.worldbank.org/indicator/NY.GNP.PCAP.CD/countries?display=default>
- 18 <http://data.worldbank.org/indicator/SP.DYN.LE00.IN>
- 19 <http://data.worldbank.org/indicator/SH.STA.MMRT> with calculations by region from: [http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X\(14\)70227-X.pdf](http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(14)70227-X.pdf)
- 20 <http://www.WASHWatch.org>
- 21 <http://www.countdown2015mnch.org/country-profiles>
- 22 <http://data.worldbank.org/country/south-sudan>
- 23 World Bank, 2009 data, <http://data.worldbank.org/country/south-sudan>
- 24 <http://wssinfo.org>
- 25 World Bank, 2010 data, <http://data.worldbank.org/country/madagascar>
- 26 Unicef-WHO Joint Monitoring Programme on Water Supply and Sanitation, 2015, wssinfo.org
- 27 <http://data.worldbank.org/indicator/NY.GNP.PCAP.CD/countries?display=default>
- 28 <http://data.worldbank.org/indicator/SP.DYN.LE00.IN>
- 29 <http://data.worldbank.org/indicator/SH.STA.MMRT> with calculations by region from: [http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X\(14\)70227-X.pdf](http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(14)70227-X.pdf)
- 30 <http://www.WASHWatch.org>
- 31 <http://www.countdown2015mnch.org/country-profiles>
- 32 <http://apps.who.int/gho/data/view.main.ghe100-IND?lang=en>
- 33 UNICEF-WHO Joint Monitoring Programme on Water Supply and Sanitation, 2015, wssinfo.org
- 34 <http://data.worldbank.org/indicator/AG.SRF.TOTL.K2>
- 35 <http://riceinstitute.org/maps/worldwide-density-of-open-defecation-by-country/>
- 36 <http://data.worldbank.org/indicator/SP.DYN.LE00.IN>
- 37 <http://data.worldbank.org/indicator/SH.STA.MMRT> with calculations by region from: [http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X\(14\)70227-X.pdf](http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(14)70227-X.pdf)
- 38 <http://www.WASHWatch.org>
- 39 <http://www.countdown2015mnch.org/country-profiles>
- 40 UNICEF-WHO Joint Monitoring Programme on Water Supply and Sanitation, 2015, wssinfo.org
- 41 UNICEF-WHO Joint Monitoring Programme on Water Supply and Sanitation, 2015, wssinfo.org
- 42 <http://data.worldbank.org/indicator/NY.GNP.PCAP.CD/countries?display=default>
- 43 <http://data.worldbank.org/indicator/SP.DYN.LE00.IN>
- 44 <http://data.worldbank.org/indicator/SH.STA.MMRT> with calculations by region from: [http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X\(14\)70227-X.pdf](http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(14)70227-X.pdf)
- 45 <http://www.WASHWatch.org>
- 46 UNICEF-WHO Joint Monitoring Programme on Water Supply and Sanitation, 2015, wssinfo.org
- 47 [https://spdb.ohchr.org/hrdb/24th/Canada_25.07.13_\(3.2013\)_response.pdf](https://spdb.ohchr.org/hrdb/24th/Canada_25.07.13_(3.2013)_response.pdf)
- 48 UNICEF-WHO Joint Monitoring Programme on Water Supply and Sanitation, 1990 and 2015, wssinfo.org
- 49 UNICEF-WHO Joint Monitoring Programme on Water Supply and Sanitation, 1990, wssinfo.org
- 50 UNICEF-WHO Joint Monitoring Programme on Water Supply and Sanitation, 2015, wssinfo.org
- 51 <http://data.worldbank.org/indicator/NY.GNP.PCAP.CD/countries?display=default>
- 52 <http://data.worldbank.org/indicator/SP.DYN.LE00.IN>
- 53 <http://data.worldbank.org/indicator/SH.STA.MMRT> with calculations by region from: [http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X\(14\)70227-X.pdf](http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(14)70227-X.pdf)
- 54 <http://www.WASHWatch.org>
- 55 <http://www.countdown2015mnch.org/country-profiles>
- 56 UNICEF-WHO Joint Monitoring Programme on Water Supply and Sanitation, 1990 and 2015, wssinfo.org
- 57 UNICEF-WHO Joint Monitoring Programme on Water Supply and Sanitation, 2015, wssinfo.org
- 58 UNICEF-WHO Joint Monitoring Programme on Water Supply and Sanitation, 1990, wssinfo.org
- 59 <http://data.worldbank.org/indicator/NY.GNP.PCAP.CD/countries?display=default>
- 60 <http://data.worldbank.org/indicator/SP.DYN.LE00.IN>
- 61 <http://data.worldbank.org/indicator/SH.STA.MMRT> with calculations by region from: [http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X\(14\)70227-X.pdf](http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(14)70227-X.pdf)
- 62 <http://www.WASHWatch.org>
- 63 <http://www.countdown2015mnch.org/country-profiles>
- 64 <http://www.wssinfo.org/definitions-methods/watsan-ladder/>
- 65 UNICEF – World Health Organization Joint Monitoring Programme on Water Supply and Sanitation, 2015, wssinfo.org
- 66 <http://www.wssinfo.org/definitions-methods/watsan-ladder/>
- 67 UNICEF – World Health Organization Joint Monitoring Programme on Water Supply and Sanitation, 2015, wssinfo.org

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Front cover: Women queuing for the toilet.
Juhi Bamburahiya, Kanpur, Uttar Pradesh, India.

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www.wateraid.org #StateofToilets #ItsNoJoke

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The logo for WaterAid, featuring a stylized white water drop icon to the left of the word "WaterAid" in a bold, white, sans-serif font.

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