



BACKGROUND DOCUMENT

Regional Workshop on Equitable Access to Water and Sanitation under the Protocol on Water and Health: Strengthening regional WASH efforts through Protocol tools

Linkages between the recast European Union (EU) Drinking Water Directive (DWD), the recast EU Urban Wastewater Treatment Directive (EU UWWTD), and the human rights to water and sanitation

Ensuring safe drinking water, sanitation, and hygiene for all and eliminating inequalities for those left behind are obligations that States must fulfill under the [2030 Sustainable Development Agenda](#) and the human rights to water and sanitation¹. At the regional level, the European Union, through the [recast EU Directive on the quality of water intended for human consumption \(Drinking Water Directive - DWD\) \(2020/2184\)](#)², and [the recast EU Directive on urban wastewater treatment \(UWWTD\)](#)³, calls on EU Member States to take action in this regard, with a focus on vulnerable and marginalized groups.

Articles 16 and 19 of the respective EU Directives contain specific provisions to improve access to safe drinking water and sanitation, particularly for vulnerable and marginalized groups. These provisions specifically require EU Member States to identify persons with no or limited access, the reasons for such lack of access, assess the possibilities for improving access for such persons and take necessary and appropriate measures to ensure such services. The EU UWWTD requires EU Members States to do so by 31 December 2027 in a manner fully consistent with the EU DWD.

¹ UN General Assembly Resolutions A/RES/64/292 (2010) and A/RES/70/169 (2014): <https://documents.un.org/doc/undoc/gen/n09/479/35/pdf/n0947935.pdf>;

<https://undocs.org/Home/Mobile?FinalSymbol=A%2FRES%2F70%2F169&Language=E&DeviceType=Desktop&LangRequested=False>

² Adopted in December 2020: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32020L2184>

³ Adopted in November 2024 : <https://data.consilium.europa.eu/doc/document/PE-85-2024-INIT/en/pdf>



The EU WWTD also calls on EU Member States to inform such persons of the possibility of connection to the distribution system or alternative means of access to safe drinking water and to take such measures as they deem necessary and appropriate to ensure access to safe drinking water.

Both EU Directives also refer to public places (including public administration and buildings) where safe drinking water and sanitation services must be provided:

- The DWD (Art. 16.2.) calls for the promotion of the use of tap water and the importance of awareness raising, including campaigns to inform citizens about the quality of such water. It encourages the provision of such water free of charge or for a low service fee for customers in restaurants, canteens, and catering services.
- The EU UWWTD (Art. 19. (c)) encourages the provision of a sufficient number of sanitation facilities in public spaces (for all agglomerations of 10,000 p.e. and above), which are freely and, in particular for women, safely accessible.

Information to the public on the quality of the water and sanitation services is also included in both Directives (Arts. 17 and 24, respectively). EU Member States must provide information at least once a year, without being asked, and in the most appropriate and easily accessible form, for instance, on invoices or through digital means such as smart applications.

The content of these measures refers to some dimensions of the normative criteria and human rights principles of the human rights to water and sanitation (known as cross-cutting principles)⁴. For example, ensuring the **accessibility** of these services to the entire population, particularly vulnerable and marginalized groups, must be identified, and the reasons for their lack of access addressed (**equality and non-discrimination**). Such services must be available not only in the home but also in public spaces (**availability**). Such services must meet **quality and safety** standards not to endanger people's health. Measures should be taken to ensure **sustainability**, such as protecting drinking water sources from contamination, reducing water leakage, or promoting the use of tap water, thereby reducing the consumption of plastic bottles. It is also necessary to improve people's **access to information** on the state of water quality and the **sector's transparency** and to provide this information in formats adapted to the population without explicit request. **Affordable** solutions for the population are also promoted, including restaurants, canteens, and catering services.

In relation to the cross-cutting **principle of accountability**, essential elements are the clear commitment of EU governments to adopt the measures contained in both directives defining their roles and responsibilities and through monitoring and coordination mechanisms. The EU UWWTD highlights, among the measures to be adopted by 2025, that **national and EU**

⁴ More information on these dimensions is given in paras 4–36 of the report of the Special Rapporteur on the rights to water and sanitation (A/70/203):

<https://documents.un.org/doc/undoc/gen/n15/231/39/pdf/n1523139.pdf>



databases must be in place to check compliance, including data on vulnerable and marginalized people and measures to improve their access to sanitation. In addition, by 1 January 2025, a coordination structure between the authorities responsible for public health and urban wastewater treatment must be in place to ensure permanent surveillance of key public health parameters, such as certain viruses such as SARS-Covid-2 (Art. 17).

The EU UWWTD recognizes the need for measures to ensure that wastewater pollution does not affect human health and the environment. Conventional sanitation systems are insufficient, with the understanding that attention should also be paid to sources of urban pollution beyond domestic sources collected and treated in centralized facilities. This directive refers in particular to smaller cities below 2,000 p.e., decentralized facilities, and pollution from rainwaters. The human right to sanitation reflects precisely this approach, understanding **sanitation** as *a system for the* collection, transport, treatment, and disposal or reuse of human excreta and associated hygiene (wastewater), whether through collective systems or by installations serving a single household or undertaking. It includes wastewater from sources other than households, including the industrial and agricultural sectors. Indeed, contamination from those sources significantly impacts water quality, and the impact of domestic wastewater cannot be considered in isolation. Therefore, wastewater includes domestic effluent consisting of blackwater (excreta, urine, and fecal sludge) and greywater (kitchen and bathing wastewater); water from commercial establishments and institutions, including hospitals; industrial effluent, stormwater, and other urban run-off; and agricultural, horticultural and aquaculture effluent, either dissolved or as suspended matter must be adequately treated. Thus, wastewater contains pathogens, heavy metals, and chemical contaminants such as acids, but also valuable nutrients.

Wastewater should be understood to include not just sewage but also fecal sludge and septage originating from pit latrines and septic tanks. Therefore, the human right to sanitation includes wastewater in a broader manner. It does not stop at the use of latrines or toilets but includes the safe disposal or reuse of feces, urine, and wastewater. Such a broad understanding is justified because **sanitation concerns not only one's right to use a latrine or toilet but also the rights of other people, particularly their right to health and safe drinking water, on which there might be negative impacts**⁵ ([A/68/264](#)). The human right to water also requires under the quality criteria that water pollution by any means, including agriculture, industry and wastewater, should be prevented. In any case, the above dimensions must be relevant, as one of the EU Wastewater Treatment Directive focus is on improving sludge management.

Both EU Directives refer to emerging pollutants **such as microplastics or micropollutants** (mainly from pharmaceuticals and endocrine disrupters), which can significantly harm the environment or public health, even at very low concentrations. In order to intervene in this sense, the EU UWWTD includes for the first time the obligation to ensure a quaternary treatment (Art.8). Preventive measures are also adopted by introducing the "extended

⁵ Report of the Special Rapporteur on the human right to safe drinking water and sanitation: <https://documents.un.org/doc/undoc/gen/n13/418/25/pdf/n1341825.pdf> (August 2013)



producer responsibility" (Art.9), in particular for those responsible for pharmaceuticals and personal care products, to cover the additional treatment costs for micropollutants and to encourage the placing of less harmful products on the EU market.

Introducing the Equitable Access Score-card 2.0

In the pan-European region, the [UNECE-WHO/Europe Protocol on Water and Health](#) provides a sound framework for translating into practice the human rights to water and sanitation and achieving Sustainable Development Goal (SDG) 6 and other water, sanitation, and hygiene-related targets of the 2030 Agenda for Sustainable Development. In its article 5, the Protocol specifically states that Parties should provide equitable access to water, adequate in terms both of quantity and of quality "for all members of the population, especially those suffering a disadvantage or social exclusions". The Protocol calls on Member States to set specific equity-related targets and target dates tailored to the country's situation and capacity.

Both EU above-mentioned Directives refer to the work done under the Protocol on Water and Health to precisely improve access to safe drinking water and sanitation to its people, encouraging EU Member States to also make use of these guidance documents and tools, which can be particularly useful to assess the policy background, the baseline situation on access to water and sanitation services, to set up sanitation facilities in public places, and to define the necessary actions to improve access by the population to these services.

In this context, the new Equitable Access Score-card 2.0, which aims to help States, including those in the EU, better understand where they stand in providing equitable access to water, sanitation, and hygiene to their populations, especially the most vulnerable and marginalized. The tool enables countries, through a self-assessment, to identify the types of policies and measures that have been adopted and those that have not yet been adopted so that they can reflect on how to move forward and overcome the challenges identified during the exercise. The Score-card 2.0 introduces new dimensions that have emerged over the last decade and which need to be addressed in order to achieve more effective and inclusive solutions. These dimensions are the following :

- **Emergency situations**, such as those experienced during Covid-19 or others resulting from climate change events. The Score-card 2.0 includes measures (1.1.8; 1.1.9; 1.2.7; 4.2.1) for countries to ensure water, sanitation, and hygiene services in regular and emergency situations, including pandemics, epidemics, natural, climate-related, and conflict-related disasters. Otherwise, people who already have access to water, sanitation, and hygiene services may be deprived of them during emergencies. The Score-card 2.0 measures seek to anticipate such situations by including emergency preparedness and response measures for such emergencies, including ensuring their financing.
- **Identify vulnerable and marginalized groups in countries, their characteristics, and the reasons why they might still not have access to water, sanitation, and hygiene services.** The Score-card 2.0 provides a definition and examples of vulnerable and



marginalized groups in the Glossary. Although Section 3 suggests 11 types of groups, it also encourages States to identify others (3.3.13) through participatory identification mechanisms with the explicit participation of vulnerable and marginalized groups, including diagnosis of reasons, causes, and patterns of discrimination (3.1.3). The measures included for each vulnerable and/or marginalized group (3.3.2 - 3.3.13) call on States to provide disaggregated data on each of them to know in detail aspects related to their number, their place of residence, their gender, their income, their age, their ethnic group, their religion or the number of people living in their households, among others.

- **Measures to improve access to safe drinking water, sanitation, and hygiene services for vulnerable and marginalized groups in their homes, public spaces, and institutional settings.** The Score-card 2.0 includes public spaces in Section 3 (3.12) and calls on States to ensure the installation of water fountains (or other sources of drinking water), as well as showers, separate and adequate toilets for women and men, adequate facilities for menstrual hygiene management, functional hand-washing facilities and hygiene products (soap, menstrual pads/solutions, toilet paper) (3.12.5). In line with the requirement of the EU Directive on the promotion of tap water solutions, the Score-card 2.0 includes this measure not only in public spaces but also in places where these groups spend their time, including health care facilities, educational institutions, retirement homes, prisons, collective centers and camps, housing without WASH services, workplaces, or other places where it may be relevant (3. 2.6; 3.3.5; 3.4.5; 3.5.5; 3.6.5; 3.7.5; 3.8.5; 3.9.5; 3.10.6; 3.11.5; 3.13.5).
- **The explicit participation of vulnerable and marginalized groups in processes and interventions related to ensuring their access to safe drinking water, sanitation, and hygiene.** The Score-card 2.0 includes measures to ensure their explicit participation in all related processes and issues (1.3.2). The right to participation of vulnerable and marginalized groups is one of the principles of the human rights to water and sanitation that must be integrated into policies and governance systems in the sector. Practice shows that when people are involved, solutions are used and respected in the long term.
- **Access to Information and Transparency.** The Score-card 2.0 also includes this human rights principle (1.3.1), without which the right to participation of vulnerable and marginalized people could not be exercised. This principle explains the importance of information being accessible to people in a timely manner and through appropriate channels, which in turn should be identifiable/verifiable by them. Practice shows that when these channels are adapted to their needs, information fulfills its function and enables them to participate meaningfully. Equally important is the issue of transparency, where information is provided without their explicit request. Given that these dimensions are not yet well integrated into the sector, it is also essential that measures are taken to ensure that vulnerable and marginalized people, as well as government representatives and other sector actors, are themselves aware of the obligations arising from the human rights to water and sanitation. These actions can help to ensure some aspects of European Directives and to find optimal safe drinking water, sanitation, and hygiene solutions for vulnerable and marginalized people, as well as to coordinate and report on these issues. Human rights organizations and local



civil society organizations can play a critical role here, as responsible authorities and vulnerable and marginalized people have not worked together before and need to become familiar with all these dimensions. Such actions also help develop specific issues, such as campaigns to promote the use of safe drinking water in public spaces and awareness raising on water quality, including aspects related to contamination by new emerging pollutants (micropollutants and microplastics) included in EU Directives.

- **Affordable WASH solutions for vulnerable and marginalized groups.** The Score-card 2.0 addresses this issue in section 4. The approach is broader in that it aims to provide affordable solutions for vulnerable and marginalized people in public places but also in other places where they spend most of their time (homes, workplaces, schools, health centers, etc.) during regular and emergency situations.
- **Safe WASH solutions for women and girls.** The Score-card 2.0. highlights the need to apply a gender equality perspective to ensure that women and girls can access safe drinking water, sanitation, and hygiene services without compromising their safety and other essential human rights (section 3). The Score-card 2.0 new additions aim to ensure safe and private solutions (with separate and sufficient toilets for men and women). The issue of menstrual hygiene management has been identified (1.1.7) as an issue to be ensured at the technical level (with appropriate solutions) but also at the educational level (menstrual health and hygiene management) to prevent them from avoidable diseases and to naturalize these processes with dignity and respect (3.2.5 - 3.13.4). The Score-card 2.0 goes further and aims to address the gender issue in a more holistic way (gender diversity) and to help countries discuss the types of solutions that need to be ensured with their explicit participation (quantitative questions area 3).
- **Wastewater collection and treatment as part of sanitation.** The Score-card 2.0 takes up the definition of sanitation from a human rights perspective, including the issue of wastewater collection and treatment and, more broadly (contamination from non-household sources such as industry and agriculture). Thus, when asking about people's access to sanitation (quantitative information on geographical disparities), this means not only access to toilets but also that the system is linked to a system for the collection, transport, treatment, and disposal or reuse of human excreta and associated hygiene (wastewater). In the Country/Region Profile section, there are two questions on sanitation where countries can answer whether their sanitation systems include such services and, in the case of treatment, States could also explain whether quaternary treatment is available to treat emerging pollutants (microplastics and micropollutants) as required in the EU UWWTD.
- **Official monitoring and follow-up mechanisms are needed to ensure the delivery of safe drinking water, sanitation, and hygiene services to the population, including vulnerable and marginalized groups, and to ensure their explicit participation.** The Score-card 2.0 includes the human rights principle of accountability (1.3.4), where countries are asked to establish mechanisms to allow right-holders to hold them accountable, including monitoring and evaluation processes, such as monitoring the inclusion of updated data by national statistical agencies (national databases).



- **Coordination structure between public health and urban sanitation authorities (sanitation operators).** The Score-card 2.0 calls on countries to include measures to coordinate actions between government authorities and service providers (formal and informal), as well as with humanitarian and development actors, to ensure the continuity of WASH services for all, especially for vulnerable and marginalized groups in emergency situations (1.1.9).

