

Committee: Social and Humanitarian Committee

Issue: Providing access to adequate sanitation

Student Officer: Foivi Megalofonou

Position: Co- Chair

Introduction

In 2000, the United Nations established the Millennium Development Goals (MDGs). The MDGs are eight goals that all UN member states and at least 23 international organizations have committed to achieve by 2015.

The eight goals are:

1. To eradicate extreme poverty and hunger
2. To achieve universal primary education
3. To promote gender equality
4. To reduce child mortality
5. To improve maternal health
6. To combat HIV/AIDS, malaria, and other diseases
7. To ensure environmental sustainability
8. To develop a global partnership for development

All these goals may not seem to be directly related to the present topic as they tackle environmental and humanitarian issues in general. However, target numbers 1, 4, 6 and 7 are actually directly connected to the issue of sanitation. Good sanitation is inexorably interconnected with human health, elimination of diseases related to lack of clean water and sanitation, elimination of children's mortality rates, the protection of the environment and environmental sustainability. Especially target no. 7 can be seen as subsuming all the other above mentioned. This is why the United Nations specified this goal by creating a sub-target 7C which holds: " To halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation."

"Safe drinking water and adequate sanitation are crucial for poverty reduction,

crucial for sustainable development and crucial for achieving any and every one of the Millennium Development Goals” Ban Ki-Moon, UN Secretary General

In accordance with the UN Human Rights Declaration, health is, in fact, a legal entitlement to any human being. However, without access to safe water and proper sanitation, we cannot talk about protection of people’s health. This is why the basic article of the UN Declaration, holding that “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care...” is completed by article 15, (the Right to Water - November 2002) which holds that “The human right to water entitles everyone to sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic uses.”.

Most importantly, adequate water quality and sanitation, as they have as a result the improvement of health, must be seen in general as directly impinging upon the social and economic development of a community. This is the reason why LEDCs are the countries with the highest rates of poor sanitation. The transition from poor to improved sanitation reduces overall child mortality by about one third. Improved sanitation also brings advantages for livelihoods and dignity-advantages that extend beyond households to entire communities. A major factor of the problem that should be eliminated is open defecation. Access to clean water is also vital at this point. Although its rates have declined globally to a number of 2.6 billion people between 1990 and 2015, it still constitutes a major source of contamination that draws back the effort made for adequate sanitation.

However, access to better water and sanitation facilities do not necessarily have as a result health improvement. People have to take some actions concerning hygienic behavior as well, for which education, training and widespread diffusion of information is required by the Health Services of the concerned countries. The most important action is hand- washing with soap before eating, food preparation and after defecation. Otherwise, the consequences of not adhering to these major “sanitation- rules” are numerous diseases that can also be fatal, especially for

children under the age of five. These diseases are: pneumonia, trachoma, scabies, skin and eye infections and diarrhea-related diseases like cholera and dysentery.

As we currently pace in the year 2015 the UN competent Committees and Bodies evaluate the outcome of the MDGs set up as above. It is recognized that there has been remarkable progress; target 7C was achieved in 2010; and between 1990 and 2012, 2.3 billions people gained access to improved drinking water sources, constituting over a quarter of the world's population. Nonetheless, there is still an immense number of people that do not have access to adequate sanitation and clean drinking water sources. The UN recognizes that although the MDGs have now expired, attempts to eradicate the problem should not cease, but instead the MDGs should serve as the base point from which to launch future endeavors. Despite the reported progress, according to reports and statistics, the effort to meet the MDG target remains ultimately off track in a percentage of 75%, which means that if we continue with this pace, it is estimated that the target will be missed with a decline of over half a billion people and it will not be met even by the year 2026.

As already mentioned above, access to sanitation and clean water represent fundamental human rights. However, the financial aspect is again in the foreground. There are disparities between the upper and the lowest social classes as well as between privileged and non privileged regions, rich and poor countries. The poor are half as likely to have water access and one-fourth as likely to have sanitation access. More than half of the worldwide population that do not have access to sanitation and water sanitation live in India and in China. This problem exists also In Sub-Saharan Africa, in Africa, in Oceania and in Southeast Asia.

Definition of Key-Terms

Sanitation:

The term "Sanitation" entails systems and measures used in order to improve and protect the health and well being of the people. In hard - core

terms, Sanitation is any system that promotes proper disposal of human and animal wastes, proper use of toilet and avoiding open space defecation.

Open defecation:

Due to extreme poverty that has resulted in a shortage of designated toilets in some communities, or sometimes even due to lack of social education, people defecate in open areas, such as fields, urban parks, rivers or especially for this cause organized areas, instead of a toilet.

Dignity in health care:

Dignity concerns the way people feel, think and behave in relation to the worth or value of themselves and others. Dignity, specifically in health care, has to do with the impression that one individual has about him or herself which is reflected on how much they think they deserve concerning their hygiene. If they do have the feeling of dignity for themselves, they are going to be concerned about their hygiene and they are going to be active members of the effort made to improve sanitation facilities for them and the people around them. If, on the other hand, they lack of self dignity, they are going to neglect themselves, not paying attention to their health and rights.

Livelihood:

A person's livelihood refers to their "means of securing the basic necessities - food, water, shelter and clothing- of life".

Background Information

The fact that water is essential for life, represents common knowledge. 70% of a living organism is made of water and life -as we have known it on earth- depends on its existence. Water in quantity and good quality is a necessity for the well being of humans and for the preservation of the environment. Despite these facts, as recognized and stipulated among other official documents of International

Organizations, in the “Water For Life” Campaign, today 783 million people in the world (approximately 11% of the total population on earth), are not able to use safe water. Furthermore, 2.5 billion people (approximately 35% of total population) in the world have no access to any system of proper sanitation. As a result, around 700,000 children per year or approximately 2.000 children per day lose their lives due to diseases caused by lack of sanitation such as diarrhea fromto contaminated water and absence of proper sanitation. According to the “Water For Life” Campaign, diseases transmitted through poor quality water and human excrement represent the second main cause of children mortality after respiratory diseases in the world.

Besides a lack of water, contaminated water sources and the absence of sanitary systems are major causes of undernutrition or malnutrition, conditions which have been reported to be responsible for approximately 35% of child deaths below the age of five years. It is estimated that 50% of poor children's nutrition is related to constant diarrhea or other intestinal infections as an outcome of the use of contaminated water, lack of sanitation and poor hygiene. Furthermore the impact of water scarcity and lack of good quality water and acceptable hygienic conditions on the availability of food and generally subsistence sources, is apparent not only when looking at the survival rates of babies and infants, but also concerning the quality of living, education and generally livelihood conditions of the poorest socioeconomic strata of underdeveloped of developing economies worldwide. Poor sanitation does not only affect the health of the people who live under its circumstances, but it also affects their social life. For example, because of the fact that schools do not possess adequate sanitation facilities, children and especially girls often prefer not to attend school. Moreover, both young girls and women are forced every day to cover long distances under the sun and often without having eaten food, in order to fetch water. In general, this issue is a domino effect. Because of their illnesses which are, to a certain extent, such illnesses caused by scarcity of clean water and basic sanitation (see also Introduction, here above), farmers and wage earners are not as productive as they should or could be and this

also affects the economy of the country as a whole. Furthermore, due to numerous cases of patients that suffer from infections, the hospitals/health systems, which are also not adequately equipped for such a number of patients, are overwhelmed and because of that they often dysfunction.

Despite the fact that the United Nations repeatedly through their Resolutions (i.e. Resolution 64/292 of 2010, Human Rights Council Resolution A/HRC/RES/18/1 of 2011) declare that the rights to clean water and proper sanitation fall within the basic human rights, statistics indicate that these rights are strongly dependent on class and financial status of people alongside the wealth and socio-economic conditions of the country. As a matter of fact, use of clean water provided through central sanitary systems, has been calculated to represent an approximately 85% belonging to the wealthiest 20 percent of the world's population, whereas this percentage drops to 25% for the poorest 20 percent of the world's population. Even more, just the 12% of the global population uses the 85% of its water, and this is a percentage of people who do not live in the underdeveloped or developing countries!!

According to the United Nations Official reports, in 2011 over 2,5 billions of people around the world were living without access to clean water and proper sanitation systems whereas a little over 1,5 billion people were using open defecation. In the same reports, figures regarding open defecation, witness a considerable decline as of 1990 onwards, with Eastern and South Eastern Asia making the biggest progress. UN reports provide data according to which In Eastern Asia sanitation coverage has increased from 27% in 1990 to 67% in 2011 and this should be seen as a wealth indicator of the native population and countries. On the contrary in Sub-Saharan Africa the use of proper sanitation is deteriorating, (as of today just 31 percent of people are in a position to use a toilet which makes a 6-7% less than reported in 2006). According to IRIN (Integrated Regional Information Networks) (Nov. 18, 2011), the NGO WaterAid reports that it will take two centuries for Sub Saharan Africa to meet the Millenium Development Goal to reduce by half

the proportion of people not having access to clean drinking water and basic sanitation. And this realization prevails, despite the fact that absence of clean water and proper sanitation has a cost to sub-Saharan Africa around 5 percent of its GDP (Gross Domestic Product) per year, due to high percentage of diseases and increasing needs for medicaments, hospitalization etc. There is no wonder “why”. Extreme poverty and on going economic pauperization as well as social exclusion and isolation, represent a vicious circle in the case of Africa. Indicatively for the conditions with which the women of Africa have to fight in order to provide water to their families we refer to the reported by UN official reports information, according to which the weight of water tanks carried by African women every day, reaches approximately 40 pounds, (equal to an airport suitcase allowance). The more intense the labor required to secure acceptable water from protected sources, the smaller the percentage of water quantity per capita used.

Major countries and organizations involved

United Nations Children’s Fund (UNICEF)

UNICEF is devoted to the solution of the WASH (Water, Sanitation, Hygiene) issue by creating programs specifically designed for this cause, since it belongs to the Millennium Development Goals. UNICEF works in more than 100 countries in need around the globe. By raising awareness about the dangers of contaminated water and sanitation, by establishing adequate infrastructure that aims to purify the water and make it potable, by trying to make schools a more attractive place for children and especially girls, UNICEF continues to reduce the number of people who suffer from this issue. However, UNICEF cannot do all this work alone and this is why it sponsors a wide range of activities with many partners, such as governments, communities, volunteers and also other organizations. In case of emergency, UNICEF immediately visits the country in need, in order to provide relief to the countries who suffer from diseases coming from disrupted water supplies and sanitation.

World Health Organization (WHO)

The WHO, in order to play its part in the solution of the problem intervenes in a country in need by improving their infrastructure concerning WASH and establishing best- practice tools. Through the WHO/UNICEF Joint Monitoring Program for Water Supply and Sanitation (JMP), which is the United Nations System instrument, the WHO is monitoring water supplies and sanitation facilities on a global basis. Furthermore, the WHO is also raising awareness about the WHO's Guidelines for Drinking Water Quality and conducting studies to find the most beneficial methods for intervention: providing or improving access to sanitation. Moreover, for the WHO, it is important that each household has their own water treatment system. As such, the WHO supports the creation of a world- wide network. After all, WHO stresses that all actions made should be friendly for the environment.

International Committee of the Red Cross and Red Crescent (ICRC)

ICRC was established in 1863 and the Geneva Conventions ratified it. The basic principle of the Organization, similarly to the four Geneva Conventions, is to abolish discrimination among human beings during war times concerning sanitation. Aiming to maintain and protect individual rights, the ICRC declares the obligation of the dominant force to secure the provision of basic goods and respect basic human needs such as water during times of war. Additional protocols of the ICRC establish that unarmed population of Civilians or their sources of survival must not be targets for attack. By sources of survival we are referring to water supplies and facilities.

United Nations Development Program (UNDP)

The UNDP works in over 170 countries around the world and has as an aim to halve poverty and reduce inequalities and exclusion. They help countries improve their governmental organization, in order to achieve sustainable development,

democratic governance and peace-building and climate and disaster resilience. Poverty is actually the main reason why there is lack of sanitation and cleaning water facilities. By eradicating poverty we come one step closer to the improvement of sanitation and water sanitation.

United Nations Human Settlements Program (UN- Habitat)

UN-Habitat is the United Nations program working towards a better urban future. Its mission is to promote socially and environmentally sustainable human settlements development and the achievement of adequate shelter for all. {UN-Habitat} The biggest part of its mission (90%) is going to take place in Africa, Asia, Latin America and Cambodia. This organization is responsible for effective urban planning. In the aforementioned areas, effective urban planning means the establishment of clean water and adequate sanitation facilities, in order to raise the standards of living.

The case of India

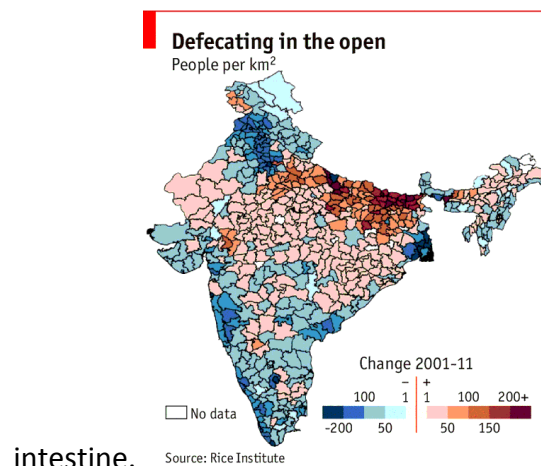
India represents a noteworthy case of a country envisaging a lack of safe water and proper sanitation because the roots of the problem although stemming from the actual scarcity of water and sanitation systems, is seriously aggravated by cultural and religious reasons which prevent or delay to an important extent any national efforts to eliminate the problem. In the July 19th, 2014 edition of the Economist, a very interesting article titled “Sanitation in India – The Final Frontier” illustrates in the most eloquent way the fact that in India, fixing sanitation requires not just building lavatories but also changing habits. Current minister of Finance, has set as a goal to end open defecation by 2019.

According to the article, about 130m households lack toilets. More than 72% of rural people relieve themselves in the open. Of the 1 billion people in the world who have no toilet, India accounts for nearly 600m.

The article argues that the consequences of open defecation are very

important. One serious problem refers to Public Safety. As young women have to leave their rural homes after dark, two teenage girls in Uttar Pradesh visiting a field used as a communal toilet were raped, murdered and strung up from a tree. That case became notorious for its extreme brutality but similar attacks are common.

Besides, public health is seriously affected by defecation in the open. Because India's population is huge, growing rapidly and densely settled, it is impossible even in rural areas to keep human feces from crops, wells, food and children's hands. Ingested bacteria and worms spread diseases, especially of the



intestine.

India's progress on sanitation is much lower than a host of poorer places i.e. Afghanistan, Burundi and Congo, partly because too many of its leaders have denied confronting the issue. Thankfully, that appears now to be changing. The government is committed to build 5.2m toilets immediately (one every second).

However, setting the infrastructure appears not to be enough in the case of the Indian people. Cultural reasons favoring open defecation and thus representing a negation towards improvement of sanitation, must also be confronted. Hindu tradition, encourages defecation in the open in order to avoid ritual impurity. Many people, today still show a preference for going in the open—even if they have

latrines at home. According to the article young children's mortality is higher between Hindu families than between Muslim families due to diseases caused by open defecation.

Given the above, the article suggests that the mere availability of sanitation systems may not be enough factor to end open defecation for decades yet. What is needed on top of the establishment of latrines and basic sanitation systems are public campaigns, in schools and in the media, to raise awareness re. the problem, to explain the health and economic benefits of using toilets and generally the advantages of better hygiene.

Senegal: A case of social exclusion of women due to lack of sanitation infrastructure

In a survey carried out by the UN- Habitat in 5000 Senegalese schools, half of the schools had inadequate or no access to sanitation facilities or a clean water supply. Furthermore, of those that actually had access to such services, most of them had no separate facilities for boys and girls. As a result, girls would not use them, either because they didn't want to be seen while they were at the toilet or because they knew that the toilets were not clean enough. But it is known that this, can cause urinary and bladder problems and it is also torturing. Some girls, would even prefer not to drink water while being at school so that they wouldn't need to urinate. This had as a result their dehydration and their incapability to concentrate. In schools, where there were no such facilities at all, would go to the bushes, where they could be bitten by a snake or even sexually attacked. After being aware of these facts, it would be only rational for us to predict that girls avoided going to school when menstruating. According to the reported data, this situation may be considered a primary cause of the under-representation of females in schools.

The case of Kenya

According to Integrated Regional Information Networks (IRIN) report of 27 September 2010 -Absence of basic sanitation, shortage of clean water

and related disease outbreaks are making the lives of the residents of Korogocho slums in Nairobi very hard. “The lack of water and improper waste disposal are a big threat to our lives due to the risk of water-borne diseases,” said Korogocho resident and health officer to IRIN. “The threat of typhoid, cholera and other diseases from poor sanitation is real”. Though some pay-toilets have been set up, the cost remains prohibitive, forcing residents to dispose of excreta in plastic bags (so-called flying toilets), which litter the area. According to the 2009 data collected through questionnaires, one in five Kenyans uses the bush as a toilet - access to piped water covers only 38.4 percent of the urban population and 13.4 percent of rural one. Besides, as any valuable good, the provision of clean water and sanitation facilities in slums is subject to corrupted and exploitation networks. With an MDG aim to decrease the number of people without access to clean potable water and sanitation systems by half till end 2015, KENYA did not cope to respond. Any decline in the figures is slow and cumbersome according to experts. As of 2010 2.6 billion people were living without safe sanitation, which means countless communities where people are exposed to their own and others’ faeces. Excreta is then transmitted between people by flies or fingers and also finds its way into water sources, resulting in a public health crisis. With Kenya’s population projected to grow by up to one million people per year, existing water and sanitation facilities will be stretched further in the future.

Timeline of events

1864	The Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field
1948	The Universal Declaration of Human Rights (UDHR) consists of 30 articles establishing civil and political rights as well as economic, cultural and social rights. Albeit not legally binding on the States, it is considered the basis to human rights
1949	The adoption of the four Geneva Conventions
1966	International Covenant on Civil and Political Rights
1977	Additional Protocols I,II – Protection of Victims of International Armed Conflict
1977	Mar del Plata UN Water Conference

1979	Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
1989	Convention on the Rights of the Child
14 June 1992	The creation of the Agenda 21 by the Earth Summit in Rio De Janeiro, Brazil
1992	International Conference on Water and Sustainable Development. Dublin Conference
1999	Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and Lakes
September 2000	Adoption of UN Millennium Declaration (MDGs)
2002	General Comment No. 15- Committee on Economic, Social and Cultural Rights
2006	Convention on the Rights of Persons with Disabilities
2007	Report of the United Nations High Commissioner for Human Rights on the scope and content of the relevant human rights obligations related to equally allocated right to clean drinking water and proper sanitation systems, under international human rights instruments and means
March 2008	Human Rights Council Resolution on Human Rights and access to safe drinking water and sanitation.
September 2008	Catarina de Albuquerque is appointed as the Independent Expert
26-28 November 2012	Rabat Declaration 2012
4 October 2013	Rabat Declaration 2013 (United Cities and Local Governments, "Imagine Society, Build Democracy")

Relevant UN Treaties, Resolutions and Events

UN General Assembly Resolution "The Right to Development", December 1999
(A/Res/54/175)

Article 12 of the Resolution affirms that “in the full realization of the right to development, inter alia: (a) The rights to food and clean water are fundamental human rights and their promotion constitutes a moral imperative both for national Governments and for the international community”.

The United Nations General Assembly on Declaration of safe and drinking water and sanitation a human right essential to full enjoyment of life and other human rights, 28 July 2010 (A/RES/64/292)

The Human Rights Council on access to safe drinking water and sanitation as a human right: a right to life and human dignity, April 2011 (A/RES/16/2).

Human Rights Council, March 2008 (A/RES/7/22)

The Human Rights Council decides “To appoint, for a period of three years, an independent expert on the issue of human rights obligations related to access to safe drinking water and sanitation”.

Human Rights Council Resolution, October 2009 (A/RES/12/8)

For the first time, recognizes that States have an obligation to address and eliminate discrimination with regard to access to sanitation, and urges them to address effectively inequalities in this area.

UN General Assembly, July 2010 (A/RES/64/292)

Human Rights Council, September 2010 (A/HRC/RES/15/9)

Human Rights Council, April 2011 (A/HRC/RES/16/2)

International Convention on the Elimination of All Forms of Racial Discrimination (1966)

The convention reaffirms the universal protection of the right to adequate health and proscribes deprivation or rights based upon race. Consider Article 5,

which affirms, regardless of race, “The right to public health, medical care, social security and social service”.

Universal Declaration on the Eradication of Hunger and Malnutrition (1974)

“Every man, woman and child has the inalienable right to be free from hunger and malnutrition in order to develop fully and maintain their physical and mental faculties... It is a fundamental responsibility of Governments to work together for higher food production and a more equitable and efficient distribution of food between countries and within countries. Governments should initiate immediately a greater concerted attack on chronic malnutrition and deficiency diseases among the vulnerable and lower income groups... All States should strive to the utmost to readjust, where appropriate, their agricultural policies to give priority to food production, recognizing, in this connection the interrelationship between the world food problem and international trade.”

Declaration on the Rights of Disabled Persons (1975)

“Disabled persons have the right to medical, psychological and functional treatment, including prosthetic and orthotic appliances, to medical and social rehabilitation, education, vocational training and rehabilitation, aid, counseling, placement services and other services which will enable them to develop their capabilities and skills to the maximum and will hasten the processes of their social integration or reintegration.”

Previous Attempts to solve the issue

As we have mentioned before, a huge number of organizations in collaboration with member states, focus on improving sanitation and water sanitation in countries in need. Their main concern is to establish facilities (standpipes, septic sewers, latrines etc.) that ensure access to clean water and sanitation. Moreover, people who belong to NGOs, or other organizations, not only ensure the establishment of these facilities, but they also train the population of

these countries, so that they can maintain and also create their water resources. Promoting education is also one of the primary goals and in order to succeed that, efforts have been made to provide schools with appropriate sanitation infrastructure. Financial mobilization is also needed in order to eradicate poverty, which in turn is responsible for social and financial development. In order to promote economy in developing countries, such as Bolivia, the World Bank Development Marketplace proposed the creation of small sanitation businesses, in order to meet the demand of the consumers, who ask for better sanitation infrastructure. In order to help this operation work, the establishment of microcredit may be needed. In 2011, African countries reported political commitments to WASH. Countries have agreed to be transparent regarding sanitation issues. They also have adopted the right to sanitation and water in their laws and their policies. The Africa Water Vision 2025 has been adopted by African governments, the New Partnership for Africa's Development and the African Union. This is evidence of a new focus on water and, potentially, better-targeted investment and more efficient water management.

Possible Solutions

As mentioned before, this issue is very crucial for the world and therefore the United Nations designated Authorities and Bodies are striving to formulate financial and technical plans which will lead humanity to the next step.

As the MDGs measures and campaigns are reaching their closure at the end of 2015, the UN evaluation reports on the measures taken throughout these 15 years, represent the best means from which possible solutions for the future will emerge.

Despite the reduction in the number of people suffering from lack of WASH, as presented throughout this report, there are many more still being affected by the issue. Therefore, solutions have to be found that could speed up the process. This way, there could be a chance that the UN could reach their target earlier than

2026. NGO's but also private organizations work really hard, in order to improve the situation and the contributions they can offer and they actually offer with their actions are priceless. It is really important that all these organizations help countries in need of WASH establish proper infrastructure (On-site sewage facilities) for filtering their water and improve their sanitation; Water desalination for the provision of potable water, is also a method and technology, used by several countries surrounded by sea, in order to solve the issue of the lack of water. However, it still remains a controversial method. From a technical point of view, any basic or more sophisticated sanitation system could be eligible, such as household connection, connection to a public sewer, public standpipe, connection to a septic system, borehole, pour-flush latrine, protected dug well, simple pit latrine, protected spring and ventilated improved pit latrine, rainwater collection, etc. depending on the budget available in each case. Pro bono support from experts should be sought, informing people from developed countries about this problem and favoring the creation of more NGO organizations supported by volunteers that come from these countries. Creating teams of Experts categorized by their skills (doctors, engineers, teachers, farmers) would be really helpful.

Education and training is also important. People that live in communities with a lack of clean water and poor sanitation should be educated enough in order to strive for potable water through individual or collective methods and means. Besides, knowing what consequences open defecation has on their health would also make them more cautious about this issue and even if they don't have the necessary facilities, they could find other ways to protect themselves. Hand-washing, which is a routine action for people in MEDCs, should howsoever be implemented also in countries with lack of sanitation systems. Monitoring the progress has also results. Apart from the help that is being offered by the organizations there could also be one more really important source of help. It is broadly known that multinational companies establish their headquarters in countries of the 3rd world, so that they can benefit from their natural resources such as oil or gold or natural gas etc. Native workers are getting paid low wages in local

terms and currency and live and work in misery and extremely bad sanitation conditions with their health and well being threatened or harmed. It should become both a UN demand and every country leader's condition in order to accept such contracts with big multinationals, their obligation to invest in the areas they exploit, in infrastructure, housing, sanitation networks and cleaning water systems. Multinational Corporations are bound by Codes of Conduct and Operation which incorporate the rules of Social Responsibility and thus to an important extent are ready to offer their help regarding the above for a profitable business activity in exchange. A contract should be signed which should be checked by the UN. UN supervision after a time period would also be necessary. In case companies prefer not to spend some of their capital for this cause, there should be a financial penalty.

Last but not least, I would like you all to look really closely at the financial conditions of the country you represent, in order to be aware of the level of financial contribution the country you represent can provide for this purpose.

The UNDESA Report of 19/6/2015 on the MDGs progress towards sustainability of water resources, epitomizes as following the achievements of the efforts made under the auspices of the MDG program as well as what needs to be done further in order for the world leaders and their Organizations to be in a position to declare that all people in the world have access to clean drinking water and proper sanitation conditions: *"As the time limit for the MDGs draws to a close in 2015, the global community is taking stock of how it can move towards a sustainable future. The MDG framework did not address the full water and development Agenda, nor fully recognize its synergies with other areas and concerns. Emphasis on "Sustainability" was not included and human rights and inequalities were also largely ignored in the MDG framework. Subsequently, member states have agreed that human rights, equality and sustainability should form the core of the development Agenda and be recognized as critical for true development."*

Bibliography

https://en.wikipedia.org/wiki/Millennium_Development_Goals

<http://www.un.org/millenniumgoals/envIRON.shtml>
<https://en.wikipedia.org/wiki/Sanitation>
http://www.who.int/water_sanitation_health/mdg1/en/
<http://www.un.org/waterforlifedecade/sanitation.shtml>
<http://www.unicef.org/wash/>
<http://www.mtu.edu/peacecorps/programs/civil/pdfs/andrea-telmo-thesis-final.pdf>
https://en.wikipedia.org/wiki/Open_defecation
http://www.rcn.org.uk/development/practice/cpd_online_learning/dignity_in_health_care
<https://en.wikipedia.org/wiki/Livelihood>
https://en.wikipedia.org/wiki/Sanitary_sewer
<http://www1.umn.edu/humanrts/edumat/studyguides/righttohealth.html>
http://www.un.org/waterforlifedecade/pdf/human_right_to_water_and_sanitation_media_brief.pdf
<http://www.ncbi.nlm.nih.gov/books/NBK11755/>
<http://www.un.org/waterforlifedecade/africa.shtml>
http://www.wssinfo.org/fileadmin/user_upload/resources/1198239354-JMP_06.pdf
<http://www.wateraid.org/policy-practice-and-advocacy/sustainability>