Water for Life
Equity and Quality of Services
IAWD 2005

International Decade for Action:
"Water for Life, 2005 - 2015"
Introduction

In the first year of the International Decade for Action "Water for Life 2005–2015" (http://www.un.org/waterforlifedecade/worldwaterday.html) we invite you to celebrate the Inter-American Water Day (IAWD) 2005 (http://www.bvsde.ops-oms.org/bvsadalia/dalia/index.html), focusing on the need to improve equity in the access and quality of water and sanitation. This is relevant in Latin America and the Caribbean (LAC)—where an average of one in four people does not have access to these services—and in the areas and communities of the Region most affected by inequities—where the average is one in two people. For the statement Water for Life! to have a meaning for these people, our voices and action during this celebration must contribute to change this situation which is not in harmony with our values and rights as well as the benefits these services bring to health, dignity, and development.

The world is reacting to this situation. In September 2000 at the United Nations Millennium Summit, 189 member states, including 147 Heads of State, adopted the Millennium Declaration giving rise to the Millennium Development Goals (MDG) (http://www.unmillenniumproject.org). The MDG are an indivisible set of goals and objectives that are quantifiable and defined in time (see box on MDG). The achievement of such goals—associated with essential values for international relations, human rights, good government, and democracy—is seen as a prerequisite to escape from the "poverty traps" in which countries and communities find themselves.

The adoption of the MDG process by the countries is considered essential and in the Americas it was discussed at a high-level conference in Brasilia (November 2003). The Brasilia Declaration is a call for action and implementation that reinforces the principle of association inherent in the Millennium Declaration and in the agreements reached at former Summit Meetings of the Americas.

As part of the International Decade for Action "Water for life 2005–2015", in the IAWD 2005 we reiterate our invitation to advocate and take further action to improve equity in the access to safe drinking water and basic sanitation services. This creates the conditions in which the most backward areas, as far as the development process is concerned, can escape from poverty. We also invite you to advocate and carry out actions to improve the quality of these services for increasing the synergy and impact of actions aimed at improving the health of the populations, especially children and mothers; as well as to increase the satisfaction of users of the services and their sustainability, including protection for water resources.

Millenium Development Goals

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equity and empower women
4. Reduce child mortality
5. Improve maternal health
6. To combat HIV/AIDS, malaria, and other diseases
7. Ensure environmental sustainability
   - Target 10. Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.
   - Target 11. By 2020, to have achieved a significant improvement in the lives of at least 100 million slum-dwellers.
8. Develop a global alliance for development

In this context, the following is a summary of information on the monitoring of Target 10, associations of water and sanitation with health and development, considerations of access, equity and quality of the services and the message of the General Secretary of the United Nations at the opening of the decade "Water for life".

1. Besides the proportions of households with access to secure tenure, UN-HABITAT decided to include four more dimensions: access to safe water in slums, access to basic sanitation in slums, durability of housing and sufficient living area.
Monitoring the Targets

It is essential that national and local leaders and civil society adopt the MDG process. Monitoring the objectives enables priorities to be established, the impact of the programs to be evaluated and initiatives to be adapted in the search for the MDG under equity conditions, as indices of human development, ethnic or gender groups, among others.

The Joint Monitoring Program (JMP) for Water Supply and Sanitation of the WHO and UNICEF (http://www.wssinfo.org) evaluates the process of reaching Target 10 of the MDG. The JMP is based on household surveys and/or population census in the countries. Only when this type of data is not available does the JMP use data from the countries service providers. Given current difficulties in carrying out quick and routine measurements of the quality of drinking water and sanitation services, the JMP uses the following indicators of access or coverage:

- Percentage of the population (urban and rural) using improved drinking water sources
- Percentage of the population (urban and rural) using improved sanitation facilities

Table 1. Improved and unimproved water and sanitation facilities for monitoring Target 10 of the MDG

<table>
<thead>
<tr>
<th>Water Supply</th>
<th>Sanitation</th>
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<tbody>
<tr>
<td><strong>Improved</strong></td>
<td><strong>Unimproved</strong></td>
</tr>
<tr>
<td>Piped connection into dwelling, plot, or yard; Public tap or standpipe; Borehole; Protected dug well; Protected spring; Rainwater</td>
<td>Unprotected well; Unprotected spring; Vendor-provided water; Bottled water; Tanker truck-provider water; River, stream, pond, or lake</td>
</tr>
<tr>
<td><strong>Improved</strong></td>
<td><strong>Unimproved</strong></td>
</tr>
<tr>
<td>Connection to public sewer or septic tank; Pour-flush latrine; Pit latrine with slab; VIP latrine; Ecological sanitation</td>
<td>Service or bucket latrine; Traditional latrine; Public latrine or shared toilet; Open pit or pit latrine without a slab; Oper defecation in bush or field</td>
</tr>
</tbody>
</table>

According to the JMP, drinking water is that used for domestic purposes, including water used for drinking and hygiene. The JMP considers that if more than 30 minutes are needed for a round trip from a water source in rural areas, a lower quantity of water tends to be collected than the required for basic needs. The monitoring instruments in use do not consider neither the cost or continuity of the service, nor the quality of the water at the source or in the household.

“Improved Drinking Water Sources” may already be contaminated or, if there is no household connection or the service is not continuous, water may be contaminated during transport or inadequate household storage. For this reason the population with access to “safe” water, as required by Target 10 of the MDG, is probably much smaller than that with access to “improved drinking water sources”. In the process of overcoming these limitations, the JMP is trying a methodology for rapid assessment of drinking water quality in seven countries in different regions, including Nicaragua in Latin America.

The JMP recognizes that a better definition of sanitation should include aspects of a good service such as privacy, cleanliness and healthy settings. Furthermore, the indicator does not take into account the disposal of sludge from septic tanks or effluents from sewerages, a risk to public health, ecosystems and people’s environment and their competitiveness in trade and tourism. Other monitoring instruments are required to collect information on these aspects.

Since 2003, the JMP has had an advisory group which includes academicians and experts in sectorial and monitoring aspects. In addition to its current functions, the JMP will work on:

- A report on drinking water and sanitation in marginal urban areas, with UN-HABITAT,
- A report on the scale and impact of poor management of wastewater, with UNEP,
- Strengthening the monitoring and evaluation capacities of the countries. This should contribute to identify and overcome the problems of equity and quality of the services, which are not detected during the global monitoring.
Water for Children’s Life

As with most determinations of the state of health of a given population group, children’s health is generally measured by its loss; that is, by recording episodes of disease or death. Health, nevertheless, according to a WHO definition, rather than absence of disease is a state of psychic, physical, and social welfare which enables human development. Consequently, infant mortality indicators are valuable as long as they simultaneously reflect improvements in other aspects affecting infant health — such as growth, neuro-psychic development, and learning ability; emotional maturity and the ability to have a place in the family and community; among others (Chapter VII of the Millennium Development Goals in LAC. Challenges, Actions and Commitments. IDB, 2004).

Infants and children are the innocent victims of failures to protect the rights to adequate drinking water and sanitation services of the poorest inhabitants of our countries. This family poverty, together with unhealthy housing and neighborhoods, exposes children to numerous health threats. According to WHO, more than 90% of all deaths caused by diarrhoeal diseases in developing regions correspond to children under five, compared to nine percent in developed regions (Figure 1). This situation is linked to access to improved drinking water sources and improved sanitation facilities in the different regions of the planet (Figure 2).

Figure 1. Percentage of deaths attributable to diarrhoeal diseases by age group and region

![Diagram showing percentage of deaths attributable to diarrhoeal diseases by age group and region](Source: JMP (2005), Water for Life. Making it Happen)

Figure 2. Association between lack of improved sources of drinking water and sanitation facilities, and deaths attributable to diarrhoeal diseases

![Diagram showing association between lack of improved sources of drinking water and sanitation facilities, and deaths attributable to diarrhoeal diseases](Source: JMP (2005), Water for Life. Making it Happen)
The information in Figure 3 is in harmony with other associations between water, sanitation, health and development; for example, the correlation matrix between levels of infant mortality and other selected MDG indicators, published recently (Table V.2 in the “Millennium Development Goals: A Latin America and Caribbean Perspective”. Report from United Nations bodies coordinated and published by ECLAC in 2005). In effect, the evidence associated with this matrix shows that infant mortality varies significantly with poverty levels and inversely with the coverage of sanitation and attendance of births by skilled personnel. When the effect of poverty is controlled, access to drinking water and sanitation and attendance of births by skilled personnel contribute significantly to reducing infant mortality rates.

Access to sanitation serves as a sign of people’s general living conditions and has a direct influence on hygiene and health, while attendance of births by skilled personnel is indicative of opportunities to come into contact with services and the response to health needs, which depends on geographical, economic, cultural and social aspects. These and other determinants play a fundamental role in the health situation. Some of them, however, lie beyond the scope of what the health sector can achieve. To improve health levels and eliminate current social inequalities, it is essential to tie social and health policies and to obtain coordination between sectors in the corresponding development strategies and programs.

Figure 3. Association between infant mortality and access to drinking water and sanitation

Diarrhea is not the only water-related disease that limits children’s development. Access to drinking water and sanitation services and improvements in hygiene practices help to reduce health risks associated with parasites, such as schistosomiasis and helminthiasis. A better integrated water resource management helps to reduce the risk of transmission of diseases associated with mosquitoes, such as malaria and dengue.

The combination of poverty and disease associated with deficient hygiene practices in households without adequate access to water and sanitation services translates into frequent absences from school. At the same time, these limitations to education and social development contribute to the exclusion of children and reduce their opportunities for living a long life. For girls, loss of schooling is not only due to the risk of disease, but also because they tend to be occupied in collecting water or because they tend to be more affected by the lack of sanitary infrastructure.

Millions of families in Latin American and the Caribbean pay the cost of not having access to adequate drinking water and sanitation services every day. When they are ill they cannot work and need care from other members of the family. Collecting water involves waste of time and energy. This limits the quality of life and productivity, which generally affects women more than men.
WHO has commissioned studies to estimate the costs and benefits of complying with Target 10 of the MDG and compares them with four other scenarios (see Table 2). The study used epidemiological, demographic and economic data from global sources; the coverage and costs of the JMP in 2000; and the recurrent costs of specialized literature and projects.

The impact of interventions in water and sanitation was measured by the reduction in cases of disease or death related to infectious diarrheal diseases and the corresponding savings related to treatment for the health sector and for patients; by costs related to avoided deaths; by time saved through avoiding medical attention, incapacity or water collection; etc. The time saved is reflected into productivity, school attendance, and quality of life.

Figure 4. Estimated benefit of interventions in water and sanitation associated with scenario 2 (see Table 2), MDG Target 10 in LAC, according to JMP indicator.

Table 2. Cost / benefit of intervention scenarios in water and sanitation in LAC.

<table>
<thead>
<tr>
<th>Scenarios</th>
<th>Annual cost</th>
<th>Annual benefit</th>
<th>Benefit /cost</th>
</tr>
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<tbody>
<tr>
<td>1. Reduce by 50% deficit in access to water.</td>
<td>171</td>
<td>2199</td>
<td>12.8</td>
</tr>
<tr>
<td>2. Reduce by 50% the deficit in access to water and sanitation (according to Target 10 of the MDG).</td>
<td>788</td>
<td>9635</td>
<td>12.2</td>
</tr>
<tr>
<td>3. Reduce by 100% the deficit in water and sanitation.</td>
<td>1577</td>
<td>22532</td>
<td>14.3</td>
</tr>
<tr>
<td>4. Universal access to water and sanitation (scenario 3) plus disinfection of water at point of use.</td>
<td>1937</td>
<td>38129</td>
<td>19.7</td>
</tr>
<tr>
<td>5. Universal access to regulated water and sanitation systems. Treatment of water and wastewater.</td>
<td>14085</td>
<td>69223</td>
<td>4.9</td>
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</tbody>
</table>

1. Annual costs and benefits in millions of USD at 2000 values

The LAC countries were included in two groups according to their epidemiological patterns. Table 2 and Figure 4 show the reported results. From these it can be said that:

- It seems to be beneficial to include water quality management at the household level (scenario 4), as this is a low cost option and it has a good additional benefit. This should be carried out in parallel, without sacrificing the search for universal access to regulated services with drinking water and wastewater treatment, in line with the need for integrated management of water sources and the achievement of the MDG as a whole.
- Although these interventions are beneficial for the health sector, the greater benefit is in the saving of time, which may be translated into benefits for sectors such as education, agriculture, industry, tourism, etc. The estimated value of this time could benefit from economic studies at both local and national levels.
- Although the financing for such interventions can come from various sectors, health can play a key role in the “software” (e.g. sanitary education aimed at changing behavior) and provide evidence and analysis to improve decision making by other sectors to benefit the most vulnerable populations.
Between 1990 and 2002, the LAC population rose from 441.5 to 535.6 millions. Exceeding this rate of growth, the proportion of the population with access to sanitation rose from 69% to 75% and those with access to water rose from 83% to 89%.

As far as drinking water access is concerned, on average by 2002, the 1990 deficit (base line) in urban and rural areas and in total (urban and rural) was reduced by 2%, 11% and 6% respectively, compared to the 35%, 21% and 8.5% required to comply with Target 10 in 2015, according to the indicators defined and used by the JMP for global monitoring. In accordance with this trend, it is feasible for some of the countries in the Region to achieve the target and in the others countries efforts must be intensified or innovations introduced (Figures 5 and 7).

Table 3. Access to improved drinking water sources in LAC

<table>
<thead>
<tr>
<th>Area</th>
<th>Million inhabitants</th>
<th>Proportion of the population (%)</th>
<th>2002</th>
<th>Without access</th>
<th>With access</th>
<th>Without access</th>
<th>With access</th>
<th>Lack of Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td></td>
<td></td>
<td></td>
<td>Home</td>
<td>Others</td>
<td>2002</td>
<td>Home</td>
<td>Others</td>
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<td>93</td>
<td>89</td>
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<tr>
<td>Rural</td>
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<td>58</td>
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<td>27</td>
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<td>Total</td>
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<td>83</td>
<td>78</td>
<td>11</td>
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1. Forecast access by 2015, according to trend in period 1990 to 2002.  
2. Forecast based on compliance with Target 10 of the MDG 7 according to JMP indicator.

As far as sanitation is concerned, on average by 2002, the 1990 deficit was only reduced in urban and rural areas and in total by 2%, 9%, 6%, respectively compared to 9%, 32.5% and 13.5% required to comply with Target 10 by 2015, according to JMP indicators. Less progress has been made with drinking water and further work or innovation is required to comply with the target in a significant number of countries (Figures 6 and 7).

Table 4. Access to improved sanitation facilities in LAC

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1. Forecast of access by 2015, according to trend in period 1990 to 2002.  
2. Forecast based on compliance with Target 10 of the MDG 7 according to JMP indicator.

Despite the progress achieved in water and sanitation coverage, the access for a significant part of the population is limited. In effect, 137 million people (25%) lack access to improved sanitation facilities. In addition, 60 million people (11%) have no access to improved drinking water sources and another 59 million (11%) have no household connections, implying the collection of water, which is generally done by women and children.

Inequality regarding the access to these services in the Region is great. For example, the proportion of the population without access to improved drinking water sources in rural areas is 6.2 times higher than in urban areas. The situation is even more critical for some ethnic groups, as indigenous populations, as their access to “improved” water services is inferior to the average for rural areas in the Region.
Access, Equity, and Quality

The decentralization of drinking water and sanitation services, starting in the 80s, transfers the responsibility for providing these services to local governments. This was part of a series of reforms aimed at improving quality, reducing costs, increasing income, introducing new technology, increasing access and active, and of the informed and responsible participation by civil society and private initiatives. In effect, though with differences in the starting dates and the speed in which it was put into practice, many of the countries in the Region have reformed the institutional structure to guarantee the separation of the following functions: 1) stewardship (including the definition of sector policies and strategic planning); 2) economic regulation (with the possibility of affecting efficiency, quality and equity of the services) and 3) service provision. The stewardship role is the responsibility of the State, regulation and control is the responsibility of an autonomous government agency with participation from society; and service delivery is the responsibility of public, private, or mixed autonomous entities and implementation require training at all levels.

Decentralization has had few positive results and in the case of small municipalities has resulted in a loss of economies of scale. “The Millennium Development Goals, MDG, A Latin American and Caribbean Perspective” (ECLAC, 2005) states that “in the majority of the countries tariff adjustments to guarantee the economic and financial sustainability of the service providers have yet to be introduced, create effective subsidies systems for low-income groups, apply regulatory frameworks and modify the conduct of public providers. Because of this, as well as macroeconomic instability and structural deficits in public finances, the reforms have not been as successful as expected”.

Figure 5. Population in millions (M) without access to improved drinking water sources by group of countries in LAC (based on the JMP, 2004).

Figure 6. Population in millions (M) without access to improved sanitation facilities by group of countries in LAC (based on the JMP, 2004).
Figure 7. Trends in access to drinking water and sanitation in LAC according to JMP indicators (based on the JMP, WHO-UNICEF, 2004)
A PAHO study on inequalities in the supply of water, carried out in 11 LAC countries, shows that in urban areas the proportion of poor families income spent on water is higher than that of wealthy families. Water coverage is greater for higher income families than for lower income families. That ratio is equal to or greater than 4 in four countries and is about 16 in one country. Furthermore, in countries such as Brazil and Peru, even the poorest urban families have higher levels of household connections than rural families with higher incomes (see Figure 8).

Table 5. Service level and quantity of water collected

<table>
<thead>
<tr>
<th>Service level</th>
<th>Distance/ time</th>
<th>Likely volumes of water collected</th>
<th>Public health risk from poor hygiene</th>
<th>Intervention priority and actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>No access</td>
<td>More than 1 Km / more than 30 min. round-trip</td>
<td>Very low - 5 liters per capita per day</td>
<td>Very high. Hygiene compromised. Basic consumption may be compromised.</td>
<td>Very high. Provision of basic level of service. Hygiene education.</td>
</tr>
<tr>
<td>Basic access</td>
<td>Within 1 Km; within 30 min. round-trip</td>
<td>Average approximately 20 liters per capita per day</td>
<td>High. Hygiene may be compromised. Laundry may occur off-plot</td>
<td>High. Hygiene education. Provision of improved level of service.</td>
</tr>
<tr>
<td>Intermediate access</td>
<td>Water provided on-plot through at least one tap (yard level)</td>
<td>Average approximately 50 liters per capita per day</td>
<td>Low. Hygiene should not be compromised. Laundry likely will occur on-plot</td>
<td>Low. Hygiene promotion still yields health gains. Encourage optimal access.</td>
</tr>
<tr>
<td>Optimal access</td>
<td>Supply of water through multiple taps within the house</td>
<td>Average of 100-200 liters per capita per day</td>
<td>Very low. Hygiene should not be compromised. Laundry will occur on-plot</td>
<td>Very low. Hygiene promotion still yields health gains.</td>
</tr>
</tbody>
</table>

The lack of equity in the access and level of the water service means that poor families least well served tend to use little water, are less likely to enjoy good hygiene and are more likely to suffer water and sanitation-related diseases. This reduces their ability to exercise their citizen’s rights and their chances of escaping the "poverty traps."
Deficits in drinking water and sanitation are also marked by other indicators of service quality, together with access or coverage. In the Regional Evaluation of Drinking Water and Sanitation Services (Evaluation 2000), 33 countries reported on the continuity of urban water systems and 16 out of these (approximately 50%) reported that they were intermittent. This discontinuity is a risk to public health and shows an inefficient use of the available infrastructure which contributes to a poor image of the service and its economic viability.

Despite a shared interest by environmental and sanitary authorities in the Region (declarations by Ministers of Health and the Environment who met in Ottawa in 2002 and in Mar de Plata in 2005) in a more integrated water resources management, only 14% of effluents from sewerages in LAC is somehow treated before discharge. Poor management of water resources, including wastewater discharges, together with limitations affecting the infrastructure for treating water for human consumption, reduce the quality of the water distributed to users.

Despite the growth of large cities, an important part of the Region's population lives in rural areas or small municipalities where the deficiencies in water quality are greater. In Colombia, for example, a Ministry of Health study revealed that 70% of the population had access to good water quality. This level of service, however only covers 17.5% and 9.6% of the population in places having between 2,500 and 10,000 inhabitants and less than 2,500 inhabitants respectively.

The population with adequate water monitoring and quality control systems is limited to urban areas and is insignificant in rural zones. According to Evaluation 2000, 52% of the urban population in the Americas Region had an effective water quality monitoring system. This percentage was only 24% in LAC, which indicates the obstacles to overcome in assuring the quality of drinking water services.
“Water for Life”

MESSAGE FROM THE UNITED NATIONS SECRETARY-GENERAL AT THE OPENING OF DECADE "WATER FOR LIFE"

“Water is essential for life. Yet many millions of people around the world face water shortages. Many millions of children die every year from water-borne diseases. And drought regularly afflicts some of the world’s poorest countries.

The world needs to respond much better. We need to increase water efficiency, especially in agriculture. We need to free women and girls from the daily chore of hauling water, often over great distances. We must involve them in decision-making on water management. We need to make sanitation a priority. This is where progress is lagging most. And we must show that water resources need not be a source of conflict. Instead, they can be a catalyst for cooperation.

Significant gains have been made. But a major effort is still required. That is why this year marks the beginning of the “Water for Life” Decade. Our goal is to meet the internationally agreed targets for water and sanitation by 2015, and to build the foundation for further progress in the years beyond.

This is an urgent matter of human development, and human dignity. Together, we can provide safe, clean water to all the world’s people. The world’s water resources are our lifeline for survival, and for sustainable development in the 21st century. Together, we must manage them better.”

Because of our values, dignity, children’s health, health throughout life, human rights, protection of water sources for multiple uses, poverty reduction, human development; in short for the best reasons, we reiterate our invitation to contribute to the promotion and implementation of actions aimed at equitable and sustainable access to safe drinking water and basic sanitation. In this way more people will more quickly share and experience the relevance of the motto of IAWD 2005:

“Water for Life. Equity and Quality of Services”
The creation of the Inter-American Water Day (IAWD) was promoted by the Pan-American Health Organization (PAHO), the Inter-American Association of Sanitary Engineering (AIDIS), and the Caribbean Water and Wastewater Association (CWWA). These agencies signed a Declaration during the XXIII AIDIS Inter-American Congress in Havana, Cuba, in 1992. The IAWD is commemorated the first Saturday of October of every year. The Organization of the American States (O.A.S.) was incorporated into the Initiative in 2001 and the Economic Commission for Latin America and the Caribbean (CEPAL) and the United Nations Environment Program (UNEP) were incorporated later.

When commemorating IAWD’s 10 years of celebrations, the Declaration of the Inter-American Water Day is issued in Cancun, Mexico, in 28th October, 2002, within the framework of the XXVIII AIDIS Congress. The IAWD is a “celebration of water” in the Americas. It is mainly aimed at raising awareness among the population regarding the importance of preserving this valuable natural resource in the benefit of its multiple uses. The goals include encouraging nongovernmental governments, agencies, the private sector, and the community in general to participate in the IAWD celebrations and to work jointly for improving the sanitary conditions, the global access to drinking water and sanitation and the quality of these services.