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Making the human right to sanitation a reality for all

Report of the Special Rapporteur on the human rights to safe drinking water and sanitation, Pedro Arrojo Agudo

Summary

Sixteen years after the recognition of sanitation as a distinct human right, only a handful of States have recognized it in domestic legislation, and its realization is lagging behind in practice.

In this, his last report, on the eve of the 2026 United Nations Water Conference to Accelerate the Implementation of Sustainable Development Goal 6 and the review of the 2030 Agenda for Sustainable Development, the Special Rapporteur on the human rights to safe drinking water and sanitation, Pedro Arrojo Agudo, issues a call for renewed commitment to the universal realization of the human right to sanitation for all. The report highlights the need to place human rights principles at the centre of sanitation policies and investments.

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I. Introduction

1. Even though sanitation has been recognized as a distinct human right and has been a global policy priority for 16 years now,[1] about 3.4 billion people worldwide still lack access to safely managed sanitation services.[2] In comparison to the human right to safe drinking water, the human right to sanitation has clearly been relegated to a secondary position.

2. On the eve of the 2026 United Nations Water Conference to Accelerate the Implementation of Sustainable Development Goal 6, the Special Rapporteur on the human rights to safe drinking water and sanitation, Pedro Arrojo Agudo, submits the present report as a call for renewed commitment to the universal realization of the human right to sanitation for all. Despite progress, inadequate access to sanitation continues to undermine human dignity and the enjoyment of a range of human rights.

3. Sanitation is not only a fundamental human right in itself, but also an indispensable enabler of numerous other human rights, including the human rights to safe drinking water, health, education, adequate housing and a clean, healthy and sustainable environment. Persistent gaps in access to sanitation continue to disproportionately affect those in vulnerable situations, exacerbating existing inequalities and undermining efforts to achieve inclusive development.

4. As the international community prepares for the forthcoming review of the 2030 Agenda for Sustainable Development and discussions on the post-2030 agenda, the Special Rapporteur urges States to recommit to the universal realization of sanitation as a human right and to place sanitation firmly at the centre of global water and development efforts. The report highlights the need to move beyond infrastructure targets and place human rights principles – such as equality, non-discrimination, participation, accountability and sustainability – at the centre of sanitation policies and investments.

5. The Special Rapporteur is grateful to those who sent written contributions in response to his call for inputs[3] and those who participated in a consultation held on 16 June 2026.

II. Recognition of the human right to sanitation

A. Evolution in international law

6. Recognition of the human right to sanitation emerged slowly, first through mention in specific human rights treaties, then through the standard-setting work of treaty bodies and special procedures, and finally through explicit recognition by States in resolutions, as well as in domestic legislation.

7. The human right to sanitation is anchored in the right to an adequate standard of living and the right to health, both of which are enshrined in the Universal Declaration of Human Rights of 1948 (art. 25 (1)) and the International Covenant on Economic, Social and Cultural Rights of 1976 (arts. 11 and 12).

8. In its general comment No. 15 (2002) on the right to water, the Committee on Economic, Social and Cultural Rights noted that lack of access to adequate sanitation was the primary cause of water contamination and diseases linked to water. It clarified that States had an obligation to extend safe sanitation services, particularly to rural and deprived urban areas, taking into account the needs of women and children.

9. In 2005, the Special Rapporteur of the Sub-Commission on the Promotion and Protection of Human Rights, El Hadji Guissé, presented a set of guidelines for the realization

[1] From 2000 until 2015 under the Millennium Development Goals and since 2015 under the Sustainable Development Goals.

[2] World Health Organization and United Nations Children's Fund, *Progress on Household Drinking Water, Sanitation and Hygiene 2000–2024: Special Focus on Inequalities* (Geneva, 2025), p. ix.

[3] See https://www.ohchr.org/en/calls-for-input/2026/call-input-human-right-sanitation-non-discrimination.

of the right to drinking water and sanitation,[4] which were subsequently adopted, in 2006, by the Sub-Commission. The guidelines state that "Everyone has the right to have access to adequate and safe sanitation that is conducive to the protection of public health and the environment". In 2007, the United Nations High Commissioner for Human Rights concluded that it was "time to consider access to safe drinking water and sanitation as a human right".[5]

10. In a foundational report, the independent expert on the issue of human rights obligations related to access to safe drinking water and sanitation, Catarina de Albuquerque, argued that "because dignity pervades the issue of sanitation and sanitation cannot be entirely subsumed into any other existing human rights, it should be considered a distinct human right".[6]

11. In 2010, the General Assembly, in its resolution 64/292, recognized the right to safe and clean drinking water and sanitation as a human right. In 2015, in its resolution 70/169, the Assembly recognized sanitation as a distinct human right.

12. In its general comment No. 22 (2016), the Committee on Economic, Social and Cultural Rights recognized access to adequate sanitation as one of the underlying determinants of sexual and reproductive health and rights. In 2024, the Human Rights Council adopted resolution 56/11, in which it called upon States to guarantee that women and girls had access to available, accessible and affordable facilities, information and products for optimal and effective menstrual hygiene management.

B. Recognition at the national level

13. Only a handful of States explicitly recognize the human right to sanitation in their constitutions. The Special Rapporteur has noted[7] that this is the case in Bolivia (Plurinational State of), Burkina Faso, Fiji, Honduras, Kenya, Mexico, Nepal and Uruguay. The Constitution of the Maldives recognizes the right to the establishment of a sewage system of a reasonably adequate standard on every inhabited island, unfortunately restricting this right to Maldivian citizens only. The Special Rapporteur has also noted ongoing legislative efforts, for example draft law PEC 2/2016 in Brazil, seeking to introduce the right to basic sanitation, among other social rights mentioned in the Constitution. Several other States – for example the Dominican Republic – refer to standards of sanitation in their constitutions, without necessarily identifying sanitation as a human right.

14. A number of States, including Chile, Comoros, Côte d'Ivoire, Cuba, El Salvador, Mozambique and Peru, recognize the human right to sanitation in ordinary legislation. The occupied Palestinian territory affirms in its Water Law that courts would consider sanitation as a human right. Of the States that responded to the call for inputs, many indicated that their legislation defined sanitation simply as a State obligation or as a public service of general interest. In some countries – such as Brazil, Colombia and India – the right to sanitation is derived from jurisprudence.

15. Furthermore, some States recognize the human right to sanitation in policies, for example: Bangladesh in its 2005 National Sanitation Strategy; Guatemala in its 2024 Public Policy on Drinking Water and Sanitation; and the Lao People's Democratic Republic in its National Policy on Water Supply, Sanitation and Hygiene, which recognizes the right to safe sanitation and hygiene facilities.

16. While a quick survey of national legislation and policies indicates that there is a growing number of countries explicitly recognizing the human right to sanitation in constitutional or legal texts, as well as in national policies, the Special Rapporteur is of the view that these are too few and far between. He encourages all States to fully incorporate

[4] See E/CN.4/Sub.2/2005/25.

[5] A/HRC/6/3, para. 66.

[6] A/HRC/12/24, para. 58.

[7] Based on submissions received in response to his questionnaire, pro bono student research by the Promise Institute for Human Rights at the University of California, Los Angeles, School of Law and research using information available in the latest UN-Water global analysis and assessment of sanitation and drinking water report.

sanitation as a human right into their legislation, whether in national constitutions or in other legislation. Such an approach would form a strong legal basis for the right to then be implemented through stringent policies and national plans of action, to receive the necessary priority in the allocation of resources and to be recognized by courts.

III. Scope of the human right to sanitation

17. The Special Rapporteur agrees with the definition of sanitation proposed in the 2010 glossary on the human right to water and sanitation,[8] which includes the "collection, transport, treatment and disposal of human excreta, domestic wastewater and solid waste and associated hygiene promotion", which logically includes menstrual hygiene. However, he believes that the concept of sanitation must also include the management of stormwater drainage and solid waste, and even the proper treatment of wastewater from non-domestic uses, such as productive activities, as discussed below.

A. The toilet as the first step

18. The human right to sanitation undoubtedly takes its first highly visible step in the right to a toilet, under conditions of dignity, privacy, health and safety, with special attention to women and girls.

B. Managing wastewater

19. Managing the wastewater generated by humans is of utmost importance, so that it does not pollute the surrounding aquatic ecosystems and thereby the health of the communities that depend on them. There are two types of sanitation systems: on-site and off-site.

20. On-site sanitation systems are decentralized waste management facilities that collect, store and treat human excreta and wastewater directly at the point of generation. Some are dry systems, which do not require water for disposal and use the waste as fertilizer. Dry sanitation systems undoubtedly best fulfil the obligation to avoid contaminating water bodies, in addition to not demanding water and transforming waste into fertilizer.

21. However, in most cases, on-site sanitation systems are wet and operate with running water for the disposal of faeces and urine, which, together with wastewater from other domestic uses, are collected in septic tanks or cesspools, which must be emptied and managed periodically. The difficulty of managing these mixed wastewaters, the lack of adequate maintenance and the frequent infiltrations due to inadequate design or deficiencies in construction often generate serious pollution problems.

22. Off-site sanitation systems are mostly used in towns and cities. They collect faeces, using potable water from the mains supply, along with other domestic wastewater, and transport it through the sewer network, along with rainwater, to centralized treatment plants for purification before being discharged into the environment.

23. These domestic wastewater treatment plants can be based on multiple technologies, but are generally classified as intensive or extensive sanitation plants. In sizeable urban areas, intensive sanitation strategies, which entail high energy consumption and management costs, are necessary; however, costs can be distributed among a large number of households. In small towns or villages, however, the development of extensive, nature-based sanitation strategies is essential. Proper design of these types of facilities, using appropriate plants (macrophytes) native to each territory, can guarantee effective sanitation with low or no energy costs, thus ensuring affordability.

[8] See https://sswm.info/sites/default/files/reference_attachments/UNW%20DPAC%20ny%20Glossary%20on%20the%20Human%20Right%20to%20Water%20and%20Sanitation.pdf.

C. Hygiene, including menstrual health and hygiene

24. The obligation of States to ensure the access of everyone to a sufficient amount of safe drinking water for personal and domestic use includes water for personal hygiene. The Special Rapporteur recalls that, according to the World Health Organization (WHO), between 50 and 100 litres of water are needed per person per day to avoid health problems.[9]

25. Women and girls are disproportionately affected by poor water, sanitation and hygiene services and facilities. Inadequate services increase health risks for women and girls, especially those in marginalized situations, and limit their ability to safely and privately manage their menstrual health.

26. Menstrual health and hygiene management requires adequate products to absorb or collect menstrual blood that should be changed privately as often as needed. Women and girls should be able to wash with soap and water and have access to safe and convenient facilities for disposing of used products. Adolescent girls should have access to education about the menstrual cycle and how to manage menstruation with dignity, without discomfort or fear. This requires special attention, not only at home, but also in schools, through comprehensive sexuality education, public facilities and workplaces, ensuring accurate information, quality healthcare, including sexual and reproductive healthcare, and freedom from stigma and discrimination.

D. Stormwater drainage management

27. Most sewer systems, called unitary or combined systems, collect both domestic wastewater and stormwater. This necessitates the inclusion of stormwater drainage in the management of sewage and wastewater sanitation.

E. Solid waste management

28. Even solid waste management must be integrated into sanitation strategies linked to water management, insofar as such waste generates leachate that can contaminate nearby aquatic ecosystems.

F. Treatment of discharge from productive activities and non-domestic uses

29. Non-domestic wastewater discharge, primarily from productive activities, often containing toxic pollutants, must be properly treated, but under the responsibility of the generator. States must regulate the management of such discharge, ensuring that such treatment is carried out by the generators and, should contamination occur, must rigorously apply the principle that “whoever contaminates or pollutes, must restore” (“polluter restores” principle), which is derived from the commonly known “polluter pays” principle. Failure to do so would impair the enjoyment of the human rights to water, sanitation, health, life and a healthy environment.

IV. State responsibility to implement the human right to sanitation

30. Ending open defecation, where it is still practised, must be a priority. To this end, States must provide communities, with particular attention to women and girls, with information about the health impacts of the practice and resources to build toilets that are

[9] See https://www.who.int/docs/default-source/wash-documents/wash/infographic-domestic-water-quantity.pdf.

safe, hygienic and private, as well as sanitary facilities, such as septic tanks, together with support for their proper maintenance.

31. In cities and towns where population concentration demands more complex collective systems, and in particular sewage networks and solid waste management, the State, through the municipalities, must provide the corresponding local infrastructure and services, building, managing and maintaining both sewage networks and domestic wastewater treatment plants. Rural municipalities and community authorities, however, often lack the information needed to select the type of sanitation plant best suited to their needs. The State is responsible for providing information to ensure that wastewater treatment facilities are not only effective but also manageable and affordable.

32. Undertaking structural works for sewer systems and treatment plants can overwhelm local capacities and increase rates, making the service unaffordable. Therefore, States should guarantee an adequate service chain, which may require financial support and subsidies to its municipalities.

33. Abandoning municipalities in the face of these challenges is tantamount to forcing them to negotiate with large financial corporations under enormous power imbalances. Under these conditions, privatization and financialization strategies for water and sanitation services are often promoted, frequently presented as public-private partnerships in which corporate interests clearly dominate over the public interest. Under these privatization approaches, unsuitable projects are often imposed, based on technologies that increase not only the initial investment but, above all, subsequent management costs.

34. Sanitation financing should come from three sources: user fees, established through a participatory and transparent process that guarantees affordability for the poorest; available public funds applying the principle of priority that could be supplemented with funds negotiated by Governments in capital markets; and, for the least developed countries, development aid. On this basis, promoting public financial platforms for water and sanitation services could facilitate lines of financing to local governments to carry out the necessary sanitation works, but guided by the public interest.

35. In any case, the Special Rapporteur draws attention to the Guiding Principles on Business and Human Rights.

36. States must also conduct awareness-raising and educational campaigns that reduce pollutant loads at the source, promoting the use of biodegradable detergents, soaps and personal care products and discouraging or prohibiting the use of persistent toxic substances in the home and informing the public about the damage caused by disposing in the toilet of non-biodegradable materials such as sanitary napkins or wipes, which cause serious problems in wastewater treatment plants and degrade aquatic ecosystems.

37. With regard to the productive uses of water, States must prioritize the human rights to clean drinking water, housing, health and a clean, healthy and sustainable environment, etc. over the economic interests of producers. To this end, States, through appropriate laws and regulations, must prevent polluting discharge or other significant impacts and rigorously apply the polluter restores principle. Wastewater and solid waste treatment costs must be included in production costs and recovered in the price of the goods produced.

V. Global trends, challenges and promising practices

A. Sanitation systems

38. As of 2024, 3.4 billion people still lacked safely managed sanitation services, including 1.9 billion with basic services, 560 million with limited services, 555 million with unimproved services and 354 million practising open defecation, nearly all of them in rural areas. Since 2015, coverage of safely managed sanitation services has increased from 48% to 58%, rising from 36% to 49% in rural areas and from 59% to 66% in urban areas. People

living in least developed countries are nearly twice as likely to lack access to safely managed sanitation services.[10]

39. Countries such as Burkina Faso, Senegal and Togo have made remarkable progress in reducing open defecation rates under a community-led total sanitation programme, with political leadership, community ownership, decentralization and the active participation of women identified as key factors.[11]

40. The challenge of developing sustainable sanitation solutions that conserve water resources and recycle organic materials in human waste management is a growing necessity. In most impoverished rural areas, families or communities construct on-site sanitation facilities where water is used to flush and store waste in pits, tanks and wells, but proper management of faecal sludge disposal and treatment is often not ensured, and it ends up contaminating nearby aquifers and rivers. To cite one example, during his visit to Guinea-Bissau, the Special Rapporteur witnessed how, in rural villages and even in the capital, latrines, sometimes located just a few metres from wells, contaminated water consumed by the population.

41. Various existing sanitation and dry toilet systems, from low-cost models in impoverished and water-scarce areas to the most complex systems in developed countries, deserve greater attention from States and municipal authorities. Appropriate incentives and regulations, as well as participatory and community support strategies, should be promoted to encourage the implementation of these systems.[12]

42. Rapidly growing peri-urban areas pose one of the greatest challenges of contemporary urban planning. First and foremost, it is essential that States, through their municipalities, recognize these settlements as urban spaces under clear public responsibility and not treat them as informal areas that will eventually be regularized. While it may be reasonable, as a transitional strategy, to promote an on-site sanitation system with adequate faecal sludge management and treatment services, municipalities must guarantee the extension of a city's sewage and sanitation network to these settlements.

43. It is important to emphasize that maintenance of on-site systems must be carried out while safeguarding the dignity, hygiene and health of those who perform such maintenance. It is therefore urgent and imperative to put an end to manual scavenging carried out by people and communities who face discrimination on the basis of work and descent.[13]

44. In peri-urban settlements, developing edge ecosystem approaches that link urban planning with the conservation of surrounding aquatic ecosystems (riparian zones, wetlands and recharge areas) can play a vital role in sanitation systems, as well as fulfilling a strategic environmental function of transition between the city and the ecosystems that support it.

45. Notable examples of community involvement are the Erdos Eco-City Project in China,[14] a dry ecological toilet programme developed by Aymara and Quechua communities in the Plurinational State of Bolivia,[15] a pilot programme in the peri-urban informal settlements of Omaruru in Namibia, developed with the active involvement of municipal authorities,[16] and advanced dry sanitation projects with composting toilets and the widespread adoption of modern urine separation systems promoted in Sweden.[17]

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[10] World Health Organization and United Nations Children's Fund, *Progress on Household Drinking Water, Sanitation and Hygiene 2000–2024*.

[11] See https://www.unicef.org/evaluation/blog/open-defecation-free-sustainable-sanitation.

[12] See https://www.ijert.org/research/advancements-in-dry-toilet-technologies-a-comprehensive-review-of-design-materials-and-waste-treatment-approaches-IJERTV14IS060015.pdf.

[13] See https://globalforumcdwd.org/global-report-on-status-of-communities-discriminated-on-work-and-descent-2024/.

[14] See https://www.susana.org/_resources/documents/default/2-1962-en-introduction-sweden-china-eco-town-project-text-2006.pdf.

[15] See https://www.iadb.org/es/blog/agua-saneamiento-y-residuos-solidos/banos-ecologicos-secos-soluciones-adaptadas-las-comunidades-rurales-en-bolivia.

[16] See https://www.susana.org/_resources/documents/default/2-1608-en-otji-pilot-namibia-2012-aug-final.pdf.

[17] See https://www.susana.org/knowledge-hub/resources?id=1137.

46. While there are no reliable statistics at the global level, it has been estimated that over 80% of the world's sewage is discharged untreated into the environment.[18] Data from 129 States, representing 89% of the global population, showed that 58% of household wastewater was safely treated in 2024.[19]

47. Proper wastewater treatment is key to reducing the risk of waterborne diseases, such as cholera, typhoid fever, hepatitis A, poliomyelitis and, in particular, diarrhoeal disease, which is the third leading cause of death among children under 5 years of age worldwide.[20]

48. The reuse of untreated or partially treated wastewater is often considered a good practice. In 2010, the Food and Agriculture Organization of the United Nations stated that the total land irrigated with raw or partially diluted wastewater was estimated at 20 million hectares in 50 countries (10% of total irrigated land).[21] It must be noted that such practices, ignoring WHO guidelines for the safe use of wastewater, greywater and excreta,[22] carry public health risks. The Mezquital Valley, for example, is the largest agricultural area in the world irrigated with wastewater. Recent studies have shown that diarrhoea affects 10% of children in the area, twice as many as in communities not exposed to the risk of using this type of water for irrigation.[23] In addition, it is important to note that using treated wastewater for irrigation has a negative impact on the recharging of aquifers and maintaining minimum flow levels of rivers – processes in which wastewater usually plays an important role.

49. Industries in urban areas frequently discharge their wastewater into the sewer system, often containing toxic pollutants. These pollutants not only cannot be treated at urban wastewater treatment plants, but also disrupt biological processes. Laws and regulations must be established to prevent these practices, forcing industries to specifically clean up the pollutants that they produce.

50. The Special Rapporteur highlights that flushing toilets with drinking water from the supply network accounts for the largest share of household water consumption: around 25%–30%.[24] Particularly in areas facing water scarcity problems, more and more dual water systems are being introduced, whereby the water for flushing toilets and other uses that do not require drinking water is reclaimed water of lower quality.

B. Hygiene

51. In 2024, 1.7 billion people still lacked basic hygiene services (availability of a handwashing facility with soap and water at home), including 1 billion with limited services (availability of a handwashing facility lacking soap and/or water at home) and 611 million with no handwashing facility at home. Since 2015, basic hygiene coverage increased from 66% to 80%, rising from 52% to 71% in rural areas but remaining largely unchanged, at 86%, in urban areas.[25]

52. As it is well known, handwashing before eating reduces the transmission of intestinal and respiratory infections. Multiple studies have shown that handwashing with soap reduces cases of diarrhoea and other intestinal infections.

53. Beyond being a human rights obligation, investing in sanitation and hygiene facilitates development. It has been estimated that, in the United Republic of Tanzania, for example, the lack of adequate water, sanitation and hygiene services is responsible for 31,000 deaths,

[18] See https://unhabitat.org/sites/default/files/2023/06/water_report_web.pdf.
[19] See https://www.unwater.org/publications/progress-wastewater-treatment-2024-update.
[20] See https://www.who.int/news-room/fact-sheets/detail/drinking-water and https://www.who.int/news-room/fact-sheets/detail/diarrhoeal-disease.
[21] See https://www.fao.org/4/i1629e/i1629e.pdf.
[22] See https://www.who.int/teams/environment-climate-change-and-health/water-sanitation-and-health/sanitation-safety/guidelines-for-safe-use-of-wastewater-greywater-and-excreta.
[23] Jesse D. Contreras and others, "Health risks from exposure to untreated wastewater used for irrigation in the Mezquital Valley, Mexico: a 25-year update", *Water Research*, vol. 123 (October 2017).
[24] See https://www.eea.europa.eu/en/analysis/publications/towards-efficient-use-of-water.
[25] World Health Organization and United Nations Children's Fund, *Progress on Household Drinking Water, Sanitation and Hygiene 2000–2024*, p. x.

mainly of women, children and people living in poverty, in addition to costing the country more than $2.4 billion annually in medical expenses and lost productivity.[26]

C. Menstrual hygiene

54. Menstruation is a normal biological process experienced by an estimated 2.1 billion adolescent girls and women; roughly one in four people globally. This figure does not include the estimated 129 million adolescent girls who begin menstruating before the age of 15, transgender men, non-binary people and intersex persons who also menstruate.[27] Despite the normality of this process, 500 million women and girls worldwide lack access to menstrual products and adequate menstrual hygiene management facilities and are therefore denied the right to manage their periods in a dignified and healthy manner.[28] The cost of these requirements is significant and should be considered in public policy.

55. Menstrual health and hygiene management depends on various factors, including culture, access to water, sanitation and hygiene facilities, socioeconomic status and menstrual health education. Persistent harmful sociocultural norms, stigma, misconceptions and taboos around menstruation continue to lead to the exclusion of and discrimination against women and girls. The stigma and shame generated by stereotypes around menstruation have severe impacts on all aspects of women's and girls' human rights, including their human rights to equality, health, including sexual and reproductive health, housing, water, sanitation, education, freedom of religion or belief and safe and healthy working conditions and their right to take part in cultural life and public life without discrimination.[29] Transgender men who menstruate may also face discrimination, harassment and violence due to their gender identity.

56. As part of comprehensive sexuality education, menstrual education encompasses knowledge about physiology, puberty, the menstrual cycle and menstrual health. It facilitates informed use of menstrual products and contributes to reducing the shame and stigma that continue to surround menstruation in many contexts.

57. When women and girls lack access to sanitary materials, or do not have access to water and soap to manage their menstruation, their risk of infections, such as hepatitis B and thrush, sexually transmitted infections and bacterial vaginosis, increases.[30] About 70% of reproductive illnesses can be attributed to menstrual hygiene.[31] Girls often miss school due to menstruation if they lack access to adequate sanitation facilities. Providing information and materials on menstrual hygiene, even free of charge, reduces girls' school absenteeism and improves their academic performance.

58. Unfortunately, even in developed regions, the challenge of ensuring menstrual hygiene remains. In Romania, for example, in 2025, at least 175 schools still lacked adequate sanitation infrastructure, with restrooms sometimes located outside school buildings or lacking running water, contributing to the exclusion and absenteeism of girls during their period.[32] In the informal settlement of Tsoundzou 2 in Mayotte, France, refugee and displaced women were forced to use pieces of cloth as menstrual protection and bury them after use, as they could not wash them safely.[33]

59. On a positive note, examples of good practices abound. In Uganda, the "Keep a girl in school" initiative established a factory that produces reusable sanitary pads and provides

[26] World Bank, *Tanzania Economic Update: Clean Water, Bright Future – The Transformative Impact of Investing in WASH*, No. 18 (Washington, D.C., 2022).

[27] World Health Organization and United Nations Children's Fund, *Progress on Household Drinking Water, Sanitation and Hygiene 2000–2024*, pp. 77 and 78.

[28] See https://www.worldbank.org/en/topic/water/brief/menstrual-health-and-hygiene.

[29] See A/HRC/53/40. See also https://www.ohchr.org/en/news/2019/03/international-womens-day-8-march-2019.

[30] See https://www.worldbank.org/en/topic/water/brief/menstrual-health-and-hygiene.

[31] Navpreet Kaur and Roger W. Byard, "Menstrual health management: practices, challenges and human rights violations", *Medico-Legal Journal*, vol. 89, No. 4 (December 2021).

[32] Submission from Iele-Sânziene Association.

[33] Submission from Régles Elementaires.

approximately 20% of these free of charge to 10,000 schoolgirls in marginalized situations, while the remaining 80% are sold at a subsidized price to 40,000 girls and women in the community.[34] In Ghana, under the Greater Accra Metropolitan Area Water and Sanitation Project, sanitation facilities were constructed at more than 260 schools across the Greater Accra Metropolitan Area The facilities included separate toilets and changing rooms for girls, with locks on doors, handwashing facilities and hygienic and safe spaces for the disposal of used sanitary products.[35] In 2021, Brazil passed a bill creating the Programme for Protection and Promotion of Menstrual Health to provide sanitary pads and other essential products free of charge.[36] According to information published by the Government, in its first year of operation, the programme benefited 2.1 million people in vulnerable or low-income situations throughout Brazil.[37]

D. Wastewater treatment from productive activities

60. In 2024, 2.1 billion people lacked safely managed drinking water;[38] however, a prestigious research team recently published an estimate of 4.4 billion.[39] Indeed, during country visits, the Special Rapporteur noted that official statistics often classify piped, chlorinated water as potable, when in reality it is not. Several reasons could account for this discrepancy. In particular, the rising levels of toxic pollution caused by industrial and mining discharge – which cannot be removed in water treatment plants – as well as diffuse pollution from agrochemicals, are among the most serious and worrying problems. Another cause for serious concern is the growing pharmaceutical pollution of water bodies, resulting from the widespread and systematic use of medicines in intensive livestock farming, which exacerbates antimicrobial resistance.

61. Reporting on industrial wastewater treatment remains limited. According to a study with data from 22 countries, only 27 per cent of industrial wastewater was reported as safely treated.[40] Since most countries do not provide data on polluting discharge or the data provided are unreliable, the Special Rapporteur concludes that the overwhelming majority of industrial and mining discharge, which is often toxic, is untreated or inadequately treated. Therefore, there is an urgent need to establish strict laws and regulations to prevent the toxic contamination of the water bodies from which the population draws its water supply. Also worrying is the massive amount of discharge into seas and oceans and their impacts on the health of populations due to contamination of bathing waters and fishing grounds.

62. In the Atoyac-Zahuapan basin in Mexico (3 million inhabitants), around 20,400 companies emit some 778,000 tons of pollutants daily into the rivers, including heavy metals, hydrocarbons and volatile organic compounds. This has led to massive increases compared to the national rates in kidney diseases, congenital malformations, haematological disorders in newborns, anaemia and cancer of the thyroid and endocrine glands.[41] On a positive note, the current Federal Government has made tackling this problem a priority.

63. The high profitability of mining, both informal and in large open-pit operations, is now an alarming source of toxic pollution of rivers and aquifers. During his visit to Peru, the Special Rapporteur verified the massive and systematic contamination of water bodies by heavy metals, largely due to mining activity in river headwaters. More than 10 million people face the daily risk of progressive heavy metal poisoning.[42]

[34] See https://redcrossug.org/tackling-period-poverty-for-50000-ugandan-girls-and-women-pads-manufacturing-plant-launched-to-keep-girls-in-school/.
[35] See https://www.worldbank.org/en/topic/water/brief/menstrual-health-and-hygiene.
[36] Submission from Brazil.
[37] See https://www.gov.br/saude/pt-br/assuntos/noticias/2025/janeiro/programa-dignidade-menstrual-beneficia-mais-de-2-milhoes-de-pessoas-em-um-ano?utm_source=.
[38] World Health Organization and Unite1d Nations Children's Fund, *Progress on Household Drinking Water, Sanitation and Hygiene 2000–2024*, p. vi.
[39] See https://www.sciencenews.org/article/four-billion-lack-access-clean-water.
[40] See https://www.unwater.org/publications/progress-wastewater-treatment-2024-update.
[41] A/HRC/54/32, para. 71.
[42] See A/HRC/54/32/Add.2.

64. In Central Asia, especially in the region known as the Asian Gold Belt, mining not only competes with agriculture for limited water resources, but also contaminates water sources with heavy metals, compromising the potability of the drinking water for the population.[43]

65. Polyfluoroalkyl substances, known as "forever chemicals", are emerging as one of the most dangerous human-made pollutants worldwide due to their extreme persistence, bioaccumulation and toxicity, including in highly developed countries such as France, Japan and the United States of America. For example, in Okinawa, Japan, the tap water of more than 450,000 people in seven municipalities was contaminated with forever chemicals.[44]

66. The Special Rapporteur has been denouncing that hundreds of millions of people are being poisoned daily in a progressive and irreversible manner, with terrible consequences, especially for children and babies. Therefore, he has been proposing a revision of the Rome Statute of the International Criminal Court to include the most serious and systematic cases of toxic pollution as crimes against humanity. He has also been proposing the recognition of the crime of ecocide for systematic and massive processes of toxic pollution that transform entire territories into sacrificed territories for hundreds or thousands of years.[45]

67. In terms of addressing diffuse pollution from agriculture and livestock farming, the Special Rapporteur advocates for the need to promote the agroecological transition[46] and strengthen extensive livestock farming, or at least adopt measures that discourage the excessive use of industrial fertilizers, pesticides and pharmaceuticals that ultimately pollute water and seriously endanger public health.

E. Stormwater management in the context of climate change

68. In most cities and towns, sewer systems collect domestic wastewater and stormwater runoff. When these systems terminate at treatment plants, these plants become overwhelmed by excess flow during heavy rainfall, leading to a massive discharge of untreated sewage through bypass systems at the plant's inlet. In other cases, heavy rains overwhelm the sewer system within cities, generating "black floods" of sewage mixed with stormwater runoff. This rapid drainage of heavy rains often also produces large floods that endanger populations located downstream.

69. All these flood risks, which tend to primarily affect impoverished neighbourhoods and settlements, require a human rights-based approach that strengthens social and environmental resilience to these risks, adapting urban and territorial planning to climate change.

70. In Cahokia Heights, Illinois, United States, residents suffer from flooding with untreated sewage, exacerbated by climate change, due to poor infrastructure, exposing them to health risks and unsafe living conditions, especially in disadvantaged neighbourhoods.[47]

71. Regarding stormwater drainage, as the Special Rapporteur has explained in previous reports, a transition to a separate sewage system is necessary to prevent stormwater from mixing with domestic wastewater. However, the main challenge lies in promoting new urban planning models, such as the sponge city model, which increases the permeability of the urban surface and maximizes the proportion of infiltrated rainwater.

72. A notable example from China is the Sponge City Initiative. Launched in 2013 by the Council of State, it requires that at least 80% of built-up urban areas absorb, reuse or retain

[43] Yu Liu and others, "A review of water pollution arising from agriculture and mining activities in Central Asia: facts, causes and effects", *Environmental Pollution*, vol. 291 (December 2021).

[44] A/80/174, para. 34. See also submission from Hatsuko Goya; and USA 6/2025. All allegation letters and/or urgent appeals mentioned in the present document are available from https://spcommreports.ohchr.org/Tmsearch/TMDocuments.

[45] A/HRC/54/32, paras. 117 and 118.

[46] Food and Agriculture Organization of the United Nations, "The 10 elements of agroecology: guiding the transition to sustainable food and agricultural systems" (2018).

[47] Submission from Equity Legal Services and St. Louis University Human Rights at Home Clinic.

at least 70% of rainwater on-site by 2030, replacing impermeable concrete with nature-based green infrastructure, among other measures.[48]

73. Given that stormwater runoff depends on the impervious urban surface area, the Special Rapporteur advocates for the introduction of a specific tariff system for stormwater drainage, proportional to the impervious surface area for which each person or entity is responsible. Neighbourhoods and settlements at risk of flooding and impoverished people should be exempt from this fee.

74. Recent studies reveal that stormwater runoff is the main pathway entry for microplastics into aquatic ecosystems, coming mainly from tyre abrasion.[49] The Special Rapporteur notes with interest the proposal by the Economic Commission for Europe on new regulations for car and van tyres in order to reduce this toxic pollution.[50] In any case, microplastics should be included among the pollutants to be considered in the management of stormwater drainage.

F. Solid waste management

75. The polluting impact of solid waste dumps on rivers and aquifers is growing daily. In addition to the traditional uncontrolled dumping of waste on riverbanks, landfills are now being established, often legally, in unsuitable locations, such as floodplains, permeable aquifer recharge zones, or even areas rich in springs; and often in territories of Indigenous Peoples or marginalized communities. The Special Rapporteur had the opportunity to visit the site of the new landfill in the metropolitan area of Belém do Pará, Brazil, operated by a private company, located in an area with 180 crystal-clear springs, in the heart of the Amazon rainforest. The project has sparked mobilization among local Quilombola communities, outraged by the company's argument that the location maximizes the landfill's profitability.

76. It is imperative that Governments not only ensure adequate waste collection services, but also establish robust regulatory standards for the treatment of hospital and industrial waste, which is often toxic, and, in particular, that they ensure the adequate management and location of landfill sites, following a thorough environmental assessment, in order to prevent the risk of pollution to aquatic ecosystems.

VI. Populations in marginalized situations

A. Women and girls

77. In previous reports, the Special Rapporteur has repeatedly denounced the discrimination that women and girls often suffer when families and communities do not have water and toilets in their homes. Women and girls disproportionally bear the main burden of collecting household water and care work responsibilities. When they have to fetch water far from their communities or when they are forced to go far from their homes to relieve themselves to maintain their privacy, they are exposed to increased risk of physical, sexual or verbal assault. The lack of adequate hygiene facilities in schools, workplaces and public spaces also restricts access by women and girls during their menstruation, especially among

[48] Faith Ka Shun Chan and others, "'Sponge City' in China: a breakthrough of planning and flood risk management in the urban context", *Land Use Policy*, vol. 76 (July 2018). See also https://circle-economy.com/knowledge-hub/article/5040?n=China%27s-Sponge-Cities-program&title=Chinas-Sponge-Cities-program.

[49] Madushika Sewwandi, "Microplastics in urban stormwater sediments and runoff: an essential component in the microplastic cycle", *TrAC Trends in Analytical Chemistry*, vol. 178 (September 2024).

[50] See https://unece.org/sustainable-development/press/unece-reduce-microplastic-emissions-thanks-adoption-abrasion-limits.

adolescents aged 15–19.[51] This represents a systemic failure that reinforces the stigma and normalization of exclusion.

78. In addition, women often care for other family members, particularly children, older persons and persons who are sick, which means that they also bear the burden of household hygiene and disease due to a lack of clean water and adequate sanitation.

79. In addition, in public spaces, when sanitation facilities are shared, in most cases they do not meet the hygiene and safety standards that women and girls require. There are also less serious but significant problems that highlight inequality, such as waiting times for restrooms in busy public buildings. Men's and women's restrooms are rarely sized appropriately for the time that women need to urinate or manage their periods, often resulting in long queues for them.

80. This is why, in many communities, women are the ones with the greatest interest in and commitment to building proper toilets in their homes. The Special Rapporteur was impressed, during his visit to pastoral communities in northern Senegal, by the work of women, perfectly organized in the so-called Tontines, to finance the construction of their toilets, in turn, with their savings and the support of a non-governmental organization.[52]

B. Children

81. In low- and middle-income countries, the most significant contributing factors to the global burden of disease in childhood are the deaths caused by respiratory diseases and diarrhoea, which are strongly linked to water, sanitation and hygiene:[53] 4,000 children die every day from diseases caused by polluted water and inadequate sanitation, and diarrhoeal diseases affect 1.7 million children under 5 years old every year, causing the deaths of 525,000.[54] In addition, suffering from frequent waterborne diarrhoea blocks the absorption of nutrients and generates chronic malnutrition problems, even for children who have an adequate diet.

82. The lack of adequate water, sanitation and hygiene services in schools influences school absenteeism, children's health and academic performance, and has long-term consequences for their future.

C. Persons with disabilities and older persons

83. Around 15%of the world's population, or about 1 billion people, live with a disability, making people with disabilities the world's largest minority experiencing serious problems in accessing drinking water and adequate toilet facilities. It should also be noted that older persons constitute the majority of all persons with disabilities worldwide.

84. In the home and in public places, inaccessible facilities often force dependency on caregivers and present a risk to health. Inaccessible toilet and water facilities are major contributing factors for school dropout among children with disabilities, especially girls. Effective and inclusive water, sanitation and hygiene facilities must apply universal design principles.

85. It is outrageous that, in a number of countries, residential institutions still exist that keep persons with disabilities confined to beds, left sitting in urine or faeces or routinely kept

[51] World Health Organization and United Nations Children's Fund, *Progress on Household Drinking Water, Sanitation and Hygiene 2000–2024*, pp. 88–90.

[52] See https://ongawa.org/tontines-financiacion-saneam/.

[53] Hugh Sharma Waddington and others, "Impact on childhood mortality of interventions to improve drinking water, sanitation, and hygiene (WASH) to households: systematic review and meta-analysis", *PLOS Medicine*, vol. 20, No. 4 (April 2023).

[54] Rachel M. Hartman and others, "Risk factors for mortality among children younger than age 5 years with severe diarrhea in low- and middle-income countries: findings from the World Health Organization-coordinated global rotavirus and pediatric diarrhea surveillance networks", *Clinical Infectious Diseases*, vol. 76, No. 3 (1 February 2023).

in diapers or other incontinence products, by overwhelmed staff. Such sanitation and hygiene conditions have been rightly been described as inhuman and degrading.[55]

86. States must strive to guarantee a dignified and independent life for people with disabilities or, where necessary, dignified care and, as far as possible, privacy.

D. Rural communities

87. In rural communities and dispersed populations, it is often reasonable to promote decentralized on-site sanitation systems. These facilities are usually built by families or communities. States, at both the national and municipal levels, typically assume no responsibility, considering it a matter for each family or community to resolve. While ensuring that one road reaches every village is generally considered the responsibility of the State, sanitation is often overlooked in the public consciousness. This approach must change radically.

88. The United Nations Declaration on the Rights of Peasants and Other People Working in Rural Areas, in its article 21, guarantees the human right to sanitation of peasants and other people working in rural areas, which includes sanitation facilities that are of good quality, affordable and physically accessible, and non-discriminatory and acceptable in cultural and gender terms. It requires States to guarantee improved sanitation, in particular for rural women and girls, and persons belonging to disadvantaged or marginalized groups, such as nomadic pastoralists, workers on plantations, all migrants, regardless of their migration status, and persons living in irregular or informal settlements.

89. States must assume their responsibility to guarantee sanitation as a human right, establishing regulatory standards, developing or at least guiding the construction of basic sanitation infrastructure and ensuring its maintenance in collaboration with the community. One approach to developing appropriate sanitation in rural areas may be achieved through providing resources and strengthening the capacity of community organizations that focus on water supply. Colombia, with its recently approved law,[56] offers a model of such public-community partnership.

90. With backing from the municipalities, WaterAid India implemented a project offering a low-cost septic tank emptying and faecal sludge treatment service, as well as producing compost, in four villages in the State of Chhattisgarh, India, with a total of 14,000 inhabitants, in which open defecation had previously been practised. The project now has active state support and has been replicated throughout Chhattisgarh, with 40 plants, 10 emptying vehicles and 80 more plants planned, in addition to a staff training programme.[57]

E. People living in informal settlements

91. Currently, over 1 billion people live in informal settlements.[58] The lack of legal recognition of land and housing rights leads to their exclusion from formal urban planning processes, including the expansion of sewerage systems and the establishment of sanitation infrastructure. This forces residents to rely on inadequate or dangerous sanitation facilities, if any are available at all, increasing the risk of contamination and the spread of waterborne diseases.

92. Where the human rights to adequate housing, water and sanitation are enforceable, it has been possible to obtain remedial action by the authorities through litigation in courts. For example, in Peru, the Constitutional Court held that the prolonged lack of access to water, sanitation, sewerage, waste collection and the contamination of local water bodies in two

[55] See https://rm.coe.int/16807c4b74, https://fra.europa.eu/en/news/2025/systemic-change-needed-end-violence-against-people-disabilities-institutions and https://www.hrw.org/report/2018/05/23/they-stay-until-they-die/lifetime-isolation-and-neglect-institutions-people.

[56] House bill No. 572/25; and Senate bill No. 149/24.

[57] See https://www.indiawaterportal.org/drinking-water/building-community-expertise-planning-designing-and-overseeing-wash-systems.

[58] See https://unhabitat.org/sites/default/files/2026/05/wcr_2026.pdf.

informal settlements (Iván Vásquez Valera and 21 de Septiembre) violated the rights to water, health, life, dignity, housing and a healthy environment and were therefore unconstitutional.[59] In Dunkirk, France, an administrative court ordered the authorities to install adequate toilets, showers and water points for residents of informal settlements who until then had been forced to resort to open defecation since the nearest public toilets were 3.1 km and 11.9 km away and were closed at night.[60] In Rio de Janeiro, a first-instance court recognized the right to adequate sanitation of residents of the Nova Holanda neighbourhood, where residents reported backflow of sewage entering homes during flooding by rainfall. The court ordered the respondents to build and install adequate drainage and sanitation equipment and to pay collective damages in the amount of $67 million.[61]

F. Indigenous Peoples

93. Indigenous Peoples number 476 million in 90 countries, representing 6% of the world's population and 19% of those living in extreme poverty. In many Indigenous cosmovisions, water is understood not merely as a resource but as a living entity, a source of life, spirituality and relational responsibility that connects humans, nature and the cosmos. It is often viewed as sacred, carrying cultural memory, identity and collective survival, and therefore requires stewardship grounded in respect, reciprocity and intergenerational care. This world view is reflected in the United Nations Declaration on the Rights of Indigenous Peoples, particularly in articles 25 and 32, which affirm Indigenous Peoples' rights to maintain their spiritual relationships with traditionally owned lands, waters and resources, and to determine their use and development. Article 21 specifically affirms their right to sanitation.

94. As the Special Rapporteur has previously noted,[62] Indigenous Peoples have often been relegated to restricted and remote areas, subjected to increasing pressure from extractive activities that monopolize their water resources and even poison them with toxic waste, undermining the sustainability of their aquatic ecosystems. One of the countless examples of negative impacts of extractive activities on Indigenous territories is the toxic water pollution suffered by the Mikisew Cree First Nation in Alberta, Canada, caused by the Kearl oil sands mine, which led to the declaration of a local state of emergency due to suicides and mental health problems.[63]

95. Regaining control and restoring the health of aquatic ecosystems is essential to advancing the fulfilment of the human rights of Indigenous Peoples to safe drinking water and sanitation. States have the obligation to provide the means necessary to enable the fulfilment of Indigenous Peoples' rights to safe drinking water and sanitation, respecting the authority of their institutions and community systems and their right to free, prior and informed consent. In this regard, it is essential to promote intercultural dialogue that allows for the development of sanitation projects that integrate their traditional knowledge and practices, paying special attention to the needs of women and girls, who face a disproportionately higher risk of sexual violence.

G. Communities facing discrimination on the basis of work and descent

96. The Global Report on the Status of Communities Discriminated on Work and Descent focuses on Dalits and Burakumin in Asia, Roma in Europe, Hratin in Africa and Quilombolas in Brazil. These groups account for around 270 million people, or 4% of the world's population, who are discriminated against on the basis of work and descent.[64] Stigmatized as "impure" or, historically, as slaves, they are victims of various forms of labour exploitation,

[59] Submission from Terra Clinic at New York University School of Law.
[60] Submission from Coalition Eau.
[61] Public Civil Action No. 0313817-60.2017.8.19.0001.
[62] See A/HRC/51/24.
[63] A/HRC/57/48/Add.1, para. 14.
[64] See https://globalforumcdwd.org/global-report-on-status-of-communities-discriminated-on-work-and-descent-2024/.

such as being forced to perform work considered the most degrading and humiliating, such as the manual collection of excrement, whether from buckets and containers or from pits and latrines, in appalling and unsanitary conditions. The situation is particularly serious for women, as they bear the brunt of social stigma, face a greater risk of sexual violence and exploitation and suffer respiratory problems, skin diseases and reproductive complications.[65]

97. Even in countries where forcing marginalized groups to collect human excrement by hand is prohibited, the caste system persists and this abhorrent practice continues. This discrimination is compounded by broader structural inequalities, which often results in restricted access to private and functional bathrooms, under standards of safety, privacy or dignity, which are still conditioned by social hierarchies.

98. A stronger enforcement of non-discrimination obligations is required, as well as an inclusion of all communities in planning and service provision for marginalized groups.[66]

H. Displaced populations

99. As of December 2025, 117.8 million people were forcibly displaced worldwide because of persecution, conflict, violence, human-rights violations or events seriously disturbing public order.[67] In emergency situations, water, sanitation and public health infrastructure are often lacking. Under these conditions, refugees, internally displaced persons and even host populations experience mortality rates up to 60 times higher than before displacement.[68]

100. A shocking example is the Gaza Strip, where the population, forced to live in tents or among the rubble of destroyed buildings, has suffered black floods during the winter rains as sanitation stations have been blocked and destroyed.[69] Moreover, 700,000 women and girls suffer extreme menstrual poverty due to lack of water[70] and 55,000 pregnant and breastfeeding women[71] see their health and that of their children put at risk by waterborne infections and without adequate hygiene. Cutting off the water supply, with barely 5 litres per person per day, and blocking sanitation, which leads to the available water often being saline and contaminated with faecal matter, amounts to using water as a weapon of war, in a strategy that has been characterized as genocidal.[72]

101. Forcibly displaced persons experience a lack of or inadequate sanitation while in conditions of protracted displacement, including in refugee reception centres in the global North.[73] In the Kingdom of the Netherlands, for example, the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context, noted that older persons and persons with medical conditions found it difficult to access toilets or bathrooms at a temporary reception facility owing to their distance from the accommodation.[74]

102. In Hawl and Rawj camps in north-eastern Syrian Arab Republic, where until recently forcibly displaced persons, primarily women and children, had been deprived of their liberty in extremely precarious conditions, hygiene and sanitation facilities were virtually non-existent. Infectious diseases were rampant and led to the death of at least 517 people,

[65] See http://www.ncdhr.org.in/wp-content/uploads/2025/07/Lived-realities-Document-1.pdf.
[66] Submission from Parittran.
[67] See https://www.nrc.no/news/2026/117.8-million-people-displaced-an-open-wound-on-our-shared-humanity.
[68] Brandie Banner Shackelford and others, “Environmental health in forced displacement: a systematic scoping review of the emergency phase”, *Science of The Total Environment* vol. 714 (20 April 2020).
[69] See https://www.un.org/unispal/document/ocha-press-release-11dec25/.
[70] See https://www.unfpa.org/news/natural-process-nightmare-how-gaza%E2%80%99s-women-and-girls-cope-their-periods-war-zone.
[71] See https://www.unfpa.org/news/famine-confirmed-gaza-%E2%80%93-pregnant-women-and-newborns-acute-risk.
[72] See A/80/337; and https://www.hrw.org/report/2024/12/19/extermination-and-acts-genocide/israel-deliberately-depriving-palestinians-gaza.
[73] See A/HRC/39/55.
[74] A/HRC/55/53/Add.1, para. 62.

371 of them children, in 2019.[75] States and international actors must apply menstrual health and hygiene standards in emergency response to address the specific needs of women and children.

103. Of further concern, not only do serious health problems arise among displaced people, but these problems also end up affecting the local communities that host them. For example, in 2021, heavy rains and flooding caused damage to water and sanitation facilities, which led to a severe cholera outbreak in camps for displaced people in Borno State, Nigeria, that then spread to local communities.[76]

I. Persons deprived of liberty

104. In 2024, an estimated 11.5 million people were incarcerated worldwide.[77] Many more are deprived of liberty in other settings such as police detention, psychiatric institutions and immigration detention.

105. The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), require adequate sanitary, bathing and shower installations (rules 15 and 16). They also require that detainees are provided with water and with such toilet articles as are necessary for health and cleanliness (rule 18).

106. The Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, and similar bodies with detention monitoring mandates at the regional and domestic levels, have documented inadequate sanitation and hygiene conditions in numerous places of deprivation of liberty. Sometimes, sanitation facilities are no more than a bucket in the corner of a police detention cell shared with many other detainees, with no possibility to ensure privacy or basic hygiene by handwashing with soap.[78]

107. In his visit to Guinea-Bissau, the Special Rapporteur was appalled by the inhumane conditions, including lack of access to safe drinking water, hygiene and basic sanitation, in which prisoners were being held at a detention centre in Bissau.[79] Fortunately, his complaint to the President was addressed sometime later.

108. In the United States, where nearly 2 million people are incarcerated, hundreds of correctional facilities are located near highly contaminated sites or suffer from severely deteriorated water and sewer infrastructure. Such detention conditions can function as an additional form of punishment, which is prohibited under international law.[80]

J. People living in homelessness

109. The Special Rapporteur would like to draw attention to the extremely vulnerable situation of people who find themselves in homelessness, who may be camping in parks, on sidewalks or in other public spaces or occupy informally buildings without adequate access to water and sanitation. While international human rights law requires States to prevent and address homelessness with priority, in reality, achieving this goal can take time. States should therefore not criminalize any conduct associated with homelessness, including washing in public spaces, and ensure with priority that everyone, including persons in street situations, have access to safe and accessible public sanitation facilities that can meet all their sanitation

[75] See GBR 2/2021.

[76] Tarek Jaber and others, "Environmental, social, and WASH factors affecting the recurrence of cholera outbreaks in displacement camps in Northeast Nigeria: a rapid appraisal", *Journal of Water, Sanitation and Hygiene for Development*, vol. 13, No. 7 (2023).

[77] https://www.prisonstudies.org/news/prison-populations-continue-rise-many-parts-world-115-million-held-prisons-worldwide.

[78] For example, CAT/OP/BEN/1, para. 111.

[79] A/HRC/60/30/Add.1, paras. 118–120.

[80] Submission from FLUSH.

and hygiene needs.[81] For example, the city of Lyon, France, maintains a network of municipal bathrooms and a mobile shower service, offering free basic hygiene facilities.[82]

K. Transgender and gender-diverse persons

110. Transgender and gender-diverse persons face multiple barriers, including violence, discrimination, harassment and humiliation, to accessing sanitation facilities. While in many cultures and societies sex-segregated toilets are necessary to ensure safety and specific hygiene conditions for women and girls, in some societies, it is possible to have gender-neutral toilets. In any case, the Special Rapporteur encourages States to recognize the right of transgender and gender-diverse persons to choose the toilets that correspond to their gender identity. Interesting examples are Canada, where the law guarantees transgender and gender-diverse persons the right to use public restrooms that correspond to their gender identity, and Nepal, where public toilets have a third gender option for transgender and non-binary people.[83]

111. The Special Rapporteur reaffirms that water and sanitation facilities must be safe, available, accessible, affordable, socially and culturally acceptable, provide privacy and ensure dignity for all individuals, including transgender and gender-diverse persons, and that States must take targeted measures to ensure the dignity and privacy of transgender and gender-diverse persons in the realization of the right to sanitation.[84]

VII. Human rights-based approach to sanitation management

112. As with the human right to safe drinking water, the Special Rapporteur emphasizes the need to promote a human rights-based approach to sanitation governance. This entails prioritizing the allocation of available resources to fulfil the State's immediate obligation to ensure sanitation services to vulnerable populations. This also entails promoting the transparent management of sanitation systems, with public accountability and open social participation.

113. The State must ensure sustained support to Indigenous Peoples settlements, rural areas and even urban settlements where community-based water management institutions are in place, with technical assistance, funding and institutional coordination, and guaranteeing that community services include hygiene and menstrual hygiene. This requires ongoing community processes of information, training and intercultural dialogue, as well as the effective participation of women in the design, evaluation and management of solutions.

VIII. Conclusions and recommendations

114. **The human right to sanitation includes the right to have access to: toilets in conditions of dignity, privacy and security, especially for women and girls; safe systems for the collection and treatment of wastewater that prevent contamination of water bodies; water and the means necessary for adequate hygiene, including menstrual hygiene; adequate stormwater drainage systems that prevent flooding and untreated discharge; and systems for the collection and treatment of domestic solid waste. On the other hand, States must establish legal and regulatory frameworks that prevent polluting discharge from productive activities, especially when it comes to toxic discharge, establishing effective measures for producers to assume responsibility for treating their discharge and applying, where appropriate, the principle of polluter restores.**

[81] See A/HRC/56/61/Add.3 and A/HRC/56/61/Add.3/Corr.1.
[82] See https://www.lyon.fr/vie-pratique/action-sociale-et-solidarite/lacces-lhygiene.
[83] A/HRC/42/47, para. 44.
[84] A/HRC/33/49, para. 9; and A/HRC/42/47/Add.2, para. 57.

115. **As part of a human rights-based approach to sanitation, the Special Rapporteur recommends that States:**

(a) **Recognize in domestic law, including constitutional law, the right to sanitation and ensure access to justice and effective remedy in cases where States or non-State actors (including the private sector) violate the human right to sanitation;**

(b) **Assume the obligation to ensure the basic infrastructure necessary for the population to have access to adequate sanitation services, giving priority to the most vulnerable and impoverished communities and social sectors;**

(c) **Promote specific laws, regulations and budgetary commitments to build and maintain basic sanitation infrastructure that ensures the fulfilment of the human right to sanitation, giving special priority in the allocation of public funds to sanitation in Indigenous villages, rural communities, urban periphery settlements and to people who experience greater vulnerability;**

(d) **Open the design, development and management of sanitation services to social participation, not only ensuring their acceptability but also promoting community ownership of the projects, with special attention to the effective participation of women, who typically assume caregiving and hygiene tasks, are the ones who most need these services and are the most committed to promoting them;**

(e) **Strengthen and support community institutions, where they exist and manage water, recognizing them legally and providing them with information, training and funding so that they can offer sanitation services to their communities;**

(f) **Pay specific attention to the menstrual health and hygiene of women and girls, in both the legal and the regulatory framework and in the provision of resources for those living in poverty through specific national budget allocations, as well as in public health campaigns and in the mandatory school curriculum through comprehensive sexuality education programmes, ensuring that all schools, health centres, workplaces and public spaces have safe and gender-separated water, sanitation and hygiene facilities, with infrastructure for the management of menstrual waste;**

(g) **Develop intercultural dialogue with Indigenous Peoples when developing sanitation projects, respecting and integrating their traditional knowledge and practices and ensuring their right to free, prior and informed consultation before any project that affects their territories and water sources;**

(h) **Provide public information on the wide range of sanitation solutions and alternatives, paying particular attention to decentralized, nature-based, affordable and community-managed options;**

(i) **Provide disaggregated data on access to sanitation services at the household level and in public buildings and spaces (schools, health centres, etc.) for vulnerable populations, with particular attention to women, and provide epidemiological information on waterborne diseases;**

(j) **Promote laws that prohibit toxic waste dumping and ensure their strict enforcement, with the collaboration of communities on the ground in monitoring aquatic ecosystems. In this regard, it is essential to put in place deterrent and preventive measures to avoid polluting discharge and, if they occur, to effectively apply the polluter restores principle.**

116. **Finally, the Special Rapporteur expresses concern about the financialization of water and sanitation services, based on a supposed public-private partnership in which public funds are used to protect the investments of large financial corporations from potential risks, while tariffs are increased to generate attractive profits for them. The Special Rapporteur recommends the creation of public platforms, using available public funds, prioritizing the fulfilment of human rights, complemented by funds negotiated by Governments in capital markets and with multilateral banks. These public financial platforms should be made available to local institutions so that they can make the necessary investments based on criteria of public interest and not under the speculative logic that governs the strategies of large financial corporations.**

117. **Achieving universal enjoyment of the human right to sanitation, including hygiene and menstrual hygiene, as well as ending toxic pollution, must be included in the post-2030 agenda, which is currently under discussion.**