In its last Universal Periodic Review in 2010, Egypt did not receive a specific recommendation on the right to water and sanitation. Nevertheless, the Special Rapporteur on the Right to Safe Drinking Water and Sanitation expressed particular concern regarding the scarcity and poor quality of drinking water, as well as the lack of sanitation in informal settlements, rural and peri-urban areas following her country visit in 2009.

ACCESS TO SAFE DRINKING WATER AND SANITATION IS OUT OF REACH FOR MANY PEOPLE IN EGYPT. Egypt is a water scarce country; the main source of water in the Nile (97%), with most of the population living along the banks of the river. The agricultural sector demands the most water, at about 86%, while water supply for personal and domestic uses, including for sanitation, accounts for only 9.4% (de Albuquerque, 2010). Statistics gathered by the United Nations Joint Monitoring Programme (JMP) indicate significant advancements have been made in improving access to water. Nevertheless, as noted by the Special Rapporteur, critical issues relevant to human rights, such as accessibility, affordability and quality, are overlooked in the JMP definition of improved water and improved sanitation (de Albuquerque, 2010).

THERE ARE WIDE DISPARITIES IN ACCESS AND CONSUMPTION OF WATER. Those living in informal settlements, peri-urban areas and rural areas are particularly affected by the lack of clean water. In the Minya Governorate of Upper Egypt, two out of five households do not have access to drinking water, compared to only 1.1% in the urban Governorate of Damietta, for example. In urban Cairo, residents consume 140 liters per day, on average, compared to 35-44 liters in rural regions like Qena and Beheira (Shawkat, 2013).

ACCESS TO SANITATION LAGS EVEN FURTHER BEHIND WATER. Rural areas and informal settlements are particularly affected by poor sewage connection and leaks (de Albuquerque, 2010). Only 24.7% of the rural population was connected to the sewage system in 2010/2011, compared to 88% in urban areas (CAPMAS, 2012). Again, disparities between governorates are increasingly apparent; according to the last census in 2006, 96% of Greater Cairo was connected, in comparison to 15% connection rates in isolated cities of Upper Egypt (Shawkat, 2013). Households not connected to the sewage system are forced to rely on trenches and community organized sewage systems (Shawkat, 2013).

CONTAMINATED WATER REMAINS A KEY HEALTH ISSUE. A large amount of the refined water remains contaminated with harmful microorganisms and is not suitable for drinking (Shawkat, 2013). In July 2012, laboratory tests showed the percentage of ammonia in the water to be 180 times more than the accepted rate, for example (Shebab, 2012). The lack of access to sanitation has a direct impact on water quality, increasing the risk to people’s health. Diarrhea and Schistosomiasis, the diseases that most commonly accompany water, sanitation and hygiene problems, are both very common in Egypt (WHO, 2009). Contaminated water greatly affects the health of children; 13% of child deaths under five years old are caused by diarrhea, a direct result of inadequate drinking water and sanitation (de Albuquerque, 2010).
Suggested Question: What measures has Egypt taken to implement the recommendations made by the Special Rapporteur on the Right to Safe Drinking Water and Sanitation?

AFFORDABILITY OF DRINKING WATER AND SANITATION SERVICES IS ALSO A CONCERN. In order to have enough drinking water for daily consumption, many Egyptians have had to purchase water filters and bottled water, increasing individual costs. For those in situations of extreme poverty, roughly three million people, the official water tariff is unaffordable; they end up connecting illegally and risk fines (de Albuquerque, 2010).

With regard to sewage waste, the cost of pumping sewage tanks often causes individuals to pump less regularly, increasing spillage and leaks. Refugees and asylum-seekers are particularly affected, as they are often unable to afford to connect to the sewage network, and are left without any sanitary outlet for sewage disposal (de Albuquerque, 2010).

Suggested Question: How is Egypt addressing the increasing individual costs of access to safe drinking water and sanitation services?

MOVES TOWARDS PRIVATIZING THE WATER SECTOR RISKS PLACING FURTHER OBSTACLES ON ACCESS TO SAFE WATER AND SANITATION. While water production formally remains state-owned, Presidential Decree 135/2004 gave the right to procuring bodies to involve private companies in controlling and selling water. In that same year, the price of a cubic meter of water increased from EGP 0.12 to EGP 0.23 (Kedhr, 2012). A 2010 draft water law bill paves the way for further private investment in this sector (USAID, 2012). The private water sector is expected to grow to USD 2.37 billion by 2015 (Frost and Sullivan, 2011).

As the Special Rapporteur noted in her report, Egypt does not have a well-functioning regulatory framework for the water sector (de Albuquerque, 2010). Without effective regulation, private investment in the water and sanitation sector is likely to increase prices, as already witnessed, and further hinder equal access to water and sanitation.

RECOMMENDATIONS
Ensure access to safe drinking water and adequate sanitation for all by developing and implementing a national plan that ensures independent regulation of the sector and prioritizes the elimination of disparities among governorates in the allocation of resources.

In line with the 2014 Constitution, enact laws and policies that recognize the right to water as a public good.

Create stronger accountability mechanisms for pollution to prevent the dumping of sewage waste onto streets and into water sources, such as the Nile River.

ABOUT THIS FACTSHEET SERIES
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