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**PROMOTION AND PROTECTION OF ALL HUMAN RIGHTS, CIVIL,
POLITICAL, ECONOMIC, SOCIAL AND CULTURAL RIGHTS,
INCLUDING THE RIGHT TO DEVELOPMENT**

**Report of the independent expert on the issue of human rights obligations related
to access to safe drinking water and sanitation, Catarina de Albuquerque***

Summary

This report of the independent expert on the issue of human rights obligations related to access to safe drinking water and sanitation is submitted to the Human Rights Council in accordance with Council resolution 7/22. As the independent expert only took up her mandate on 1 November 2008, this report is preliminary in nature.

The report reviews the history leading up to the establishment of the mandate of the independent expert, and notes meetings already held with various stakeholders to discuss matters related to the mandate. In particular, the report explains that the independent expert intends to take a thematic approach to her mandate, focusing on different themes each year, with the first year concentrated on sanitation. She provides a brief overview of the problem of lack of access to sanitation, and its connection to other human rights violations. She announces her hope to hold two consultations in 2009, one focused on elaborating the normative content of human rights obligations related to access to sanitation, and one focused on developing criteria by which to identify good practices with regard to the human rights obligations related to water and sanitation. She indicates her desire to present a deeper analysis of the issues identified in this report in her next report to the Human Rights Council.

* Late submission.

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Introduction

1. In its decision 2/104 on human rights and access to water, the Human Rights Council requested “the Office of the United Nations High Commissioner for Human Rights, taking into account the views of States and other stakeholders, to conduct, within existing resources, a detailed study on the scope and content of the relevant human rights obligations related to equitable access to safe drinking water and sanitation under international human rights instruments, which includes relevant conclusions and recommendations thereon, to be submitted prior to the sixth session of the Council”.

2. As part of the consultation process, the Office of the United Nations High Commissioner for Human Rights (OHCHR) sought written submissions from various stakeholders. Over 90 responses were received from States, intergovernmental organizations, local governments, national human rights institutions (NHRIs), non-governmental organizations (NGOs), the business sector, universities and individuals. These contributions included responses to the OHCHR questionnaire, along with publications, articles and books. The United Nations High Commissioner for Human Rights presented the study (A/HRC/6/3) to the Human Rights Council at its sixth session in September 2007.

3. In the study, the former High Commissioner expressed her belief “that it is now time to consider access to safe drinking water and sanitation as a human right, defined as the right to equal and non-discriminatory access to a sufficient amount of safe drinking water for personal and domestic uses - drinking, personal sanitation, washing of clothes, food preparation and personal and household hygiene - to sustain life and health”.¹ The High Commissioner also declared that “States should prioritize these personal and domestic uses over other water uses and should take steps to ensure that this sufficient amount is of good quality, affordable for all and can be collected within a reasonable distance from a person’s home.”²

4. The High Commissioner also noted that, inter alia, “detailed practical advice is required on: the normative content of human rights obligations in relation to access to sanitation; the human rights obligations attached to the elaboration of a national strategy on water and sanitation; the regulation of the private sector in the context of private provision of safe drinking water and sanitation; criteria to protect the right to safe drinking water and sanitation in case of disconnection; and the specific obligations of local authorities”.³ The study also called for continued debate on several issues, including “whether access to safe drinking water and sanitation is a self-standing right or is derived from other human rights; the prioritization among various water uses; interaction with other areas of international law, including trade and investment law”.⁴

¹ A/HRC/6/3, para. 66.

² Ibid.

³ Ibid., para. 67.

⁴ Ibid., para. 68.

5. In the final part of the study, the High Commissioner encouraged the “Human Rights Council to continue its consideration of human rights obligations in relation to access to safe drinking water and sanitation ...” and “States, intergovernmental organizations, national human rights institutions, civil society and business enterprises to identify good practices in the field of safe drinking water, sanitation and human rights and make them available to the Office of the United Nations High Commissioner for Human Rights.”⁵

6. In March 2008, the Human Rights Council, in its resolution 7/22 adopted without a vote, decided to appoint an independent expert on the issue of human rights obligations related to access to safe drinking water and sanitation. At its ninth session in September 2008, the Council appointed Catarina de Albuquerque as independent expert, for a period of three years. Ms. de Albuquerque took up her mandate on 1 November 2008 and has since then engaged in different consultations with various stakeholders in order to define her priorities and organize her work.

I. THE MANDATE OF THE INDEPENDENT EXPERT

7. Pursuant to Human Rights Council resolution 7/22, the activities of the independent expert will focus on the following:

(a) Firstly, on developing a dialogue with Governments, the relevant United Nations bodies, the private sector, local authorities, national human rights institutions, civil society organizations and academic institutions, to identify, promote and exchange views on best practices related to access to safe drinking water and sanitation, and, in that regard, to prepare a compendium of best practices;

(b) Secondly, on advancing the work by undertaking a study, in cooperation with and reflecting the views of Governments and relevant United Nations bodies, and in further cooperation with the private sector, local authorities, national human rights institutions, civil society organizations and academic institutions, on the further clarification of the content of human rights obligations, including non-discrimination obligations, in relation to access to safe drinking water and sanitation;

(c) Thirdly, on making recommendations that could help the realization of the Millennium Development Goals, in particular of Goal 7.⁶

8. The resolution also requests the independent expert to apply a gender perspective to her work, including through the identification of gender-specific vulnerabilities, as well as to work in close coordination with other special procedures and subsidiary organs of the Council, relevant United Nations bodies and the treaty bodies, and taking into account the views of other stakeholders, including relevant regional human rights mechanisms, national human rights institutions, civil society organizations and academic institutions.

⁵ Ibid., para. 70.

⁶ See para. 2 of the resolution.

II. COOPERATION WITH STAKEHOLDERS AND RELEVANT PARTNERS

9. Within the limited time available between taking up office and the need to submit this preliminary report, the independent expert has consulted different stakeholders as widely as possible. On a preliminary and informal basis, she has discussed her mandate with some States. She has also had preliminary and informal discussions with the United Nations Children's Fund (UNICEF) in both Geneva and New York, the United Nations Development Programme (UNDP), the United Nations Secretary-General's Advisory Board on Water and Sanitation (UNSGAB), UN-Water and OHCHR. She also had the occasion to meet with the Senior Adviser to the President of the General Assembly on water issues and her team in New York, in addition to holding discussions with some non-governmental organizations, national human rights institutions and academic institutions that are working in the area of water and sanitation.

10. The independent expert has also had informal meetings with members, including chairpersons, of various treaty bodies, and she hopes to be able to meet officially with the Committee on Economic, Social and Cultural Rights at its upcoming session in May 2009 in order to discuss her mandate and potential collaboration. She has also met some of the other special procedures mandate holders, and envisages much cooperation with them in her future work.

11. The independent expert met with and greatly appreciated the support and encouragement of the High Commissioner for Human Rights and her staff concerning her mandate and programmed activities.

12. In 2008, the independent expert attended two meetings on the subject matter of her mandate: one in Berlin, organized by the Federal Foreign Office and one in Oslo, organized jointly by Oslo University, Oxford University and UNDP. On these occasions she had the chance to meet with many key actors working on water and sanitation. Since taking up her mandate, the independent expert has also attended, or been represented at, various NGO meetings to present her mandate and explore deeper cooperation.

13. The independent expert is very grateful to all those with whom she has met. She notes a momentous and important interest in the areas covered by her mandate and hopes that in the years to come she will be able - as time and resources permit - to enhance consultations and develop a true cooperation with all stakeholders working on subjects related to her mandate. She is also inspired by the work, commitment and dedication of many of the States, individuals and organizations she has met with concerning the subject matter of her mandate.

III. CONCEPTUAL FRAMEWORK

14. The OHCHR study concluded that the increasing references to water in human rights instruments as a component of other human rights reflects the growing importance of the human

rights dimensions of this matter for the international community. As mentioned above, the High Commissioner has suggested that it is time “to consider access to safe drinking water and sanitation as a human right”.⁷

15. In 2002, five years before the High Commissioner’s study was conducted, the Committee on Economic, Social and Cultural Rights issued general comment No. 15 (2002) on the right to water (arts. 11 and 12 of the Covenant), which is defined therein as “the right of everyone to sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic uses”.⁸ According to the Committee, the right to water is consecrated in article 11 of the International Covenant on Economic, Social and Cultural Rights “implicitly”, since that provision uses an open formulation as it guarantees the “right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions”.⁹ The word “including” would mean, according to the Committee, that the catalogue of rights contained in article 11 was not intended to be exhaustive. To justify this assertion, the Committee remarks that “the right to water clearly falls within the category of guarantees essential for securing an adequate standard of living, particularly since it is one of the most fundamental conditions for survival”.¹⁰

16. Other binding international human rights instruments refer to access to safe drinking water and sanitation explicitly, as for example the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of Persons with Disabilities and International Labour Organization Convention (ILO) No. 161 (1985) concerning Occupational Health Services. At the regional level, the African Charter on the Rights and Welfare of the Child and the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa include specific provisions on access to water. International humanitarian law, particularly the Geneva Conventions of 12 August 1949, also refers to the obligation to provide drinking water for prisoners of war and internees. Moreover, in Additional Protocols I and II to the Geneva Conventions it is prohibited, both in international and non-international armed conflict, “to attack, destroy, remove or render useless for that purpose, objects indispensable to the survival of the civilian population, such as ... drinking water installations and supplies and irrigation works”.¹¹

⁷ See footnote 1 above.

⁸ Para. 2.

⁹ Art. 11, para. 1.

¹⁰ General comment No. 15 (2002) on the right to water (arts. 11 and 12 of the Covenant), para. 3.

¹¹ Additional Protocol I, art. 54, para. 2, Additional Protocol II, art. 14. Para. 3 of art. 54 of Protocol I entails some exceptions to the said rule.

17. Moreover, declarations and resolutions by the United Nations and other organizations recognize safe drinking water and sanitation as a human right, as for example the 1977 Mar del Plata Action Plan of the United Nations Water Conference, the 1992 Dublin Statement on Water and Sustainable Development adopted at the International Conference on Water and the Environment, the 1994 Programme of Action adopted by the United Nations International Conference on Population and Development and the 1996 Istanbul Declaration on Human Settlements of the Habitat Agenda agreed at the Habitat II conference. Additionally, other General Assembly and Commission on Human Rights resolutions¹² refer to clean water as a human right and the Sub-Commission on the Promotion and Protection of Human Rights adopted guidelines for the realization of the right to drinking water and sanitation in resolution 2006/10.¹³ Groups of States have also declared their recognition of the right to water and sanitation in other forums. For example, the members of the Non-Aligned Movement at their fourteenth summit acknowledged the right to water for all;¹⁴ Asian States at the first Asia-Pacific Water Summit recognized the “right to safe drinking water and basic sanitation as a basic human right”;¹⁵ and at the Third South Asian Conference on Sanitation (SACOSAN), delegations from the region recognized that “access to sanitation and safe drinking water is a basic right”.¹⁶

18. A right to water and, in some cases, sanitation has also been recognized in several national legal systems, including Algeria, Belgium, Democratic Republic of the Congo, Ecuador, France, South Africa, Uganda, Ukraine and Uruguay.

19. However, the recognition of water as a human right in declarations and resolutions has been irregular. Several States have not yet recognized a human right to water and sanitation either at the national or international levels, having rather defended the need to further explore the connections between human rights obligations and water and sanitation, rather than debating whether a human right to water and sanitation exists.

20. In this regard, the focus of the Human Rights Council resolutions has been on the links between access to water and sanitation and human rights, and indeed resolution 7/22 recognized a need for further study to clarify the content of human rights obligation in relation to safe drinking water and sanitation. The independent expert was specifically asked to work on this topic.

¹² For example, General Assembly resolution 54/175, para. 12 (a) and Commission on Human Rights resolutions 2004/17 and 2005/15.

¹³ See E/CN.4/Sub.2/2005/25 for the guidelines.

¹⁴ Final document of the XIV Conference of Heads of State or Government of the Non-Aligned Movement, para. 226.

¹⁵ Message from Beppu available at http://www.apwf.org/archive/documents/summit/Message_from_Beppu_080130.pdf.

¹⁶ Delhi Declaration available at <http://ddws.nic.in/infosacosan/ppt/Delhi%20Declaration%207.pdf>.

IV. SUBSTANTIVE PRIORITIES FOR THE FIRST YEAR: SANITATION

21. Given the multitude of tasks, the broad mandate, the fact that it is newly created, and also since it covers more than one issue - namely both water and sanitation - the independent expert decided to take a thematic approach to the tasks ahead. This means that she will not address all subjects simultaneously, but rather intends to focus on a different subject each year. The conclusions of the OHCHR study provide an initial basis for identifying themes that need further study under the mandate. During the first year of her mandate the independent expert plans to pay special attention to sanitation, namely to the normative content of human rights obligations in relation to access to sanitation.

22. Sanitation has been identified in a poll of over 11,000 participants, organized by the British Medical Journal (BMJ), as the most important medical breakthrough since 1840 (the year the first issue of the journal appeared) - beating antibiotics, vaccines, anaesthesia and the discovery of the DNA structure. However, according to United Nations agencies, access to improved sanitation remains a promise unfulfilled for nearly 40 per cent of the world's population (c. 2.5 billion).¹⁷ Globally, it is estimated that 1.6 million people die each year from water and sanitation-related causes¹⁸ - the vast majority of those affected being children under 5. Tragically, as of 2006, 23 per cent of the world's population still had no access to any sanitation and practised open defecation.¹⁹

23. Improved sanitation which ensures separation of waste from human contact is important as open defecation jeopardizes the health of the whole community, resulting in increased diarrhoeal diseases, including cholera, as well as worm infestations and hepatitis. Almost 50 per cent of all people in developing countries are suffering at any given time from a health problem caused by a lack of water and sanitation.²⁰ According to the World Health Organization (WHO), access to improved sanitation results in a 32 per cent reduction of diarrhoeal diseases.²¹

¹⁷ Estimates vary between 2.4 and 2.6 billion as to the number of people without access to basic sanitation. See United Nations Children's Fund (UNICEF) and World Health Organization (WHO) Joint Monitoring Programme (JMP) for Water Supply and Sanitation, 2008 report, p. 7, available at http://www.wssinfo.org/en/40_MDG2008.html. See also p. 6 for a definition of improved sanitation.

¹⁸ R. Lenton, A.M. Wright, and K. Lewis, *Health, Dignity and Development: what will it take?* UN Millennium Project Task Force on Water and Sanitation, p. 18, available at <http://www.unmillenniumproject.org/documents/WaterComplete-lowres.pdf>.

¹⁹ See footnote 17 above, p. 18.

²⁰ See footnote 18 above, p. 20.

²¹ *Water, Sanitation and Hygiene Links to Health, Facts and Figures*, 2004, WHO, available at http://www.who.int/water_sanitation_health/factsfigures2005.pdf.

24. In addition, improved access to sanitation would increase school attendance, especially for girls, and help schoolchildren to learn better. It is estimated that lack of access to water and sanitation results in 443 million lost school days each year because of water-related illnesses.²² In addition, girls can be prevented from attending school because of a lack of toilets (or of girls-only toilets).²³

25. Addressing issues related to water and sanitation could also have a major effect on the economies of many countries. Treating diarrhoea-related diseases costs an estimated 12 per cent of national health budgets in sub-Saharan Africa.²⁴ There is also compelling evidence that sanitation, as a public health intervention, brings a significant return on investment.²⁵ Unsurprisingly, it is the poorest and most marginalized groups who suffer from the worst sanitation conditions. With widespread disease and illness, worker productivity is drastically reduced. Likewise health risks and epidemics from waterborne diseases can greatly reduce tourism and agricultural exports, with the associated economic costs much greater than the cost of investments in water supply and sanitation to address the problems.²⁶ In total, the potential economic benefits of investing in water and sanitation are estimated at around US\$ 38 billion per year.²⁷

26. Despite the benefits of ensuring access to sanitation, it remains the most neglected and most off-track of the Millennium Development Goal (MDG) targets. According to estimates

²² United Nations Development Programme (UNDP), *Beyond Scarcity: Power, Poverty and the Global Water Crisis*, Human Development Report 2006, p. 45, available at <http://hdr.undp.org/en/media/HDR06-complete.pdf>.

²³ According to UNICEF “Many girls drop out of school at the onset of menstruation, which makes them particularly vulnerable when there are no separate toilets.” See *The State of the World’s Children, 1999, Education*, p. 52, available at <http://www.unicef.org/sowc99/sowc99e.pdf>.

²⁴ UN-Water, Factsheet: Sanitation generates economic benefits, available at: http://esa.un.org/iys/docs/2%20fact-sheet_economic%20benefits.pdf.

²⁵ For example according to a study published by WHO, “The cost-benefit ratio of water and sanitation interventions is high when all benefits are included, standing at around between US\$ 5 and US\$ 11 economic benefit per US\$ 1 invested for most developing world sub-regions and for most interventions.” See G. Hutton and L. Haller, *Evaluation of the Costs and Benefits of Water and Sanitation Improvements at the Global Level*, World Health Organization, Geneva, 2004, available at www.who.int/water_sanitation_health/wsh0404.pdf.

²⁶ WHO, “Looking back: looking ahead - five decades of challenges and achievements in environmental sanitation and health”, 2003.

²⁷ WHO, “Economic and health effects of increasing coverage of low cost water and sanitation interventions”, background document to the Human Development Report 2006, p. 22, available at <http://hdr.undp.org/en/reports/global/hdr2006/papers/who.pdf>.

from 2008, meeting the Millennium Development target for sanitation requires ensuring access to improved sanitation for 1.4 billion people by 2015, or on average 173 million people per year.²⁸ Although there has been increased access to improved sanitation, WHO and UNICEF estimate that if current trends continue, the total number of people without access to improved sanitation will only have decreased slightly by 2015 - to 2.4 billion people.²⁹ Even though these observations are extremely concerning, States and the international community have not done enough to respond. For example, according to the 2008 UN-Water Global Annual Assessment of Sanitation and Drinking-Water (GLAAS), external development assistance for sanitation comprises only 37 per cent of the total aid to the sanitation and drinking-water sectors combined.³⁰ As of now, the global sanitation crisis has not yet been able to galvanize concerted national and international action.³¹ Sanitation has, in fact, historically been viewed as a lower priority than water supply and has attracted less investment.

27. Similarly, although the Committee on Economic, Social and Cultural Rights offers comprehensive guidance on the interpretation and understanding of the right to water in its general comment No. 15, relatively less attention was paid to sanitation. General comment No. 15 recognizes that “ensuring that everyone has access to adequate sanitation is not only fundamental for human dignity and privacy, but is one of the principal mechanisms for protecting the quality of drinking water supplies and resources”.³² However, the general comment is focused on the right to water and, notably, not the right to water and sanitation. Besides the fact that less interest has been paid to sanitation generally, there has also been little exploration of the human rights obligations related to sanitation.

28. When the independent expert took up her mandate in 2008, it was the International Year of Sanitation. Numerous initiatives have been undertaken in celebration of this year. For example,

²⁸ See footnote 17 above, p. 8.

²⁹ Ibid. While the number of people without access to sanitation is decreasing, if taken as a percentage of the total world population, the decrease in absolute numbers of people without access is less pronounced due to population growth. See E/CN.17/2004/5, para. 10.

³⁰ WHO, *UN-Water Global Annual Assessment of Sanitation and Drinking-Water: 2008 Pilot Report - Testing a New Reporting Approach*, p. 26.

³¹ One of the reasons for this resides in the fact that the benefits of sanitation accrue to the wider community “owing to reduced risk of transmission of infectious and parasitic diseases, more than to the individual. This contrasts with safe drinking water supply, whose benefits are mostly captured by the individual user ... As a result, individuals are more likely to invest in, or demand public investment in, drinking water than in sanitation. Reflecting this demand, Governments in developing countries tend to invest more heavily in water supply than in sanitation.” (E/CN.17/2004/5, para. 9.)

³² Para. 29.

regional ministerial conferences have been held on issues related to sanitation³³ and specific fund-raising efforts have focused on providing resources to targeted sanitation programmes.³⁴ Local initiatives have also been launched to raise awareness about issues related to sanitation and hygiene.³⁵ More broadly, and even before the International Year of Sanitation, international efforts have been organized, such as the Water, Sanitation and Hygiene for All (WASH) campaign, which have placed an emphasis on children and youth and gender-sensitive hygiene education. Also on 15 October 2008, Global Handwashing Day was celebrated in over 70 countries with initiatives aimed at making handwashing with soap before eating and after using the toilet into a life-saving habit.

29. However, despite these laudable activities and initiatives in the past year, the subject matter still suffers from little attention and less investment, when compared with the associated area of water, which itself still receives insufficient overall attention.

30. The independent expert considers it crucial to explore and identify the human rights obligations regarding sanitation. Human rights law offers a framework by which duty bearers may better understand their obligations and rights holders may be able to better claim their rights. In fact, sanitation can be related to human rights in at least three different ways. First, the enjoyment of a large number of human rights - civil, cultural, economic, political and social - hinges on access to sanitation. Secondly, lack of access to sanitation is frequently a consequence of larger societal discrimination, inequality and exclusion, fundamentally inconsistent with human rights protection. Thirdly, and more fundamentally, lack of access to sanitation constitutes, in itself, a serious human rights concern, as it relates to the inherent dignity of the human being. Sanitation is undoubtedly a matter of human rights and it is the link between the two that the independent expert wishes to further explore, in accordance with her mandate, in the course of 2009.

31. Although lack of access to sanitation is at the origin of the non-realization of basic human rights, the area of sanitation has not been adequately analysed from a human rights perspective.

³³ For example, regional sanitation conferences have been held, such as the Third South Asian Conference on Sanitation (SACOSAN), 16-21 November 2008, New Delhi, declaration available at <http://ddws.nic.in/infosacosan/ppt/Delhi%20Declaration%207.pdf>; the Caribbean Sanitation Workshop (CARIBSAN 2008), 28-29 April 2008, Kingston, recommendations available at <http://www.latinosan2007.net/caribsan/PDFs/Caribsan-Recommendations.pdf>; the Second African Conference on Sanitation and Hygiene (AfricaSan+5), 18-21 February 2008, Durban, South Africa, eThekweni declaration and AfricaSan action plan available at <http://www.wsp.org/UserFiles/file/eThekweniAfricaSan.pdf>.

³⁴ For instance, the Water Supply and Sanitation Collaborative Council launched the Global Sanitation Fund - the first global mechanism for financing sanitation.

³⁵ Details about various events and initiatives organized to mark the International Year for Sanitation can be found at: <http://esa.un.org/iysaction.shtml>.

Cultural barriers and the taboo nature of the topic are a serious challenge to examining sanitation. As was stated by the Chairman of the United Nations Secretary-General's Advisory Board on Water and Sanitation (UNSGAB), "it is time to break through the taboo, to call a spade a spade or a toilet a toilet and start doing something about this unacceptable killer".³⁶ The international community cannot shy away from this subject simply because it is uncomfortable, unmentionable, unpopular, or just because it is a very private matter that can be challenging to consider publicly. Sanitation and the human rights obligations concerning this subject must in fact be addressed in a direct and open manner. The independent expert hopes to contribute to this endeavour.

32. In carrying out her mandate, the independent expert will work towards clarifying the content of human rights obligations regarding access to sanitation. In this regard, she plans to organize a consultation on this subject in 2009.

33. This particular focus on sanitation during the first year of her mandate, does not mean that the independent expert will disregard water during that period of time - there are inextricable links between the two, and public policies for water and sanitation have to be seen as part of an integrated strategy. In fact, clean drinking water supplies cannot be secured without adequate attention to sanitation, since human excreta remains one of the most serious sources of drinking water contamination. The absence of adequate sanitation leads to the extensive pollution of water sources that communities depend on for survival. Thus, it is impossible to consider one without the other.

V. METHODOLOGY CONCERNING PRIORITIES IN ACTIVITIES DURING THE FIRST YEAR: BEST PRACTICES

34. As called for in the resolution establishing her mandate, the independent expert will particularly examine best practices. During the first year, she wishes to elaborate a methodology, focused on developing criteria or prerequisites that will enable her to classify a practice as a "good practice".³⁷ In order to report on this, resources permitting, the independent expert wishes to organize an expert consultation on criteria for identifying good practices, in order to ensure an early exchange of views, experiences and opinions.

35. Additionally, in the course of 2009, the independent expert plans to organize a mission to New York in order to help her formulate the recommendations she will submit regarding the realization of the MDGs. She is equally planning two country missions for 2009, which will allow her to gather practical and concrete information concerning the priorities identified, as well as the full range of issues covered by her mandate.

³⁶ HRH the Prince of Orange, Duisenberg Lecture, Washington D.C., 12 October 2008.

³⁷ Although the resolution refers to "best practices", it is the opinion of the independent expert that rarely can a practice be qualified as best and that the concept of good practices is preferable.

VI. CONCLUSIONS AND RECOMMENDATIONS

36. **The present report has outlined some of the thematic priorities for the independent expert for her first year. She will present a more comprehensive report to the Human Rights Council in accordance with its annual programme of work. Her first substantive report will examine the matters outlined above in more depth. She welcomes comments and reactions to the present report and looks forward to working with all stakeholders to advance the discussion on the human rights obligations related to access to safe drinking water and sanitation.**
