

# **First assessment on achieving equitable access to water and sanitation in Hungary**

## **Report**

### **1. Summary**

Hungary is a lowland country of 93,000 km<sup>2</sup> and with close to 10 million inhabitants and abundant water sources. Past governments had made great efforts to eradicate water-borne infections. By the 1980s, the majority of the Hungarian settlements were provided with access to principally safe solutions of drinking water supply: bank-filtered surface water, confined groundwater or surface water intake with additional treatment. Although full microbiological compliance was far from general, outbreaks from contaminated drinking water became infrequent and were mostly due to the breach of the integrity of the distribution system. In the 1980s, arsenic was discovered to be present in many deep aquifers used as drinking water source in the South and Southeast part of the country. The first major effort to mitigate the health risk associated with arsenic concluded by the mid-1990s. During the accession to the European Union, more stringent parametric values were introduced for arsenic, boron and fluoride. Over 400 municipalities did not comply with the new regulation.

In the socialist era, drinking water and sanitation was one of the commodities provided free of charge by the state - provided that the connection was available. This resulted in careless drinking water consumption and – together with the abundant use of fertilisers and animal husbandry – in profuse contamination of the soil and unconfined aquifers. With the start of the new economy, charges for water, sanitation and other commodities began to rise steeply and the water consumption dropped to almost one third, rendering most waterworks and distribution systems under-utilised. Slow turnover and long stagnation times contributed to secondary deterioration water quality. Since 2011 the Water Utility Act, public utilities are state or municipality owned. In the past decade, the government invested on large scale to improve water quality and extend the access to safe sanitation (with the support of EU funds), achieving high connectivity rates to public services. However, the full recovery principle of investments is in conflict with the affordability aspect of access especially for the low- or no-income population. The access to the commodities was rendered to the social and humanitarian problem area, emphasizing the human right and equity aspect of the access to water and sanitation.

Hungary is committed to international cooperation on the field of sustainable environmental and water management, including its active involvement in the Protocol on Water and Health.

As part of this commitment, for the first time in its history Hungary undertook a self-assessment using the “Scorecard on equitable access to water and sanitation” to identify gaps and difficulties at the national level. The Scorecard was prepared by an expert group under the Protocol on Water and Health and approved by the Meeting of the Parties. The Scorecard is a follow-up to the policy guidance document No one left behind, and was designed to assist the states in assessing the baseline in the process towards universal and equitable access.

The access is generally considered universal in Hungary, since the vast majority of the population has access to public (95 %) or private (3 %) centralized systems. The municipalities or the State are legally charged with the task and responsibility of providing access to the population. The right to healthy environment and drinking water is recognised by the Constitution. Public services are generally available with a good coverage and the quality of service is well regulated. Access to relevant information and the involvement of the consumers in the decisions affecting the services is guaranteed by the dedicated legal framework.

Problems related to the drinking water quality as well as to the access centralized sewage system are however not negligible. These problems – and the related obligations of the European Union – are in the focus of development strategies, and public policies underscored with immense investments (1200 million EUR in the 2007-2013 period) are devoted to their solution.

Access and availability of services for vulnerable and marginalized groups and affordability issues are the major problem areas relevant for the realisation of the right to equitable water supply and sanitation in Hungary. Data on the scope of these problems are scarce in the lack of political focus and dedicated data collection or monitoring structures hardly exist. Specific policies aiming at the realisation of the access for vulnerable and marginalized groups do not exist either, although many aspects of this problem area are covered by housing-related and social inclusion strategic and policy endeavours. Availability issues may go beyond the bare access and relate to the human dignity aspect, as explicitly or implicitly referred to in relevant human rights conventions. Some investigations of the Office of the Commissioner for Fundamental Rights in specific environments (e.g. in social- healthcare and penitentiary institutions) revealed deficiencies on this field.

Affordability issues are subject to dedicated governmental strategy, and action plans are devoted to decrease water, sanitation and other public services related tariff burden of the population (synthesized as residential overhead reduction). Across-the-board tariff reduction intervention, however beneficial in itself, is lacking the equity element.

Legal obligations aiming at targeted assistance of vulnerable consumers are incorporated into the relevant public utility regulation, but these primarily offer payment in instalments or deferred payment and not the reduction of fees. The latter is subject to specific social aid instruments, which exist mainly on the municipal level and depend on the awareness and the

affluence of the local community. Social assistance in this field is characterised by substantial disparities between urban and rural communities and between better and less industrialised and developed regions (e.g. Western and Eastern Hungary).

From a humanitarian point, the overall high level of access to safe drinking water and sanitation in the population entails an even more pressing obligation to address the needs of those who are still lacking access. This aspect should be reflected in policies and instruments aimed at ensuring the universal and equitable access to water and sanitation. The real challenge is to translate human rights obligations into meaningful action on the ground.

## **2. Arrangements of completing the Scorecard for Hungary**

At the 3rd Meeting of the Parties to the Protocol on Water and Health in Oslo, 2013, the Hungarian delegation has taken the commitment to perform the Scorecard exercise. The exercise is in line with the national target set under the Protocol on Water and Health, target area 6. § paragraph 2 (c): „Comprehensive assessment of the population without access and of the possible solutions.” The National Public Health Centre, as the Hungarian health administration focal point to the Protocol made the arrangements and undertook to coordinate the exercise. The preparations began in the summer of 2014 with the translation of the Scorecard to Hungarian. The translation rather precisely followed the original text, but it was decided to turn the numbered statements, that were originally to be confirmed with variable strength or declined, into true questions while keeping the original choice of degrees of strength and the way of scoring. It was also decided to separate drinking water and sanitation within each question, as in most cases different answers applied.

An independent expert, familiar with the principles of the Protocol and practice of the bodies of it, has been contracted with the task of coordinating the exercise on the operational level. His task was first of all to clarify the widest possible range of interested stakeholders and to effectively invite them to participate in the exercise; to advise the organizers on the practical steps of the Scorecard exercise; to lead correspondence with various stakeholders, to carry out communication with governmental offices and agencies, and to prepare meetings.

The first event of the Hungarian Scorecard exercise was a kick-off meeting on 8 October, 2014 for the invited stakeholders and participants from UN ECE and WHO section of the Protocol secretariat and – by virtual participation – a key person of the Scorecard exercise in Portugal. The aim was to involve as many stakeholders as possible interested in any aspect of equitable access to water and sanitation. The meeting was open by presenting the human rights context, the previous international examples and the Protocol on Water and Health as the umbrella of activities. The objectives and the expected benefits of the exercise were introduced, and the proposed operational framework, including working arrangements and timelines were discussed. Water related responsibilities are shared between several ministries and government organization, and were recently re-allocated due to reorganizations in the sector, in some cases the identification of the responsible governmental stakeholders was difficult.

The most time-consuming step in the initial phase was securing high-level (ministerial or state secretary) approval for the government experts to participate in the exercise. Although at a second meeting on 11<sup>th</sup> December 2014, the participating stakeholders agreed in the detailed work plan, the way of communication and the presentation of the outcomes of the project, it took about half a year until substantive progress was achieved. The main facilitator of the further process was the Office of the Commissioner of Fundamental Rights and the conference the Office organized on the problems experienced with regard the equitable access of water and sanitation in various settings, which are subject of the Scorecard as well. From this event onward, most approached governmental departments received authorization to participate and provided significant contribution by filling the corresponding parts of the Scorecard. Some government organizations holding important competences remained inaccessible to the repeated approaches of the coordinators. It is assumed that the main reason for non-participation is the general perception of already achieved universal access and the lack of awareness of existing responsibilities or linkages to equitable access (e.g. in the educational sector).

Even greater challenge was to ensure the involvement of the non-governmental organizations, despite of their intended substantive role in the exercise. Although a significant number of NGO-s have been recognised and approached on the basis of pre-existing knowledge on their activities and relations, only a few joined the exercise and even less kept on participating in it. The failure to engage some of the primary NGO stakeholders, e.g. the Hungarian Water Utility Association and the representatives of the municipalities (such as various municipality associations) is a great shortcoming of the whole process. Their unique perspective and knowledge of issues at stake (e.g. connectivity issues and consumer complaints) would have conferred an important role to utilities and municipalities in the exercise.

According to the formally accepted decision path of the Scorecard exercise, the bulk of the original rules have been kept as to the scoring of the answers for each of the areas. The preliminary answers were collected from the competent governmental department(s). Data requests were forwarded through formal channels to the approached departments with the relevant areas of the Scorecard to fill and the necessary background information on the exercise and its purpose. Replies were returned both in an electronic version to the coordinator and as a formal letter through the official channels. All but a few departments complied with the request and returned the Scorecard with answers to the questions within their competence, and provided more or less detailed justification for the answers, though the justification did not always satisfy the principles drawn up in the introductory part of the Scorecard document. Most respondents assigned a reliability score to the answer, too, but it was re-assessed in accordance with the decision that the reliability of the answers should be judged independently from the respondent. The decision was delegated to the final conference, with the heaviest weight on the opinion of the non-governmental organizations for objectivity.

The large majority of the answers was collected by the beginning of 2016, and a final meeting was decided to be held on 29<sup>th</sup> February. A draft version of the completed Scorecard and a draft “Final report on the equitable access to water and sanitation in Hungary” summarizing the main outcomes of the assessment were sent by electronic letter to all the governmental participants and the approached NGOs with detailed explanatory notes on the decision rules. As to the Final Scorecard for Hungary, the main rule was that the answers should be justifiable for the participating NGOs by the strength of the supporting information and by their field experiences and they were enabled to propose the amendment of the scores and/or to modify their level of reliability. The NGOs were invited to present their proposals at the final meeting or in correspondence prior to it. The recommended scores and reliability levels were submitted as final ones to the governmental participants and they were invited to communicate their dissent or any arguments supporting the difference of opinion.

Concerning the Final Report, all participants were invited to propose amendments of the draft text, which had been compiled by the coordinator on the basis of his personal experiences, interviews and correspondence with a number of interested parties and the background information provided by the participants. Most importantly, the participants were invited to submit recommendations to the Hungarian Government, municipalities, water and sanitation service providers and other stakeholders on how to improve the equity of the access to water and sanitation in Hungary.

By decision of the focal point organization – the National Public Health Centre – undertaking the exercise, the Final Scorecard and the Final Report with the recommendations were submitted to the government in the framework of an official government proposal through the supervisory Ministry of Human Capacities.

### **3. Country profile and legal status related to the right to water and sanitation**

Hungary is a central-European member-state of the European Union, located in the middle-Danube catchment area. The population is 9.986 million in 93030 km<sup>2</sup> country area, population density is 107 persons/ km<sup>2</sup>. The GDP is on average 10000 €/capita, and the renewable freshwater resources account to 9000 m<sup>3</sup>/capita (2013). Close to 70% of the population is living in urban communities, and significant part of the rural population is inhabitant of peri-urban agglomerations around Budapest. According to preliminary EU-SILC2 data from 2014, 14,6% of the population is living under the national poverty threshold. Although the dominant majority of the population is supplied with drinking water, exact data on those lacking access is missing mainly because of definition problems. Access to either type of improved sanitation is almost universal, and piped central sewage connection is close to 75 % and still increasing.

Hungary is a Party to all relevant international conventions in respect of right to water and sanitation, and on the level of international rights diplomacy is one of the vanguards of the

issue. However, non-binding international legal instruments are not automatically incorporated into the Hungarian legal system, and their enforcement depends on the national legislation. The Hungarian Constitution (Fundamental Law) recognizes the right of everyone to physical and spiritual health and the enforcement of this right includes (among others) the access to drinking water and the protection of the environment. Reflecting a narrower concept than the General Comment No. 15 of the UN Committee on Economic, Social and Cultural Rights, it does not automatically guarantee some aspects of access comprised in the latter (e.g. the right to affordability) or the equal opportunity to reach them. The Fundamental Law also declares that Hungary endeavours to ensure equitable housing and access to healthy water and sanitation for all. The commitment is translated into various legislative documents, obliging the municipal governments to provide water and sanitation services for the community, including those not connected to public services in the framework of local water management activities as public service provision.

Several state administration authorities are involved in steering and overseeing various aspects of access to water and sanitation. On government level, competencies are shared between the Prime Minister's Office, the Ministry of National Development, the Ministry of National Economy, the Ministry of Interior and the Ministry of Human Capacities. Operational supervision lies with the Hungarian Energy and Public Utility Regulatory Authority (financial aspects), the General Directorate of Water Management and its regional directorates (infrastructural aspects) and the public health departments of the county and district government offices (quality aspects). Although discrete law pieces set provisions on the tasks and responsibilities of the members of the government and the coordination of the competent authorities, several official reports concluded that the level of coordination between the various actors was unsatisfactory.

The Fundamental Law (Constitution) safeguards equity, the primary aspect of the realization of fundamental rights, and provides distinct measures to achieve them. The most relevant legal act in that aspect is the Equity Law, which explicitly and with detailed guarantees addresses water and sanitation services and prescribes further measures to extend equitable access to the public services in general, e.g. programs for regional development and housing. The limitations of access appearing on the level of housing (e.g. comfort level of the dwelling), or rooting in disability, as well as affordability and human dignity related problems are poorly reflected in macro-economic data and nation-wide public policy measures. This is partly understandable because of the limited focusing capacity of central structures but should be resolved by community functions on the municipal and civil non-governmental level. It is to be explored how the above equity aspect are reflected in the local policies, and what are the causes behind the inefficacy of self-governance and civil voluntary organizations to handle locally prevalent equity problems.

## **4. Strategic framework for the provision of equitable access of water and sanitation**

Fundamental data of public water and sanitation services are available both on national and municipal level and are included in the statistical records. Water and sanitation utilities are obliged to report their infrastructural and economic data regularly to the National Statistical Data Collection Program. Utilities are overseen by the Hungarian Energy and Public Utility Regulatory Authority, which has strong mandate on the supervision of data provision as well. Hungarian public policy actors with relevant responsibility are aware of the insufficiencies on the field of delivering certain human rights, and the elimination of them is a principal priority in national development strategies and in public policy measures to implement them. Drinking water quality improvement and the public sewer network development are the main subjects of strategies, regional operational programs and policy measures related to access to water and sanitation. These actions are principally driven by legal obligations of the European Union, and predominantly EU convergence programs ensure the funding for implementation. The water and sanitation sector received large investments for drinking water quality improvement and the extension of public sewerage systems and wastewater treatment (total sum of funding in the period 2007-2013 exceeded 1,000 billion forints, i.e. about 4 billion Euros). Connection rate to public sewers increased by 5.3 percent and the proportion of household having their wastewater treated was raised by 9.2 percent between 2006 and 2011. Although equity related requirements have been integrated as horizontal objectives – and within them access to public services as priority key objectives – throughout the planning of the related operational programs, the *ex ante* principle in the area of expansion of safe drinking water and sanitation utilities is the cost recovery. Special focus on equity constrains and marginalized groups are still addressed in the development programs, but these notions have limited impact on the conditions and control of operation. The solidarity principle is part of the water utility regulation, aiming to overcome the economic imbalance resulting from the differences of the physical environment of the water utilities, but differences in cost recovery, are only addressed at the macro-regional level.

Service providers are required to design and submit 15-year rolling development plans. The necessity of ensuring the right to water and sanitation could be integrated into the complex system of development criteria. Nonetheless, affordability issues and equity gaps are out of the scope of both national and regional regulation, and the service providers lack legal liability. The only exception is the regulations on the “protected consumers” requiring fair treatment of people in low social standing or living with disabilities. Protected consumers are eligible for payment facilitations (payment in instalments, payment deferrals) and disabled consumers to special treatment and information in meter reading and payment according to their needs. The access to water and sanitation is of high relevance in further areas (see the topics of Section 3 of the Scorecard). Strategic documents and policies rarely formulate explicitly water and sanitation related objectives, improvements are still on-going due to obligation to comply with legal requirements on healthy drinking water supply and sanitation.

Several development policy documents pursue the promotion of general human rights. Parliament Resolution of 2014 on the National Development and Territorial Development Concept promotes social inclusion and building equal opportunities, and lists as regional policy goals the reduction of regional disparities and stimulation of regional economic convergence. This resolution affirms the European Union's cohesion and rural development policy as primary framework of the national development policy and refers to the available EU development funding for the 2014-2020 period as prime financial resource. Proceedings on the basis of the National Development and Territorial Development Concept are realised in a tender system of "Operative Programs" framework. Environmental and Energy Efficiency Operational Programme aims to ensure overall compliance with the provisions on the quality of water intended for human consumption. Another objective of the Program is to establish wastewater treatment plants for all settlements over 2000 population equivalent. The tenders include horizontal principles (in line with EU requirements) of gender equity, the accessibility for disabled persons, ITC accessibility, protection of environment and recycling, etc., but human right to water and sanitation is not explicitly covered. Further documents, like the Government Program of 2010 and the 2<sup>nd</sup> National Social Inclusion Strategy of Hungary (2011-2020) define advancing the situation of the disabled, the roma, and the alleviation of poverty as priority areas. Regional inequalities e.g. of healthcare access and habitation are addressed. The Regional and Settlement Development Program objectives only implicitly include the issue of access to water and sanitation. Several priorities touch on this aspect (like the improvement of access to and the quality of municipal public services; complex management of physical and economic problems of vulnerable neighbourhoods and others), but there is a risk of being overlooked in the lack of explicit wording.

The general conclusion is that several strategies address some aspects of equitable access to water and sanitation. However, mechanisms of co-operation and co-ordinated implementation of the strategies are not in place, and this hinders the simultaneous enforcement of all aspects. To ensure both an integrated strategy and co-ordination on the practical level, it is recommended to explicitly include the right to water and sanitation as one of the fundamental human rights in high-level legislative document as reference, i.e. as an aspect that is required to be observed in all strategies related to social, cultural and economic development and in all additional actions and planning processes.

A similar gap was observed in some areas under the scrutiny of the Scorecard between the policies and regulations and the level of implementation of the regulated rights and opportunities. This situation prevails with regard the implementation of the right to information and participation in decision-making, as also expressed in the draft National Water Strategy (Kvassay Jenő Plan) which claims that mechanisms are formal and inoperative. Problems of access to public information also occurred during the compilation of the Scorecard (e.g. in retrieving data on the lack of access to safe drinking water and sanitation by households living in neighbourhoods with access or on the tariff policies of the water utilities).



Great efforts are focused on tackling geographic differences e.g. on the field of drinking water quality and the extension of sanitation and wastewater treatment system. The Regional Development Programs representing the fifth national development priority as marked off by the Hungary-EU Partnership Agreement aim to act against deprivation and social exclusion, advancing access and quality of municipal public services and social urban regeneration. The Rural Development Program and the Farm Program, for instance, offer funding for installing individual water supply or wastewater treatment in areas without public supply. The programs, however, do not reach the most deprived, marginalized population groups. The access of these groups is not covered by official statistical data and their support mostly depends on the potentials and activity of non-governmental organizations.

Tariffs of water and sanitary services are primarily based upon the cost recovery principle of the EU Water Framework Directive. Tariffs are set centrally by the Public Utility Regulatory Authority. The water utility service fee is determined as two-component charge consisting of a basic and a consumption-equivalent fee. Neither the principle, nor the practice of tariff setting includes differentiated social aspects towards the affordability of the tariffs. This is seemingly contradicted by repeated government measures towards tariff reductions, like tariff freeze in 2012 and the across-the-boards tariff reduction in 2014 as part of the government campaign to reduce household cost. However, tariff reduction by decreasing the price per m<sup>3</sup> is not equity-oriented and not sufficient in addressing affordability in the lowest income groups.

Solidarity is a high-ranking principles in the Water Utilities Act. It is implemented on the municipality level: municipalities where utility running cost are higher than the national average are eligible for compensation to cover the difference between tariff revenues and true costs. The available budget is relatively low (HUF 4,5 bn) compared to the total turnover of the sector (HUF 300 bn) and the approach does not provide incentive for cost-effective operation. According to the findings of the National Water Strategy, there is an unresolvable conflict between affordable tariffs and the cost recovery of high-level service at the water utilities.

The combined costs of water and sanitation services make up on average 2.5 % of the income of the population. In the lowest 10 percentile income group it is 4.67 % (value for 2013 from the Central Office of Statistics), but some official documents estimate 8 % (Water Management Plan). The average water and sanitation bill increased by 26.5 % between 2006 and 2011; 4.8 percentage point more than the average income. Also reflecting the growing divergence of income levels, the increase of the water bill is 43.3 % in the lowest 10 percentile income group that reflects a close to 50 percentile points growth in comparison to the income. Since the reference date is 2011, the above values do not reflect the effect of the 2013-2014 interventions for tariff reduction.

Service fee charges and other costs connected to the access to water and sanitation can partly be covered in the framework of regular or emergency aid by municipal social policy instruments on the basis of the Law on Social Administration and Benefits of 1993. The possibility of social assistance is highly dependent of the financial possibilities of the

municipality, resulting in significant – region- and settlement-size related – differences on national level, providing more benefits in the more affluent neighbourhoods.

The draft of the National Water Strategy ranks among priority tasks to improve tariff policy, tariff structures and fee subsidy system in a differentiated and affordable way also ensuring cost recovery of the water utilities. It recommends exchanging the current tariff compensation system for a new, socially sensitive financial assistance system operating on a case-by-case basis.

Access is de jure guaranteed to population groups in permanently or intermittently vulnerable situation (e.g. persons with special physical needs, subject to special care, boarding students, imprisoned and nursing home residents, etc.) by specialised regulations on community design, building construction and sanitary requirements. Apart from programmes targeting social inclusion, equity aspect of access is generally out of consideration in operative programmes, mainly because universal access is taken granted by the legal framework. Nevertheless, the level, conditions and human dignity aspect of access continue to policy issue, as indicated by the experience and assessments of the Office of the Commissioner for Fundamental Rights. Services ensuring access to water and sanitation can only be deemed adequate for this group of underprivileged people if it is provided without compromising human dignity.

A complex alleviation strategy has been formulated for the families living without access but in supplied neighbourhoods. The complex slum rehabilitation program, linked to the action plan of the National Strategy of Social Inclusion contains elements of community development, education, employment, health and it is also aims to improve the level of housing for those living in slum-like settings. A mandatory element of the programme is the deployment of so-called stellar points where social and sanitary services are provided (primarily appliances for self-cleaning and washing) for the segregated people.

There is no national data collected and available on how and to what extent the water and sanitary needs of marginalised population groups are met. Due to specialised systems including a range of NGOs caring for the homeless and other affected groups, many of them are supplied, but little is known on the proportion of dropouts and the level of their access.

## **5. The Scores and their level of reliability as decided at the final meeting**

The scores and the level of reliability were decided by consensus at the final meeting by the participants, though in several instances with the dissent of the governmental contributors. Further justification to reassess scores or reliability levels not submitted after the final meeting.

<b>Section</b>	<b>final score</b>	<b>reliability level</b>
<b><i>1. Steering governance frameworks to deliver equitable access to safe drinking water and sanitation</i></b>		

1.1 Strategic framework for achieving equitable access	2,0	medium
1.2 Sector financial policies	1,33	medium
1.3 Rights and duties of users and other right-holders	2,75	medium
<b>2. Reducing geographical disparities</b>		
2.1 Public policies to reduce access disparities between geographical areas	2,0	high
2.2 Public policies to reduce price disparities between geographical areas	2,0	high
2.3 Geographical allocation of external support for the sector	2,5	medium
<b>3. Ensuring access for vulnerable and marginalized groups</b>		
3.1 Public policies to address the needs of vulnerable and marginalized groups	1,2	high
3.2 Persons with special physical needs	0,75	low
3.3 Users of health care facilities	1,8	high
3.4 Users of educational facilities	2,8	medium
3.5 Users of retirement homes	1,0	medium
3.6 Prisoners	3,0	medium
3.7 Refugees living in refugee camps and centres	1,8	low
3.8 Homeless people	1,3	high
3.9 Travellers and nomadic communities	not relevant	-
3.10 Persons living in housing without water and sanitation	1,2	medium
3.11 Persons without access to safe drinking water and sanitation in their workplaces	2,7	medium
<b>4. Keeping water and sanitation affordable for all</b>		
4.1 Public policies to ensure affordability of water and sanitation services	1,0	medium
4.2 Tariff measures	0,5	high
4.3 Social protection measures	0,3	high

## 6. Recommendations of the Final Meeting

An essential pre-requisite of achieving the human right to water and sanitation as it was recognised by the 28 June 2010 Resolution 64/292 of the UN General Assembly, is to have a high-level, overarching legal act ensuring the cross-sectoral and accountable implementation of the right. To observe this right, the Final Meeting of the First Assessment of Equitable Access to Water and Sanitation recommends the following actions:

- Establishing a coherent legal framework for the realisation of the human right to water and sanitation and presenting it in a single legal act.
- Adapting the national building code (National Requirements of Spatial Planning and Construction) to reflect the minimum requirements of access to water and sanitation in the habitation standards
- Setting the policy and financial framework for developing sustainable decentralized water supply, alternative sanitation and self-service facilities, and including the specific economic and environmental conditions of small-scale water supply and sanitation services in community planning and implementation.
- Involving the local public health offices with adequate coordination in assessing the equity of access to water and sanitation, and the supervision of regional development solutions.
- Initiate and fund research on the number and geographic distribution of groups living without access or excluded from services and the nature and reasons of inequity with the involvement of responsible authorities and NGOs.
- Closing the data gap on access to water and sanitation which are not reflected in the population statistics based on yearly utility connection reports and only partially in census data (e.g. inclusion of this aspect in the next microcensus)
- Prevent the closure of public taps by providing adequate funding. Tap closure due to financial difficulties of the municipalities was identified as one of the reasons behind adverse trends of access to water.
- Launch and support an „Adopt a public tap” campaign to channel voluntary support
- Repeat the Scorecard assessment in 5 years to track progress from the current baseline.

Additional recommendation received in writing from the Hungarian Red Cross (edited)

- Establish sanitary baths and/or open existing baths for social functions (e.g in allocated time slots with proper organization and control)