

Coalition Eau contribution: human right to sanitation

How is the human right to sanitation recognized in law and policy, and how is hygiene integrated?

In France, there is a gap between international and national law. France has endorsed UN resolutions from 2010 and 2015, which recognize sanitation as a human right characterized by availability, physical accessibility, affordability, quality and safety, acceptability and dignity. But this right is not fully integrated in French law, and not fully effective for all, especially in the so-called overseas territories and for the vulnerable people.

The revision of the Urban Waste Water Treatment Directive (UWWTD) at the European level presents an opportunity to make progress in ensuring the effective realization of the human right to sanitation. This text is currently being transposed into French law, particularly Article 19, which addresses access to sanitation facilities, especially for vulnerable and marginalized individuals.

What is missing in the French legislation: to recognize and integrate into the Public Health Code the right of every individual to have daily access, at a minimum, to sanitary facilities in their home, place of residence, and public spaces, ensuring their privacy, hygiene, and dignity and to guarantee equal and free access to toilets for all, specifically by mandating the installation of free, unconditional public restrooms in municipalities with populations exceeding 2,500 and a minimum quota of one public toilet unit per 2,500 inhabitants.

How are non-discrimination, participation, transparency and accountability ensured?

Non-discrimination is making progress. The article 19 of the UWWTD requires Member States of European Union to prioritize access for vulnerable and marginalized groups. This includes people affected by poverty, gender inequalities, disability or insecure legal status, such as homeless people or those living in informal settlements. However, policy ambitions may not be enough to make non-discrimination and WASH rights fully effective.

Participation is encouraged by NGOs, but yet, participation remains uneven. The voices of the most excluded groups are still difficult to integrate in a structured and continuous way. As far as we know, there is no policy from the State to ensure participation of first concerned people when public sanitation facilities are implemented.

Transparency is reinforced through new requirements. Thanks to the UWWTD, France will have to identify populations without access to sanitation and justify these gaps. This creates a new obligation to document inequalities. Public authorities must also provide clear information on the location of free sanitation facilities, through signage and digital tools. Still, this transparency depends on the capacity of institutions to collect reliable data, which is currently limited, especially for the most vulnerable populations.

About accountability, responsibilities are fragmented between municipalities and inter-municipal bodies. This makes it difficult to identify who is responsible for ensuring access, and accountability mechanisms. The development of indicators by the NGOs, such as the number of toilets per inhabitants, could also support monitoring (see next question).

The transposition of the UWWTD represents an important opportunity, but its impact will depend on political and financial commitment. The current lack of binding obligations for public sanitation, the fragmentation of responsibilities and the limited funding available, especially for small municipalities, are major barriers. As a result, while the new framework promotes a rights-based approach, its effective implementation in France is still uncertain. The evolution of non-discrimination, participation, transparency and accountability will depend on how these structural issues are addressed in practice.

What are the minimum acceptable levels of services in terms of sanitation and hygiene?

Coalition Eau's reference doc: [How can we assess the level of access to water and sanitation in France?](#)

In France, minimum acceptable levels for sanitation and hygiene services are progressively defined through a shift from a technical approach to a human rights-based approach. In the document cited at the beginning of this paragraph, the Coalition Eau outlines existing French standards, but they remain incomplete. That is why, this document also presents NGOs' recommendations, distinguishing indicators for home and those for public spaces, following UN criteria on human right to sanitation (report A/70/203, 2015).

Then, NGOs promote standards that have no legal value yet. However, they are increasingly used as reference frameworks. These indicators were cited in 2025, in a decision concerning living conditions of migrants near Dunkirk. The administrative court relied on indicators proposed by civil society organizations to define adequate levels of access to toilets, showers and water points. The judge required public authorities to install appropriate facilities to meet basic needs. This case shows a growing recognition of operational standards, even if their legal status remains fragile and subject to ongoing legal debate. The plaintiff organizations provided a "voluntary contribution" using the Coalition Eau's indicators. The judge ruled that these indicators could be considered genuine "effective standards," which represents a step forward in the recognition of the right to water and sanitation.

Reference indicators of NGOs for access to sanitation are based on three main criteria: quantity, proximity, and quality, in order to protect human dignity. In urban areas, the recommendation is to provide one public toilet for every 5 000 people after 10 000 and access to public shower is mandatory after 15 000 people. In temporary settlements or shared living spaces, there should be two toilet cabins for every 20 people, located no more than 50 meters from homes. These facilities must guarantee users' safety and privacy through full partitions, internal locks, and proper lighting. They should also be separated by gender and include essential hygiene equipment such as water, soap, toilet paper, and an indoor bin for menstrual health management. Finally, the toilets must be physically accessible for people with disabilities.

Which types of inequalities should be given priority attention? How is affordability protected?

Coalition Eau's reference documents: [What water pricing model ensures affordable and equitable access in France?](#) + [How can we assess the level of access to water and sanitation in France?](#)

In France, priority attention should be given to inequalities that reflect structural exclusion from sanitation and hygiene services. These inequalities are social, territorial and gender-based, and they directly affect dignity and health. Examples of publics concerned by inequalities:

- **So-called overseas territories:** 70%¹ of wastewater treatment plants in Guadeloupe do not meet standards, 18,000 substandard housing² units have been identified in Réunion, diseases such as cholera and typhoid continue to have serious consequences, particularly in terms of mortality rates. Water and sanitation services are also more expensive in these areas.
- **People living in informal or precarious housing:** around 350,000³ homeless people and about 100,000 people⁴ living in slums, squats or informal settlements without connection to sanitation networks. These groups are often excluded from public services and depend on temporary or informal solutions.

¹ Rapport de soumission d'informations pour un appel urgent à l'eau potable en Guadeloupe du collectif Eau Secours, 2021, [here](#)

² 2025 Report « mal-logement en France », Fondation pour le logement des défavorisés, [here](#)

³ Ibidem

⁴ Recensement de la population 2017, France hors Mayotte, Insee, [here](#)

- **So-called “gens du voyage” (travellers/travelling community):** they face persistent gaps in access to adequate sanitation, due to insufficient or poorly equipped reception areas. This reflects a structural failure to provide adapted public infrastructure.
- **Precarious workers:** mobile workers, such as delivery or taxi drivers, spend long hours in public space without access to sanitation facilities. This highlights the lack of urban planning that integrates basic hygiene needs.
- **Groups with specific needs:** gender and health-related (including disabilities) inequalities require specific attention, women and girls face increased risks in the absence of safe, private and accessible toilets, especially for menstrual hygiene management. Children, elderly people and individuals with chronic diseases also need frequent and immediate access to sanitation, which is not always ensured.

Regarding affordability, it is recognized as a central component of the human right to sanitation. The objective is to ensure that users do not have to reduce other essential expenses, such as food or healthcare, to pay for these services. A first reference point is the 3% threshold (OECD): beyond this share of household income, water and sanitation services are considered unaffordable. Even if this threshold is not legally binding, it is widely used in policy discussions.

The legal framework also provides some protection. The Environmental Code states that everyone has the right to access water for hygiene under economically acceptable conditions (for more details, see the documents cited at the beginning of this paragraph).

At the European level, the revised UWWTD encourages free or low-cost access to sanitation facilities in public spaces and administrative buildings, and also promotes access in private establishments such as restaurants or shops.

From a critical perspective, these mechanisms remain partial and unevenly applied. Affordability policies mainly target domestic water bills, but do not address the lack of free public sanitation.

How are conditions of dignity, privacy and safety monitored and guaranteed?

In France, conditions of dignity, privacy and safety in sanitation are increasingly framed through a human rights-based approach, but their effective monitoring and guarantee remain uneven in practice.

In France, these conditions are reinforced by case law: the Conseil d’État has repeatedly stated that public authorities (mayors and prefects) must provide access to sanitation for people in vulnerable situations in the name of human dignity.

At the European level, the revised UWWTD provides a clearer definition of sanitation facilities. It specifies that they must ensure the safe and hygienic disposal of human waste, including menstrual hygiene management, while respecting privacy and dignity.

Coalition Eau will publish a guide to help local governments assess the current state of access to restroom facilities. This aims to map needs at local level and include qualitative assessments, considering gender, mobility and user experience. This helps ensure that services are not only available, but also acceptable and safe.

However, there is still no general legal obligation to provide free and sufficient public sanitation facilities, which limits the effective enforcement of dignity and safety standards, and responsibilities between actors remain unclear. As a result, the quality, safety and privacy of sanitation services still vary significantly across territories and populations.

It is important to note that data on the availability, accessibility, affordability, safety, and acceptability of sanitation facilities are often incomplete, fragmented, or sometimes even nonexistent, making effective monitoring extremely challenging.

What is the status of water sanitation and hygiene in schools, health-care facilities, informal settlements, rural areas and places of detention, including menstrual hygiene management, privacy, accessibility and hygiene facilities?

In France, WASH services are generally well developed. However, important inequalities remain depending on the setting, especially for vulnerable groups, and in so-called overseas territories.

Schools: Sanitation facilities are sometimes in poor condition. Lack of maintenance, insufficient privacy and collective layouts can discourage children from using toilets. This can affect their health and their ability to concentrate⁵. In Mayotte, several schools had to close and to send students home because of a lack of water.

Informal settlements, squats or streets: Around 350,000⁶ homeless people and about 100,000 people⁷ living in slums or squats without connection to sanitation networks. Access to water points can require long distances, for example before a court ruling which forced local authorities to install additional toilets, in Dunkirk the closest public toilets to the informal settlements were those in the municipal garden of Grande-Synthe—closed at night and located 3.1 kilometres away—and those at the cemetery of Coudekerque-Branche, 11.9 kilometres away, also closed at night. The lack of public toilets, often leads to open defecation. At night, the risks of GBV are increasing. Eviction policies also worsen the situation. Repeated evictions destroy shelters and hygiene facilities, and increase instability, making it difficult to maintain safe and dignified sanitation conditions⁸.

Rural areas: Many households depend on individual sanitation systems. More than 12 million users rely on these systems, but only about 60%⁹ are compliant with current standards. Upgrading these systems can cost between 5,000 and 15,000 euros, which many households cannot afford. This creates inequalities in access to safe sanitation.

Prisons: Sanitation conditions often raise concerns about dignity and privacy. Toilets are usually inside cells, but they are often only partially separated, which does not ensure real privacy, especially in shared cells. Access to hygiene is also limited. The law requires at least three showers per week, while international standards recommend daily access. In older prisons, collective showers can be dirty, poorly ventilated and affected by mould. In addition, many facilities suffer from old infrastructure, leading to water cuts, lack of hot water, or degraded water quality. These conditions can affect both physical and mental health.

Menstrual hygiene: The cost of menstrual products can be a burden for people in precarious situations. Without access to water, soap and private spaces and toilets, it is difficult to manage menstruation with dignity. Lack of lighting or locks in sanitation facilities can also increase risks of violence, especially for women and girls. In extreme situations, some women adopt unsafe coping strategies, which shows the lack of adapted services¹⁰.

What gender-specific barriers exist?

Coalition Eau's reference doc: [WWD, Access to water and sanitation: essential for gender equality and social justice](#) + [Children's rights and access to WASH](#)

⁵ Children's rights and access to WASH, [here](#)

⁶ 2025 Report « mal-logement en France », Fondation pour le logement des défavorisés, [here](#)

⁷ Recensement de la population 2017, France hors Mayotte, Insee, [here](#)

⁸ Observatory for the Northern Coast, Solidarités International, [here](#)

⁹ Observatory for water and sanitation public services, overview and performance in 2016, [here](#)

¹⁰ Observatory for the Northern Coast, Solidarités International, gender inequalities, [here](#)

Invisibility in infrastructure design: Sanitation facilities are often designed without consulting women users. This leads to inadequate services, such as lack of privacy, no water inside the cubicle, or no space for childcare. The needs of pregnant women or caregivers are rarely considered.

Lack of adapted infrastructure: Minimum standards require gender-separated, lockable toilets, with bins and water inside the cubicle. In practice, these standards are not always met in public.

Impact of evictions and instability¹¹: Repeated evictions increase vulnerability. When women lose their shelter, they may become dependent on men for protection or housing, which can lead to situations of control, exploitation or abuse.

Intersectional discrimination: Women with disabilities face compounded barriers, both physical (inaccessible infrastructure) and social (discrimination and isolation).

Health risks: Without proper facilities and products, some women use the same protection for too long. This increases risks of infections and, in extreme cases, toxic shock syndrome. Women with health conditions such as infections, incontinence, endometriosis, often experience worsened symptoms due to the impossibility to access facilities.

Limited and unstable responses: Access to menstrual products often depends on NGOs distributing hygiene kits. These initiatives are essential but not systematic, and depend on funding. They do not ensure continuous and sustainable access. Even if the government, introduced by a decree on April 17, 2026, to provide menstrual products for people under 26, while highlighting concerns that many people may still be excluded.

How are climate impacts affecting water, sanitation and hygiene systems and what adaptation measures exist?

On the one hand, rising temperatures and droughts disrupt wastewater treatment, reducing the quality of the treated water. On the other hand, floods, heavy rains, and storms damage existing sanitation systems. When toilets or treatment plants are flooded, untreated wastewater spreads into the environment, leading to a resurgence of waterborne diseases and even causing humanitarian disasters such as cholera epidemics. Climate change therefore threatens to undermine efforts to achieve the goal of universal access to sanitation and water.

Which are water, sanitation and hygiene service levels for refugees and internally displaced persons?

In practice, WASH service levels for refugees and displaced persons are often far below minimum humanitarian standards. In France, particularly in so-called overseas territories such as Mayotte¹², or on the northern French coast¹³, conditions in informal camps can be extremely degraded. In Mayotte, only 5 toilets are available in an informal settlement hosting a population of over 1,000 displaced persons.

How do emergency responses address hygiene, menstrual hygiene management, outbreaks and climate-related shocks?

Hygiene and menstrual hygiene management¹⁴: In France, the first response is usually the distribution of hygiene kits. These kits include basic items such as soap, toothbrushes and toothpaste. They also include menstrual products, for example sanitary pads, to address specific needs of women and girls.

¹¹ *Ibidem*

¹² *Observatory for WASH access in Mayotte, Solidarités International, [here](#)*

¹³ *Observatory for the Northern Coast, Solidarités International, [here](#)*

¹⁴ *Find more on Règles Élémentaires website, [here](#)*

Response to outbreaks: Lack of WASH services increases the risk of waterborne diseases such as cholera, typhoid or gastroenteritis, as well as vector-borne diseases. To respond, humanitarian actors deploy mobile water treatment units to produce safe drinking water. Chlorine tablets are also distributed so that households can treat water themselves. In addition, mobile health teams carry out outreach activities to identify sick people and ensure access to care, especially in informal settlements.

Which are the primary financing sources for water, sanitation and hygiene?

Coalition Eau's reference doc: [What water pricing model ensures affordable access in France?](#)

User fees - “water pays for water”: The main source of financing is user bills. Households pay for water supply and sanitation services through a fixed subscription and a variable part based on consumption. This system ensures cost recovery but places a heavy burden on users.

Taxes and redevances: Bills include taxes and fees collected for Water Agencies and the State, as well as VAT (5.5% for water and 10% for sanitation). These contribute to the overall financing of the sector.

Private financing for non-collective sanitation: In rural areas, households using individual systems must cover installation and maintenance costs, often between €5,000 and €15,000.

How can we regulate the rights and obligations of right holders and responsible institutions, and how can we guarantee transparency, accountability, community participation and the right to make complaints?

Coalition Eau's reference doc: [The Human Rights-Based Approach within the WASH sector](#)

Responsibilities are shared between the State, municipalities and inter-municipal bodies. This fragmentation limits accountability. It is recommended to designate a single “lead authority” at local level to coordinate action. The human right to sanitation is not fully enforceable in national law. Strengthening its legal status would allow individuals to claim their rights and seek remedies when access is denied.

Several institutions exist, such as the Médiateur de l’eau and the Défenseur des droits. They handle disputes related to access and billing. However, access to these mechanisms can be complex for the most vulnerable.

Improving accountability requires better data. Public authorities are encouraged to: identify populations without access, develop indicators (for example, number of public toilets per inhabitants), and monitor service quality and accessibility.

Participation is a key principle, especially to ensure that the sanitation facilities can be used in a safe and secure manner and that it doesn’t increase protection risks. Users should be involved in decisions on service management, pricing and infrastructure planning. This includes: involving marginalized groups, ensuring representation of women, and integrating user feedback into policies.

In situations of serious rights violations, especially in informal settlements, urgent legal actions (référé-liberté) can happen. Judges can then require authorities to provide minimum services rapidly.

What recommendations do you propose for States and other stakeholders?

Coalition Eau's reference doc: [The Challenges of Data on Access to Water and Sanitation in France](#)

- To recognize and integrate into the Public Health Code the right of every individual to have daily access, at a minimum, to sanitary facilities

- **Make territorial access diagnostics to sanitation (and water)** by competent French inter/municipal authorities. These tools must include an intersectional approach, in order to identify the specific needs of marginalized groups such as homeless people, migrants, and people living in informal settlements. This is a key step to make excluded populations visible in public policies.
- **Develop appropriate indicators and data collection systems** to monitor the various challenges and situations of WASH insecurity in France, and ensure access to reliable and up-to-date data across the entire French territory (including the so-called overseas territories)
- **Consider issues of lack of access or poor access to sanitation** for people in situations of vulnerability, exclusion, or substandard housing, as well as existing conditions in the so-called overseas territories, for the monitoring of SDG 6 and the figures on access to sanitation reported by France.
- **Strengthen the consideration of issues related to precarious access to water and sanitation** in France within INSEE's national surveys on housing and homelessness, and analyse data in the results to be published shortly for these two surveys