

Setting and implementation of targets in the Republic of Moldova

Ion SALARU, Deputy Director,
National Centre of Public Health,
National Focal Point for the Protocol on
Water and Health





Target setting process in MDA

- Art.6 of the Protocol provides that each Party should approve targets and target dates to achieve main goal – to reduce Water Related Disease through a better water management
- Under the Project Facilitation Mechanism, with support of Switzerland and UNECE, during 2009-2010 Moldova set national targets and target dates for implementation of the Protocol on Water and Health.
- Previous Strategy on Water Supply and Sanitation, approved in 2007 (in 2014 adopted a new Strategy for 2014-2028 years) and MDGs provided a good basis for developing targets and target dates
- By a common order of ministers of Health and Environment established a Steering Group from all relevant sectors, including NGO. Also, created an Expert Group and 2 WG (1 in each sector) for drafting targets.

Target setting process - 2



- **Baseline analysis: detailed assessment of current situation and gap analysis disseminated to the participants and public, initiated broad consultations between health, environment, water management authorities and civil society.**
- Organized 3 National Workshops, were presented project description, roles and responsibilities, experience of other countries and target development based on WHO Guidelines for setting targets; developed draft targets and target dates for all 20 target groups, discussed measures to achieve targets

Target setting process - 3



- Organized 3 Regional Workshops with NGOs, where discussed : Goal and objectives of the Protocol on Water and Health, project results and draft targets and target dates
- * The prioritization phase has led to a reduction targets: from some 100 draft targets, drawn up at an early stage, to the final set of 34 targets, for 20 target groups,
- * Targets and target dates approved by common order of ministers of Health and Environment on 20 October 2010, which realistically can be achieved until 2020, for target area I (DWQ) –until 2025.

Top target area – Drinking Water Quality



Main progress achieved in I, II, III, IV, XX target areas.

Improving Drinking Water Quality and establishing water safety plans was recognized as a top priority, due to health risks.

Established 4 targets

- * Reduce the non-compliance of drinking water on microbial parameters (E. coli, enterococi): for rural areas – 10%, 7%, 5% respectively for 2015, 2020, 2025 (achieved in 2013 – 13.6%) and for urban area - 5% and 3% (an. samples) respectively for 2015, 2020 (achieved in 2013 – 6%)
- * Reduce the non-compliance with drinking water standards for 5 main chemical parameters - 25% and 20% respectively for 2015, 2020 of annual samples, (achieved in 2013 – 27%)

Top target area – Drinking Water Quality



- * Achieve fully compliance of drinking water quality in 95% of schools for 2015 and 100% of schools until 2020 (achieved in 2013 – 84%) .
- * Set up water safety plans: for all cities in 2015 and all locations > than 5000 inh. – in 2020. (achieved till 2014 – process initiating, developing guidance, in progress - workshop for operators)

Top target area – reducing water related diseases



- Established 3 targets:
- To have a functional Integrated information System of non-communicable Diseases, including WRD (fluorosis, anaemia, chronic digestive diseases, etc.) by 2014.
- To maintain a zero level of incidence of primary WR infectious diseases (cholera and typhoid) by 2020,
- To reduce by 20% the incidence of viral hepatitis A and shigelloses by 2020.
- Achieved by 2012, compared with 2009:
 - no outbreaks of WRD,
 - 20% reduction of shigelloses,
 - 5 times reduction of viral hepatitis A,
 - In 2012 introduced vaccination against rotaviral infection

Top target area – increasing access to improved water supply and sanitation



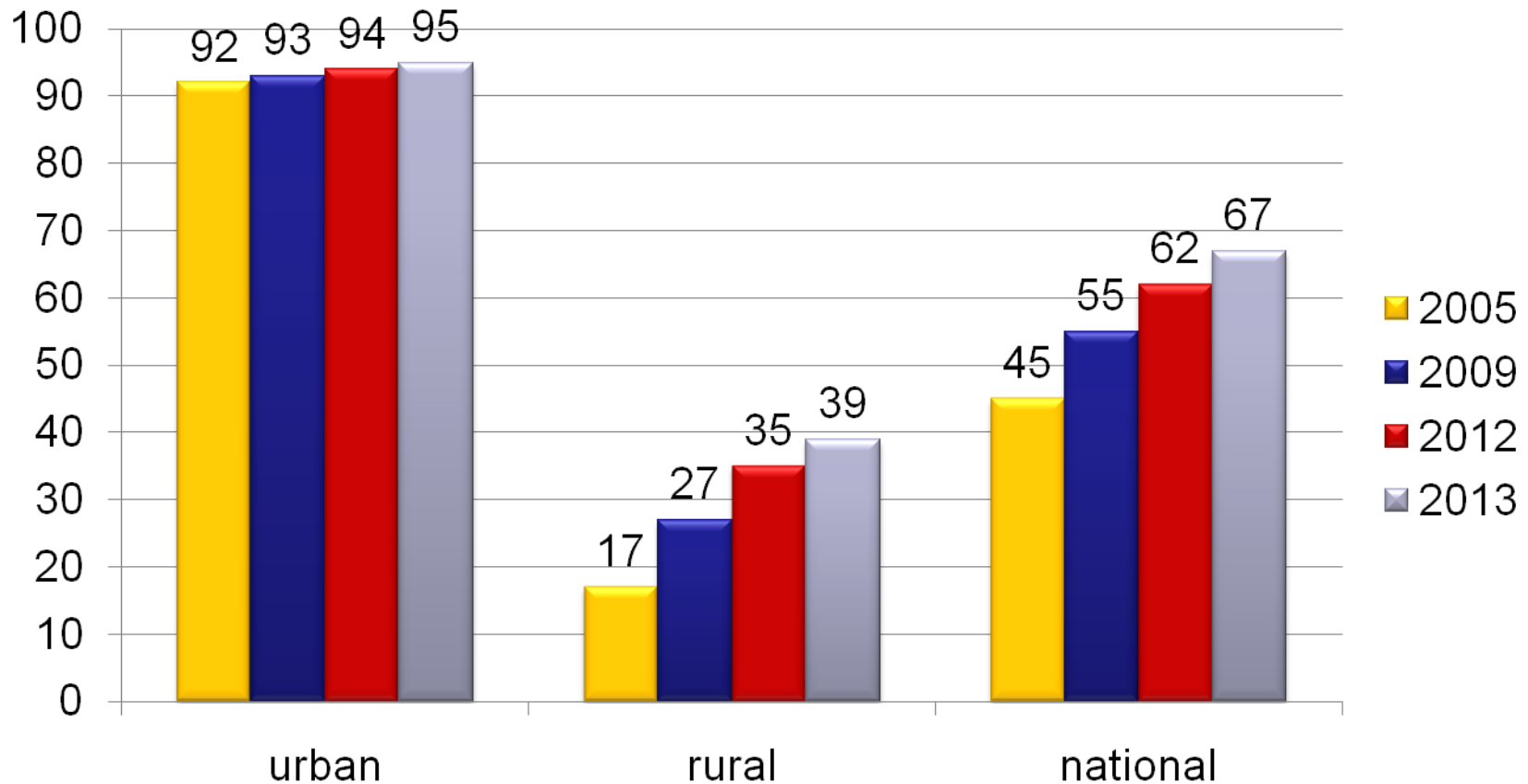
- Established 5 targets: 2 for WS and 3 for Sanitation
- **WS:** Provide access of the population to improved water supply systems by 2020 for 80% (68% by 2015) of total population and 45% for rural one (35% by 2015).
 - Achieved by 2013 : 67% – 95% for urban and 39% for rural
- To increase by 100% the access of children in schools and pre-school institutions to improved water supply systems by 2020 (95% by 2015).
 - Achieved by 2013 : 84%

Top target area – increasing access to improved water supply and sanitation



- Sanitation: Provide access by 2020 to improved sanitation systems for 90% of urban and 70% of rural population (by 2015 – 85 and 45%), **Achieved by 2013 : 84 and 70%**
- To provide by 2020 access of children in 100% of schools and pre-school institutions to improved the sanitation systems (90% by 2015).
- Achieved by 2013 : 82%
- **Increase by 2020 to 100 the number of settlements and the share of its population which is served by small (individual and/or collective) systems of improved sanitation (e.g. dry ECOSAN toilets, constructed wetlands, septic tanks, or other technologies). Achieved by 2013 – 19 locations**

Increasing access to improved DWSS





The most difficult target area

- Target area V, both parts Level of performance of collective and other systems for water supply and sanitation
- **Moldova is far to have efficient collective systems of water supply and sanitation in place. Operators of collective systems of water supply and sanitation with some exceptions have insufficient technical and financial capacities to manage properly, to be able to respond to large-scale emergency situations and extreme weather events.**
- A significant number of locations face serious problems with waste water collection and treatment.

Target implementation – new phase



- On 21 November 2012 was signed a quadrilateral Memorandum between UNECE, SDC and MoE, MoH of Rep. of Moldova, an engagement to complete by 2015 second phase of Protocol implementation project.
- Main expected outcomes:
 - 1) development of an Action Plan for Protocol implementation, with a resource mobilization Strategy,
 - 2) establish a Clearing House under the Protocol,
 - 3) strengthen institutional capacities of WS Companies,
 - 4) national communication campaign on Water and Health issues,
 - 5) development of National Regulations for small scale WSSS,

Target implementation – new phase



- **Already achieved**

- 1) By the MoH Decree 1131/11.10.2013 established a Clearing House under the Protocol at National Centre of Public Health, who offered spaces and part-time staff, phone and internet connection (furniture and equipment provided by SDC)
- 2) Started development of an Action Plan , for Protocol implementation, with a resource mobilization Strategy,
- 3) Initiated development of National Regulations for small scale WSS and small sanitation systems – Eco-san toilets and constructed wetlands,
- 4) Ongoing national communication campaign on Water and Health issues at national and local levels, developed information materials

Establishing of Clearing House – Information Centre for the Protocol



- The Protocol stipulate, that Each Party shall ensure that public authorities, in response to a request for other information relevant to the implementation of this Protocol, make such information available within a reasonable time to the public, within the framework of national legislation,
- The relevant target (target group 20) in the Order No. 91/704 suggests that this Clearing House should be established under the responsibility of the Ministry of Health (or it's subordinated authority).
- Cooperation will be assured with other project on-going in the Republic of Moldova, including Aarhus Centre

Clearing House - topics



- **Motto: water and health – information and participation**
- Implementation of the Protocol on Water and Health,
- Drinking water quality and water related diseases,
- Access to improved water supply and sanitation,
- Water supply, sanitation and hygienic practices in schools and kindergartens,
- Right to water and tackling inequities in water supply and sanitation, gender issues,
- Water Safety Plans – designing and implementation,
- Developing informational materials

Informational materials - example



Industriale și produsele secundare, îngrășămintele care conțin nitrați și fosfați, metale grele.

Deci vom avea grijă să consumăm pentru băut doar apă de calitate, curată și sigură, fără miros sau având gust nespecific. Fie de cea îmbuteliată, fiartă de robinet, din izvoare și fântâni curate.



PENTRU A PĂSTRĂ APA CURATĂ:

- Nu vom arunca deșeurii și gunoi menajer în apropiere de râuri, râulețe, izvoare și fântâni. La fel nu vom arunca apa folosită pentru spălatul rufelor sau a veselei în râuri, râulețe sau în apropierea lor.
- Vom îndemna părinții să curețe fântânile și izvoarele din apropiere.

VOM ECONOMISI APA:

- Nu vom lăsa să curgă apă fără rost din robinete când ne spălăm pe dinți sau ne săpunim mâinile.
- Nu vom utiliza prea mult detergent la spălatul veselei, rufelor.

PENTRU A FI SĂNĂTOȘI:

- Bea apă numai din surse sigure, la care cunoașteți calitatea și autorizate de instituțiile de Sănătate Publică.
- Nu consuma apă din fântâni poluate.

VOM RESPECTA RECOMANDAȚIA DE A NE SPĂLA PE MĂINI:

- După folosirea WC-ului.
- Înainte de a lua masa.
- După ce facem curat în casă.
- După ce ne-am jucat cu animalele, inclusiv cele de companie.
- După vizita la un bolnav.
- După ce am tușit sau strănutat.
- După ce am fost afară (la joacă, lucrul în grădină, plimbatul animalelor etc.).
- După călătoria cu transportul în comun.

**PĂSTRAȚI ȘI FOLOSIȚI
APA CURATĂ
PENTRU A VĂ
ASIGURA PROPRIA
SĂNĂTATE
ȘI VIAȚA PE PĂMÂNT!**

Material informațional editat cu suportul
unicef
Se distribuie gratuit

APA
ESTE IZVORUL VIEȚII
ȘI AL SĂNĂȚĂȚII

informație pentru tineri

Centrul Național
de Sănătate Publică



Clearing House - topics



- Training on drinking and bathing waters surveillance of public health authorities,
- Training on water protection issues and best practices of relevant NGOs
- Training on relevant issues and best practices of water operators,
- Training of media on water and health related issues,
- Legislation and institutional framework
- Strengthening monitoring capacities,
- Education and communication,



Clearing House – target audience

- General public,
- authorities responsible for water management, drinking water quality monitoring and surveillance, safe drinking water supply and adequate sanitation (ministries, central and local agencies, institutions, local authorities);
- Environmental and public health specialists, education sector,
- Water utilities' and sanitation facilities' operators and Water Associations;
- Women and children,
- Local communities and consumers of WS services;
- Environmental and health NGOs.

Lesson learned and challenges



- 1) Setting targets it's not an easy process, but affordable,
- 2) very important to have involved most relevant public authorities and NGOs to come at the end to a common agreed product,
- 3) Two sectors - Health and Environment should assume main responsibility and lead the process,
- 4) A big advantage was to benefit permanently from international expertise and experience.
- 5) At actual stage still remain a challenge to have financial support to implement actions and improve management of WSSS to achieve targets, especially related to DWQ

Focus on implementation, revision of some targets or target dates to be considered during completing Action Plan in 2015.