



WHO

REGIONAL OFFICE FOR EUROPE

REPORT

SECOND MEETING OF THE WORKING GROUP ON WATER AND HEALTH

Budapest, Hungary
28-29 October 2002

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WHO Regional Office for Europe, Copenhagen

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1. BACKGROUND

1.1. VENUE, DATES, PARTICIPATION

The Second Meeting of the Working Group on Water and Health met at the Fodor Jozsef National Centre for Public Health, National Institute for Environmental Health, Budapest, from 28 – 29 October 2000. Participants from 19 countries attended the meeting, which was organized to assess progress in the ratification of the Protocol and to define priorities for implementation prior to the First Meeting of the Parties, tentatively scheduled for mid-2004. Particularly noted were the presence and active participation of countries that attended for the first time (Ukraine, Georgia, Yugoslavia). For reasons of consistency, the present report is organized in accordance with the relevant sections of the Protocol.

1.2. ADMINISTRATIVE ARRANGEMENTS

The meeting adopted the proposed agenda (MP.WAT/WG.4/2002/1 – EUR/02/044180/1), as well as the report of the first meeting (MP.WAT/WG.4/2001/2-EUR/ICP/5025519/B/2).

1.3. RATIFICATION PROCESS

At the time of the meeting, the Protocol had been ratified by Albania (8 March 2002), Czech Republic (15 Nov 2001), Hungary (7 Dec 2001), Luxembourg (4 Oct 2001), Romania (5 Jan 2001), Russian Federation (31 Dec 1999), and Slovakia (2 Oct 2001). A running tally of ratifications is being maintained at URL: www.unece.org/env/water/status/lega_wh.htm.

A special effort is being undertaken by the Chair of the Bureau of the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes to accelerate the ratification of the Protocol.

During the 2nd Meeting of the Working Group on Water and Health (Budapest, Hungary, 28 – 29 October 2002), participants were invited to provide updated information on the status of ratification in their respective countries. Speaking in their personal capacity, participants provided the following information on target dates: Belgium (2004), Croatia (2002), Germany (current Parliamentary term¹), Netherlands (2003), Norway (2003), Switzerland should be in a position to ratify the Protocol in 2003, Ukraine (2003), Yugoslavia (2003). It could therefore be expected that the Protocol will become international law by 2004 when sixteen ratifications will have been obtained.

¹ A written communication from the German Federal Ministry for the Environment to UNECE stated that ‘it should be possible to conclude the ratification procedure before February 2004’.

2. IMPLEMENTATION OF THE PROTOCOL

2.1. ARTICLE 6: TARGETS

2.1.1. REFERENCE

The discussions under this agenda item related to [Article 6 Paragraph 2](#) stating that:

... the Parties shall each establish and publish national and/or local targets for the standards and level of performance that need to be achieved or maintained for a high level of protection against water-related diseases. These targets shall cover, inter alia,

- (a) the quality of the drinking water supplied, taking into account the Guidelines for drinking water quality of the World Health Organization;
- (b) the reduction of the scale of outbreaks and incidents of water related diseases;
- (c) the area of territory, or the population sizes and proportions, which should be served by collective systems for the supply of drinking water or where the supply of drinking water by other means should be improved;
- (d) the area of territory, or the population sizes or proportions, which should be served by collective systems of sanitation or where sanitation by other means should be improved;
- ...
- (h) the quality of discharges of wastewater from wastewater treatment installations to waters within the scope of this Protocol;
- (i) the disposal or reuse of sewage sludge from collective systems of sanitation or other sanitation installations and the quality of waste water use for irrigation purposes, taking into account the Guidelines for the safe use of waste water and excreta in agriculture and aquaculture of the World Health Organization and the United Nations Environment Programme;
- (j) the quality of the waters ... which are generally used for bathing...;
- (k) the application of recognized good practice to the management of enclosed waters generally available for bathing.

2.1.2. ACTIVITIES DEVELOPMENT

2.1.2.1. QUALITY OF DRINKING WATER SUPPLIED

A staff member of the WHO European Centre for Environment and Health Rome Office introduced this subject, which covered items (a) through (d) of Article 6.2. Her presentation advocated the use of the water quality indicators proposed by the WHO European Center for Environment and Health Bonn Office and apply these techniques preferentially to the parameters identified during the respective expert group meetings.

The presentation also touched upon the outcome of the assessment of the national legislations concerning drinking water quality in the WHO European region carried out by WHO European Center for Environment and Health Rome Office during April-September 2002. Meeting at least national standards is of primary importance in evaluating the quality of water supplied, WHO considered worthwhile to look into

the deviation of national standards from international guidance documents such as the WHO Drinking Water Quality Guidelines (DWQG) and EU Drinking Water Directive. The survey received 29 country responses representing 79.2% of European population.

The table below shows the number of countries where national legal drinking water quality standards deviate from the WHO DWQG and EU Directives. More detailed analysis of the survey outcomes was given in the paper distributed among the participants.

Table 1: Number of national legislation provisions deviating from WHO DWQG and EU Directives (Out of 29 respondent country legislations representing nearly 80% of the population of the WHO EURO region)

		Deviation from WHO	Deviation from EU
All water intended for drinking	Clostridium perfringens	N/A	13
	E. coli or thermotolerant coliform bacteria	5	5
	Enterococci	N/A	10
Treated water entering the distribution system	E. coli or thermotolerant coliform bacteria	8	N/A
	Total coliforms bacteria	7	N/A
Treated water in the distribution system	E. coli or thermotolerant coliform bacteria	7	N/A
	Total coliform bacteria	7	N/A
Nitrate		16	16
Iron		24	12
Arsenic		12	12
Manganese		27	23
Fluoride		12	12
Iodine		N/A	N/A
Pesticide		N/A	12

It was agreed that the proposed activities be applied to infectious diseases as proposed by the different expert group meetings. With regard to chemical parameters, participants recommended that certain components, particularly NO₂/NO₃ and pesticides, be applied as suggested, but questioned the wisdom of including parameters which relate more to the quality of the network, such as Iron, than to the direct health impact of the water.

2.1.2.1. WASTEWATER TREATMENT

Covering the items (h) and (i) of Article 6.2., a representative of the Mediterranean Action Plan described the review of wastewater treatment plants in 19 countries of the Mediterranean, with special emphasis on the applied Activities. Speaker identified the following constraints encountered:

- data are available but limited, incomplete, scattered among several services and institutions of national or private character;
- in a number of countries, seasonal increases in population can not be assessed due to the lack of an appropriate mechanism;
- many datasets were inconsistent: countries reported the absence of a wastewater treatment system, while at the same time reporting the population served by the wastewater treatment plant;
- accurate reporting on the degree of treatment of the wastewater treatment plant proved to be difficult, due to lack of information or confusion in the definition of the degree of treatment;
- the collection of data on the amount of wastewater treated and untreated, and on the place and conditions of discharge was equally difficult. Great variations were found concerning the amounts of treated and untreated wastewater;
- year of construction was not always available;
- a considerable number of plants had service interruptions.

Speaker recommended that co-operation be established with the European Wastewater Association for the implementation of this component of the Protocol.

It was agreed that the Activities would be applied for the implementation of the Protocol.

2.1.2.2. BATHING WATERS

An expert from the WHO collaborating centre for the protection of water quality and human health, United Kingdom, presented a paper on the monitoring of bathing water quality, and on the implementation of the Annapolis Protocol. The presentation addressed items (j) and (k) of Article 6.2.

The proposed approach was welcomed, but it was felt that this particular reporting system should be further developed as an operational guideline before being distributed to the signatories/parties.

2.2. ARTICLE 7: REVIEW AND ASSESSMENT OF PROGRESS

2.2.1. REFERENCE

Article 7 requires the Parties to:

Collect and evaluate data on:

- (a) their progress towards the achievement of the targets referred to in Article 6 Paragraph 2;
- (b) indicators that are designed to show how far that progress has contributed to preventing, controlling, or reducing water-related diseases.

2.2.2. ACTIVITIES

Recognizing that not all target areas mentioned in Article 6.2 would have developed and implemented monitoring and reporting mechanisms by the time of the First Meeting of the Parties, a representative of the WHO European Centre for Environment and Health Rome presented a review of currently applied single and compound indicators, as well as a proposal for an integrated representation of the progress made on key areas.

One participant commented that the definitions of 'safe' water and 'improved' water supply had recently been discussed at a meeting at the ISO Committee of Water Services, and requested clarification on the definitions to be used for work under the Protocol.

One representative drew the attention to the work currently going on in the EU in developing environmental indicators supporting the relevant European directives. In order to avoid duplication of effort in reporting it would be necessary to review the work of the European Environmental Agency.

One participant, speaking on behalf of the WHO collaborating centre on health promoting water management and risk communication offered to assist in enabling reporting along the proposed lines through GIS.

Several participants referred to their obligations under EU Directives, particularly the need to report on a three-yearly basis, and requested that reporting procedures under the Protocol be harmonized with those of the European Union.

2.2.3. CONCLUSIONS

Participants reviewed the document and generally approved the preparation of a comprehensive report for submission to the 1st MOS. The offers for collaboration in data selection and representation were gratefully accepted.

2.3. ARTICLE 8: RESPONSE SYSTEM

2.3.1. REFERENCE

Article 8 obliges Parties to “*each, as appropriate, ensure that:*

- (a) comprehensive national and/or local surveillance and early warning systems are established, improved or maintained ...;*
- (b) comprehensive national and local contingency plans for responses to such outbreaks, incidents and risks.”*

2.3.2. ACTIVITIES

Presentations were given by representatives from the United Kingdom, Sweden, Hungary and Germany on the organization and implementation of surveillance systems, with particular application to water-related diseases.

A staff member of the WHO European Centre for Environmental Health, Rome Office, presented a comparison between existing international water-related diseases surveillance mechanisms.

2.3.3. CONCLUSIONS

It was agreed that:

- (a) WHO would summarize the common areas of these surveillance systems, and that participants would collaborate in the drafting of *Guidelines for Basic Surveillance of Water-related Diseases*. Target date for completion would be the First Meeting of the Parties (MOP), although a draft could be prepared for the 2nd Meeting of the Signatories (MOS).**
- (b) WHO would initiate consultation with relevant organizations, particularly EUROSTAT and EEA in order to explore complementarity of datasets, and resulting indicators, so as to avoid repetitive reporting.**

2.4. ARTICLE 11: INTERNATIONAL COOPERATION

2.4.1. REFERENCE

Article 11 states that

Parties shall cooperate and, as appropriate, assist each other:

- (a) in international actions in support of the objectives of the Protocol;
- (b) on request, in implementing national and local plans in pursuance of this Protocol.

2.4.2. ACTIVITIES

Reports were provided on the following meetings²:

- (a) Establishing and/or improving surveillance systems for water-related adverse health effects (Budapest, Hungary, November 2001).
- (b) Meeting of the WHO EURO Collaborating Centres in water and sanitation (Rome, Italy, February 2002).
- (c) Workshop on the assessment of the evidence base and development of a reporting scheme for water-related diseases (Bonn, Germany, October 2001).
- (d) Workshop on sustainable water management and health (Moscow, Russian Federation, June 2002)³.
- (e) Second international conference on sustainable management of transboundary waters (Miedzyzdroje, Poland, June 2002).
- (f) Workshop on water recycling and reuse practices in Mediterranean countries (Heraklion, Greece, September 2002).

Reports were also made on the work of the International Water Assessment Centre (IWAC).

2.4.3. CONCLUSIONS

The working group noted the progress made towards the aims of the Protocol through these different meetings, and in particular recommended the work by small ad hoc expert groups to deal with technical and scientific issues prior to full meetings of the working group.

2.5. ARTICLE 13: COOPERATION IN RELATION TO TRANSBOUNDARY WATERS

2.5.1. REFERENCE

Article 13 obliges Parties “*bordering the same transboundary waters [to] cooperate and, as appropriate, assist each other to prevent, control, and reduce transboundary effects of water-related diseases. In particular, they shall ...*

- (c) *endeavor to establish with other Parties bordering the same transboundary waters joint or co-ordinated water management plans ... for the purpose of responding to significant threats...*”

² Full reports of these meetings may be found on the Protocol website maintained at the WHO European Center for Environment and Health, Rome Office at URL: http://www.euro.who.int/watsan/MainActs/20011210_3

³ The planned speaker for this item unfortunately could not attend the meeting. He provided a summary report by email for distribution to the participants.

2.5.2. ACTIVITIES

A representative of the Italian Government reported on the outcome of the development and completed field-testing of the Rapid Environment and Health Risk Assessment activities (REHRA). He also indicated possibilities and options for the enhancement of the methodology, particularly by using a more specific terminology in the definition of factors and parameters that comprise the currently established matrix, and by developing a more detailed analysis of hazards inside the industrial environment.

2.5.3. CONCLUSIONS

The meeting received the report with appreciation for the support provided by the Italian Government, and concurred with the proposed extension.

2.6. ARTICLE 14: INTERNATIONAL SUPPORT FOR NATIONAL ACTION

2.6.1. REFERENCE

When cooperating and assisting each other in the implementation of national and local plans... the Parties shall ... promote:

- (a) preparation of water-management plans in transboundary, national and/or local contexts and of schemes for improving water supply and sanitation;
- (b) improved formulation of projects, in order to facilitate access to sources of finance.

Also recalled is the request by the working group, at its first meeting, to the joint Secretariat to:

- *set up a website under the Protocol on Water and Health to provide links to information on funding mechanisms and major information sources.*

2.6.2. ACTIVITIES

Presentations were given on the KEYWATER information service and newsletter, available from <http://keywater.vub.ac.be> as well as on the dedicated website created at the WHO European Centre for Environment and Health Rome Office, accessible at http://www.euro.who.int/watsan/MainActs/20011210_3.

Participants generally commended the efforts undertaken by WHO European Centre for Environment and Health, Rome Office, although some connection and graphic printing problems remain to be solved. Requests were formulated to:

- (a) receive alerts by email when the content of the URL changes;

- (b) increase the use of the Russian language in the Protocol website, as current coverage in Russian was considered inadequate in volume. Full translations possibly including key documents such as meeting documents etc. should be envisaged;
- (c) set up for a closer information exchange on topics of mutual interest;
- (d) eventually host draft documents on websites of the originating collaborating centers where web policies may be more flexible.

The Director, Division of Technical Support 2 “Health Determinants”, WHO Regional Office for Europe, presented the outcome of the World Summit on Sustainable Development, and stressed the importance of the mechanisms currently being developed to achieve the Millennium Goals in water supply and sanitation, particularly the EU Water Initiative and its application in the NIS countries.

He stressed the link between the provision of clean drinking water and adequate sanitation, and the WHO priorities in the area of poverty and health. In doing so, he also stressed the need to pay particular attention to issues typical for water supply and sanitation in rural areas. During his speech, he recalled the commitments taken at the WSSD concerning the reduction of the under-five mortality rate, maternal mortality, and gender inequality. He also recognized the language barrier, which currently hampers international action, particularly in the area of technology transfer, and asked the attention of the Parties to the precarious financial situation of the Secretariat of the Protocol.

A representative of WHO European Centre for Environment and Health Rome Office presented the collaborative work currently being undertaken with UNECE and OECD in the preparation of the Kiev Ministerial Conference, particularly in the preparation of an environmental strategy for the NIS countries.

A participant from the Ukraine presented a review of the current situation with regard to water and health in her country. The number of water pipes supplying drinking water to the population had increased by 4.0%. Approximately 6% of the water pipes did not meet the sanitary norms, due to the absence of sanitary protection measures, treatment plants, and disinfection units. Particularly problematic are the Lugansk, Donetsk, Kherson, and Poltava regions. Groundwater often does not meet the drinking water quality norms due to the content of iron, manganese, nitrogen, hardness, and high levels of mineralization. Quality of surface water in open reservoirs has remained constant, although industrial activity went through a recession and wastewater release decreased in recent years. The situation is especially of concern in the Dnieper river basin, which provides drinking water to 75% of the population of the Ukraine. As a result of the water quality, children suffer from viral hepatitis A outbreaks in the Lvov and Donetsk regions. The regions also suffered from intestinal diseases of undeclared etiology in 1999. In 2000, six outbreaks of bacillary dysentery, typhoid, and rotavirus were detected in Dnepropetrovsk, Kirovograd, Khmelnytskyi, Donetsk and Odessa. In 2001, six outbreaks of water related diseases were observed, including three of viral hepatitis A. In the Dnepropetrovsk area two outbreaks of rotaviral infection and typhoid were observed, while in Vinnitse an outbreak of enteroviral infection was noted. Epidemiological studies revealed close relation between the microbial pollution of the Dnieper river and bacillary dysentery ($r=0,641$), salmonellosis ($r=0,790$) and viral hepatitis ($r=0.847$). A national program

on ecological improvement of the Dnieper basin and of the quality of drinking water is being implemented, and sanitary norms are being revised.

2.6.3. CONCLUSIONS

The working group expressed appreciation for the information access provided through KEYWATER and the current link between the Water Protocol page maintained by WHO European Centre for Environment and Health, and KEYWATER.

The working group also expressed appreciation for the dedicated website and recommended that this information tool be maintained and developed into an operational working instrument.

2.7. ARTICLE 15: REVIEW OF COMPLIANCE

2.7.1. REFERENCE

Article 15 states that “*The Parties shall review the compliance of the Parties with the provisions of the Protocol on the basis of the reviews and assessments referred to in Article 7. Multilateral arrangements of a non-confrontational, non-judicial and consultative nature for reviewing compliance shall be established by the Parties at their first meeting. ...*”

2.7.2. ACTIVITIES

On behalf of UNECE, a representative of WHO European Centre for Environment and Health Rome Office briefed the meeting on the work done under Programme Area I of the Convention on the Protection and Use of Transboundary Watercourses and International Lakes ‘Implementation and Compliance’. Particular attention was given to the work of the Working Group on Legal and Administrative Aspects and their proposed *Geneva Strategy and Framework for Monitoring Compliance with Agreements on Transboundary Waters (MP.WAT/2000/5)* and the more general discussion paper *The need for a strategy and framework for compliance with agreements on transboundary waters and guidelines on public participation in water management (MP.WAT/2000/4)*.

2.7.3. CONCLUSIONS

The working group expressed appreciation for the work undertaken by the Working Group on Legal and Administrative aspects, and advised that such guidance monitoring under the Protocol should be prepared for submission to the Meeting of the Parties.

2.8. ARTICLE 16: MEETING OF THE PARTIES

2.8.1. REFERENCE

Provisions for the organization of the first meeting of the Parties are contained in Article 16 of the Protocol.

The first meeting of the Parties shall be convened no later than eighteen months after the date of the entry into force of this Protocol. Thereafter, ordinary meetings shall be held at regular intervals to be determined by the Parties, but at least every three years, except in so far as other arrangements are necessary to achieve the aims of paragraph 2 of this article. The Parties shall hold an extraordinary meeting if they so decide in the course of an ordinary meeting or at the written request of any Party, provided that, within six months of it being communicated to all Parties, the said request is supported by at least one third of the Parties.

For the first meeting of the Parties, it has been suggested that this meeting be held in conjunction with the Fourth Ministerial Conference for Environment and Health (Budapest, June 2004).

2.8.2. ACTIVITIES

2.8.2.1. FOURTH MINISTERIAL CONFERENCE ON ENVIRONMENT AND HEALTH

The Director, Division of Technical Support 2 “Health Determinants”, WHO Regional Office for Europe, gave an overview of the current state of preparation of the Fourth Ministerial Meeting on Environment and Health. He discussed environment and health policy challenges for Budapest, stressing the need to develop appropriate tools and evidence-based knowledge to facilitate decision-making, address emerging or increasingly important concerns, increase synergy between environment and health processes in Europe, and map future directions to protect children’s health from environmental damage.

The Fourth Ministerial Conference on Environment and Health will evaluate the progress made on environment and health in Europe since the First Ministerial Conference on Environment and Health in the areas. Special attention will be given to a situation analysis of environment and health in Europe with emphasis on the NIS, to the evaluation of the impact of environmental and health policies, and to the follow-up of the London decisions. The policy-making base will be strengthened through the creation of an environment and health information platform for policy making, and an in-depth discussion of the Precautionary Principle. Issues of emerging concern identified so far include: housing and health, global change, energy and health, and possibly impact of tourism on environment and health, and issues arising from the World Summit on Sustainable Development. The way forward will be designed in the Children’s Health and Environment Action Plan for Europe.

Recalling the recommendation formulated during the first meeting of the Working Group on Water and Health to the European Environment and Health Committee that “...a special session on water and health be included in the draft provisional Agenda for the Fourth Ministerial Conference on Environment and Health”, speaker expressed his preference for a back-to-back meeting between the First Meeting of the Parties and the Fourth Ministerial Conference, with water and health being taken up as a progress report and possibly as an emerging issue, but not as a separate agenda item.

2.8.2.2. AGENDA OF THE FIRST MEETING OF THE PARTIES

Participants reviewed the provisions contained in the Protocol for the first Meeting of the Parties, in particular those contained in Paragraph 3 of Article 16.

At their meetings, the Parties shall keep under continuous review the implementation of this Protocol, and, with this purpose in mind, shall:

(a) review the policies for and methodological approaches to the prevention, control and reduction of water-related disease, promote their convergence, and strengthen transboundary and international cooperation in accordance with articles 11, 12, 13 and 14;

- (b) evaluate progress in implementing this Protocol on the basis of information provided by the Parties in accordance with guidelines established by the Meeting of the Parties. Such guidelines shall avoid duplication of effort in reporting requirements;
- (c) be kept informed on progress made in the implementation of the Convention;
- (d) exchange information with the Meeting of the Parties to the Convention, and consider the possibilities for joint action with it;
- (e) seek, where appropriate, the services of relevant bodies of the Economic Commission for Europe and of the Regional Committee for Europe of the World Health Organization;
- (f) establish the modalities for the participation of other competent international governmental and non-governmental bodies in all meetings and other activities pertinent to the achievement of the purposes of this Protocol;
- (g) consider the need for further provisions on access to information, public participation in decision-making and public access to judicial and administrative review of decisions within the scope of this Protocol, in the light of experience gained on these matters in other international forums;
- (h) establish a programme of work, including projects to be carried out jointly under this Protocol and the Convention, and set up any bodies needed to implement this programme of work;
- (i) consider and adopt guidelines and recommendations which promote the implementation of the provisions of this Protocol;
- (j) at the first meeting, consider and by consensus adopt rules of procedure for their meetings. These rules of procedure shall contain provision to promote harmonious cooperation with the Meeting of the Parties to the Convention;
- (k) consider and adopt proposals for amendments to this Protocol;
- (l) consider and undertake any additional action that may be required for the achievement of the purposes of this Protocol.

2.8.3. STATEMENT BY THE HOST COUNTRY

Concurrently, the focal point for the organization of the Fourth Ministerial Conference on Environment and Health (Budapest Congressional Centre, Budapest, Hungary, 21 – 22 June 2004), informed the participants of the 2nd Meeting of the Working Group on Water and Health that the Hungarian Government had committed to the Fourth Ministerial Conference on Environment and Health only, and that the associated costs were certain to exceed the budget estimate. Nevertheless, Hungary would be willing to explore the possibility of hosting the First Meeting of the Parties in conjunction with the Fourth Ministerial Conference on Environment and Health, *provided that ratification by at least sixteen parties had been obtained.*

2.8.4. CONCLUSIONS

The working group endorsed the holding of the First Meeting of the Parties in conjunction with the Fourth Ministerial Meeting on Environment and Health, and noted the comments by the Government of Hungary as host country for the Ministerial Conference.

The working group requested UNECE to continue to provide leadership in the preparation of the relevant documents for submission to the First Meeting of the Parties, in particular:

- (a) rules of procedure;**
- (b) guidance document on modalities for the participation of competent international and non-governmental organizations in all Protocol meetings and activities.**

The working group furthermore invited WHO to create the possibility for discussing on the web documents related to:

- (a) guidance document on the priority of work**
- (b) draft Declaration of the Meeting of the Parties**

The working group noted the need for simultaneous translation to enable participation on as wide a geographical basis as possible, and therefore requested the Secretariat to explore possibilities for hosting the Second Meeting of the Signatory Parties as well as future meetings of the working group at either the WHO Regional Office for Europe or the UNECE Offices, where interpretation facilities are readily available.

3. PROGRAMME OF WORK

3.1. REFERENCE

In accordance with the provisions of Article 16 Paragraph 3 (h) “*the Parties shall establish a programme of work, including projects to be carried out jointly under this Protocol and the Convention, and set up any bodies needed to implement this programme of work.*”

3.2. ACTIVITIES

The meeting reviewed document MP.WAT/WG.4/2001/2 Work plan 2000 – 2003 and requested that the following information be included:

- (a) surveillance, early warning and notification systems – basic guidance document to be developed;
- (b) assessing health risks through refinement of the REHRA methodology;
- (c) preparation of the proposed general reporting strategy, including co-operation with the EEA to evaluate the applicability of indicators currently under development for the purposes of the Protocol;
- (d) health risks of water supply systems, particularly in case of intermittent supplies;
- (e) health risks of private wells and small community supplies;
- (f) epidemiological tools for the assessment of health impacts of long-term exposures of low level chemicals, with special emphasis to rural areas and private wells;
- (g) facilitating access to finance;
- (h) workshops on sustainable water management and health, particularly with regard to the development of appropriate surveillance mechanisms;
- (i) seminar on health risk assessment and management in enclosed recreational water environments.

3.3. EMERGING ISSUES

In terms of emerging issues, several participants expressed concern on extreme weather events as mentioned in different locations in the Protocol. Three countries specifically expressed concern on the impact of increasing water scarcity on the quality of raw water for drinking water production.

One speaker referred to the outcome of work undertaken by the International Food Policy Research Institute (IFPRI) and the International Water Management Institute (IWMI) concerning the predicted global loss of food production due to water scarcity.

The working group felt that a proposal should be formulated to bring the issue of water scarcity and water stress, and increasing variability of precipitation patterns both in time and place, and their impact on health (especially to vulnerable groups such as children, and to those living in poverty), to the attention of the Fourth Ministerial Meeting on Environment and Health as special agenda item.

4. ELECTION OF OFFICERS

Dr Mihaly Kadar (Hungary) was elected as Chairman of the Working Group on Water and Health. Dr Thomas Kistemann (WHO collaborating centre for health promoting water management and risk communication, Bonn, Germany) and Dr Ioana Iacob (Romania) were elected as Vice Chairpersons.

5. DATE AND VENUE OF NEXT MEETING

In the absence of UNECE at the present meeting, discussion of this agenda item was deferred.

Annex 1

LIST OF PARTICIPANTS

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