OVERVIEW OF EXISTING REPORTING MECHANISMS OF RELEVANCE FOR THE PROTOCOL*

Note by the secretariat

1. At the sixth meeting of the Working Group on Water and Health (Geneva, 31 May – 2 June 2006), a paper exploring the differences and communalities between the provisions of the Protocol on Water and Health and the European Community *acquis communautaire* was presented. The paper did not address the specificities of the various reporting mechanisms. The present document addresses this issue and is intended for use as a background document, especially by Member States of the European Union and by acceding countries, candidates and potential candidates countries, as well as countries which have concluded a cooperation agreement with the European Union.

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* This document was submitted on the above date to allow consultation within the joint secretariat.

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Two items for consideration are:

(a) Whether the information provided by the existing reporting mechanisms is of relevance for the Protocol on Water and Health; and

(b) How the timeline of the reporting mechanism compares to the timeline of the Protocol in intersessional periods.

I. EXISTING DATA CAPTURE MECHANISMS

Basic information

3. Basic geographically separated and gender-specific data on human populations are available from the population database of the UN Department of Economic and Social Affairs. This database provides information on total population by gender and age. It also collects data on population in urban and rural areas. Data are also available for public water supply, total public water supply per capita, total public water supply per capita connected, and the percentage of the population connected to a public water supply. For sanitation, the database provides information on wastewater discharged, the percentage of the population with access to public wastewater collection systems, and the percentage connected to wastewater treatment. Hence, the database also indicates the extent of progress towards Millennium Development Goal (MDG) 7, target 10 on access to water supply and sanitation.

4. Basic environmental information is available from the environmental database of the UN Statistics Division.

5. Human development data are available from the collection of indicators of the Human Development Report published by the UN Development Programme.

Access to water

6. The WHO-UNICEF Joint Monitoring Programme on Water Supply and Sanitation provides (limited and incomplete) information on access to safe water and adequate sanitation.

Resource availability and sustainable use

7. The AQUASTAT database of the UN Food and Agriculture Organization provides comprehensive information on the following for individual countries:

- Total internal renewable water resources per capita;

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8. The environmental database of the United Nations\(^6\) may offer complementary information.

**Drinking-water quality**

9. Drinking water quality data remain the weakest point in the reporting mechanisms under consideration, as they are not available as electronic data in a consistent and regularly updated format. For EU countries, one is forced to rely on the analytical summary reports published by the European Union’s Environment Directorate-General (see below). For non-EU countries, information may be found in the Environmental Performance Reviews of the UNECE.\(^7\)

**Water-related diseases**

10. The WHO Health for All database\(^8\) is a source of information on mortality in the population below 5 years of age.

11. The WHO Centralized Information System on Infectious Diseases\(^9\) is a source of information on the incidence and case load of primary and secondary diseases.

12. The UN monitoring of progress towards the MDGs\(^10\) collects world-wide data for Goal 4, target 5 “Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate” and Goal 7, target 10 “Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation”.

13. The situation in the European Union appears slightly confused, with different networks specializing in different diseases.\(^11\) The expanded basic surveillance network covers all priority and secondary water-related diseases\(^12,13\) except for viral infections.

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\(^8\) See [http://data.euro.who.int/hfadb/](http://data.euro.who.int/hfadb/).

\(^9\) See [http://data.euro.who.int/cisid/](http://data.euro.who.int/cisid/).


\(^13\) The Basic Surveillance Network has a restricted-access website and another one which is open to the public at [https://www.eubsn.org/BSN/](https://www.eubsn.org/BSN/) (accessed on 20 June 2006).
European Union–specific databases

14. In addition, relevant regional databases covering the European Union and its associated countries were identified:

15. The European Statistical Office EUROSTAT\textsuperscript{14} offers data on:

- Annual abstraction by source and by sector, including abstraction for the production of drinking water;
- National population connected to wastewater treatment plants;
- Treatment capacity of wastewater treatment plants (oxygen-consuming products);
- Generation and discharge of wastewater;
- Urban wastewater treatment plants with at least secondary treatment.

16. The EIONET\textsuperscript{15} data service of the European Environment Agency (EEA) is particularly important for the following gross parameters:\textsuperscript{16}

- Use of freshwater resources;
- Oxygen-consuming substances in rivers;
- Nutrients in freshwater;
- Nutrients in transitional, coastal and marine waters;

II. FREQUENCY

17. The final questions are, then, how frequently new information becomes available and how it can inform the Parties to the Protocol. These questions are answered partly by comparing the reporting frequency defined in the different Directives of the \textit{acquis} to the provisions in the Protocol. It would also be useful to compare this information with the processes established under the ministerial conferences on environment and health.

18. The rather complex reporting mechanism of the EU Water Framework Directive is a work in progress. For urban wastewater and the Nitrates Directive, the reporting is slightly out of phase, with the Urban Wastewater Directive foreseeing reporting every two years, and the Nitrates Directive reporting every four years. The advantage of these information sources is that the relevant information on the resource water quality is captured annually by the EEA data capture system and EUROSTAT, so that there is only a reasonable delay between the data generation and the availability of the data.

19. The situation is worse in the case of the Drinking Water Directive. In June 2006, the relevant website\textsuperscript{17} stated: “The synthesis reports are available to the public and can be found on

\textsuperscript{16} A summary of these parameters and their evolution appears in EEA (2005), \textit{The European Environment – State and Outlook 2005} (Copenhagen: EEA).
this site for the reporting periods 1993–1995 and for the period 1999–2001. The report on the next period covering the years 1999–2001 is currently being prepared and will be published on this site in early 2006."

20. Information that becomes available only five, let alone seven, years after the event is at best of historical importance; it has no managerial or health relevance. More efficient ways to monitor and report on the quality of drinking water could be created under the Protocol.

21. Another source of information is the Reporting Obligations Database (ROD), which provides an overview of reporting obligations, the legislative instrument, the recipient of the report, and deadlines for the different reports. A very useful subroutine under ROD is the search facility, which allows the generation of deadlines per country and per environmental component for reports to be submitted not only to EU authorities but also to other international organizations.

III. APPLICATION

22. The WHO Collaborating Centre for Health-Promoting Water Management and Risk Communication (Bonn, Germany) will give a demonstration during the first meeting of the Parties on the use of these databases and reporting systems to serve the needs of the Protocol.