



**UNITED NATIONS
ECONOMIC
COMMISSION FOR EUROPE**

**WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE**

**Meeting of the Parties to the Protocol on Water and Health to
the Convention on the Protection and Use of Transboundary
Watercourses and International Lakes**

**Working Group on Water and Health
Geneva, 27–28 May 2010
Item 12 of the provisional agenda**

Information paper 11

**Water and health related outcomes of the Fifth Ministerial Conference on Environment
and Health and surrounding events (9-12 March 2010, Parma, Italy)**

Summary

In March 2010 three important events took place: Protocol Day (9 March 2010), the 5th Ministerial Conference on Environment and Health (Parma, 10-12 March 2010) and the release of the 2010 JMP Report Progress on Sanitation and Drinking-water (Geneva, 15 March 2010). This paper is a digest of the main speeches, presentations, background and policy papers, declarations and reports in order to inform the discussions at the Working Group on Water and Health (Geneva, May 2010) and subsequently the second Meeting of the Parties (Bucharest, November 2010).

I. AIM

The 2nd Meeting of the Ministerial Conference on Environment and Health took place from 10 – 12 March 2010 at Parma, Italy. It was preceded by a day dedicated to the Protocol on Water and Health on 9 March 2010 and followed by the release of the new WHO/UNICEF Joint Monitoring Programme report on access to sanitation and drinking-water on 15 March 2010. The present paper summarizes the main findings of these events as they are relevant to the preparation of the 2nd Meeting of the Parties and the development of the work plan 2011 – 2013.

Protocol Day

Protocol Day was opened by Mr Gheorghe Constantin, Director General, General Directorate for Water Management, Ministry of Environment and Forests Romania, Dr Maria Neira, Director Public Health and Environment, WHO Geneva and closed by Dr Corrado Clini, Director General, Ministry of the Environment, Italy. A total of 25 speakers participated, highlighting key topics in the areas of integrated water and health strategies, water supply in extreme weather events, surveillance of water related diseases, international cooperation in water and health, and environmental democracy. A detailed description of the Protocol Day is attached in Annex 1. All presentations of Protocol Day will be made available at URL <http://www.euro.who.int/watsan>.

Amongst the guidance for the 2nd Meeting of the Parties and the development of the work plan 2011 – 2013 under the Protocol on Water and Health, the following points may be mentioned from the different sessions.

- **Setting the scene**

The opening session recalled the “leap forward” of the Protocol since its entry into force in 2005. The Protocol now benefits 516 million people (out of 886 million in the WHO European region). Out of the current 24 Parties, 15 are European Union Member States and 2 are EFTA Member States. However, to continue its work, sustainable, predictable and equitable financing mechanisms to successfully further the implementation of the Protocol remain to be developed.

- **Integrated approach to water management**

The section reviewed the current ongoing pilot programmes for target setting, indicators and reporting. Emphasis was placed on proper preparation through the timely information of all national stakeholders through an inter-sectoral working group and the use of appropriate communication tools such as an information portal on the relevant ministerial website, the creation of a multi-stakeholder (environment, health, agriculture, research, development etc.) Steering Committee at national level reporting to and supported by the relevant Minister(s) through a Ministerial Decision establishing the Steering Committee.

It was also recognized, however, that in some countries the Protocol process is being dealt with effectively through existing committees that already have a sufficient mandate to ensure effective Protocol implementation.

Participation of a well-informed public was deemed essential for the successful implementation. Logistic support will need to be provided to deal with the collection, quality assurance and proper storage of data. The financial and human resource needs of the target setting and reporting are not inconsequential; prioritization of objectives will be necessary. National reports are to be shared every three years, and contain not only success stories but also inform on lessons learned and planned future activities.

The comparison between the EU *acquis communautaire* and the Protocol identified possibilities for action under the Protocol in areas that were not fully covered under the *acquis*. Examples hereof are: enclosed bathing waters, community water supplies, equitable access, sanitation in remote and scarcely populated areas, coordination between environmental and health impact assessments. Water-related disease surveillance was an especially rich area of potential cooperation through the respective provisions of the Protocol on Water and Health and the EU *acquis communautaire*, including strengthening of surveillance and early warning systems, real-time coordination, and performance assessment. The Protocol can also serve as a coordination mechanism for the implementation of the drinking-water directive and the bathing-water directive. The Protocol is also seen as a particularly useful instrument for non-infrastructure assistance.

- **Water supply and sanitation under extreme weather conditions**

Land use planning at the basin level will be crucial to prevent flooding and drought or mitigate their impacts. There is a need for a systematic check of climate change impacts on water services. Adaptation measures, including physical adaptation in terms of infrastructure protection and development of systematic recovery plans, have direct and indirect socio-economic benefits to society.

The session recognized that extreme weather events pose a particular challenge to the sustainable supply of safe water due to changes in the availability and quality of the resource, impact on infrastructure, and temperature-dependency of treatment processes. Water resource management should follow a basin approach as should flood prediction and other meteorological forecasting. Land use planning at the basin level will be crucial to prevent flooding or mitigate its impact. There is a need for a systematic check of climate change impacts on water services as well as adopting a change management approach. Adaptation measures, including physical adaptation in terms of infrastructure protection and development of systematic recovery plans, have direct and indirect socio-economic benefits to society.

The session introduced the *Guidance on Water Supply and Sanitation*, containing chapters on specific challenges for water utility managers, basic disaster preparedness and early warning, communication, vulnerability of coastal areas and bathing waters in extreme weather events, health impacts of extreme weather events, adaptation of water safety

plans, adaptation measures for water supply utilities in extreme weather events; and adaptation measures for drainage, sewerage and wastewater treatment.

It also reviewed the challenges of climate change and concluded that the Protocol on Water and Health remains a valid tool for the adaptation of water, drainage and sewerage services to the specific challenges of climate change.

One case study of a contamination event following heavy rain in the karstic aquifers in Miskolc, Hungary, showed the importance of increasing the capacity for quick monitoring of common contaminants (*cryptosporidium parvum*, *giardia duodenalis*) and having treatment capacity capable of dealing with short-term contamination. In broader terms, the case study also demonstrated the need to revisit small scale water supply systems that have performed adequately for long periods of time, and to include the effects of climate change impact in the risk assessment risk management typical for a holistic water safety plan.

A review of the situation in Cyprus showed that the eastern Mediterranean is already under significant water stress, a situation which is expected to worsen in future. Co-generation of electricity by advanced methods such as concentrated solar power 5CSP) and multi-effect desalination (MED) may offer relief.

- **Water-related disease surveillance**

The session confirmed the continued importance of water-related diseases, including emerging diseases, to the overall disease burden in the European region and drew attention to the geographic inequalities in the region and the importance of rural areas and vulnerable populations especially children.

The session was informed of the preparation of two guidance documents, one on policy guidance for the establishment and assessment of water-related disease surveillance and one on technical aspects of water-related disease monitoring. Capacity building, including the strengthening of provincial surveillance capacity due to the creation of Outbreak Management Teams (OMT) was recognized as especially important.

The session saw the launch of the *Atlas on Water and Health*, available from <http://www.waterandhealth.eu> The Atlas gathers information from WaterWiki, WHO UNICEF Joint Monitoring Programme, and the Health for All and Computerized Information System on Infectious Diseases (CISID) maintained by WHO. Information can be viewed in a graphical presentation by clicking on the relevant country; it is also possible to download factsheets that either gather all information on a specific topic, or summarize all information for a given country. The Atlas could be used for the management of data resulting from the target, indicator and progress reporting under the Protocol. Seventy copies of the Atlas were distributed to the participants of the Protocol Day.

The session acknowledged the importance of small scale water supplies, noting that they provide water for about 10% of the population of the European Union yet frequently fail microbiological and chemical quality guidelines while water-related disease surveillance is often weak. There is therefore an urgent need for action in: strengthening the evidence base, communicate better to decision makers the positive cost-benefit ratio for improvement investment, development of guidance for the establishment of intelligent surveillance strategies, adapt Water Safety Plans to small scale systems, and creation of enabling environments for health protection in areas served by small scale systems.

A case study was presented from Uzbekistan demonstrating that cost-benefit analysis of water-related diseases could lead to the improvement of the regulatory environment with ultimate health benefits.

- **Water co-operation**

A review of the ad hoc Project Facilitation Mechanism was given, and its implementation clarified using the case study of the Ukraine and Norway. The ad hoc Project Facilitation mechanism will continue to be used to assist countries of the EECCA region in target setting and progress monitoring. New possibilities are currently being developed, such as the Northern co-operation area, and the creation of a Water Fund in the European Bank for Reconstruction and Development.

- **Environment and health democracy**

The functioning of the Compliance Committee was clarified, including the way communications by the Public are handled, and the relationship between the Compliance Committee and the Meeting of the Parties.

The Human Rights Based approach to water governance implemented by UNDP was presented, and found to be complementary with the approach of the Protocol on Water and Health, especially in areas related to legal framework development, sector and needs assessment as a basis for target setting, and empowerment of rights holders at all levels.

A Guidance on Good Practice for the realization of the basic human right to water, based on a region-wide questionnaire was announced.

Past work by NGO community in support of the Protocol was reviewed, and possibilities for future cooperation identified in the areas of public participation, monitoring of small scale water supplies, promotion of (local) water and sanitation committees including strengthening the legal basis for the establishment and strengthening of such committees and their functioning.

II. FIFTH MINISTERIAL CONFERENCE ON ENVIRONMENT AND HEALTH

The Ministerial Conference on Environment and Health was called to renew Government pledges adopted in Budapest in 2004 and to address new challenges and developments.

The agenda of the Conference encompassed three main priority areas. The first concerns progress made in environment and health in Europe since the First European Conference on Environment and Health in 1989. The second priority area focused on socio economic, gender, age and other inequalities in environment and health, where reviews will be made of measures that can be taken to address these inequalities. The third priority area addressed the effects of climate change on health and environment. The home site of the Conference is at URL http://www.euro.who.int/parma2010/docs/20100201_1

Several documents were prepared for the 5th Ministerial Meeting, which provide useful information for the identification of priority areas for action.

A Progress and challenges on water and health: the Role of the Protocol on Water and Health

This background paper was developed by the Bureau of the Protocol on Water and Health with support by the Joint Secretariat, and is available from URL http://www.euro.who.int/document/CEH/parma_water_bd3.pdf

The paper describes the current functioning of the Protocol and notes that it currently benefits over 60% of the population of the European region. It notes that universal access to safe drinking-water and adequate sanitation remains unrealized in many European countries. Infant mortality and morbidity from water-related diseases are on the decline, but significant subregional inequality remains. The impacts of climate change pose new challenges to water resource managers, water supply systems and sanitation networks, as well as to the health sector.

The paper indicated to the Ministers of Environment and Health the main challenges related to socio-economic and gender inequalities: the relationship between the Protocol and the Children's Environment and Health Action Plan for Europe (CEHAPE); governance and awareness issues; surveillance of water-related diseases; finance, assistance and cooperation; and the impact of climate change on human health and water resources.

By promoting further implementation of the Protocol, the 5th Ministerial Conference on Environment and Health was expected to encourage further accession of countries in the European region.

B. Health and Environment in Europe: Progress Assessment

This report describes the progress made by the Member States of the World Health Organization (WHO) European Region in their health and environment situation over the last 20 years. The analysis of the data on water-related risks to health concluded that population access to improved water sources, sanitation and wastewater treatment has increased in most, but not all, Member States. In many countries in the east of the Region

progress is slow: more than 50% of the rural population in 10 countries have no access to improved sources of water, giving rise to important health inequalities. Disease outbreaks related to drinking-water are registered even in the most economically developed countries indicating that unsafe water remains a public health issue throughout the Region. Harmonized surveillance systems for waterborne diseases and outbreaks are still absent in a majority of the countries in the Region, as are systems for monitoring health risks related to bathing water.

European Community legislation on water and health is an important policy driver throughout the Region; including in areas beyond the European Union (EU). The United Nations Economic Commission for Europe (UNECE)/WHO Protocol on Water and Health has become the region-wide health regulation in the areas of integrated water resource management, a sustainable water supply compliant with WHO's guidelines for drinking-water and adequate sanitation for all.

C. Specific needs of the newly independent states and the countries of south-eastern Europe

This policy briefing paper, available from URL http://www.euro.who.int/Document/CEH/Parma_EH_Conf_pb2.pdf addresses the specific problems of the newly independent states and the countries of south-eastern Europe in environment and health

Previous steps in the European environment and health process have called for the strengthening of collaboration with and within the newly independent states of the former Soviet Union (NIS) and the countries of south-eastern Europe (SEE). Although there is substantial variability between the two regions, as well as between the countries within them, they still have a common set of health and environment priorities that call for action.

The main problems include limited accessibility to safe water and sanitation (especially in rural areas) [...]

D. Social and gender inequalities in environment and health

This policy briefing paper is available from URL: http://www.euro.who.int/Document/CEH/Parma_EH_Conf_pb1.pdf It noted that:

One of the major and persisting inequalities strongly related to income and social economic status concerns sanitary amenities. Throughout the Region, low-income households most often lack bath or shower. In addition, lack of a toilet for the private use of the household is still a major poverty-related issue in several countries, including some EU member states. Furthermore, poor pre-existing levels of water, sanitation and hygiene may be exacerbated by further water scarcity caused by climate change.

In Romania, 11.2% of the highest income group report having no flush toilet, as compared to 68.8% of the lowest income group. In 2008, 32504 customers in Brussels, 217416 in Wallonia and

174822 in Flanders were officially in arrears with the payment of their water bills, and throughout Belgium, 1215 customers were cut off from water supply.

The still persistent division of labour within households dictates that, in certain parts of the Region, women and young girls spend much of their time collecting drinking-water, which restricts them from attending school. This is especially relevant to the rural populations of eastern Europe and, to a great extent, the Caucasus region and central Asia. Young girls, particularly after puberty, are also less likely to attend classes if the school does not have suitable hygiene facilities. As adults, educated girls are more likely to have smaller, healthier families; their children are less likely to die, and are more likely to receive an education than the children of less-educated mothers.

Traditional practices in Tajik villages make women and girls responsible for bringing water to their houses, which takes up a significant part of their daily routine. Because of this, many girls usually have no choice but to drop out of school.

Housing conditions are very often the main problem for marginalized groups, who tend to be excluded from the housing market, for socioeconomic reasons beyond their control as well as because of discrimination. Consequently, inadequate shelters, often built by the people themselves, and with little provision of facilities like energy and water affect large parts of marginalized populations such as the Roma. Such informal settlements tend to occur in unsafe and unhealthy areas, and may also involve the production of food on contaminated ground.

E. Plenary sessions 1 environment and health in europe – an assessment of progress

In the document “Progress in Environment and Health in Europe 1989 – 2010”, available from URL <http://www.euro.who.int/document/E93556.pdf> made the following points:

- ***Safe drinking water.*** On average, access to water in the home has improved. Since 1990, 20 out of 48 countries monitored in the region have made such improvement; 22 countries have indicated no change, and 6 have shown an overall decline in access to safe water. Belarus is a striking example of dramatic improvement; the share of homes in rural areas with access to safe water rose from 34% to 68% between 1990 and 2006.
- ***Sewerage system coverage.*** There are huge differences between countries and between urban and rural areas in the share of the population with a connection to wastewater treatment facilities, although coverage has increased in general. In the Nordic and some other northern European countries with a long tradition of water purification, more than 85% of the population is connected to wastewater treatment facilities. The proportion falls to 40 -60% in southern European countries, however, and below 40% in some other countries in the Region.
- ***Safe bathing water.*** An analysis of data from the European Union (EU) countries over the period 1990 – 2007 indicates that the quality of coastal bathing waters is increasing, but the quality of bathing water in freshwater areas is declining on average.

III. OUTCOME OF THE 5TH MINISTERIAL CONFERENCE ON ENVIRONMENT AND HEALTH

A. Parma Declaration on Environment and Health

The Parma Declaration, adopted by acclamation at the conclusion of the 5th Ministerial Conference on Environment and Health, is available from URL: http://www.euro.who.int/document/CEH/parma_eh_conf_edoc05-1rev2.pdf

The Declaration states that

[...]

3. We are committed to act on the key environment and health challenges of our time. These include

- (a) The health and environmental impacts of climate change and related policies;
- (b) The health risks to children and other vulnerable groups posed by poor environmental, working and living conditions (especially the lack of water and sanitation);
- (c) Socioeconomic and gender inequalities in the human environment and health, amplified by the financial crisis
- (d) The burden of non-communicable diseases, in particular to the extent that it can be reduced through adequate policies in areas such as urban development, transport, food safety and nutrition, and living and working environments
- (e) Concerns raised by persistent, endocrine-disrupting and bio-accumulating harmful chemicals and (nano)particles; and by novel and emerging issues and
- (f) Insufficient resources in parts of the WHO European Region

[...]

6. We will intensify ensure that youth participation is facilitated across all Member States at both the national and international levels by providing them with assistance, resources and the training required for meaningful and sustainable involvement in all aspects of the process.

The Parma Declaration is accompanied by a ‘Commitment to Act’, which forms an integral part of the Declaration, and which states:

A. Protecting Children’s Health

1. We reconfirm our commitment to prioritized actions under the regional priority goals (RPGs) in the Children’s Environment and Health Action Plan for Europe (CEHAPE) as indicated below. We will strive to attain the targets as set out below

Regional Priority Goal 1. Ensuring public health by improving access to safe water and sanitation

- i. We will take advantage of the approach and provisions of the Protocol on Water and Health as a rationale and progressive tool to develop integrated policies on water resource management and health, addressing the challenges to safe water services posed by climate change, with clear targets and objectives, working in partnership with all concerned sectors.

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- ii. We will strive to provide each child with access to safe water and sanitation in homes, child care centres, kindergartens, schools, health care institutions and public recreational water settings by 2020 and to revitalize hygiene practices.

Regional Priority Goal 4 Preventing disease arising from chemical, biological and physical environments

- i. We will act on the identified risks of exposure to carcinogens; mutagens and reproductive toxicants, including radon, ultraviolet radiation, asbestos and endocrine disruptors, and urge other stakeholders to do the same.
- ii. We call for more research into the potentially adverse effects of persistent, endocrine-disrupting and bio-accumulating chemicals and their combinations, as well as for the identification of safer alternatives.

B. Protecting health and the environment from climate change

[...] We will

[...]

iii. develop and strengthen early warning surveillance and preparedness systems for extreme weather events and disease outbreaks, for example vector-borne diseases, at the animal-human-ecosystem interface where appropriate

C. Involvement of children, young people and other stakeholders

5. We will ensure that youth participation in national as well as international processes is facilitated across all Member States by providing them with assistance, adequate resources and the training required, and by giving them opportunities for meaningful involvement.

[...]

8. We will seek to improve knowledge of environment and health issues and build the capacity of all professionals, with particular emphasis on health professionals and professional caretakers of children.

B. Parma Youth Declaration 2010

The Youth Delegations adopted and presented the Parma Youth Declaration 2010, available from URL: http://ec.europa.eu/health/healthy_environments/docs/parma_youth_en.pdf , of which the following paragraphs are relevant:

1. Our participation in the planning and implementation of environment and health policy and strategy is not negotiable. Neither is our access to a clean and safe environment. We look forward to the continuation and strengthening of our participation in the new structure of the European Environment and Health Committee.
2. The role of education in understanding the need to protect and sustain our environment is essential. Environmental education has to be an integral part of every child and young person's life, both through formal and non-formal curriculum. Education does not end when we leave school. Education on how to create and live in a healthy, safe and sustainable environment needs to be on the agendas of governmental, non-governmental and international organizations.

Protecting children's health through the CEHAPE Regional Priority Goals

RPG1 Ensure safe water and sanitation

Access to clean water is the most basic human need. In some parts of the region we still find homes and schools without clean running water. This is gross inequality. We expect technologies to be used to improve access to water, conserve water use and enhance sanitation. We urge Governments to work with us in finding solutions to the impact of climate change on our future water supply and to the use of science and technology to support our efforts.

IV WHO/UNICEF Joint Monitoring Programme

The WHO/UNICEF JMP Report *Progress on Sanitation and Drinking-Water 2010 Update* (URL: http://www.who.int/water_sanitation_health/publications/9789241563956/en/index.html) was released on 15 March 2010.

The definition of country groupings used in the process have not been formally established, but correspond broadly to the countries' recent history and current political situation. For the purposes of the present paper, the NIS includes the countries of the former Soviet Union, with the exception of the Baltic States (i.e. Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan; Kyrgyzstan, Republic of Moldova, Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan). The SEE countries are more diverse, with different histories and different political plans. Some have the status of candidate countries for membership of the European Union (EU) while some others are potential EU candidate countries. For the purpose of this analysis, this group includes: Albania, Bosnia and Herzegovina, Croatia, Israel, Montenegro, Serbia, the former Yugoslav Republic of Macedonia and Turkey.

While a detailed analysis of the new data for the European region incorporating the above country groupings remains to be done, the following points may be noted from the report:

- The report recognizes that more data from the European region, particularly the Commonwealth of Independent States have become available. It also recognizes that
 - Piped water is reaching ever more households, but not yet all and often not reliably so. The challenge of assessing the safety of drinking-water from improved sources also needs to be addressed.
 - This is the first time the issue of service quality is recognized in a JMP report. The comment also begs reflection of a statement made by the CEHAPE Youth Delegate during the 5th Ministerial Conference that not only piped water in the house is important, but the physical presence of bath and/or shower facilities to meet basic hygiene needs.
- There has been no progress in sanitation in the Commonwealth of Independent States since 1990
- 17 million people in the Commonwealth of Independent States still use unimproved sources of drinking water
- The countries of the Commonwealth of Independent States have not seen progress in the use of piped water on premise; this is especially striking since in all other regions the rate of increase in the use of piped water on premise has been faster than the rate of progress in the use of other improved drinking water sources in all other regions.
- Rural areas lag behind urban areas in the use of improved drinking-water sources in the Commonwealth of Independent States by 11% (98% vs. 87%)

The JMP recognizes that

- Water quality remains an elusive indicator in the global monitoring activities of the JMP. The measurement of water safety indicators at the household level has to date been beset by technical and logistical difficulties and by high cost
[...]
- The Rapid Assessment of Drinking-water Quality pilot project showed that a periodic water quality survey at a global level was economically not viable.
[...]
- Any new target set beyond 2015 will have to address water quality, which will have to be measured or estimated in a meaningful and cost-effective manner. Technological advances and innovative survey methods will be needed to provide the tools for rapid, reliable and cheap measurement to be carried out on a large scale. Within countries, regulatory frameworks will need to be developed, along with the capacity to implement and independently appraise Water Safety Plans as a standard feature of ensuring sustainable access to safe drinking water.

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V. LESSONS LEARNED

From the massive amount of material generated during the first two weeks of May 2010, the following elements may be considered by the Parties when developing the programme of work for the period 2011—2013.

A. Strengthening the Protocol

- Promote **further accession** to the Protocol and support the creation of **national implementation mechanisms** through the creation of inter-sectoral steering groups,

vested in national law, and supported through public participation and awareness measures.

- Focus on **extending sanitation** (including both sewerage and wastewater treatment) **and drinking-water services** to the currently unserved population, especially in rural areas, and with a preferential focus on the Newly Independent State and the countries of South-eastern and eastern Europe. Special attention needs to be given to ensuring mutual supportive linkage with the **CEHAPE Regional Priority Goal 1** ensuring safe water and sanitation in places where children congregate.

B. Setting targets and reporting

- Reconsider the programme on **target setting and indicators** so that service quality is taken up from the beginning in addition to data on access, and ensure that access data differentiated between access through in-house connection or other improved sources of water. Strengthen the co-operation with WHO HQ especially with regard to the assessment of water safety plans and the collected data on water quality at the point of consumption.
- Explore the possibility of the use of the *Atlas on Water and Health* as a tool for the storage and management of data that are generated by the mandatory reporting exercise under the Protocol on Water and Health.

C. Continuation and strengthening of ongoing work

- Continue the use of the **Protocol as a climate change adaptation tool**, particularly in assessing resilience and promotion of adaptation measures against extreme weather events, including innovative techniques for desalination.
- Continue the assessment and strengthening of **water-related disease surveillance and contingency planning**, recognizing national capabilities, and promoting international co-operation for emerging health risk assessment particularly in the areas of endocrine disruptors, and bioaccumulating chemicals. Special attention needs to be given in this regard to **promoting co-operation with the CEHAPE Regional Priority Goal 4: Preventing diseases arising from chemical, biological and physical environment**.
- Strengthen the work on **small scale water supplies**, particularly in awareness raising, drinking-water quality and disease surveillance, and capacity building of owners and operators
- Develop further the **human rights-based approach to water management**, with focus on access to sanitation, ensuring active co-operation with the NGO community in planning and field work. Strengthen activities to **address social and gender inequalities**, aiming particularly at the role of girls and women in water supply, storage and treatment, and at the economic barriers for access to safe and reliable water supply and sanitation including in European Union countries
- Strengthen **safe recreational water** use through water safety education.

D. Partnerships and civil society

- **Strengthen co-operation with national and international NGOs** including for increasing awareness by policy-makers and the public at large, but also for local implementation of concrete action in the area of sanitation and water supply.
- **Increase youth participation** in the development of the 2011 – 2013 work plan under the Protocol on Water and Health, particularly in the development of educational programmes and the improvement of access to water, water conservation, enhanced sanitation and climate change adaptation.
- Explore possibilities for **increased co-operation with the European Union**, especially in areas where the Protocol has comparative advantages or where the Protocol can be an instrument for facilitating the implementation of the EU *acquis communautaire*
- Further develop the **Project Facilitation Mechanism** and explore new assistance programmes particularly in the European Far North and in the area of infrastructure development such as the EBRD Water Fund.

Annex 1: PROTOCOL DAY (Parma, Italy, 9 March 2010)

ANNEX 1: PROTOCOL DAY			
Time	Presentation	Speaker	Affiliation
09:00 - 09:30	OPENING SESSION	Gheorghe Constantin	General Director, General Directorate for Water Management, Romania
		Maria Neira	Director, Public Health and Environment, WHO Geneva
		Francesca Bernardini	Co-Secretary, Protocol on Water and Health, and Technical Officer UNECE
09:30 - 11:00	I DEVELOPING INTEGRATED STRATEGIES ON WATER AND HEALTH		
	Advantages and challenges of setting targets under the Protocol	Pierre Studer	<i>Swiss Federal Office of Public Health, Switzerland, and Chair, Task Force on Indicators and Reporting</i>
	<i>Setting national targets in Finland</i>	<i>Mikko Paunio</i>	<i>Senior Medical Officer (environmental medicine) and cabinet officer at the Ministry of Social Affairs and Health in the Department for Welfare and Health, Unit of Environmental Health, Finland</i>
	<i>Setting national targets in Moldova</i>	<i>Ion Shalaru</i>	<i>National Centre for Public Health, Republic of Moldova</i>
	<i>Relationship between the EU acquis communautaire and the Protocol</i>	<i>Mihaly Kadar</i>	<i>Head, Department of Water Hygiene, National Institute of Environmental Health, Hungary</i>
	Discussion session		
	II WATER SUPPLY AND SANITATION IN EXTREME WEATHER EVENTS		
11:30 - 13:00	Water supply and sanitation in extreme weather events - old problems, new risks	Luciana Sinisi	Head, Unit on Environmental Determinants of Health, Higher Institute for Research and Environmental Protection ISPRA, Chair, Environment and Health Committee Rome College of Physicians and Chair, Task Force on Extreme Weather Events
	Protocol as a climate change adaptation tool	<i>Roger Aertgeerts</i>	<i>Co-Secretary, Protocol on Water and Health and Scientist, WHO Regional Office for Europe European Centre for Environment and Health</i>
	Drinking waterborne outbreak due to karst flooding – environmental health aspects	<i>Gyula Dura</i>	General Director, Institute for Environmental Health, Hungary and honorary professor
	Climate change induced water scarcity and adaptation strategies in the Eastern Mediterranean	<i>Martin Lange</i>	<i>Director, Energy Environment and Water Research Center, the Cyprus Institute, Cyprus and Professor of Geophysics, University of Munster, Germany</i>
	Socio-economic benefits of adaptation policy	<i>Jim Foster</i>	<i>Deputy Chief Inspector (Science and Strategy), Drinking-water Inspectorate United Kingdom and Head, WHO Collaborating Centre on Drinking-water Safety</i>
	Multi-sector cooperation	<i>Dominique Gatel</i>	<i>Chair, Commission on Water Supply, European federation of national associations of drinking-water suppliers and waste water services</i>
	Discussion session		

14:00 - 15:00	II SURVEILLANCE OF WATER-RELATED DISEASES		
	Current importance of water-related diseases in Europe and emerging threats	Enzo Funari	Director, Unit on Quality of Aquatic Environments and Bathing Waters, Higher Institute for Public Health, Italy and Chair, Task Force Water-related Disease Surveillance
	Water and health in Europe (tent)	Thomas Kistemann	Professor, Institute for Hygiene, Univ Bonn and Head, WHO Collaborating Centre for Health Promoting Water Management and Risk Communication
		Iskander Ruziev	Scientific Information Centre of the Interstate Coordination Water Commission
	Small scale water supplies in the European Region: Why do they matter?"	O Schmoll	Section Head, General Aspects of Drinking-water Hygiene, Federal Environment Agency, Germany ; WHO Collaborating Centre for Research on Drinking-water Hygiene
	Discussion session		
15:00 - 16:00	III WATER COOPERATION OPENS UP FOR NEW POSSIBILITIES AND NEW PARTNERS		
	Water coordination opens up for new possibilities and new partners	Carola Bjorklund	Ministry of Foreign Affairs Norway and Chair, ad hoc Project Facilitation Mechanism
	Assistance to implement the Protocol	Svitlana Nigorodova	Adviser to the Minister on International Cooperation, Ministry of the Environment Ukraine
	EBRD Water investment in central Asia	Paul Covenden	Senior Banker, Municipal and Environmental Infrastructure Team, EBRD, Tbilisi, Georgia
	Discussion session		
16:30 - 17:30	IV THE PROTOCOL ON WATER AND HEALTH AS A TOOL FOR ENVIRONMENT AND HEALTH DEMOCRACY		
	Equitable access to water	Charles Saout	Ministry of Health, Youth, Sports and Associations, France
	Ensuring compliance and implementation	Magdalena Bar	Environmental Lawyer, Protocol Compliance Committee, Poland
	The role of multilateral organizations - how UNDP supports the implementation of the Protocol	Juerg Staudenmann	Water Governance Adviser, UNDP Regional Centre for Europe and CIS
	The role of civil society in improving water and health	Sacha Gabizon	Women in Europe for a Common Future
18:00	CLOSURE SESSION	Corrado Clini	Director General, Ministry of the Environment, Italy

Annex 2: Data on access to water supply and sanitation in the European region
 (Source: *Progress on Sanitation and Drinking-water, 2010 Update*)

	Population (thousands)	Urban (thousands)	(%)	Rural (thousands)	(%)				
EURO	889,911	621,056	70	268,078	30				
NIS	276,819	177,137	64	99,682	36				
SEE	104,806	70,116	67	34,690	33				
PARTIES	516,459	359,607	70	134,714	26				
		Urban improved sanitation (thousands)	As % of urban	Rural improved sanitation (thousands)	As % of rural				
EURO		561,655	90	216,003	81				
NIS		165,193	93	82,458	83				
SEE		65,185	93	28,007	81				
PARTIES		345,686	96	117,097	87				
		Urban improved water supply (thousands)	As % of urban	Urban piped water supply (thousands)	As % of urban	Rural improved water supply (thousands)	As % of rural	Rural piped water supply (thousands)	As % of rural
EURO		603287	97	589377	95	240274	90	177942	66
NIS		173310	98	156782	89	84354	85	32213	32
SEE		70006	100	68540	98	33232	96	29589	85
PARTIES		353955	98	341864	95	127288	94	89375	66

