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**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 4 of the provisional agenda

Information paper 2

**SURVEILLANCE AND EARLY-WARNING SYSTEMS, CONTINGENCY PLANS AND RESPONSE
CAPACITIES**

**Report form the third meeting of the Task Force on Water-related Disease Surveillance
(Durrës, Albania, 11 – 12 February 2010)**

ABSTRACT

The Task Force discussed and agreed on the finalisation of the current tasks prior to the second session of the Meeting of the Parties (Bucharest, 23 – 25 November 2010). It reviewed co-operation with other subsidiary bodies under the Protocol. The Task Force discussed and defined areas of future work for submission to the Working Group on Water and Health (Geneva, 27 – 28 May 2010)

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Introduction

The third session of the Task Force on Water-related Disease Surveillance met in Durrës, Albania, from 11 – 12 February 2010. Participation of experts from Southeast Europe (SEE) and the Eastern European, Caucasus and Central Asia (EECCA) was made possible through a contribution from the United Nations Development Account (UNDA). The organization was supported by the WHO Country Office.

28 Participants attended the meeting, including experts from Albania, Armenia, Azerbaijan, Belarus, Croatia, Czech Republic, Georgia, Germany, Italy, Republic of Moldova, Slovakia, Spain, the United Kingdom and Uzbekistan. The Joint Secretariat of the Protocol on Water and Health supported the meeting; interpretation services were provided by staff from WHO Headquarters Geneva.

Finalization of the current activities

Technical guidance

The second session of the Task Force on Water-related Disease Surveillance (Rome, Italy, 28 – 29 April 2009) had approved the *Guidance Document on water-related disease surveillance: Technical guidance related to drinking-water*. The Secretariat informed the participants that detailed reviews had been received from Dr František Kožišek, National Institute of Public Health Czech Republic, and Dr Sébastien Fierens, Federal Institute of Public Health, Belgium. The participants commended both experts for their additional effort and requested that the document be translated into Russian and submitted to the Working Group on Water and Health (Geneva, Switzerland, 27 – 28 May 2010).

Policy guidance

The second session of the Task Force on Water-related Disease Surveillance (Rome, Italy, 28 – 29 April 2009) requested also to develop a policy guidance document on water-related disease surveillance. A first draft was reviewed by the meeting, and the following comments made:

- If the intended audience are ministers rather than public health officials, more attention should be given to the role of national governments in water-related disease surveillance.
- More attention needs to be given to inter-sectoral co-operation in the sharing of epidemiologically relevant information. The 2002 OECD WHO meeting in water-related diseases (Basingstoke Meeting) could further improve the document.
- The section on legal obligations needs to be expanded with a review of the legal obligation under the Protocol on Water and Health

Participants advised that the technical and policy documents be completed as independent documents, without serial numbering.

Participants asked that an electronic copy be sent out together with the meeting report.

Co-operation with other subsidiary bodies of the Protocol

Representatives of the Joint Secretariat reviewed the work of the Task Force on Indicators and Reporting, and of the Task Force on Extreme Weather Events. The representative of the WHO Collaborating Centre for Health-Promoting Water Management and Risk Communication will contact the Chair of TFEWE to explore collaboration. The representative of Uzbekistan will explore possible cooperation in the area of utility management challenges.

Participants also endorsed the proposed initiative by the German Federal Environment Agency to develop awareness raising material in the area of small scale water supply systems and recommended the development of a closer cooperation with the WHO Small Community Water Supply Management, particularly with regard to the identification, and translation, of communication materials for use in cases of non-compliant water quality.

Relevance of the International Health Regulations IHR(2005)

The IHR(2005) were recalled and the relevance of the IHR(2005) to the aims of the Task Force recognized. Several participants asked to be informed of the focal point for the IHR(2005) in the WHO Regional Office for Europe, and of their national focal point. Areas of common interest include the assessment of surveillance capacity and the strengthening of laboratory capabilities for example in the determination of campylobacteriosis.

Other

The Chair of the Task Force presented two studies, one on the capacities of national disease surveillance systems, and one a case study on campylobacteriosis in rural areas. With reference to the first presentation he pointed out the main gaps of the surveillance systems on WRDs and proposed some recommendations for their improvements. In the second presentation, he demonstrated a methodological approach which addressed vulnerable groups such as children, exploration of animals as main exposure route, seasonal trend analysis, and specific prevention measures. The draft paper was made available on the CD handed to participants at the end of the session for comments by the participants.

As an initial reaction, participants proposed to apply the proposed study methodology not only to countries of the European Union but also to countries that are not EU-Member States but that encounter challenges with ensuring rural water supply in a sustainable manner.

Several participants proposed the extension of the proposed study methodology to other diseases, particularly hepatitis E, cryptosporidiosis, giardiasis, enterohemorrhagic *E. coli*.

The Executive Director of the WHO Collaborating Centre for Health-Promoting Water Management and Risk Communication reported on the outcome of the meeting of food- and water safety collaborating centres (Rome, 9 February 2010). A key recommendation was to strengthen the role of individual countries in setting priorities for disease surveillance in the different categories of pathogens (helminths, protozoa, bacteria, viruses) based on number of cases detected by current reporting systems but also on the use of indicator organisms, sanitary

surveillance, and identification of proven risk factors such as intensive cattle raising, meteorological characteristics etc.. Assistance could be provided in setting of priorities, developing national capacity, in surveillance, outbreak detection and response. This, in turn, would strengthen the national capabilities for target setting, monitoring and reporting.

The recommendation was made that antimicrobial resistance be included in routine determination of indicator organisms. Although analysis of antimicrobial resistance does not require advanced techniques, training may be needed on resistance testing.

Analysis of trace chemicals requiring advanced techniques (such as chemicals and their degradation products used in agriculture, endocrine disruptors etc.) should not be initiated as individual efforts by sole laboratories, but would best be handled through international cooperation.

Participants asked that the list of WHO Collaborating Centres, and their mandate in water and food safety, be circulated to the members of the Task Force on Water-related Disease Surveillance. This is done in Annex 1 of the present report.

Future work elements for the Task Force on Water-related Disease Surveillance

The Task Force discussed and ranked possible future activities, which are to form the basis of a formally revised mandate subject to decision by the MOP-2.

Participants considered that the main area of work should remain in water-borne disease surveillance related to drinking-water. They did express the opinion that there was a wealth of global guideline material, developed by WHO and others, so that it is unlikely that there would be a need to develop new guidelines from scratch. Rather, a critical assessment of existing guidelines against the needs of the Parties is needed. The WHO representative recalled previous assessments of guidelines and legal instruments. The representative of the WHO Collaborating Centre on Health Promoting Water Management and Disease Surveillance offered to collaborate to establish a definitive assessment of the existing guidelines as to their relevance of the needs of the Protocol. The possibility of providing links to such guidelines and legal texts from the home page of the Protocol will be investigated.

The recognition of the value of existing global guidelines does not in any way reduce the importance of developing practical guidance materials on their application at the national or local level. In this regard, the work of the Barcelona Convention could be taken as an example where global guidelines on recreational waters, guidelines on application of re-used water for irrigation etc are being translated in local languages and adapted to local circumstances.

Participants wished to see a much stronger emphasis on capacity development, particularly in the strengthening of laboratory capacity. They distinguished between the development of generic training programmes, which are off-the-shelf training packages such as those for the WHO Guidelines on Drinking-water Quality, and curriculum development, which aims at identifying essential components of formal education programmes. In all training, possibility for an early transfer of the training function to local experts should be given priority, hence the importance of train-the-trainers programmes.

Although recognizing the priority importance of compliance with microbiological quality criteria, many participants advocated that future work should include chemical contamination. Areas of interest include hydrogeological investigation of naturally occurring and anthropogenic contaminants, either by national laboratories or in partnership arrangements for trace chemical determinations.

Depending on national circumstances, new areas such as recreational water, coastal zone use for aquaculture (fish, shellfish and conchiculture) should also be explored.

In all areas, a variety of activities could be envisaged such as workshops, seminars, e-learning, etc in addition to formal meetings of the Task Force.

Networking was deemed important but could probably be handled through exchange of emails. The following table reflects the main topics, and individual areas of interest identified by the participants in order of priority:

1. Water-related disease surveillance

- a. Assess quality of surveillance systems
- b. Support the adaptation of international guidelines, standards and norms to the conditions prevailing in the European region
- c. Determination of the impact of water-related diseases
- d. Support the management of water-related diseases in the service area of small scale water supply systems
- e. Support country-driven priority setting

2. Capacity building

- a. Strengthening of public health laboratories engaged in water-related disease surveillance and water-quality monitoring
- b. Support the development of generic training programmes
- c. Provide advice on curriculum development
- d. Organize training for trainers

3. Chemical contamination from environmental degradation

- a. Provide support for the hydrogeochemical determination of the occurrence and fate of anthropogenic and naturally occurring chemical contaminants
- b. Provide assistance in the local implementation of water safety plans, with emphasis on the management of protection zones.
- c. Promote and install international co-operative arrangements for the assessment of trace agro-chemicals

4. Surveillance of “new” areas

- a. Recreational waters, both coastal and in-land, as well as man-made enclosed recreational water environments (spas, pools,...)
- b. Enhanced co-operation with food safety programmes: Zoonoses control, pathogen and toxic chemical monitoring during agricultural use of liquid and solid waste including irrigation of food products for raw consumption, and pathogen and toxic chemical monitoring in waters used in aquaculture and conchiculture.

5. Networking

The representative of Albania stressed the importance of improved community water supply systems, and the strengthening of laboratory capabilities for example the determination of campylobacteriosis, legionellosis, and cryptosporidiosis.

Upcoming meetings

Participants were informed of progress in the planning of the fifth Ministerial Conference on Environment and Health (Parma, Italy, 10-12 March 2010) and the Protocol Day immediately preceding the ministerial conference. Information was given on obtaining invitations, particularly for speakers from the eastern part of the region.

Reporting

It was agreed that a summary report of the present meeting would be provided to the next session of the Bureau (Geneva, Switzerland, 27-28 February 2010) and that a full report would be made available in due time for distribution at the Working Group on Water and Health.

Hence, participants were invited to send in comments on the present draft report by 21 February 2010 and on the attached policy guidance and scientific papers by 28 February 2010.

Acknowledgement

Participants to the meeting expressed their appreciation to the UN Development Account for financial support provided, to the WHO Country Office in Albania for the excellent logistic arrangements, and to Ms Lucia Dell'Amura and Mirella Kelezi for administrative support.

DESCRIPTION OF THE MANDATES OF THE COLLABORATING CENTRES

WHO COLLABORATING CENTRE ON HEALTH-PROMOTING WATER MANAGEMENT AND RISK COMMUNICATION, GERMANY

Terms of Reference

1. Disease burden and surveillance: To harmonize assessment of water related disease burden & surveillance including GIS-based approaches.
2. Risk assessment: To provide environmental information & methods for health risk assessment including GIS-based approaches.
3. Risk management: To elaborate holistic water management concepts including GIS & HACCP.
4. Communication of health risks: To regularly update & evaluate recent knowledge & experiences, & recommendations on risk communication in the field of environment & health.
5. Technical guidance documentation: To lead & coordinate the preparation of technical guidelines on tentatively selected topic areas.
6. Dissemination of information upon health risks: To produce & disseminate guidance documents, teaching aids & awareness-raising material for technical staff, policy-makers & planners & the general public on the health-significant aspects of water management & risk communication.
7. Training: To organise group training on health promoting water management & risk communication, particularly addressing the needs of health & water agencies in less developed countries.
8. To liaise with WHO regional & country offices, particularly the European Centre for Environment & Health (ECEH), & other WHO collaborating centres, in joint scientific assessment, research & in technical cooperation programmes at regional, country & local levels.
9. To support fundraising activities together with partner institutions for projects in which the CC is actively involved; the scope of the activities targets national (German) or EU donor institutions.

WHO COLLABORATING CENTRE FOR RISK ASSESSMENT OF PATHOGENS IN FOOD AND WATER, the NETHERLANDS

Terms of Reference

1. To assist WHO in the development and application of microbial risk assessment (MRA) as a component of the evidence base for the effective control of microbial hazards in food & water to human health.
2. To assist WHO in the development of guidelines for surveillance and control of foodborne viruses.
3. To assist WHO in the establishment of the global burden of foodborne illness.
4. To assist WHO in the development and implementation of guidelines for drinking-water and recreational water quality.
5. To support WHO-EURO in establishing at the country level the burden of foodborne disease and in risk assessment of antimicrobial resistance in food and water.

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WHO COLLABORATING CENTRE FOR PROTECTION OF WATER QUALITY AND HUMAN HEALTH, UNITED KINGDOM

Terms of Reference

1. To support WHO in its aim to promote human health & well being worldwide through the protection of water quality & human health.
2. To support the process of developing & updating WHO guidance in recreational water quality.
3. To support WHO's technical cooperation activities in recreational water quality monitoring & assessment.
4. To support the rolling revision of the WHO guidelines for Drinking Water Quality.
5. To support WHO's technical cooperation activities in drinking water quality surveillance & control.
6. To support WHO's activities in drinking water treatment & the management of safe drinking water supplies using the principles of the water safety plan.
7. To support WHO's activities in wastewater treatment & disposal.
8. To work with WHO to identify & prepare position papers on emerging water quality issues & related public health concerns.
9. To support WHO in its water-related monitoring activities.
10. To work with WHO to develop & refine strategies for the application of risk perception & risk analysis methodology to the protection of water quality & public health.
11. To support WHO technical cooperation with national & regional programmes in the field of water quality by collaboration with other collaborating centres & WHO.

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WHO COLLABORATING CENTRE FOR WATER AND HEALTH, DENMARK

Terms of Reference

Programme Area 1: Integration of health aspects into Integrated Water Resources Management (IWRM):

1. To support WHO in the further implementation of the Protocol on Water & Health, in line with the workplan adopted at the First meeting of the Parties in Geneva 2007 and further.
2. To assist WHO in its collaboration with Global Water partnership on the development of the GWP Toolbox on IWRM with respect to cases on successful integration of health concerns into IWRM. Further to assist WHO in collaboration with other partners on integration of health into IWRM

Programme Area 2.

3. To support the work of WHO in development of tools (concepts, decision support & models) to support the application of the WHO guidelines on drinking water and recreational waters.
4. Ad hoc assistance to Water, sanitation & health unit at WHO Headquarters & WHO Regional Office for European and other regional WHO Offices.

WHO COLLABORATING CENTRE FOR RESEARCH ON DRINKING-WATER HYGIENE, GERMANY

Terms of Reference

1. To contribute to the rolling revision of the WHO Guidelines for Drinking-water Quality (GDWQ), including production and dissemination of guidance documents, teaching and awareness raising materials for technical staff, policy-makers and the general public
2. To support practical implementation and international scale-up of the Water Safety Plan (WSP) approach, particularly as Focal Point for WSP Capacity Building in the WHO Drinking-water Quality Committee
3. To translate WHO GDWQ approaches into national and EU policies, and to collect and disseminate feedback on their application
4. In response to emerging country needs, to provide country support, particularly in the European and Eastern Mediterranean Regions
5. To respond to requests from WHO or needs of member states on the basis of our expertise and scientific research in the following areas: (i) risk assessments for microbial and chemical hazards in drinking-water; (ii) evaluation and harmonization of microbiological test methods; (iii) evaluation and harmonisation of biomarker based methods for the prediction and quantification of carcinogenic and mutagenic risks to human health
6. To respond to requests from WHO or needs of member states on the basis of our expertise and scientific research in the following areas: (i) evaluation and assessment of public health consequences of microbial contamination of technical systems in buildings (incl. hospitals), supporting the development of risk assessment and risk management strategies; (ii) system performance assessments for natural and technical barriers in drinking-water supply systems for the removal of microbial and chemical hazards
7. To undertake research and to evaluate scientific reviews for the regular updating of guidance on cyanobacterial toxins, their occurrence in drinking-water supplies, recreational waters and their control by natural and technical barriers

Contact:

WHO CC FOR FOOD AND WATER SAFETY AND THE INDOOR ENVIRONMENT, BELGIUM

Terms of Reference

1. Assistance to WHO & its Member States in matters related to food safety; in the safeguarding of the quality of community water supplies & in matters related to indoor environments, & in the control of related health impacts.
2. Support to WHO in the preparation & revision of guideline documents relating to: - the production, treatment, storage & supply of safe food & beverage; - drinking water quality, treatment & related health effects particularly on aspects which are complimentary to those included in the Drinking Water Guidelines; - indoor environments.
3. Maintenance of technical/scientific databases on food safety, drinking water safety & treatment & indoor environments, as & when required by WHO.
4. Assist WHO with the development of a query response service to national public health agencies, industry & consumer requests covering the following subjects: - safe food & beverage; - drinking water treatment chemicals/additives & their health effects; - drinking water treatment systems & related products, components & materials; - plastics & plumbing system components; - bottled water; - indoor air pollution & health indicators.
5. Technical cooperation with WHO & with Member States on request, on the application of food safety systems, with particular regard to HACCP & general food hygiene principles; on the provision of safe drinking water, including bottled water, & on matters relating to indoor environments & health-related aspects of swimming pools & similar facilities.
6. Direct cooperation with WHO Headquarters & Regional Offices & with other WHO Collaborating Centres in the assessment of health effects & methods for their control in matters related to food safety, drinking water safety & treatment, swimming pool & other leisure pool & indoor environments.
7. Liaison on health-significant issues related to food safety, to drinking water safety & treatment & to indoor environments with other international organizations including FAO, CODEX & ISO as well as with leading national & regional institutions.

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WHO CC FOR DRINKING-WATER SAFETY, UNITED KINGDOM

Terms of Reference

1. To provide technical input into the development of guidance and public access documents to support the provision of safe drinking water
2. To develop, review and provide technical input into the WHO Water Safety Plan approach to drinking-water safety
3. To review and share lessons learnt from institutional and regulatory implementation of water safety plans
4. To provide specialist input into the development of tools to benchmark / audit the implementation of water safety plans
5. To promote international collaborative working, training and sharing of best practice in drinking water safety and regulation - especially between drinking water regulators
6. To provide technical input, evidence and case studies to support the international knowledge base on small community water supplies
7. To work towards the development of enhanced health based targets for drinking water safety
8. To support research into drinking water quality and health issues to support the rolling revision of the WHO Guidelines for Drinking-water quality

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WHO COLLABORATING CENTRE FOR ANTIMICROBIAL RESISTANCE IN FOODBORNE PATHOGENS, DENMARK

Terms of Reference

1. To provide support for laboratories participating in an international surveillance programme of antimicrobial resistance in *Salmonella* isolated from food animals & food of animal origin. The support includes: a) developing & maintaining a quality control & proficiency testing programme for leading national foodborne disease & other relevant laboratories in the area of antimicrobial susceptibility testing; b) assistance in optimizing sampling strategies & strategies for data collection, data management & data analysis; c) reference services for identification, characterization & susceptibility testing of bacterial isolates; d) regular publication of comprehensive analyses of data obtained.
2. To conduct relevant research in collaboration with WHO concerning the epidemiology, prevention & control of antimicrobial resistance in food animals & food of animal origin.
3. To organize scientific meetings, educational activities & individual & group training with regard to antimicrobial resistance in bacteria from food animals & food of animal origin in close collaboration with WHO.
4. To contribute to the development of technical cooperation with & among developing countries by providing them with information services & advice, & by stimulating & supporting applied research & training for surveillance, prevention & control of antimicrobial resistant bacteria in animals.
5. To contribute to the development of strategies for collection of data on antimicrobials usage & prudent use of antimicrobials in agriculture & aquaculture.

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WHO COLLABORATING CENTRE FOR FOOD CONTAMINATION MONITORING, DENMARK

Terms of Reference:

1. To participate in Global Environment Monitoring System - Food Contamination Monitoring & Assessment Programme (GEMS/Food) by providing monitoring data on levels of pesticides, heavy metals & other contaminants in foodstuffs on the Danish market.
2. To cooperate with other institutions participating in GEMS/Food by providing them with information on activities of the institution related to the prevention, monitoring, control, exposure & health assessment of chemical contaminants in food.

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