How the protocol can assist

Drinking-water and sanitation in a Nordic and Baltic perspective – common challenges and collaboration (Oslo, 7 and 8 November 2012)
Questions

- What are the current challenges?
- How can the Protocol address these challenges?
- How can Nordic and Baltic countries benefit from the Protocol?
- Is there a basis for closer Nordic/Baltic collaboration in the field of drinking-water and sanitation?
Introduction
Setting the agenda
Current challenges
Problem solving through the Protocol
Way forward
Conclusion
Definitions

- TOPICS: RIGHT TO WATER AND SANITATION
  - UNGA 64/292 and UNHCR General Comment 15
    - Physical access
    - Safety
    - Economic accessibility
    - Acceptability

- GEOGRAPHIC REGIONS
  - Nordic Council Countries + Germany: Denmark, Finland, Germany, Iceland, Norway, Sweden
  - Baltic Sea States – Nordic Council – Germany: Estonia, Latvia, Lithuania, Poland, Russian Federation
  - Islands: Greenland, Faroe islands
Population (%) of Nordic countries

- Urban: 73%
- Rural: 27%
Agenda 3/6
Current challenges

- Introduction
- Setting the agenda
- **Current challenges**
  - Access monitoring
  - Access to sanitation
  - Access to water
  - Water safety and water-related diseases
  - Economic accessibility
  - Acceptability and the DWD
  - ODA
- Problem solving through the Protocol
- Way forward
- Conclusion
### Impacts on diarrhoeal disease reduction by intervention area

<table>
<thead>
<tr>
<th>Intervention area</th>
<th>Reduction in diarrhoea frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hygiene</td>
<td>37 %</td>
</tr>
<tr>
<td>Sanitation</td>
<td>32 %</td>
</tr>
<tr>
<td>Water supply</td>
<td>25 %</td>
</tr>
<tr>
<td>Water quality</td>
<td>31 %</td>
</tr>
<tr>
<td>Multiple</td>
<td>33 %</td>
</tr>
</tbody>
</table>

*Sanitation beats supply*
## Access to sanitation (%)

### Urban areas

<table>
<thead>
<tr>
<th></th>
<th>Access to improved sanitation</th>
<th>Access to unimproved sanitation</th>
<th>Access to shared sanitation</th>
<th>Access to other unimproved sanitation</th>
<th>Open defecation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NCG subregion</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SGT subregion</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td>100</td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>99</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>ECBSS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td>81</td>
<td>19</td>
<td>15</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>78</td>
<td>22</td>
<td>15</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

Oslo 7 November 2012
# Urgent issue: rural sanitation

<table>
<thead>
<tr>
<th></th>
<th>Access to improved sanitation</th>
<th>Access to unimproved sanitation</th>
<th>Access to shared sanitation</th>
<th>Access to other unimproved sanitation</th>
<th>Open defecation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NCG subregion</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SGT subregion</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td>97</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>99</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ECBSS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td>65</td>
<td>35</td>
<td>11</td>
<td>24</td>
<td>0</td>
</tr>
<tr>
<td>2010</td>
<td>59</td>
<td>41</td>
<td>11</td>
<td>29</td>
<td>1</td>
</tr>
</tbody>
</table>

It’s going DOWN!!!
## Access to water (%) Slow progress

<table>
<thead>
<tr>
<th></th>
<th>Urban areas</th>
<th>Rural areas</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Piped on premise</td>
<td>Other improved</td>
</tr>
<tr>
<td>NCG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>SGT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td>100</td>
<td>97</td>
</tr>
<tr>
<td>2010</td>
<td>99</td>
<td>99</td>
</tr>
<tr>
<td>ECBSS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td>92</td>
<td>7</td>
</tr>
<tr>
<td>2010</td>
<td>93</td>
<td>7</td>
</tr>
</tbody>
</table>

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Water–related means any significant adverse effects caused directly or indirectly by the conditions, changes in the quantity or quality of any waters.

WHO determined infectious diseases caused by pathogenic bacteria, viruses and parasites as the most common and widespread health risks.

- Classic waterborne: viral hepatitis A
- Emerging: crypto, giardia, campylo, legionellosis
- Vaccine preventable
Viral Hepatitis A

Incidence (cases per 100,000)

Incidence

Oslo 7 November 2012
## Incidence of water-related diseases (cases per 100,000)

<table>
<thead>
<tr>
<th>Country</th>
<th>Crypto-sporidiosis</th>
<th>Campylo bacteriosis</th>
<th>Giardiasis</th>
<th>Legionellosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denmark</td>
<td></td>
<td>72.65</td>
<td></td>
<td>2.14</td>
</tr>
<tr>
<td>Estonia</td>
<td>0</td>
<td>14.09</td>
<td>19.16</td>
<td>0</td>
</tr>
<tr>
<td>Finland</td>
<td>0.35</td>
<td>73.45</td>
<td>6.9</td>
<td>0.69</td>
</tr>
<tr>
<td>Iceland</td>
<td></td>
<td>17.18</td>
<td>7.5</td>
<td>0.62</td>
</tr>
<tr>
<td>Latvia</td>
<td>1.02</td>
<td>0.04</td>
<td>0.93</td>
<td>0.27</td>
</tr>
<tr>
<td>Lithuania</td>
<td>0.06</td>
<td>26.6</td>
<td>0.6</td>
<td>0.03</td>
</tr>
<tr>
<td>Norway</td>
<td></td>
<td>54.92</td>
<td>5.37</td>
<td>0.98</td>
</tr>
<tr>
<td>Poland</td>
<td>0.98</td>
<td>6.14</td>
<td>0.09</td>
<td></td>
</tr>
<tr>
<td>Russia</td>
<td>0.03</td>
<td>0.56</td>
<td>58.04</td>
<td>0.01</td>
</tr>
<tr>
<td><strong>ECDC</strong></td>
<td>2.4</td>
<td>44.1</td>
<td>59.6</td>
<td>1.2</td>
</tr>
</tbody>
</table>

Reference year 2010
Vaccine–preventable diseases

- Rotavirus accounts yearly for
  - 231 deaths
  - 87,000 hospitalizations
  - 700,000 outpatient visits
- Vaccination reduces hospitalization by 58 – 77% in Belgium.
- WHO recommends inclusion of vaccination in national programmes.
- Compliance is low.
National RV introductions by WHO region: 38 countries*

**National introductions by WHO region as of 1 Sept 2012
**Not a WHO member state
At risk of poverty rate (%)
Water supply and sanitation bills as a share of disposable income:
Average income of the lowest decile of the population

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Acceptability

- DWD based on 2nd ed GDWQ
- Significant non-compliance: Estonia, Latvia, Lithuania, Poland, Sweden.
- Not in compliance: Denmark, Finland.
- No indication of non-compliance: Germany.
## National legislation tightens DWD criteria

<table>
<thead>
<tr>
<th>Country</th>
<th>Exemptions</th>
<th>Stricter norms</th>
<th>Additional norms</th>
<th>Compliance issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denmark</td>
<td></td>
<td>13</td>
<td>40</td>
<td>As, Cu CC 22, Coli</td>
</tr>
<tr>
<td>Estonia</td>
<td>No</td>
<td></td>
<td>No</td>
<td>THM, Fe</td>
</tr>
<tr>
<td>Germany</td>
<td>No</td>
<td>4</td>
<td>Materials</td>
<td>PB, Ni in house, coli</td>
</tr>
<tr>
<td>Finland</td>
<td>DWD</td>
<td>No</td>
<td>1</td>
<td>Fe, CC22</td>
</tr>
<tr>
<td>Latvia</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Fe, Sulphate</td>
</tr>
<tr>
<td>Lithuania</td>
<td>Individual source</td>
<td>2</td>
<td>0</td>
<td>F</td>
</tr>
<tr>
<td>Poland</td>
<td>n.i.</td>
<td>n.i.</td>
<td>n.i.</td>
<td>Fe, Mn, Turb</td>
</tr>
<tr>
<td>Sweden</td>
<td>DWD</td>
<td>15</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

n.i. No information
Exemption from DWD3.2
Supplies below 10 m³/d or 50p

- Small scale water supplies exempted: Estonia, Finland, Sweden.
- Other type of exemption: Lithuania.
- Small scale water supplies not exempted: Denmark, Germany, Latvia.
- No information: Poland.
Emerging issues on water safety

- Chemical contaminants (F, nitrate).
- Trace contaminants (nanoparticles, cyano).
- WATER SAFETY PLANS WSP
  - Introduced in 3rd edition GDWQ
  - Positive experiences in Germany, Iceland
  - Exchange between Nordic and European countries
  - Independent of size
### ODA to water and sanitation by provider 2009 – 2010

<table>
<thead>
<tr>
<th></th>
<th>Commitments (USD million)</th>
<th>% of sector allocable aid</th>
<th>Average distribution (USD million)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denmark</td>
<td>154</td>
<td>11</td>
<td>116</td>
</tr>
<tr>
<td>Finland</td>
<td>78</td>
<td>9</td>
<td>36</td>
</tr>
<tr>
<td>Germany</td>
<td>802</td>
<td>9</td>
<td>596</td>
</tr>
<tr>
<td>Norway</td>
<td>47</td>
<td>2</td>
<td>44</td>
</tr>
<tr>
<td>Sweden</td>
<td>36</td>
<td>2</td>
<td>61</td>
</tr>
<tr>
<td>Total DAC countries</td>
<td>5854</td>
<td>7</td>
<td>4152</td>
</tr>
<tr>
<td>Nordic development fund</td>
<td>5</td>
<td>10</td>
<td>...</td>
</tr>
</tbody>
</table>

Nordic about 20% of ODA
# Bilateral and multilateral ODA 2009 – 2010

<table>
<thead>
<tr>
<th>Countries</th>
<th>Bilateral contribution</th>
<th>Multilateral contribution imputed through the United Nations</th>
<th>Total multilateral contributions</th>
<th>Total aid flow (bilateral and multilateral)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denmark</td>
<td>154.3</td>
<td>2.1</td>
<td>22.7</td>
<td>177.0</td>
</tr>
<tr>
<td>Finland</td>
<td>78.5</td>
<td>1.2</td>
<td>17.6</td>
<td>96.1</td>
</tr>
<tr>
<td>Germany</td>
<td>801.8</td>
<td>1.2</td>
<td>182.5</td>
<td>984.3</td>
</tr>
<tr>
<td>Norway</td>
<td>46.8</td>
<td>3.9</td>
<td>13.4</td>
<td>60.2</td>
</tr>
<tr>
<td>Sweden</td>
<td>35.7</td>
<td>3.9</td>
<td>45.3</td>
<td>81.0</td>
</tr>
<tr>
<td>Total DAC</td>
<td>5853.6</td>
<td>37.2</td>
<td>1217.7</td>
<td>7071.5</td>
</tr>
</tbody>
</table>

Values reflect 2009 – 2010 Annual average commitments, million USD at 2009 fix prices
Sanitation has higher needs, but lower ODA allocation
Type of aid provided

Grants 38%
Concessional loans 34%
Non-concessional loans 28%

Grants are lowest type of aid provided
Conclusion on challenges

- Stop deterioration of access to sanitation.
- Increase access to piped water.
- Strengthen national surveillance systems, especially for under-reported diseases.
- Reduce vaccine-preventable diseases.
- Strengthen social support for low-income groups.
- Install water safety plans.
- Enable multilateral agencies to serve MEAs.

Oslo 7 November 2012
Introduction

Setting the agenda

Current challenges

Problem solving through the Protocol

- What is the Protocol?
- Proportionality principle
- Access to water and sanitation
- Water safety and water-related diseases
- Economic accessibility
- Acceptability and the DWD
- ODA

Way forward

Conclusion
The Protocol on water and health: a milestone for public health

It is the world’s first legal treaty designed to reduce water-related deaths and diseases.

Legally binding for WHO and UNECE and the countries that have agreed to play by the same rules to secure water and sanitation for all.


It is up to the countries to translate its code into the reality of greater access to safe water and improved sanitation.
4 key areas of work

Costal and estuarine waters
Aqua culture
Water during abstraction, transport, treatment and supply

Surface waters and aquifers
Wastewater collection, transport, treatment, discharge, reuse
How does the Protocol function?

Meeting of the Parties (MOP)

- Compliance Committee
- Bureau
- Joint Secretariat
  WHO – UNECE

- Task Force Surveillance
- Task Force Targets, Indicators and Reporting
- Cross cutting actions small scale
Within 2 years of becoming a Party, each country sets and publishes targets, and dates for achieving them.

- Water supply and sanitation
- Water management
- Health protection

Parties:
- collect and evaluate data
- publish results
- review progress
- provide summary reports

MOP evaluate progress in implementation
Within 3 years each country shall establish systems for surveillance and control of water-related diseases.

Responsive Health Systems

- Public information of threat
- Preventive and remedial actions
- Contingency plans timely prepared
- Capacity strengthened to implement contingency plans
- Water-related outbreaks or threats identified
- Public authorities notified
Legal implications of the Protocol are beneficial

- Although legally binding, the Protocol is a “soft law” instrument, non-confrontational and non-judicial.
- It forms a basis for an improved regulatory environment.
- It does not conflict with current “hard law” obligations but make up for gaps not covered by fragmentary regulation.
- It facilitates access to “hard law” agreements such as international Conventions (Stockholm, Rotterdam) and regulatory frameworks with confrontational enforcement mechanisms (Community Acquis).
- Participation in the work plan is based on self-determined voluntary action.
Proportionality principle and decision I/1

- Proportionality principle. The content and form of actions need to be in keeping with the aim of the proposal.
- Decision I/1. Activities by the Protocol need to be mainstreamed throughout WHO.
- Result is limited subsidiary bodies with restricted mandates for health-related activities, supported by many specialised WHO departments.
Art 4 Water safety

- WSP based on HACCP in food industry
- Holistic risk assessment risk management
- Training in WSP is ongoing between NCG and
  - Centralized networks in Ukraine.
  - Small scale water supplies in Georgia, Tajikistan.
  - Water safety planning in hospital buildings TJK.
- Detailed assessment of water safety and sanitation in schools is implemented under ENHIS.
Art 5 §k and §l
Economic accessibility

- No one left behind: policy compilation
- Score card: how well do countries share information and apply lessons learned?
- Healthy cities network: in an urbanizing world, it is important to give attention to the economically weakest urban dwellers.
Art 6 §1 (a) and (b) and Art 7
Post–2015 sanitation monitoring

- By 2025, no-one practices open defecation.
- By 2030, 80% of poorest quintile and 80% of entire population uses an adequate sanitation facility.
- By 2030, the excreta of 50% of households is safely stored and transported, and adequately treated before being re-used or discharged to the environment.
- By 2025, all schools and health facilities offer adequate sanitation facilities.
Art 8 §1 (a) Water safety and water–related diseases

- Surveillance is crucial for the monitoring and evaluation of patterns and trends of disease.
- The Protocol has provided policy guidance on the importance of water–related disease monitoring.
- The Protocol can focus scientific and technical guidance by WHO on water–related diseases.
Art 11 and Art 12 ODA

- Successful implementation of project facilitation in 6 countries.
- Successful creation of the Water Fund under EBRD to support regulatory and infrastructure work.
Conclusion on Protocol achievements

- Through JMP, a stable monitoring mechanism on access against which targets can be set.
- A dual approach to surveillance and control of water–related disease.
- Guidance and assessment on social support mechanism.
- Leadership on WSP for centralized and rural areas.
- Effective management of scarce resources and innovative financing mechanisms.
Introduction
Setting the agenda
Current challenges
Problem solving
Way forward
  ◦ A Nordic/Baltic Protocol Group?
  ◦ Terms of reference
Conclusion
A Nordic/Baltic Protocol Group?

- On SANITATION and water supply
- Fill current lack of structured consultation
- Common intrasectoral platform
- Meet yearly
- Form a basis for concerted action
- Focus activities by international organizations in the Nordic/Baltic region
- Focus financial cooperation programmes
A Nordic/Baltic Protocol Group

- Develop the basis
  - Support JMP in monitoring access (by income)
  - Support GLAAS in monitoring financing

- Improve operations
  - Introduce WSP in small and centralized systems
  - Introduce improved operational management

- Strengthen health systems
  - Improved surveillance
  - Vaccine preventable diseases

- Managing in a changing environment

- Risks and emergencies
A Nordic/Baltic Protocol Group

- Organizational home?
  - Countries?
  - Organization?
  - International agency?
- Operational budget?
Agenda 6/6

- Introduction
- Setting the agenda
- Current challenges
- Problem solving through the Protocol
- Way forward
- Conclusion
A final word

- Nordic and Baltic countries still face challenges in water and health.
- The Protocol is a flexible and versatile tool to respond to these challenges.
- It is now up to the countries to develop the appropriate political initiatives.