



**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

Seventh meeting
Geneva, 26 and 27 November 2014
Item 5 of the provisional agenda
Prevention and reduction of water-related diseases

INFORMAL DOCUMENT

Meeting on strengthening surveillance of water-related diseases (WRD)

Background and meeting objectives

Establishing and maintaining comprehensive national and local surveillance and early warning systems for WRD, contingency plans and response capacities are core provisions of Article 8 of the Protocol on Water and Health (hereinafter “the Protocol”). The Parties of the Protocol, on the basis of Article 6, are required to adopt national targets, including on the reduction of the scale of outbreaks and incidents of WRD. Under the Protocol’s 2014-2016 programme of work, strengthening WRD surveillance, outbreak detection and management has been identified as a priority programme area which is co-lead by Belarus and Norway.

The meeting on strengthening surveillance of WRD was organized by the WHO Regional Office for Europe in cooperation with the lead-Parties Norway and Belarus on 22-23 October 2014 in Bonn, Germany. The meeting was attended by 33 participants from 18 Member States, as well as experts from the European Centre for Disease Prevention and Control (ECDC), the WHO Collaborating Centre (CC) for Health Promoting Water Management and Risk Communication at the University of Bonn and the WHO CC for Research on Drinking-Water Hygiene at the German Federal Environment Agency, as well as staff from the joint Secretariat. The meeting was financially supported by the Royal Norwegian Ministry of Health and Care Services and the German Federal Ministry for the Environment, Nature Conservation, Building and Nuclear Safety.

The meeting specifically responded to the needs and priorities expressed by the Protocol Parties in terms of developing effective approaches in surveillance of WRD and outbreak management and addressed the following issues:

- Review available evidence of the WRD situation in the WHO European Region;
- Share countries’ approaches and experiences in setting up, implementing and maintaining WRD surveillance and outbreak response systems, including best practices on how surveillance data trigger policy improvements and/or public health interventions;

- Define key challenges and support needs for improving WRD surveillance and response systems in order to inform and advance further work under the Protocol; and
- Discuss the content, gaps and possible update needs for the technical guidance document on WRD surveillance, previously prepared under the Protocol's mandate.

Summary of conclusions

- (1) WRD surveillance and outbreak response systems are core public health functions and therefore essential requirements of the Protocol.
- (2) The majority of Parties, which have set targets under the Protocol, have established targets addressing WRD and/or improvements of surveillance systems. However, not all targets are time-bound and/or measurable.
- (3) There are several reporting platforms at the European level which include information on WRD, such as the WHO-managed Centralized Information System for Infectious Diseases, the ECDC-managed European Surveillance System, as well as the reporting mechanism under the Protocol. However, there is a lack of consistent information on the WRD situation for the WHO European Region across these mechanisms, and therefore improved coordination for harmonized reporting seems necessary.
- (4) There are notable sub-regional differences in terms of most reported WRD, which are likely to depend on established national reporting requirements, available laboratory capacities, the endemic situation, as well as the status of water supply and sanitation services.
- (5) The majority of countries have routine passive surveillance systems and outbreak alert and response mechanisms in place. Several case studies confirmed that web-based notification systems improve reporting in terms of timeliness, effective communication among stakeholders and coordinated intervention throughout all levels.
- (6) Several case studies illustrated how surveillance and outbreak investigation outcomes inform policy interventions and improvement programming at national level. Outbreak registers support identification of deficiencies and prioritization of interventions spatially and over time.
- (7) Surveillance coverage tends to be less in rural areas due to the lack of laboratory, human and financial capacities. There is a general lack of linkage between drinking-water quality monitoring and WRD surveillance. Emerging pathogens (including legionella) and non-communicable disease outcomes from chemical constituents in drinking-water are not well covered by many surveillance systems.
- (8) Due to intrinsic methodological difficulties, there are a number of challenges related to reporting of WRDs, including under-reporting and lack of epidemiological evidence on whether a case or an outbreak is associated to water or food. This uncertainty in relation to the true extent of reported cases may compromise attention to WRD at policy level.
- (9) WRD surveillance and outbreak detection and response mechanisms, including preparedness planning, should be adapted taking into account the increasing number of extreme precipitation and flooding events in the WHO European Region.
- (10) Public perception on water- and sanitation-related health impacts and priorities might be different from public health "reality". Effective communication to the public of the health risks is important and requires suitable communication approaches.
- (11) The meeting participants confirmed the need and usefulness of the 2011 technical guidance on WRD prepared under the mandate of the Protocol. It serves a good basis for training activities. The participants recommended to broadly disseminate the document to target audiences and suggested a broad range of concrete amendments to be considered in a possible second edition.
- (12) The meeting participants discussed and proposed the following activities to advance the work on WRD surveillance under the Protocol:

- a. Review and update the current Protocol reporting template, as well as the Guidelines on the Setting of Targets, Evaluation of Progress and Reporting, to measure more effectively the effects of targets, as the data provided on WRD may not be suitable and/or sufficiently informative;
- b. The majority of Member States requested training on WRD surveillance and outbreak response systems which bring together relevant professionals and sectors and supported conducting questionnaire surveys to find out training needs of the target countries.
- c. Develop training materials and delivery of regional/sub-regional and in-country capacity building workshops;
- d. Update the technical guidance on WRD based on the recommendations provided at the meeting;
- e. Finalize and publish the status report of WRD in the WHO European Region; and
- f. Prepare a best practice document featuring country's approaches on WRD surveillance and response and their experiences.