

**Ms. Ildiko Horvath, Minister of State for Health, Ministry of Human Capacities,
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- **Hungary is in a fortunate situation as we are exceptionally rich in surface water and groundwater, and through continuous infrastructural development now over 95 % of the households has access to centralized, piped drinking water supply, and more than 81 % also has centralized sewerage. But this advantageous circumstance is also a responsibility to “leave no one behind”, to identify those vulnerable groups who either lack access or are at risk of losing it due to difficulties of accessibility or affordability. In 2015-2016, Hungary successfully applied the Scorecard on Equitable Access, developed under the Protocol on Water and Health to carry out a self-assessment of access and identified priority areas of action. We are delighted to see that these tools are being increasingly recognized in the region, they are now referenced in recitals of the revised EU drinking water directive.**
- **Sufficient quantity in itself is not enough: water safety is also very important for us. Hungary was among the first in Europe to introduce water safety planning, based on WHO principles, as a legal obligation for water suppliers. Ten years after its introduction, Hungary revised and - based on the outcomes - improved its guidance on the development and auditing of water safety plans, as part of the biannual cooperation agreement between WHO Euro and the Ministry of Human Capacities. We welcome the achievements of the Protocol on safe and efficient management, especially of sanitation, as Hungary has no prior experience in this field.**
- **Global and regional commitments, such as the Sustainable Development Goals and the Ostrava Declaration emphasize the need for adequate water, sanitation and hygiene in schools and healthcare facilities to achieve universal access. Hungary therefore undertook co-leadership of the priority area on institutional WASH under the Protocol together with Moldova and Georgia. Tools for the assessment of baseline situation and progress are indispensable in this area. In Hungary, periodic assessment of environmental conditions, including WASH is a well-established practice, but in healthcare facilities, the first baseline assessment is currently in progress. Since basic service is in place in all facilities, for Hungary the next step is the definition of advanced goals.**

What do you consider the main benefit of Protocol implementation at national level?

Since Hungary was one of the “founding fathers” of the Protocol, by now there is sufficient available experience on its national implementation. Two elements should be highlighted, probably the most important is intersectorial cooperation. The implementation of the Protocol is coordinated by an intersectorial expert group of several involved ministerial representatives, other government and non-government organizations, which is an optimal platform for discussing both Protocol issues and other water and health related topics as well.

The other highlight is the flexibility of the Protocol. Most international obligations, whether legally binding, such as those arising from EU accession, or voluntary, only define the goals, but not the path towards them. The Protocol provides a flexible framework for its Parties to define their own pace and steps of progress.