

Subregional Workshop To Share Experience In The Implementation  
Of The Unece-WHO/Europe Protocol On Water And Health For  
Countries Of Central Asia - Almaty, October 22, 2013



# Obligation under the Protocol related to surveillance of water related disease and the experience of Hungary in this field

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# Objective of the Protocol



“The objective of this Protocol is to promote at all appropriate levels, nationally as well as in transboundary and international contexts, **the protection of human health** and well-being, both individual and collective, within a framework of sustainable development, through improving water management, including the protection of water ecosystems, and **through preventing, controlling and reducing water-related disease.**”

# Obligations under the Protocol



- Article 1

The Parties shall take all appropriate measures to prevent, control and reduce water-related disease (...)

- Article 6 (2)

Parties shall set national targets on

(b) The reduction of the scale of outbreaks and incidents of water related disease

# Article 8 - Response systems



- Parties shall establish surveillance and early warning systems to detect and identify outbreaks and incidents, notify authorities and the public
- Contingency plans for responding to emergency situation
- Public authorities shall have capacity to respond to emergencies
- Parties shall have surveillance systems and contingency plans ready 3 years after the accession to the Protocol


# Task force on Surveillance




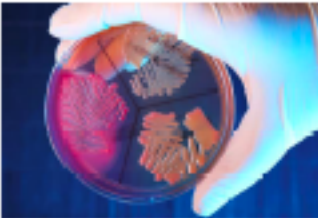
- Task Force on surveillance and early-warning systems, contingency plans and response capacity
- Lead party: Italy (Enzo Funari)
- Albania, Armenia, Belgium, Bosnia and Herzegovina, Czech Republic, Germany, Hungary, Norway, Romania, Serbia
- The lack of resources hindered the work of the task force

# Task force on Surveillance





**World Health Organization**  
REGIONAL OFFICE FOR Europe






Technical guidance  
on water-related  
disease surveillance



**World Health Organization**  
REGIONAL OFFICE FOR Europe





Policy guidance on  
water-related  
disease surveillance

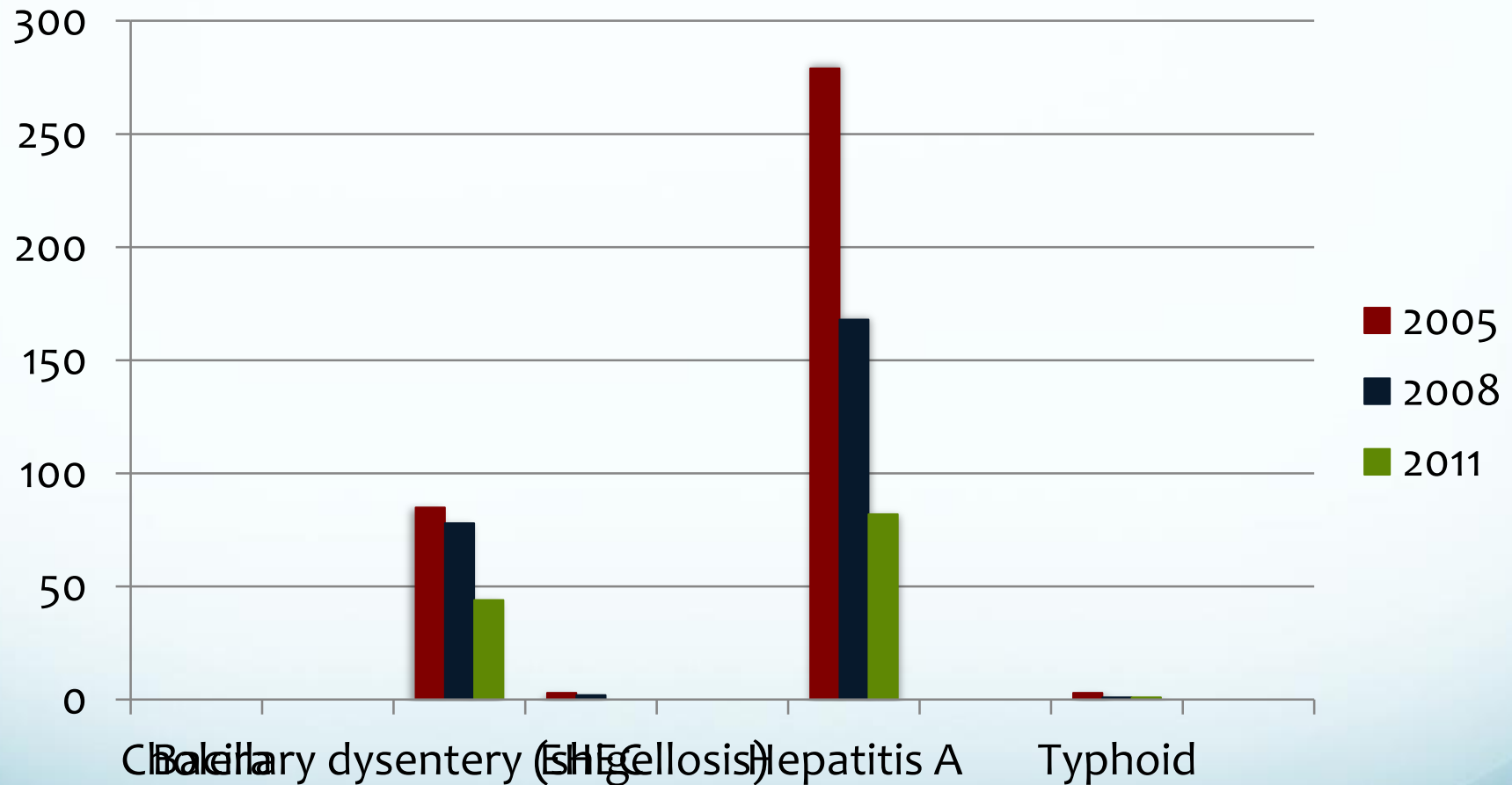


# Hungarian target under Art 6 (2) b)



- No quantitative target - low number of identified cases of water related communicable diseases
- Improve surveillance and outbreak detection system
- Proposed target: improve the recognition of the water related communicable diseases.

# Water related disease incidence – common indicators



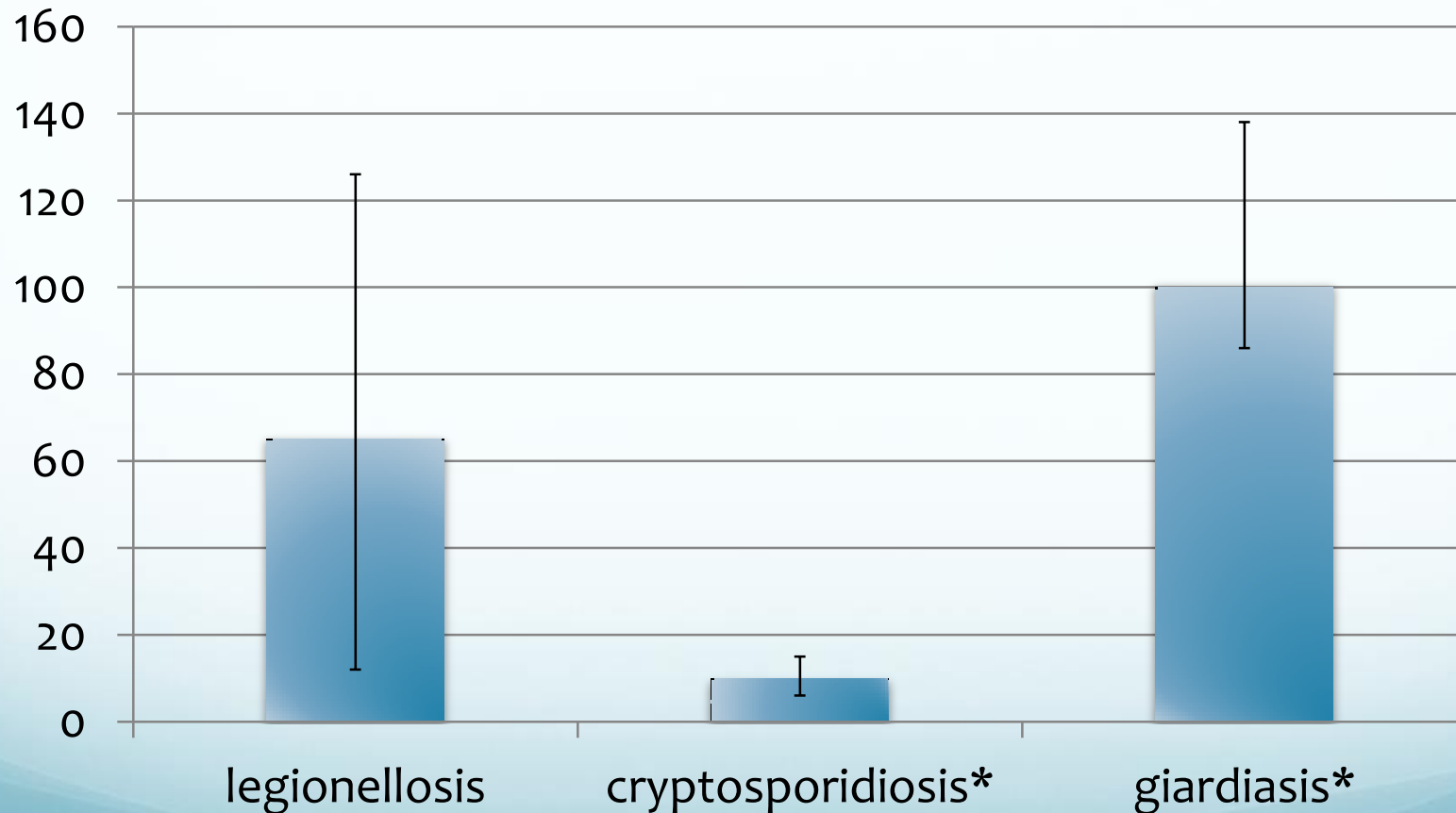
- None of this is water related!



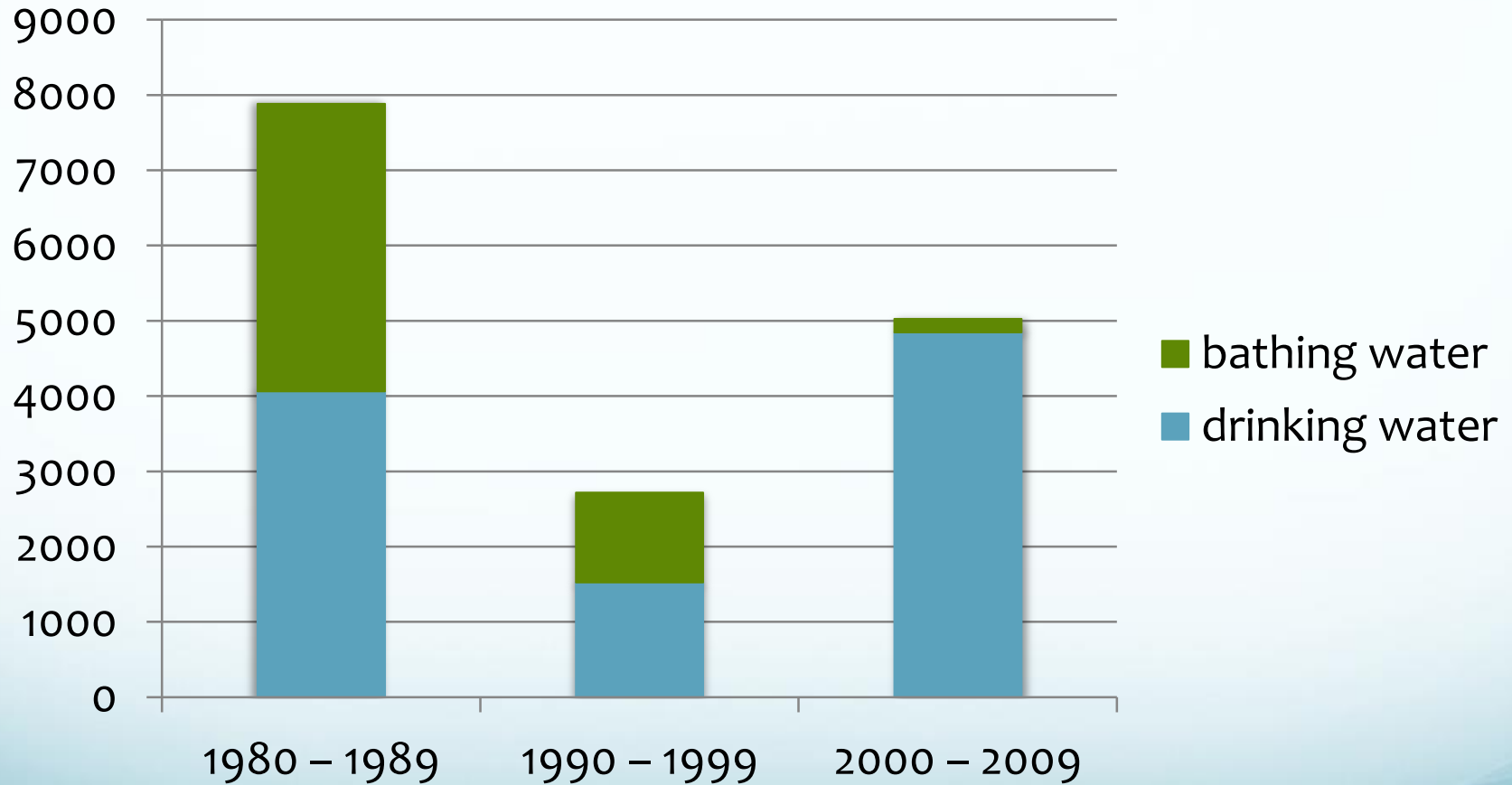
# Water related disease incidence – emerging diseases



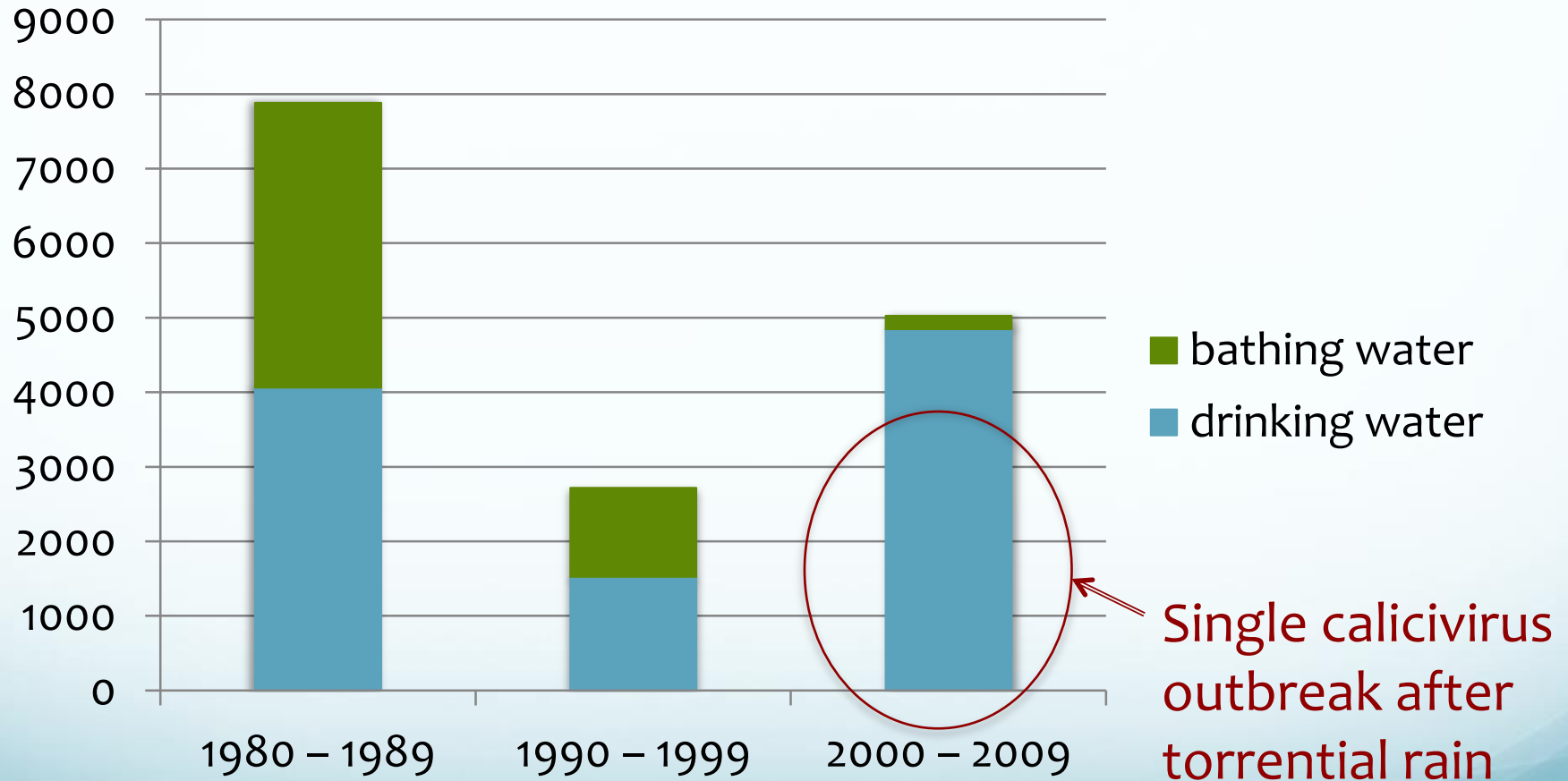
**Average yearly incidence 2000-2009**



# Water related outbreaks 1980-2009



# Water related outbreaks 1980-2009



# Water related disease surveillance

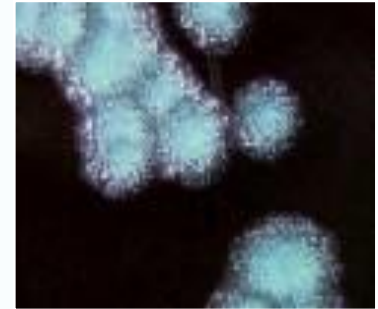


- Part of the communicable disease surveillance:
  - Laboratories report on diagnosis
  - Physicians report on cases
  - Clinical information linked to laboratory information
  - Person, time, place, severity, outcome
  - Epidemiological characteristics (sporadic/cluster)
  - Outbreak-surveillance: cases are linked to the electronic record of outbreak
- On-line electronic reporting
- Plans to link to drinking water quality databases

# Capacity building



- Lab capacity improvement on the clinical level
  - All notifiable disease agents can be identified at least at the reference laboratory
- Lab capacity improvement for water analysis
  - Legionella – reference lab and accredited laboratories
  - Enteric viruses – one lab
  - Cyanobacterial toxins – one lab
  - Indicators, conventional pathogens (Salmonella) – sufficient lab capacity
- Further need for improvement
  - Protozoa detection both in water and clinical samples



# Expert meeting on Water Related Disease Prevention and Surveillance



- Bonn, Sept 5-6, 2013
- High attendance from the entire region
- Programme:
  1. The Protocol on Water and Health context
  2. Strengthening water-related disease surveillance and outbreak detection
  3. Cost-effective drinking-water quality surveillance
  4. Water, sanitation and hygiene (WASH) in schools
- Presentations and group discussions to identify priority areas for future work

# Commonalities and differences in country perspectives



- Priority agents and diseases vary widely
  - Campylobacteriosis, dysentery, shigellosis, enteric viruses, Cryptosporidium, Giardia, Legionella, EHEC, Hepatitis A, Tularemia
- Priority water types
  - Drinking water, natural and enclosed bathing water, irrigation water
- Lab capacity
  - Clinical and water analysis

“Absence of evidence is not the evidence of absence”

# Key outcomes



- All participants agreed that water related disease prevention is a high priority area
- There is available guidance but need to put into practice
- Necessity of capacity building (both lab and human capacities)
- Need for cost-effective methods both for disease surveillance and water quality monitoring
- School environment is a high priority – field for improvement in more developed countries



# Programme of Work 2014-2016



- Area 1 — Improving governance for water and health: support to setting targets and implementing measures of experience and networking
- **Area 2 — Prevention and reduction of water-related diseases**
- Area 3 — Small-scale water supplies and sanitation
- Area 4 — Safe and efficient management of water supply and sanitation systems
- Area 5 — Equitable access to water and sanitation: translating the human right to water and sanitation into practice awareness
- Area 6 — Assistance to support implementation at the national level
- Area 7 — Compliance procedure

# Proposed work – Sub-areas 1-2



1. Strengthening water-related disease surveillance outbreak detection and management
  - Development of surveillance systems
  - Emergency response systems
  - Lab capacity building
  - Training sessions on outbreak detection
2. Promoting targeted health interventions for water- and sanitation-related diseases
  - Awareness raising, vaccination campaigns (e.g. rotavirus)
  - Education on good hygiene practices
  - Prevention of helminth infections

# Proposed work – Sub-areas 3-4



3. Support cost-effective drinking-water quality surveillance
  - Cost effective and risk-based water quality monitoring
  - Tools to assist prioritization of chemical and microbiological hazards
  - Capacity building
4. Strengthen hygiene education and promote sanitation in schools
  - Material for awareness-raising school campaigns
  - Pilot projects
  - School surveys (ENHIS)

# Благодарю за внимание!

