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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

Fourth session

Geneva, 14–16 November 2016

Items 6 and 8 of the provisional agenda

**Review of past activities and discussion of future activities in
the different areas of work**

**Programme of work for 2017–2019, terms of reference of
bodies established to implement it and resources needed
for its implementation**

**Report on the implementation of the programme of work
for 2014–2016, including an overview of contributions
and expenditures**

Prepared by the Bureau with the assistance of the joint secretariat*

Summary

The present document contains a report on the implementation of the programme of work for 2014–2016 of the Protocol on Water and Health to the Convention on the Protection and Use of Transboundary Watercourses and International Lakes (ECE/MP.WH/11/Add.1–EUDCE/1206123/3.1/2013/MOP-3/06/Add.1). The report provides a general overview of implementation — highlighting the progress achieved, success factors and challenges encountered — and a summary of activities undertaken under each programme area.

* The present document is submitted late due to resource constraints.



An overview of contributions and expenditures related to the implementation of the Protocol in the reporting period is annexed to the document.

The Meeting of the Parties may wish:

- (a) To endorse the report on the implementation of the programme of work for 2014–2016, including the report on contributions and expenditures;
- (b) To commend the members of the Working Group on Water and Health, the Bureau, the other subsidiary bodies, the lead Parties, other States and organizations as well as the joint secretariat for their valuable support in the implementation of various planned activities under the Protocol;
- (c) To express its gratitude to Parties and other cooperating States, especially to the lead countries and organizations that have provided human and financial resources to implement the programme of work for 2014–2016.

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I. General overview

1. As of 15 October 2016, 26 countries¹ have ratified the Protocol on Water and Health to the Convention on the Protection and Use of Transboundary Rivers and International Lakes. Since the third session of the Meeting of the Parties (Oslo, 25–27 November 2013), there have been no new accessions to the Protocol. A number of countries, such as the former Yugoslav Republic of Macedonia, have expressed their intention of acceding to the Protocol and Kazakhstan is currently in the process of accession.
2. In the reporting period (2014–2016), Parties made progress in setting their targets and target dates according to article 6 of the Protocol. Norway and Serbia adopted their targets in 2015, and Romania adopted targets in 2016. The Republic of Moldova and Slovakia revised their national targets. Azerbaijan and Switzerland reported that they were making progress in the target-setting process. Other States, such as Armenia, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan and the former Yugoslav Republic of Macedonia, are in the process of setting targets in the context of the Protocol.
3. The work on target setting and reporting evolved in the past triennium, as more and more countries went beyond setting targets and target dates by developing action plans for achieving those targets, with concrete measures, identified responsibilities and allocated funds or estimates of financial needs. Setting and implementing targets in synergy with the programme areas within the programme of work for 2014–2016 (ECE/MP.WH/11/Add.1-EUDCE/1206123/3.1/2013/MOP-3/06/Add.1) was extensively promoted. These included, for example, promotion and scaling-up of the water safety plan approach, in particular in small-scale systems in rural areas, strengthening surveillance and outbreak response systems on water-related diseases, improving equitable access to water and sanitation and improving water, sanitation and hygiene (WASH) in schools.
4. All 26 Parties and six other States took part in the third reporting exercise. The information provided by countries is summarized in the regional report on the status of implementation of the Protocol (ECE/MP.WH/2016/3–EUPCR/1611921/2.1/2016/MOP-4/09).
5. The thematic scope of the work under the Protocol has been significantly expanded in the past triennium. Planned activities were fully implemented in almost all programme areas, despite the limited resources available. The major progress in the work on equitable access to water and sanitation under the Protocol gained broad visibility both in regional and international forums, and more countries from the region engaged in equity assessments than initially planned. The work on WASH in schools gained momentum, and efforts in the framework of the Protocol in this area have had positive impacts outside of the region. Remarkable achievements were made in the areas of surveillance of water-related-disease and drinking-water quality, small-scale water supply and sanitation systems and water safety plan uptake. These achievements encompassed broad capacity-building at the regional, subregional and national levels; the generation of a solid evidence base for policy interventions, by means of thorough reviews and analyses of the situation of water-related diseases, small-scale water supply and WASH in schools in the pan-European region; development of guidance tools to support the target-setting and implementation processes; and field projects.
6. In the reporting period, the following publications were produced under different thematic areas of the Protocol:

¹ See http://www.unece.org/env/water/pwh_status/legal.html.

- (a) *A Healthy Link: The Protocol on Water and Health and the Sustainable Development Goals* (ECE/INF/NONE/2016/16);
- (b) *Collection of Good Practices and Lessons Learned on Target Setting and Reporting under the Protocol on Water and Health* (ECE/MP.WH/14);
- (c) *The Situation of Water-related Disease in the Pan-European Region*;²
- (d) *The Situation of Water, Sanitation and Hygiene in Schools in the Pan-European Region*;³
- (e) *Prioritizing Pupils' Education, Health and Well-being: Water, Sanitation and Hygiene in Schools in the Pan-European Region*;⁴
- (f) *Taking Policy Action to Improve Small-scale Water Supply and Sanitation Systems: Tools and Good Practices from the Pan-European Region*;⁵
- (g) *Status of Small-scale Water Supplies in the WHO European Region: Results of a Survey Conducted under the Protocol on Water and Health*;⁶
- (h) *Water Safety Plan: A Field Guide to Improving Drinking-water Safety in Small Communities*;⁷
- (i) *Guidance Note on the Development of Action Plans to Ensure Equitable Access to Water and Sanitation* (ECE/MP.WH/15).

7. The achievements and experiences gained under the Protocol and its relevance and importance for the realization of regional and global policy developments were presented and acknowledged at different high-level international meetings. These events include: the Budapest Water Summit (Budapest, 8–11 October 2013); the 2015 UN-Water Annual International Zaragoza Conference, Water and Sustainable Development: From Vision to Action (Zaragoza, Spain, 15–17 January 2015); the Seventh World Water Forum (Daegu, Republic of Korea, 12–17 April 2015); the High-level International Conference on the Implementation of the International Decade for Action “Water for Life” 2005–2015 (Dushanbe, 9–10 June 2015); the High-level Mid-term Review Meeting of the European Environment and Health Process (Haifa, Israel, 28–30 June 2015); the fifth meeting of the European Environment and Health Task Force (Skopje, 24–25 November 2015); and World Water Week 2016 (Stockholm, 28 August–2 September 2016).

8. Subsidiary bodies under the Protocol continued to successfully implement their mandates. The Working Group on Water and Health provided a forum to review and discuss a wide range of issues related to water, sanitation and health and the Protocol's implementation and promotion, including resource-mobilization efforts. At its eighth and ninth meetings (Geneva, 21–22 October 2015 and 29–30 June 2016, respectively), the Working Group reviewed the progress achieved and the challenges encountered in the implementation of the programme of work for 2014–2016. It also agreed on strategic priorities for 2017–2019, taking into consideration the outcomes of a workshop on future priorities under the Protocol (Geneva, 7–8 March 2016). In addition, the Working Group reflected on the linkages between the Protocol and the 2030 Agenda for Sustainable Development (2030 Agenda) and its Sustainable Development Goals.

² Copenhagen, World Health Organization Regional Office for Europe, 2016.

³ Copenhagen, World Health Organization Regional Office for Europe, 2016.

⁴ Copenhagen, World Health Organization Regional Office for Europe, 2016.

⁵ Copenhagen, World Health Organization Regional Office for Europe, 2016.

⁶ Copenhagen, World Health Organization Regional Office for Europe, 2016.

⁷ Copenhagen, World Health Organization Regional Office for Europe, 2014.

9. The Task Force on Target Setting and Reporting continued guiding and supporting countries and provided a forum for the exchange of experience, good practices and lessons learned on target setting and reporting. This resulted in an increase in the number of Parties and other States either working on setting their targets under the Protocol or having set and officially adopted their targets and currently embarking on the development of action plans for their implementation. The Task Force activities were increasingly oriented towards thematic exchanges on priority issues under the Protocol, a trend that is also reflected in the draft programme of work for 2017–2019 (ECE/MP.WH/2016/2–EUPCR/1611921/2.1/2016/MOP-4/08).

10. There was also an increase in the activities of the Compliance Committee as compared with the previous triennium. The work embraced a wide range of activities. The Committee reviewed Parties' compliance with their obligations under articles 6 and 7 of the Protocol; it entered into consultations with a number of Parties to facilitate and assist their implementation of the Protocol; and it interpreted the legal provisions of the Protocol (see chap. VIII below).

A. Success factors and opportunities for future work under the Protocol

11. The progress and achievements made in the implementation of the Protocol's programme of work for 2014–2016 at the national and regional levels were possible thanks to a number of driving factors. These include:

(a) That the work under the Protocol responds to countries' needs and addresses priorities of relevance across the entire pan-European region;

(b) That countries were able to build on experience already gained in implementing the Protocol through inclusive target-setting processes and implementing the national targets;

(c) The ownership, commitment and support provided by the lead countries and organizations, together with the Protocol's Bureau, and the facilitating role of dedicated national focal points;

(d) Voluntary financial contributions from Parties (Bosnia and Herzegovina, Estonia, Finland, France, Germany, Hungary, the Netherlands, Norway and Switzerland) and the mobilization of additional funds from other sources, such as a significant contribution from the United Nations Development Account;

(e) The provision of significant technical and financial assistance by the World Health Organization (WHO) Regional Office for Europe, through its Biennial Collaborative Agreements, supporting national target-setting processes and capacity-building on different thematic priorities under the Protocol;

(f) The United Nations Economic Commission for Europe (ECE)-led National Policy Dialogues on Integrated Water Resources Management operating under the European Union Water Initiative, which ensured high-level political commitment and provided significant financial and substantive support to the implementation or application of the Protocol in those countries of Eastern Europe, the Caucasus and Central Asia where this has been a thematic priority;

(g) The strong involvement of and the substantial technical support provided by WHO Collaborating Centres (for Health Promoting Water Management and Risk Communication at the University of Bonn, Germany; for Research on Drinking Water Hygiene at the German Environment Agency, Germany; for Drinking Water Safety at the Drinking Water Inspectorate, United Kingdom of Great Britain and Northern Ireland; for Protection of Water Quality and Human Health at the University of Surrey, United

Kingdom; on Water Quality and Health at KWR Watercycle Research Institute, the Netherlands; for Sustainable Water, Sanitation and Hygiene Services in Developing Countries at IRC, the Netherlands; for Risk Assessment of Pathogens in Water and Food at the National Institute for Public Health, the Netherlands; and for Sanitation and Water in Developing Countries at the Swiss Federal Institute of Aquatic Science and Technology, Switzerland);

(h) The involvement of non-governmental organizations (NGOs) ,which significantly contributed to the promotion and implementation of the Protocol, in particular through increasing public participation, facilitating equity assessments and leading efforts to translate their outcomes into action, and capacity-building activities in the countries;

(i) Youth engagement, through the leadership of the European Environment and Health Youth Coalition, which contributed to promoting the Protocol and specifically to advancing the work on WASH in schools;

(j) The work of the joint ECE-WHO Regional Office for Europe secretariat, which significantly contributed to the functioning of the institutional mechanism of the Protocol and successful implementation of the programme of work for 2014–2016.

12. The Protocol supports implementation of the European health policy framework, Health 2020. It further provides tools for achieving the forthcoming regional commitments on water, sanitation and health that will be identified under the European Environment and Health Process, as well as Regional Priority Goal 1 of the 2010 Parma Declaration on Environment and Health on improving access to safe water and sanitation.

13. The Protocol offers a platform for cooperation and assistance in the pan-European region through broad range cooperative arrangements with:

(a) Intergovernmental organizations within and outside the United Nations system, including the Office of the United Nations High Commissioner for Human Rights, the Organization for Economic Cooperation and Development, the United Nations Children’s Fund (UNICEF) and the European Union;

(b) NGOs, both regional umbrella NGOs and national NGOs, which are playing a growing role in supporting the Protocol’s implementation;

(c) Professional and industry representatives (e.g., the International Water Association and the European Federation of National Associations of Water Services (EUREAU));

(d) Strengthened or newly established partnerships (e.g., the German Agency for International Cooperation; the Programme for Finland’s Water Sector Support to Kyrgyzstan and Tajikistan; the Swiss Agency for Development and Cooperation) and international financing institutions (e.g., the European Investment Bank).

14. In terms of opportunities for future work, the Protocol has been positioned as a regional multilateral instrument that supports countries in translating and operationalizing global and regional commitments in national contexts. Notably, the Protocol’s provisions and principles fully align with the scope and ambitions of the 2030 Agenda, in particular Goal 6 on water and sanitation for all, but also other Sustainable Development Goals pertinent to water, sanitation, hygiene and health (i.e., Goal 1 on ending poverty; Goal 2 on improving nutrition; Goal 3 on ensuring healthy lives and well-being; Goal 4 on equitable education; Goal 11 on safe, resilient and sustainable cities; and Goal 13 on climate action).

B. Main challenges

15. Despite the substantial support provided by the institutional framework of the Protocol, including a number of activities at the national level, and efforts made by countries, there have been no new accessions to the Protocol since the third session of the Meeting of the Parties.

16. The scope and amount of work and the support required from the joint secretariat for activities prioritized by Parties significantly increased as compared with the previous triennium, and did not match the human resources capacity available within the secretariat. In addition to servicing intergovernmental meetings of the Protocol's subsidiary bodies, the joint secretariat supported implementation of the programme of work for 2014–2016 by organizing regional, subregional and national capacity-building activities, developing guidance tools, undertaking evidence reviews and implementing field projects.

17. Despite mobilization of external resources from United Nations sources (e.g., ECE and WHO regular budgets and the United Nations Development Account) and the financial and in-kind contributions by Parties and organizations (e.g., the European Union Water Initiative), the lack of available funds to ensure an adequate level of secretariat support continued to be a challenge in the implementation of the programme of work in the third intersessional period. The current situation of primarily relying on non-Protocol affiliated sources is not sustainable and of significant concern. The situation requires critical review and needs to be addressed by the Protocol constituencies. Owing to the lack of predictable funding, the joint secretariat spends a significant amount of time on fundraising to ensure the continuity of work. When adopting the programme of work for 2017–2019, Parties should prioritize activities and ensure that the required financial and human resources are available to meet the growing demands and workload under the Protocol.

18. Some activities under the programme area on safe and efficient management of water supply and sanitation systems were put on hold owing to insufficient funds and the lack of leadership and commitment of the lead country and organization. The discussions at the strategic workshop on future priorities under the Protocol and the ninth meeting of the Working Group on Water and Health, however, reconfirmed the need to revitalize this area in the future programme of work for 2017–2019.

II. Programme area 1: Improving governance for water and health: support for setting targets and implementing measures

Lead Parties: Switzerland and Romania

A. Setting targets and implementing measures

19. The Task Force on Target Setting and Reporting, chaired by Switzerland and serviced by ECE, held two meetings in the reporting period (Geneva, 4 July 2014 and 2 July 2015). At these meetings, the Task Force reviewed the progress of Parties and other States in implementing and applying articles 6 and 7 of the Protocol, noting that an increased number of Parties and other States had set and officially adopted their targets and were currently working on developing action plans for their implementation.

20. In the third intersessional period, the Task Force also continued to provide a forum for exchanging experience and sharing good practices and lessons learned on target setting and reporting. In particular, the Task Force reviewed the *Guidelines on the Setting of*

*Targets, Evaluation of Progress and Reporting.*⁸ It concluded that, since their adoption in 2010, the Guidelines had proven to be a comprehensive document, and had been extensively used by countries when setting national targets and evaluating progress and reporting. While applying the Guidelines, countries had accumulated ample experience that had contributed to the success of the target-setting and reporting processes, and had also identified areas where they realized things could have been done differently. Recognizing the usefulness of this collective experience and the benefits of learning from and replicating good practices, the Task Force decided to gather such practices and lessons learned.

21. The preparation of the *Collection of Good Practices and Lessons Learned on Target Setting and Reporting under the Protocol on Water and Health* relied on a broad consultative process, involving a wide range of stakeholders and multiple review stages. A drafting group was established, extensive discussions were held at the level of the Task Force and the Working Group on Water and Health, and a dedicated workshop (Geneva, 8–9 March 2016) was organized. Twenty-seven case studies were prepared and more than 60 experts participated in the process. The result is a hands-on, concrete tool that highlights challenges and lessons learned, solutions and success factors to help overcome them and methods for their replication.

22. Finally, a regional workshop on the establishment of linkages between the Protocol on Water and Health and WHO-led global monitoring and reporting mechanisms (Geneva, 3 July 2014), organized back to back with the Task Force's seventh meeting, highlighted the need to further strengthen practical linkages with the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation and the UN-Water Global Analysis and Assessment of Sanitation and Drinking Water (GLAAS). A conclusion of the workshop was that, to do so, there was a need to harmonize definitions and indicators.

23. Activities under this programme area were financially supported by Switzerland and the United Nations Development Account.

B. Improving the quality of reporting

24. In the past triennium, the Task Force also reviewed the template for summary reports adopted by the Meeting of the Parties at its second session, and decided to introduce a number of editorial changes, explanatory notes and clarifications to facilitate the use of the template by Parties and other States. The Task Force further recommended the Working Group to encourage countries to use the revised template in the third reporting cycle.

25. The regional report on the status of implementation of the Protocol (ECE/MP.WH/2016/3–EUPCR/1611921/2.1/2016/MOP-4/09), prepared by the joint secretariat with the assistance of the WHO Collaborating Centre for Health Promoting Water Management and Risk Communication at the University of Bonn, contains a comprehensive overview and analysis of the 32 reports submitted by countries in 2016.

26. The Task Force also made extensive revisions to the guidelines and template for summary reports to be used in the fourth reporting cycle under the Protocol and beyond. A draft decision on reporting (ECE/MP.WH/2016/4–EUPCR/1611921/2.1/2016/MOP-4/10), containing revised guidelines for summary reports and the revised template, has been submitted to the Meeting of the Parties at its fourth session for adoption.

27. To build national capacities on water and sanitation sector monitoring and raise awareness on global monitoring programmes, such as the Joint Monitoring Programme and GLAAS, capacity-building workshops were organized in Azerbaijan (Baku, 18–19

⁸ United Nations publication, Sales No. E. 10.II.E.12.

December 2014), Serbia (Belgrade, 10–11 December 2014) and Turkmenistan (Ashgabat, 1 April 2015).

28. A snapshot of the sanitation and drinking-water situation in the WHO European Region, based on the Joint Monitoring Programme's 2015 final assessment report of the implementation of the Millennium Development Goals, was prepared. Twelve countries⁹ participated in the 2013–2014 GLAAS reporting cycle, and GLAAS country profiles¹⁰ and regional highlights¹¹ were published. The participating countries recognized the added value of the information obtained through GLAAS in identifying policy improvement and resource allocation needs, as well as in establishing a baseline and setting national targets under the Protocol.

III. Programme area 2: Prevention and reduction of water-related diseases

29. Efforts to prevent and reduce water-related diseases sought to reinforce implementation of article 8 and other related articles of the Protocol, in particular to: (a) strengthen systems of water-related disease surveillance and outbreak detection and management; (b) promote targeted health interventions for water-and sanitation-related diseases; (c) support cost-effective drinking-water quality surveillance; and (d) strengthen WASH in schools.

A. Strengthening water-related disease surveillance, outbreak detection and management

Lead Parties: Norway and Belarus

30. A regional meeting on strengthening water-related disease surveillance was organized (Bonn, Germany, 23–24 October 2014) to define priority activities to advance the work in this area under the Protocol. Recommendations from the meeting included to: (a) revise the current Protocol reporting template in relation to water-related diseases; (b) undertake in-country capacity-building on water-related disease surveillance and outbreak management; (c) publish a status report of water-related disease in the pan-European region; and (d) update the 2011 technical guidance on water-related disease prepared under the Protocol. Norway and Germany provided financial support.

31. An online tool to define training needs on water-related disease surveillance and outbreak management and pilot training materials were developed with support from the Norwegian Institute of Public Health. National workshops on water-related disease surveillance were conducted in the former Yugoslav Republic of Macedonia (Skopje, 9–10 March 2016) and Czechia (Prague, 30–31 May 2016). The workshops improved the knowledge of health professionals on effective disease-surveillance approaches, epidemiological investigation of waterborne outbreaks and the identification of challenges

⁹ Countries that participated in 2013–2014 GLAAS country survey: Azerbaijan, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Lithuania, Republic of Moldova, Serbia, Tajikistan, the former Yugoslav Republic of Macedonia and Ukraine.

¹⁰ Country profiles are available from: http://www.who.int/water_sanitation_health/glaas/2014/country-highlights/en/.

¹¹ WHO, *Investing in Water and Sanitation: Increasing Access, Reducing Inequalities. GLAAS 2014 Findings – Highlights for the European Region* (Geneva, 2015). Available from http://www.who.int/water_sanitation_health/publications/glaas-2014-euro-highlights/en/.

and short- and long-term actions to improve water-related disease surveillance systems in order to comply with the provisions of article 8 of the Protocol.

32. A systematic review of the available evidence on water-related diseases was undertaken and published in the report, *The Situation of Water-related Diseases in the Pan-European Region*. The report provides an overview of infectious water-related diseases in the region, the state of national surveillance and outbreak response systems and progress in setting related targets under the Protocol. The findings indicate that viral gastroenteritis, hepatitis A, pathogenic *E. coli* infections and legionellosis are diseases with the highest number of outbreaks and approximately 18 per cent of the documented outbreaks are attributable to water. Twelve Parties adopted specific targets on water-related diseases in accordance with the core provisions of the Protocol. The preparation of the report was technically supported by the lead Parties and financially supported by Norway and Germany.

B. Promoting targeted health interventions for water- and sanitation-related diseases

Lead organization: WHO Regional Office for Europe

33. The work to promote targeted health interventions for water- and sanitation-related diseases focused on supporting the development of a regional strategic framework for control and prevention of soil-transmitted helminthiasis in countries of the WHO European Region for 2016–2020, in particular strengthening its WASH component. The strategy will support intensified implementation of the key policies, such as: a global soil-transmitted helminthiasis control plan for 2011–2020, aiming at the elimination of soil-transmitted helminthiasis among school-age children by 2020; the WHO global strategy on WASH for accelerating and sustaining progress on neglected tropical diseases for 2015–2020; Regional Priority Goal 1 of the Parma Declaration on Environment and Health, on access to safe water and sanitation; and target 3.3 of the Sustainable Development Goals, to end epidemics of neglected tropical diseases.

34. Scaling-up country assessments on WASH and soil-transmitted helminthiasis was not possible owing to the lack of human and financial resources. In the future, it will be important to streamline activities related to prevention and control of soil-transmitted helminthiasis with activities in other programme areas, specifically promoting access to WASH in schools and rural communities.

C. Supporting cost-effective drinking-water quality surveillance

Lead Parties: Norway and Belarus

35. A meeting on effective approaches to drinking-water quality surveillance (Oslo, 6–7 May 2015)¹² was held to present key elements of risk-based surveillance, review countries' approaches and challenges in water quality surveillance and discuss good practices in risk-based water quality surveillance from across the pan-European region. The necessity of introducing risk-based approaches in standard setting and in the context of surveillance was recognized, and support needs in setting up effective surveillance systems were identified.

¹² See *Effective approaches to drinking-water quality surveillance: meeting report* (Copenhagen, WHO Regional Office for Europe, 2015). Available from <http://www.euro.who.int/en/health-topics/environment-and-health/water-and-sanitation/publications/water-and-sanitation-in-the-who-european-region-2014-highlights/effective-approaches-to-drinking-water-quality-surveillance>.

Meeting participants called for a practical guidance tool to be developed to support the establishment of risk-based surveillance approaches and it was recommended that an expert group be established for that purpose. The meeting was financially supported by Norway.

36. The lead Parties, with support from the WHO Regional Office for Europe, developed an annotated outline, mapping the scope and key building blocks of the suggested guidance document to support uptake of risk-based drinking water quality surveillance. This document will help decision makers, in particular regulators and national and subnational authorities tasked with surveillance, to better understand and appreciate the added value, concept and main principles of risk-based approaches in drinking-water quality surveillance and the prioritization of surveillance efforts taking into account local circumstances and available resources and thereby strengthen surveillance systems for better protection of public health. The document was discussed at the ninth meeting of the Working Group on Water and Health. It is suggested that the development of the document by an expert group be included in the programme of work for 2017–2019.

D. Strengthening water, sanitation and hygiene in schools

Lead Party and country: Hungary and Georgia

37. A regional meeting on advancing WASH in schools (Bonn, Germany, 18–19 September 2014), which brought together health, environment and education sectors, was organized to kick-off Protocol activities on strengthening water, sanitation and hygiene in schools. For the first time at the regional level, participants reviewed the state of WASH in schools, best practices in countries, challenges and support needs and identified required action for promoting WASH in schools under the Protocol. It was clearly revealed that WASH in schools is a common concern across the entire pan-European region, irrespective of a country's socioeconomic status. The meeting resulted in recommendations regarding a number of priority activities to be undertaken under the Protocol, specifically to: (a) review the evidence on WASH in schools for the pan-European region; (b) develop an advocacy document featuring the Protocol as a policy instrument for advancing work on WASH in schools in the region; (c) develop practical tools to support public health authorities and school management; (d) review and revise the 2009 WHO/UNICEF standard on WASH in schools. The meeting was financially supported by Germany.

38. An expert group on WASH in schools was established in 2015 to guide and support implementation of the recommended activities. Three meetings of the expert group were held in the reporting period (Budapest, 16–17 April 2015; and Bonn, Germany, 8–9 October 2015 and 9 February 2016). Members of the expert group are from educational and health departments from Parties, international organizations (e.g., UNICEF), development agencies (e.g., the German Agency for International Cooperation and the Swiss Agency for Development and Cooperation), academia and NGOs. The meetings provided a platform for regional networking and exchange on WASH in schools, supported scoping and conceptualization of the above-mentioned documents and tools and contributed to their development and review.

39. Among the key achievements in this programme area are the development of two publications. *The Situation of Water, Sanitation and Hygiene in Schools in the Pan-European Region* provides comprehensive, evidence-based insight into the current situation and challenges concerning WASH in schools, which can serve as a sound basis for informed policy action in the region. *Prioritizing Pupils' Education, Health and Well-being: Water, Sanitation and Hygiene in Schools in the Pan-European* calls for the progressive improvement in the situation of WASH in schools using the opportunities provided by the Protocol in terms of target setting and providing a platform for advocacy, partnership and cooperation across all the concerned sectors.

40. The European Environment and Health Youth Coalition significantly contributed to the area of work. It implemented a WASH in schools project supported by the WHO Regional Office for Europe and carried out a knowledge, attitude and practice survey on hygiene conducted in high schools of three countries (Lithuania, Republic of Moldova and Romania) and developed the youth-friendly brochure “Hygiene Much” (in English, Russian and German) to sensitize students about hygiene and sanitation-related matters in the school context.

IV. Programme area 3: Small-scale water supplies and sanitation

Lead Parties and organization: Germany, Serbia and Women in Europe for a Common Future

41. Activities on small-scale water supplies and sanitation provided support for Parties and other States to improve these systems, including by: (a) the finalization of a policy guidance document on developing good practice-based approaches in regulation, management and surveillance of small-scale water supply and sanitation; (b) in-country and subregional capacity-building; (c) improving the evidence of the situation of small-scale water supplies in the pan-European region; and (d) practical field projects.

42. Key achievements in this area include the development of two publications. *Taking Policy Action to Improve Small-scale Water Supply and Sanitation Systems: Tools and Good Practices from the Pan-European Region* supports effective policy action and promotes good practices for creating an enabling environment in which to improve the situation of small-scale systems. It introduces a variety of tools that are available to policymakers and highlights how these can be tailored to the particularities of small-scale systems. *Status of Small-scale Water Supplies in the WHO European Region: Results of a Survey Conducted under the Protocol on Water and Health* summarizes the results of a Protocol survey that underline the relevance of addressing the challenges and particularities of small-scale systems. To support the development and review of these documents two expert group meetings were organized (Berlin, 29–31 January 2014 and Bonn, Germany, 12–13 June 2014) with financial support from Germany.

43. The seventh meeting of the WHO-hosted International Small Community Water Supply Management Network was also organized (Bishkek, 26–27 June 2014) in accordance with the Protocol’s programme of work.¹³ The objective of the meeting was to promote collaboration and exchange of information and experiences between Eastern European, Caucasian and Central Asian countries and the Network, and to identify possibilities for collaboration and mutual support. It was the first meeting to strengthen the participation and contributions of these countries to the Network. The meeting was financially supported by Germany.

44. A number of in-country activities were undertaken to support situation assessments and capacity-building. National consultations and workshops to improve the management of small-scale water supplies and sanitation were organized in Serbia (Belgrade, 8 December 2014), the former Yugoslav Republic of Macedonia (Skopje, 17 June 2015), Kyrgyzstan (Bulan Sogottu, 21–22 September 2015), Armenia (Yerevan, 15 December 2015) and Albania (Tirana, 28–29 September 2016). The meetings provided opportunities to review the country situations, identify needs for improving such systems and providing

¹³ See *Report of the seventh meeting of the International Small Community Water Supply Management Network: Focus on the European Region*, Bishkek, Kyrgyzstan, 26–27 June 2014 (Geneva, WHO, 2014). Available from http://www.who.int/water_sanitation_health/water-quality/small-community-management/scwsm_international7/en/.

recommendations for short- and long-term actions to improve their regulation, management and surveillance. All in-country activities were financially supported by the United Nations Development Account and the WHO Regional Office for Europe.

45. A systematic, rapid assessment of the situation of small-scale water supplies in rural areas and small towns of Serbia was undertaken. The work supports the implementation of the national targets set by Serbia under the Protocol, especially with respect to establishing a baseline of the prevailing condition of such systems in rural Serbia. The outcomes of the rapid assessment aim to inform programming of improvement interventions and further policy development on small-scale systems. Technical support for the project was provided by the WHO Regional Office for Europe and financial support was supplied by the United Nations Development Account.

V. Programme area 4: Safe and efficient management of water supply and sanitation systems

Lead Party and organization: Portugal and the International Water Association

46. The work under programme area 4 to scale-up approaches to the safe and efficient management of water supply and sanitation systems focused on strengthening regulatory and managerial capacities and promoting cooperation and exchange of experience in the pan-European region.

47. Building on the experiences and lessons learned from water safety plan pilot projects implemented in rural Tajikistan, Germany and the WHO Regional Office for Europe coordinated the development of the publication, *Water Safety Plan: A Field Guide to Improving Drinking-water Safety in Small Communities*,¹⁴ which provides a step-by-step introduction to the water safety plan approach for rural communities and field practitioners. Although the guide was developed for the pan-European context, it is also widely applied to small community water supplies outside the region. In addition, two recent WHO publications on sanitation safety planning¹⁵ and water safety plan auditing¹⁶ have been translated into Russian to support countries in developing and implementing water safety plan auditing schemes and to systematically identify and manage health risks along the sanitation chain.

48. With support from Germany, the WHO Regional Office for Europe organized a subregional workshop on building capacities for the development of water safety plans (Bishkek, 24–25 June 2014).¹⁷ The workshop was attended by delegates from the water and health sectors from 12 countries of Eastern Europe, the Caucasus and Central Asia and a

¹⁴ Bettina Rickert and others (Copenhagen, WHO Regional Office for Europe, 2014). Online publication, available from <http://www.euro.who.int/en/health-topics/environment-and-health/water-and-sanitation/publications/2014/water-safety-plan-a-field-guide-to-improving-drinking-water-safety-in-small-communities>.

¹⁵ WHO, *Sanitation Safety Planning: Manual for Safe Use and Disposal of Wastewater, Greywater and Excreta* (Geneva, 2015). Available from http://www.who.int/water_sanitation_health/publications/ssp-manual/en/.

¹⁶ WHO and International Water Association, *A Practical Guide to Auditing Water Safety Plans* (Geneva, 2015). Available from http://www.who.int/water_sanitation_health/publications/auditing-water-safety-plans/en/.

¹⁷ WHO Regional Office for Europe, *Water Safety Plans in Eastern Europe, the Caucasus and Central Asia: Summary of a workshop on building capacities for the development of Water Safety Plans, 24–25 June 2014, Bishkek, Kyrgyzstan* (Copenhagen, 2014). Available from <http://www.euro.who.int/en/health-topics/environment-and-health/water-and-sanitation/publications/2014/water-safety-plans-in-eastern-europe,-the-caucasus-and-central-asia>.

broad range of international organizations and NGOs. The meeting sought to increase understanding of the water safety plan approach, its benefits and the lessons learned, and thereby to support water safety plan uptake by national Governments. The meeting identified key building blocks for successful implementation and scale-up of water safety plans and support needs in the subregion.

49. The European strategic workshop on water safety planning (Berlin, 12–13 March 2014)¹⁸ brought together a broad audience of high-level stakeholders from regulators, water suppliers and research institutions. The workshop aimed at sharing and evaluating the status of water safety plans implementation across Europe, focusing on Member States and accession states of the European Union. The workshop specifically focused on the implementation status and regulation of water safety plans in Europe, an enabling environment, linkage between health-based targets and water safety plans, auditing and certification of water safety plans and particularities of water safety plans for small-scale water supplies. The workshop was co-organized by Germany, the WHO Regional Office for Europe and the International Water Association, and was financially supported by Germany.

50. In-country capacity-building activities on the water safety plan approach were carried out in Tajikistan (Dushanbe, 13 August 2014), the Republic of Moldova (Chisinau, 15 October 2014 and 5–6 November 2015), Kyrgyzstan (Issyk-Kul, 21–22 September 2015), Uzbekistan (Tashkent, 24 June 2015) and Ukraine (Kyiv, 11 August 2015). These activities were largely coordinated by the WHO Regional Office for Europe in cooperation with respective national authorities, and were co-funded from the WHO regular budget and the ECE-led project that supported water safety plan-related activities in the Republic of Moldova with financial support from the Swiss Agency for Development and Cooperation. All in-country activities focused on advocacy and awareness-raising for policymakers towards uptake and scale-up of water safety plans, strengthening knowledge and capacities of water professionals in the application of the water safety plan approach and supporting implementation of national targets related to water safety plans set under the Protocol. These activities resulted in improvements in the countries. For example, in the Republic of Moldova, the water safety plan auditing document was translated into Romanian and national guidelines on water safety plan implementation are under development. In Ukraine, although there has been slow progress at the national level, activities have been initiated at the local level and the water safety plan approach has been introduced in schools.

51. Safe and efficient management of water supply and sanitation systems is the only programme area for which some of the planned activities were not implemented, such as a scoping study on sanitation and the organization of a respective workshop. Safe management of water supply and sanitation services will remain one of the pillars in the programme of work for 2017–2019. Continued attention and support is needed for the development of national road maps or strategies for the long-term strategic uptake of water and sanitation safety plans and capacity-building activities, together with an increased focus on sanitation management, including reuse.

¹⁸ See WHO, German Environment Agency and the International Water Association, *European strategic workshop on water safety planning : key outcomes*. Available from https://www.umweltbundesamt.de/sites/default/files/medien/374/dokumente/berlin_wsp_workshop_report_final.pdf.

VI. Programme area 5: Equitable access to water and sanitation

Lead Parties: France and Hungary

52. Work under programme area 5 aims at promoting the implementation of the Protocol in relation to facilitating access to water and sanitation for poor, vulnerable and socially excluded people and, thereby, contributing to the progressive realization of the human right to water and sanitation.

53. A number of in-country activities were undertaken to support the assessment of the situation of equitable access to water and sanitation based on the Equitable Access Score-card. National consultations and workshops on equitable access to water and sanitation were organized in Hungary (Budapest, 8 October 2014), the Republic of Moldova (10 November 2014), Serbia (Belgrade, 8 December 2014), the former Yugoslav Republic of Macedonia (Skopje, 16 June 2015), Azerbaijan (Baku, 29 September 2015) and Armenia (Yerevan, 15 December 2015). During the triennium, national assessments of equitable access to water and sanitation were finalized in Armenia, Hungary, the Republic of Moldova and the former Yugoslav Republic of Macedonia. Azerbaijan and Serbia are currently in the process of carrying out such assessments. Several NGOs, such as Armenian Women for Health and Healthy Environment, the Journalists for Human Rights and Solidarity Water in Europe Moldova, played a key role in facilitating the equity assessments. Unofficial translations of the Equitable Access Score-card are now available in Albanian, Armenian, Azerbaijani, Hungarian and Macedonian, in addition to official ECE languages. The national assessments contributed to the identification of needs and priorities for the improvement of equitable access to water and sanitation services. Assessment exercises also supported capacity-building related to the implementation of the human right to water and sanitation. In addition, based on the assessments' outcomes, several countries, such as France, Hungary and the Republic of Moldova, took action and adopted measures to address identified equity challenges.

54. Experiences in carrying out such assessments were shared during the third meeting of the expert group on equitable access to water and sanitation (Paris, 11–12 May 2015) and the regional workshop on achieving equitable access to water and sanitation “From assessment to action” (Geneva, 21–22 March 2016). The meetings provided opportunities to discuss possible short- and long-term actions for the improvement of equitable access, as well as to draw lessons from the equitable access assessment processes and outcomes. Based on the conclusions of the meetings, the *Guidance Note on the Development of Action Plans to Ensure Equitable Access to Water and Sanitation* was finalized.

55. The work on equitable access to water and sanitation under the Protocol was promoted at several international events, such as the Budapest Water Summit, the Seventh World Water Forum, the Global Water Safety Conference (Palawan, Philippines, 25–29 April 2016) and World Water Week 2016. The concrete recommendations and tools related to equitable access to water and sanitation developed under the Protocol raised the interest of stakeholders from all over the world.

56. All activities under this programme area were financially supported by the United Nations Development Account and France.

VII. Programme area 6: Assistance to support implementation at the national level

Responsible body: Bureau

57. The National Policy Dialogues, supported by the European Union Water Initiative and serviced by the ECE secretariat, provided a political platform and financial and expert support for target-setting processes in Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan and Tajikistan. National Policy Dialogues were also instrumental in promoting accession to the Protocol in all of the above countries (except Azerbaijan) and in Turkmenistan. The Protocol-related activities under the Dialogues have also established synergies, where relevant, with different thematic areas of work, such as equitable access, and raised awareness on global monitoring programmes such as the WHO/UNICEF Joint Monitoring Programme and GLAAS.

58. An important achievement under the Protocol's programme of work for 2014–2016 was the development and completion of the national project on setting and implementing targets in the Republic of Moldova, supported by the Swiss Agency for Development and Cooperation and implemented by ECE in partnership with the national authorities. The project's forward-looking approach of developing a detailed action plan for implementing the targets set under the Protocol was broadly recognized as extremely useful and has been replicated by a number of countries, such as Kazakhstan, Norway and Serbia.

59. The complex and comprehensive action plan, which was officially approved by the Government of the Republic of Moldova and published in 2016 as a national programme to implement the targets set under the Protocol, includes the revised national targets, specific activities to be carried out to achieve them and a financial strategy to mobilize resources towards the programme's implementation.

60. In addition to the elaboration of the action plan, the project supported the development of a number of norms and codes of practice on small-scale supplies, such as Ecosan toilets and constructed wetlands; facilitated targeted trainings for urban and rural water operators; and, thanks to the involvement of dedicated NGOs, such as the International Environmental Association of River Keepers (Eco-TIRAS) and Solidarity Water for Europe in Moldova, raised the awareness of the Moldovan population on the importance of water, health and hygiene issues.

61. Another strength of the project that could be replicated at the regional level is the continuous close cooperation established between the ministries of environment, health, regional development and construction, education and finance in the process of elaborating the action plan.

62. With regard to the progress in the implementation of assistance activities in Kyrgyzstan and Tajikistan, new projects, supported by the Programme for Finland's Water Sector Support to the above countries, were established in the third intersessional period to enhance the capacities of the Kyrgyz and Tajik Governments of the above countries to implement their national targets set in the context of the Protocol. In both countries, with ECE support, the projects started with the review and revision of the targets set in the previous triennium. Currently, the revised targets are being finalized and are expected to be submitted for official adoption in the course of 2017. A number of targets are being selected in order to provide support to their implementation under the project in early 2017. In Tajikistan, a project implemented by WHO Regional Office for Europe supports implementation of the national targets specifically related to the long-term uptake and implementation of the water safety plan approach rural areas and strengthening government capacities for effective drinking-water quality surveillance.

63. The WHO Regional Office for Europe provided technical and financial support through its Biennial Collaborative Agreements to eight countries (Albania, Kyrgyzstan, Republic of Moldova, Serbia, Tajikistan, the former Yugoslav Republic of Macedonia, Ukraine and Uzbekistan) to support national target-setting processes and/or capacity-building on thematic priorities under the Protocol, including on implementing the water

safety plan approach, surveillance of water-related diseases and improving management and surveillance of small-scale water supply and sanitation systems.

VIII. Programme area 7: Compliance procedure

Responsible body: Compliance Committee

64. In the third intersessional period, the Compliance Committee, serviced by ECE, held its tenth, eleventh, twelfth and thirteenth meetings (Geneva, 25 November 2014, 24–25 March 2015, 19–20 October 2015 and 27–28 June 2016, respectively).

65. The Committee focused part of its work on preparing the Consultation Process, by introducing revisions to its terms of reference whereby the Committee could invite a Party or a small group of Parties to engage in consultations. Following the invitation by the Committee, consultations with two Parties and one observer country took place in the framework of the Committee's twelfth meeting. The Consultation Process was considered successful, with important preparatory work undertaken by countries and sound advice provided by the Committee in relation to the challenges they faced in implementing the Protocol.

66. The Compliance Committee furthermore considered its competence to take action in the case of possible non-compliance by a specific Party with its obligations under the Protocol. The Committee decided that it had such competence and addressed a specific case in accordance with its conclusions as to the failure of a Party to comply with its reporting obligations.

67. The Committee also carried out an analysis of the provisions of the Protocol related to transboundary waters.

68. Finally, the Committee focused on the analysis of the summary reports submitted by Parties in accordance with article 7, paragraph 5, of the Protocol, together with reports submitted by other States.

69. A detailed account of the activities of the Committee, including the findings of the Committee on the third reporting exercise, is contained in its report to the fourth session of the Meeting of the Parties (ECE/MP.WH/2016/5–EUPCR/1611921/2.1/2016/MOP-4/11). The report also contains draft decisions (on general issues of compliance; on the competence of the Committee to address cases of non-compliance by specific Parties; and on non-compliance by Portugal with its obligation to report under article 7) for possible adoption by the Meeting of the Parties.

Annex

Overview of contributions and expenditures for the period 1 August 2013–30 June 2016

I. ECE Trust Fund

A. Balance on 31 July 2013

1. The balance of the ECE Protocol's Trust Fund on 31 July 2013 was US\$ 894,000.

B. Contributions from 1 August 2013 to 30 June 2016 (in United States Dollars)

<i>Source of funding</i>	<i>Date received</i>	<i>Amount^a</i>	<i>Earmarking</i>
Finland	August 2013	90 186	Regional target-setting project
Germany	October 2013	33 921	Third session of the Meeting of the Parties
Norway	October 2013	61 058	Third session of the Meeting of the Parties
Estonia	November 2013	1 033	—
Norway	November 2013	87 000	Third session of the Meeting of the Parties
Finland	December 2013	40 761	Armenia target-setting project
Estonia	December 2013	3 057	—
Norway	January 2014	20 000	—
Switzerland	May 2014	297 000	Republic of Moldova project
Finland	June 2014	27 510	—
France	September 2014	158 103	Primarily equitable access
Germany	November 2014	18 680	Working Group on Water and Health 2014
Switzerland	November 2014	51 813	Task Force on Target Setting and Reporting
Estonia	November 2014	934	—
Estonia	December 2014	929	—
Norway	February 2015	30 000	Working Group on Water and Health 2014
Switzerland	March 2015	138 256	Republic of Moldova project
Bosnia and Herzegovina	June 2015	1 200	—
Switzerland	June 2015	20 000	Workshop in Uzbekistan
France	June 2015	125 272	Primarily equitable access
Norway	July 2015	30 000	Working Group on Water and Health 2015
Estonia	September 2015	844	—
Germany	November 2015	16 447	Working Group on Water and Health 2015
Netherlands	December 2015	105 820	Primarily safe and efficient management
Finland	December 2015	211 640	Primarily assistance to Kyrgyzstan and Tajikistan
Switzerland	December 2015	40 650	Task Force on Target Setting and

<i>Source of funding</i>	<i>Date received</i>	<i>Amount^a</i>	<i>Earmarking</i>
Reporting			
Norway	December 2015	30 000	—
Total		1 642 114	

^a The exchange rate from the currency of the contribution into dollars is calculated on the date of the transfer of funds.

C. Expenditures from 1 August 2013 to 30 June 2016 (in United States Dollars)

<i>Programme of work element</i>	<i>Expenditure of funds earmarked for the Protocol (A)</i>	<i>Expenditure of funds not earmarked for the Protocol (B)^a</i>	<i>Total expenditure (A+B)</i>
Implementing bodies of the Protocol	234 615	—	234 615
Programme area 1	127 892	—	127 892
Programme area 2	2 542	—	2 542
Programme area 3	—	—	—
Programme area 4	851	—	851
Programme area 5	115 897	—	115 897
Programme area 6	548 283	160 000	708 283
Programme area 7	71 229	—	71 229
Total cost for activities	1 101 309	160 000	1 261 309
Total costs for staff	447 657	427 500	875 157
Programme support costs (13% or 7%)	201 366	41 125	242 491
Grand total	1 750 331	628 625	2 378 956

^a There was significant co-funding for staff, travel and meeting logistics costs from the National Policy Dialogues under the European Union Water Initiative, where objectives coincided.

2. In addition, ECE used resources from the United Nations regular budget to support the work under the Protocol, including for staff salaries (around US\$ 320,000 for the three years); conference costs, including interpretation, for meetings held in the Palais des Nations in Geneva (approximately US\$ 155,000); and for editing and translation of official documents (approximately US\$ 220,000 for the reporting period).

3. The United Nations Development Account has also financed a number of activities under the Protocol, in particular activities to strengthen capacity to ensure equity of access to water and sanitation in countries with economies in transition, to share experiences in the region in assessing equitable access to water and sanitation and to assist countries in their reporting obligations under the Protocol. The total amount of Development Account funds spent by ECE amounted to US\$ 160,346 in the reporting period (WHO Regional Office for Europe figures are reported below).

D. Balance on 30 June 2016

4. The approximate balance of the ECE Protocol's Trust Fund on 30 June 2016 was US\$ 785,783.

II. WHO Regional Office for Europe Voluntary Fund**A. Contributions from 1 August 2013 to 30 June 2016
(in United States Dollars)**

<i>Source of funding</i>	<i>Date received</i>	<i>Amount</i>	<i>Earmarking</i>
Norway	December 2013	40 000	Activities under programme area 2
Hungary	April 2014	6 878	To support Protocol activities
ECE	September 2014	226 500	Activities under programme area 3
Norway	January 2015	80 000	Activities under programme area 2
Finland	August 2015	21 858	To support Protocol activities
Hungary	September 2015	6 174	To support Protocol activities
Estonia	September 2015	839	To support Protocol activities
Norway	December 2015	40 000	Activities under programme area 2
Finland	February 2016	22 346	To support Protocol activities
Total		444 595	

**B. Expenditures from 1 August 2013 to 30 June 2016
(in United States Dollars)**

<i>Programme of work element</i>	<i>Expenditure of funds earmarked for the Protocol (A)</i>	<i>Expenditure of funds not earmarked for the Protocol (B)</i>	<i>Total expenditure (A+B)</i>
Implementing bodies of the Protocol	7 098	10 871	17 969
Programme area 1	3 236	4 454	7 690
Programme area 2	76 831	121 543	198 374
Programme area 3	39 017	132 910	171 927
Programme area 4	293	108 244	108 537
Programme area 5	8 870	—	8 870
Programme area 6	—	3 571	3 571
Total cost of activities	135 345	381 593	516 938
Total costs for staff	—	1 039 079	1 039 079
Programme support costs (13%)	8 354	184 687	193 041
Programme support costs (7%)	4 498	—	4 498
Grant total	148 197	1 605 359	1 753 556

Note: In addition to funds earmarked for the Protocol activities, the WHO Regional Office for Europe had to use other sources of funds to ensure the continuity of the work under the Protocol. Other sources included funds from Germany, WHO headquarters and WHO assessed contributions. The sources of other funds amounted to approximately 74 per cent of the funds spent for the Protocol activities.

5. The following direct contributions were received:

(a) Norway provided a direct contribution of US\$ 15,530 to programme area 2, specifically covering local costs related to the organization of the meeting on drinking-water quality surveillance (Oslo, 6–7 May 2015);

(b) Hungary provided a direct contribution of US\$ 16,400 to programme area 2, specifically covering costs related to the organization of the first expert group meeting on WASH in schools (Budapest, 16–17 April 2015);

(c) Germany provided a direct contribution of €10,000 to programme area 3, specifically covering local costs related to the organization of expert group meetings on small-scale water supply and sanitation systems (Berlin, 30–31 January 2014; Bonn, Germany, 12–13 June 2014). In addition, through the Advisory Assistance Programme for Environmental Protection in Countries in Central and Eastern Europe, the Caucasus and Central Asia, Germany further supported implementation of several activities under programme areas 3 and 4.
