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Report of the fifth meeting of the Task Force on Target Setting and Reporting
(Bratislava, Slovakia, 10-11 May 2012)

1. The fifth meeting of the Task Force on Target Setting and Reporting took place in Bratislava, Slovakia, on 10 and 11 May 2012.

2. The meeting was attended by experts from the following countries: Azerbaijan, Belarus, Croatia, France, Georgia, Germany, Hungary, Kazakhstan, Lithuania, Norway, Republic of Moldova, Romania, Serbia, Slovakia, Switzerland, and Ukraine.

3. Representatives of the following international organizations and non-governmental organizations (NGOs) were also present: World Health Organization (WHO), its Regional Office for Europe (WHO-Europe), WHO Collaborating Centre for Health Promoting Water Management and Risk Communication, International Water Assessment Centre (IWAC), Armenian Women for Health and Healthy Environment, ECO-TIRAS International Environmental Association of River Keepers, Global Water Partnership (GWP) Romania, Mama-86 and Women in Europe for a Common Future (WEFC). The meeting was serviced by the United Nations Economic Commission for Europe (UNECE).

Item 1: Opening of the meeting

4. The meeting was opened by the Deputy Director of the Slovak Hydrometeorological Institute, hosting IWAC, the Head of the Slovakia Country Office of the World Health Organization, and the Chair of the Task Force on Target Setting and Reporting. Opening speakers stressed the importance of the exchange of experiences on water and health related issues throughout the region and the role of the Task Force as a forum serving this purpose.

5. The Chair of the Task Force recalled its mandate (to assist the Parties in the setting of targets and the reporting of the progress made according to the articles 6 and 7 of the Protocol) and the guidance materials developed, namely the Guidelines on the setting of targets, evaluation of progress and reporting. He stressed the importance of setting targets, through a process of inter-sectoral and stakeholder cooperation and to publish them to ensure public awareness. Targets should be continuously reviewed and assessed against progress. The work of the Task Force should be of assistance for Parties to elaborate their national summary report for the third Meeting of the Parties which should be prepared with the objectives to: assess progresses, exchange experience and share lessons learned and to identify main challenges/obstacles in implementing the Protocol.

Item 2: Adoption of the agenda

6. The Task Force adopted the provisional agenda as contained in document WH/TFTSR 05-01 without modifications.

Item 3: Review of general progress in setting targets and target dates and challenges encountered by Parties which have not yet set targets

7. Participants reported on progress in their countries in setting targets and target dates and in achieving them or on general progress on water and health issues since the fourth meeting of the Task Force, October 2011 in Tbilisi, Georgia, or since the last Meeting of the Parties.

8. In Azerbaijan, a legal act on water resources was adopted. The State activities (national plans of action and State programmes) in the area of protection and management of water resources are important for the development of the national water strategy of the country.

9. In Belarus, all efforts are undertaken in the framework of State programmes such as the State programme of clean water and strategy until 2020, monitoring the quality of drinking water and the level of diseases. Priorities are access to drinking water and sewage, improvement of water management system, the quality of the water appropriate for bathing, drinking and enclosed waters open to the public.

10. In Croatia progress has been achieved in sanitation and drinking water supply. Projects are ongoing in a number of areas including drinking water and wastewater as well as the construction of sewage systems, wastewater treatment plants, water supply and integrated water management systems.

11. France completed the European reporting on drinking water quality which will allow identifying cases of non-compliance with parametric values and to engage in specific actions to improve drinking water quality. An early warning system for waterborne diseases is in place. The results of a study on the public perception of pharmaceuticals in water will allow specifying information to be disseminated to different population groups.

12. In Georgia, target setting is conducted through the National Policy Dialogues (NPDs) on integrated management of water resources implemented by UNECE in the framework of the EU water initiative. The country is making use of the methodology developed by the Task Force on Target Setting and Reporting. 16 organizations including Ministries, other government representatives, NGOs, participated in the working group charged with the development of the targets. 8 areas were chosen and proposals developed for target setting.

13. Germany adopted targets under the Protocol in June 2012, following a process led by the Ministries of Environment, Health and the Federal Environment Agency. Some legislation was changed in the areas concerned by target setting including small scale water supplies. The legislation on drinking water and sewage sludge is still being updated. Communication was chosen as an area of target setting, comprising the development of publications such as a children's book on water resources.

14. In Hungary, targets are being implemented and will soon be assessed and revised. Following restructuring at the Ministerial level and adoption of a recent Act on water and sanitation service utilities, the new Energy office has taken on central economic regulating function of drinking water and sanitation services (coming into force in 2014). The aim of the

new legislation is to recover all utilities in state or municipal ownership and to reduce the number of service providers by voluntary merging of drinking water supply companies.

15. In Kazakhstan, the new edition of the Water Code and the Code of People's Health takes account of water and health related issues regarded as a national priority. During the period 2002-2010 the Government programme "Drinking water" had been implemented. In 2011, the Government approved the new programme "Ak Bulak" (Clean Spring) to be implemented until 2020 with the goal to provide the entire population of Kazakhstan with clean drinking water by 2020. Accession to the Protocol on Water and Health is a national priority for Kazakhstan. It is expected that the accession to the Protocol on Water and Health will be recognized as a priority during the NPD process which will start in Kazakhstan by end-May 2012.

16. In Lithuania, an international coordination group has been created to establish targets under the Protocol on Water and Health, coordinated by the Ministry of Health. The group meets twice a year. It developed a shortened version of the target setting recommendations in Lithuanian language with links to the „Guidelines on the setting of targets, evaluation of progress and reporting“.

17. In Norway, a meeting of all responsible institutions had just been held where the target proposals were discussed. The targets will be sent for a three months public hearing by the end of June 2012. It is likely that final targets will be set by late autumn 2012.

18. In Romania, the set-up of an inter-institutional working group is yet to be formalized. The finalization of targets to be set is pending.

19. In Slovakia, targets had been set and some have also been implemented.

20. In Ukraine, a project funded by Norway through the Protocol's Project Facilitation Mechanism (PFM) was started in October 2006 and completed in 2010, resulting in the establishment of targets and target dates.

21. Armenian Women for Health informed that a target setting project will be started in Armenia, funded by Finland in the framework of the PFM, as announced at the NPD meeting on IWRM (April 2012).

22. The two focal points of Serbia from the Ministries of Health and Environment presented on the progress achieved in the accession process to the Protocol on Water and Health and the activities undertaken to establish an inter-sectoral coordination group and to inform the public.

23. The joint WHO-UNECE mission to Serbia in December 2011 triggered the setting of a deadline for the accession procedure, the nomination of one more focal point from the Ministry of Environment and an agreement on the timeline and activities to complete the accession process. An outcome of this mission was the presentation of the Protocol to the Government with the positive opinions from the Ministries of Health, Agriculture and Environment. All responsible Ministries agreed on the final draft law for adoption. The Parliament's approval of the Draft Law is expected until the end of 2012. The Water Management Unit at the Ministry of Environment had organized workshops and meetings at the local level to present the main objectives of the Protocol to general public, health professionals, stakeholders, authorities, policymakers, NGOs and media. The general public was continually informed about the Protocol through the media (TV, radio, newspapers) and information on the website.

24. A representative of IWAC, Slovakia, informed of the outcome of the sub-regional workshop for Central European countries, held on 8-9 May 2012, back-to back with the meeting of the Task Force. The main objective of the workshop had been to facilitate the sharing of experiences on the implementation of the Protocol on Water and Health in Hungary, Romania, Slovakia, and Slovenia.

25. The main conclusions of the sub-regional workshop were the following:

- While targets are set in some countries (Hungary, Slovakia), in other countries they are still under preparation (Romania). Slovenia finds itself in the process of ratification to the Protocol not yet having started the target setting process.
- The level of target setting is varied. Areas frequently not addressed in the target are the following: climate change and extreme weather events, small scale water supplies and sanitation, equitable access, Water Safety Plans.
- The Protocol supports the implementation of EU legislation (Drinking Water Directive, Water Framework Directive, Bathing Directive, Nitrates Directive, Urban Waste Water Treatment Directive, Groundwater Directive.). It offers a framework to go further to help countries address issues which are of national priority. Target setting should, as a minimum, incorporate the requirements arising from national legislation in the water and health sectors but can go further.
- The establishment of intersectoral working groups or Committees is crucial to prepare, advance and follow up to the target setting process and to coordinate activities amongst the various sectors (health, environment, agriculture, others).
- Political will is important for the establishment and implementation of the targets.
- Financial resources need to be secured to ensure the implementation of the measures to implement the targets. It is important to identify supplementary financial resources and to coordinate the different funding programmes. Staff needs to be well trained and qualified and equipment adequate.
- Public participation is important in the setting and review of the targets. NGOs such as the Global Water Partnership (GWP) can support work under Protocol e.g. by organizing stakeholder meetings.
- It is important to establish a link between water and health data, between water quality and disease incidents to ensure effective water-related disease surveillance.
- Reporting can be a tool to identify challenges and point to areas which merit revisions of targets or indicators.

Item 4: Specific challenges in setting targets and target

A. Which targets to set

26. Participants discussed several specific aspects linked to setting targets and target dates, namely the

- areas in which targets are mostly set

- challenges in target setting
- the relationship between targets set and past/ongoing policies and strategies
- prioritization of targets
- striking a balance between setting ambitious targets and achievable ones.

27. Representatives of Ukraine, Norway and the Republic of Moldova presented on the content of the targets set.

28. The representatives of Ukraine explained that numerous existing national targets enshrined in various state programmes and acts had been consolidated into 15 targets set under the Protocol in 2011, with support by Norway in the framework of the PFM. Following the setting of national targets, local authorities are encouraged to determine the measures to fulfill them. Most of the targets are supported by measures included in the State programme. A publication on the targets set was disseminated at different events to stakeholders including water utilities, local authorities.

29. In Norway, challenges in target setting pertain to the age of drinking water and waste water pipes that are causing leakage problems. Renewal is very slow. In addition, some of the smaller public supply systems are not up to standard and about 10 % of the population gets their water supply from small private supplies. This situation influences numerous target areas stipulated by Article 6, notably the: a) the quality of the drinking water supplied; b) the reduction of the scale of outbreaks and incidents of water related disease and e) the levels of performance to be achieved.

30. In the Republic of Moldova, targets were set in 2010 with the support of UNECE, and the Swiss Development Cooperation (SDC) through a project funded in the framework of the PFM. A baseline analysis identified the key areas to be addressed. 34 targets were set in total, interdependent between one another. The “Strategy on water supply and sanitation” (2007) provided a good basis for developing targets and target dates in the field of water supply and sanitation. A prioritization phase had led to a reduction of an initial set of draft targets. Targets were linked to legislation and provisions which appeared realistic to be achieved though some were very ambitious. Some “multipurpose” targets were set e.g. on water safety plans (WSPs), which should help achieve other targets related to drinking water quality. The biggest challenges are vested in improving the quality of drinking water, reducing the percentage of non-compliance of small scale water supplies and achieving access to improved sanitation until 2020 for 90% of the population. With a main attention on national action during the target setting process through the Steering Committee, seeking solutions for local problems and finding decentralized approaches is important.

B. How to implement the Protocol on Water and Health together with relevant EU legislation – synergies and added value

31. Participants discussed the experience of EU countries with regard to the relationship between relevant EU legislation and the implementation of the Protocol on Water and Health and the areas requiring additional attention to ensure full Protocol implementation.

32. A representative of Hungary reported on the synergies and value-added between EU legislation and the Protocol on Water and Health. He stressed that of the 27 EU Member States, 16 are Parties to the Protocol. Though EU legislation and the Protocol share similar ambitions regarding environmental health and rely on the same principles, there are some notably

differences relating e.g. to enforcement (EU judicial, Protocol consultative and non-adversarial), policy (EU statutory provisions, Protocol based on target setting & review) and flexibility (modest as regards the implementation of EU legislation, fair with regard to the implementation of the Protocol tailored to national priorities and needs).

33. There are opportunities for synergies in numerous areas and mutual benefits to more effectively promote common principles and to ensure optimal access to each-others' resources. For some areas, the Protocol can be regarded as a main driver: equitable access to drinking water and sanitation for all, small scale water supplies and sanitation, water related disease surveillance, enclosed bathing water. While it may be more difficult for "old" EU member States to see the value added, new EU member States can even more evidently use the Protocol as a tool for compliance with EU requirements.

34. A representative of Romania commented on the synergies between the Protocol and the EU Nitrate Directive which are closely related, as both aim to improve the quality of the drinking water. It is therefore important to take account of the EU Nitrate Directive when setting targets.

Item 5: Setting targets in specific areas of work under the Protocol

A. Surveillance of water-related disease and direct health interventions to reduce water related disease

35. Through two expert presentations, participants were informed of targets which could be set to improve surveillance of water related disease and to implement direct health interventions to reduce water-related disease.

36. A representative of WHO-Europe presented on target setting in water-borne disease interventions. He suggested that two types of targets could be set:

- *General*: strengthening of the water-related disease surveillance system to develop a solid evidence base for target setting. The establishment of appropriate general and specific monitoring databases (e.g. WHO Environment and Health Information System (ENHIS) is important in this regard.
- *Specific*: conducting direct health interventions in combination with improved water and sanitation and hygiene measures. Targets set under the Protocol for direct health interventions can comprise the population covered by direct health interventions, disease reduction (impact) and be linked to the cost (e.g. year of break-even considering the cost of immunization and the cost of related health interventions). Direct health interventions can significantly reduce mortality and morbidity of vaccine preventable diseases such as rotavirus. Rotavirus infections are very common; almost everyone is infected by the time they are 5 years old. Rotavirus vaccination helps prevent the severe effects of diarrhoea. In addition, immunizations can reduce the circulation of the virus in the environment. GAVI (Global Alliance on Vaccination and Immunization) eligible countries benefit from special conditions. Of the 8 GAVI eligible countries in the pan-European region, three are introducing rotavirus vaccinations: Armenia, Azerbaijan and the Republic of Moldova.

37. Cost-effectiveness studies related to the introduction of the rotavirus vaccine were conducted in several countries of the pan-European region comprising Azerbaijan, Armenia, Belgium, the Republic of Moldova, Uzbekistan and in the United States.

38. A representative of WHO Headquarters presented on the elimination of morbidity due to intestinal worms in the pan-European region and discussed the targets which could be set under the Protocol to that effect. The presence of intestinal worms is an indication of insufficient sanitation and can be useful in directing the sanitation improvements in the areas that are more in need. He explained that pre-school and school age children are the target of the control activities because they are more vulnerable to infection and morbidity and they are the main responsible for environmental contamination.

39. WHO recommends control of soil transmitted helminths (STH) by periodical distribution of anti-helminthics and sanitation improvement. These interventions allowed elimination of STH infections in a number of European countries. Periodical deworming is simple and low cost and will eliminate the health damages produced by the worms. WHO recommends organizing deworming campaigns when at least 20% of children are infected. In the WHO-EURO region, drug distribution campaigns are organized when the prevalence is over 10%. A first required step is to identify the areas which need intervention and this can be done by analyzing data from clinics or conducting small survey in suspected areas (normally the poorest in the country). If many children are in need of deworming, a pilot phase can be conducted. Improvements in sanitation should accompany deworming activities as transmission frequently occurs in poor areas with poor sanitation. WHO can provide technical support in reparation of plans of actions and donate medicines to countries wishing to establish control programmes. WHO offers further guidance through the booklet "Helminth control in school age children."

B. Small scale water supplies and sanitation

40. A representative of Germany presented on the challenges related to small scale water supplies and sanitation (SSWSS), the work done in this area under the Protocol and targets which could be set. She explained that common challenges often pertain to higher levels of non-compliance and a lack of organization amongst suppliers. In rural areas, water supply and sanitation are often in close proximity which implies that applying holistic approaches comprising sanitation, water and health/hygiene aspects is important. This starts with joint planning procedures by the involved sectors, requiring communication and cooperation between the sectors, ideally leading to the implementation of multi-sectoral strategies at the grass roots level.

41. In the framework of the programme of work of the Protocol on Water and Health, a policy guidance document is being elaborated by an expert group and a questionnaire had been developed which will be circulated in the coming weeks. Focal points are encouraged to complete the questionnaire to improve the evidence and information base. The policy guidance document shall provide examples of target setting on small scale supplies which Parties could make use of in the framework of the Protocol. The outline of the questionnaire had been aligned with the format of reporting under the Protocol.

42. In addition, a water safety plans (WSP) guidance for small community water supplies is being developed under the auspices of WHO. This guidance is being translated into Russian, with the support of the German Environment Agency Advisory Assistance Programme. A representative of Women in Europe for a Common Future (WECD) informed of its support to the activities on SSWSS, piloting WSPs in small scale supplies and training facilitators.

43. The representative of Germany presented different areas for target setting with regard to small scale supplies which include the following:

- Access to drinking water: Improving data availability, including for small-scale and private supplies; Publication of advice booklet for private well owners, reduce number of non-compliance
- Outbreaks / incidence reduction: Awareness-raising campaigns and capacity-building of operators of small-scale drinking water supplies
- Level of performance: Improving information base for determining and assessing the level of performance of small-scale public drinking water supplies.

44. Following a question by the representative of the Republic of Moldova about the targets which could be set in his country where about two thirds of the population live in rural areas, she suggested that targets could focus on improving the level of non-compliance in rural areas, taking into account the areas where the bigger challenges lie. Targets could also comprise the development of information materials specifically dealing with small systems.

45. A representative of Georgia informed of a project on SSWSS implemented by the German Federal Environment Agency and WHO, which showcased the problems in particular regarding the sanitary conditions and the monitoring and quality of the drinking water. The level of knowledge of the rural population and lack of information present real challenges, in particular as the rural population in mountain regions faces difficulties with regard to access to drinking water and is exposed to a high risk of water-borne diseases. During the project, collaboration with local administration and authorities proved useful. The project documentation was translated into local language. The new Water Action to be adopted in Georgia will include a chapter on SSWSS.

C. Equitable access to water and sanitation

46. A representative of France presented the content of the publication "No one left behind. Equitable access to water and sanitation throughout the pan-European region." She explained that in the absence of a universal definition on equitable access, the Working Group defined it as comprising three main elements: 1) geographical disparities, 2) economic disparities and 3) affordability concerns.

47. She informed that following the finalization of the publication, a next step is the conceptual development of a score card with a list of quantitative and qualitative indicators that would help to keep score of how a country/region/city is progressing in ensuring equitable access to water and sanitation. In order to support the methodological development of the scorecard, it is envisioned that two piloting exercises will be carried out, one in a country from the Eastern part of the region and another one in a country from the Western part of the region. She called for nominations of experts to participate in the expert group charged with the development and review of the scorecard, and also for countries wishing to pilot the score card.

Item 6: Measures to achieve targets and target dates

48. Following three expert presentations, participants exchanged information on the measures that are planned or already in place to achieve the targets set under the Protocol.

49. A representative from Hungary explained that drinking water quality is the responsibility of the service provider, under the supervision of regional public health offices. Municipalities have the legal responsibility for providing drinking water and other municipal services. Implementation measures were formulated when setting the targets, though not for all targets, and numerical values were not assigned at the time. In the 2010 report, however, target measures are

more precisely formulated (e.g. 90 % of the population supplied with drinking water complying with quality standards by 2015). Measures concern mainly issues relating to safeguarding existing and potential drinking water resources, drinking water quality and quantity, wastewater collection and treatment, bathing water /natural and man-made recreational waters), climate change related issues, the remediation of contaminated sites and risk assessment. The implementation of some measures is funded through EU projects.

50. In the Republic of Moldova, measures had been defined when setting targets. Proposed measures to achieve targets and target dates are included in the publication "Setting targets and target dates under the Protocol on Water and Health in the Republic of Moldova." As stipulated in the Ministerial Order on the approval of the list of targets and target dates to implement the Protocol on Water and Health, measures for the achievement of the targets have yet to enter a policy making document for submission for the Government for approval. It is foreseen that in the context of a second UNECE-SDC project, the Steering Committee will develop an Action Plan with a more specific timeline which will comprise the implementation of the measures.

51. A representative of Norway highlighted several changes with regard to measures in Norway, in particular as most of the infrastructure is owned by independent bodies, public or private. Measures comprise the introduction of new legal requirements, a stricter enforcement of new and existing requirements in particular with regard to standards with special attention to distribution/pipes, identification of responsible counterparts, the establishment of professional networks and public information. Measures considered also include economic incentives (to encourage the renewal of pipes) and disincentives (possible fines for the owners of waterworks for non-compliance with standards are being considered). The principle of cost-recovery, with costs borne by subscribers/owners is planned to be applied.

52. In conclusion, he noted that the strength of the targets depends on the measures implemented. In some cases, the same measures can be used for achieving different targets. There is a greater chance of succeeding if one is able to combine targets with measures one is sure to put into place. The choice of measures has to be flexible as chosen measures do not always lead to expected results.

53. Participants discussed in working groups several questions regarding measures, notably the timing of the measures agreed, the process of decision-making on measures, the kinds of measures being implemented and the financing of measures.

54. The first group of countries included those which have already completed the target setting process, comprising EU (Croatia, Hungary, Slovakia) and non-EU-members (Ukraine, Republic of Moldova). The non-EU countries oriented themselves largely on existing programmes and added in the framework of the Protocol measures to achieve the targets not foreseen in existing State programmes. In EU countries, measures largely focus on the implementation of EU legislation. There are different approaches and initiatives to support financing of measures: the Republic of Moldova is developing a strategic Action Plan, Ukraine in looking for additional investments to fund measures to implement the targets set. In EU member States, financing is mostly secured through EU support programmes and loans.

55. The second group comprised countries which are in the process of setting targets (Azerbaijan, Lithuania, France, Norway and Romania). Special plans and Governmental directives for measures were developed by the Ministries responsible for environment and water resources. In Norway and Romania, measures are being discussed but not yet agreed. Financing of measures is planned to be secured, in addition to the national budget, through instruments

financed by the EU, World Bank, UNDP, the Japanese and Asian Development Banks. In France, taxation is one source of financing, the consumer paying for some measures as part of the water bill.

56. A third group of countries comprised those which had not yet started the process of target setting notably Kazakhstan and Serbia. They discussed existing measures which could help achieve the objectives of the Protocol. They considered that the existing legal and institutional framework should help achieve the objectives of the Protocol. The involvement of public health institutes was also seen as important. They regarded as important that the existing legal, policy and institutional framework be taken into account when determining targets and measures to achieve these under the Protocol. Existing measures can serve as a basis for achieving the targets.

Item 7: Assessing progress towards the targets and towards the objectives of the Protocol

57. The Chair of the Task Force on Target Setting and Reporting informed that he is involved in the group led by WHO which discusses the post-2015 target and indicators related to drinking water and sanitation, with the objective to strengthen them. MDG Target 7.C is to “halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation.” Despite the achievement of the MDGs, many problems remain, in particular with regard to the sustainability, safety of the use and re-use of water. NGO representatives including from Armenian Women for Health and a Healthy Environment and WECF stressed that the safety and sustainability of water and sanitation systems is important. A representative of WECF stressed that the MDGs do not define “improved or safe sanitation.”

Item 8: Preparations for the next reporting exercise

58. The Co-secretary to the Protocol on Water and Health presented on the main lessons learned from the first reporting exercise. She recalled that the format for reporting had been adopted at the second meeting of the Parties. She explained that Parties themselves are the most important beneficiaries of the reporting process which should help to identify national challenges as well as common challenges in the region. She encouraged countries to start the preparation of the national report by October or November 2012 as it requires national coordination and thus time. Reporting can be a broad participatory process involving NGOs, civil society and the private sector. She also encouraged focusing increasingly on analysis and trends as well as challenges encountered and lessons learned in the next reporting cycle, with a special attention on the part “evaluation of progress achieved.” Parties should make use of the reporting, both within the Ministries and for reaching out to the public, as a means to help raising attention to the Protocol. Reporting could become a communication tool e.g. in the context of World Water Day in 2013 on the theme of cooperation.

59. Participants suggested that it would be useful to add to guiding materials for the next reporting exercise e.g. the template for reporting, and information on which reports could be regarded as best practice.

60. The Co-secretary informed that an official letter will be sent after summer 2012 reminding the Ministries of Environment and Health of the deadline of reporting, to be confirmed once the dates of MOP3 are confirmed. She also informed that a workshop specifically dedicated to reporting will be held, back to back with the next meeting of the Task Force, 12-14 February 2013 in Geneva.

Item 9. Future work of the Task Force on Target Setting and Reporting for 2011-2013

61. The Task Force was also informed of events to promote the regional exchange of experience on the Protocol on Water and Health. To date, two sub-regional workshops were organized – in Belarus in April 2011 and in Slovakia in May 2012. Norway is planning to host and prepare a sub-regional workshop for Nordic countries in November 2012 and the secretariat is planning to hold a workshop for the countries in the Caucasus before the end of 2012 or early 2013. The Co-Secretary encouraged countries to take the initiative of organizing sub-regional workshops if of interest to their country and region. A representative of Serbia proposed holding a sub-regional workshop for Southeast European countries for Bosnia and Herzegovina, Croatia, Serbia and Slovenia. A representative of IWAC offered IWAC support to such an event.

62. The Chair of the Meeting of the Parties to the Protocol on Water and Health referred to the necessity to establish a new programme of work under the Protocol by summer 2013 and in this endeavour, to keep in mind possible joint activities with the Water Convention. Its “Second assessment of transboundary rivers, lakes and groundwaters” should be taken account of in the work under the Protocol. He informed that initial steps are being undertaken to align activities of several MEAs under the ECE umbrella and that cooperation with other MEAs is being explored.
