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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**

**Working Group on Water and Health**

Fifth meeting

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**Item 3 of the provisional agenda**

## **REPORT**

### **OF THE WORKSHOP ON SHARING EXPERIENCE ON THE IMPLEMENTATION OF THE PROTOCOL ON WATER AND HEALTH IN CENTRAL EUROPEAN COUNTRIES:**

**HUNGARY, SLOVAKIA, SLOVENIA AND ROMANIA**

**BRATISLAVA, SLOVAKIA, 8-9 MAY 2012**

#### *Summary*

The sub-regional workshop on target setting and reporting was organized in the framework of the Protocol's work on target setting in its programme of work for 2011-2013. This note summarizes the workshop's discussion and conclusions and provides an overview of the different experiences of how the countries involved implement the Protocol, in accordance with its Articles 6 and 7.

## **I. INTRODUCTION**

1. The workshop on sharing experience on the implementation of the Protocol on Water and Health in Central European countries was held on 8 and 9 May 2012 in Bratislava, Slovakia. The event was jointly organized by the Ministry of Health and the Ministry of Environment of the Slovak Republic, the International Water Assessment Centre (IWAC) and the United Nations Economic Commission for Europe (UNECE), in cooperation with the Regional Office for Europe of the World Health Organization (WHO).
2. The workshop was attended by thirty two experts from the following countries: Hungary, Romania, Slovakia, and Slovenia.
3. Representatives of the following international organizations and non-governmental organizations (NGOs) were also present: World Health Organization Country Office Slovakia, International Water Assessment

Centre (IWAC), Global Water Partnership (GWP) Central and Eastern Europe as well as GWP Hungary, Romania, Slovakia and Slovenia, European Federation of Public Service Unions (EPSU) and the Romanian NGO "Medium et Sanitas Slobozia" (Environment & Health).

4. The workshop was held in the context of the programme of work under the Protocol on Water and Health, in particular in relation to the area of work "Setting targets and reporting". All presentations given at the workshop are available at <http://www.unece.org/index.php?id=29421>

## **II. OBJECTIVES**

5. The workshop's objectives were the following:
  - (a) Facilitate exchange of countries' experiences on water and health related issues, notably on the regulatory, institutional and technical aspects connected with the implementation of the Protocol on Water and Health;
  - (b) Discuss emerging problems, implemented solutions and remaining challenges, and on how the Protocol helps to address these problems;
  - (c) Determine next steps to advance with the implementation of the Protocol throughout the region.

## **III. SUMMARY OF THE DISCUSSIONS**

6. The workshop was opened by Ms. Katarína Halzlová, Head of Environment and Health Department, Public Health Authority of the Slovak Republic, Dr. Pavol Nejedlík, Director General, Slovak Hydrometeorological Institute, Mr. Boris Minárik, Director, International Water Assessment Centre and Slovak Hydrometeorological Institute, Ms. Darina Sedláková, Head, WHO Country Office in Slovakia and Ms. Francesca Bernardini, Co-secretary of the Protocol on Water and Health, United Nations Economic Commission for Europe. Opening speakers stressed the importance of assuring the quality of water resources in the region, the access of the population to water supply and sanitation services and the monitoring and preventive action with regard to water-related diseases. They pointed to common challenges faced by countries in the Central European region: providing access to water and sanitation to the rural population, assuring the quality of not only drinking but also bathing water, addressing emerging disease and implementing the Protocol alongside EU water and health related legislation, considering synergies and complementarities. Opening speakers encouraged participants to build an active network in the central European region, to be able to keep the exchange of information alive beyond this meeting.

### **Session 1: Improving water and health through the implementation of the Protocol on Water and Health**

7. Representatives of UNECE and WHO Country Office Slovakia presented the Protocol's core provisions, in particular related to the obligations under articles 6 and 7, according to which Parties shall establish and publish national and/or local targets and target dates in different areas in order to achieve or maintain a high level for the protection of human health and well-being and for the sustainable management of water resources, and shall collect and evaluate data on their progress towards the achievement of the targets and vis-à-vis indicators that show how far that progress has contributed towards preventing, controlling or reducing water-related disease, as well as article 8 which requires the establishment of surveillance and early-warning systems, contingency plans and response capacities in relation to water-related disease. Available guidance material to support implementation of the above articles as well as other assistance offered by UNECE, WHO, the Protocol's joint secretariat and its institutional mechanisms were also presented.

### **Session 2: Sharing of experience on the water and health situation in Central Europe and on the implementation of the Protocol**

8. Representatives from each country presented on the implementation of the Protocol, progress on target setting and national water and health related challenges. These presentations revealed that countries in the Central European region find themselves at different stages of target setting in the framework of the Protocol on Water and Health. The targets set by Slovakia, approved in 2003 and 2005 and updated in 2007, were being implemented. Hungary was approaching a phase of review and evaluation of the targets approved in 2008 and was considering the setting of additional targets. Romania had initiated the process of setting targets under the Protocol which remained yet to be completed. Slovenia was yet to embark upon target setting, currently working towards the Protocol's ratification. In the countries having established targets, some target areas were not covered. These could be taken up in a revision of the targets, following a phase of review and evaluation of progress, as envisaged by Hungary.
9. Country representatives identified the following challenges facing countries in the Central European region:
  - Connection to the drinking water distribution and sewerage network for all members of the population, including those living in rural population;
  - Sanitation and sludge management;
  - Building new treatment plants for drinking and wastewater;
  - Small scale water supplies and sanitation;
  - Financing of water and sanitation services, in particular in rural areas;
  - Finding an affordable and sustainable balance of providing drinking water at an appropriate cost and addressing related social problems;
  - Regionalization of services (in some cases addressed by clustering of small operators);
  - Making best use of the linkages between the Protocol and EU legislation; using the Protocol's framework to address issues of national priority under and beyond EU legislation;
  - Gathering financial resource to assure the implementation of the targets set;
  - Raising awareness of the linkages between the quality of drinking water and disease incidents, e.g. through training of medical staff at the village level;
  - Effectively addressing emerging diseases/pathogens;
  - Combating climate change and preparing for the impact of extreme weather events;
  - Better communication and engagement of the public;
  - Raising political support for the Protocol's implementation and the sustained functioning of inter-sectoral cooperation.
10. Inter-sectoral cooperation was seen by all countries as crucial in the process of setting targets, as well as their implementation, the assessment of progress and, eventually, the review of targets. Countries recognized the need for strengthening existing mechanisms of inter-sectoral cooperation. In Hungary, the mechanism set up during the process of target setting was still functioning; the coordination group met every six months to oversee the implementation of the targets set. It was envisaged that following the review of the targets set, additional actors be involved in the coordination body with expertise on specific issues. In Romania, an inter-sectoral working group existed but yet had to be formally established. In Slovakia, cooperation between the Ministries of Health and Environment was assured through the cooperation between the focal points in the absence of another mechanism. Slovakian representatives suggested the establishment of an intersectoral working group, comprising also representatives from other Ministries, which would be conducive to advancing with the implementation of the Protocol and raising awareness with other institutions. In Slovenia, it was foreseen to establish an intersectoral working group by the Government. This group could already be established at the stage of ratification and later prepare the draft targets to be set. In Hungary, Slovakia and Slovenia, the national Ministries of Health were the lead institution for coordination with the Ministries of Environment and others; in Romania, the responsibilities are shared between the Ministry of Environment and Forests and Ministry of Health. The lead institution is the Ministry of Environment and Forests, which coordinates the whole process under the Protocol on Water and Health.

### **Session 3: Measures implemented to improve water and health and achieve the targets, including financing aspects**

11. Presentations from different countries highlighted various measures implemented to achieve the targets, including the relationship with the implementation of EU obligations, the economic analysis of the targets set and related measures, as well as financing aspects.

#### ***Relationship of Protocol on Water and Health with EU legislation***

12. A representative of the National Institute of Environmental Health Hungary presented on the synergies and value-added between EU legislation and the Protocol on Water and Health. Of the 27 EU Member States, 16 were also Parties to the Protocol. Though the Protocol and the EU legislation shared similar ambitions with regard to environmental health and relied on identical principles, there were some notable differences. The most important difference was that EU legislation, notably its Water Framework and Drinking Water Directives comprised strong drivers to implement, containing strict statutory provisions. The Protocol did not have such forceful tools for implementation, allowing Parties to implement provisions on target setting and review in a more flexible manner and at their own pace tailored to national capacities and needs. Other differences related to:
  - enforcement (EU : judicial; Protocol : consultative and non-adversarial);
  - flexibility (modest as regards the implementation of EU legislation; ample with regard to the implementation of the Protocol tailored to national priorities and needs) and
  - the large amounts of development assistance available for EU and EU accession countries through the EU financial instruments while the Protocol offered a framework for more tailored, targeted and modest assistance through the Project Facilitation Mechanism only to few countries.
13. The Protocol offered the possibility to address issues which were not regulated by EU legislation,, for example, enclosed bathing water, small scale water supplies and sanitation, issues of equity of access to water and sanitation water related disease surveillance, sustainable thermal water management, health aspects in environmental impact assessment, and the coordination between authorities. By containing provisions with regard to the maintenance and reinforcement of coordination across different departments and agencies, the Protocol also supported countries in achieving better compliance with EU water related legislation, in particular during times of institutional restructuring due to political changes. The Protocol could support countries achieve better EU compliance through the stipulation of a health oriented approach in the management of drinking water, more emphasis on water safety planning and options to address small water supply and sanitation systems.
14. Country representatives agreed that the Protocol, through its provisions of setting targets with respective target dates, their review and evaluation, was a useful framework and planning tool to regulate areas which were not regulated by the EU legislation and which were considered important to regulate in the national context. It was noticed that due to financial constraints, some of the benefits of implementing the Protocol were lost when countries mainly focused on the implementation of EU legislation, neglecting other areas of concern.

#### ***Implementation of related water and health legislation: Act on Public Water and Sanitation Supply Services in Hungary***

15. A representative of the Hungarian Energy Office presented on the new Hungarian Water Utility Act instituted with the objectives to protect the national water utility assets, introduce economies of scale to utility dimensions, control charges and expenses and protect the interests of the consumers. The new Water Utility Act kept the supervision of drinking water supply under a uniform surveillance. The Act stipulated that water utility assets be (re)covered by municipal/state ownership, set out mandatory assets evaluation, 15 year rolling

development plans, strengthened the conditions of entitlements to operate, licensing and introduced uniform pricing principles (considering sustainability and affordability). The act aimed at reducing the total number of service providers, stipulated a minimum company size to introduce economies of scale and provided the necessary financial, technical and human resources. It was expected that as the Act was being implemented, the structure of prices would change, as larger companies would become more efficient. It was estimated that in the beginning, prices would increase somewhat but that in the long run, investments would be written off and prices would stabilize.

#### ***Financing of measures to address water and health issues in Romania***

16. A representative of Romania presented on measures needing to be financed to address national water and health issues. Such measures included improvements of the wastewater network and treatment infrastructure, provision of adequate drinking water supply, reduction of water pollution and improvements of the capacity for water quality monitoring. Financing of measures to address water issues in Romania was mainly assured through EU support programmes (external budget and reimbursable financing instruments) and through projects financed through the State budget by the Ministries of Environment and Rural Development. Financial support was allocated for water and wastewater management, the handling of waste, heating, nature protection, and floods. Beneficiaries were mostly local authorities.
17. The Co-Secretary to the Protocol highlighted the importance of ensuring that instruments used for financing access to or the improvement of water supply and sanitation services also support the implementation of the Protocol and thus the means available or foreseen should be taken into account when setting targets and target dates. Vice-versa targets could also help guiding and assessing the impacts of national and international financing.

#### ***Economic analysis of measures to implement the Protocol on Water and Health in Slovakia***

18. A representative of IWAC presented on existing measures in Slovakia to implement the Protocol which comprised, among others, infrastructure measures, measures to assure the quality of drinking and bathing water as well as water used for irrigation, e.g. through the reduction of pollution, the restoration of contaminated sites, the reduction of manure and fertilizers, pesticides and herbicides, the (re)construction of waste water treatment plants, and the implementation of storage capacities in line with the nitrate directive. Awareness of the economic cost of measures to implement the Protocol and related EU Directives was crucial to assure their implementation.
19. The implementation of Article 9 of the EU Water Framework Directive (WFD) foresaw the recovery of cost for water services, including environmental and resource costs. A price policy thus needed to be instituted to ensure the recovery (return rate) of the costs for the water services provided. It was important to consider setting the drinking water and waste water price keeping in mind the costs of water services but also affordability and sustainability concerns.

#### **Session 4: How the Protocol's implementation can better serve the improvement of water and health**

20. Participants discussed how the implementation of the Protocol could better serve the improvement of water and health in their countries. They discussed the measures implemented to improve the situation on water and health, the relationship between the targets set and the measures implemented, and additional measures which would be needed to address remaining challenges.
21. In Hungary, the targets set were implemented through a broad set of measures. One of the most important measures was the protection of water basins/sensitive water sources as well as a programme to ensure progress in drinking water quality improvements. The target set for 2010 had already been accomplished and

the prospects of achieving the next target (96% of the population to be supplied with good quality drinking water by 2015) were good. Measures implemented to safeguard water quality in lakes and waters used for recreation achieved good results and, consequently, bathing water quality had been stabilized on a good to very good level. Measures also focused on addressing problems with regard to nitrite in drinking water. The so-called “Nitrite-action” foresaw cooperation with affected suppliers to prevent dangerous nitrite levels from developing due to nitrification in the distribution network. Measures to implement the Protocol in Hungary were closely related and consistent.

22. Challenges in Hungary included the connection to existing waste-water systems, small drinking water supplies and sanitation systems and the artificial recreational water environment. Access to sanitation in small communities represented a challenge, also because not covered by EU legislation and funds needed to be raised to address environmental friendly solutions to locally treat sewage produced by very small communities. Progress was being made in accordance with the requirements of the Wastewater Treatment Directive.
23. A Hungarian representative stressed that the implementation of the Protocol could be conducive to further strengthening action on water and health, by providing a framework of focusing attention and gaining political support for targets which were clearly identified based on expert opinions but not yet covered by other legal obligations. To improve the implementation of the Protocol, the inter-sectoral coordination body set up in 2007 had been provided with a new and reinforced mandate to reflect the recent changes in the governmental and public administration structure.
24. A representative of Slovakia informed that measures implemented had mainly focused on legal requirements (implementation of the EU Water Framework Directive and other water-related EU directives). Measures included in the River Basin Management Plans focused on the reduction of organic pollution, nutrients, and the reduction of hydromorphological alteration. Other measures focused on the elimination of high levels of nitrate. Measures were based on the country’s priority ranking and depended on available financial sources. They are regularly being updated (2007, 2009, 2011).
25. Remaining challenges in Slovakia comprised the strengthening of intersectoral cooperation and public participation in the protection of water resource. In addition, there was a need to address waste water treatment in rural areas, to support the targets set under the Protocol on „Improvement of status in area of wastewater treatment and discharging“. Ensuring access to socially excluded/marginalized groups, adaptation to climate change (floods, water scarcity and droughts) and extreme weather events were additional areas which needed addressing.
26. The Slovak representative indicated that the Protocol could strengthen action on water and health issues by integrating data obtained from different sectors (water, environment, health) for an improvement of the present situation and enhancing the dissemination of information. Strong linkages between the health and environment sectors were absent. To improve the implementation of the Protocol, financial questions needed to be addressed and budget secured, to guarantee a sufficient number of experts in both the water and health sectors and to improve intersectoral cooperation through the establishment of a joint working group with participants from all relevant areas.
27. A representative of Romania informed that measures comprised legislation, guidance documents and financial measures for the construction, rehabilitation and modernization of the drinking water and wastewater infrastructure. The Ministry of Environment and Forests facilitated the discussions between different involved institutions and stakeholders.
28. A remaining challenge in Romania was the establishment of a formal intersectoral working group with all institutions involved in the areas of work stipulated by the Protocol. The Protocol could further strengthen

action on the implementation of water and health issues by setting additional targets for areas that were presently not covered by the national or EU legislation.

29. To further improve the implementation of the Protocol on Water and Health, the process of target setting in Romania needed to be finalized and appropriate human and financial resources made available. Inter-institutional cooperation also needed to be formalized and public participation organized through the involvement of the Romanian Water Association and the civil society.
30. A representative of Slovenia informed that mostly measures specified in the river basin management plans under the EU WFD were being implemented. Existing measures to improve water and health also addressed small drinking water supplies as well as public education and awareness on bathing water (hygiene, behaviours). Remaining challenges comprised the connection of different water and health data bases and dissemination of information to the public. The monitoring of drinking water and bathing water also needed to be improved, in terms of chemical and microbiological parameters. Potential water resources needed to be protected. There were many rural areas in the country, with half of the settlements with a population smaller than 2,000 and comprising several karstic regions.
31. The representative of Slovenia stated that the implementation of the Protocol on Water and Health could further strengthen action on water and health issues by leading to a better cooperation between responsible ministries and institutions and between the drinking water suppliers and waste water treatment plants operators. The next step the country would embark upon was a formalization of cooperation between the Ministries of Environment and Health, in the lead-up to the ratification process.
32. In conclusion, the discussion on measures and the improvement of the situation on water and health revealed the following:
  - 1) Measures to implement the Protocol comprised “hard” measures such as infrastructure interventions and investment as well as “soft” measures including the establishment of inter-sectoral cooperation, mechanisms for cooperation with stakeholders and research, and the formulation and revision of legislation and guidance documents.
  - 2) Countries were at different stages of implementation of the Protocol. Specific measures taken depended on each country’s specific situation. Existing measures needed to be taken into account when setting targets under the Protocol. At the same time, it was important to design targets keeping in mind how they could be implemented, and to align targets and foreseen measures. The format of determining measures along with the targets set as done by the Republic of Moldova and documented in the publication *Setting of targets and target dates under the Protocol on Water and Health in the Republic of Moldova*<sup>1</sup> provided useful guidance.
  - 3) Most measures in Central European countries were oriented at fulfilling requirements of the Water Framework Directive and other water-related EU directives. Numerous measures focused on the protection of drinking water resources and improvements of drinking water quality e.g. through the reduction of pollution e.g. nitrate and nitrite as well as the increase of access to water and improvement of waste-water treatment.
  - 4) It was important to determine the cost of measures and to ensure their financing to secure the implementation of the programme of measures.
  - 5) Problems with regard to assuring adequate human resources also persisted. In many countries, there were only a few persons in the public administrations responsible for the implementation of the Protocol.
  - 6) Reviewing the implementation of measures and evaluating the extent to which they were conducive to meeting the targets set was important in the process of assessment and review of progress.

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<sup>1</sup> <http://www.unece.org/index.php?id=26819>.

- 7) Challenges which remained to be addressed in the Central European region comprised, among others, access to water and sanitation in rural areas and small scale water supplies and sanitation, the current and possible future impacts of climate change and extreme weather events.
- 8) Data and information exchange between water and health sectors was critical and often challenging. Inter-sectoral cooperation mechanisms set up at the national level needed to address this issue. It was not sufficient to establish such groups; their continued functioning needed to be assured. The information exchanged on good practices on inter-sectoral working groups or committees in the framework of the Protocol proved useful to countries yet to embark upon establishing formal coordination mechanisms (e.g. Romania and Slovenia).
- 9) The implementation of Protocol could further strengthen action on water and health issues, by providing a framework for addressing crucial issues not addressed by national or EU legislation.
- 10) The platform provided through this workshop proved useful allowing participants to focus in national groups on the targets set and problems related to their implementation.

### **Session 5: Specific water and health related issues**

33. Participants were informed of and discussed different areas of work under the Protocol including surveillance, small scale water supplies and sanitation, equitable access to water and sanitation, and public participation under the Protocol on Water and Health.

#### *Surveillance of water-related disease*

34. A representative of the joint secretariat informed of the key obligations under the Protocol with regard to water-related disease (WRD) surveillance (Article 8), namely to establish, improve and maintain national and/or local surveillance and early warning systems and to prepare “comprehensive national and local response plans for responses to ... outbreaks, incidents and risks” and ensure that the relevant public authorities had the necessary capacity to respond to such outbreaks, incidents or risks. Policy and technical guidance by WHO on WRD surveillance<sup>2</sup> stipulated that the surveillance of WRD should be included within the context of more general surveillance systems for communicable diseases and cover the entire water supply system, including sources and activities in the catchment, treatment plants, storage reservoirs and distribution systems. A specific surveillance system for waterborne disease outbreaks should include a method for evaluating the evidence that an outbreak was indeed attributable to contaminated water.
35. In accordance with the *WHO technical guidance on water-related disease surveillance*, surveillance system should be set up at the local, regional and national level by establishing an outbreak management team at each of these levels. Surveillance systems should be sensitive enough to detect the events under surveillance as well as a high continuous level of sporadic cases, work in a timely manner to assure early detection and reporting. Data should be representative of true situation for the population and assessments should be carried out to ensure that data are complete and accurate.
36. The representative of the joint secretariat stressed that Water Safety Plans (WSPs) could be tool to improve surveillance of WRD. They could help ensuring the safety of drinking water systems of all types and sizes.
37. Participants discussed the functioning of existing national systems for WRD surveillance, challenges in this regards and coordination and communication between the local, regional and national levels as well as the possible linkages between WSPs and surveillance and response systems. They stressed the need to link routine health surveillance data with data on the quality and distribution of water supplies in the same area. It was crucial to establish a link between water and health data and between water quality and disease incidents.

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<sup>2</sup><http://www.unece.org/index.php?id=28573> and <http://www.unece.org/index.php?id=28575>

To this effect, it was important to train staff, in particular at the local level. Participants also noted the importance to ensure the functioning of a viable WRD surveillance system as part of the system of surveillance of communicable diseases.

38. In Hungary, an outbreak detection system existed at the three levels. There was no legal obligation for the establishment of a link between WSPs and surveillance systems. At the same time, the EU Standing Committee on Drinking Water (“Article 12” Committee) presently discussed including WSPs in an Annex to existing legislation. In Slovenia, so-called “hazard plans” existed. In Slovakia, there had been a pilot project linking a WSP to the national surveillance system. Romania also referred to a pilot project on water safety plans.
39. One participant noted that while in the context of the Protocol, there were obligations to report on WRD, there was no obligation to report on the health impacts from chemical pollution. Another participant noted that a problem in many countries was the disappearance of the surveillance models existing during Soviet times as countries changed existing systems to implement the EU Water Framework Directive.
40. A representative of Hungary pointed to the missing link between water quality and disease incidents in her country and the need to establish such a linkage e.g. through GIS solutions. At the same time, she stressed the need to establish linkages between water and health legislation. Cooperation between the different Ministries was crucial in this regard.

#### ***Small scale water supplies and sanitation***

41. A representative of Hungary highlighted the main problems associated with small scale water supplies and sanitation (SSWSS), comprising:
  - More complicated management and supervision;
  - Older and less up to date equipment;
  - Lower level of training of staff and control/supervision;
  - More difficulties to enforce monitoring and quality improvements;
  - Less diligent reporting on quality and supply details, resulting in lack of availability of reliable data;
  - Private wells/individual supplies outside of the scope of the legislation;<sup>3</sup>
  - Lower levels compliance, with the highest infringements for microbiological parameters.
42. Measures to improve SSWSS in Hungary comprised the following:
  - Aggregation of suppliers (at the management level) under the new Water Utility Act, leading to improved management and improved data provision;
  - Preferential support to water supply in rural areas (at the operational level) in the drinking water improvement programme.
43. Potential future measures comprised the possible introduction of the Water Safety Plan (WSP) in small scale water supplies. Presently, the EU Urban Wastewater Treatment Directive only covered SSWSS above 2000 person equivalent. In Hungary, 15% of the population were thus not covered by the legislation. The Protocol was a good tool to encourage policy makers to focus on small scale wastewater treatment plants.
44. Participants discussed whether the challenges regarding SSWSS were similar in the Central European region. A representative of Romania referred to problems in rural areas and the national programme for rural development. A representative of Slovenia informed that clustering was foreseen to combine smaller suppliers with bigger ones to assure that small supplies maintained and improved their condition.

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<sup>3</sup> The Hungarian legislation only covered authorization for building permits, and methaemoglobinemia prevention i.e. official nitrite monitoring in households with individual supplies where pregnant women or small babies live.

45. In conclusion, SSWSS were recognized by all countries as a common challenge throughout the region. Safe water from these supplies needed to be assured in the absence of full coverage by EU and national legislation. Clustering SSWSS could be an approach to improve management and monitoring, as done in Hungary and envisaged in Slovenia.

### ***Equitable access to water and sanitation***

46. The Co-Secretary to the Protocol on Water and Health presented on equitable access to water and sanitation. She explained that access to water and sanitation was still unequal in the pan-European region, affecting mostly the poor and rural populations, including in richer countries. She cited international obligations to end inequities in access, comprising the Protocol on Water and Health, United Nations Human Rights Council resolution 15/9 and United Nations General Assembly resolution 64/292. Inequities in at least the following three areas need to be addressed:

- Geographical disparities with regard to accessing water supply and sanitation infrastructure;
- Social disparities due to the lack of access to (adequate) facilities by vulnerable and marginalized groups of society;
- Economic disparities in cases when the water and sanitation bill represented too large a share of disposable income for some households.

47. The publication No one left behind. Good practices to ensure equitable access to water and sanitation<sup>4</sup> presented examples of good practices on how equitable access to water and sanitation services was ensured addressing each of these areas. The publication was prepared under the leadership of the French Government, by a drafting group of experts and was launched at the 6h World Water Forum in Marseille in March 2012.

48. Participants discussed ways and means of encouraging equitable access in their countries, comprising the measures taken. A representative of Hungary informed that more needed to be done to ensure access by marginalized groups in Hungary. A representative of Romania stressed the need to conduct a baseline analysis including with regard to the situation on equitable access before establishing targets. It was likely that there would be national as well as local targets covering certain equitable access dimensions/areas. The issue of improvement of life quality for Roma communities is included within the government programme 2012.

49. A representative of EPSU informed that the European Union was taking action to include the human right to water and sanitation in the EU legislation. Measures proposed by the European Commission included, among others, the protection of consumers with problems to pay for the water bill. He proposed that the Commission promote water operator partnerships.

50. In conclusion, participants recognized that equitable access to water and sanitation by vulnerable groups, those living in rural areas and those facing affordability issues was an issue which increasingly needed be addressed. There were plenty of opportunities to set (new) targets covering these areas under the Protocol in the initial process of setting targets or their review and evaluation.

### ***Public participation under the Protocol on Water and Health***

51. A representative of Romania informed of the obligations related to public participation under the Protocol on Water and Health. The Protocol placed great emphasis on access to information and public participation, recognizing public involvement as a vital prerequisite for successful implementation of its provisions. According to the Protocol, the public should be involved in the setting of targets and evaluation of progress.

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<sup>4</sup><http://www.unece.org/index.php?id=29170>

She stressed that the process of public participation would only deliver the desired results if the methods fit the purpose. She referred to the concept note on access to information and public participation under the Protocol, together with Women in Europe for a Common Future<sup>5</sup>, stressing aspects related to the identification and organization of stakeholders and relevant tools for access to information and public participation. Several workshops on public participation in the context of the Protocol on Water and Health aimed at enhancing the capacity of public authorities and non-governmental actors to cooperate for the implementation of the Protocol. The workshop Public participation and access to information: focus water and health organized with the Task Force on Public Participation under the Aarhus Convention, held in Geneva, 6-8 June 2012, would provide guidance to the development of new guidelines/manual on public participation in the framework of the Protocol.

52. A representative of the Romanian NGO "Medium et Sanitas Slobozia" informed about the component dedicated to Public Awareness as part of the project "Integrated Nutrient Pollution Control". The project is developed by the Ministry of Environment and Forests with financial support of the World Bank through GEF funds. The component is aiming to ensuring of public information campaign at different levels, promotion of hygiene in Nitrates Vulnerable Zones, implementation of good agricultural practices, organizing of seminars, study visits, activities involving school children, etc.
53. Subsequently, a representative of Global Water Partnership Romania presented on the activities of GWP-CEE to facilitation public participation in the framework of the promotion of Integrated Water Resources Management (IWRM).
54. Participants discussed how public participation was encouraged in their countries and which experience they had with regard to the involvement of the public in the target setting process in their countries. A representative of GWP-Slovakia informed that this workshop had proven extremely useful and was looking forward to working with the Ministry of Environment on the issues raised under the Protocol. A representative of the Slovak Ministry of Health informed that the public had access to information on water and health on its website. A representative of GWP-Slovenia noted that public participation did not work well in the past and was hoping that the situation would improve with the ratification of the Protocol. A representative of Hungary informed that not only individual NGOs but also associations were involved in public participation.
55. Workshop participants agreed that public participation needed to be strengthened in the region and that the Protocol could be used a tool for improving public engagement and participation. NGOs could provide crucial assistance to governments in reaching out to the public. GWP offered its assistance to work with governments in meeting their obligations with regard to public participations under the Protocol, e.g. by organizing stakeholder meetings.

#### **Session 6: Reporting under the Protocol – experiences and relation to EU and other international reporting obligations**

56. The Co-secretary to the Protocol on Water and Health presented on the main lessons learned from the first reporting exercise. She stressed that the final template for reporting had been adopted at the second session of the Meeting of the Parties, reflecting the lessons learned from the first reporting exercise and would be used for the reporting to the third session of the Meeting of the Parties. She explained that Parties themselves were the most important beneficiaries of the reporting process, which should help identify national challenges, effectiveness of measures and progress achieved and learn from each other, as well as common challenges in the region to guide the programme of work under the Protocol.

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<sup>5</sup>Document ECE/MP.WH/2010/4 available at [http://www.unece.org/fileadmin/DAM/env/documents/2010/wat/MP\\_WH/wh/ece\\_mp\\_wh\\_2010\\_4\\_E.pdf](http://www.unece.org/fileadmin/DAM/env/documents/2010/wat/MP_WH/wh/ece_mp_wh_2010_4_E.pdf).

57. She informed of large differences in reports depending on the stages countries found themselves in setting targets. Some targets were not measurable and the information was focused rather on the legal basis; and less on measures implemented, achievements and challenges. At the same time, some reports could be of inspiration for other countries. There were some targets for which very limited information was provided. In the part „Overall evaluation of progress achieved“, information had mostly been scarce and incomplete and little information provided on challenges and future threats. Often, there had also been no correspondence between problems highlighted by the common indicators and targets set.
58. With regard to the preparations for the next reporting exercise, the Co-Secretary encouraged countries to start the preparation of the national report already in October or November 2012 as it required national coordination and thus time. Reporting could be organized as a broad participatory process involving NGOs, civil society and the private sector. She encouraged planning the reporting process together with high level decision makers so to ensure that its outcome would be taken into account and that the needed resources were available to carry out the report. She also encouraged focusing increasingly on analysis and the 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” which might be mostly consulted by others and could become a useful communication tool for the implementation of the Protocol at the political level and with the broad public. Summary reports should be useful for self-assessment and as means to help raising attention to the Protocol internally. Reporting could become a communication/outreach tool e.g. in the context of World Water Day in 2013 on the theme of cooperation. Reporting under the Protocol should be coordinated with the reporting for the EU water-related legislation. The workshop on reporting, to be held back-to-back with the Task Force on Target Setting and Reporting in Geneva in February 2013, would provide for a platform to exchange experiences on the reporting process.

#### **IV. WORKSHOP CONCLUSIONS**

59. The main conclusions of the sub-regional workshop were the following:
- The exchange of experiences on water and health amongst national delegations as well as across the Central European region by means of this sub-regional workshop had proven extremely useful for Governments and NGOs representatives to identify difficulties in addressing water and health challenges and implementing the Protocol and gaining new momentum in addressing these, furthering the implementation of the Protocol and bringing about improvements in the water and health situation.
  - While targets under the Protocol were set in some countries (Hungary, Slovakia), they were still under preparation in others (Romania). Slovenia which was in the process of ratifying the Protocol had not yet started the target setting process.
  - The level of target setting was varied. Important areas frequently not addressed through the targets and which merited further attention were the following: climate change and extreme weather events, small scale water supplies and sanitation, equitable access, Water Safety Plans.
  - Measures for target achievements were in progress in most countries. They focused on numerous areas comprising the improvement of drinking water quality and reduction of pollution e.g. with nitrate and nitrite as well as enhancement of water supply and sanitation infrastructures.
  - The Protocol supported the implementation of EU legislation (Drinking Water Directive, Water Framework Directive, others). It offered a framework to go further to help countries address issues which were of national priority. Target setting should, as an absolute minimum, incorporate the requirements arising from national legislation in the water and health sectors. Going further implied reaping the benefits offered by the Protocol as a planning tool at the beginning of a cycle of continuous review and evaluation to assure ongoing progress.

- The establishment of intersectoral working groups or committees was crucial to prepare, advance and follow up to the target setting process and to coordinate activities amongst the various sectors (health, environment, agriculture, others). It had proven useful to maintain these intersectoral groups to oversee the implementation of targets set.
- Political will was important for the establishment and implementation of the targets.
- Financial resources needed to be secured to ensure the implementation of the measures to implement the targets. It was important to identify supplementary financial resources and to coordinate the different funding programmes. Staff needed to be well trained and qualified and equipment adequate.
- Public participation was important in the setting and review of the targets. NGOs such as the Global Water Partnership (GWP) could support work under Protocol e.g. by organizing stakeholder meetings.
- It was important to ensure a functioning viable WRD surveillance system as part of the system of surveillance of communicable diseases. It was crucial to establish a link between water and health data, between water quality and disease incidents to ensure effective water-related disease surveillance. Training staff in particular at the local level was important for quality control. Cooperation between the different Ministries was crucial in this regard. Linking WSPs with surveillance systems could yield benefits.
- Reporting could be a tool to identify challenges and point to areas meriting revisions of targets or indicators. It could be used also to engage the public and communicate about the Protocol and its achievements.
- Action could be taken throughout the region to continue strengthening the implementation of the Protocol, with regard to the following:
  - Intersectoral cooperation: Strengthening intersectoral working groups (Hungary), re-establishing them (Slovakia, Slovenia) or to formalizing them (Romania);
  - Setting targets (Romania, Slovenia) and updating targets (Hungary, where most have been achieved);
  - Addressing problems related to rural areas and SSWSS. Safe water from these supplies needed to be assured in the absence of EU and often national legislation. Clustering SSWSS could be an approach to improve their viability (Hungary, Slovenia);
  - Engaging the public through public participation in the framework of the Protocol. Making use of the reporting exercise to encourage public participation (all countries);
  - Assuring equitable access to water and sanitation by vulnerable groups, those living in rural areas and those facing affordability issues. Considering the establishment of (new) targets covering these areas (all countries);
  - Addressing financial and budgetary problems (all countries);
  - Continuously raising political support and public awareness (all countries).

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## Annex: Evaluation of the second sub-regional workshop

1. The workshop was evaluated by the participants through an evaluation form. 15 evaluations forms were completed in total by representatives of the 4 participating countries. The following summarizes the findings of the analysis of these forms.

2. The evaluation of the degree of usefulness of the event is presented in the Figure 1

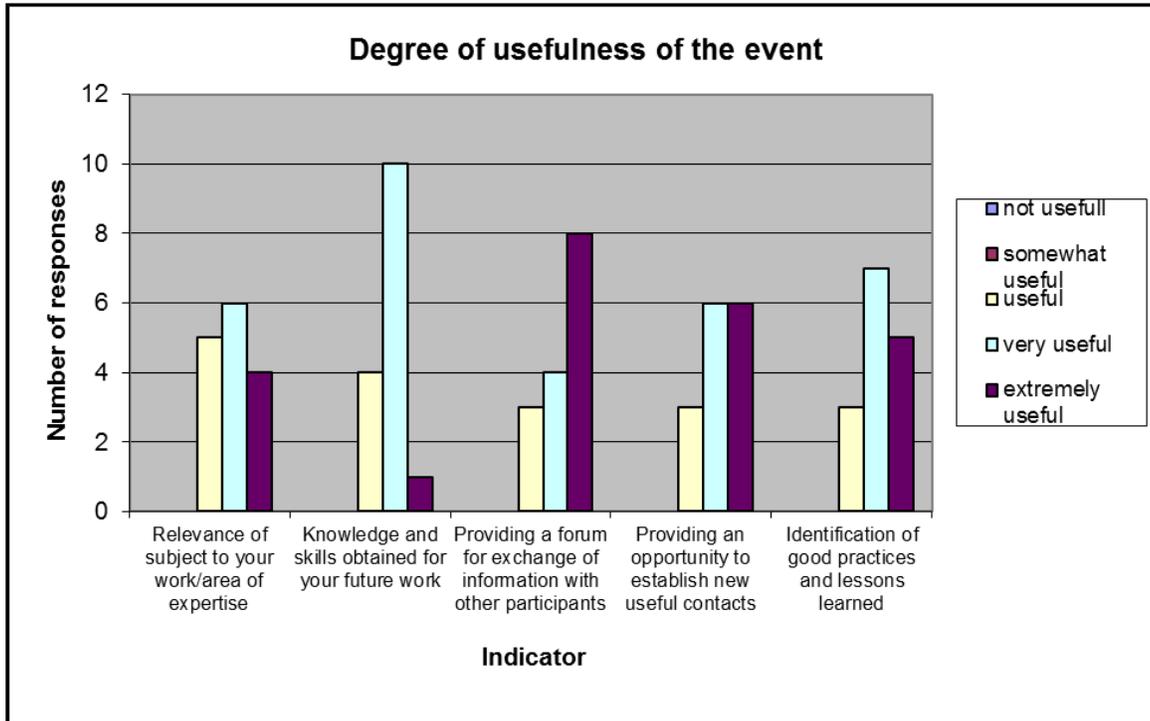


Figure 1. The degree of usefulness of the event

3. The assessment of the event in terms of quality and organization is presented in the Figure 2.

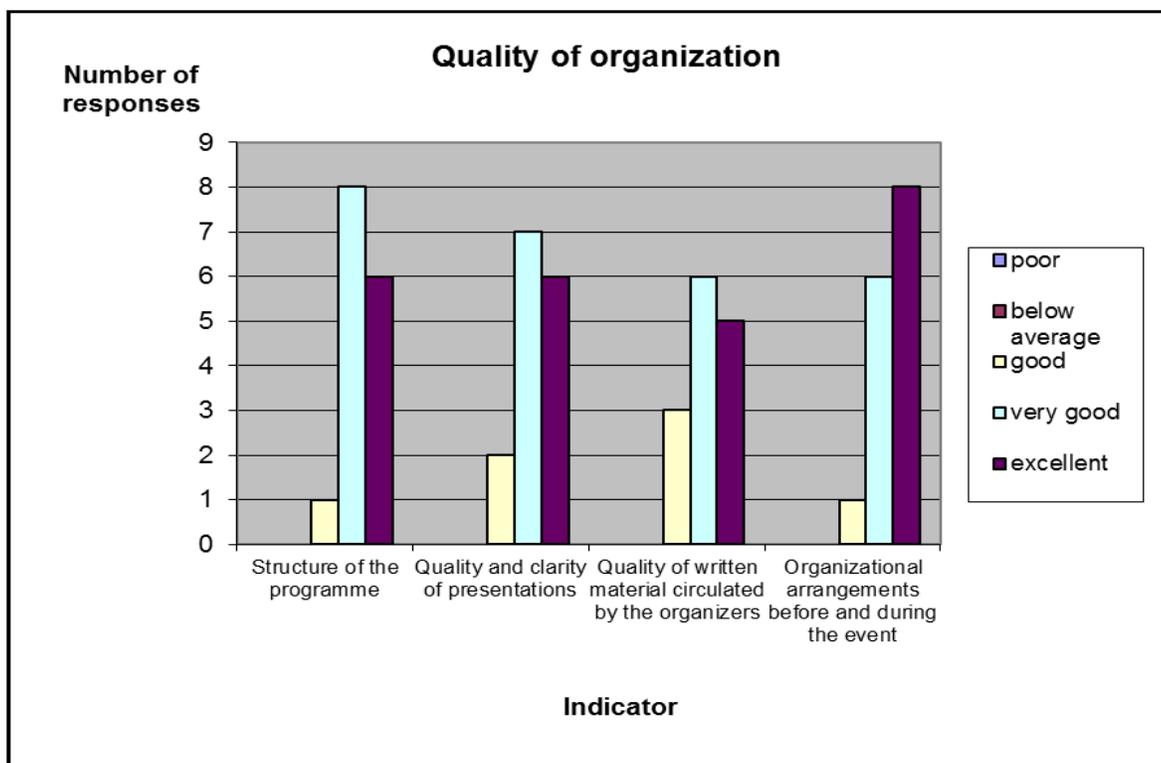


Figure 2. The quality of the organization.

4. The overall evaluation of the event was very positive. Participants emphasized the opportunity to exchange information and experience between countries and the secretariat of the Protocol, as well as the intensive and open dialogue and professional atmosphere at the workshop. Moreover, the importance of the subregional meeting was underlined as providing the benefit of sharing similar challenges. Participants also assessed positively the organization of the workshop and time management.

5. Participants were positively impressed by the following aspects of the workshop: the content of presentations, good practices and lessons shared from other countries, and the input from all countries and participants. The balance between health and water institutions was stressed as very important and difficulties noted due to the absence of experts from health institutions within some delegations. Remarks alluded also to the repetition of some subjects resulting from the emergence of common ideas. Participants noted the lack of participation by experts from Poland and the Czech Republic. Participants also expressed an interest in the more detailed agenda and more information on the content of the presentations upfront i.e. abstracts of presentations of one half page length.

6. Participants highly appreciated the knowledge obtained during the workshop and experience gained from the more advanced countries, which they can use in their future work for facilitating dialogues with authorities.

7. Participants recommended including the following aspects in future workshops:

- Relationship between good practices and set targets
- Horizontal cooperation/Cooperation between stakeholders regarding implementation of the Protocol
- Indicators for health
- Deadlines for implementation of the measures
- Real situation for each country regarding the implementation of the Protocol

- More emphasis on health aspects (such as consequences of long term use of polluted water and emerging disease surveillance)
- Equitable access including for vulnerable/marginalized groups
- Reporting
- Small scale water supply and sanitation
- Climate change adaptation
- Public participation
- Problems of data management: from the field to the highest political level
- Prevention measures
- Synergies between EU legislation and the Protocol on Water and Health
- Indicators to follow implementation of the targets

8. Participants supported the idea of holding future workshops back-to-back with the meeting of the Task Force on Target Setting and Reporting. This option was mentioned as providing a good opportunity to use the conclusions and results of the workshop in the Task Force meeting more efficiently, as well as cost-effective.