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**WORLD HEALTH ORGANIZATION
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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

Second meeting
Geneva, 2–3 July 2009
Item 4 of the provisional agenda

**SURVEILLANCE AND EARLY-WARNING SYSTEMS, CONTINGENCY PLANS AND
RESPONSE CAPACITIES**

**PROGRESS REPORT ON THE ACTIVITIES OF THE TASK FORCE ON
SURVEILLANCE AND PROSPECTS FOR ITS FUTURE WORK**

Report by the Chairperson of the Task Force on Surveillance*

* The present document was submitted on the above date to account of the outcome of the second meeting of the Task Force on Surveillance, held on 28 and 29 April 2009.

Summary

The Working Group on Water and Health is responsible for the overall implementation of the programme of work under the Protocol on Water and Health. It reviews progress, proposes modifications to the work programme to adapt to changing conditions, and reports to the Meeting of the Parties to the Convention (see the terms of reference in document ECE/MP.WH/2/Add.2 - EUR/06/5069385/1/Add.2). The present document gives an overview of the main accomplished and ongoing activities conducted by the Task Force on Surveillance. It also contains possible actions to be included in the future programme of work.

I. BACKGROUND

1. The first meeting of the Parties to the Protocol on Water and Health (Geneva, 17–19 January 2007) established a Task Force on Surveillance, led by Italy. The Task Force was entrusted with providing assistance to Parties in establishing and/or strengthening outbreak detection and response systems, including assessment and improvement of national and/or local surveillance, outbreak detection and early warning systems, contingency plans and capacity response (see ECE/MP.WH/2/Add.5 - EUR/06/5069385/1/Add.5).
2. Two meetings of the Task Force on Surveillance have been held thus far (24–25 September 2007 and 28–29 April 2009). Both meetings were organized at the Italian National Institute of Health (Istituto Superiore di Sanità (ISS)) in Rome.
3. The main areas of work and issues addressed by the Task Force included:
 - (a) A survey to assess the current capacity of water-related disease surveillance;
 - (b) Guidance materials on water-related disease surveillance (technical and policy);
 - (c) Cooperation and coordination of activities with other task forces under the Protocol;
 - (d) Assistance and in-country support;
 - (e) Possible activities for the future programme of work (2010–2011).

II. RESULTS OF THE SURVEY TO ASSESS THE CURRENT CAPACITY FOR WATER-RELATED DISEASE SURVEILLANCE: SYNTHESIS OF REPLIES

4. The Task Force conducted a survey on the surveillance of diseases transmitted through water, in particular related to: (a) priority, emerging locally important diseases; (b) the organization of surveillance systems; (c) laboratory capabilities to detect pathogenic micro-organisms; (d) public information on the importance of water-related disease; (e) outbreak

detection; (f) capacity of response; (g) training; and (h) databases and mapping/geographic information systems (GIS) resources (see ECE/MP.WH/WG.1/2008/4 - EUR/08/5086340/7).

5. A questionnaire was disseminated among the countries of United Nations Economic Commission for Europe (UNECE)/World Health Organization Regional Office for Europe (WHO-Europe) region, with the following countries responding: Andorra, Armenia, Belarus, Belgium, Czech Republic, Estonia, Finland, Georgia, Germany, Hungary Italy, Norway, Republic of Moldova, Slovakia and Turkey.

6. Highlights of the findings included the following:

(a) All countries had a mandatory surveillance system for priority water-related diseases. Among these, only *Enterohaemorrhagic E. coli* was not controlled in two countries. As expected, emerging diseases were less checked than priority diseases;

(b) With two exceptions, all the countries have dedicated, mandatory water-related disease surveillance systems;

(c) All countries but one had a national-level coordinating body that had elaborated a standardized surveillance notification form to collect communicable disease surveillance data;

(d) The potential environmental sources responsible for water-related disease were not considered at all in the notification forms for five countries;

(e) Case confirmation was not mandatory in two countries for any water-related disease and in three countries for specific water-related diseases;

(f) National laboratory capability to confirm any water-related disease was not available in one country, in some countries for specific priority water-related diseases, and often for emerging diseases;

(g) Information provided to the public varied from country to country and seemed to be generally of poor quality, although there were some good exceptions that might serve as models for other countries;

(h) All countries had established an action threshold for water-related diseases. For some severe diseases such as cholera and typhoid fever, this value is generally of one case (two cases in some countries). The highest reported threshold was 10 in the case of hepatitis A in one country;

(i) The survey demonstrated varying capacities with respect to identifying exposure routes in aquaculture, irrigated agricultural products and bathing activities;

(j) National epidemic preparedness and response plans were not available at all in seven countries; in three countries they were elaborated for priority water-related diseases;

(k) Regarding, capacity of response, the vast majority of countries were prepared to start intervention measures within 48 hours after notification;

(l) Some countries believed that international support was needed for training courses in the area of water-related disease;

(m) Computerized databases for water-related diseases were available in some countries, but were not available in at least five;

(n) GIS was rarely used, and then only partially.

7. Gathered information will provide the basis for preparation of up-to-date, state-of-the-art surveillance systems for water-related disease in the UNECE/WHO Europe region. Moreover, this information will be also used to identify critical areas/situations and to define assistance programmes and training activities.

III. GUIDANCE MATERIAL

8. The Task Force further elaborated the guidance document on water-related disease surveillance. Part one of the document, containing technical guidance related to drinking water, was approved by the Task Force at its second meeting. It was foreseen that the document, before finalization and publication, would go through a peer-review process.

9. The Task Force has also elaborated a document containing policy guidance and targeting political and health authorities. The main aim of this document is to provide a useful and simple tool to raise awareness of the importance of water-related disease and to demonstrate how to organize and improve the relative surveillance and early warning systems. Work on this part of the guidance is ongoing.

IV. SCIENTIFIC WORKSHOP

10. The Task Force has agreed to organize a scientific workshop on “Water-related Disease Surveillance under Changing Climate”. Initially, the workshop was planned for March; however, the meeting was postponed, and the future date and venue remain to be decided.

V. ASSISTANCE AND IN-COUNTRY SUPPORT

11. In November 2008, the Chairperson on the Task Force on Surveillance conducted a mission to Tajikistan. The mission aimed to gain a better understanding of the country situation, in particular the conditions that had caused water-related outbreaks, and to elaborate proposals and recommendations for tackling these issues. A report of this mission was finalized on March 2009. Findings from the mission will contribute to an integrated assessment report covering policy, the current state of drinking water quality, the application of water safety plans and recommendations for the strengthening of the health system. This report is currently being developed by the WHO-Europe Centre for Environment and Health.

VI. SMALL WATER SUPPLIES

12. The Task Force is currently elaborating a review on water-related disease in small communities and rural areas of the UNECE/WHO-Europe region. The aim of this document is to review publications and documents on priority, emerging and locally important water-related disease in the region.

VII. ISSUES TO BE CONSIDERED IN THE CURRENT AND FUTURE PROGRAMME OF WORK

13. The replies from the questionnaire to assess the current capacity of water-related disease surveillance systems will provide the basis for the identification of the most critical situations and the formulation of recommendations, especially with reference to international training and technical assistance.

14. It is foreseen that the finalized technical and policy guidance material will be published and disseminated in the countries of the UNECE/WHO-Europe region as a reference source for setting up and improving water-related disease surveillance systems.

15. The review of “Water-related disease surveillance in small communities and rural areas of the European region” should contribute to raising awareness of the issue in the region as well as identifying specific needs for water-related disease surveillance in these areas.

16. The second meeting of the Task Force discussed and agreed upon the following issues and actions to be undertaken before the second session of the Meeting of the Parties to the Protocol:

(a) Finalization of a report on the status of water-related disease surveillance in the UNECE/WHO-Europe region;

(b) A decision on the forms of training and technical assistance for countries of Eastern Europe, Caucasus and Central Asia;

(c) Elaboration of an integrated assessment report on the situation in Tajikistan;

(d) Elaboration of a report with a review of “Waterborne diseases in small communities and rural areas of the European region”;

(e) Coordination of activities with the Task Forces on Indicators and Reporting and the Task Force on Extreme Weather Events;

(f) Possible contributions to the Fifth Ministerial Conference on Environment and Health (Parma, Italy, 24–26 February 2010);

(g) Recommendations on the development of advocacy materials for small water supplies.

17. The Task Force also discussed possible further activities to be included in the future work programme (2011–2013) under the Protocol, including:

- (a) Assessment of the implementation of the technical guidance on water-related disease surveillance;
- (b) Elaboration of further guidance documents on surveillance within the scope of the Protocol;
- (c) Training (taking into account the latest technological tools).

VIII. PROPOSED ACTIONS BY THE WORKING GROUP

18. The Working Group is invited to comment to and advise the Task Force on the work completed as well as planned future activities.

19. In particular, the Working Group is invited to comment on the draft guidance on water-related disease surveillance and to agree on further steps for finalization of the guidance.

20. The Working Group is also invited to agree on the proposed new activities to be included in the programme of work of the Task Force for 2009–2010, namely:

- (a) Elaboration of an integrated assessment report on the situation in Tajikistan;
- (b) Elaboration of a report reviewing waterborne disease in small communities and rural areas of the UNECE/WHO-Europe region;
- (c) Development of advocacy materials for small water supplies.

21. Moreover, the Working Group is invited to entrust the Task Force with the further definition of future activities to be included in the programme of work for 2011–2013, to be adopted at the second session of the Meeting of the Parties to the Protocol.

22. The Working Group will be invited to explore the possibility of fund-raising for these future planned activities.
