

How to combine the implementations
of the Protocol on Water and Health
and of *the EU*
Acquis communautaire

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Workshop on Target Setting and Reporting under the Protocol on Water and
Health, 11-12. 02. 2009, Geneva

States most interested in the issue

- Number of Parties to the Protocol to date:
21
 - of which 13 are EU Member States
- Number of non-Party Signatories to date:
15
 - of which 11 are EU Member States
- European Union is neither party nor signatory

A rather prevalent misbelief:

- *The Protocol on Water and Health does not offer any additional values and achievements over the Acquis;*
- *The Protocol is only bringing about an awkward administrative burden*
- *The Protocol therefore need not be concluded by the European Commission*
- **My intention is to prove the contrary**

A tribute to Professor Attila Tanzi

Many of my arguments are explicitly or implicitly taken from his treatise titled

A comparative legal analysis of the 1999 Protocol on Water and Health and EU water law and policy

European Community – a sketch

- A supranational multi-state legal-administrative formation of consensus based nature
- Takes over a part of the sovereignty of its Member States in exchange for economic, social and environmental benefits
- Imposes binding and enforceable legal obligations on the MS
- Results orientation with less concern of the process leading to it.

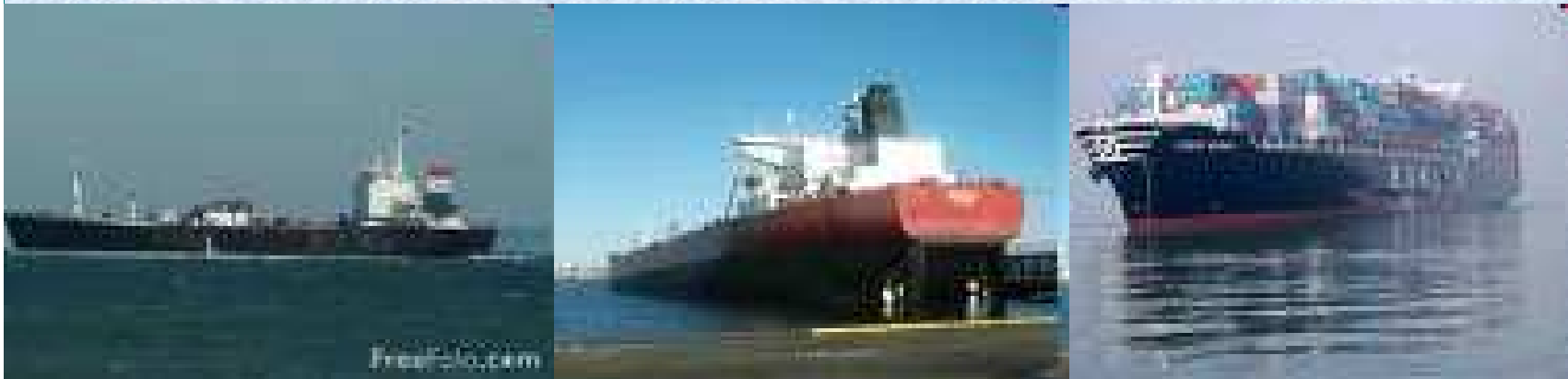
Obvious advantages of EU

- Economic assistance
- Enormous amount of support to less developed states and social sectors in need
- Chance to recourse to derogations
- Principle of subsidiarity

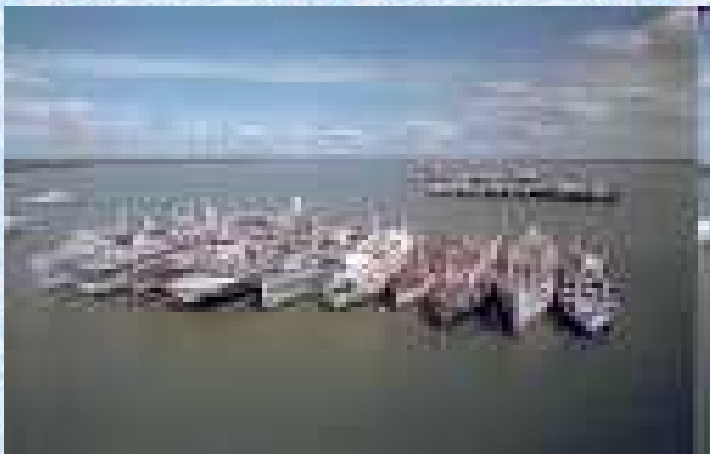
The Protocol on Water and Health – a sketch

- An instrument of international law
- Also of legally binding nature
- No strong means of enforcement are exercised
- Implementation facilitated via guidance, assistance, advice and conviction
- Process orientation enables meantime corrections

The Relationship of Protocol and the European Community?



together or apart ?



Subject matters with clear advantage at the Protocol

- Enclosed bathing waters
- Coverage by community water supplies and equitable access
- Sanitation in remote/scarcely populated areas
- Water related diseases
- Coordination between authorities
- Health aspects in EIA

The case of enclosed bathing waters

- Covered by the Protocol in
 - Art 3 (e)
 - Art 4. 2 (d) and 6
 - Art 6. 2 (k)
- Covered by a number of the Protocol's basic principles:
 - intergenerational equity;
 - sustainable combination of different values;
 - access to information and public participation;
 - equitable access to water.

The case of drinking water supply to all

Issues vaguely or not at all addressed
by the European law and policy:

- quantitative coverage
- equitable access
- the interests of the vulnerable

Recent development: WHO – EU
cooperation on the field of small
water supplies bringing in the
Protocol principles

The case of water related diseases

Not covered by the European law and weakly addressed by major European policy instruments

Example for illustration: Miskolc waterborne outbreak of about 3600 cases with the management in full compliance with all European provisions

The case of surveillance and early warning of water related diseases

- Largely missing from the European instruments are:
 - legal system addressing the issue
 - competent institutional structure
 - living coordination in the structure
 - application of performance indicators

The case of missing health relevant arrangements from other EU law

- The Water Framework Directive
- The European EIA law
- The overall coordination across different EU obligations with health implications

Example on the missing coordination:
flaws of a national drinking water
amendment scheme –

missing correct priorities
flawed economical efficiency
socially inconsiderate development

The case of extension of the European Community

- Protocol based development may be the best choice for future associate states to prepare for the accession.
- Benefits of concomitant compliance with the provisions of both systems are supposed to have been illustrated

**Protocol on
Water and Health**



**Acquis
Communautaire**

- Thank you for the kind
attention

