

First Meeting to the Protocol on Water and Health

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**The Protocol on Water and Health – an effective instrument to curb a silent epidemic.**

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Ladies and Gentlemen

It is indeed a **pleasure** to be here today and to convey to you the best wishes for success on behalf of Dr Margaret **Chan**, the newly elected Director General of WHO and of Dr Marc **Danzon**, Director of the WHO Regional Office for Europe. The presence of (36) **countries** as well as representatives from the NGO community, the private sector, and other members of the **civil society** testifies to the importance of the Protocol and bodes well for the outcome of this event.

Let me also use this opportunity to express the appreciation of the WHO for the effective collaboration with the **United Nations Economic and Social Commission for Europe**. We have been working intensively in the years since the original signing of the Protocol and I would like to extend **our thanks to you, Mr Belka**, and in particular to the **team headed by Dr Barlund** for the excellent support and cooperation and also for the friendship we have been enjoying over the last years.

I sincerely believe that the meeting of to-day is a landmark in the long effort of mankind for health and development. For centuries countries have undertaken actions to ensure adequate water supply and sanitation to their people. To-day, 17 January 2007 member states freely undertake a legally-binding commitment to launch ambitious programs to prevent, control and reduce water-related diseases. You are doing this by agreeing on harmonised measures to improve water management through national action and international assistance.

The protocol on water and health recognises the significant challenges which are ahead of the broad health and environment communities. On one hand we have what we can call “the unfinished business”: problems we know very well, we know the causes and the solutions, have the tools required to monitor the implementation. But they are still there, in some countries more than in others.

On the other hand we now face new emerging problems, which require new approaches, innovative strategies and in some cases, recognition of their extent and their significance.

### **The unfinished business,**

At the dawn of the 21st century, parts of the European population are still struggling with “traditional” environmental health problems caused by poor water and sanitation. Overall access to safe water and sanitation has not improved over the last 15 years. I was personally astonished when a few weeks ago, in reviewing the figures about the access to good quality drinking water, I found out that almost 140 million people, 16% of the European population, still live in homes that are not connected to a drinking-water supply. This is approximately the same figure we estimated in a study done in the early 1990s and named “Concern for Europe’s tomorrow”.

This does not mean that progress has not taken place in Europe. We are a long way ahead from the situation described and addressed by John Snow in the middle of the 19<sup>th</sup> century and still present in many countries in the late 40s and 50s of the last century. Nowadays a large number of European countries enjoy universal access to good quality and safe water in adequate quantity.

However, there are still over 170 000 cases of water-related diseases reported in 2006, including cases of viral hepatitis A (over 120 000), *Shigella* bloody diarrhoea (almost 40 000), enterohaemorrhagic *Escherichia coli* infection (over 7000) and typhoid fever (almost 6000)<sup>1</sup>. Secondary diseases<sup>2</sup> claimed more than 1 million cases (1,006,462).

Since the original signature of the Protocol, water-related diseases<sup>3</sup> caused almost 2 million reported cases

I need to stress that these data are far from being comprehensive, due to the weaknesses in national surveillance systems and reporting in many countries and the

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<sup>1</sup> Reporting systems is not necessarily compatible in the European Region, and data can be underestimated.

<sup>2</sup> Campylobacteriosis, cryptosporidiosis, giardiasis

<sup>3</sup> Cholera, enter-haemorrhagic *E. Coli*, viral hepatitis A, typhus, and shigellosis/bacillary dysentery

low sensitivity of the surveillance towards certain viral diseases for instance. The real burden of water-related diseases is therefore certainly much **higher** than these figures indicate.

As for **mortality**, the best current estimate of WHO is that more than 13,000 children under the age of 14 die every year in the European region from water-related diarrhoea, mostly in Eastern Europe and Central Asia.

How can we accept to lose 37 of our children of diarrhoea each day for lack of access to safe water?

The unfinished business is to a great extent related to the consequences of the unsatisfactory access to safe water and sanitation affecting parts of Europe. According to the most recent data provided by the WHO-UNICEF Joint Monitoring Programme (JMP), **access to improved sources of water** supply was **universal** in the EUR-A region (mostly western Europe) and **showed slight improvement** in the EUR-B and EUR-C region (the EECA countries). However, both access to water and sanitation have been **stagnating** in rural areas in both the EUR-B and EUR-C regions for at least a decade

Several factors may explain the delay in accomplishing the agenda and guaranteeing good drinking water to all people:

- An **extensive but deteriorating network** of water supply and sanitation in several countries, leading to considerable problems with continuity of service which allows intrusion of microbial and other contaminants, reduces the quality of the water, and increases the wear on the infrastructure.
- An **unacceptable failure rate in quality**, both microbiologically and chemically, of the drinking-water.
- An alarming situation of water supply and sanitation infrastructure, including the taking out of service of production and treatment units, especially in **small and medium cities** and, as stated before, a stagnation in **rural areas**.

- As for **sanitation**, most of the urban population in the region is connected to sewers but in many cases the **wastewater** is **not treated** but discharged directly either because there is no wastewater treatment plant or because it does not function. The **resulting environmental and health impact** on the recipient environment can be considerable. This is especially important in areas where increased tourism such as the Mediterranean region, the most important tourism destination in the world.

The European public health and environmental community needs to address these issues urgently recognising that access to good water is a **basic human right for all people**, and it frankly, unacceptable that at the start of the twenty-first century this right is not granted to each individual.

I mentioned initially that we face two challenges in this area. I would be amiss if I were not to address emerging issues beyond the scope of classic water-related disease epidemiology. The world is changing, and the **climate is changing**. In order to adapt we will have to change also. Disturbances in the environmental aquatic cycle have demonstrably led to increasingly frequent **floods**, and have paradoxically also led to increase in **water stress** in a significant number of countries. Both have serious impacts on the functioning of water supply and sanitation systems, and ultimately on the health of people. The warm winter of 2006-07 should be seen as an additional warning for all of us. Failing to address this issue would inevitably cause problem of water availability and quality as well as flooding due to extreme weather events also in those countries which have dealt well with the traditional water related problems.

In these latter countries particularly, new and **emerging diseases**, including protozoic diseases, are barely beginning to be recognized as a serious health threat affecting significant fractions of the population. Their **detection** and **management** poses problems to many of us.

So, dealing with water and health to-day means also looking at new matters in a proactive and innovative way having in mind the evolution of the global environment and the need for human population to adapt to this new situation.

Mr. Chairman, colleagues, ladies and gentlemen,

We are here today to address these challenges through a new instrument that many of you committed to implement: the **Protocol on Water and Health**. The task before us is both daunting and noble, and will require the combined efforts of all of us if the situation is to improve. One of the specificities of it is that countries are not committing themselves alone – **international cooperation and joint actions** are hallmarks of the process. Let me welcome for example, the initiative of **Norway** to support this international cooperation aspect of our work and the establishment of a facilitation mechanism to improve dialogue and collaboration between donor and recipient communities.

Mr Chairman, sustainable water management and reduction of water-related disease is an essential goal for the countries of Europe at the start of the twenty-first century. If there is one thought I would like to leave you with, it is this: the unacceptability of Europeans being served water that is microbiologically unsafe needs to be recognized, and be accepted as the basis for **common action**.

I would therefore urge you to include in the **Declaration** which will conclude this meeting a call for **zero tolerance** against microbial and chemical failure of drinking-water quality. This view may be an additional push for decision makers, governments, private and public authorities to take action. We do not tolerate that a plane is crashing. We should not tolerate that a child is dying because he or she cannot drink a clean, safe glass of good water. I am sure that such a call, emanating from this important gathering, could be an important stepping stone for actions at all levels in the years to come. Should you agree to this suggestion, WHO will take it forward at the forthcoming **Intergovernmental Midterm Review Meeting** of the Ministerial Environment and Health process in Europe which, in itself, is a preparatory stage for the **5<sup>th</sup> Ministerial Conference on Environment and Health** scheduled to take place in Italy in 2009.

I wish you all a successful meeting and a pleasant stay in Geneva.

Thank you

Opening Address WHO Representative

First Meeting of the Parties to the Protocol on Water and Health

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