

**Economic and Social Council**Distr.: General
14 April 2010

Original: English

Economic Commission for Europe**World Health Organization
Regional Office for Europe****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**

Third meeting

Geneva, 27–28 May 2010

Item 4 of the provisional agenda

**Surveillance and early-warning systems, contingency plans
and response capacities****Progress report and future work of the Task Force on
Surveillance****Report by the Chair of the Task Force on Surveillance¹****I. Introduction and proposed action by the Working Group**

1. The present document was prepared in accordance with the request of the Working Group on Water and Health, at its second meeting (Geneva, 2–3 July 2009), to the Task Force on Surveillance to present to the third meeting of the Working Group an assessment of the work achieved and a proposal for a future programme of work for 2011–2013 (see ECE/MP.WH/WG.1/2009/2 – EUR/09/5086340/4).

2. This document should be read together with the complete draft programme of work for 2011–2013 (ECE/MP.WH/WG.1/2010/L.3 – EUR/10/56335/XI). The Working Group is invited to comment on the information provided and to discuss proposed future activities. In particular the Working Group is invited to indicate clear priorities for future work under the Task Force on Indicators and Reporting for 2011–2013.

¹ The present document was submitted after the official documentation deadline due to resource constraints

II. Background

3. The Task Force on Surveillance was established by the Meeting of the Parties to the Protocol on Water and Health at its first session (Geneva, 17–19 January 2007) with a mandate linked to article 6 (Targets and Target Dates) and article 8 (Response Systems) of the Protocol. The main objective of the Task Force was the development of guidance material for water-related disease surveillance.

4. This objective, as set out in the programme of work 2007–2009, will be accomplished by adopting the Technical Guidance on Water-related Disease Surveillance at the second session of the Meeting of the Parties to the Protocol on Water and Health (23–25 November 2010).

5. The Task Force met twice in Rome, Italy, on 24–25 September 2007 and on 28–29 April 2009, and once in Durres, Albania, on 11–12 February 2010.

III. Lessons learned in the past three years and implications for the future work programmes

6. The work of the Task Force on Surveillance grew significantly throughout the intersessional period. The Task Force work plan was expanded to also include the following:

(a) The development of a policy guidance document complementing the technical guidance, both to be submitted to the third meeting of the Working Group for endorsement before formal adoption by the Meeting of the Parties at its second session;

(b) The publication in a peer-reviewed journal of a questionnaire-based review of the capacity of health systems to conduct national water-related disease surveillance;

(c) A literature review of the available evidence of the connection between water-related diseases and small-scale water supply systems;

(d) The development of advocacy materials on health risk assessment and the management of small-scale water services to raise the awareness of local health systems of these issues;

(e) Contribution to the fifth Ministerial Conference on Environment and Health (Parma, Italy, 10–12 March 2010);

(f) Contribution to in-country work, particularly in the assessment of surveillance systems and the general strengthening of health systems;

(g) Collaboration with the Task Force on Extreme Weather Events;

(h) Cooperation with the other subsidiary bodies under the Protocol on Water and Health, particularly the Ad Hoc Project Facilitation Mechanism;

(i) The organization of a workshop on climate change and water-related diseases;

(j) Research into the impact of the economy on water-related disease.

7. The status of the expanded work programme is as follows:

(a) The technical guidance on water-related disease surveillance has been reviewed and completed, and will be translated into Russian for the third meeting of the Working Group on Water and Health. The policy guidance document on water-related disease surveillance has been submitted to the third meeting of the Working Group, which

is expected to comment on it and in particular to discuss and decide on the final scope and content of the document, to agree on ways and means to finalize it and make arrangements for their submission as official documents to the second session of the Meeting of the Parties;

(b) The questionnaire-based review of the capacity for water-related disease surveillance has been completed and will be submitted to the Working Group on Water and Health;

(c) The literature review of the available evidence of the connection between water-related diseases and small-scale water supply has been almost completed for campylobacteriosis in rural areas. With effective cooperation within the Task Force, the review might be extended to other risk factors in rural areas and small-scale water supplies;

(d) Germany, the lead Party for the development of awareness materials on small-scale systems, will submit a draft version to the third meeting of the Working Group, which will be invited to comment on the material and agree on the way to finalize it in time for its submission to the second session of the meeting of the Parties;

(e) The discussions confirmed the continued importance of water-related diseases, including emerging diseases, to the overall disease burden in the European region and drew attention to the geographic inequalities in the region and the importance of rural areas and vulnerable populations, especially children;

(f) The Chair of the Task Force carried out an assessment mission to Tajikistan; his report was part of a wider report, *Water Supply, Sanitation and Health in Tajikistan: The Protocol on Water and Health as a Basis for a Holistic Approach* (contributing authors: R. Aertgeert, E. Funari, O. Shmoll, P. Studer);

(g) The Chair of the Task Force contributed to the development of the technical guidelines prepared by the Task Force on Extreme Weather Events on the issue of impact on coastal areas in extreme weather events;

(h) Cooperation in project development under the Ad Hoc Project Facilitation Mechanism was limited due to personnel problems;

(i) The proposed workshop on climate change and water-related diseases continues to be delayed, the kind offer of the Israeli Government notwithstanding;

(j) No progress was made on the implementation of the economic assessment of water-related disease.

8. Experience to date shows that the demands on the Task Force on Surveillance are much greater than the mere development of a guidance document. However, the resource base remains slim.

IV. Proposals for future areas of work

9. On the basis of the above considerations, and bearing in mind the guidance received from the Collaborating Centres of the World Health Organization (WHO) in Rome, Italy, on 9 February 2010, it is proposed that the main objectives of the Task Force on Surveillance should be the following:

(a) Provide further support to the Parties' compliance with articles 6 and 8 of the Protocol, particularly by promoting the use of the relevant WHO guidelines, supporting guidance documents and facilitating access to other relevant documents such as the norms established by the International Organization for Standardization and Joint Research Centre publications of the European Commission;

(b) Organize, or participate in, national and subregional capacity-building programmes;

(c) Address the health risks resulting from environmental degradation, expanding in particular the work on health risk assessment and management from chemical contamination;

(d) Facilitate surveillance of water-related diseases in emerging areas;

(e) Develop closer networking among surveillance institutes in the region.

10. Consequently, the activities of the Task Force on Surveillance in the 2011–2013 work plan could cover the areas outlined below.

(a) Water-related disease surveillance:

(i) Assess the quality of surveillance systems;

(ii) Support the adaptation of international guidelines, standards and norms to the conditions prevailing in the pan-European region;

(iii) Determine the impact of water-related diseases;

(iv) Support the management of water-related diseases in the service area of small-scale water supply systems;

(v) Support country-driven priority setting: The proposal here is to replace the current classification of a limited number of diseases in a priority and emerging group by creating a representative system of pathogen classes for the different types of water-related diseases—waterborne or water-washed diseases, for example—among the different pathogen classes, such as nematodes, protozoa, bacteria or viruses. Countries can then identify those pathogens that are nationally or locally of highest concern and develop disease control programmes that are better attuned to their national concerns.

(b) Capacity-building:

(i) Strengthen public health laboratories engaged in water-related disease surveillance and water-quality monitoring. Preference should be given to the development of a cascade approach so that the highest national priorities receive primary attention. Capacity will need to be developed not only for setting priorities through statistical data, but also, where such numeric reporting systems are lacking, through representative sanitary surveys, knowledge resources or case studies available from the literature;

(ii) Support the development of generic training programmes. With regard to such development, the WHO training package on the *Guidelines for Drinking-water Quality* is a model case of a generic training programme that is maintained and regularly updated, but can be made available to the national authorities on short notice;

(iii) Provide advice on curriculum development. This activity would aim at discussing the minimum components of surveillance courses given in the curricula of recognized institutes of higher learning so as to raise the minimum qualifications of staff;

(iv) Organize training for trainers. Training of trainers was deemed important to move quickly away from dependence on foreign experts and promote in-country training capacity.

(c) Chemical contamination from environmental degradation:

- (i) Provide support for the hydrogeochemical determination of the occurrence and fate of anthropogenic and naturally occurring chemical contaminants;
- (ii) Provide assistance in the local implementation of water safety plans, with emphasis on the management of protection zones;
- (iii) Promote and install international cooperative arrangements for the assessment of trace agro-chemicals.

(d) Surveillance of new areas:

- (i) Recreational waters, both coastal and in-land, as well as man-made enclosed recreational water environments such as spas and swimming pools;
- (ii) Enhanced cooperation with food safety programmes: Zoonoses control, pathogen and toxic chemical monitoring during the agricultural use of waste, including the irrigation of food products for raw consumption, and pathogen and toxic chemical monitoring in waters used in aquaculture and conchiculture,
- (iii) Other new areas to be considered include the issue of anti-bacterial resistance transmission through the water system. This could relatively easily be addressed by testing anti-microbial resistance in indicator organisms such as *E. coli*. Concerning improved disinfection, the work of the Task Force could focus on the assessment of technology processes and the dissemination thereof, and not on the issue of disinfectant by-products.

(e) Networking:

- (i) The Task Force will explore the possibilities of networking with other actors in the surveillance of water-related disease.
-