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WHO/EURO WATER COLLABORATING CENTRES

Report on a WHO Meeting

Kiev, Ukraine
19, 20 and 23 March 1997

1997

EUR/HFA target 20

TARGET 20

WATER QUALITY

By the year 2000, all people should have access to adequate supplies of safe drinking-water, and the pollution of groundwater sources, rivers, lakes and seas should no longer pose a threat to health.

ABSTRACT

WHO receives substantial support in its activities concerning water in Europe from a small group of collaborating centres. A meeting of such centres working with the Regional Office was held to review strategic issues and to initiate discussions on preparations for the Third European Conference on Environment and Health, to be held in London in 1999. The meeting made a series of recommendations on optimizing the relationship between WHO and the collaborating centres, and on water-related preparations for the London Conference.

Keywords

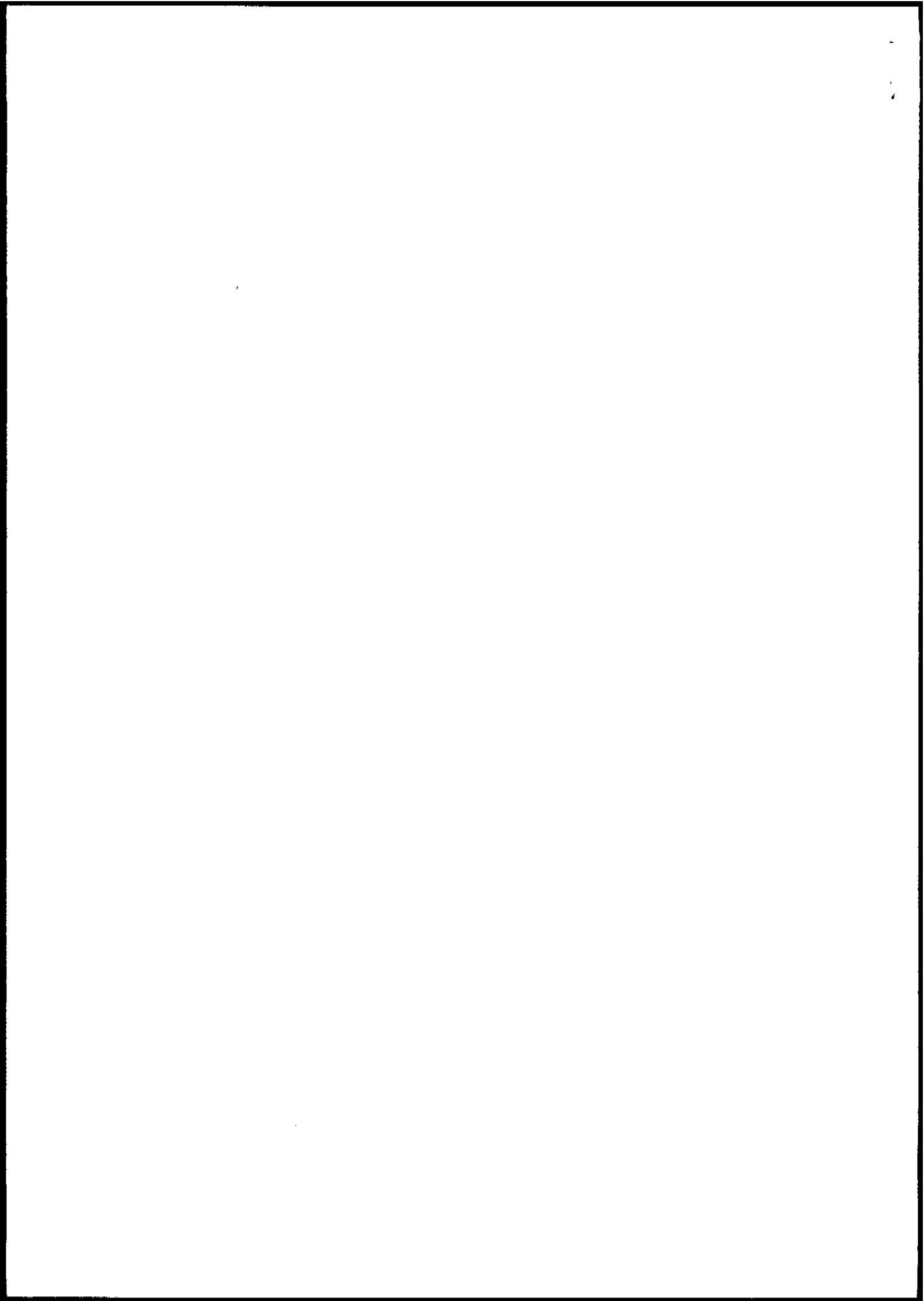
ENVIRONMENTAL HEALTH
WATER
INTERNATIONAL COOPERATION
CONGRESSES – organization and administration
EUROPE

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1. BACKGROUND

The availability of an adequate, safe water supply has important implications for health, economy, social development and for stability of culture and civilizations. The necessary quality and adequate supply of this element essential for life and economic wellbeing has not been achieved in many parts of the globe inhabited by billions of people. Numerous initiatives over the years have addressed this issue but the achievement of stated goals is yet to be achieved. Some of these conferences and agreements have included: the International Drinking Water Supply and Sanitation Decade 1980–1990; the New Delhi Global Consultation on Safe Drinking Water and Sanitation for the 1990's; the International Conference on Environment (Dublin 1992); the UN Conference on Environment and Development (Rio de Janeiro, 1992); and the Inter-ministerial Conference on Drinking Water and Environmental Sanitation (Nordwijk, 1995).

WHO's European Region has responded to these challenges through a series of interrelated initiatives including:

- provision of expert guidance (e.g. WHO Guidelines documents);
- activities related to management and rational exploitation of international water bodies through broader interagency programmes (e.g. Mediterranean, Danube, Black Sea);
- Country support activities – often concerning training and sector organization;
- Emergency response (e.g. cholera) and re-development assistance following civil war; and
- local support activities (e.g. specific engineering interventions).

WHO has received substantial support for these initiatives from a small network of WHO collaborating centres* and other key collaborators concerned with water. Their support has ranged from provision of time at no or low cost, to collaborative initiatives in resource mobilization. These collaborating centres are highly diverse in expertise, structure, organization and financing and many have some history of working together. They support WHO's policy development through various committees and working groups and constitute an important extension network for the Organization.

2. OBJECTIVE

The WHO Regional Office for Europe Water Collaborating Centres Meeting, Kiev, Ukraine, 19–20 and 23 March 1997 was called to:

- review the strategic directions of water-related activity within WHO/EURO and the role(s) adopted by water collaborating centres within it;
- review the present roles and responsibilities adopted by water collaborating centres in the European Region;
- initiate discussion regarding increased collaboration between water collaborating centres and opportunities for enhanced resource mobilization.

The objectives of the second part of the meeting, following the Joint UN-ECE/WHO-EURO

* A WHO collaborating centre is defined as: "an institution designated by the Director-General to form part of an international collaborative network carrying out activities in support of the Organization's programme at all levels.

Consultation on the Eradication of Water-related Diseases, were to:

- review the challenges presented by the present situation and in particular the preparation of major products for the London Conference (1999);
- to discuss the roles of water collaborating centres in preparation for the Conference, including:
- their role in the development of the proposed international instrument;
- define the technical support activities necessary to prepare for the development and implementation of such a major initiative for the reduction of water related disease in Europe in the next millennium; and
- to develop an outline scheme of activity for both technical planning and resource mobilization.

3. OPENING

The meeting was opened by Dr Jamie Bartram on behalf of WHO/EURO who welcomed participants to the meeting on behalf of the Regional Director of the WHO Regional Office for Europe, Dr Jo Asvall. He articulated the objectives of the meeting and explained its linkage to the consultation on the initiative on Eradication of Water Borne Disease that would follow the Collaborating Centre Meeting, and to the Environmental and Health Intergovernmental Conference scheduled for London 1999. He asked the participants to describe the activities and roles of their respective organizations as WHO collaborating centres; to identify strength, weaknesses, opportunities and threats regarding their activities and their relationships to WHO; and to think about priorities regarding water and health to the year 2000, and what ought to be the longer-term priorities, for instance, to the year 2020.

Dr Gareth Rees and Mr Heikki Wihuri chaired the meeting for the first and last days respectively, and Dr Joseph Cotruvo was rapporteur.

The participants are included as Annex 1 and the agenda as Annex 2 of the report.

4. WATER COLLABORATING CENTRE PROFILES

Each collaborating centre presented a summary of its WHO-related activities.

International Reference Centre on Water Supply and Sanitation (IRC), the Netherlands

IRC is an independent non-profit organization founded in 1968 which is supported by and linked with the Government of the Netherlands, UNDP, UNICEF, the World Bank and WHO. It is a WHO collaborating centre for community water supply and sanitation and WHO is represented on the IRC governing board. IRC aims at changing toward people-oriented water and environmental sanitation programmes through generation, communication and application of information on priority issues and through capacity-building for information management at the country level in collaboration with resource centres and third party initiatives. Support is provided through field activities and demonstration projects, desk studies and research training and briefing, evaluation and advisory services, publications, documentation services and awareness raising.

The main collaboration with WHO at this time is through Water Supply and Sanitation Collaborating Council (WSSCC). IRC is active in the Council's working groups on Information and Management (as lead agency), Operations and Maintenance, Institutional and Management, Promotion of Sanitation; and in the focal group for CEE, NIS and CIP. In the following projects IRC is either collaborating with WHO or WHO is a funding agency (alone or co-financing) for hygiene education, publications and advocacy.

NSF-International (with principal offices in USA and Belgium)

NSF is a not-for-profit third party consensus standard setting and certification organization for health and environmentally related products. These include, for example, bottled water and bottled water producers, chemical materials used in water treatment, point of use water treatment systems such as softeners, taste and odour filters, microbial removal filters, and commercial food storage and handling equipment.

The designation of NSF-International as a WHO collaborating centre for water health, safety and technology occurred in mid-1996. The initial collaborating centre activities consist of coordinating the preparation of swimming pools and spas aspects within the development of WHO Guidelines for Safe Recreational Water Environments; and support to the rolling revision of the Guidelines for Drinking-water Quality concerning the monographs on Chemicals and Materials used in Drinking Water Treatment; and Emergency Drinking Water Guidelines, (the latter in cooperation with the Robens Institute).

NSF is also developing a major international symposium on Technology, Operations and Economics of Providing Reliable Safe Drinking Water in Small Systems, scheduled for Spring 1998 in Washington DC, USA, and a technical meeting on Membrane Technology in Brussels (September 1997) with KIWA and UKDWI. NSF also provides an information service on water treatment chemicals, plumbing materials and bottled water and water treatment devices, and also provides training and auditing of environmental management systems.

Institut für Wasser, Boden, Lufthygiene (WaBoLu), Germany

The three principal activities undertaken by WaBoLu as a WHO collaborating centre for research on drinking-water hygiene are:

WaBoLu is the lead institution (coordinator) on "Resource and Source Protection" aspects for the Guidelines for Drinking-water Quality, Working Group on Protection and Control of Drinking-Water Quality." In this context WaBoLu is producing a Monograph on "Cyanobacteria, Water and Health" to be available as a draft in December 1997 and a Monograph on "Nitrate in Drinking-Water".

WaBoLu is a support institution for the preparation of microbiological and chemical review documents for the rolling revision of the guidelines for drinking-water quality including preparation of the review for *Vibrio cholerae*. WaBoLu is also a contributor for the monograph on copper and boron as well as on cyanobacterial toxins.

WaBoLu is also participating in the production of review documents for microbiological aspects and freshwater algae, for the "Guidelines for Safe Recreational Water Environments".

Supplementary activities include:

- participation in WHO/EURO emergency response activities (principally concerning cholera) – in Kiev, Odessa and on the Crimean peninsula;
- participation in WHO/EURO training activities in Armenia, Georgia and Romania;
- organization of two meetings on drinking-water quality and recreational water in Bad Elster (1996); and
- production of the draft report "Developing a Healthy Environment along the Danube River".

Robens Institute, University of Surrey, United Kingdom

Since its redesignation as a WHO collaborating centre for the protection of drinking-water quality and human health in 1993, the Robens Institute has carried out a variety of WHO programmes in water quality and health. This has included work for WHO headquarters, the European Regional Office, the Eastern Mediterranean Regional Office and various country programmes. The areas of work have included drinking-water quality, freshwater quality, recreational water quality, cholera control and urban sanitation.

The collaborating centre activities involve staff from the Environmental Health Division of the Robens Institute, staff from Farnborough College of Technology, and others.

Activities have included the following:

Drinking-water:

- joint coordinators (with VKI) of monitoring and assessment aspects for the Rolling Revision of the Guidelines for Drinking-water Quality;
- joint coordination (with NSF International) of a monograph on Water Supply and Quality in Emergencies for the Guidelines for Drinking-water Quality;
- reviews of Microbiology Monitoring Strategies;
- regional training – Baltic states and Black Sea Environmental Programmes;
- seminar on the use of WHO Drinking-water Guidelines; and
- country missions in Egypt, Yemen, Pakistan and the Black Sea region states.

Recreational waters:

- production of twice-annual WHO newsletters;
- coordination of production of Volume 4 of the Guidelines (Monitoring and Assessment);
- regional activities for the Black Sea Environmental Programme;
- advice to WHO/UNEP MED-POL programme; and
- country missions in Georgia and Russia.

Freshwater:

- support to WHO/UNEP in the GEMs/Water Programmes;
- workshops in Jordan and Uganda; and
- country mission in Jordan, South Africa, Lesotho and Syria.

Cholera control:

- produced 73 fact sheets on environmental sanitations for control of cholera and other diarrhoeal diseases; and
- involved in Cholera Control Guidelines revision.

Urban sanitation:

- provision of advice in developing countries, piloted in Zambia – 1994, 1995.

Water Research Centre (WRc), United Kingdom

WRc is a private company employing around 400 scientists and engineers. WRc is a research-based consultancy working in all areas of environmental management but specializing in the water domain. WRc works for a wide range of customers with the major part of its income coming from United Kingdom water supply companies, environment agencies, Department of the Environment and a wide range of industrial companies. An increasing proportion of business is coming from outside the United Kingdom and there are offices in the United States, Italy and in Brussels.

WRc has been a WHO collaborating centre for drinking-water and water pollution control for many years and the principal long-term activities have been in the preparation and updating of the WHO Guidelines for Drinking-water Quality and the development of Guidelines for Safe Recreational Water Environments. More recent activity has been in support of the Working Group on the Protection and Control of Water Quality and the preparation of the EEA/WHO Monograph on Water Resources and Health.

The Institute for Water Pollution Control of the Water Resources Research Centre (VITUKI)

VITUKI was designated as WHO collaborating centre for protection and control of drinking-water resources until the end of 1993. A new designation is in discussion which will enable VITUKI to strengthen its cooperation and support to WHO's activities in relation to the protection and control of drinking-water resources, particularly in central and eastern Europe and in the newly independent states. The centre expects to make its broad-based scientific research and technical cooperation potential available to WHO programme interests. Some areas of specialization include analytical quality assurance and quality control; emergencies (spills into water bodies); and it is considering producing a newsletter on the Rolling Revision of the Guidelines for Drinking-water Quality/Protection and Control of Water Sources.

5. WHO/COLLABORATING CENTRE RELATIONSHIPS

A significant part of the consultation consisted of a round-table discussion of strengths, weaknesses, opportunities and threats in the WHO/collaborating centre relationship. All centres were strongly supportive of their relationships with WHO and were seeking to work towards even greater activity and efficiency of operations and relationships. The principal topics that were agreed to by all participants are summarized in Table 1 and many were reflected in the priorities and recommendations that followed.

Table 1. WHO/collaborating centre relationship

STRENGTHS	WEAKNESSES
Prestige of collaborating centre status Contacts-opportunities to forge links overseas Networking opportunities Business driver (e.g. guidelines) Opportunity to contribute to WHO policy development Promotional opportunities (e.g. for meetings) Enhance credibility especially overseas Perceived as beyond commercial interest Role is between NGO and government Involvement generates windows of opportunity Personal links (WHO/CC; CC/CC) build trust As a whole CCs provide balance and impartiality to WHO	Financial – insignificant direct support from WHO Time-consuming/sometimes duplicative work, needs better coordination within WHO to avoid overlaps Potential loss of impartiality – (not a significant problem) No personal credit for published work Some WHO documents not perceived as high quality, although review and quality control exhaustive sometimes CCs perceived as “academic”, therefore often not compensated for consultations CC position not clear to outsiders
OPPORTUNITIES	THREATS
Make internal documents publishable quality Stronger peer review system Include scientific society reps. on Guidelines Committees Emphasize quality versus quantity of documents Wider, more efficient, less expensive dissemination of documents and information Electronic information, Web, Hot-links Assistance from the WHO in obtaining funding from third parties and networking WHO find bilateral and joint project opportunities to emphasize strength of CCs and avoid duplication	Personal links are lost when people change positions To WHO's independence from vested interests of contributors both the governmental and commercial Need to assure quality control Avoid perception of excessive commercial stake Lack of financial stability Time and staff limitations affect contributions to unfunded activities Inactive centres benefit while not supporting WHO

6. WATER-RELATED PREPARATIONS FOR THE LONDON CONFERENCE

The discussions regarding the above theme followed the participation of participants at the consecutive meeting (see separate report). The following was recommended:

Objectives

- To provide an information base upon which a major initiative for the reduction of water-related diseases during the first decades of the next millennium can be based.
- To provide a methodology and baseline measurement from which progress can be measured.
- To promote awareness of the initiative and its importance for health.
- To provide a reference compendium to assist actions to improve water and health conditions in Europe.

To meet the above objectives, the following three products were proposed.

- A. A short, clear, attractive overview document highly visible at the London Conference to provide a readily-accessible and well illustrated synthesis comprehensible to policy-makers, scientists and civil society, for the media and for the general public.
- B. A substantiation document that provides a quantitative description and critical assessment, and identifies the principal challenges for reduction of the burden of water-related disease across Europe. This document would have five sections: water and health – the disease burden; situation analysis – extent, nature of causes of water-related health effects; technical basis of water management; institutional and managerial aspects; and economic aspects and financing.
- C. A European Water and Health Compendium that provides brief descriptions of national structures and organizations and contact details for concerned organizations and individuals. It would support the theme of “partnership” and assist international, national and local actions.

Workplan

- (a) Establishment of focal points in all countries from health and environment sectors and in expert institutions.
- (b) Establishment of key contact points to represent major interest groups, including NGOs, industry, local government and professional associations.
- (c) Information collection through country questionnaire, national expert institutions and literature review.
- (d) Single questionnaire to all countries.
- (e) Quality assurance through expert group for draft stage, final peer review.
- (f) Information dissemination and participation by around 200 focal points and participants promoted by a newsletter in four languages in three editions and the World Wide Web.

Timetable

March 1997	<ul style="list-style-type: none"> • Expert Group input to planning; establishment of close contact with Expert Group on Instrument for the Eradication of Water-related Diseases.
April–November 1997*	<ul style="list-style-type: none"> • Prepare detailed information collection and resource mobilization strategies; annotated product content list. • Data collection, literature review, data analysis, draft products, partial peer review; intermediate output as EEA-WHO monograph. • Two page draft summary in four languages for first meeting on legal instrument (December 1997).
January 1998	<ul style="list-style-type: none"> • Expert Group to review materials, feedback from above and identify activities for finalization.
February–June 1998*	<ul style="list-style-type: none"> • Completion of data collection, analysis, revision of products, peer review.
July–October 1998	<ul style="list-style-type: none"> • Substantiation document technically finalized; summary prepared.
November–December 1998	<ul style="list-style-type: none"> • Summary translated into four languages, printed prior to conference preparatory meeting. • Editing and layout of substantiation document and compendium.
January–February 1999*	<ul style="list-style-type: none"> • Translation and printing of substantiation document and compendium.

* Newsletter preparation and web site updating July 1997, February 1998 and January 1999.

Resource mobilization was seen to be a major issue given the limited available time and scale of activity. The overall cost of preparation and dissemination was thought likely to be of the order of US \$1 000 000. The meeting recommended that WHO seek financial resourcing for core activities and seed money for specific outputs and that CCs with WHO would immediately investigate the interest of donor contacts in supporting individual sub-product development. A tentative list of sub-products is included as Annex 3.

7. FUTURE PRIORITIES

The group suggested the following priorities for future work of collaborating centres and WHO:

Short-term:

- information bases and the quality and flow of information including use of electronic media;
- institutional strengthening to make the CCs more sustainable;
- source protection re biological quality;
- local level capacity-building;
- proactive advocacy to generate political support;
- determining the scale of water-related illnesses;
- control of private and small public suppliers
- continuity of supply and health consequences;
- groundwater protection and resource management; and
- high risk control via microbial disinfection.

Longer-term priorities:

- demand management of drinking-water supply;
- deal cost of water;
- sustainable water resources management;
- biofilms and water quality and biological safety in distribution systems;
- recreational waters;
- infrastructure maintenance and rehabilitation; and
- flood and drought – climate change effects.

8. RECOMMENDATIONS

Five main themes were the focus of the recommendations to WHO that were developed by the collaborating centres. These were aimed at maintaining and strengthening WHO's key role in protecting health and environment.

1. WHO should more aggressively and visibly carry out its role as a sentinel and advocate against threats to human health and wellbeing and the environment. To do this with credibility requires that WHO have access to individuals and institutions of the highest technical and ethical stature.
2. The declining availability of funding for WHO to carry out its mission requires that WHO access additional sources of financial support.

3. While seeking to expand its resource base WHO must maintain its impartiality and independence from both actual inappropriate outside influence as well as the appearance of inappropriate outside influences.
4. It is essential that WHO maintain its linkages to the expert resources of collaborating centres and other independent sources because that is the most efficient way for WHO to assure its timeliness and scientific credibility and amplify its technical resources and effectiveness. Therefore, WHO needs to do all it can to ensure the viability and strength of the CCs so they can continue to support the WHO mission with high quality and timely analyses.
5. WHO should maximize its use of the latest technology for timely and cost-effective dissemination of the advice and guidance that it generates to as to most efficiently reach the largest possible audience in need of its information (www, newsletters, etc.).

Specific recommendations generated from these themes were:

1. WHO should undertake a more aggressive advocacy role to proactively inform and educate on actual and credible potential threats to health and environment.
2. Better management of time and financial resource demands. WHO should improve its management and integration of projects to maximize efficiency and avoid duplication.
3. WHO should use its good offices and contacts and provide more assistance to collaborating centres in arranging and mobilizing outside resources.
4. Directions for future activities should include institution strengthening, catchment orientation and social dimensions, and sustainable resource management.
5. WHO should establish a clear policy on participation in guidelines development regarding vested interests and disclosure. Guidelines development should operate in a context of transparency.
6. Funding from eligible interested parties should be kept at arms length from WHO. However, it can be filtered through collaborating centres and other institutions because all information generated will be screened by CCs WHO work group and peer review.
7. Improve quality and aim for peer review and acceptability in scientific community. In addition it was noted that considerable possibilities existed for enhanced cooperation between CCs both on WHO-specific and more general activities. A number of possibilities of immediate applicability relating to training and training resources were identified and will be pursued by the individuals concerned.
8. Maximize the utility of publications and give greater attribution to authors and managing centres.
9. Work towards greater expansion and exploitation of extended networking from collaborating centres to NGOs.

10. Encourage more interaction among collaborating centres to capitalize on existing expertise and avoid duplications.
11. Collaborating centres should have more responsibility for in-country delivery of information and services on behalf of WHO.
12. WHO should articulate research priorities in its documents that will help drive and support focused research activities in collaborating centres.
13. WHO should make better use of the work that is accomplished and make it widely available and more readily accessible i.e. through hot links, electronic media; actively manage and improve and update the WHO Web site; downloadable guidelines and other documents.
14. Inactive centres should be purged by a routine management process.

Annex 1

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Annex 2

PROVISIONAL AGENDA

Wednesday, 19 March 1997

17.00–18.00

1. Opening session
2. Introduction of participants
3. Objectives of the meeting
4. Appointment of chairperson and rapporteur

Dinner

Thursday, 20 March 1997

09.30–13.00

1. Review of CC activities (presentation and discussion)
NSF
WRc
Robens
WaBoLu
IRC
also VITUKI based on earlier experience
2. Review and agreement of agenda for remainder of meeting

14.30–16.00

3. Issues arising from morning discussion
Technical issues/priorities
Organizational issues
Resource mobilization and collaboration

16.00–17.00 – Break

17.00–19.00

Joint UN-ECE/WHO Consultation on eradication of water-related diseases
(see separate report)

Sunday, 23 March (all day)

09.30–13.00

1. Key point summary of discussions over past two days
2. Discussion of "Water and Health" actions preparatory to the London Conference
3. Potential roles of CCs in above, collaborative or otherwise
4. Programme of work
5. Strategy towards resource mobilization

*Annex 3***Tentative list of sub-products for London Conference Preparations**

Sub-product development (literature review, expert institution contact, questionnaire data analysis and interpretation, peer review, input to questionnaire design/revision; product revision and finalization)

- (a) Water and health: the disease burden
 - drinking-water outbreak information base (qual and quan)
 - drinking-water non-outbreak information base (qual and quan)
 - recreational water
 - agriculture and irrigation
 - shellfish/fish raw quality-related
 - flooding/drought
 - cholera
 - vector-borne disease
- (b) Situation analysis – extent, nature of causes
 - drinking-water supply service quality (qual & quant)
 - subanalysis of marginal and rural populations
 - recreational water
 - agriculture and irrigation
 - shellfish/fish raw quality-related
 - flooding/drought
 - cholera
 - solid waste management and groundwater
 - water and international conflict
 - sanitation and water-resource management
 - vector-borne disease
- (c) Technical basis (description of situation, critical appraisal, boxed case studies of success and failure)
 - Technologies, approaches and alternatives (how is it done, what choices are available)
 - availability, adequacy, dissemination, adoption and harmonization among (health-based) standards and guidelines
 - Research priorities, scientific exchange and cooperation
- (d) Institutional and managerial aspects
 - Diversity of legislative and organizational structures
 - Approaches to monitoring and assessment including information quality and “information for management”
 - Human resource development
 - Outreach activities to interested parties (NGOs, industry, local government, professional bodies) by government and other agencies
 - Incorporation of health concerns into programmes and instruments dealing with international waters
- (e) Economic aspects
 - sectoral investment *capital* flows, their sources, use and characteristics
 - scale and range of *costs* of construction, operation and maintenance, rehabilitation and extension
 - approaches to the valuation of *benefits*, estimate of scale and nature
 - *overall* estimation of the order of magnitude of investment required for and value of benefits of provision of a safe water environment throughout Europe.