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**WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE**

**MEETING OF THE PARTIES TO THE CONVENTION
ON THE PROTECTION AND USE OF TRANSBOUNDARY
WATERCOURSES AND INTERNATIONAL LAKES
and
MEETING OF THE SIGNATORIES TO THE PROTOCOL
ON WATER AND HEALTH TO THE CONVENTION**

Working Group on Water and Health

**REPORT ON THE THIRD MEETING
held at Budapest from 11 to 12 March 2004**

Introduction

1. The third meeting of the Working Group on Water and Health, established under the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes (Water Convention) and its Protocol on Water and Health, took place in Budapest from 11 to 12 March 2004 at the invitation of the Government of Hungary.
2. Representatives of the following countries attended the meeting: Austria, Azerbaijan, Croatia, Estonia, Finland, Germany, Hungary, Italy, Lithuania, Netherlands, Norway, Portugal, Romania, Russian Federation, Slovakia, Slovenia, Switzerland and United Kingdom.
3. Representatives of three World Health Organization (WHO) Collaborating Centres participated: the WHO Collaborating Centre for Water and Health (Denmark), the WHO Collaborating Centre for Health Promoting Water Management and Risk Communication (Germany), and the WHO Collaborating Centre for Protection of Water Quality and Human Health (United Kingdom).
4. Representatives of the following organizations attended the meeting: Internationale Arbeitsgemeinschaft der Wasserwerke im Rheineinzugsgebiet (IAWR) (International Association of Water Supply Companies along the Rhine River), the NGO MAMA-86 (Ukraine) and the Regional Environmental Center for Central and Eastern Europe (REC).
5. Hungary, the WHO Regional Office for Europe (WHO/EURO) and the United Nations Economic Commission for Europe (UNECE) provided financial support for the participation of a number of experts from eligible countries. However, not all requests for travel support could be met.
6. The increasing interest in the Working Group's activities was reflected in the continuously growing attendance and number of requests for funding for participation. This highlighted the crucial role of funding to enable eligible countries to participate.

I. OPENING SESSION

7. Mr. Gyula Dura, Director of the Hungarian National Institute for Environmental Health addressed the Working Group. Mr. Mihály Kádár (Hungary) chaired the meeting.

II. ADOPTION OF THE AGENDA

8. The Working Group adopted its agenda as contained in document MP.WAT/WG.4/2004/1- EUR/5047016/2004/3.

III. ADOPTION OF THE REPORT OF THE SECOND MEETING

9. The Working Group adopted the report of its second meeting held in Budapest on 28-29 October 2002.

IV. PROGRESS IN THE RATIFICATION PROCESS

10. Mr. Thomas Kistemann, WHO Collaborating Centre for Health Promoting Water Management and Risk Communication, introduced the topic in his capacity as Chairman of the Meeting of the Signatories to the Protocol. At the time of the meeting, 11 countries had deposited their instruments of ratification with the Secretary-General of the United Nations.

11. Participants at the meeting provided the following additional information:

(a) In Croatia ratification was foreseen in the 2004 work plan of the Croatian Government, which expected to ratify within 2004;

(b) Finland expected to ratify by June 2004;

(c) Italy had finalized the first draft of its ratification law;

(d) Latvia was in the final stage of the ratification process;

(e) In Lithuania, the ratification law had passed through Parliament and ratification needed to be notified to the Secretary-General of the United Nations;

(f) The Netherlands expressed its willingness to ratify by 2005. It was currently experiencing delays due to the transposition of the EU Water Framework Directive;

(g) The United Kingdom expected ratification before the end of 2004.

12. The secretariat commented that the information provided was consistent with the statements made by the Parties to the Water Convention at their third meeting (Madrid, 26-28 November 2003) and informed the Working Group that France also intended to ratify in 2004 and the Republic of Moldova by 2006. Ratification of the Protocol by 16 countries, required for entry into force in accordance with article 23, was therefore expected by the end of 2004 or in early 2005.

13. The secretariat also recalled that Parties to the Water Convention at their third meeting had decided to open up the possibility of acceding to the Convention to countries outside the UNECE region (ECE/MP.WAT/14). This meant that it would be possible for the rest of the world to use the Convention's legal framework and benefit from the experience in transboundary water cooperation that had been gained under it. The amendment to the Convention could be particularly important to the countries that border the UNECE region.

14. There were several precedents for such broadening of an essentially regional convention:
- (a) The Aarhus Convention on Access to Information, Public Participation in Decision-making and Access to Justice in Environmental Matters;
 - (b) The Espoo Convention on Environmental Impact Assessment in a Transboundary Context; and
 - (c) The Protocol on Civil Liability and Compensation for Damage Caused by the Transboundary Effects of Industrial Accidents on Transboundary Waters to the Water Convention and the Industrial Accidents Convention.
15. Similarly, the opening of the Protocol on Water and Health to ratification by countries outside the UNECE region, as proposed by Switzerland at the Regional Implementation Forum on Sustainable Development (Geneva, 15-16 January 2004), would seem particularly important in view of the current political support for water- and health-related matters.

V. LEGAL AND ADMINISTRATIVE ASPECTS OF THE PROTOCOL'S IMPLEMENTATION

A. Draft compliance review mechanism under the Protocol

16. The Working Group examined a draft compliance review mechanism prepared and updated by a consultant following the outcome of the second meeting of the Signatories to the Protocol (Geneva, 2 – 4 July 2003) and finalized by the secretariat (MP.WAT/WG.4/2004/2 – EUR/5047016/2004/2).
17. The delegations of Germany and the United Kingdom commented that there were various provisions of the draft compliance regime which should be harmonized with the Protocol's future rules of procedure, and stated that further work was needed on:
- (a) The composition of the compliance review committee (individual experts or representatives of Parties - Germany expressed some preference for the latter);
 - (b) The triggers that would cause review by the committee (self-trigger and Party-to-Party trigger);
 - (c) The possible reactions to non-compliance (only facilitation or other measures as well - Germany expressed a preference for the latter).
18. In the ensuing discussion, the secretariat drew the attention of the Working Group to the fact that the compliance review mechanism under the Protocol could differ from the compliance

review mechanism under the Aarhus Convention, given that the latter had more elaborate provisions on public participation.

19. The secretariat also drew the attention of the Working Group to the fact that a meeting of a compliance review committee composed of representatives of Parties would have fewer financial implications than a meeting of a compliance review committee composed of individual experts.

B. Draft rules of procedure

20. The Working Group took note of a working paper by the secretariat on draft rules of procedure, which incorporated amendments proposed by the Signatories to the Protocol at their second meeting (MP.WAT/AC.2/2003/4 – EUR/03/5041120/4) and amendments that resulted from the discussion on the Convention's rules of procedure at the third meeting of the Convention's Parties.

21. In the ensuing discussion, the Working Group expressed its preference for establishing a bureau of the Meeting of the Parties to the Protocol which would include one or two NGO representatives, who would participate as observers in its meetings.

C. Draft modalities for participation of non-Parties

22. The Working Group considered a working paper on the modalities for the participation of non-Parties, such as international governmental and non-governmental bodies, in all meetings and other activities pertinent to the achievement of the purposes of the Protocol.

23. The Working Group:

(a) Invited the open-ended Legal Board established under the Water Convention at the third meeting of the Parties (decision III/3 in ECE/MP.WAT/15/Add.1) to further elaborate the compliance review mechanism and the rules of procedures, taking into account the proposed modalities set out in the working paper, for submission to it at its fourth meeting. The Italian delegation reported that Italy would host the first meeting of the Legal Board in Verona on 28 – 29 June 2004;

(b) Noted that in its further work on a work plan under the Protocol and the declaration of the first meeting of the Parties to the Protocol the other relevant parts of the working paper should be taken into account, e.g. the involvement of NGOs in the implementation of future work-plan elements.

VI. TECHNICAL MEETINGS, METHODOLOGICAL ASPECTS AND GUIDELINES UNDER THE PROTOCOL

A. Preparation of the Conference on Health and Water Quality Aspects of the Man-made Recreational Water Environment

24. Pools and spa operations constitute an increasingly important recreational use of the water environment. Their operation involves new technical approaches, new materials and new chemicals to treat water. This development is currently not subject to any form of unified regulation. There is therefore an urgent need for a forum to:

- (a) Allow pool and spa operators to share information on their assessment of the health risks and their current operating procedures for dealing with such risks;
- (b) Evaluate the current scientific basis for health risk assessment and management, particularly taking into account the WHO Guidelines on Safe Recreational Water Environments;
- (c) Gather information on current national regulatory instruments;
- (d) Serve as a basis for the development of evidence-based scientific guidelines that could, taking into account economic realities, promote new and more realistic regulations.

25. In response to this need and as already set out in the 2004-2006 work plan, the Hungarian National Institute for Environmental Health, with the support of the Hungarian Government and WHO, will organize a Conference on Health and Water Quality Aspects of the Man-made Recreational Water Environment at the Danubius Thermal Hotel Margaret Island in Budapest on 10 – 11 March 2005. Arrangements for an exhibition on pool and spa promotion will be made.

26. The topics of the Conference will include:

- (a) New pool and spa arrangements, features and management techniques;
- (b) Experiences concerning the health relevance of water management techniques in pools and spas;
- (c) New solutions for and challenges to treatment and disinfection;
- (d) Policies and regulations on pool and spa operation, with special regard to the authorization and acceptance of new approaches and solutions;
- (e) Quality assurance and consumer protection;
- (f) Special health-based water quality requirements.

27. It was agreed that the scope of the Conference would be limited to man-made environments, a topic that participants felt was relevant to many countries. The WHO Collaborating Centre for the Protection of Water Quality and Human Health expressed the wish to be involved in this initiative.

28. The Hungarian Ministry of Health would provide support to the Conference, but additional support would be very welcome. Comments and proposals for the Conference could be sent to the head of the organizing committee:

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B. Development of distance learning programmes for public health professionals

29. The secretariat introduced the topic by recalling the joint initiative by the United Nations University (UNU) and the United Nations Environment Programme (UNEP), endorsed by the Secretary-General of the United Nations, to create the Global Virtual University (GVU) (<http://www.gvu.unu.edu>). GVU functioned as a learning centre supported by UNU, UNEP, the UNEP Global Resource Information Data Centre in Norway and the Agder University College in Norway. The network of partner universities also included universities in Ghana, the United Republic of Tanzania and South Africa. The aim was to build up a programme that would ultimately deliver Master-of-Science level training.

30. Reference was also made to the Association of Schools of Public Health (ASPHER) (<http://www.aspher.org>), an independent organization in Europe primarily concerned with strengthening the role of public health by improving the training of public health professionals. ASPHER had been instrumental in the creation of a “European Master of Public Health”, designed as an additional degree, conferred by the institution where the student was primarily registered and certifying the acquisition of a European competence.

31. Under the Water Convention, many guidelines, recommendations, background reports and studies (<http://www.unece.org/env/water/publications/pub74.htm>) and didactically relevant presentations (<http://www.unece.org/env/water/publications/pub75.htm>) had been prepared. These could also become part of the distance learning programmes.

32. The WHO/Water, Sanitation and Health Unit had produced many training materials (http://www.who.int/water_sanitation_health/training/en/), for example on drinking water quality guidelines (http://www.who.int/water_sanitation_health/dwq/dwqtraining/en/). Other materials were published after submission to global peer review, professional editing and printing.

Although these were mainly published to provide guidance to the practising health or water professional, their content could be adapted to academic learning and indeed often was the basis of training programmes provided at the request of countries under the bilateral cooperation programme of WHO (http://www.who.int/water_sanitation_health/en/webcatal2002.pdf).

33. WHO benefited from a network of collaborating centres that had contributed substantially to its work, particularly through the organization of hands-on training programmes in approximately 15 countries in a variety of topics. It was therefore well able to deal with the particular challenges encountered by these countries in daily surveillance programmes (http://www.euro.who.int/watsan/WaterProtocol/20030707_2, http://www.euro.who.int/watsan/CountryActivities/20030612_4).

34. Noting the interest expressed by the Signatories at their second meeting (Geneva, 2-4 July 2003) in promoting distance learning (report of the meeting available at <http://www.euro.who.int/document/e81387.pdf>), the Working Group decided to evaluate the current training material in view of possibly arriving at consistent distance learning programme, supported, as appropriate, with practical training in one of the collaborating centres.

35. The representative of the Russian Federation welcomed the initiative and felt that it would indeed meet a growing demand for advanced training in the Russian Federation, provided the language barrier could be overcome. In existing distance learning programmes, training could be developed by one institute, but given by another. In this sense, it would be most advantageous if a Russian institute of higher learning could be identified to give the lectures in Russian.

36. The representative of Lithuania asked for clarification on the level of the distance learning programmes, and felt that distance learning was especially important for advanced topics such as the application of geographical information systems (GIS) to disease surveillance.

37. The delegation of Finland recalled the work done under the Working Group on Monitoring and Assessment and suggested that the products of that Working Group could also be taken into account in the design of the distance learning programme.

38. The representative of the NGO MAMA-86 pointed out that many learners would not have access to the Internet and would therefore be relying on off-line instruction such as CD-ROM based teaching programmes.

39. The representative of the WHO Collaborating Centre on Water Quality and Human Health felt that WHO had a unique collection of case studies to draw from in the development of a training programme. He cautioned, however, against the time frame needed for the development of a high-level academic training programme.

40. The representative of the WHO Collaborating Centre on Health Promoting Water Management and Risk Communication shared its experience on distance learning in medical geography, and reported that it was currently developing distance learning in public health in

disaster situations. He identified language problems, reliable Internet access, and the decision to be more practical or more academically oriented as the main areas for consideration.

C. Health risk of water stress mitigation measures

41. The delegate from Portugal informed the Working Group of the growing concern related to cyanobacterial algal blooms in reservoirs constructed to mitigate drought conditions. He suggested holding a conference on cyanobacterial algae and their toxins in November 2004 in Portugal.

42. The representative of the NGO MAMA-86 confirmed that cyanobacterial algae formed a considerable health hazard also in the reservoir system on the river Dnieper, and felt that the proposal was both timely and appropriate.

43. The representative of the WHO Collaborating Centre for Water and Health described the capacity of advanced modelling software in the prediction and assessment of these risks.

44. It was agreed that a preparatory meeting would be held at a yet to be defined date at the WHO European Centre for Environment and Health, Rome Division. It was decided to involve the German Federal Environmental Agency in the planning because of its expertise in algae toxins.

D. Surveillance of water-related diseases

45. On the basis of a proposal by Hungary, the Signatories to the Protocol had agreed at their first meeting on the drawing-up of guidelines on surveillance, early-warning and notification systems (programme element 4.1.1). The Working Group on Water and Health at its first meeting had requested the lead country, Hungary, to further elaborate this document and had renewed this request at its second meeting.

46. Responding to these requests, Mr. Mihály Kádár presented draft guidelines for a surveillance system on water-related diseases. The surveillance system was being developed as an integral part of the iterative WHO model of risk management; its core elements were public health status and risk assessment. The draft guidance document covered both reactive and proactive surveillance, including its policy, legal and administrative preconditions. The 34-page draft document was expected to lead to a more extensive guidance document, which would also cover the surveillance of water-borne diseases, referred to below.

47. The secretariat informed the Working Group of the outcome of the WHO-funded public health initiative in Central Asia, and the resulting basic guidance document on water-borne disease surveillance. It expressed its appreciation for the work done by the WHO Collaborating Centre for Health Promoting Water Management and Risk Communication. The document was

currently being edited at the WHO Collaborating Centre for Protection of Water Quality and Human Health; a first draft of the edited document would be available as of 1 May 2004.

48. Given the high cost of commercial graphic materials, participants were invited to contribute selected graphic didactic materials to illustrate the books. Instructions on how to upload such materials would be available from the WHO web site dedicated to the Protocol on Water and Health. A list of pictures required was also circulated among the participants.

49. Copies of both documents were made available to the participants with a request to submit comments to the secretariat as soon as possible.

E. Antimicrobial resistance spreading through drinking-water systems

50. A representative of IAWR pointed out that more than 1 million tons of antibiotics had been applied in the past 50 years. Up to 65% had been used in the treatment of humans, while 35% had been applied in animal husbandry. Intrinsic and acquired antibiotic resistance was shown in several investigations. Several species of salmonella, pseudomonas, enterococcus and staphylococcus were pathogens frequently detectable in waste water and surface water that showed evidence of resistance against one or more antibiotics. Protection against water-related diseases should also include knowledge about the use and fate of antibiotics in the environment. Several investigations had pointed out that municipal waste water and waste water from hospitals increased the concentrations of antibiotics measurable in waste water, sludge, sediments and rivers.

51. Water suppliers struggled to identify the sources of antibiotic resistance. IAWR was currently undertaking a major literature study on this effect, including an examination of conventional growth inhibitor tests and molecular methods to examine antibiotic resistance. The data should elucidate the potential of water to contribute seriously to the distribution of antibiotic resistance compared to food and direct transfer from human to human.

52. The representative of the WHO Collaborating Centre for Water and Health informed the Working Group of tests carried out in Copenhagen which also showed detectable concentrations of antibiotics in urban waters.

53. The representative of the WHO Collaborating Centre for the Protection of Water Quality and Human Health stressed the need for better control over the sanitation systems of hospitals as point sources of pharmaceuticals, including antibiotics.

54. The representative of the WHO Collaborating Centre for Health Promoting Water Management and Risk Communication recognized the role of hospitals as a source of antibiotics in the water environment and stressed that big drinking-water purification plants could address the situation by appropriate unit operations, but small-scale operators could not. The problem of antibiotics in drinking water could, therefore, be particularly important in rural areas.

55. The representative of the Russian Federation felt that the general topic of antibiotics in water was relevant to many countries, especially those that were dependent on open sources. The problem was particularly critical in the Russian Federation, where recent cholera outbreaks had been difficult to control because of the antibacterial resistance. Associated to this were continued problems related to the safe disposal of medicines in the Russian Federation.

56. The Working Group decided to include the topic of presence of pharmaceuticals, especially antibiotics, and the role of the water cycle, including drinking water, in the work programme of the Protocol.

F. ECWATECH-2004 and 2005 Conference "Clean Water in Russia"

57. The Working Group examined progress in the preparations for the workshop on sustainable water management and health to be held on 1 June (p.m.) and 2 June 2004 as part of the "Water, Ecology and Technology: ECWATECH" Trade Fair and Conference. This workshop was part of the work plan under the Water Convention, with the Russian Federation as lead country, and UNECE, WHO/Europe, the Organisation for Economic Co-operation and Development (OECD) and DHI Water & Environment would contribute to it.

58. The representative of the Russian Federation informed the Working Group about the various special sessions that would be held during ECWATECH, including sessions on monitoring, water supply and economic issues, and the need to avoid as far as possible overlapping between these sessions and the workshop.

59. In the ensuing discussion, the Working Group underlined the specificity of the workshop on water and health, which should include, and be structured according to, the main issues of the Protocol on Water and Health. The Working Group invited the Russian Federation, when finalizing the workshop programme together with the secretariat, to: (a) pay particular attention to cross-cutting and inter-sectoral issues linked to the protection of the sources of drinking water, safe water supply and adequate sanitation; and (b) devote sufficient time to the discussion of the various items in order to come up with proposals for future activities, including the 2005 Conference "Clean Water for Russia". It also invited the organizers to seek the active participation of competent NGOs.

60. The Working Group recognized the relevance of ECWATECH to the work under the Protocol and invited countries to consider providing funding for participants from eligible countries and relevant NGOs.

VII. RESOURCE MOBILIZATION

A. Round-table Consultation on Water and Health

61. The representative of Norway informed the Working Group that Norway would host a Round-table Consultation on Water and Health . The Consultation would focus on non-infrastructure financing in the areas of: (a) reduction in infant mortality particularly from diarrhoeal diseases; (b) resource management, with special emphasis on the protection and sustainable management of the resource; (c) provision of affordable access to safe drinking water by vulnerable groups, including through community work; (d) sanitation including eco-sanitation; and (e) gender issues in water supply. The purpose would be to present different financing options to address non-infrastructure priorities identified through a country-driven process. The Round-table Consultation would achieve this goal through presentations in plenary, but also through bilateral consultations.

62. The Consultation was also expected to review a draft proposal for the creation of a standing consultative body to improve coordination of donor efforts in the fight against water-related diseases, which could become a body under the Meeting of the Parties to the Protocol. A first draft of this document was circulated to the Working Group for information; it would further elaborated by the secretariat for submission to the Consultation.

63. The Norwegian representative furthermore informed the Working Group that the Norwegian Minister of Health would address the Round-table Consultation, as would the Chairperson of the twelfth session of the Commission on Sustainable Development.

64. The secretariat welcomed the initiative and placed the meeting in the context of other ongoing activities such as the Strategic Partnership on Water for Sustainable Development (i.e. the component of the EU Water Initiative for Eastern Europe, the Caucasus and Central Asia), which covered integrated water resources management as well as urban water supply and sanitation. It pointed out that such initiatives should be thoroughly prepared as the development and implementation of such programmes were extremely labour-intensive and required significant resources, both in the secretariat and in the lead country, to be brought to a successful conclusion.

65. The representative of the WHO Collaborating Centre for Water and Health, in his capacity as member of the secretariat to the Strategic Partnership on Water for Sustainable Development, provided by Denmark, reflected on Denmark's experiences and that of OECD, which is responsible for urban water supply and sanitation under the Partnership. He also stressed the need to carefully prepare such initiatives as they might fail if the recipient countries were not be properly involved in planning and implementation and merely raised the expectations of the possible beneficiaries.

66. The representative of MAMA-86 agreed that there was a need for integrated approaches to water management, water supply and sanitation, and proposed that the NGO community should be represented at the meeting.

67. The Russian Federation welcomed the initiative especially as an integrated support to the water and health activities, and stressed the need of maintaining continuity with other similar efforts.

B. Trust fund under the Water Convention

68. The Working Group took note of the information by the secretariat about the creation of a trust fund under the Water Convention (decision III/2 in ECE/MP.WAT/15/Add.1). Although no funding had yet been deposited, pledges had been received from countries to support activities under the Convention's work plan, which included the activities of the Working Group on Water and Health.

VIII. ACTIVITIES OF THE UNITED NATIONS COMMISSION ON SUSTAINABLE DEVELOPMENT ON WATER AND SANITATION

69. The secretariat informed the Working Group about the outcome of the Regional Implementation Forum held in Geneva on 15-16 January 2004 to prepare, at regional level, for the 12th session of the Commission on Sustainable Development. The Forum had aimed to evaluate progress made in the UNECE region since the 1992 Rio Conference in implementing sustainable development goals in the areas of water, sanitation and human settlements, and to identify obstacles and constraints. It had also discussed interlinkages between the three areas, cross-cutting issues, such as education and financing, and the role of the UNECE region in the global context.

70. The Working Group took note of the Forum's report (ECE/AC.25/2004/2), of the Chair's summary (ECE/AC.25/2004/3) and of the background report on achievements, trends and challenges in water and sanitation in the UNECE region (ECE/AC.25/2004/5 and Add. 1 and 2).

71. The Working Group expressed its appreciation for the background report, which provided a comprehensive analysis of the European situation, on the basis of indicators in line with the Protocol's requirements. The Working Group stressed the need to streamline and harmonize the different assessment and reporting mechanisms in the region to avoid overlapping of data collection and reduce the burden of reporting on UNECE countries. It underlined the importance of programme element 4.2.2 of the work plan for the period 2004-2006 on arrangements for the preparation of meeting documents on reporting, with the United Kingdom as lead country.

72. In this regard, the Working Group expressed its support for the preparation of a European water development report, in the spirit of the second edition of the World Water Development

Report, which was being prepared under the auspices of UN-WATER with the participation of all 24 United Nations agencies that ran water programmes. It recognized that the activities of the Water Convention and of WHO/Europe, in addition to many other sources of information on water and sanitation, could provide a wealth of information on the state of freshwaters in the UNECE region. A water development report for the UNECE region would also be useful for sharing experience on water and sanitation with other regions in the world. The Working Group welcomed the offer of the secretariat to compile - in consultation with the Chairperson of the Working Group on Water and Health, the Chairperson of the Working Group on Monitoring and Assessment and the Steering Group of the International Water Assessment Centre (IWAC) - a working paper on this issue, for consideration at the next meetings of the above bodies.

IX. FOURTH MINISTERIAL CONFERENCE ON ENVIRONMENT AND HEALTH

73. A WHO representative gave a brief overview of the water and sanitation issues relevant to the Children's Environment and Health Action Plan for Europe (CEHAPE). The action plan would be negotiated at the fourth Ministerial Conference for Environment and Health (Budapest, 23-25 June 2004), and a ministerial declaration would be adopted. CEHAPE set forth four regional priorities, two of which were directly related to the aims of the Protocol on Water and Health:

Regional Priority Goal I: "We aim to prevent and significantly reduce the morbidity and mortality arising from gastrointestinal disorders and other health effects, by ensuring that adequate measures are taken to improve access to safe water and adequate sanitation for all children".

Regional Priority Goal IV: "We commit ourselves to reducing the risk of disease and disability arising from exposure to hazardous chemicals (such as heavy metals) ... during pregnancy, childhood and adolescence".

74. The Working Group stressed the need for continuity and in particular endorsed the proposal by the WHO Collaborating Centres with a mandate on water made at the second biennial meeting (Rome, 23-24 February 2004) to have the network of WHO Collaborating Centres with a mandate in water and health designated as the technical advisory body to the CEHAPE process for the relevant area, especially regional priority goals.

75. The Working Group welcomed this suggestion, and proposed to bring it forward during the upcoming consultation (see below) for formal submission to the 4th Ministerial Conference on Environment and Health.

**X. FURTHER PREPARATIONS FOR THE FIRST MEETING
OF THE PARTIES TO THE PROTOCOL**

A. Consultation

76. A consultation of the Signatories to the Protocol would be held in Budapest, on 22 June 2004, immediately prior to the Ministerial Conference on Environment and Health to:

- (a) Approve the progress report to be presented to the Ministerial Conference;
- (b) Review progress in the preparations for the first meeting of the Legal Board;
- (c) Review progress in the preparations for the Oslo Round-table Consultation;
- (d) Review progress in the ratification of the Protocol;
- (e) Review the establishment of a sound financing basis for the Protocol;
- (f) Further elaborate the offer of technical assistance in the implementation of CEHAPE so that it can be brought forward at the 4th Ministerial Conference on Environment and Health;
- (g) Discuss the future programme of work under the Protocol, including ways and means for linking it to the implementation of CEHAPE.

B. Fourth meeting of the Working Group on Water and Health

77. The Working Group agreed to hold its fourth meeting in November/December 2004 in Geneva.¹

C. First meeting of the Parties

78. In discussing various dates for the first meeting of the Parties in the course of 2005, the Working Group was of the opinion that this meeting should be held as early as possible. Given the expected ratifications, the Working Group decided to set an indicative date for the meeting of the Parties at its fourth meeting.

¹ Arrangements have been made by UNECE to hold the meeting in the Palais des Nations, Geneva, on 9-10 December 2004.

XI. ELECTION OF OFFICERS

79. Mr. Mihály Kádár was elected Chairman of the Working Group on Water and Health, and Mr. Thomas Kistemann was elected Vice-Chairman.

XII. CLOSURE

80. On behalf of the participants, the delegate of Azerbaijan thanked the Government of Hungary and the host of the meeting, the Hungarian National Institute of Environmental Health, for the excellent arrangements that had been made and for the cordial hospitality extended to them during the meeting. The meeting was closed on 12 March 2004 at 2 p.m.