

**WORKING WITH THE MEMBER STATES:
WATER AND HEALTH IN WHO BIENNIAL COLLABORATIVE AGREEMENTS**

Prepared by the secretariat

Introduction

The Regional Office for Europe of the World Health Organization (WHO) has been working in the area of water and health from a number of different aspects and approaches. One of the major undertakings of the WHO is its function as a joint-secretariat to the Protocol on Water and Health, which supports the Member States, particularly the Parties to the Protocol, in the international policy dimension of fighting water-related diseases. WHO also assists the Member States in more country-specific technical aspects of water and health. This type of work is usually carried out through a contractual framework called Biennial Collaborative Agreement (BCA), and both its approach and experience gained in its implementation are highly relevant to the development of a realistic work plan for the Protocol.

Many important issues have been addressed through the BCA programmes over the past years. This paper provides a general overview of BCA as a tool for cooperation, information on activities so far being carried out and to be carried out, and suggestions to use this framework for further work on implementation of the Protocol on the country level.

Biennial Collaborative Agreements

WHO employs a programme cycle of two years, and has almost completed planning for the biennium 2006-2007. Since 2000, WHO has been taking an organization-wide results-based approach, in which the programme formulation is based on a set of objectives, strategies, and Organization-wide expected results planned for each programme cycle.

WHO has 36 areas of work (AOW), and Water and Sanitation falls under the AOW of Health and Environment. Each technical unit (TU), such as the Water and Sanitation unit, develops work plans in line with the Organization-wide expected results of the respective AOW spelled out in the Proposed programme budget that is adopted at the World Health Assembly. Most TU's of the WHO have, in their biennial programmes, both inter-country programmes and country programmes, and, as mentioned above, most of the country programmes are developed within the framework of BCA.

BCA is an agreement between the Member State and the WHO for the biennial programme cycle. Currently, in the European region, there are 29 Member States that sign the agreement with WHO.¹ BCA's are formulated to address the country's priority health concerns through a set of effective

¹ Those countries currently eligible for having BCA with WHO are: Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Estonia, The Former Yugoslav Republic of Macedonia, Georgia, Hungary, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Republic of Moldova, Malta, Poland, Romania, Russian Federation, Serbia and Montenegro, Slovak Republic, Slovenia, Tajikistan, Turkmenistan, Ukraine, and Uzbekistan.

actions. The activities are formulated and carried out in collaboration between the country's ministry of health and WHO, and a third party may also be involved in the implementation of the agreed-upon actions.

WHO's country programmes in the European region was first initiated in the early 1990's to assist the transition countries in its health sector activities. Currently, BCA's are signed only with the 29 Member States, but WHO is planning to expand the application of the mechanism with larger number of Member States, eventually all 52. In the meantime, nevertheless, the countries with no BCA will still be able to have bilateral cooperation with WHO, in which case the Member State self-finances the necessary cost to the activity or bring in seed money for joint-fundraising with WHO.

BCA Formulation process

Half way through the biennium, when the Proposed programme budget for the following biennium is ready for submission to the World Health Assembly, WHO starts its planning process for the new set of BCA's. The process is led by strategic desk officers (SDO's) assigned to the eligible Member States.

Each SDO communicates with TU's for updates on the health needs for his/her responsible country. The information will be compiled into a country-specific document to form a basis for identification of health-related priorities. In parallel to this exercise, ministries of health are asked to provide WHO with their set of priorities. Based on the two sets of identified priorities, which normally coincide with each other for the most part, the responsible SDO draws up the first draft BCA of the country followed by submission to the Executive Management for adoption or modification. For a topic to be considered a high priority for the BCA, it is important that both the TU and the ministry of health address it a necessary area of intervention.

Once the priorities are set for each country, country expected results (CER's) and products to support the CER's will be developed by TU's. After fine-tuning internally among the SDO and the TU's involved in the BCA, the final draft of the BCA will be submitted to the Member State for negotiation, finalization and signature. As financial resources are limited and assigned to each member state with ceilings, this process is an important step to come to an agreement with the ministry of health on how much to allocate to which CER.

After the signature of the BCA, a detailed workplan will be developed and negotiated between the TU's responsible for the CER and their counterparts in the country. The workplan will attach to each CER and each product the necessary details about activities or services, budget, expected result indicators with baseline and target values, responsible WHO officer, country counterpart, contributions by partners, milestones, and implementation schedule. Once the agreement is reached by WHO, through the TU, and the Member State, through the national counterpart, the BCA project is ready for implementation.

BCA's in water and health

In the recent years, BCA activities in the area of water and health have often been formulated to complement the provisions of the Protocol on Water and Health.

Water and Sanitation unit has a wide network of water and health experts. The experts are either from one of the many WHO Collaborating Centres (CC's) or from institutions with extensive

working relations with WHO. At the beginning of every biennium, WSN holds a meeting to share the BCA work plan with those institutions.

Unless any particular request is made by the Member State and when an external expertise is sought for the implementation, Water and Sanitation unit proposes experts to the national counterpart, drawing on its network of collaborating centres.

current Achievements & the next biennium

A number of BCA activities have been carried out in the past years. Below is a summary of major country activities.

With **Tajikistan**, the country that led the UN to declare Water for Life decade (2005-2015), the bilateral agreement has always been in place for the area of water and health. In 2000-2001, the focal areas were in management of water and water resources and in assessment of safety of shallow water, particularly in relation to pesticides in the drinking water source. The work was carried out in cooperation with a CC in Germany.

Since 2002, cooperation has been in the areas of laboratory training and legislation. WHO has been supporting the government's effort in revising the drinking water law and its subsidiary normative documents. The collaborative agreement is most likely to continue into the next biennium with a continuation to the support in normative documents and an introduction of water safety plan. Laboratory training was conducted in Russia, and the work on legislation was carried out jointly with a legal expert from the Food and Agricultural Organization (FAO) and the above mentioned CC in Germany.

For the **Russian Federation**, collaboration has been in a number of areas of water: support to the implementation of the Protocol both in terms of drinking water quality norms and in waterborne disease surveillance; supporting the country's efforts in contributing to the surface water monograph of WHO; and indicator-based assessment of drinking water quality. The cooperation is expected to continue into the next biennium, with the focus given to national target setting and monitoring of water supply and sanitation and of water-related disease in line with the provisions of the Protocol.

Our collaborative activities in **Turkmenistan** have been targeted to improving drinking water quality monitoring. In 2002, a team of international experts was formed to conduct a set of site visits in Ashgabad to evaluate the drinking water laboratories and a clinical laboratory in their operations. Based on the findings and recommendations of the team, some necessary equipment and international standard documents was procured in the following year.

During this biennium, with some additional procurement, a practical training programme will be implemented using the ISO normative documents for water quality analyses. In addition, a seminar on water legislation will be held as well. Technical expertise was given by a Russian expert for the laboratory training and by a CC in Denmark for the legislation. The collaboration is planned to be extended into the next biennium, and efforts till date will be carried on.

In **Romania**, during the biennium 2002-2003, laboratory training for drinking water quality analyses and clinical analyses of waterborne diseases was conducted. A water microbiologist from a CC in Germany worked in partnership with a Romanian clinical microbiologist, which was regarded as a great success by the Romanian Ministry of Health. Another project is expected in this country for the next biennium, but for the time being it is unfunded.

In the current biennium, BCA with the **Republic of Moldova** was carried out for the first time in the area of water and health. The focus has been given to preventing and controlling waterborne diseases by effective revision of drinking water quality law and establishment of a country-wide harmonized waterborne disease surveillance system. Our CC in Denmark has brought in some technical expertise in the area of law using their experience in a similar activity in Romania. It is expected to continue into the next biennium in the same line of work.

BCA in **Croatia** has been a very interesting undertaking. For 2004-2005, the Ministry of Health requested WHO to assist them in extending online monitoring systems to remote dialysis units in the country and in developing a manual to be used in the dialysis units. This work was carried out partially in collaboration with experts from the Italian National Institute for Public Health (ISS).

The Croatian BCA for the next biennium includes water and health as a priority, and the focus will be given to safe water supply in primary schools.

In the biennium 2002-2003, WHO has a multi-country programme for the **central Asian republics**. With a total budget of US\$ 120,000, one general health status meeting was held to discuss among the national experts the common water-related health problems that needed to be addressed urgently. The meeting identified two issues as a common concern across the countries: health impact of highly saline water; and waterborne disease surveillance methods.

Products of BCA for wider use

All the BCA activities were completed with final reports and/or some technical documents that would further guide the countries in the following years. But at the same time, some BCA activities produced outputs that can be used widely in other countries. Here is a list of such products.

i. Project proposal on health impact assessment of long term exposure to highly saline drinking water in the central Asian republics.

This project proposal was an output of the multi-country programme in the central Asian republics. It can be expanded into a larger European-wide project if some other countries would be willing to partner with the central Asian countries.

ii. Waterborne diseases surveillance manual adjusted to local needs

This manual is also a product of the multi-country programme with an input from the Hungarian National Institute for Environment and Health. This manual requires finalization and, possibly, translation before actual use, but is almost completed.

iii. An operational manual for safe water for haemodialysis purposes

This is a product of a BCA in Croatia. Together with a compilation of the state-of-the-art by Italian experts, the manual can be upgraded into a guideline for the use in wider geographical area.