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Technical Advisory Group on Water, Sanitation and Health in the SEA Region

Report of an Intercountry Consultation, SEARO, New Delhi, India, 18-19 October 2001

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1. INTRODUCTION

The objectives of the meeting were:

(1) To develop a conceptual framework for the Technical Advisory Group (TAG) on Water, Sanitation and Health and establish its objectives and modalities of work;

(2) To review working papers and other technical input for the first meeting of TAG;

(3) To define criteria for the selection of TAG members, and

(4) To review budgetary requirements for the functioning of TAG and develop recommendations for necessary resource mobilization.

Inaugurating the meeting, Dr Uton Muchtar Rafei, Regional Director WHO South-East Asia Regional Office reiterated WHO's commitment to water, sanitation and health. Dr Uton outlined previous areas of support to water, sanitation and health within the South-East Asia Region (SEAR) and identified the 1996 Regional Action Plan for the Development of National Drinking Water Quality Surveillance as being a key first step in this process. The recognition that progress had been relatively slow in implementing this plan had led to recommendations that a Technical Advisory Group (TAG) should be formed, whose remit should extend beyond water quality to wider aspects of water, sanitation and health. The formation of the TAG was the subject of this consultation and Dr Rafei wished the participants success in their discussions and looked forward to receiving the recommendations from the meeting.

Professor Nath was appointed Chairperson and Ms Payden the Rapporteur for the Consultation. (See list of participants at Annex 1)

2. HISTORICAL AND PROGRAMMATIC PERSPECTIVE

An overview of work undertaken in water, sanitation and health by WHO in the SEA Region and an outline of programme priorities as well as the seven core functions of the Water, Sanitation and Health programme was provided.

The details of intercountry and country funds for the biennium 2002-2003 were outlined, as were extrabudgetary targets. (See Annex 2)

The purpose and objectives of the 1996 Action Plan for the Development of National Drinking Water Quality Surveillance were outlined, but the lack of recommendations for WHO support and provisions for monitoring progress was identified as a key omission. The Intercountry Consultation on Drinking Water Quality in Bangkok, January 2001 found that progress on the 1996 Action Plan in SEAR countries had been uneven and recommended that an advisory group be established to monitor progress in countries and make recommendations for WHO support. Subsequently, the Regional Office endorsed this recommendation in principle while widening the scope of the advisory group. It was concluded that the intercountry WSH programme would benefit from a mechanism of monitoring progress in the sector, obtaining advice from experts and a broader base of support for resource mobilization. Country-level WSH programmes might benefit from similar mechanisms at the country level, especially for purposes of resource mobilization.

3. SITUATION ANALYSIS OF DRINKING WATER QUALITY IN SEAR

A summary of the current situation analysis of drinking water quality surveillance in SEAR countries was presented. This situation analysis builds on work undertaken by the Asian Institute of Technology, Bangkok (AIT) in early 2001 and subsequently updated through visits to five countries and targeted data collection from other countries.

The practices and extent of monitoring and surveillance in the SEA Region vary significantly between countries. In most countries, the Ministry of Health or Environment has been assigned responsibility for surveillance, but many countries appear to lack the capacity to perform this function. Monitoring by water supply agencies is generally better developed, but performance of both functions is variable. Greater attention is paid to assessments during site selection and/or commissioning than routine monitoring. In some countries, capital investment is given importance, while others are also addressing operation and maintenance issues. In most

countries, the linkage of surveillance to hygiene education programmes is weak.

Laboratory and analytical capacity exists in many countries and this is less inhibiting than policy and institutional commitment to water quality. Experience with sanitary inspection/survey varies with some countries placing great emphasis on this exercise. The development of legislation and standards is an ongoing exercise in most countries. They exist in Bangladesh (very fragmented), India, Indonesia, Sri Lanka, Thailand and are being drafted in Bhutan, Maldives, Myanmar and Nepal.

The Action Plan has had limited impact to date within the Region, but this does not negate its value. Each country needs to review practical implementation steps for which further guidance might be needed. In several countries, NGOs and others also undertake water quality monitoring and drawing on wider experience within countries is essential.

Many countries have significant problems with urban water supplies as intermittence is common, leakage is high and cost recovery is poor. Surveillance and monitoring must contribute to resolving these issues. There are also significant problems with poor operation and maintenance of rural water supplies and increasing evidence that many community-managed supplies are contaminated. Resolving these problems is essential for the effective surveillance of drinking water and the rural sector should be a priority area. Sanitation and hygiene education are major priorities and surveillance development must take this into account. The range of water quality problems is significant, but microbiological quality remained the highest priority, with arsenic and fluoride contamination meriting serious attention.

It was noted that in India, there is an increasing focus on rural water supplies with emphasis on sustainability and quality of water. A catchment area approach is being adopted for water quality surveillance and the development of a management information system is important. India is trying to develop a database for chemical pollutants in water for different areas. Inspection is required, but not being done because capacity building is needed.

Low-cost interventions related to arsenic were discussed and concern was raised regarding the priority accorded to this in WHO. The focus of

attention on arsenic reflects country demands and the priorities established for the S.E. Asia Region by the Committees working on the intercountry budget.

Community-based monitoring systems were discussed as important, but it was emphasized that the use of inspection methods was of greatest importance, particularly where this could be linked to hygiene and environmental education programmes. The use of low-cost equipment was also considered important to support better monitoring. The problems of surveillance in countries with dispersed population and large distances was discussed. The need to build on experience from similar environments in other Regions was stressed.

4. CONCEPTUAL FRAMEWORK FOR TAG

The role of WHO in providing guidance to Member Countries on water, sanitation and health from a health perspective were outlined. Key functions of this were discussed and the importance of dissemination and development of sector monitoring were emphasized as being essential functions of WHO. TAG was expected to support these functions by providing guidance to WHO in SEAR.

The objectives of TAG are to provide integrated and comprehensive technical and policy advice for WHO's support to water, sanitation and health programmes at the regional and country levels. In doing so, TAG will advise on policy and programme priorities, directions and needs in SEAR on an ongoing basis. Some suggested terms of reference were outlined for TAG and are shown in Annex 3.

The proposed organizational structure of TAG is shown at Annex 4. It is proposed that TAG comprises eight members who are recognized experts in the health sector and water and sanitation sector in the Region. The members would be nominated by the Director of Sustainable Development and Healthy Environments, WHO Regional Office for South-East Asia and function as Temporary Advisers to the Regional Director. Members of TAG would have a two-year term with a maximum of two terms. In exceptional circumstances to be determined by WHO, this period can be further extended. The WSH unit would be the coordinating office within the Regional Office and WHO

Representatives in country offices would facilitate country-level activities of TAG members in their respective countries.

It was proposed that TAG should be convened once a year, rotating between Member Countries, so that wider in-country participation could be realized. TAG would be chaired by one of the members in rotation, and attended by selected members from the donor community in addition to the TAG members and representatives of both WHO/SEARO and WHO/HQ. If required, ad hoc working groups may be formed to focus on specific issues. An expected output of each TAG meeting would be a summary document outlining conclusions and recommendations. A suggested action plan and possible indicators for monitoring progress of TAG was outlined and is presented at Annex 5.

It was proposed that TAG be linked to existing water and sanitation interagency and/or other national water and sanitation consultative committees of Member Countries in order to facilitate meetings at national levels prior to the regional TAG meetings. This would also provide a mechanism to disseminate TAG recommendations at the country level and monitor their implementation. The possibility of establishing similar TAG at national levels was discussed. These would have the same overall ToR as the Regional TAG, but be focused on operational level goals. The linkages between national TAG meetings and donors meetings were highlighted as a potential mechanism to attract support for implementing recommendations.

It was felt that the timetable proposed in the presentation was too ambitious, especially if TAG is to be linked up to donors. The indicators suggested in the presentation were good but difficult to measure and it was recommended that a logical framework be developed. The focus of TAG was felt to be primarily in relation to advising WHO and the outputs should be geared towards this objective. It was recognized that TAG would play an important and challenging role and could be a useful mechanism to raise resources in individual countries through the contacts and influence of the members.

The role of TAG in dissemination of outcomes of studies and broader international experience was important.

Three working groups were formed to review specific aspects of the conceptual framework for the TAG. The following suggestions were made:

- It was necessary to clarify what 'collaboration with other external donors' meant. The term 'external support agencies' could be used rather than external donors, because support need not be only flow of funds. This could perhaps be called a 'strategic alliance'.
- The conceptual framework for TAG suggests that there should be eight members, but since there are 10 countries; it was suggested that there should be 10 members in TAG. They suggested that someone with a health economics background be included, with experience in the health and sanitation area deemed preferable.
- A two-year term would impose very strong limitation on the membership of TAG.
- Regional TAG should link up to Member Countries through the regional (SEARO) WHO office. It should not independently approach the governments of Member Countries.
- At present, only the regional TAG should be set up. After observing its functioning, setting up of national level TAGs should be taken up.

The following timetable was proposed:

- Nomination of members to TAG should be finalized by the end of January 2002.
- Country-level assessments of water and sanitation should be completed by April 2002.
- First Meeting of TAG should be held in May 2002.
- Follow-up meeting of the donors should be organized after the TAG meeting.
- The date of the second meeting of TAG to be determined after the first TAG meeting.
- Monitoring the activities of TAG is necessary, but the means of monitoring need further development.

5. REVIEW OF RELEVANT EXISTING DOCUMENTATION

A brief review of three key documents prepared by WHO was completed. The Bangkok Declaration (2001) was reviewed, which provides a revision of the 1996 Action Plan and emphasizes the use of seven core principles rather than 20 points in a detailed plan. This was felt to provide the flexibility required at national levels to develop surveillance programmes.

The Global Water Supply and Sanitation Assessment 2000 Report was reviewed; in particular, the data relevant to the 10 countries of SEAR. It was noted that the Global Assessment 2000 Report does not illustrate that water supply is often very unreliable and of poor quality in the SEAR countries. Therefore, the figures may overstate actual sector performance. The Report does, however, highlight the magnitude of the sanitation problem, particularly in rural areas.

The 1996 Action Plan was also reviewed, which provides a general overview of the capacity of countries and their interest in doing work related to water quality and water quality surveillance.

Concerns were raised regarding the information provided in the Global Assessment 2000 Report and in particular, the potential distortion of the figures on access among the urban poor. It was recognized that while there were some weaknesses in the report, it still represented a major improvement on previous reports on coverage with water supply.

6. COUNTRY LEVEL ASSESSMENTS OF WATER SUPPLY AND SANITATION

The Global Water Supply and Sanitation Assessment 2000 Report represents an output from the WHO and UNICEF Joint Monitoring Programme for Water Supply and Sanitation. The assessment was based on data obtained from countries using questionnaires. There is a wealth of data in those questionnaires which has not been explored and could be used at the country level. As a result, it was planned to undertake country-level assessments using a similar methodology and with three key objectives:

(1) To provide an analysis of the data and information collected at country-level for the Global Water Supply and Sanitation Assessment 2000 Report in order to review priorities, analyze problems and make recommendations that support the development objectives of the respective countries;

(2) To clarify any ambiguities that may exist in the data collected at country-level for the global assessment and to provide information on relevant national issues that may not have been adequately covered by the global exercise, and

(3) To support ongoing reform initiatives, to guide technical assistance programmes, and to stimulate investment in the sector.

In each country, the national government should be the owner of the process of analysis and the outputs from the process. The role of WHO, UNICEF and other external support agencies is to support the government in the implementation of the analysis, preparation and dissemination of reports and follow-up actions. The process should draw heavily upon existing data and information, particularly those that were assembled by countries in 1999 using the WHO/UNICEF questionnaire in preparation for the Global Water Supply and Sanitation Assessment 2000 Report. Using readily available information, the entire process of analysis, reflection and report preparation should be completed within a month in smaller countries, or a few months in large ones. Data and information reported to WHO/UNICEF through the 1999 questionnaire should be reviewed and updated, if appropriate, with any new information that may be available, but it is not recommended to initiate new fields surveys or research activities for the purpose of the present exercise.

The national process of analysis and reflection should be implemented, with modifications as deemed appropriate by specific countries (See Annex 6 for detailed descriptions of each step)

Clarification was sought regarding the support that could be expected from WHO in this process. It was explained that this support will depend on conditions in each country, but it was possible that WHO (either at the country or regional level) will provide seed money. It was recognized that other external support agencies may also need to provide funds, given the limited resources available to WHO. There is ongoing collaboration between

WHO and UNICEF to support the country level assessments. The need to incorporate data from a wide range of sources (including NGOs) and on quality of service was noted as important as was the reliability of the data.

7. PLENARY DISCUSSION

There was some debate regarding the title of TAG and it was agreed that this should be changed to Water, Sanitation and Health Advisory Group (WSHAG) to reflect the broad ToR established. Funds have been already committed for the first meeting of WSHAG and for technical assistance/support through WEDC. However, the sustainability of WSHAG was discussed, given the lack of funds to be earmarked for subsequent meetings. It was felt that though donors will be approached, it is unclear how successful the exercise would be. UNICEF is agreeable in principle, but whether it will give financial support or not is an issue. It was therefore, felt that additional resources will be required to make WSHAG operational.

It was suggested that WSHAG undertakes auditing of the delivery of water and sanitation in the countries to assess whether the resources of a country are reaching priority areas and target groups and whether donors support, countries execute and consumers manage WSS projects as designed. WSHAG could play a useful role in promoting more effective provision of good quality services.

8. CLOSING

Dr Vijay Kumar, Ag. Deputy Regional Director read out the closing remarks on behalf of Dr Uton Muchtar Rafei. Dr Rafei expressed his pleasure over the fact that the discussions of the consultation were cordial and productive and that there was unanimous agreement on the need to establish an advisory group on water, sanitation and health in the South-East Asia Region. The potential of such a group for strengthening WHO's collaboration with countries and mobilizing resources to support activities was also recognized. He congratulated the participants on the discussion, recommendations and consensus developed on the proposed framework for the formation of the group, and assured them that the recommendations will be considered carefully by the Regional Office when finalizing plans to establish the group.

The Regional Office is taking the initiative of establishing the Advisory Group very seriously and has already programmed financial resources and technical support to its first meeting.

The decision to undertake country-level assessments is an important step in ensuring that the Advisory Group has access to good quality and up to date information which will result in better outputs. The convergence of country-level assessment with the formation of the WSHAG is fortuitous. Financial resources have already been earmarked by the Regional Office to initiate country-level assessments and additional support is expected from UNICEF and other development partners. Countries themselves must, however, accept responsibility for implementing the country-level assessments and see themselves as owners of the process and its outputs.

Dr Rafei expressed confidence that the advisory group, once operational, will go a long way towards strengthening WHO's technical cooperation with countries in this area of work concerning an issue that is a fundamental determinant of public health.

Annex 1

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Annex 2

SEAR BUDGET ALLOCATED TO PROTECTION OF THE HUMAN ENVIRONMENT (PHE)

REGULAR FUNDS

2000-2001 Biennium

- PHE allotted 7.5% of total budget (Intercountry and country budgets)
- Occupational and environmental health
- Programme on chemical safety
- Water, sanitation and health
- Intercountry budget minimal for PHE areas

2002-2003 Biennium

- PHE allotment roughly unchanged (IC + C)
- Intercountry budget focused on arsenic

EXTRABUDGETARY FUNDS - Intercountry programme

2000-2001 Actuals

WSH post-disaster	US$ 309 000

2002-2003 Targets

General WSH activities	US$ 100 000
Advocacy	US$ 60 000
Low-cost interventions	US$ 240 000
WSH disaster preparedness	US$ 730 000

The objective of the programme perspective for intercountry programme was to strengthen regional and national drinking water quality programmes

through: Situation analysis; Intercountry workshop: Advocacy (WWD); Research agenda; Community-based projects, and Development of Guidelines for Drinking Water Quality.

The objective for 2002-2003 is to assess the WSS sector in the ten countries of the SEA Region and to strengthen elements critical to health.

General WSH activities	US$ 100 000
Advocacy	US$ 60 000
Low-cost interventions	US$ 240 000
WSH disaster preparedness	US$ 730 000

Total:	US$ 1 130 000
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Annex 3

TERMS OF REFERENCE FOR TAG

(1) Review the situation of water, sanitation and health at regional and country levels and develop recommendations on relevant national policies and action plans;

(2) To identify gaps in knowledge and information and foster activities to assess country level and regional situations;

(3) To develop recommendations for WHO support for (1) water and sanitation to optimize health benefits at regional and country levels, and (2) institutional strengthening and sustainable capacity building at regional and national levels;

(4) To develop recommendations for WHO collaboration with other external donors in water, sanitation and health, especially at country level;

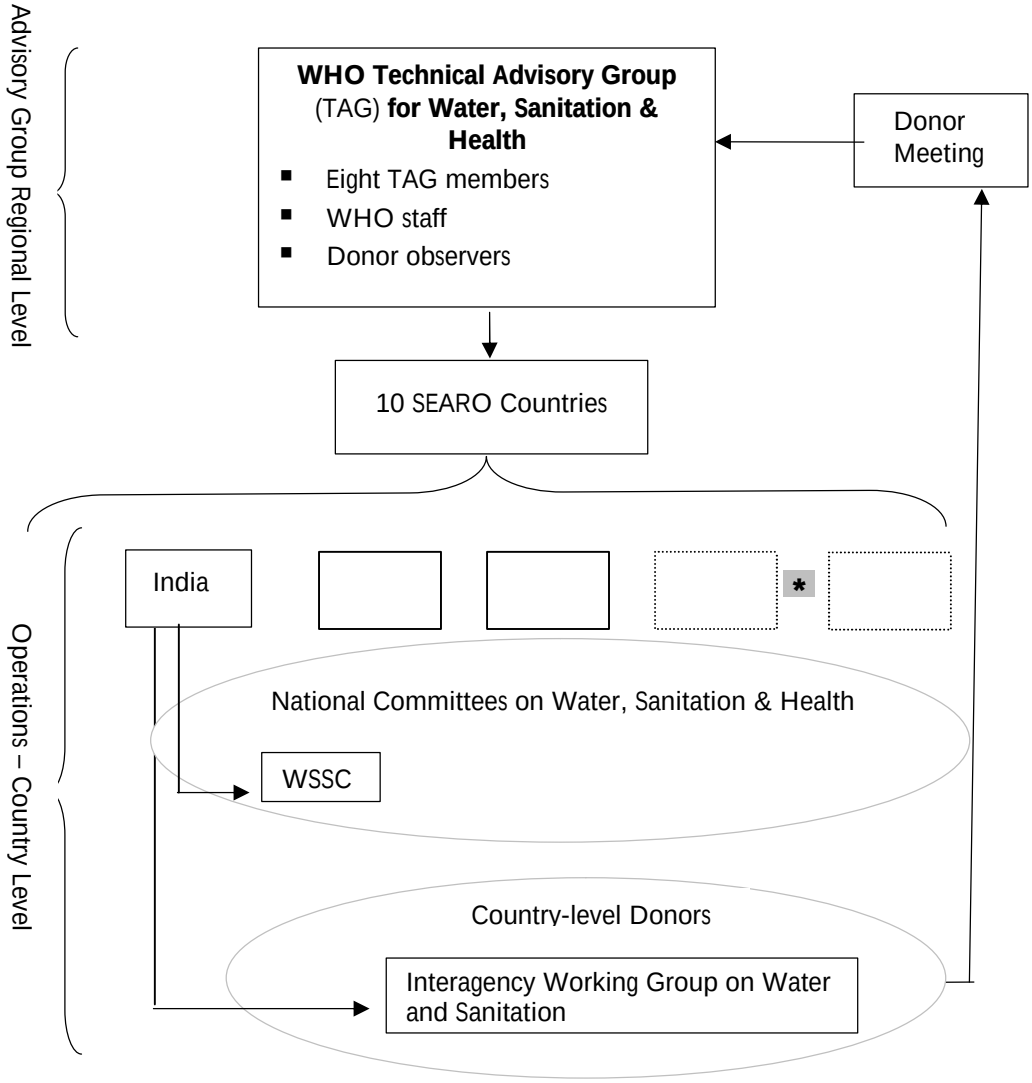
(5) To recommend interprogrammatic approaches and projects (e.g., inter-programmatic approaches to diarrhoeal disease prevention);

(6) To identify needs for operational research and advocacy in the sector, especially in terms of health impacts, and

(7) To establish benchmarks and review regional and country progress towards water and sanitation goals annually.

Annex 4

PROPOSED ORGANIZATIONAL STRUCTURE OF TAG



* Countries in which National Committees on Water, Sanitation & Health do not exist

Annex 5

PROPOSED ACTION PLAN AND INDICATORS OF SUCCESS FOR TAG

Proposed Action Plan

(1) Consultation meeting on the proposed formation of TAG in WHO/SEARO, New Delhi: October 18-19, 2001

(2) Finalization of nomination of TAG members: October-November 2001

(3) Country-level assessments of water and sanitation: October-November 2001

(4) First meeting of TAG: December 2001

(5) Follow up meeting of donors: December 2001

(6) Second meeting of TAG: date to be determined in the year 2002

Proposed Indicators

- Are the most pressing WES related health problems of the countries of the Region being addressed by TAG?
- Are the linkages of TAG with the existing national level water and sanitation interagency and/or other water and sanitation consultative committees of Member Countries effective?
- Are TAG members able to convince relevant stakeholders (governments and donors) in the countries of the Region to concentrate on relevant issues related to water, sanitation and health and solicit their commitment by way of increased budgetary provisions?
- Is the existence of TAG contributing towards better coordination among country-level government agencies like the health and water supply departments in implementing programmes such as water quality surveillance in the countries of the Region?
- Are recommendations of TAG guiding technical and policy directions for development of country water, sanitation and health initiatives?

- Do recommendations of TAG for national capacity strengthening find acceptance at country level?
- Are activities ongoing to improve the assessment of the water and sanitation sector at country level?
- Have priority regional research needs in water, sanitation and health been identified? Have priority regional advocacy and communication-related materials been developed?
- Has WHO's role, if any, in water and sanitation in emergency situations been identified?

Annex 6

GUIDELINES FOR THE DEVELOPMENT OF COUNTRY LEVEL ASSESSMENTS OF WATER SUPPLY AND SANITATION

(1) A lead government agency should be identified. The present initiatives should be discussed by WHO/UNICEF with the lead agency, and agreement reached to prepare a country level assessment of water supply and sanitation.

(2) The lead agency should form an interagency working group involving the major stakeholders in the water supply and sanitation sector. In case an interagency coordinating mechanism already exists in country, it may be appropriate to conduct the process through that mechanism rather than establish a new one.

(3) WHO and UNICEF should provide support to the interagency working group. Support may also be mobilized from other external support agencies as appropriate.

(4) The interagency working group should examine the data and information that was provided to WHO and UNICEF via the 1999 questionnaire, and consider whether it may be necessary or desirable to update it with any additional information that may be existing and readily available. It is not the intention of the present initiative to encourage new field surveys, research activities, or original data collection exercises.

(5) The interagency working group should adopt a mechanism of examining the present document, (i.e. Guidelines for Implementing Country-level Water Supply and Sanitation Assessment) and adapting them to local circumstances.

(6) Depending on factors such as the size of the country, the complexity of the sector and local practices, it may be useful to secure the services of a consultant to assist the interagency working group to implement the

work plan. The consultant might be engaged to perform tasks such as analyzing data and information, facilitating workshops and meeting, and drafting the written country report.

(7) The interagency working group should decide early in the process the indicators that will be analyzed and included in the country report. Much more data and information was collected in the 1999 questionnaire than was actually reported in the Global Water Supply and Sanitation Assessment 2000 report, and is available for analysis by countries. However, in order to facilitate the later construction of regional and intercountry assessments, all countries are strongly encouraged to use as a minimum the indicators that were reported in the Global Assessment 2000 report, namely:

- total population
- urban population
- rural population
- percent urban water supply coverage
- percent rural water supply coverage
- percent total water supply coverage

(8) As mentioned above, data reported in the 1999 questionnaire may be used for this purpose or updated as deemed appropriate by the interagency working group at the national level. Other indicators, in addition to those mentioned above, may also be analyzed as considered appropriate by the interagency group.

(9) It may be appropriate to launch the national process of analysis and reflection in a national workshop or similar forum, and to implement the process through a series of working meetings. The number and nature of these meetings may vary from country to country, depending on factors such as the size of the country, the complexity of the sector and local practices. In some countries, it may also be appropriate to convene a final meeting or workshop to review the draft report prior to finalization.

(10) The country-level assessment of water supply and sanitation should be conducted within the framework of the WHO/ UNICEF Joint Monitoring Programme (JMP) on Water Supply and Sanitation. Data published in the Global Water Supply and Sanitation Assessment 2000 report may be

updated on the basis of new data and information that may be provided by countries. The decision to update data reported by JMP will be made according to well–defined procedures that have been established by WHO and UNICEF since 1990.

(11) In the event that a country wishes to publish in the country report data that varies from that reported by JMP, both sets of data should be published and the reasons for the variance should be discussed. Discussion on the reasons for the variance is likely to result in thoughtful reflection on data collection procedures and healthy debate on whether improvements are needed. In no case, however, should one set of data suppress another, even if they are at variance between each other.

(12) The lead national agency should take appropriate steps as needed to ensure that the country level assessment report is endorsed by the government.