I. Background Information

The Thematic Working Group on Water, Sanitation and Hygiene (TWG WSH) is one of the seven inter-country working groups established under the Charter of the Regional Forum on Environmental Health in Southeast and East Asian Countries, which was adopted in 2007 by ministers and heads of delegations of 14 countries through the Bangkok Declaration on Environment and Health. Presently, 13 of the 14 countries collaborate in the TWG WSH three-year work plan, with the general objectives of exchanging technical information, coordinating activities, conducting advocacy and mobilizing resources. Similarly, the TWG-WSH is expected to come up with a three year work plan covering 2014 – 2016.

At the 3rd East Asian Ministerial Conference on Sanitation and Hygiene (Bali, 2012) the TWG WSH was called upon to serve as the regional platform for cooperation in sanitation and hygiene among East Asian countries and between our region and other regions in the world. The Bali Declaration called upon the TWG WSH to continue its networking and collaborative supports for EASAN conferences by preparing regional situation analyses as preconference publications, to provide more active support to the EASAN 4 host country in planning and organizing the EASAN 4 conference program, to monitor progress on the commitments in the Bali Declaration and report on progress in the EASAN 4 Conference, and to establish an inter-country sanitation and water sector monitoring system in cooperation with EASAN countries and with support of the international community.

A Task Force on TWG WSH composed of the Philippines, Cambodia and Indonesia was created with a responsibility of developing a detailed proposal for establishing a monitoring system for WSH including the identification of indicators and methods for collection and analysis of data and reporting. It draws upon existing monitoring systems like the Joint Monitoring Program (JMP) and Global Analysis and Assessment of Sanitation, Water and Hygiene (GLAAS) in order to avoid duplication of effort or overlaps. The Task Force Meeting was hosted by the UN Children’s Fund (UNICEF) Regional Office with the support from World Health Organization (WHO) in Bangkok, Thailand last April 2-3, 2013.

The Department of Health, Philippines is the new TWG WSH Chair for 2013 – 2016. And in 2013, the Philippine government through the DOH served as host to the annual meeting of the TWG WSH.
II. Objectives

The objectives of the meeting are as follows:

1. To review the work conducted so far by the Member Countries of the TWG WSH in the light of the three-year work plan (2010 – 2013);
2. To review and assess the current capacity of the TWG – WSH according to its functions particularly to EASAN;
3. To present and discuss the Concept Note on EASAN Regional Sanitation, Hygiene and Water Sector Monitoring System and Draft Guidelines for Country Maps on Sector Monitoring;
4. To present and discuss the link between JMP/GLAAS and Water Safety Planning, and
5. To discuss priority activities for 2014 – 2016 work plan of the TWG – WSH.

III. Results of the Meeting

A. Attendance

The meeting was attended by 20/21 participants representing the government of Cambodia (Mr. Khonn Lydo), China (Dr. Bai Xuetao), Indonesia (Ms. Meida Octarina & Ms. Kristin Darundiyah), Japan (Dr. Koichi Ohno), Lao PDR (Dr. Tayphasavanh Fengthong), Malaysia (Mr. Engku Azman Bin Tuan Mat), Mongolia (Dr. Idesh Bolormaa), Philippines (Dr. Irma Asuncion, Engr. Joselito Riego De Dios, Engr. Sonabel Anarna & Engr. Luis Cruz), Thailand (Ms. Suree Wongpiyachon, Ms. Pariyada Chonewinyoo & Ms. Naiyana Chaitiemwong), Vietnam (Ms. Nguyen Bich Thuy), Myanmar (Dr. Than Win), Resource persons and regional partners coming from WPRO (Dr. Mohd Nasir Hassan, Ms. Debbie Siru & Mr. Guilberto Borongan), WHO – Nepal (Mr. Terrence Thompson), Ms. Rosario Villaluna, WHO – Philippines (Engr. Bonifacio Magtibay).

B. Opening Session

Address from the DOH, Philippines - Dr. Irma Asuncion

The meeting started at 1:00 PM and was presided by Dr. Irma L. Asuncion, Director IV of the National Center for Disease Prevention and Control of the Department of Health, Philippines. She welcomed the delegates from the different countries for attending the TWG WSH meeting. She gave her apologies about changing the schedule on the start of the meeting because Metro Manila is experiencing heavy monsoon rains that caused flooding on the roads to the venue. The meeting pushed through since we have a schedule to follow and objectives to complete.
Address from the WHO Representative - Dr. Mohd Nasir Hassan

Dr. Hassan mentioned that the TWG Water, Sanitation and Hygiene as one of the most active group in the 7 sectors of the regional forum. He acknowledged the chairmanship of the Department of Health, Philippines for 2013 - 2016.

Six years since its creation, the meetings has been significant not only for the TWG WSH sector but for the member countries itself. Since we have a common agenda to discuss and cooperate, each member state must have something relevant to contribute or to gain. The meetings have been an avenue to share experiences and information relevant to the WSH sector. That is why he believes that there must be an added value to this TWG.

One of the biggest activities of all the TWG is the achievement of the Millennium Development Goals. The Water and Sanitation targets, improved access to safe water supply and improved sanitation has been achieved. The Joint Monitoring Programme (JMP) is the official United Nations mechanism tasked with monitoring the progress toward the achievement of the MDG in relation to drinking water and sanitation. However, the JMP is based on improved water sources only as a proxy for safe water because it is very difficult to get a comprehensive safe water assessment. A comprehensive monitoring must be done periodically and not only once a year.

A few years back, there is another initiative not to limit the monitoring to the JMP criteria. There are other aspects to be addressed like finances, institution, human resource, capacity building, etc. Then, the United Nations Water Global Analysis and Assessment of Sanitation and Drinking Water (GLAAS) was developed. For the WPRO, not so many countries are involved. The GLAAS is being reported at the ministerial level to see the status and the existing gaps. It is surprising that one of the findings show that some countries have the funding but cannot use it. The implementation of the programs and projects has been affected by other issues not related to money. The target on the provision of improved drinking-water source has been achieved in many countries but not in the improved sanitation.

In the 3rd East Asia Ministerial Conference on Sanitation and Hygiene held at Bali, Indonesia; the ministerial forum is asking for a platform to do monitoring of data gathering protocol that may be JMP, GLAAS or many others. This TWG thinks that we don’t need to reinvent what JMP or GLAAS has done but they must complement each other. The Bali Declaration said that the TWG shall continue as a technical platform for monitoring to work for the region.

We are bounded with a challenge on what added value or relevance does the TWG WSH have in relation to regional cooperation. The WHO WPRO and WHO SEARO wouldn’t be able to fund the next steps. But if the TWG WSH proves to be relevant or it brings great regional effort to the sector, the funding wouldn’t be a problem. We can still coordinate with other agencies (UNICEF, UNAIDS, etc.).

He concluded his welcome address saying that THE TWG WSH has strong objectives and targets. It has the right delegates coming from the respective countries. He hopes that we can sustain the similar representations in the future meetings.
C. Presentation of the Agenda and Objectives of the Meeting

Data shows that around 6.6 million people die in Asia attributable to various environmental health risks. Despite this magnitude, the capacity of the representatives of countries that respond to the problem is still limited. To address this, a meeting on EASAN is conducted on 2004. It was agreed that a ministerial regional forum will be convened.

The general objectives of the Regional Forum are as follows: strengthen the cooperation of the ministries responsible for environment and health within countries and across the region; provide a mechanism for sharing knowledge and experiences; improve policy and regulatory frameworks at the national and regional level; and promote the implementation of integrated environmental health strategies and regulations.

She introduced the regional forum structure with the ministerial level conducted every 3 years, followed by the high level forum conducted every 18 months and with the corresponding seven (7) thematic working groups. The secretariat is WHO and UNEP. In turn, the advisory board is composed of the chair of the different TWG and the chair of the regional forum.

On April 2013, a TWG WSH task force was formed to develop a regional monitoring system to be presented during the current TWG WSH meeting on August 2013.

She also presented the objectives of the meeting mentioned in the part II of this report.

D. Election of Chairperson and Rapporteur and Introduction of Participants

The late start of the activity brought about changes in the schedule of the meeting. The SWOT analysis will be done on day 1. Country mapping, draft guidelines, etc. will take place on day 2.

Mr. Terrence Thompson nominated Dr. Irma Asuncion of DOH Philippines, as the chairperson. The chair of the group usually serve as the chair of the meeting and rapporteur. There being no other nominations raised, Dr. Asuncion was elected as the chairperson and rapporteur.

The introduction of participants followed.

E. Update on Regional Forum - Dr. Mohd Nasir Hassan

On September 9 and 10, 2013, the 3rd High Level and Ministerial Regional Forum will be held in Kuala Lumpur, Malaysia. Overall, it consists of 14 countries, 10 countries in WPRO, 3 countries in SEARO.

The 1st regional forum was in Bangkok. It was realized that there are so many health effects due to environmental health. Twenty-five per cent (25%) of disease is related to the environment (air pollution, water, sanitation, waste, chemicals).
In the 2012 high level official’s forum in Bali, Indonesia; the reports and charter were presented. We feel that there must be changes in the operations of the regional forum. In Kuala Lumpur, 2 major issues are presented: the findings and recommendations on governance, impact and partnership and sustainable financial mechanisms; and the draft revised charter of the regional forum.

The hierarchy of the 4 stages (ministerial, high level, advisory board and thematic working group) is too many, so we wanted to reduce the levels. The TWG will be maintained but it will be voluntary in nature. The sustainability of the TWG is entirely dependent on the initiative to support the leading country. The critical part is the issues on financing. The proposal is to merge the advisory board to the ministerial level. Thus, there will be a lesser need for high level officials.

These conditions are checked by the country and institution:
China – Water Supply, Hygiene and Sanitation
Korea – Air Quality
Japan – Solid and Hazardous Waste
Thailand - Toxic Chemicals and Hazardous Substances
Indonesia – Climate Change, Ozone Depletion and Ecosystem Changes
Philippines - Environment Health Emergencies
Korea - Health Impact Assessment

If we maintain the 7 conditions, there must be problems on reporting. Some are very active but there are some who lack accessibility. This will be further discussed on the presentation of the recent environmental health programs at the 3rd ministerial meeting on September 10 and hosted by the Prime Minister of Malaysia.

The delegate from Malaysia, Mr. Engku Azman Bin Tuan, asked about the mandate on the creation of the EASAN and the support of the TWG to the upcoming EASAN forums. Dr. Hassan answered that the past ministerial forums mandated the TWG WSH to support the EASAN in monitoring water and sanitation. Assuming that the TWG doesn’t exist anymore, these may create some difficulty for EASAN to do the monitoring. As this TWG is not given a platform for monitoring, the TWG will be presented in both the update on regional forum and update the work entrusted by the EASAN forum in the future. This is the challenge we need to understand.

Ms. Rosario Villaluna, Philippines, clarified that the EASAN 4 has not yet been planned and there is no host country. According to Dr. Hassan, the host for EASAN 4 must see the benefit of hosting the activity for their country. Defining the added value of this forum and to make sure the TWG is remarkable, then the bigger role of EASAN will follow.
He presented the EASAN and its relationship to TWG. So far, the 3 EASAN conferences (Japan 2007, Manila 2010, Indonesia 2012) each issued a declaration. The conferences requested the TWG to develop a regional monitoring system for the progress of the Water and Sanitation sector and to report back to future EASAN ministerial conferences. In addition, the TWG gives supportive services to the EASAN conferences.

The TWG WSH has prepared group conferences publication for the EASAN monitoring frame. The Beijing meeting (2011) proposals were to have a regional monitoring system. One of the proposals was a sophisticated online monitoring system wherein each country will enter their data. Another proposal was a library of official documents, photographs, videos, articles, etc.

In the EASAN 3 meeting held at Bali, a more feasible tool was developed considering the availability of resources. A questionnaire that will serve as a pre-conference publication was developed. It will be used to collect data from the countries for analysis to produce a report. It is a more simple and cost-effective regional monitoring system.

It was also decided in Bali to appoint a Task Force to refine that idea and conform with the proposal. The member countries were Philippines, Indonesia and Cambodia. They met April 2-3, 2013 in Bangkok sponsored by the UNICEF East Asia Pacific Regional Office in Bangkok. In that meeting, it was decided to back off a little bit from the EASAN 3 meeting decision to continue using the same questionnaire for the regional monitoring. The Task Force then decided to discontinue its use and rely heavily on the base data collection of JMP and GLAAS. It is supported for the following reasons: the JMP and GLAAS are evolving over the years and very much has improved; all the TWG member countries now participate in GLAAS; and it was discussed, not only by the countries present but by the international development partners, to minimize the country’s reporting requirements. There is one reporting requirement that must be pursued, that is the monitoring the countries’ commitments under the EASAN declarations. The past EASAN declarations have gained the commitment from the countries.

The Philippines, as chair of this Thematic Working Group has communicated with the JMP and GLAAS Monitoring programs to see if there will be willingness and positive response. The JMP and GLAAS programs are already working in similar matters with SACOSAN, AfricaSAN LatinoSAN, etc. In fact, they have been working on these processes to prepare the snapshots and satisfying the whole of EASAN to report sector processes.

Dr. Hassan discussed the structure on the implementation of the Water Safety Plans and the development of monitoring reports for countries that is under the EASAN declaration. Same as the JMP and GLAAS programs to develop a regional snapshot that summarizes the data collected. Through this protocol, each country will be able to see the status when it comes to
Water Safety Plan. I see this as an opportunity to cooperate as a TWG. Since the monitoring systems have different parameters. The JMP covers on improved water supply and improved sanitation. On the other hand, GLAAS covers on the sectors of finance, human resource, administrative, and institution.

To monitor the Water Safety Plan comprehensively, Dr. Hassan presented the following outcome indicators: operational, institutional, policy; and impact indicators on water safety improvement.

Dr. Hassan concluded his presentation with a positive note that WSP is not WHO imposed. It gives each country a better idea on planning, implementation and monitoring. He showed the diagram of Complementarity of the indicators 3 wheels composed of JMP, GLAAS and WSP towards achieving the MDG targets. I am suggesting that in the SWOT analysis, we can derive a common framework in each country. The challenge now is to find opportunities and how to further strengthen the strengths.

Ms. Suree Wongpiyachon of Thailand raised the applicability of the WSP outcome and impact indicators in a good water supply system. For example in Thailand, some waterwork system has been evaluated and standardized already. I think it’s a challenge to implement the WSP. I understand it since we use a risk based approach system and may be applicable to WSP. Engr. Sonabel Anarna of the Philippines said that the Philippines has done well in terms of the outcome indicator on policy. We have already developed a policy and is currently for approval. The other institutional and outcome indicators are feasible and attainable.

Ms. Debbie Siru of WPRO Philippines explained that the indicators WHO and SEARO developed is flexible because the data of the different countries are variable, unavailable, may be sensitive. They have anticipated the differences of the data gathering protocol across countries.

Ms. Kristin Darundiyah shared that WHO has totally supported us in conducting the WSP especially on rural areas with communal water supply. We try to close the outcome indicator for policy to address the health impact. We are improving the water quality from source, catchment, tanks up to the consumer, but we are facing a challenge on the distribution pipelines which is high risk for contamination. We also encounter problems on the behaviour of the community itself. I am suggesting that environmental technical laboratories to have a chemical gradient that can identify contaminants. I think we need capacity building on the laboratories to add more monitoring parameters for water.

Another concern is the standardization of the WSP module itself. We are currently depending on WHO standards, we are going to develop national standards specific for our country. Next year, we plan to allocate national budget on training of trainors or setting up laboratories to understand what WSP is. Further on, we plan to allocate the replication of the WSP practice in several districts.

Mr. Engku Azman Bin Tuan Mat of Malaysia said we have to put into perspective the quality and quantity aspect of the program. He believes on the ground implementation through awareness and training. Consequently, we can develop a WSP that is more acceptable to the implementors. A good WSP will have a good impact on health and good coordination with the
stakeholders. Then we view the issue on urban and rural WSP. In a few years, I hope our efforts in ensuring the coverage of as many areas as possible.

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\text{H. SWOT Analysis - Ms. Rosario Villaluna}
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Ms. Villaluna facilitated the SWOT analysis. The TWG WSH is in the best position to identify the Strengths, Weaknesses, Opportunities and Threats on Water Supply, Sanitation and Hygiene. She gave an overview on the identification of these processes. The strengths and weaknesses are internal factors; while the opportunities and threats are external factors. When we talk about strengths and opportunities, they are helpful factors that facilitate our work; while the weaknesses and threats are harmful and cause constraints on what we want to do.

The Charter of the Regional Forum on Environment and Health Southeast and East Asian Countries Framework for Cooperation developed this output for the ministerial regional forum on Environment and Health (Bangkok, August 2007).

The 4 main areas identified as priority areas for all TWG formed:

1. Knowledge management and technical support
   a. Facilitate the exchange of information, lessons learned and the best practices across countries;
   b. Provide technical support to members through access to specific experts and facilities.

2. Progress reporting to regional forum
   a. Core indicators;
   b. Documenting current status as baseline to benchmark progress;
   c. Consolidating synthesizing environmental health progress and impact at regional level.

3. Coordination and advocacy
   a. Advocate actions based on recommendations;
   b. Promote the integration of thematic actions into the NEHAP;
   c. Provide guidelines on how existing activities can contribute to the goals of the NEHAP;
   d. Promote the coordination of various national and donor support activities in the country and region;
   e. Disseminate information and activities being undertaken and their impacts

4. Resource mobilization
   a. Prioritize activities for which funding and additional support is required;

The group made a consensus to tackle the SWOT analysis in general than to divide into groups.

Mr. Thompson raised a weakness on the TWG. In the 2007 EASAN 1, TWG was given the task to have a regional monitoring system and a platform for advocacy. Issues have been raised on the
coordination at the national level about information sharing and preparing regional monitoring system with other sector partners.

Mr. Engku Azman Bin Tuan Mat raised the commitment of each member country on addressing the issues raised in the TWG WSH meeting. We can identify focal points then conduct regular monitoring and encourage reporting back the status of these focal points as agreed upon on the TWG.

Dr. Asuncion asked for the status of the other thematic working groups. If we come up with our own monitoring, what will happen to the other TWG? Dr. Hassan answered that the other TWG are discussing the same agenda. Identification of the relevance of each TWG and making sure that there are no overlapping of functions but complimentary to each other.

Engr. Luis Cruz also asked the connection of the National Environmental Health Action Plan (NEHAP) with the TWG, because every country developed it. Dr. Hassan defined the NEHAP as a focus area per region. Coincidently, these 7 are reflected in the NEHAP that corresponds significantly to the needs of each country. Mr. Engku Azman Bin Tuan Mat further asked for the relevance and validity of the NEHAP. He suggests that the TWG is an opportunity to discuss the technical issues. Over the past few years, apart from the networking the group can discuss the program activities in our respective countries. In Malaysia, they respect the international and WHO meetings and they deem the agreements of the meeting important.

Ms. Suree Wongpiyachon said that the TWG is an avenue for information sharing on the tasks so we become familiar with the process and monitor the progress of each country. We organize our work and further strengthen it. The ministers change, and with this change come the changes in the priorities and perceptions on water and sanitation. In addition, Engr. Sonabel Anarna said that it is also an opportunity for partners and stakeholders like to WHO work on a goal for water and sanitation.

Ms. Meida Octarina shared the system in Indonesia wherein the head isn’t from the Ministry of Health but on the Ministry of Public Works. Then the one who makes piping/ distribution lines and the communal water is different. Since their country is doing it differently, through this meeting we get more sharing of experience from countries towards the achievement of the MDG. We can conduct regional benchmarking and look how you fare with other countries. In addition, Ms. Kristin Darundiyah said that when Indonesia started doing GLAAS, the people thought it was too technical. This gave a platform on a technical discussion of global programmes (JMP/GLAAS), to understand in simpler ways the structure so that you can facilitate dissemination in your country.

Dr. Hassan said that the TWG will serve as a training ground and a learning experience. In addition to sharing of information, sharing of the mechanism of our programs and projects can be done as well.

For the past 7 years, the only technical report developed is the EASAN declarations. The countries have been so keen on the maintenance of the laws that they haven’t built capacity building. The TWG will need to coordinate more in the next meetings.
The group came up with the following recommendations:

1. Focus on operational aspects/technical aspects (eg. Water safety plans)
2. Channel or strengthen meetings of technical officers to share experience/ opinions. Changes in structure means change of priorities.
3. Technical discussion of global programmes (JMP/GLAAS)
4. Additional knowledge/ experiences from different countries
5. Learning good examples from other countries
6. TWG members should also have training/ capacity building
7. Sharing progress of the sector at the country level
8. WSP as a "good" base program (can be expanded to operation & maintenance)
9. Choosing a topic or areas of work that are relevant to all
10. Monitor actual progress of actual project
11. Go beyond coverage issue including neglected areas such as sanitation
12. Monitoring (JMP/MDG) to understand clearly how data/ information are collected
   a. The process or system ensuring the quality of data
   b. Basic adaptation
   c. Example: water or sanitation basic facilities aren't as concrete. There are confusion of functions between Ministry of Public Health
13. Definition of variables (JMP/ National MDG)
14. Must explore areas of work for assistance, quality of data, local specific difference (Aid developing countries)
15. Understanding different capacity at the country level as a platform to understand the regional context.
16. TWG to develop share experience, of advocacy plans activities/ programmes
17. Crosscutting issue (eg. TWG WSH with Health impact assessment)
18. Dedicate website on TWG-WSH will be very useful.
19. Technical work/ monitoring work of EASAN.

The abovementioned recommendations suggested continuing the TWG meetings. Ms. Villaluna asked the group to select which of the recommendations they will invest time, resources and commitments to. Dr. Hassan recommended grouping it to general categories so that it will be the focused action plan in the next 3 to 4 years. Engr. Sonabel Anara, Ms. Rosario Villaluna and Ms. Debbie Siru volunteered to do this to be presented in the following day.
<table>
<thead>
<tr>
<th>SHARING CAPACITY BUILDING</th>
<th>TOPICAL COLLABORATIVE PROJECTS</th>
<th>ADVOCACY</th>
<th>MONITORING AND DATA COLLECTION</th>
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</table>
| 1. *Sharing progress of the sector at the country level*  
  *Channel or strengthen meetings of technical officers to share experience/opinions. Changes in structure means change of priorities*  
  *Learning good examples from other countries*  
  *Additional knowledge/experiences*  
  *Understanding different capacity at the country level as a platform to understand the regional context*  
  2. Dedicate website on TWG-WSH will be very useful  
  3. Feedback Mechanism | 1. *TWG members should also have training/capacity building*  
  *Technical discussion of global programmes (JMP/GLAAS)* | 1. *Focus on operational aspects/technical aspects (eg. Water safety plans)*  
  *Choosing a topic or areas of work that are relevant to all*  
  *Water Safety Plans as a "good" base programme (can be expanded to operation & maintenance)*  
  2. Scaling up sanitation | 1. *TWG to develop share experience, of advocacy plans activities/programmes*  
  *Crosscutting issue eg. TWG WSH with Health impact assessment* | 1. *Must explore areas of work for assistance (go beyond data), quality of data, local specific difference (Aid developing countries)*  
  *Go beyond coverage issue including neglected areas such as sanitation*  
  *Monitor actual progress of actual project*  
  2. *Technical work/monitoring work of EASAN*  
  *Monitoring (JMP/MDG) to understand clearly how data/information are collected: a. The process or system ensuring the quality of data, b. Basic adaptation, Example: water or sanitation basic facilities aren't as concrete. There are confusion of functions between Ministry of Public Health*  
  *Definition (JMP / National MDG) of variables* |
2nd Day

Engr. Joselito Riego de Dios started the 2nd day of the meeting by reviewing the recommendations (listing) that the group was able to accomplish the day before. He noted that based on this listing, each country representative should try to identify four (4) to five (5) priority areas which will be the basis to make the action plan for each area. Subsequently, the group decided to write their priority area on a piece of paper and have the secretariat collect it by the end of the day.

The discussion continued with Engr. Riego de Dios indicating that the EASAN report would be based on the existing monitoring report by JMP – GLAAS as presented by Mr. Terrence Thompson. He added that there is no need to create another monitoring system because this will duplicate the report. Ms. Darundiyah of Indonesia opined that each country should summarize and synthesize data from their respective countries to be able to understand and share their countries’ progress. On the other hand, Mr. Mat of Malaysia opined that advocacy should be the main output of this group to address health issues in each country. Engr. Riego de Dios stated that WPRO conducts capacity building and other advocacy activities.

Country Presentation

Cambodia Presentation

Three Year Results of Water, Sanitation and Hygiene in Cambodia

Mr. Khonn Lydo, Sanitation Officer, Ministry of Rural Development, Department of Rural Health Care, gave a presentation on the three year results of water, sanitation and hygiene in Cambodia. He discussed their sector evolvement and milestones since 1992 up to present. To promote sustainable management of safe water supply and sanitation, the country was able to develop BCC guideline and disseminate RWSS strategy widely targeting both the political level and implementation level. Monitoring and evaluation database system on sanitation is in the process of development. In order to facilitate cooperation among East Asian countries towards the improvement of sanitation and hygiene, Cambodia proposed the Rural Water Supply Sanitation and Hygiene Strategy and Operational Plan for 2011-2025. Assessment of monitoring and evaluation capacity of MRD, PDRDs and DPs is on-going. Development of guidelines on emergency sanitation, advocate for preparedness, and build capacity for implementation is still in the process of development. Consequently, the country will be revising their CLTS guideline and ODF Clarification guideline.

Related to CLTS, a national implementation guide has been developed. With sanitation marketing activities being currently implemented by partners, it is envisaged to have a similar guideline soon. Through these activities, the coalition has been able to start discussions around emerging issues and to foster stronger cooperation between the responsible ministries.
**China Presentation**

The Status of Water Safety in China - Cities and Rural areas

Dr. Bai Xuetao, Deputy Director, Institute for Environmental Health and Related Product Safety, China, CDC, gave a presentation on the status of water safety in the cities and rural areas of mainland China. He indicated that there are many problems regarding water safety and hygiene. There is serious water shortage in China in terms of quantity and quality. A growing population and rapid economic development have increased water demand and pollution. He also noted that many water sources were contaminated with heavy metals, chemicals, microbial, etc.

Water treatment technique was less developed in most water works in China. Additionally, there are also outdated water supply systems in the cities. Secondary water supplies in cities also pose as problem as these may cause major potential source of secondary pollution. The maintenance of these water tanks and cisterns is a major issue. In 2007, revised standards for drinking water quality which included 106 indicators (parameters) were enforced. According to Dr. Xuetao, capacity building will be needed to conduct drinking water tests in CDC at every level in China.

In China, many ministries are responsible for drinking water safety and because of that many problems are to be resolved in information communication. Responsibility for water supply and sanitation policies at the national level is shared between five Ministries. Water pollution is the responsibility of the environmental authorities, but the water supply itself is managed by the Ministry of Water Resources. Sewage treatment is managed by the Ministry of Construction, but groundwater management falls within the realm of the Ministry of Land and Resources. There are overlaps in responsibilities between public institutions at the central and local level, as well as between various Ministries. Currently, there is no program on water safety planning in China.

**Indonesia Presentation**

Policy, Target and Achievement on Water and Sanitation Sector in Indonesia

Ms. Kristin Darundiyah, Head of Sector, Sub Directorate on Health Water and Basic Sanitation, gave a presentation on policy, target and achievement on water and sanitation sector in Indonesia. National Environmental Health Action Plans (NEHAP) updated at inter-ministerial supports to strengthen water and sanitation actions. To accelerate the progress on MDG water and sanitation, government started new policy decentralizing additional funding every year from 2011 onwards to district/provincial offices. The Ministry of Health has developed new roadmap on water and sanitation in 2011 and it has been distributed to the selected district and provincial offices to implement it and accelerate water and sanitation service provisions. A Ministerial Declaration from Ministry of Health in 2013 has been circulated to make at least one village ODF through initiatives of local government and Primary Health Care (Puskesmas).

She then presented the 2010-2012 Safe Water Achievement Target and Community Based Total Sanitation (STBM) Achievement Target as well as Presidential Directive Program for Safe Water & Sanitation 2013. Water and Sanitation program is one of the priority programs of Indonesia. For 2013-2014, the action plan for safe water such as providing safe water services and management advisory for safe water provider and action plan for sanitation and hygiene which included
providing wastewater treatment plant services to be implemented by Ministry of Public Work. Whereas, the action plan for community based total sanitation includes advisory for Community based total sanitation implementation to be implemented by Ministry of Health.

To achieve safe and sustainable management of water supplies from catchment to consumers, the Ministry of Health with support from World Health Organization and Ausaid piloted WSP in selected rural communities. National funding with inter-ministerial efforts has helped to put water and sanitation as one of the government priorities for support within the national planning started from 2011.

According to Ms. Darundiyah, there were implementation challenges to the communal water provider which include water quality control, water quality fluctuation due to weather conditions and adverse effects, bad sanitation and hygiene behaviour, lack of adequate water sources protections, development and management and expansion of water networks and services due to increasing the demand.

It has been noted that Indonesia hosted EASAN 3 Conference last September 11-12, 2012. The discussions focused on the need to translate the Bali Declaration into actions, specifically; and the creation of political supports to prioritize increasing demands for equitable access to water, sanitation and hygiene through appropriate institutional arrangements, budgeting and other financial allocations, and global and regional networking.

**Japan Presentation**

**Thematic Working Group on Water Sanitation and Hygiene -Regional Monitoring-**

Dr. Koichi Ohno, Chief Senior Researcher, Department of Environmental Health, National Institute of Public Health, Japan, gave a presentation on the status water sanitation and hygiene in Japan. World Health Organization proposed the Water Safety Plan, a management tool which uses a comprehensive risk assessment and risk management approach encompassing all steps in water supply. The objectives of the tool are to minimize contamination of source water, remove contamination through treatment, and to prevent re-contamination during storage, distribution and handling of drinking-water.

With regards to conduct of regional assessment of operations and maintenance, many attempts were made to grasp O&M status in countries but the effort was largely unsuccessful. Only a couple of countries completed the form and the data were insufficient to make any analyses. New trials were made to grasp accomplishments and weakness of water supply systems. Qualitative and quantitative performance indicator (PI)s were used for interview.

To discuss the role of development assistance in planning and implementation for overall water supply, the Ministry of Health, Labour and Welfare (MHLW) of Japan and Japan International Cooperation of Welfare Services conducted Report of the International Cooperation Project Study Committee in the Water Supply Sector (Draft) 2012. They conducted a field survey with interviews regarding the current situation and issues in water supply planning to some
waterworks in two developing countries. The draft report will be finalized and published on the website of MHLW.

Simple qualitative questions were asked by interview style to the waterworks of major and regional cities in two developing countries in FY2012. Simple assessments in terms of “level of understanding of the current situation” and “level of the current achievement” were achieved. The level of understanding, current achievement and the priority items were different by countries and regions. Therefore, it is crucial to provide assistance taking into consideration the actual situation and the needs in each country or region based on such differences.

The objectives itself is different from the TWG objectives but it might be preference for discussion for data collection. To develop and disseminate guidance for strengthening operations and maintenance of water supply and sanitation facilities, a guidance tool on drinking water quality management in water distribution systems has been under development by WHO. Case studies from Bureau of Waterworks, Tokyo Metropolitan Government, Kitakyushu City Water and Sewer Bureau, and Japan Water Plumbing Engineering Promotion Foundation were provided to WHO.

Developing a WHO water distribution process water quality management guidance tool, from Japan, Tokyo Metropolitan Waterworks Bureau: in non-revenue water reduction to (Cambodia Phnom Penh Water Supply Authority (TOKYO advanced quality program water safety plan + ISO9001 + ISO/IEC17025), Kitakyushu City water and sewer commission technical cooperation in accordance), with respect to accidents) of (water supply equipment construction water Plumbing technology Foundation provides a case study to (Island of Miyazaki).

Japan is requested to provide some case studies and currently they have conducted study in two countries, Laos PDR and Cambodia. According to Dr. Ohno, the surveys were done to give effective development assistance to these countries. He added that they would ask/discuss their counterpart to accept their suggestions/needs and provide them necessary help.

Myanmar Presentation

Water Supply, Sanitation and Hygiene of Myanmar

Dr. Than Win, Chief, Environmental Sanitation Division, Department of Health, Ministry Of Health, Myanmar gave a presentation on water supply, sanitation and hygiene. Dr. Win presented brief background information on Myanmar. Myanmar has strived to accelerate its national water and sanitation actions to meet the WATSAN targets of MDG 7. In 1982, Sanitation program was started in 13 townships through free distribution of plastic pans and its accessories for construction of sanitary latrines up to year 1995 but at the beginning of year 1996, change of strategy supply driven to demand driven with self-help approach. Dr. Than Win then presented the Myanmar Sanitation Data according to JMP 2012. Township health profiles indicate high levels of under five mortality from diarrhoea and dysentery. UNICEF/MOH KAP study 2011 indicates latrine conditions and prevalence of open defecation to be major issues.
The objectives of National Sanitation Campaign is to raise community awareness on the importance of safe water supply and proper excreta disposal, involve various sectors including NGOs, enhance implementation and support monitoring and management in all States/Regions, and advocate and implementation of Community-Led Total Sanitation (CLTS) to meet MDG goal (7).

Implementation of CLTS programme in Myanmar started in July and November 2011 and it included advocacy and ad-hoc training at Pyay township related departments, NGOs and local BHS staff. Establishment of CLTS taskforces/committee in all implemented areas, better community response, and awareness of the community that CLTS approach is better than previous sanitation activities in Myanmar are the strengths of the CLTS programme. On the other hand, the program also has some weaknesses. The country implementation cost is lower than UNICEF implemented areas. UNICEF did not support scaling-up activities after getting 100% ODF villages in those areas. As such, the Ministry of Health could not extend new townships for CLTS activities.

The drinking water quality surveillance and monitoring system pilot project aims to help the national drinking water quality surveillance system with results from implementation the pilot projects, in the areas of guidance in establishing effective quality in control, practical operational guidelines for monitoring and improving the quality of water supply services and information system for monitoring water quality in accordance with suitable standards and regulations. It would also develop and evaluate the technical methods and administrative procedures for surveillance and to ensure that the township surveillance agency staff acquires practical hands-on experience. Project areas include Kyauk Padaung Township (Dry Zone), Nyaung Shwe Township (Hilly), Bogalay Township (Delta), Wekema Township (Delta), Pyin Oo Lwin Township (Hilly), Than-dwe Township (Coastal), and Da-wei Township (Coastal).

Activities of DWQS & M such as advocacy and orientation workshop, formation of supervisory committees, sanitary inspection, water sampling and analysis, drinking water source inventory, water source protection, supervision and monitoring, reporting, evaluation and re-planning, and logistic support (physical Parameter for RHC) were done. DWQS & M Pilot Project Experience Knowledge about importance of drinking water quality, water pollution, water sampling and analysis and low-cost water treatment process is disseminated to the trainees. Field test kits were supplied to township hospitals/RHCs, and basic health services were trained with water quality.

Proposed Myanmar drinking water standard include (a) eleven parameters of drinking water quality bacteriological parameter (thermotolerant coliform), (b) chemical parameter of health significance (arsenic, fluoride, nitrate), and (c) physical / chemical parameters of non-health (pH, turbidity, chloride, manganese iron, electrical conductivity, and hardness). It was noted that same parameters could not be analysed by ESD. Dr. Win also emphasized the importance of hand washing.

According to Dr. Win, arsenic contamination in drinking water has been found in all over Myanmar. Water contaminated with arsenic at levels above 10 ppb (parts per billion) – the level set as permissible by the World Health Organisation (WHO) – was found in the states and divisions of all 12 regions.
Dr. Thompson opined that Myanmar has really accomplished a lot especially in sanitation under difficult conditions and they have received a lot of support from international institutions.

Laos PDR Presentation

TWG on Water, Sanitation and Hygiene

Dr. Tayphasavanh Fengthong, Director of Environmental and Occupational Health Management Division, DHHP, Ministry of Health, gave a presentation on water, sanitation and hygiene of Laos PDR. He presented a brief country description as well as 2013 update on water and sanitation. The latest JMP estimates indicate that total water and sanitation coverage increased. Access to water supply in rural areas is determined by location. More remote provinces and those with fewer roads have lower coverage. Improved water access is stretched during the dry season. Moreover, the burden of inadequate water supply and sanitation lies mostly on the poor. Household access to toilet facilities has gradually improved in recent years.

Progress on WASH implementation in Lao PDR for 2012-2013 showed that the country have participated in (a) EASAN3 held on September 10-12, 2012, (b) Sanitation and Water for All in Washington DC, USA by the Minister of Health, and (c) safe wastewater use in agriculture in Bali, Indonesia held on March 5-7, 2013. They were also part of the thematic working group on WASH. Laos PDR has conducted consultation workshops for the Minister’s Decision on Drinking Water Quality Standard Management with both urban and rural sectors in Luangprabang, Savannakhet and Champasack provinces to get feedback comments.

It is noted that WHO supported the pilot project on Drinking Water Quality Surveillance in Vientiane Capital and Luangprabang provinces and they have drafted a guideline for drinking water quality surveillance. The country has implemented CLTS in 40 villages of Champasack and Sekong provinces. They also implemented WSP phase 3 for both urban and rural areas (25 for urban water supply systems and 4 rural water supply systems). A web database for WASH with kind support of Short Term Consultant of WHO and a first report of water and sanitation sector assessment were developed. There was an improvement of environmental health in health care facility in Xiengkhuang and Huaphanh provinces with the kind joint support of KOFFI and WHO. A 5-year rural water and sanitation action plan was approved by the Minister of Health.

Consequently, Laos PDR intends to summarize and finalize the decision on drinking water quality standard and submit to the Minister of Health for approval, to strengthen drinking water quality surveillance, study visit on drinking water quality surveillance with other country, improve draft guideline for drinking water quality surveillance, conduct training course on drinking water quality surveillance for provincial and district staffs, provide water quality testing equipments (test kits), implement water safety plan in both urban and rural areas, finalize web database and first report of water and sanitation sector assessment, implement CLTS and conduct a donor meeting on rural water and sanitation action plan.

Dr. Fengthong mentioned that the river is the primary source of water of poor families. He summarized that, “Lao PDR is a vibrant country with a rich cultural and religious history and a beautiful natural environment. However, 43% of the population is without access to safe water,
rural communities remain most disadvantaged. Poor quality water supplies are a source of disease. Diarrhoea caused by drinking water like this is the second biggest cause of death for children in Laos.”

**Malaysia Presentation**

Water, Sanitation and Hygiene in Malaysia

Mr. Engku Azman Bin Tuan Mat, Senior Deputy Director, Engineering Division, Ministry of Health, gave a presentation on water, sanitation and hygiene in Malaysia. Initially, he presented a brief overview of Organization Structure of Ministry of Health in Malaysia. Mr. Mat noted that their country have Rural Environmental Sanitation Programme since 1960s. He then presented his country’s achievement in terms of proportion of rural population using an improved drinking water source, sanitary latrines coverage, solid waste system coverage in rural areas and sullage waste system coverage in rural areas. He mentioned that some of their water supply had been constructed 30 years ago and that there must be a continuous improvement in their water supply.

Next, he presented the Drinking Water Quality Surveillance Programme, Water Safety Plan, the chronology of WSP in Malaysia.

According to Mr. Mat, NEHAP Malaysia was approved by their government on December 5, 2012 and the 1st Steering Committee was convened on July 18, 2013. The NEHAP Guidance Document has been established. Presently, they are setting up the technical committee and 7 TWG. Mr. Mat noted that the meeting of all chairmen of 7 TWGs is expected to be held this month.

With regards to their aluminum problems, WHO recommends some approaches available in minimizing residual aluminium concentrations in treated water. These include use of optimum pH in the coagulation process, avoiding excessive aluminium dosage, good mixing at the point of application of the coagulant, optimum paddle speeds for flocculation, and efficient filtration of the aluminium floc. Mr. Mat added that explanation and training is another approach.

**Mongolia Presentation**

Report of National TWG on WASH 2010-2013

Dr. Idesh Bolormaa, Secretary in PHI, Ministry of Health, Public Health Institute, gave a presentation on water, sanitation and hygiene in Mongolia. According to her, the national TWG on WASH was established in 2011 by joint order of Ministry of Health and Ministry of Environment. This is the general agency for professional inspection, national committee for water, academia and research institutions (NCPH, SPH, TU), and international organizations: such as WHO CO, UNICEF. The working group has been updated after new government in 2013. The roles and functions were to implement work plan of the regional TWG on WASH, to improve inter-sectoral / inter-ministerial coordination on WASH, and to plan and coordinate of the activities supported by Water Safety Plan Project and WHO/AusAid.
Resource mobilization for capital expenditure, operations and maintenance include substantial investment from the government (capital and operational investment), low cost options for low income people, and share capital and operation costs (central, local government and household).

To date, Mongolia have participated in inter-country workshop on Sanitation in Cold Climate Countries which was held in Ulaanbaatar last October 2011 and the main outcomes included recommendation for government to commit, make an investment plan, and build public private partnership. The priority issues to be considered in Mongolia are maintenance and operation plan and capacity building. The country was encouraged to scale up initiatives of small scale waste water treatment and centralized treatment plant. Low cost improved sanitation technologies such as VIP, dry, compost toilets, etc. should be used as temporary alternatives in rural areas and suburban areas.

Some of the follow-up actions after the inter-country workshop were the development of training modules on environmental health for primary healthcare providers of rural areas, low cost sustainable sanitation and community participation and awareness raising. The country had been an advocate for the adoption of low cost sustainable sanitation technologies. They have conducted exhibition on sanitation in May 28-30, 2013 which was organized by MOH, NCPH, WHO/UNICEF/ACF, city mayor office UB to advocate policy, decision makers and disseminate information to community. Essential environmental health standards including WASH were developed and approved. The main recommendation was to separate working group between water/sanitation and hygiene promotion. Donors agreed to focus on small scale waste water treatment and improved onsite sanitation facilities in temporary basis until sufficient improvement of central/local waste water treatment plant and infrastructure. WASH cluster led by UNICEF.

Dr. Bolormaa summarized that there is an urgent need for the country to accelerate improvement of sanitation especially among rural population and sanitation in cold climate issues should still be addressed. In addition, Mongolia should also continue improving their water and sanitation in rural hospitals as well as to implement the essential environmental health standards for healthcare facilities. Advocacy meeting for planners, decision makers and hospital directors and training for environmental health officers of the hospitals and health departments should also be considered.

**Philippines Presentation**


Engr. Joselito Riego de Dios, OIC-Division Chief, Environmental and Occupational Health Office, National Center for Disease Prevention and Control, Department of Health, gave a presentation on the accomplishment report or progress on the TWG – WSH 3-year work plan. As indicated by Engr. Riego de Dios, the Philippines have developed technical guidelines on WSP which included publishing the training manual on WSP, providing trainings and technical assistance on WSP, drafting an issuance declaring a national policy for Water Safety Plan and drafting of guidelines on the review and approval of WSP. Additionally, the Philippines have
been building capacity on water quality surveillance with an on-going research as compliance to national standards among water service providers and procedures for national water quality assessment report, a drafted national policy on household water treatment and safe storage, and development of sustainable sanitation management models. The country was able to develop 14 guidebooks or knowledge series on sustainable sanitation, guidelines on emergency sanitation, advocate for preparedness and build capacity for implementation, and training modules on WASH in emergencies. They have also conducted roll-out training on WASH in emergencies. With regards to promotion of sector assessment, plans and policies, the group finalized the Philippine National Sector Assessment Report.

According to Engr. Riego de Dios, the Philippines is willing to share their project proposal and modules on emergency sanitation to their neighbour countries. He added that the secretariat will collect and consolidate all water, sanitation, and hygiene modules and will send these materials to all of the members of TWG for future references.

On the subject of organizing a website for TWG members, Engr. Lito stated that it is difficult to organize a website but they will try to talk and establish a system wherein, they will put a TWG link and will post anything related to WSH.

**Thailand Presentation**

Thailand TWG-WSH activities

Mrs. Suree Wongpiyachon, Senior Public Health Advisor, Department of Health, Ministry of Public Health, gave a presentation on the activities of TWG – WSH in Thailand. It is noted that the country conducted safe drinking water activities which included training by local waterworks’ caretakers, network and volunteer from household and communities, and communities and border patrol schools for the Royal project. This is to strengthen understanding and awareness of local officers on quality control and surveillance of tap water. The royal project is also directed to monitor and improve drinking water quality in remote areas (north). With regards to sustainable sanitation, Thailand has the GREEN and CLEAN hospital under sustainable sanitation concept. This project aims to promote collaboration among health care service agencies under Ministry of Public Health by campaigning on sustainable sanitation for hospitals to cope with global warming, to enable health care service under Ministry of Public Health to be good practice model, and to awareness knowledge and understanding of public health personnel about global warming impact on health.

The country’s TWG-WSH work plan for 2014 – 2016 include (a) strengthening participation between relevant agencies, (b) promoting sustainable management of safe water supplies and sanitation, and improving capacity of volunteer and community on drinking water quality surveillance.

In Thailand, they use wind energy to generate mechanical power or electricity. Wind turbines convert the kinetic energy in the wind into mechanical power. This mechanical power can be used for specific tasks (such as grinding grain or pumping water) or a generator can convert this mechanical power into electricity to power homes, businesses, schools, and the like.
Vietnam Presentation

Vietnam Country Overview Three Year Workplan of the TWG-WSH

Ms. Nguyen Bich Thuy, MSc., Environmental Health and Community Division, Health Environment Management Agency, Ministry of Health, gave a presentation on Vietnam country overview three-year workplan of the TWG-WSH. Ms. Thuy presented a brief overview of their country’s accomplishment and the 2012 JMP report. To date, Vietnam was able to promote sustainable management of safe water supplies and sanitation supported by creation of National Technical Regulation on Drinking Water Quality and National Technical Regulation on Domestic Water Quality Promulgated by the Minister of Health, National Technical Regulation on Surface Water Quality and National Technical Regulation on Underground Water Quality.

In connection with water safety plan, the country has scale up implementation of WSP in urban areas which is up to coverage 75% of 68 WSCs implementing WSP. Additionally, they have also been conducting "Twining program", re-training WSP, training with specific focus such as hazard identification/risk analysis and control measures, reduction of non-revenue water etc., training for laboratory staff and preventive medicine staff on testing water quality, and raising public awareness on WSP. Capacity building, piloting and commencement of WSP in rural areas activities included drafting of circular on WSP in rural area, adapting training materials for rural sector into Vietnamese context, trainings for rural sector, setting up regulations on WSP for rural sector, piloting WSP in rural areas and study tours on rural WSP.

With regards to sanitation and hygiene in Vietnam, they have prepared the NTP 2012-2015 action plan. The country have (a) issued IEC action plan on WASH, (b) developed / conducted the training material for scaling up new sanitation promotion approaches with tailor for target group, (c) diversified sanitation approaches (CLTS, Sanitation Marketing, CLTS plus etc.) to eliminate open defecation and move households up the sanitation ladder, (d) segmented the target group for intervention, (e) issued the latrine models and designs esp. low cost options, (f) increased access to soft-loan through Vietnam Bank of Social Policy, and (g) developed the matrix of INGOs and NGOs working in WASH. HWWS is the key hygiene behavior to promote in national target program of rural water supply and sanitation 2012-2015 and HWWS indicators has been developed and added/integrate into health system monitoring for sanitation and hygiene. There is noted contrast between government monitoring and evaluation indicator and JMP. According to the most recent WHO/UNICEF JMP (2010), Vietnam has achieved MDG7 Target 7.
Conclusion and recommendations are as follows:

a) The Thematic Working Group on Water, Sanitation and Hygiene will continue and will meet again next year for annual meeting.

b) On the next meeting of the TWG, each country representative is instructed to make a presentation on good practices in relation to water and sanitation.

c) There is no need to create another monitoring system, instead utilize existing system such as GLAAS and JMP regional snapshots and updates of EASAN commitments for determining sanitation progress of member countries.

d) Link the regional monitoring system to other networks (Regional Forum on Environment and Health, SACOSAN, JMP, GLAAS, ASEAN).

Immediate next steps

a) Since China, Thailand, Myanmar and Vietnam have not hosted EASAN Conference, it has been decided that one of these countries should host EASAN Conference in 2015.

b) Given that Indonesia was the 2012 EASAN host, they are requested to follow-up the letter sent to member countries about hosting the 2014 EASAN.

c) TWG-WSH chair to request TWG-WSH members to follow-up the letter of Indonesia to their respective countries about the hosting 2014 EASAN.

d) Chairman will draft the action plan based on the output and previous discussion of the group with the secretariat and will send the action plan to TWG members through email.

The TWG Chair adjourned the meeting at 5:00 PM.