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REPORT*

OBSERVANCE OF THE SANITATION STANDARDS OF THE WORLD HEALTH ORGANISATION IN THE BSEC MEMBER-STATES

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I. INTRODUCTION

Proper and sustainable sanitation is fundamental requirement for enhancing quality of life. It is vital for people's health, economic well-being and clean environment. It contributes to social development. Sanitation is high on the agenda of the states throughout the world in order to take necessary steps at national and international levels to meet the challenges in sanitation needs.

The spotlight on sanitation as a major issue worldwide began in 2000 with the United Nations adoption of the Millennium Development Goals, which aim at diminishing poverty, increasing health and the general well-being of peoples. Meeting these goals, or even substantial progress towards meeting them, help achieve a healthier and environmentally-sound world.

Prosperity and well-being of the people of the Black Sea region represent the ultimate goal of the economic development of the BSEC Member States. In the Declaration on the Occasion of the Fifteenth Anniversary Summit of the Organization of the Black Sea Economic Cooperation of 25 June 2007, the Heads of State and Government "reiterate commitment to contribute to the attainment of UN Millennium Development Goals at national, regional and global levels. In this context, the BSEC devotes substantial part of its work to the topical issues of healthcare and sanitation in the framework of its Working Group on Healthcare and Pharmaceutics.

The Parliamentary Assembly of the Organization of the Black Sea Economic Cooperation has been addressing the issues concerning healthcare and enhancement of quality of life in the BSEC region during the past years. It came up with respective Reports and Recommendations[*] of the Cultural, Educational and Social Affairs Committee, calling for adequate measures and reforms at national level along with cooperation with international and regional specialized organizations.

Given the topicality of sanitation issue in the BSEC region, the Cultural, Educational and Social Affairs Committee at its Thirty Fifth Meeting in Bucharest in September 2010 took the decision to examine the implementation of sanitation standards of the World Health Organization in the BSEC Member-States.

In this respect, the Thirty Sixth Meeting of the Committee in Yerevan, on 30-31 March 2011 is dedicated to "Observance of the Sanitation Standards of the World Health Organization in the BSEC Member-States" with a view to elaborate the Report and the Recommendation for further submission to the consideration of the Thirty Seventh Plenary Session of the General Assembly in Kyiv in July 2011. It is noteworthy to mention that parallel to the discussions in the Cultural, Educational and Social Affairs Committee, the BSEC considers at its Meeting of the Working Group on Healthcare and Pharmaceutics the draft Agreement on Cooperation in the Field of Sanitary Protection of the Territories of the BSEC Member States.

The present report has benefited from the contribution by the national delegations of Armenia, Greece, Moldova, Romania, Turkey and Ukraine. The necessary additional reference material has been obtained by the PABSEC International Secretariat through the related internet resources and publications.

II. OBSERVANCE OF THE SANITATION STANDARDS OF THE WORLD HEALTH ORGANIZATION IN THE BSEC MEMBER-STATES

1. The World Health Organization has recognized the importance of sanitation since its establishment. The very first World Health Assembly defined sanitation as a priority, and

[*] *Report and Recommendation 44/2000 on Cooperation in the Field of Public Health among the BSEC Member States; Report and Recommendation 74/2003 on The Fight against Poverty in the BSEC Member-States; Report and Recommendation 100/2007 on Improvement of quality of life in the BSEC Member States*

up to day it continues to ensure that objective, balanced information is available to support policy-making and decision-taking, advocate investment in sanitation and enhance existing and new partnerships.

2. The entry into force of the International Health Regulations of 2005 (IHR 2005) on 15 June 2007 is a public health landmark for the World Health Organization and its member states. The global community has a new legal framework to better manage its collective defenses to detect disease events and to respond to public health risks and emergencies that can have devastating impacts on human health and economies. The successful implementation of the IHR 2005 contributes significantly to enhancing national and global public health security.

3. The International Health Regulations constitute an international legal instrument that is binding on 194 countries across the globe, including all BSEC Member States. It provides a framework to promote global health security in the broadest sense. Public health emergencies do not respect international boundaries, and the IHR 2005 articulates a vision of solidarity that a common vulnerability to microbial and other threats should elicit. A common interest exists for all countries to possess the capacities and capabilities identified in the IHR 2005 to detect, assess, report, and respond to public health threats, whether they are naturally occurring, accidental, or deliberate in origin. It is increasingly beneficial to work together to advance shared objectives and to promote and enhance cooperative efforts for IHR 2005 implementation internationally in an effective, meaningful, and sustainable manner.

4. The IHR 2005 have a broad scope as they require states parties to notify a potentially wide range of events to WHO on the basis of defined criteria indicating that the event may constitute a public health emergency of international concern. WHO is obliged to request verification of events that it detects through its surveillance activities with the countries concerned, who must respond to such requests in a timely manner. States are also obliged to inform WHO of significant evidence of public health risks outside their territory that may cause international disease spread. Notifications and information are communicated by a National IHR Focal Point to a WHO IHR Contact Point which, together establish a unique and effective communications network between countries and WHO.

5. States are further required to ensure that their national health surveillance and response capacities meet certain functional criteria and have a set timeframe in which to meet these standards. IHR 2005 provisions with regard to routine public health measures for international traffic at points of entry (airports, ports and certain ground crossings) have been updated and certain minimum capacity requirements are set out for international points of entry that have been designated by countries.

6. WHO and its member states continue to move ahead with a number of aspects of IHR 2005 implementation. Addressing the current pandemic threat and other public health emergencies through the IHR 2005 is one of the important focuses for activity as countries and WHO tackle the considerable challenge of implementing this multi-faceted global agreement with the aim of building a more secure future. This legally-binding agreement significantly contributes to global public health security by providing a new framework for the coordination of the management of events.

7. Countries that are parties to the IHR 2005 have to assess their capacity, to develop national action plans and to meet the requirements of the Regulations regarding their national surveillance and response systems as well as the requirements at designated airports, ports and certain ground crossings. Improving sanitation is known to have a significant beneficial impact on health both in households and across communities. While investments and building capacity at local levels are crucial to achieving the committed goal and targets, a

new emphasis on participation and partnership is needed. Promotion and dissemination of available information on sanitation, hygiene and health will ensure that health concerns are addressed.

8. National governments can viably act on their commitment to sanitation and hygiene by commissioning a thorough review of policy and institutional arrangements. They can make necessary budget allocations for sanitation and hygiene programmes; ensure that sanitation is included in poverty reduction strategies and environmental action plans; and establish necessary policies and facilities for communities to be engaged in sanitation initiatives.

9. Achieving international public health security is one of the main challenges arising from the new and complex landscape of public health. Shared vulnerability implies shared responsibility. Strengthening countries' disease surveillance and response systems is central to improving public health security in each country and globally. International public health security relies on the appropriate and timely management of public health risks, which in turn depend on effective national capacities and international and intersectoral collaboration. Meeting the requirements of the IHR 2005 is a challenge that requires time, commitment and willingness. All countries and all relevant sectors are aware of the new rules and collaborate to mobilize the necessary resources for effective implementation of IHR 2005.

10. The main objective of a sustainable sanitation system is to protect and promote human health by providing a clean environment and breaking the cycle of disease. To be sustainable, a sanitation system must be economically viable, socially acceptable, and technically and institutionally appropriate, while also protecting the environment and natural resources.

11. In the framework of the IHR 2005 each country assesses its national resources in disease surveillance and response and develops national action plans to implement and meet IHR 2005 requirements, thus permitting rapid detection and response to the risk of international disease spread. Such a risk is minimized through effective permanent public health measures and response capacity at designated airports, ports and ground crossings in all countries. It is important to timely and effective coordinate response to international public health risks and public health emergencies of international concern through systematic international and national management of the risks.

12. Substantial progress in building core capacity as required under International Health Regulations has been made in countries of the BSEC region. However, countries and WHO are also conscious that a lot is yet to be done for efficient implementation of IHR. Despite significant efforts by governments, progress on sanitation targets has been slow and uneven. Issues of revising legislations in order to align with IHR requirements, strengthening capacity and surveillance at points of entry as well as bringing sectors of food safety, chemical safety and radionuclear aspects on board are areas that require immediate attention.

13. ***Albania*** aims at **s**trengthening health system performance, stronger capacities of the health system through supporting capacity building and mechanisms for use of evidence in policy-making. It also pays due attention to building capacities for addressing main health problems and achieving health gains in important public health areas. It strengthens core capacity to implement International Health Regulations and cope with major epidemic and pandemic-prone diseases, including equitable access to commodities of assured quality for prevention and treatment of communicable diseases, including new immunization products and technologies, diagnostics and medicines. Development of multisectoral nutrition policy and action plan and establishment of national surveillance systems on nutritional status and

physical activity patterns; Increased capacities of health professionals at all levels of the health system services. Multisectoral strategies are introduced and enforced, and compliance with modern norms and standards for reducing environmental and other health threats improved in the framework of the Biennial Collaborative Agreement (BCA) between the World Health Organization Regional Office for Europe and the Government for the biennium 2010–2011.

14. In ***Armenia*** following measures were taken to implement the International Health Regulations: the Government Resolution of the Republic of Armenia No809-H of 16 July 2009 defined the National Focal Point and its duties; the Government Resolution of the Republic of Armenia No913-H of 6 August 209 defined the mechanism of interaction between the National Focal Point and the WHO. Armenia has a detailed national three-year action plan to meet the IHR requirements for national surveillance and response systems at designated airports and selected ground crossings. The Resolution of the Government No 1138-H of 26 August 2010 approved mechanism of coordination and collaboration between National Focal Point and engaged ministries and agencies including border service, law enforcement, customs, agriculture, aviation services, nature protection, etc. By the Decision of the Prime-Minister No 669-H of 24 August 2010 was established establishment of Scientific Advisory Board on biological, chemical and radiological safety. By the Decree of the Ministry of Health of Armenia No1794-A of 5 November 2010 the programme time-frame was approved for informing population and structures on International Health Regulations. The decree of the Ministry of Health of Armenia No26-H of 29 November 2010 approved the Model procedure of disseminating information to the responsible for IHR Implementation. The Respective Strategy of IHR implementation includes situation analysis in the following fields: communicable disease surveillance, chemical hazards, radioactive hazards, laboratory capabilities, border crossing points; assessments of preparedness and containment capabilities; incorporating IHR requirements in national law on public health; revising national legislation to meet IHR requirements; developing standardized approaches and capabilities for preparedness and response to outbreaks; strengthening of bio-safety and bio-security. By the Decision of the Prime-Minister No 739-A of 14 September 2010 was established Standing Interagency Commission on IHR Implementation. Armenia is currently conducting review of its national diseases surveillance capabilities, which start at the borders and continue at the medical facilities network throughout the country, is taking measures to improve the existing legal framework and the implementation of real-time electronic surveillance system.

15. In ***Azerbaijan*** the following work has been done in implementation of the International Health Regulations (IHR): national IHR focal point and alternate are appointed; IHR 2005 is translated into Azerbaijani, published and distributed; ongoing exchange of information using the network of IHR focal point; sea port authorized to issue Ship Sanitation Control Certificate is appointed; Azerbaijan submitted its first State Party Report on IHR implementation to the World health Assembly; self-assessment on core capacities of points of entry is conducted; self-assessment on core capacities for control of communicable diseases, chemical and radiological threats are under way. Based on findings of self-assessment the National Action Plan on implementation of IHR 2005 has been developed and endorsed. The Ministry of Health of the Republic of Azerbaijan has adopted International Health Regulations. The purpose and scope of these Regulations are to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade. The IHR contain a range of new and unprecedented innovations, including: (a) a scope for many

obligations which is not limited to any specific disease or manner of transmission, but rather addresses “illness or medical condition, irrespective of origin or source, that presents or could present significant harm to humans”; (b) State Party obligations to develop certain minimum core public health capacities; (c) obligations for States Parties to notify WHO of all events which may constitute a public health emergency of international concern according to defined criteria; (d) provisions authorizing the Organization to take into consideration unofficial reports of disease events, and to obtain verification from States Parties concerning such events; (e) human rights protections for travelers; and establishment of IHR National Focal Points and WHO Contact Points for urgent communications between States Parties and WHO. Because the new Regulations are not limited to certain diseases, but are applicable to new or evolving disease threats, it is intended that they should remain current with developments over time in the evolution of diseases and the factors affecting their emergence and transmission. The provisions also update and revise many of the technical and other regulatory functions, including certificates applicable to international travel and transport, and requirements for international ports, airports and ground crossings.

16. In ***Bulgaria*** a national programme for application of the IHR has been developed, including strengthening the national system of border health control. The Biennial Collaborative agreement for 2010–2011 between WHO/Europe and the Ministry of Health identifies not only the priorities for action but also the results to be delivered. Improve the organization, leadership and management of the health system and health service delivery Strengthened stewardship capacity of the Ministry of Health to improve the integration and coordination of health services Strengthened health financing policy to improve financial risk protection and address sustainability challenges Government policies on human resources for health supported by evidence, and effective strategies to address challenges in health workforce management Reduce the health, social and economic burden of communicable diseases Strengthened capacity for early detection, assessment and response to major epidemic and pandemic-prone diseases, including implementation of the International Health Regulations Improved tuberculosis control through development of an effective laboratory network and focus on multidrug-resistant TB Strengthened immunization systems to maximize equitable access, and inclusion of new high-quality vaccines, while sustaining polio-free status and eliminating measles and rubella Strengthen prevention of noncommunicable diseases Increased responsiveness to client needs in the provision of mental health services Strengthened national programme for cancer prevention and control Promotion of health and development and reduction of risk factors for health conditions associated with the use of alcohol and lack of physical activity Optimize preparedness for health emergencies, disasters and crises, and minimize their social and economic impact Situation analysis of emergency medical services and pilot studies for inter-country collaboration in health crises.

17. ***Georgia*** has identified following priorities for action: strengthening the health system by enhancing the heath system stewardship function of the Minister of Labour, Health and Social Affairs Institutional capacity of the Ministry strengthened in health system reform analysis Strengthened health system information management Policy on human resources for health reviewed Drugs policy and regulatory framework enhanced to promote rational use, quality and safety of medicines Capacities of the Ministry strengthened for disaster preparedness and response Improvement of maternal and child health to reach the Millennium Development Goals National strategy and action plan on child and adolescent health developed Improved capacity to deliver high quality maternal, neonatal and child health services Addressing communicable diseases, in particular tuberculosis, HIV/AIDS and malaria Progress made in achieving universal access to HIV/AIDS prevention,

treatment and care, in reaching the Stop TB partnership targets, and in eliminating malaria National surveillance system strengthened to improve early detection and response to major epidemic and pandemic-prone diseases Progress made in implementation of the International Health Regulations Progress made towards achievement of global and regional commitments to vaccine-preventable disease strategies, particularly eliminating measles and rubella and sustaining polio-free status Addressing noncommunicable diseases and environmental health issues Integrated noncommunicable disease prevention and control policies and strategies enhanced Mental health policies and strategies enhanced Environmental health issues addressed with focus on water quality

18. In ***Greece***, the Greek Ministry for Health and Social Solidarity closely follows the international developments and trends in the field of Public Health, in line with the World Health Organization's guidelines. More specifically, our country implements the provisions of the revised International Health Regulations (IHR 2005), in order to strengthen public health protection at specific airports, ports and other points of entry in our country, both as routine procedure and in emergency cases presenting potential risk for public health. Moreover, in the frame of the Operational Materialization Agreement, signed on July 2, 2010, by the Ministers for Competitiveness and Shipping and for Health and Social Solidarity, actions are foreseen, co-financed by the NSRF Operational Programmes, aiming at public health protection at the points of entry into our country. More specifically, the range of actions includes the development of spaces and equipment for epidemiological control at points of entry (airports, ports and borderline), in line with IHR provisions. Considering the fact that Greece is a marine country, with lots of islands and that it is a popular destination for thousands of tourists and cruise ships, epidemiological supervision for infectious diseases on ships is imperative. Therefore, our country supports and finances the Ship Sanitation Programme, which transposes European legislation meeting IHR 2005 requirements, highlighting at the same time best practices and guidelines for passenger ship sanitation.

19. In ***Moldova*** the IHR 2005 are implemented through the activity plan for 2008-2012 (approved by the Government Decision nr.475 from 26.03.2008), with the participation of 10 ministries and national agencies, among them the Ministry of Health, Ministry of Agriculture and Food Industry, Ministry of Environment and Ministry of Transports and the authorities of border checking points – Border Guard Service and Customs Service. The IHR implementation was supported by the approval of the Law No10-XVI from 03.02.2009 on the state supervision upon public health, which represented a legal framework for the initiation of the reforms in health system and for the process of adjusting the structure of the Sanitary-epidemiological State Service to the norms of the IHR The national Center for Public Health is appointed as National Focal Point for the information of the WHO. The department of monitoring the public health alerts was established, which assures the reception of the information from the supervision and reporting system, from the border checking points, also from the unofficial sources, distributing the information to the health networks, including the information regarding the temporary or permanent WHO recommendations. During these years was assured the constant exchange and the information verification regarding the hazards of biological and chemical origins and the undertaken measures. The Ministry of Health elaborated the Nomenclature of potential public health risks of biological, chemical, radiological origins and the basic measures in case of their occurrence. With the support of the World Bank, was developed an Electronic Monitoring System. The territorial medical institutions provide the epidemiological monitoring system with information regarding the case definitions, adjusted to the EU decisions. In order to improve the knowledge and skills in preventing the spread of health

risks, caused by biological, chemical and radiological agents on national and international levels, were organized specialized seminars with the participation of experts from the interested ministries. Each year the specialists from health system institutions participate in training programs on the detection, diagnosis of health emergencies and organization of response measures. In accordance with the norms of IHR 2005, in order to strengthen the laboratory capacities, were organized training courses for the specialists from the laboratories of Public health centers, with the support of the WHO European Office and the World Bank. The national laboratory network is integrated in the regional and global surveillance networks – EuroFlu, Polio, Measles/Rubella, Salm-Surv. The provisions of the IHR 2005 represented a corner stone for the hazards management in the period of pandemic flu in the Republic of Moldova in 2009-2010, being approved an Intersectoral Framework-plan for fighting against the influenza A(H1N1) – the Government Decision nr.824 from 15.12.2009. In all responsible medical institutions are set up mobile teams for rapid intervention in the case of risks occurrence caused by biological, chemical or radiological agents. In the International airport of Chisinau is activated an automated system detecting the persons with febrile appearance. The implementation progress of the IHR is annually monitored, including by international missions of the WHO, with the presentation of the results to the Government of the Republic of Moldova. Also, in order to efficiently implement the norms of IHR 2005, the Republic of Moldova requires support in consolidating the laboratory capacities for early identification of health events and achievement of response measures

20. In ***Romania***, the decision-making in sanitation field belongs mainly to the Ministry of Environment and Waters Management (MEWM), as wells as to the Ministry of Agriculture, Forests and Rural Development (MAFRD) and to the Ministry of Public Works, Transportation and Housing (MPWTH). The sustainable development management is exercised by MEWM, while the policies and strategies on agriculture and forest practices are proposed, directed and supervised by MAFRD. These two ministries cooperate tightly with other similar institutions, and especially with the Ministry of Health in issues of common concern. MPWTH is mainly in charge with developing the policy and legislation on emissions to air and on fuel-quality. The National Company for Romanian Waters (ANAR) coordinated by MEWM and was set up by Government Ordinance no.107/2002 (approved with modification by Law No.404/2003). This National Company is in charge with processing information and primary analytical data, and making up studies and researches on quality of waters, taking into account the specificity of every sub-system of the land units of ANAR. The quality of the Romanian waters is checked in accordance to the structure and methodological principles of the Integrated Romanian Water System Monitoring (IRWSM). The national monitoring system includes two kinds of monitoring, in accordance to Law 310/2004 to modify and complete Law on waters No. 107/1996, which undertook the stipulations of the Water Framework Directive 60/2000/CEE, as well as other EU Directives, such as: directive 75/440/EEC on the quality of the surface water intended for the abstraction of drinking, Directive 76/464/EEC on pollution caused by certain dangerous substances discharged into the aquatic environment of the Community, Directive 91/676/EEC concerning the protection of waters against pollution caused by nitrates from agricultural sources, Directive 78/659/EEC on the quality of fresh waters needing protection or improvement in order to support fish life, Directive 91/271/EEC concerning urban waste-water treatment. IRWSM includes six subsystems out of which five refer to natural sources and one to pollution sources: used and residual waters. Water Framework Directive 2000/60 EC is a new type of approach of water management, based on the basin principle and imposing strict terms to achieve the measure program. It settles several integrating principles for water management, including the participation of the public to the water

management and the integration of the economic aspects. According to this Directive, the Member States of the European Union have to assure a good state of all the surface waters until 2015. The Management Plan for Hydrographical Basins (Romania has 11 basins), which is the main tool of implementing the Framework Directive, was finalized by the end of 2009. It includes measure programmes required by Article 11 of the Directive, measures aiming at the progressive reaching of the good state of all surface waters until 2015, as well as the calendar predicted for implementing the measure programmes. As for the implementation of Directive 91/272/EEC on urban waste-water treatment, the entire territory of Romania is an area which needs a long transition of 12 years. The present situation of the infrastructure sewerage and purging systems for waste waters, especially in the rural zones, needs a large amount of investment in such facilities, which implies higher costs. The legal Romanian document to include all the requirements of Directive 91/676/EEC is the Action Plan for the regulation of waste recovery and disposal operations, management of solid and hazardous waste, as well as water protection against nitrate pollution.

21. In ***Russia*** health system capacities are strengthened to ensure timely implementation of the International Health Regulations. The Federal Service on customers' rights protection and human well- being surveillance is the authorized executive power federal body, performing the functions of control and surveillance in the sphere of people sanitary-epidemiological well -being, customers' rights and consumer market protection. Federal service on customers' rights protection and human well- being surveillance performs its activity directly or via its territorial bodies in collaboration with other executive power bodies, the bodies of executive power of the subjects of Russian Federation, local self- government bodies, public unions and other organizations. Performs the surveillance and the control over the performance of the obligatory requirements of the legislation of Russian Federation in the sphere of the provision of people sanitary epidemiological well being, customers' rights protection and requirements in the sphere of consumers market, including: state sanitary epidemiological surveillance for sanitary legislation fulfillment; state control over the fulfillment of the laws and other regulatory acts of Russian Federation, which regulate the relations in the sphere of consumers' rights protection; control over the observation of the rules of sale of the specific goods, works performance, services rendering, foreseen by current legislation; sanitary - quarantine control at the check points, located at the state frontiers of Russian Federation; the accreditation of testing laboratories (centers), performing the works in the sphere of confirmation of the correspondence of flour, pasta and bakery products quality and safety, and the assessment of their activity concerning the work, related to the confirmation of the correspondence of the specified products and remittance of the certificates foreseen by the legislation of Russian Federation. The normative acts, regulating the fulfillment of the principal authorities of the Federal service on the customers' rights protection and human well-being surveillance are as follows: Federal law "About people sanitary epidemiological well - being" № 52-FZ, of 30 March 1999; The law of Russian Federation "About consumers' rights protection" № 2300-1, dated by February, 7, 1992; Federal law "About food quality and safety" N 29-FZ, dated by January, 2, 2000; Federal law "About immunoprophylaxis of inflectional diseases " N 157-FZ, dated by September, 17, 1998; Federal law "About people radiation safety" N 3-FZ, dated by January, 9, 1996. The Federal Medical and Biological Agency is responsible for Organisation and implementation of the state sanitary and epidemiological supervision in industries with dangerous working conditions and in some territories; Detection and liquidation of the effects of dangerous factors of physical, chemical and biological nature in industries and some territories; Development of legislation acts in the sphere of sanitary and epidemiological wellbeing of population and workers and medical and sanitary services in

industries with dangerous working conditions and in some territories; Provision of state services in the medical and sanitary sphere, sanitary and epidemiological wellbeing of population and workers in industries with dangerous working conditions and in some territories

22. In ***Serbia*** the National center for implementation of the International health regulations collects and pools the data from the public health system, including institutes and departments for public health, hospitals, health centers and other authorities and institutions; evaluates and estimates all reports and shares all WHO information on emergency public health events of international significance in compliance with WHO, provides the authorities and institutions within the public health system as well as other relevant authorities with a feedback information in accordance with the IHR and the laws of the Republic of Serbia in force. On the 8th March 2010, within the PHI of Serbia (Public Health Institute of Serbia), a Communication Center was established as a part of the Prevention and Control of Contagious Diseases Unit. One of the main activities of this center is the enhancement of communication as concerns the contagious diseases, early detection, risk estimate and early response to the crisis in public health on national and international level. The primary role of the Communication Center is to identify and estimate both actual and special risks for population health in respect of contagious diseases, epidemics and unknown source diseases. A special unit for crisis situations response in the public health field (Emergency Operation Centre – EOC) was established as a part of the Center. In the overall efforts of the European integration, setting up of the Public Health Institute of Serbia is of a special significance in respect of enhancing communication with the aim of prevention of contagious and other diseases, both in peaceful and special events in the field of public health in our country and in other EU member countries. A fast estimate and a risk response under the circumstances that may have impact on the health of population are of invaluable significance for the crisis events management, and one of the major tasks of the PHI (Public Health Institute) of Serbia is the control and prevention of contagious and non-contagious diseases and maintenance and improvement of emergency situations readiness. Communication improvement as concerns contagious diseases and other potential public health threats, both on national and regional level, development of an active communication relating to contagious and other diseases, potential threats for the health of population, on the European Union level and on international level, implementation of the modern information and communication technologies, development of promotion activities aimed at prevention of contagious and other diseases, including health risks represent the center's activities, i.e. the National Center for International Health Regulations implementation in the field of implementation of the WHO international medical standards. By virtue of a Decision passed by the Ministry of Health of the Republic of Serbia, as of 16th July 2010, a special working group was established in order to prepare the Draft law on the protection of population from contagious diseases. The task of the working group is to develop the draft law in compliance with the IHR and WHO provisions. Development of the law and the regulations is in progress.

23. ***Turkey*** – The biennial collaborative agreement for 2010–2011 between WHO/Europe and Turkey identifies not only priorities for action but also results to be delivered. Increased institutional and technical capacity of Ministry of Health in evidence-based policy-making for stewardship in the health sector Strengthened application of evidence-based norms and interventions for the quality, safety, efficacy and effective use of medicinal and biological products and essential technologies Strengthened policy intelligence for addressing social determinants of early childhood with special focus on gender equity National crisis management capacity (preparedness, response and recovery) enhanced through exchange of

technical expertise, cross-border collaboration and national and international partnership Strengthened national health systems response to climate change Strengthened policies to develop interventions for community-based services for people with disabilities and mental health problems and for injuries prevention Strengthened policies and comprehensive health promotion strategies to address cancer and tobacco control and obesity prevention Polio-free status maintained, measles and rubella eliminated, surveillance and control of other vaccine-preventable diseases, and contribution to global and regional targets Improved institutional capacity to strengthen the implementation of International Health Regulations and contribute to regional targets

24. In ***Ukraine*** continuous work is being carried out on harmonization of the Ukrainian legislation with international regulations in respect to sanitary measures. These laws of Ukraine comply with international requirements. Every year, developed and implemented in Ukraine is an annual Plan of measures to implement the National program of adaptation of the Ukrainian legislation to the EU legislation, approved by the Cabinet of Ministers of Ukraine on June 11, 2008 and the Plan of measures to implement the Ukraine – EU Action Plan, approved by the Cabinet of Ministers of Ukraine on August 6, 2008. Article 42 of the Constitution of Ukraine stipulates that the state protects the rights of consumers, performs quality and safety control of all products and of all types of services and works as well as facilitates activities of public consumer organizations. Legislation is implemented through its direct application or through the relevant decisions of the Cabinet of Ministers of Ukraine and secondary law regulations developed in order to secure practical implementation of the adopted main law norms. Currently, the issue of protection of public health and increase of safety of life activities of the population is of true priority and urgency. Reform of the national legislation continues to be carried on in accordance with the international standards. A characteristic feature of the current stage of legal reform in Ukraine is introduction of international law norms into the legal system of our state. The issue of adaptation of Ukrainian legislation arises from the real needs related to the development of international relations, including equal and mutually beneficial trade and economic relations, which should be ensured to be of a long-term and sustainable nature. The sanitary and phytosanitary measures applied in Ukraine are based upon analyses of a risk of the probability of entry, establishment or spread of pest or disease into the territory of Ukraine with due account for sanitary or phytosanitary measures that could have been applied, as well as related to its potential biological and economic consequences; identification of possible adverse effects to health of humans and animals that may be caused by the presence of impurities, contaminants, toxins or disease-causing organisms in foods, beverages or feedstuff. Sanitary Service carries out sanitary and epidemiological control at the state border crossings in order to ensure protection of the territory of Ukraine against bringing in and spread of particularly dangerous (including quarantine type) infectious diseases and against importation of goods, commodities and other items that may be sources of infections spread or pose a risk to life and health of people. Implementation of sanitary measures at the state border is the duty of the sanitary and quarantine units (points), which carry out medical examination of passengers, crews and teams in order to prevent importation and spread of dangerous infectious diseases; sanitary inspections of vehicles and cargo that may be the cause of transmission of infections or pose a danger to life and health of people.

25. Creating the right types of regulations in support of extending sanitation and hygiene services and improving their quality is essential in the process of achieving objectives set forth in the International Health Regulations. It is essential to develop a national sanitation strategy and create the necessary regulations to advance the strategy; define the roles and

responsibilities of different national institutions to implement the law; involve stakeholders at all stages of the process to ensure that the legislation/regulations will be viable and accepted by the public; and create mechanisms for monitoring and enforcing implementation of legislation/regulations.

26. International organizations help to compile and disseminate examples of effective sanitation and hygiene legislation/regulations to interested countries; develop and disseminate evidence-based guidance materials to help countries create an effective legal framework; facilitate the sharing of information through conferences, workshops and other forums; and assist in building regional consensus on the development and implementation of multilateral agreements, such as rules and regulations in binding conventions and protocols and through voluntary initiatives in the sector.

27. In its turn, the BSEC, in the framework of its Working Group on Healthcare and Pharmaceutics enhances cooperation between the BSEC Member States in the field of sanitation in the framework of the Action Plan for 2010-2011, main directions of which is: to elaborate Epidemiological Surveillance and Response network within BSEC Member States and establishment of regular exchange of information on registered infection diseases between BSEC Member States; to develop and establish criteria, procedures and mechanism of exchange of information in case of regional and trans-border emergency situation due to biological agents, including extremely dangerous diseases within the BSEC Member States; to promote WHO-BSEC cooperation, including harmonization of their working plans, promotion of the active dialogue with other international organizations, regional cooperation initiatives and programs in the field of health care and pharmaceuticals; to discuss other issues and possible actions for the regional cooperation on the implementation of IHR-2005; to finalize the Draft Agreement on Cooperation in the Field of Sanitary Protection of the BSEC Member States.

28. At its Meeting on 2-3 December 2010, the BSEC Working Group on Healthcare and Pharmaceutics discussed the Draft Agreement on Cooperation in the Field of Sanitary Protection of the Territories of the BSEC Member States and agreed that the Member States would transmit their comments and proposals to the Draft document in writing by the end of February 2011. The Agreement stresses the importance of cooperation in preventing import and dissemination of infectious diseases, especially dangerous for the population of the BSEC Member States with regard to emergency situations of international importance in the sphere of public health. It also notes necessity to carry out activities at the border check points of the states considering the list of infectious diseases and emergency situations in the sphere of public health as a whole, required action on sanitary protection. The Parties will take appropriate measures for prevention of import and dissemination of infectious diseases; take necessary actions for prevention of import and distribution of potentially dangerous for population health goods and cargoes during their import, export and transit; exchange information on detection and dissemination of infectious diseases; exchange information regarding research scientific work in the sphere of sanitary protection of territories. It has to be noted that at the above Meeting of the BSEC WG on Healthcare and Pharmaceutics Turkey objected to the adoption of the Agreement. The main approach of Turkey related with this agreement is that the Agreement shall be in compliance with the IHR 2005 and that it should provide better implementation of these Regulations between the BSEC Member States. Regarding that many of the provisions in the Agreement on movement of people, goods, and services is closely related to internal legislations, international obligations with other international organizations, the Member States need to be sensitive and express their concerns.

29. The BSEC Working Group on Healthcare and Pharmaceutics has also initiated elaboration of common priorities for the elaboration of a Joint Strategy of Epidemiological Surveillance

within BSEC in the framework of the process of implementation of the provisions of the International Health Regulations 2005.

30. Within the framework of IHR 2005, seven areas of work have been identified to achieve the targeted goals. The first area of work aims to strengthen global partnerships. Partnership is required between all countries to share technical skills and resources, to support capacity strengthening at all levels, to support each other in times of crisis and promote transparency. Partnership between different sectors (e.g. health, agriculture, travel, trade, education, and defense) is also essential to build coherent alert and response systems which cover all public health threats, and, at the time of events, are able to rapidly mobilize the required resources in a flexible and responsive way.

31. The second and third address countries' capacities to meet IHR 2005 requirements. Strengthen national disease prevention, surveillance, control and response systems is the cornerstone for enhanced national and international public health security. By strengthening national public health systems, specifically in the area of disease surveillance and response, countries can detect, assess, and respond to public health threats in a timely manner and prevent international spread. Strengthen public health security in travel and transport implies control of diseases at border crossings remains a fundamental element of the Regulations. A number of IHR 2005 requirements apply to designated airports, ports and ground crossings. They entail close collaboration with other UN organizations (e.g. ICAO, IMO, World Tourism Organization, and industry associations (e.g. International Air Transport Association (IATA), Airports Council International (ACI)).

32. The fourth and fifth areas of work focus on surveillance, prevention, control and response systems at international level. Strengthening of WHO global alert and response systems envisage effective global systems for alert and response are critical to provide global risk assessment, support countries that request assistance, mobilize international resources and coordinate international response. Such systems monitor global public health threats, assess risks, and complement national alert and response systems. Strengthening of management of specific risks includes control programmes for chemical, toxic and environmentally induced events. The improvement of international control efforts to contain, eliminate, or eradicate epidemic-prone diseases is one of the most effective ways to improve international health security. The same applies to control programmes which aim to reduce the public health risks associated with chemical, toxic and environmentally induced events

33. The sixth and seventh address awareness of the rules, legal aspects and measuring progress. Sustain rights, obligations and procedures imply proper implementation of IHR 2005 it is essential that all relevant national and WHO staff be fully aware of, and understand, the new rights, obligations and procedures laid out in the Regulations. In addition, a number of legal bodies and procedures (e.g. National IHR Focal Points, WHO IHR contact points, international roster of experts, emergency and review committees) must be identified and/or set up and maintained. Conduct studies and monitor progress include monitoring and evaluating the implementation of the IHR is essential to provide States Parties, the WHO and partners to the implementation with information on progress and/or difficulties in implementing the Regulations.

III. CONCLUSIONS

34. Poor sanitation is an engine that drives cycles of disease posing a serious threat to healthcare. Sanitation is a basic need and a way to ensure better health. Adequate sanitation in communities prevents spread of disease and raises the quality of life of peoples.

35. WHO has defined sanitation as vital to global health. Today, the Organization continues to help Member States improve sanitation status, respond to sanitation needs and increase policies and actions in the framework of the International Health Regulations.

36. Sanitary and phytosanitary measures are defined as measures applied to protect human or animal life from risks arising from additives, contaminants, toxins or disease-causing organisms in their food; to protect human life from plant- or animal-carried diseases; to protect animal or plant life from pests, diseases, or disease-causing organisms; to prevent or limit other damage to a country from the entry, establishment or spread of pests. To this end, sanitary regulations restrict or prohibit the importation and marketing of certain animal species, or products thereof, to prevent the introduction or spread of pests or diseases that they may be carrying.

37. The majority of the BSEC member states have inherited from the Soviet era well-developed networks of sanitary-epidemiological facilities. Following collapse of the Soviet system they moved away from the former centrally managed sanitary-epidemiological network to a variety of models of decentralization. In almost all countries, epidemiological surveillance and environmental monitoring have been divided among different ministries.

38. There is a need to strengthen and coordinate response to sanitary needs at regional, national and sub-national levels by strengthening the core capacities of healthcare and public health, the framework for emergency management, international collaboration and risk communication. In fact, the overwhelming evidence is that investing in sanitation generates massive returns on health.

39. Achieving the internationally agreed targets for sanitation and hygiene poses a significant challenge to the global community and can only be accomplished if concerted actions are taken by all actors – national and local governments, communities, households, entrepreneurs and international organizations – to improve sanitation and hygiene coverage.

40. It is also important to increase awareness of the priority of sanitation among peoples to promote action at all levels and ensure their constructive engagement.

41. Political will to change the pace of sanitation improvement paves the way towards actions for improving lives of millions of peoples in a safe, healthy and predictable environment underpinned by global and regional economic integration and inclusive growth and it is the responsibility of the parliamentarians to make this happen.