

## **RECOMMENDATION 122/2011<sup>1</sup>**

### *Observance of Sanitation Standards of the World Health Organization in the BSEC Member States*

1. The Parliamentary Assembly of the Organization of the Black Sea Economic Cooperation (PABSEC) is keenly aware that sustainable sanitation and a clean environment are intrinsic to health and economic well-being, being fundamental requirements to sustain or enhance the quality of life. One of the United Nations (UN) Millennium Development Goals (MDGs), which aim at diminishing poverty and increasing the health and the general well-being of peoples, is providing people with access to clean water and basic sanitation.
2. The PABSEC notes the commitment made by the BSEC Member States to fully achieve the MDGs. In this context, the Assembly reemphasizes the resolve of the heads of state and heads of government, as expressed in the *Declaration on the Occasion of the Fifteenth Anniversary Summit of the Organization of the Black Sea Economic Cooperation* of 25 June 2007: “reiterating commitment to contribute to the attainment of UN Millennium Development Goals at national, regional, and global levels”.
3. The PABSEC acknowledges that the International Health Regulations 2005 (IHR) promulgated by the World Health Organization (WHO), an international legal instrument which is binding on 194 countries (including all the BSEC Member States), provide a framework to promote global health security by collaboratively counteracting microbial threats to health and safety. Toward this end, the PABSEC agrees that a common interest exists for all countries to possess the capacities and capabilities to detect, assess, and respond to public health threats, whether medical or sanitary, accidental or deliberate.
4. The PABSEC commends the WHO’s contribution and pioneering role in implementing the UN mandate to rally all countries and partners in all relevant sectors, to gather the best technical support, and to mobilize the necessary resources

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<sup>1</sup> *Rapporteur*: Ms. Panagiota ZOUNI, Member of the Committee – Greece.

Assembly debate on 2 July 2011 (see Doc.: GA37/CC36/REP/11, *Report of the Cultural, Educational and Social Affairs Committee on Observance of Sanitation Standards of the World Health Organization in the BSEC Member States*, discussed in Yerevan on 30 March 2011; *Rapporteur*: Mr. Vardan Khachatryan, member of the Committee, Armenia).

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for effective and timely implementation of the IHR. The Assembly endorses this initiative: to disseminate objective and timely information that will support policy- and decision-making, to promote investment in sanitation, and to reinforce existing partnerships and forge new alliances.

5. The PABSEC appreciates the BSEC's efforts, within the framework of its Working Group on Healthcare and Pharmaceuticals, to enhance cooperation between the Member States in the sanitation and public health sectors under the Action Plan for 2010–2011. The Assembly welcomes this initiative, which aims to develop and establish criteria, procedures, and mechanisms for exchange of information as contingency measures against regional and transborder emergencies (including dangerous diseases within the BSEC Member States) triggered by biological agents, and to promote WHO–BSEC cooperation. The Assembly welcomes the decision of the Working Group to elaborate on the *Draft Agreement on Cooperation in the Field of Sanitary Protection of the Territories of the BSEC Member States*.
6. The PABSEC expresses satisfaction at the substantial progress toward building core capacity in the BSEC Member States, as required under the IHR. However, much remains to be done for efficient implementation of the IHR, and that despite significant efforts by national governments, progress on sanitation targets has been slow, inadequate, and intermittent. Issues of immediate priority are amendments to legislation, strengthening capacity and surveillance at points of entry, and food safety, chemical safety, and radionuclear aspects. The Assembly welcomes the global community's consensus to accelerate actions that will accelerate the response to sanitary needs at regional, national, and subnational levels by bolstering the framework for contingency management in times of crisis.
7. The PABSEC expresses deep concern that the unstable political climate and unresolved conflicts in the BSEC region prevent development of bilateral relations in sanitation-related activities.
8. The PABSEC recalls its Recommendation 44/2000 on *Cooperation in the Field of Public Health among the BSEC Member States*; Recommendation 74/2003 on *Fight against Poverty in the BSEC Member States*; and Recommendation 100/2007 on *Improvement of Quality of Life in the BSEC Member States*, which were elaborated within the framework of the Cultural, Educational, and Social Affairs Committee. The Assembly is confident that progress in implementing medical and sanitary regulations can be achieved through active commitment and action at local and national levels, as well as through cooperation and knowledge sharing with specialized regional and international organizations.
9. **Therefore, the PABSEC recommends** that the parliaments and the governments of the BSEC Member States:
  - i. *ensure* that national health surveillance and response capacities meet necessary functional criteria and establish a timeframe within which to meet the WHO international sanitation standards;
  - ii. *update and revise* technical and other regulatory functions, including certificates applicable to international travel and transport, and requirements for international ports, airports, and ground crossings;

- iii. *make the necessary budget allocations* to improve the capacity and quality of sanitation and hygiene services, in line with the IHR objectives;
  - iv. *develop* national sanitation strategies and formulate the necessary regulations to define the roles and responsibilities of national institutions engaged in sanitary and epidemiological surveillance activities;
  - v. *develop* national action plans and meet IHR requirements regarding national surveillance and response systems;
  - vi. *guarantee* the promotion and timely dissemination of available information on sanitation, hygiene, and health, with the aim of immediately addressing pressing health concerns;
  - vii. *strengthen* disease surveillance and response systems, starting at the borders and pervading through the network of medical facilities nationwide;
  - viii. *take necessary measures* to improve the existing legal framework and the implementation of real-time electronic surveillance systems;
  - ix. *establish* the necessary policies and institutional arrangements to activate the system of IHR National Focal Points and WHO Contact Points for urgent communications between with the WHO;
  - x. *encourage* governments, public and private corporations, and non-governmental and multilateral organizations to take appropriate action to encourage regional consensus on development and implementation of multilateral agreements on sanitation and healthcare;
  - xi. *provide* the necessary support to the BSEC Working Group on Healthcare and Pharmaceuticals to further develop *the Joint Strategy of Epidemiological Surveillance within BSEC* and *the Draft Agreement on Cooperation in the Field of Sanitary Protection of the Territories of the BSEC Member States*;
10. **The PABSEC invites** the Council of Ministers of Foreign Affairs to consider this Recommendation.