

Access to Water in Europe

EPHA Briefing – September, 2014





EPHA Briefing Access to Water in Europe

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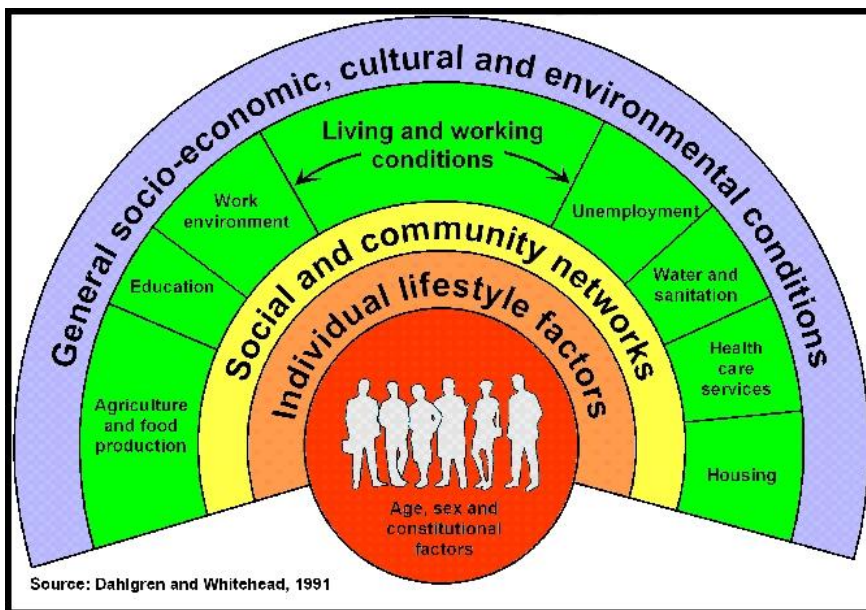
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Access to Water in Europe

1	WATER AS A KEY SOCIAL AND ENVIRONMENTAL DETERMINANT OF HEALTH	4
1.1	SOCIAL AND ENVIRONMENTAL DETERMINANTS APPROACH	4
1.1.1	<i>The built environment</i>	4
1.1.2	<i>Water and sanitation</i>	4
1.2	HEALTH INEQUALITIES IN EUROPE	5
1.3	HEALTH INEQUALITIES LINKED TO ENVIRONMENT AND ACCESS TO WATER	5
1.4	STATE OF PLAY – REGULATION ON ACCESS TO WATER IN EUROPE	6
1.4.1	<i>Access to water and sanitation in universal human rights instruments</i>	6
1.4.2	<i>Existing EU legislation on water</i>	6
2	ACCESS TO DRINKING WATER	7
2.1	SITUATION IN EUROPE	7
2.2	WATER IS A HUMAN RIGHT CAMPAIGN	7
2.3	EUROPEAN COMMISSION COMMUNICATION ON THE RIGHT TO WATER	8
2.4	PUBLIC CONSULTATION ON THE DRINKING WATER DIRECTIVE	8
3	ACCESS TO WATER AS A PUBLIC HEALTH ISSUE	9
3.1	THE COMPETENCE TO ENSURE HUMAN HEALTH PROTECTION IN EU LEGISLATION ON WATER	9
3.2	ACCESSIBILITY	9
3.3	AFFORDABILITY	9
3.4	PRIVATISATION OF WATER SERVICES	9
3.5	WATER IN THE ONGOING TRANSATLANTIC TRADE INVESTMENT PARTNERSHIP (TTIP) AGREEMENT	10
4	CONCLUSION	11

EPHA Briefing

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1 Water as a key social and environmental determinant of health

1.1 Social and environmental determinants approach

Social and environmental determinants of health are the conditions, in which people are born into, grow up and work in. They affect opportunities to be **healthy**, the chances of developing illnesses or suffer injuries and life expectancy. It is well recognised that **differences in public health outcomes at a population level are closely linked to the social and environmental determinants of health.**¹

1.1.1 The built environment

The daily conditions in which people live have a strong influence on health equity. Access to **quality housing, clean water and sanitation** are human rights. Many poor people live in conditions that do not support good health, such as **informal settlements**. This is particularly true of many **European Roma communities, where** there is a high rate of 'ghettoization' with people living in distinct neighbourhoods noted for their **poor sanitary facilities**. The impact of poor sanitation on levels of communicable diseases amongst these **communities**, such as **tuberculosis or measles** should not be underestimated. Furthermore, levels of **preventable injuries** are much higher amongst deprived communities. Urban and rural housing renewal schemes should aim to ensure the greater availability of safe and affordable housing, investment in the upgrading of slum and sink estates and focus on the provision of water, sanitation and electricity.

1.1.2 Water and sanitation

Having access to **adequate sanitation facilities**, sufficient amounts of **safe drinking and good hygiene is essential for human health**. The production of safe food supplies requires uncontaminated water. Bodies of water function as a source of recreation, which also has implications for health and well-being. Protecting and ensuring the quality of all forms of water is a **cornerstone of environmental health**. **Nineteen million** people in the WHO European Region remain unserved by treated drinking water sources and **sixty-seven million** lack access to adequate sanitation.²

Poor water, sanitation and hygiene can cause infectious diseases. Micro-organisms transmitted by the faecal-oral route are typically associated with self-limiting diarrhoea but also can cause severe diseases

¹ EPHA Briefing Paper on Health Inequalities <http://www.eph.org/spip.php?article4318>

² WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation. [online database]. WHO, UNICEF, 2003-2013 (www.wssinfo.org). Referred in [Health and the environment in the WHO European Region](#)

such as typhoid and viral hepatitis. The five most commonly reported water-related diseases in the WHO European Region are

1. **Hepatitis A,**
2. **legionellosis,**
3. **campylobacteriosis,**
4. **cryptosporidiosis and**
5. **giardiasis.**

Those at greatest risk of water-related disease are infants and young children. **Diarrhea attributable to poor water and sanitation** is estimated to account for over 5% of all deaths in European children aged 0-14 with a higher prevalence in the Eastern part of the Region.³

1.2 Health Inequalities in Europe

Across Europe there are dramatic differences between and within countries in terms of health status. Furthermore, the absence of and/or unequal access to systems put in place to deal with illness also results in increased inequities in health.⁴

In 2008, the World Health Organization (WHO) Commission on Social Determinants of Health (CSDH) concluded that **social inequalities in health** arise because of **inequalities in the conditions of daily life** and the fundamental drivers that give rise to them: **inequities in power, money and resources**. They argued that social and economic inequalities underpin **the determinants of health: the range of interacting factors that shape health and well-being**.⁵

In 2013, the report of the European Commission on health inequalities in the European Union provided an outline of **new evidence** reinforcing the fact that **differences in the social determinants result in health inequalities** and found many examples of associations between **health risk factors**, including tobacco use and obesity, and socio-economic circumstances such as environmental factors, including access to water and sanitation. This reflects the influence that lack of control, stress and reduced capabilities — all strongly associated with social disadvantage — have on both health and health-related behaviours.⁶

Continuing to improve access to safe drinking water and adequate sanitation in the WHO European Region will require **addressing prevailing inequalities between rural and urban areas** as well as between **poor** and **wealthy** populations. Providing **children access to safe water**, adequate sanitation and hygiene in schools and kindergartens is essential. New challenges also need to be taken into account in the coming years.⁷

1.3 Health inequalities linked to environment and access to water

Higher exposure to environmental hazards tends to follow **a social deprivation gradient: people from lower socioeconomic groups** are disproportionately more affected by sanitation and water scarcity.⁸ In Romania, 68.8% people in the lowest income group quarter report have no flushing toilet, as compared to 11.2% of the highest quarter.⁹

For the last 20 years, the state has not had adequate capacity to either finance or operate water and sanitation services. As a consequence, the state has promoted private direct financing of investment, and the market model, **with pricing mechanisms** providing incentives and signals for investments, supported by targeted aid designed to leverage the maximum amount of commercial investment. In recent years, it

³ Valent F et al. Burden of disease attributable to selected environmental factors and injury among children and adolescents in Europe. Lancet. 2004 Jun 19;363(9426):2032–2039. Referred in [Health and the environment in the WHO European Region](#)

⁴ **EPHA Briefing Paper on Health Inequalities** <http://www.eph.org/spip.php?article4318>

⁵ http://www.who.int/social_determinants/thecommission/finalreport/en/

⁶ http://ec.europa.eu/health/social_determinants/docs/healthinequalitiesineu_2013_en.pdf

⁷ [Health and the environment in the WHO European Region](#)

⁸ WHO (2010) Bonn expert meeting - Environment and health risks: a review on the influence and effects of social inequalities. In: Fifth Ministerial Conference on Environment and Health. Parma, Italy, 10-12 March 2010. Copenhagen, WHO Regional Office for Europe.

⁹ Eurofound (2008) Second European Quality of Life Survey – First Findings. Dublin, European Foundation for the Improvement of Living and Working Conditions.

has become apparent that these approaches have not succeeded in generating a flow of investment adequate to meet developmental needs.¹⁰ The continuing contamination, depletion and unequal distribution of water is exacerbating existing poverty. States have to adopt effective measures to realise, **without discrimination, the right to water**.¹¹

1.4 State of play – regulation on access to water in Europe

1.4.1 Access to water and sanitation in universal human rights instruments

On 28 July 2010, through **Resolution 64/292**¹², the United Nations General Assembly explicitly recognised the human right to water and sanitation and acknowledged that **clean drinking water and sanitation are essential to the realisation of all human rights**. The Resolution calls upon States and international organisations to provide **financial resources**, help **capacity-building** and **technology transfer** to help countries, in particular developing countries, to provide **safe, clean, accessible and affordable drinking water and sanitation for all**.

In November 2002, the **Committee on Economic, Social and Cultural Rights (UN-CESCR)** adopted **General Comment No. 15 on the right to water**. Article I.1 states that "Water is a limited natural resource and a public good fundamental for life and health. The human right to water is indispensable for leading a life in human dignity. It is a prerequisite for the realisation of other human rights". The human right to water entitles everyone to **sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic uses**. An adequate amount of safe water is necessary to **prevent death from dehydration**, to reduce the risk of **water-related disease** and to provide for consumption, cooking, personal and domestic **hygienic requirements**.¹³

1.4.2 Existing EU legislation on water

The **EU introduced minimum water quality requirements** in the 1970s and has expanded its water legislation gradually over the past four decades. **Directive 2000/60/EC** (The Water Framework Directive¹⁴), **Directive 98/83/EC** (the Drinking Water Directive¹⁵) and **Directive 91/271/EEC** (the Urban Wastewater Treatment Directive¹⁶) are the key pieces of EU law in this field.¹⁷

The **supply of water** is a **service of general interest** as defined in the Commission communication on services of general interest in Europe. **Water and environment** are shared responsibilities between the EU and Member States. In addition the EU has **comprehensive EU funding instruments** at its disposal (Cohesion policy, Rural Development policy). The provisions for water and sanitation are binding to all Member States, although new States have a transition period. According to the High Representative on Human Rights and Vice-President of the Commission, scrutiny of Member States on their delivery of their obligations is ensured through legal enforcement and compliance with the Acquis.¹⁸

¹⁰ [Water is a human right explanatory note](#)

¹¹ Albuquerque, 2011a: statement at Human Rights Council, 18th session, 15 September - referred in the [Water is a human right explanatory note](#)

¹² UN General Assembly Resolution A/64/L.63/Rev.1 http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/64/292

¹³ UN-CESCR, 2002: General Comment No.15: <http://www.unhchr.ch/tbs/doc.nsf/0/a5458d1d1bbd713fc1256cc400389e94> referred in the [Water is a human right explanatory note](#)

¹⁴ **Directive 2000/60/EC** of the European Parliament and of the Council of 23 October 2000 establishing a framework for Community action in the field of water policy

¹⁵ Council Directive 98/83/EC of 3 November 1998 on the quality of water intended for human consumption, OJ L 330, 5.12.1998, p. 32–54

¹⁶ Council Directive 91/271/EEC of 21 May 1991 concerning urban waste water treatment, OJ L 135, 30.5.1991, p. 40–52

¹⁷ Communication from the Commission on the European Citizens' Initiative "Water and sanitation are a human right! Water is a public good, not a commodity!" http://ec.europa.eu/transparency/com_r2w_en.pdf

¹⁸ [Water is a human right explanatory note](#)

2 Access to drinking water

2.1 Situation in Europe

The **World Water Assessment Programme (WWAP)** assesses that in the EU over one million people still lack access to safe and clean water and nearly 2% of the population lacks access to sanitation. Some countries have made little or no progress since 1990.

EU Member States that have not reached 100% coverage of improved water supply and sanitation (WHO-Unicef, 2010):

- **Romania** (16% unimproved drinking water, 28% unimproved sanitation)
- **Latvia** (1% unimproved drinking water, 22% unimproved sanitation)
- **Lithuania** (8% unimproved drinking water, 14% unimproved sanitation)
- **Estonia** (2% unimproved drinking water, 5% unimproved sanitation)
- **Czech Republic** (2% unimproved sanitation)
- **Greece** (0.5% unimproved drinking water, 2% unimproved sanitation)
- **Poland** (2% unimproved drinking water, 4% unimproved sanitation)
- **Portugal** (1% unimproved drinking water)¹⁹

Quality of drinking water and security of supply – both further important aspects of achieving access to water as a human right – are in principle effectively ensured by the Drinking Water Directive. However, ongoing improvement of existing EU legislation is desirable, but not sufficient to ensure the right to water.

2.2 Water is a Human Right campaign



In the framework of the **European Citizens' Initiative (ECI)**, the **Water is a Human Right campaign (#right2water)** aimed to promote safe water supply and sanitation as essential public services for all. An ECI is **a new tool for participatory democracy in Europe**. Citizens can now put an issue on the European political agenda by means of an ECI, which involves collecting one million signatures from at least seven different EU Member States.

With respect to the human right to water and sanitation, the “right2water” ECI has deliberately focused on the aspects of **availability, accessibility** and **affordability** of water supply and wastewater disposal.²⁰

Led by the European Federation of Public Service Unions (EPSU)²¹ the ECI Water is a Human Right campaign aims were:

- to guarantee water and sanitation services for all;
- to keep water services out of internal market rules; and
- to increase efforts to achieve global access to water and sanitation for all.

¹⁹ [Water is a human right explanatory note](#)

²⁰ <http://www.right2water.eu/faq#what>

²¹ <http://www.epsu.org/>

2.3 European Commission Communication on the right to water

Due to the high relevance of water to health and sanitation, EPHA was one of the supporting organisations among other NGOs. After having received [1,680,172 valid signatures](#), following the **17 February 2014 public hearing in the European Parliament**, the European Commission (EC) published a Communication²², in which they **recall the importance of the human right to water and sanitation and state the importance of water as a public good with fundamental value** and that “**water is not a commercial product**”, but lacks **any tangible binding legal measure**.

Responding to the ECI initiative, the Commission provided an **inventory of existing policy and legal actions in the field of water**. The main message of the Communication is that existing and ongoing processes can be regarded as responses to the ECI initiative. In its Communication, **the Commission also announced its intention to launch an EU-wide public consultation on the Drinking Water Directive**²³, notably in view of improving access to quality drinking water in the EU. It invited Member States to step up their efforts to guarantee the provision of clean and safe water for human consumption, in accordance with the recommendations of the World Health Organization.

In addition to the public consultation, the Commission made the following commitments:

- will reinforce **implementation of its water quality legislation**, building on the commitments presented in the 7th EAP and the Water Blueprint;
- will **improve transparency for urban waste water and drinking water data management** and explore the idea of benchmarking water quality;
- will bring about a **more structured dialogue** between stakeholders on transparency in the water sector;
- will **cooperate with existing initiatives** to provide a wider set of benchmarks for water services;
- **will stimulate innovative approaches** for development assistance (e.g. support to partnerships between water operators and to public-public partnerships); promoting the sharing of best practices between Member States (e.g. on solidarity instruments) and identify new opportunities for cooperation.
- **will advocate for universal access to safe drinking water** and sanitation as a priority area for future Sustainable Development Goals.

2.4 Public consultation on the Drinking Water Directive

As a response to the ‘right to water’ campaign, **the Commission has launched an EU-wide public consultation on the Drinking Water Directive**²⁴. **The aim of this consultation is to get a better understanding of citizens’ views on the need** and the possible range of actions which could be to improve the supply of high quality drinking water. The results of the consultation will be used to help decide if and where the EU Drinking Water Directive might need improvement. This questionnaire also takes up other issues raised by the above-mentioned European Citizens' Initiative, for example, affordability, which go beyond the scope of the current Drinking Water Directive and may need to be addressed through other EU or national instruments or initiatives.

²² Communication from the Commission on the European Citizens' Initiative "Water and sanitation are a human right! Water is a public good, not a commodity!" http://ec.europa.eu/transparency/com_r2w_en.pdf

²³ http://ec.europa.eu/environment/water/water-drink/review_en.html

²⁴ http://ec.europa.eu/environment/water/water-drink/review_en.html

3 Access to water as a public health issue

With regard to the public consultation, EPHA would like to highlight the following points:

3.1 The competence to ensure human health protection in EU legislation on water

Generally, public health policies sit within the EU Member States' competences, but the EU may contribute to these efforts within the limits of the Treaties by adopting binding measures seeking harmonisation and co-ordinating Member States' actions. **Article 168²⁵ of the Treaty on the Functioning of the European Union (TFEU)** ensures that *'1. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities.'* This is the so-called **Health in All Policies [HIAP] approach**.²⁶ Therefore, the EU can act in the framework of its environment and water related policies within the limits of the specific competences conferred upon it by the primary law of the EU.

3.2 Accessibility

No access to drinking water and sanitation for people in the EU constitutes a deprivation of a **precondition of good health** status. Countering the lack of appropriate access to water definitively is a key task for the Commission, where it can contribute to the efforts made by Member States, in line with the HIAP approach. It is therefore worrying that the Commission has not yet produced a clear legal instrument to deal with the issue. People without access to water are unable to exercise other human rights (health, education, etc.) and are excluded from all the benefits of Union citizenship.

3.3 Affordability

Access to safe and clean drinking water and sanitation services cannot depend on how much money people have or in which neighbourhood they happen to live.

As a recent example, European and international media have widely reported the 2 August 2013 decision of the city mayor of the Hungarian town Ózd to reduce water pressure or **stop supplying 88 roadside pumps altogether**. The decision **affected several hundreds of families** and hit especially hard a number of **poor neighbourhoods that have a large Roma population**. This happened in the middle of a heatwave reaching temperatures of 40°C, forcing hundreds to queue at those pumps that were still delivering a trickle of water. Due to international pressure and the prospect of large demonstrations, the government ordered the city to restore water supplies.²⁷

The Commission must therefore as a priority support Member States in improving availability, accessibility and affordability of water. Our expectations of the Commission are that it should make legislative proposals which entitle all inhabitants of the EU to the human right to water and sanitation and require Member States to implement this human right which is essential for ensuring the protection of citizens' health.

3.4 Privatisation of water services

Water is a public good, not a commodity. The approach of the Commission is still a market approach: confusing affordability with value for money. The Commission should acknowledge that water supply is a public obligation to the entire population. This obligation cannot be left to the market as there is only one only one supplier of quality drinking water in a river basin area.

²⁵ <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2010:083:0047:0200:EN:PDF>

²⁶ <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2010:083:0047:0200:EN:PDF>

²⁷ [Right to Water] European Citizens Initiative condemns mayor of Hungarian town of Ózd for cutting people off water, <http://www.eph.org/a/5804>

Water privatisation may have damaging effects.²⁸ Privatisation does not lead to better quality water services, nor does it help to improve affordability or accessibility. Many examples show the adverse effects of privatising water. The Commission has strived for liberalisation of water management - see the most recent example in the Concession Directive 2014/23/EU. This issue is also particularly applicable where EU support measures are needed in the crisis, such as, for example, in Greece and Portugal. The Commission has supported public-private partnerships in the past and in the case of Greece, there was pressure on the Greek government to privatise water. However, pushing for the **liberalising of water services is not in the best interests of people**, since opening a market could lead to privatisation.

This human right has democratic relevance. Local self-government – i.e. democracy at municipal level – developed in many places essentially from regulating the water supply. Therefore water suppliers are still close to citizens even today. The Commission must guarantee this structure under the Treaties in line with its statement in its Communication. We expect the Commission in future **to keep consistently to this assertion and to reinforce the public good of water under public ownership**. This necessarily includes leaving the decision on the size and type of supply structures at a local level.

3.5 Water in the ongoing Transatlantic Trade Investment Partnership (TTIP) agreement

Several Free Trade Agreements (FTA) have been negotiated over the past few years. **The Transatlantic Trade and Investment Partnership (TTIP)** is a bilateral FTA being discussed between the European Union (EU) and United States (US). As EPHA stated in November 2013, de-regulation and a least-trade restrictive framework could put at risk Member State's initiatives to regulate on public health grounds.

The EU is currently negotiating the '**Trade in Services Agreement (TiSA)**', a multi-lateral agreement.²⁹ Within the TTIP negotiations there is a danger that TiSA rules on government procurement will require that contracts must be awarded only on the basis of **product cost and performance**. This essentially eliminates **social and environmental criteria and means that public money is used in support of sustainable, local, economic development**.

The Commission requested a mandate from the Council to start negotiations in October 2012. In March 2013, the **Council approved a mandate** for the European Commission to negotiate TiSA on behalf of the EU. In July, the Parliament adopted a **resolution** on the opening of negotiations on a multilateral agreement on services. Parliament feels that the design of the latter should follow the GATS format and architecture, including the concept of a positive listing of commitments, and defending European sensitivities regarding public services and services of general interest (as defined in the EU Treaties) in the areas of public education, **public health, water supply and waste management**. It should also continue, as is the case under the GATS and bilateral FTAs, not to make any commitments in relation to audiovisual services or cultural services.

Public services: current discussions foresee as one of the aims of the agreement to promote conditions of **"competitive neutrality" between the public and private sector**³⁰. This could lead to implementation of TiSA services provisions that ignore appropriate distinctions between what economists call public goods and true private goods. TiSA rules, when applied to public services like education and health care, threaten to lock in and intensify the pressures on **commercialisation and privatisation**. Replacing state with private provision of public services has often led to demonstrably **lower quality of services, worse working conditions and wages for service workers, and excluded the poorest** – and often those geographically isolated and too remote from access to services to make service delivery profitable.

²⁸ <http://www.right2water.eu/sites/water/files/u/u4/20022012-epsuwater.pdf>

²⁹ From a Briefing from the Social Platform

³⁰ The High Level Working Group recommendation is that "in the services area the goal should be to bind the highest level of liberalisation that each side has achieved in trade agreements to date".

This is particularly important with regard to the possible content of Free Trade Agreements, such as the TTIP, CETA and TISA, which to our knowledge **do not permanently exclude water management with absolute certainty**. Therefore, the Commission **should exclude water services from trade negotiations** such as TTIP and TISA.

4 Conclusion

Eliminating all inequalities must be central in ensuring water and sanitation for all. Governments must commit to identifying groups that face discrimination and injustice or particular barriers in realising their rights, and must ensure that development efforts are designed and implemented in a way that focuses on removing barriers and closing existing gaps, including through mechanisms or affirmative action. Disparities in progress must be addressed through targeting of aid and sector budgets. The European Union is not among the few donors that allocate **a significant portion of water and sanitation funding towards basic systems**. Financial investments must integrate comprehensive approaches, including prioritisation of those most in need, awareness raising and participation.³¹

In its Communication, the Commission falls short of the expectations of European citizens. The new Commission has the opportunity to mark the start of a new era by taking up the proposals of 'right2water' and using its powers to promote the achievement of this human right. **If the Commission takes no steps to enshrine the human right to water and sanitation in EU law, it prevents action being taken to rectify the situation, which will inevitably put people's good health at risk.**

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³¹ <http://www.right2water.eu/sites/water/files/ECI%20summaryFinal.pdf>