

Meeting Minutes

Annual Meeting of the Advisory and Public-Private Partnership Group of the International Network on Household Water Treatment and Safe Storage

30 October 2012
Chapel Hill, North Carolina, USA

1. Introduction

A total of nine individuals (6 in person and 3 via telephone) participated in the joint meeting which was held in the day following the 2012 Annual Network Meeting in conjunction with the University of North Carolina Water and Health Conference.

Those present were: Greg Allgood (P&G), Tom Clasen (LSHTM), Navneet Garg (Vestergaard Frandsen), Rob Quick (CDC), Rochelle Rainey (USAID), and Deepak Saksena (Unilver).

Those that joined by phone included: Daniel Maeusezahl (Swiss Tropical and Public Health Institute), Leo Heller (Universidade Federal de Minas Gerais, Brazil) and Kevin O'Callaghan (Medentech).

Representing the Secretariat were: Robert Bos (WHO), Maggie Montgomery (WHO) and Ryan Rowe (UNC Water Institute). Due to travel difficulties in New York caused by Hurricane Sandy, Michael Forson (UNICEF) was not able to attend.

Allison Tummon Kamphuis (P&G) was an observer.

2. Agenda

The agenda (see Annex) as circulated by M Montgomery (WHO) prior to the meeting was discussed and there were no additions or changes at the beginning of the meeting.

3. Key outcomes and action items

The key outcomes and action items resulting from the discussion are highlighted below. A more detailed summary of the discussion of the agenda items is included in the following section.

- **Network targets need to be more specific and based on conclusive evidence**
As discussed in both the Annual Network Meeting and this meeting the current Network targets are vague, difficult to measure, and require further refinement. The targets as detailed in the Phase II (2011-2016) Network Strategy are:
 - By 2015, 30 countries have established policies on household water treatment and storage.
 - By 2015, more credible and convincing evidence demonstrates that HWTS interventions are effective and replicable in terms of achieving long-term, widespread use and public health impact.

-By 2020, 50 countries have achieved country-wide scale up of project-based HWTS

It was discussed that it is not clear how to operationalize the target on “national policies development on household water treatment” and “country-wide scale up”. Concurring with opinions voiced during the Annual Network Meeting, those participating in the AG/PPG meeting agreed that these targets should be evidence-based and more specific. This in turn will drive Network policy workshops, capacity building efforts, and resource mobilisation efforts. For example if the evidence is conclusive that HWTS is an effective intervention for improving the health of those living with HIV, the national policy target may be to specifically urge Member States to include HWTS products and messaging in every national HIV control and prevention programme.

- **Establish time-limited taskforce to assess evidence and refine targets**

Given the ambiguity over the evidence and the possible self-interest of researchers in HWTS to advocate for more research, it was agreed that WHO will establish an independent group of non-WASH specialists to review the evidence on the impacts of HWTS in vulnerable groups including: those living with HIV, malnourished individuals, pregnant women and young children and any other segment that places HWTS in health. Based on this review, the Network will refine its targets and recommendations. This review should aim to conclude by early 2013. WHO will draft and circulate with the AG and PPG the ToR for this Taskforce.

- **Widely disseminate and use WHO/UNICEF Toolkit on monitoring and evaluating HWTS**

The Toolkit on monitoring and evaluating household water treatment and safe storage programmes was released at the Network meeting and was well received given the need to strengthen what is known about use of HWTS and the lack of harmonized indicators. Proctor & Gamble and Vestergaard Frandsen both pledged to use the recommended indicators in their implementation efforts with partners. Other members of the AG/PPG were encouraged to do the same within their own organizations.

- **Conduct review to understand impact of Network efforts on strengthening national policies**

The Network Secretariat has facilitated two regional workshops in Phase II on strengthening policies and several others took place in the Phase I period prior to 2011. In addition the Secretariat has provided specific support to individual countries. However, it is unclear what impact this has had on policy creation and implementation. It was suggested that a review be conducted (including country visits) to assess the impact and better shape future policy strengthening efforts. It was not decided who would conduct this review, nor how it would be funded. It is included in the proposed 2013 workplan and presented to donors as one of several items that require financial support.

- **Re-formulate working groups**

Two of the Network working groups (monitoring and evaluation, integration and implementation) have not produced any outputs and will be dis-banded with a re-think on the specific tasks and leaders. The advocacy/policy group has strong leadership from P&G but re-engagement is needed from the other members. The research working group, although delayed in completing the review paper on HWTS evidence and the research agenda, is productive, and a commitment was made by members of that group that also sit on the AG/PPG to finish this effort.

- **More frequent and meaningful input from the AG/PPG**

It was agreed that video conferences will be held every four months to encourage greater engagement of the AG/PPG and create milestones for assessing progress on agreed-upon tasks. The first video-conference of the AG/PPG will be held in February 2013. Specific dates for all 2013 meetings will be circulated prior to the start of 2013 to allow AG/PPG to better prepare and participate in such meetings. In addition, inactive members of the AG/PPG may be replaced by individuals that are willing to commit to the AG/PPG and have direct interest in HWTS. Refer to the discussion below for further details.

3. Proceedings of the meeting

The discussion, mostly, followed the proposed agenda (see Annex). Regarding the evidence base it was suggested that greater clarity is needed on where the evidence is clear on the impact of HWTS and where there is still ambiguity and thus the need for further research. In order to gain such clarity it was suggested that a small group of experts not involved in HWTS research (to prevent self-interest bias) review the evidence and make a recommendation. This would take the form of a time-limited task force which WHO agreed to establish and would include experts from the following fields: health policy, health economics, epidemiology, microbiology, and sociology. Specifically, this group will be asked to determine: Does the evidence support clear recommendation about use of HWTS with vulnerable populations (children less than two years, those living with HIV, and those that are malnourished)?

While it was agreed that a more targeted review of the evidence is needed, members also cautioned about seeking “perfect” evidence, which in environmental health is difficult to obtain given challenges in conducting blinded RCTs and their applicability to implementation situations. Unlike HWTS for which there are blinded trials, other WASH interventions such as sanitation and handwashing cannot be blinded and the number of rigorous trials is relatively fewer. While sustaining use of HWTS is an important challenge, it was noted that other public health interventions (i.e. bednets) have also struggled with use and have been around for a much longer period of time and have received considerable amounts of funding. It was also noted that the delivery mechanism of HWTS is important and one cannot just deliver HWTS and forget it. The group also noted that all public health intervention needs to have correct and consistent usage for them to result in any health impact.

Regarding the WHO/UNICEF Monitoring and Evaluation of HWTS Programmes Toolkit it was discussed that targeted efforts are undertaken to include the recommended indicators in nationally representative surveys. USAID can liaison with DHS while UNICEF with MICS. In addition, funders and implementers of HWTS should be encouraged to use the recommended indicators. Network communications channels should be used to further encourage dissemination and use of the toolkit.

The briefing notes on key HWTS issues were discussed and it was agreed that WHO would submit the note on HWTS and HIV for final clearance. The other notes (nutrition, emergencies, and maternal health) are in various draft stages and the Secretariat (WHO, UNICEF, UNC) will continue to work on these with the aim of finalizing in early 2013. It was agreed that more efforts needed to understand the underlying factors that influence use and to document and disseminate among Network participating organizations effective behavior change approaches. This issue was not discussed in-depth but was one of the key areas of focus of the Network Annual Meeting the previous day.

It was agreed amongst the AG/PPG that there was no need to discuss the proposed WHO International Scheme to Evaluate HWT in detail. The Scheme had already been discussed the previous day during a break-out session of the Annual Network Meeting and was the focus of a half-day session co-hosted by WHO, UNC and the Bill & Melinda Gates Foundation at the UNC Conference. One of the main issues in these discussions was the concern expressed over mis-interpretation of the “interim” category, especially when HWT is sold in the marketplace and consumers may not be aware of the different performance categories. WHO agreed that a clear definition of “health impacts” is needed for this level as well as explicit communication on which pathogen classes such devices are effective against and for which they are not effective.

Another issue of discussion was how to increase activity and effectiveness of the working groups, AG/PPG. For the latter, it was agreed that three meetings will be held a year, including one in person, and the other two by video. These meetings will serve as markers to assessing progress and reporting back on initiatives. Also those members of the AG/PPG that have been inactive will have the option of stepping down and being replaced. In particular it was noted that government representative(s) are needed from countries that have a regional influence where HWTS is a key component of the national strategy. In addition, there is an empty seat for another donor and it was agreed this should come from the European donors and not necessarily a donor focusing on water but one particularly interested in public health. Nominating a representative from the Swiss Agency for Development and Cooperation (SDC) was suggested given SDC’s commitment to global public health and it was agreed that Robert Bos would explore their interest.

There was little time to discuss the final agenda item, mobilising resources. It was noted that this is critical, especially given the lack of funding to maintain the Secretariat in addition to limited funds for activities. It was agreed that WHO/UNICEF would circulate the draft work 2013 plan/funding proposal to the AG/PPG for comment.

The final issue of discussion was the location of the next Annual Meeting. It was agreed that it would be desirable to hold it in a developing country, in conjunction with a conference on water, sanitation and hygiene and/or health issues where there is a direct link to HWTS. Rwanda and India were suggested and these will be explored in the coming months.

**Annual Meeting of the Advisory Group and Public Private Partnership Group
International Network on Household Water Treatment and Safe Storage**

Tuesday, 30 October 2012

13:30-15:30

Boardroom, Water and Health Conference, University of North Carolina, USA

Agenda

Meeting objectives

- Review progress towards Network strategic objectives and seek input for upcoming activities
- Review global health developments of relevance to the Network
- Discuss how to make working groups, AG, and PPG more involved and effective
- Strategize on resource mobilization

1. Re-cap from 2011 AG and PPG Meetings

2. Network Strategic objectives Activities

- a. Evidence base significantly strengthened
 - i. Research working group review paper
 - ii. On-going studies from CDC, Emory, LSHTM, Tufts, UNC
- b. Tangible results in scaling up
- c. National policies and institutional frameworks in place
 - i. Regional workshops and seed funding
 - ii. Target 5-7 countries in Tier I of policy readiness¹
- d. Best practices in HWTS evaluated and disseminated
 - i. Dissemination of WHO/UNICEF M&E toolkit and effort to compile M&E data
 - ii. Briefing notes
 - iii. Development of compendium of best practices in correct and consistent USE

3. Global health developments of relevance to the Network

- a. WHO International HWT Evaluation Scheme
- b. Advocacy within HIV/AIDS, malaria, child and maternal health, nutrition efforts
- c. Active engagement in water quality monitoring and water safety efforts

4. Increasing activity and effectiveness of working groups, AG, and PPG

- a. Dissolve working groups; create time-limited taskforces; engage with individual or institutions? Contractual and funding implications?
- b. Obtaining more regular and substantial input from AG/PPG (more regular communications from Secretariat? clear incentives?)

5. Mobilizing resources

6. Any other items

¹ Based on findings detailed in WHO, 2012, *Status of national household water treatment policies in select countries*: http://www.who.int/household_water/resources/en/