



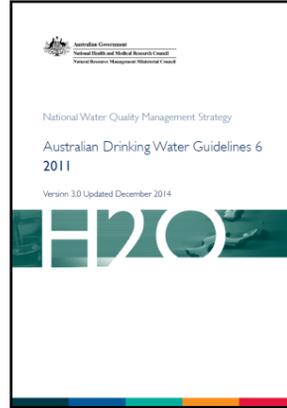
# Summary Fact Sheet for the

## 2014 Survey on Health-Based Targets for Microbial Safety

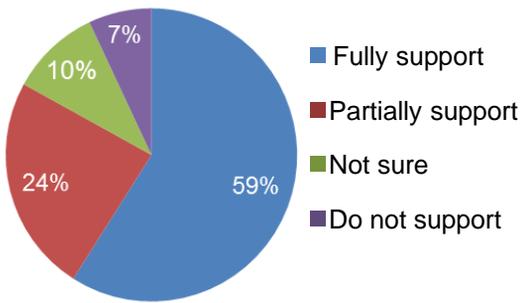
### About the survey

The survey was conducted between 22 August and 3 October 2014. It was based on a **Stakeholder Discussion Paper** and aimed to:

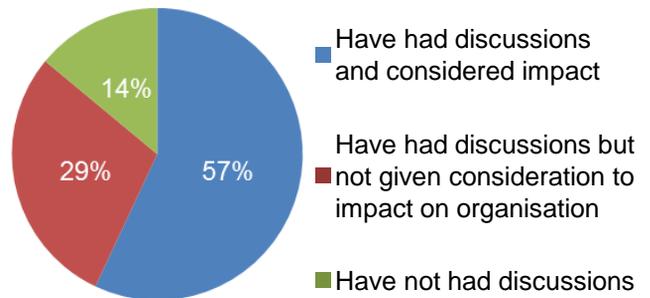
- Scope the views of drinking water and public health stakeholders on **microbial health-based targets (HBTs)**.
- Determine what form microbial HBTs could take should they be included into the next version of the **Australian Drinking Water Guidelines 2011 (ADWG)**.



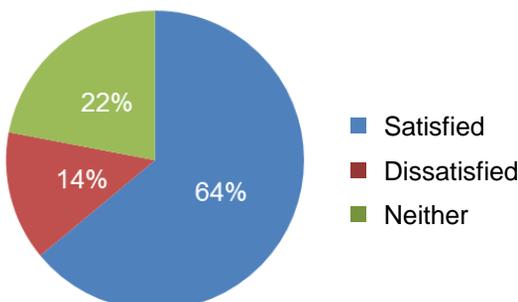
#### Key finding 1: Most stakeholders are supportive of the inclusion of HBTs in the ADWG.



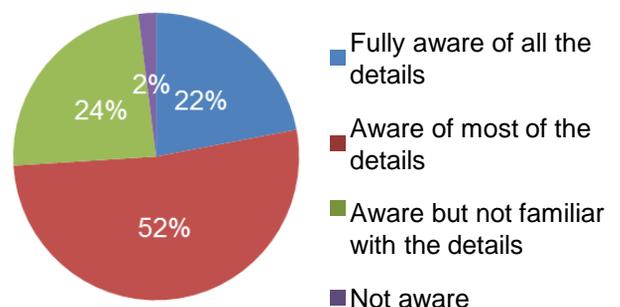
#### Key finding 3: Most stakeholders have had discussions about the possible inclusion of HBTs in the ADWG.



#### Key finding 2: Most stakeholders were satisfied with the level of consultation undertaken by NHMRC about the possible inclusion of HBTs in the ADWG.



#### Key finding 4: There was a high level of awareness among stakeholders about the possible inclusion of HBTs in the ADWG.



## Potential benefits of HBTs

The three most commonly nominated benefits of microbial HBTs (out of ten options provided to stakeholders) were:

1. providing a basis to support improvement and investment programs (e.g. with economic regulators) (53%);
2. providing a basis for identifying appropriate treatment processes and other control measures (50%); and
3. creating greater certainty to drinking water suppliers through measurable benchmarks for assessing and measuring water safety (48%).

## Potential barriers to implementing microbial HBTs

The two most commonly nominated barriers to the implementation of microbial HBTs (out of nine options provided to stakeholders) were:

1. Potential **costs** of implementing HBTs to water suppliers (87%).  
*Further, the two main costs of implementing HBTs were identified as adding additional water treatment processes (87%) and improving operation (74%) of these processes.*
2. Critical **skills/capability gaps** in water supplier staff to implement and manage HBTs (50%).

## Factors nominated as being the most important to consider if HBTs were introduced to the ADWG:

Based on six options presented to stakeholders, the most commonly nominated factors were:

- the **approach used to determine the level of target to be set** (e.g., continuum or guideline value) (62%); and
- **inclusion of a hierarchical approach** (40%).

## What kind of target for HBTs should be used?

- **62%** indicated that the World Health Organization target of  $10^{-6}$  disability adjusted life years per person per year should be used.

## How should HBTs be applied?

- Most stakeholders reported it was important to consider the **approach** for determining target levels. 76% of stakeholders identified that a **continuum approach** should be used for applying HBTs to Australian drinking water supplies (e.g., rather than a guideline value).
- 88% of stakeholders believed that a binning system should be used to identify treatment requirements to meet HBTs.
- 93% of stakeholders indicated that a hierarchical approach, rather than a uniform approach, would be the most effective way of implementing HBTs into the ADWG.

## Participants

- 58 drinking water and public health stakeholders participated in the survey.
- Responses were received from all Australian states and territories.
- Most responses were on behalf of organisations (55%) rather than individuals (45%).

## Next steps

The NHMRC Water Quality Advisory Committee will consider issues raised in the survey to develop a draft framework and scientific principles that guides the consideration of the use of microbial HBTs.

Further consultation will occur once this is complete.