Co-funded by the Lifelong Learning Programme of the European Union

EU-HCWM

"Developing an EU Standardised Approach to Vocational Educational Training Awards in Healthcare Waste Management"

Project No. 541982-LLP-1-2013-1-UK-LEONARDO-LNW

Healthcare Waste Management: An International Perspective

Jan-Gerd Kühling
ETLog Health GmbH – Germany

Final Conference
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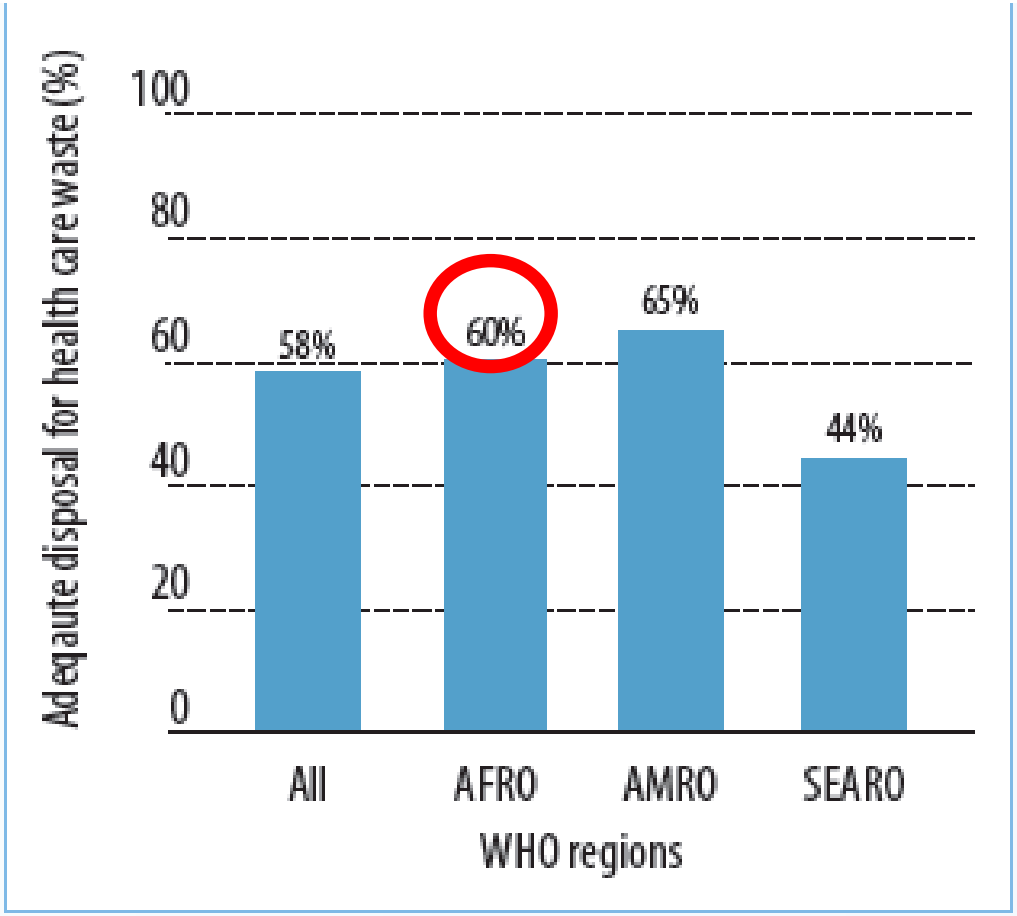
Global aspects…



WHO/UNICEF. 2015. *Water, Sanitation and hygiene in Health Care Facilities: status in low and middle income countries and way forward.* World Health Organization, Geneva.

World Health Organization

Reducing Unintentional Persistent Organic Pollutants (UPOPs) and Mercury Releases from the Health Sector in Africa

Ghana, Madagascar, Tanzania and Zambia

Overall objective

…to implement best environmental practices and introduce non-incineration healthcare waste treatment technologies and mercury-free medical devices in four Sub-Saharan African countries (Ghana, Madagascar, Tanzania and Zambia) to reduce harmful releases from the health sector

25 years gef GLOBAL ENVIRONMENT FACILITY
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WHY?

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WHY?

Environment and mortality

- WHO estimates that, globally, almost a quarter of deaths (23%) are due to a modifiable environmental factor (Pruess-Ustun et al. http://www.who.int/quantifying_ehimpacts/publications/preventing-disease/en/)
- Sub-Saharan Africa has the highest per capita rate of environmentally related deaths.
  - These particularly result from infectious diseases, but non-communicable diseases are also a factor
- Emissions from incinerating waste contribute to asthma, heart attacks and strokes, which are caused & exacerbated by air pollution
- Non-incineration options create less pollution and also have a far smaller carbon footprint

Outcomes and indicators of success

Outcomes:

- POPs releases to the environment reduced
- Country capacity built to effectively phase-out and reduce releases of POPs
- Country capacity built to effectively manage mercury in priority sectors

Indicators:

- Amount of un-intentionally produced POPs releases avoided or reduced
- Progress in developing and implementing a legislative and regulatory framework for environmentally sound management of POPs
- Countries implement pilot mercury management and reduction activities

Overview – Project Planning

Version A - 07 Sept 2016		2016				2017				2018				2019				2020			
	Duration: April 2016 to April 2020	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Component / Outcome																					
	Start up & Signing last ProDoc (12.04.2016)		✦																		
1	Technical guidelines, evaluation criteria, teams of experts																				
1.1	Guidelines, evaluation criteria, formula adopted																				
1.2	National experts trained																				
2	HCW National plans, strategies and policies																				
2.1	National policy and framework for HCWM and Mercury																				
2.2	National action plan + site selection																				
3a	Non-incineration HCWM systems and mercury-free device																				
3a.1	Procurement of HCW systeems and mercury free dev.																				
3a.2	Deliver and installation of equipment																				
3b	Demonstrate HCWM, Recycling, Mercury and nat. training																				
3b.1	HCWM systems demonstrated																				
3b.2	Recycling programs in the model facilities																				
3b.3	Safe storage and Mercury-free devices used																				
3b.4	National training program																				
4a	Evaluate countries and provide additional equipment																				
4a.1	Evaluate the capacities of each recipient country																				
4a.2	Additional technologies procured & distributed																				
4b	Expand HCWM & mercury systems																				
4b.1	Expand HCWM systems																				
4b.2	Country capacity to manage Mercury																				
4b.3	National training expanded																				
4b.4	Information disseminated																				
5	Project's results sustained and replicated																				
5.1	M&E and adaptive management applied																				
5.2	Lessons learned and best practices are disseminated																				
	End of Project (12.04.2020)																				

Component 1

Building capacity to assess, plan, and implement healthcare waste management (HCWM) and the phase-out of mercury

- Technical guidelines and SOPs to be developed
- Central training for national experts (duration 2 weeks) by end of 2016
- Per country 4 persons will be invited. (Recommendation: Project Director, Project Manager + 2 Future Trainers)
- Training will include theoretical & practical aspects, including ToT, PPP, pricing, technical aspects, operation and maintenance etc.
- Equipment specifications and allocation to be decided

Component 2

Healthcare Waste National plans, implementation strategies, and national policies in each recipient country

- National policy and regulatory framework for HCWM and mercury phase-out.
- National action plan including the selection of up to 1 central or cluster treatment facility, 2 hospitals, and 3 small rural health posts as models.

Component 3(a)

Make available in the region affordable non-incineration HCWM systems and mercury-free devices that conform to BAT and international standards (for 3 health posts, up to 2 hospitals, and 1 central or cluster treatment facility)

- Procurement will be centrally carried out by UNDP
- Equal distribution among four project countries in the first phase
- Equipment for the second phase will be allocated according to performance assessed in the mid-term review.

Selection Criteria for HCFs I

- Consistent with the priorities of the National Healthcare Waste Management Plan
- *Build on and link to* other health system strengthening efforts
- Large waste generators with underdeveloped HCWM system
- Commitment to the project's mission, vision and values
- Potential to implement a recycling program for non-hazardous waste
- Highly visible and influential hospitals
- Experience in monitoring and reporting
- Established work safety practices
- Multi-profile hospitals

Selection Criteria for HCFs II

Hospital's ability and readiness to:

- Implement a mercury reduction program
- Contribute financially and logistically to set up a healthcare waste management system
- Allocate human resources for co-operation with the project
- Remove from use any batch type and poor quality incinerators to be replaced by a non-combustion treatment method
- Monitor and document HCWM practices in order to meet benchmarks set by the project
- Sustain good HCWM practices or its on-site system during and beyond the duration of the project

Project Progress

- All 4 participating countries have completed official project document signature. The latest signature date, 12 April 2016, is the official start date for the project
- Partnership agreements with WHO and HCWH signed
- Regional team complete
- National project teams are partly recruited: most team leaders in place
- Project site selection partly completed
- National inception workshops in Ghana, Zambia and Tanzania successfully organized
- Regional inception meeting completed
- Targets and tasks for 2016 detailed
- Regional training scheduled for Nov/Dec 2016

Project partners

- UNDP Istanbul Regional Hub (IRH)
  - overall project management, backstopping and monitoring
  - Support from UNDP Country Offices, UNDP HIV Health and Development (HHD)
- National implementing agencies
  - Ghana, Tanzania, Zambia and Madagascar
- Health Care Without Harm (Principal implementing partner)
  - Technical support and expertise on HCWM and mercury elimination
  - Ensure engagement of relevant NGOs in participating countries
  - Disseminate project results through its members and networks
- WHO (Principal implementing partner)
  - Support project activities through its HQ and field offices