



World Health Organization



## REDUCING UPOPS AND MERCURY RELEASES FROM THE HEALTH SECTOR IN AFRICA (GHANA COMPONENT)

### MINUTES OF DEBRIEFING SESSION BY THE UGANDA STUDY TOUR TEAM AT THE MINISTRY OF HEALTH CONFERENCE ROOM- 20-06-2019

#### ACCRA.

- The meeting was chaired by Dr. Carl Osei (Ghana Health Service)
- Annex 1- Participants list

<p><b>Opening (1:30pm)</b></p>	<p>Abena Dedaa Nakawa, the National Project Coordinator opened the meeting with a brief remark on the purpose of the meeting and handed over the moderation to Dr. Carl Osei, Programme Manager for Occupational and Environmental Health Unit Ghana Health Service and the National Project Director for the HCWM project.</p> <p>Dr. Osei congratulated the Uganda team for concluding the study tour successfully and opened the floor for the debriefing session.</p> <p>The team was joined by another colleague from Uganda, Serugo, Midathizu, Inspector of Drugs, National Drugs Authority, Uganda.</p>
<p><b>Presentation by Uganda Team</b></p>	<p>The team leader, Harriet Akello thanked the Ghanaian Team on behalf of hr colleagues and the Ugandan Ministry of Health. She implored the core team to thank all stakeholders who received them at the facilities and took them through the study on their behalf.</p> <p><b>Background of Study Tour</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Uganda completed National Supply Chain Assessment (NSCA) in 2018</li> <li><input type="checkbox"/> 11 different modules were assessed, of which waste management was part</li> <li><input type="checkbox"/> Waste management did not perform well; Uganda does not have a policy on waste management</li> </ul>

- Global Fund has come in to support the policy development and implementation guidelines

### **Objectives of Study Tour**

- Learn policies enacted at all levels (National, provincial, district, HF level) that provided the enabling environment to set up the HCWMS
- Learn how the system functions at all the levels
- Standards set up for transporters of medical waste from one level to another
- The fee system for waste processing at all the levels and how this is determined
- How waste is processed at all levels
- How compliance with set standards is maintained and which entity is ensuring this
- How long it took to establish the system from policy enactment to full roll out
- Private sector involvement in HCWMS

### **Highlights of visit**

#### ***Meeting at UNDP/ Ministry of Health Office***

She said her team observed that these major stakeholders are collaborating well on awareness raising on the management of hazardous waste and health care waste management, policy development and monitoring and evaluation. On the part of the team, the key lessons learnt is a multi- stakeholder approach to policy development, policy enactment into laws and enforcement of these laws at all levels.

#### ***Visit to Zoompak***

The team learnt that the facility is private owned. Currently it is working with about 112 facilities with only one public facility. The charges for waste management is estimated at \$1.2/kg. There is local capacity for maintenance. The main components for cost analysis are transportation and electricity. The facility's main challenge is with cost of transportation of waste from clients. The key lesson learnt from their operations is that the project through

awareness on the HCWM policy has encouraged private facility HCWM in a more environmentally sound manner.

***Visit to Komfo Anokye Teaching Hospital (KATH)***

This is a public teaching hospital with an eco-friendly incinerator donated by GIZ. It is an Addfield model, MP400 incinerator, 400 liter capacity which burns at 1001 °C. The quantity of waste treated per month is about 3,424kg/month. This equipment treats both infectious waste and pharmaceutical waste which seems suitable for Uganda which produces lots of pharmaceutical waste. The team learnt that the cost drivers for this technology is LPG gas, Personal Protective Equipment (PPE), employees and other Infection Prevention Control (IPC) logistics. Secondly, local staff from the facility have been trained to perform maintenance and repairs whiles working with a high-level technical team.

***Visit to Trauma and Specialist hospital, Winneba***

The facility uses an ecodas hydroclave which shreds and reduces infectious waste to 20% from its original quantity after treatment. The treated waste is then disposed off at the landfill site. The cost drivers for this technology is water and electricity. The facility faces a challenge with accessing spare parts in-country.

***Visit to Cape Coast Teaching Hospital***

CCTH is using a Mediclave JSD 250l Autoclave which was supplied by the UNDP-GEF Medical waste management project. However, at the time of visit the autoclave was not functional. It was indicated that the project office is working with the regional Technical team to get the manufacturer to send instructions for repairs. The key lesson learnt here is the active multi-disciplinary HCWM committee of the facility which is working tirelessly to ensure proper HCWM.

***Knowledge of Policy at facility level***

Awareness of the national policy on HCWM is very evident according to the Ugandan team. Almost every staff they came across has knowledge of the policy and implementation of the guidelines is ongoing though the policy is yet to be rolled out. They commended all stakeholders for this very impressive feat. The team mentioned however that they did not site the Standard of Operations Procedure (SOP) and recommended that this should be displayed on the facilities' notice board as well as shared widely within the facility.

<p><b>Observations and Discussions</b></p>	<p><b>Cost Analysis of various technologies</b></p> <p>The Uganda team hinted that, throughout the visit, it was observed that there was no data on cost analysis of operating these technologies at the facilities for future decision making and planning for sustainability of the established systems.</p> <p>According to the team, there were nonetheless some parameters that can be expanded to conduct the cost analysis. For example, at Winneba, the operator indicated that 8 kilowatts of electricity is used per cycle, if this is given a monetary value, the facility can collect such data. Another parameter was the existence of a weighing scale at one of the facilities for measuring the volumes of waste generated and treated. This also when given monetary value will help in the cost analysis process. It was also observed that the print out from the autoclave machine at CCTH generated some parameters which can be considered in the operational cost analysis.</p> <p>In this regard, the Technical Advisor, Dr. Richard Amfo Otu mentioned that the project has been successful in encouraging the Tegbi Health Center to get a separate meter for the treatment facility hence it will be easy to do the cost analysis for this facility. However, for the other two facilities, Eastern Regional Hospital and the Cape Coast Teaching Hospital, there is a challenge as the treatment unit is connected to the main lines for the facility hence receive bulk billing which needs to be scrutinized to tease out the additional cost which is as a result of operating the treatment unit.</p> <p>Colleagues from WHO, UNDP, MOH and the GHS advised the project management team to begin supporting facilities to collect data on cost of operating the treatment units as this will support sustainability, policy, and future decision making on HCWM at the national level.</p> <p><b>Standardization of Technology</b></p> <p>The Ugandan team indicated that each facility visited had a different technology for waste treatment/management. According to them, this will pose a challenge in policy decisions. The team also attributed the lack of spare parts for the various technologies to this fact.</p> <p>Commenting on this observation, Dr. Amfo said, Health care waste cannot be comprehensively management by only one technology. For example, the incinerator at KATH has many functions whiles</p>
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	<p>the autoclave is for disinfection of waste for recycling, reuse and other waste reduction purposes. Dr. Osei and Madam Serwaa Gyamfi on the hand indicated that this project is a pilot which will allow the Ministry of Health to collect lessons learnt to inform future interventions in HCWM.</p> <p><b>Regulations for HCWM</b></p> <p>Dr. Carl Osei reminded the study tour team to strengthen regulations at various levels to ensure compliance to policy implementation in HCWM. He said in Ghana, the Environmental Protection Agency (EPA) which the team met on Monday is the body that regulates the management of hazardous waste which includes HCW. The EPA is also responsible for providing guidelines for the transportation of these hazardous waste as well as providing permit for private hazardous waste managers. He also cited the Health Facilities Regulatory Authority (HeFRA) as the national institution ensuring that health care facilities in the country remain complaint to regulations regarding quality of care at facilities. Another regulator body that was mentioned was the Municipal, Metropolitan and District Assemblies (MMDAs) at the local government level who are responsible for domestic waste management. He emphasised that these bodies are necessary to stimulate behaviour change among actors of HCWM.</p>
<p><b>Recommendations to the Ministry of Health and the UNDP-GEF Project Team</b></p>	<p><b>Machine maintenance</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Develop memorandum of understanding at onset with manufacturers to maintain the machines</li> <li><input type="checkbox"/> Manufacturers should train local hospital staff on maintenance besides just being present during installation</li> <li><input type="checkbox"/> Presence of local agent representative of the manufacturer is key for trouble shooting</li> </ul> <p><b>Running costs</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hospitals to keep logs on waste managed, running costs per month so as to gauge expenditure</li> <li><input type="checkbox"/> Sustainability plan needs to be developed before project end – e.g. bin liners should be incorporated in hospital/central medical cost</li> <li><input type="checkbox"/> Standardized the technologies used for health care waste management in health care facilities</li> </ul>

	<input type="checkbox"/> Display Standard Operating procedures need displayed for new staff/students to quickly adapt easily
<b>Next Steps for the Ugandan Team</b>	<input type="checkbox"/> Debrief in Uganda – MPM TWG and PS <input type="checkbox"/> Set up a task force and develop their terms of reference <input type="checkbox"/> Develop TORs for consultant <input type="checkbox"/> Develop scope of work for the medical waste management policy <input type="checkbox"/> Draft waste management policy
<b>Closing remarks</b>	<p>The Ugandan Team thanked the all stakeholders for making their study tour very successful.</p> <p>Mr. Joel Ayim Darkwah, Assistant Programme Officer at the UNDP informed the group that Mr. Paolo, Dalla Stella, Head of the Environment and Climate Cluster could not join the debriefing session as he was in another meeting. Mr. Dalla Stella requested him to inform the Ugandan team that he would update the UNDP Country Office in Uganda about the outcome of this study tour, so that UNDP and the Ugandan Ministry of Health can connect and discuss a potential partnership in the area of health care waste management. He therefore encouraged the team to stay in touch and share information on areas of possible collaboration.</p> <p>Dr. Osei on the other hand wished the team well and a safe journey back to Uganda. The meeting closed at about 2:45pm.</p>

## **Annex 1**

### Participants List

<b>Name</b>	<b>Title</b>	<b>Organization</b>	<b>Tel no:</b>	<b>Email address</b>
Abena D. Nakawa	Project Coordinator	UNDP/MoH	0249 67 93 81	abena.nakawa@undp.org
Dr. Richard Amfo Otu	Technical Advisor	Presby University	0243331041	
Pamela Achii	PSM Specialist	MoH- Uganda		achiipam@gmail.com
Serugo Midathizu	Inspector of Drugs	National Drugs Authority, Uganda		Mssergo@nda.org
Aminu Zuleiyah	Project Officer	MoH		mazuleiyah@gmail.com
Victoria Nakigande	Principal Technical Advisor	MoH, Uganda		vnakiganda@moh.org
Akello Harriet	Senior Pharmacist	MoH, Uganda		<a href="mailto:harakello@gmail.com">harakello@gmail.com</a>
Joel Ayim Darkwah	Programme Officer	UNDP	0247781163	<a href="mailto:Joel.dakwah@undp.org">Joel.dakwah@undp.org</a>
Akosua Kwakye	Programme officer	WHO	0544316011	<a href="mailto:kwakea@who.int">kwakea@who.int</a>
Mavis Botchwey	Planning officer	MoH	0268778367	m.adobea7@gmail.com
Serwaa Gyamfi	Deputy Director	MoH	0208124877	dserwaagyamfi@gmail.com