



Zimbabwe Country Profile: Health Care Waste Management (HCWM) in the Context of COVID-19

September 2020

Background Information on HCWM

Population	14,645,4681 ¹
National entity in charge of HCWM	Environmental Management Agency
Municipal solid waste (MSW) generation	1,449,752 tonnes/year ¹
Health care waste (HCW) generation	No data available
On-site vs. off-site treatment	No data available
Health care waste exports?	No (67% of respondents) ³
National solid waste manage- ment law	Environmental Management Act [Chapter 20:27] of 2002
National solid waste strategy	No data available
National HCW management law	The Public Health Act [Chapter 15:09] of 1996 forms the basis for healthcare and environmental health service
National HCW management strategy	The National Health Care Waste Management Plan, 2011
National guidelines or SOPs for HCWM	Zimbabwe Guidelines for Disposal of Expired and Obsolete Pharma- ceutical Supplies, 2012.

Policy and Planning Environment

In 2012, the Zimbabwe Guidelines for Disposal of Expired and Obsolete Pharmaceutical Supplies were issued by the Ministry of Health and Child Welfare, MOHCW. The guidelines were adapted from WHO's "Guidelines for Safe Disposal of Unwanted Pharmaceuticals in and after Emergencies: Interagency Guidelines," (Geneva 1999).

They provide guidance on possible disposal methods and request that, before destroying any expired medical sup-

plies, approval be sought from the appropriate authority, as outlined in the treasury instructions.²

Legal Framework

An assessment of international conventions related to HCW management showed that Zimbabwe has signed the Basel Convention (2012), the Rotterdam Convention, and the Stockholm Convention. Zimbabwe is also a signatory of the Minamata Convention (2013).²

The legal framework for HCW management in Zimbabwe is based on the Environmental Management Act [Chapter 20:27] of 2002. This act provides for the establishment of the National Environmental Council, the Environmental. Management Agency, the Environment Management Board, the Standards and Enforcement Committee, and the Environment Fund; the formulation of environmental quality standards and environmental plans; environmental impact assessments, audit and monitoring of projects; and other matters related to management and conservation of the environment.

A special statutory instrument for HCWM does not exist; however, a regulation has previously been drafted. It is not known when this regulation will be finalized.²

Institutional Framework

The Environmental Management Agency, which was established under the Environmental Management Act, is a statutory body responsible for ensuring the sustainable management of natural resources and the protection of the environment; the prevention of pollution and environmental degradation; and the preparation of national environmental plans for the management and protection of the environment.

¹ The World Bank

² Rapid Assessment Healthcare Waste Component of Global Fund HIV, TB and Malaria Projects in Zimbabwe. UNDP. June 2014.

³ Information from those responding to the survey.

Snapshot of COVID-19 Health Care Waste Situation

Declaration of the pandemic	March 17, 2020
Number of cumulative con- firmed cases as of Sept 18, 2020	7,633
Local/Regional HCW providers responding	6
Pre-COVID19 HCW generated3	Insufficient data
COVID-19 HCW generated3	Insufficient data
Percent increase (approximate)	76–100%
Types of COVID-19 waste generated	No data available
Changes to HCWM policy	No data available
Most common HCW treatment technology	Autoclave/Incinerator
Service disruptions	Yes
Emergency treatment/disposal in place	No
Special training in place	Yes
Collection capacity surpassed?	Yes
Treatment capacity surpassed?	Yes (50%), No (50%)
Disposal capacity surpassed?	Yes, 67% reported illegal HCW dumping

Programs and Actions in Place during COVID-19

No information was received regarding programs or actions in place during COVID-19.

HCWM Challenges during COVID-19

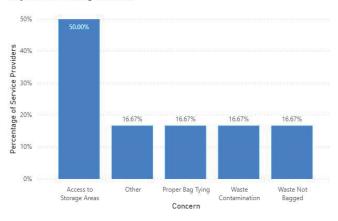
Biggest HCWM Challenges

The service provider survey respondents cited several challenges including, but not limited to: **processing ca-pacity, public awareness, and sufficient funding:**

100% 83,33% 83,33% 83,33% Percent of Service Providers 80% 66.67% 60% 50.00% 50.00% 50.00% 40% 20% 0% Sufficient Fundit Informal Sect Own Staff Trainit Govt Policy Enforcem Adequate Monite Public Aware Client Staff Train staff Occup Techni Challenge

The respondents also identified **access to storage areas**, **proper bag tying and waste contamination** as major concerns for waste handlers:

Major HCW Handling Concerns



Options for Improvement/Opportunities

- Enact national legislation to enforce the existing policy guidelines.
- Secure funding to increase capacity of HCW collection, transportation, storage, treatment, and disposal systems.
- Provide adequate containers, HCW bags, and PPE for waste handlers to avoid service disruptions.
- Increase training for personnel at HCFs on proper waste segregation, handling, and final disposal.
- Conduct continued monitoring to identify any new challenges.

"We have been renting an incineration facility from the general/central hospital. The amount of waste we collected was greater than the capacity the incinerators can handle. The incinerators were not working up to standard and we had to travel 120km for safe disposal of the waste in a fully functional incinerator. There has also been open fire burning in some facilities in Harare, which presented a severe threat to the community, environment and public health. The situation in Harare could be a ticking time bomb." — Local/ regional HCW service provider respondent