

Protecting health and environment through sound management of healthcare waste

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Presentation structure

- What is health-care wastes?
- Composition of healthcare wastes
- Public Health and environmental impacts
- Who are at risk?
- Waste management hierarchy
- Status of healthcare waste management in WHO South-East Asia region

What is Health-care waste?

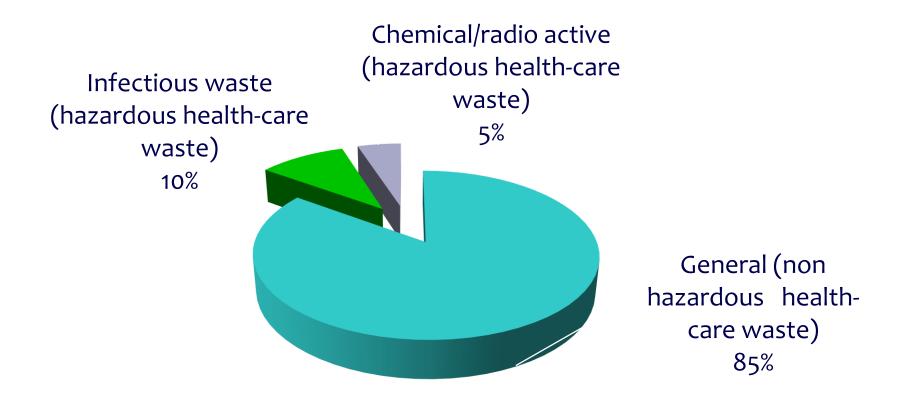
- Sharps waste
- Infectious wastes
- Pathological wastes
- Pharmaceutical wastes
- Cytotoxic wastes
- Chemical wastes
- Radioactive wastes
- Paper, plastic, cardboard, food, etc

Hazardous waste

Non-hazardous or general waste



Composition of healthcare wastes



Significant amount of wastes is recyclable or compostable

Who are at risk?

- Patients
- Carers
- Health-care workers
- Waste handlers and scavengers
- Population living nearby



Public health impacts

 In the year 2000, sharps injuries to health-care workers were estimated to have caused about 66 000 hepatitis B (HBV), 16 000 hepatitis C (HCV) and 200–5000 HIV infections among health-care workers (Prüss-Ustun et al., 2005)

Public health impacts

- Outbreak of hepatitis B in a developing country in 2009 (60 lives lost) – blamed on the reuse of infection equipment (used needles and syringes were repackaged and sold)
- Waste piles can attract rodents, vectors and insects (spread infectious diseases)

Environmental impacts

- Air pollution from burning of wastes
- Water and soil pollution from improper disposal of healthcare wastes



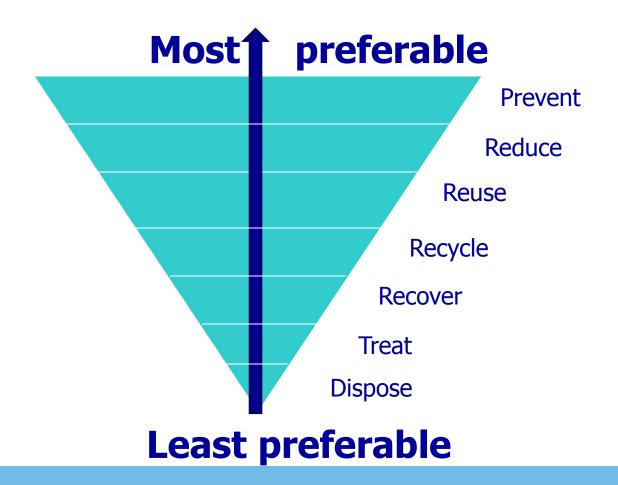
International agreements and conventions

- The Basel Convention (1989) global environment treaty on hazardous and other wastes
- The Stockholm Convention (2001) global treaty to protect human health and environment from persistent organic pollutants (POPs)
- The Environment and Sustainable Development conferences

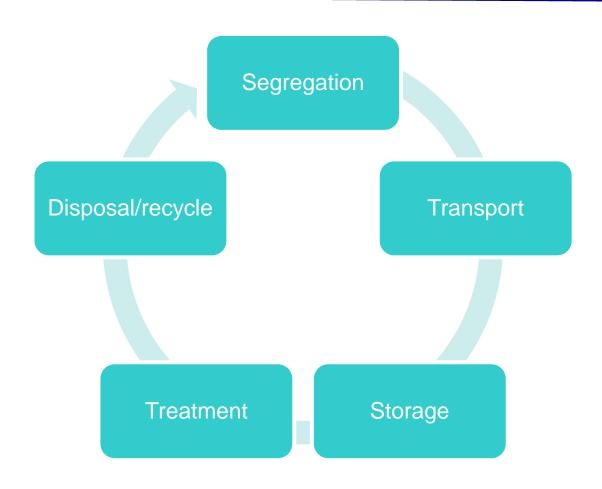
Policies and legislations

- Healthcare waste management policy/legislation key for proper management of these wastes.
- Countries normally base their HCWM policy, legislation and guidelines development on five principles:
 - Polluters pay principle
 - Precautionary principle
 - Duty of care principle
 - Proximity principle
 - Priori informed consent principle

The waste management hierarchy



Healthcare waste management system



Status of healthcare waste management

- Nine out of 11 countries in the WHO South-East Asia region have policies
- Ten countries have a national program on HCWM
- Four countries reported having separate budget allocation
- Nine countries carry out regular training

Status of healthcare waste management

- Segregation of wastes at source varies from 30-100% in South-East Asian countries
- Seven countries have initiated phase out of Mercury based devices in healthcare facilities
- Open burning and incineration is still practiced in many countries
- Deep burial, encapsulation and autoclaving are some methods used for various types of wastes

Examples of "3Rs" in healthcare waste management

- Waste minimization procuring products that are less wasteful
- Green procurement products without excessive packaging or those that can be recycled
- Safe reuse single use items must not be reused.
 Reusable items must be properly sterilized.
- Recycling and recovery composting of food waste, recycling of blood bags and gloves after autoclaving

Current initiatives – developing model HCWM

Countries taking up zero waste concept

- segregation at the point of generation
- Proper treatment and storage
- Recycling and reuse where possible
- Minimize wastes that go for landfilling
- Workers protection personal protection equipment
- Proper documentation
- Enforcement of rules and SOPs

Resources

- WHO guidance on safe management of wastes from health care activities
- Compendium of Technologies for Treatment/Destruction of Healthcare Waste (UNEP)
- Training modules in healthcare wastes (WHO)
- Regional distance learning programme on HCWM IGNOU and WHO/SEARO

http://www.who.int/water_sanitation_health/facilities/waste/e
n/

Thank you!!

