

Technical assistance on sustainable Medical Waste Management Activity No: N-E-PS-1

Consultation and Training Workshop
16-18 May 2023

Objectives of the mission,
Gaps ,challenges and WES contribution

Presented by Françoise Bonnet , Secretary general of ACR+



Why this mission?



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Medical waste is considered hazardous under the Palestinian legislation.

The Environmental Quality Authority (EQA) is in charge of the national solid waste management strategy (including hazardous waste).

EQA has also a monitoring and inspection role in the application of laws and standards.

EQA is the institution responsible for the application of the Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and Their Disposal in the OPT (member since 2015) and therefore has obligations at international level

IN THAT CONTEXT

EQA has asked the WES Project to implement a national activity entitled “Technical assistance on sustainable Medical Waste Management”.



With Whom?



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Mina Paidousi (NKE) – Chemical engineer - Medical waste management expert

Mohammad Hamaidi (NKE) – Environment Engineer

Abdelmajid Nassar (NKE) – Solid Waste specialist

Françoise Bonnet (NKE) – Lawyer – Waste management law specialist

With the support of Anis Ismail (KE) and Jeroen Kool (NKE)



Objectives of the mission



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The aim of the activity was:

to provide technical assistance to promote sustainable medical waste management solutions

The specific objectives were:

- support Palestine in the update of the Master Plan with its Roadmap for healthcare waste and to reinforce capacities of different actors to improve management practices;
- define a set of measures and actions to develop a contingency/emergency plan to be executed in crisis situations (outbreaks, conflicts, earthquakes, pandemic, etc.);
- strengthen national stakeholders' capacity in specific areas of Health Care Waste Management.



Tasks and Results



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Task 1: Compile an Inception Report accompanied by a brief information/background document based on a desk study including bilateral contacts with stakeholders

Task 2: Update the Master Plan for healthcare waste management (first version)

Task 3: Define a set of measures to develop a contingency plan for medical waste management

Task 4: Conduct a stakeholders consultation to discuss the results of the previous tasks and confirm the topic of the training workshop

Task 5: Organize a training workshop on a selected priority issue

Here we are !

Task 6: Finalization of the updated Master Plan

Task 7: Compile a synthesis report



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Challenges



Challenges:



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- inadequate waste management;
- high operational cost;
- improper and poor control over disposal practices;
- insufficient financial resources;
- Insufficient level of awareness about health hazards

Cfr : Activity N-E-PS-1 Inception report, WES 2021



2006-2022 Master plans: Gaps analysis



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- Emergency planning
- Financial and technical sustainability
- Reference to Sustainable Development Goals
- Magnitude and size of treatment
- Regulatory Structure



POTENTIAL RISKS ASSOCIATED WITH PLAN IMPLEMENTATION



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	Potential Risk	Risk level	Proposed mitigation measures
1	Limited coordination among key ministries and stakeholders	Medium	Institutionalise and strengthen collaboration among ministries and key stakeholders
2	The Ministry of Health / Government might not fund the implementation of HCWM due to inadequate resources	High	Align the plan with the National Development Plan, Lobby and collaborate with cooperating partners for possible funding
3	Slow or no enhancement, adoption and implementation of national policies, plans and strategies on HCWM which are key in creating an enabling environment for the country	Medium	Lobby and collaborate with stakeholders and cooperating partners for the support in the implementation of HCWM Plan.
4	Technology wrong specifications, lack of transparency, or non-compliance with National bidding requirements and procedures	Medium	Implement E-Procurement system to enable compliance, transparency and efficiency. The competitive bidding process will be centralized for whole country and will be transparent and adhere strictly to National requirements and procedures.
5	Health care Facilities discontinue the use of purchased technologies, and/or discontinue the maintenance resulting in their ultimate breakdown	Low	Make sure that: <ul style="list-style-type: none"> • maintenance and insurance scheme for a minimum of 3 years beyond the plan's duration is included in any procurement contract; • maintenance teams and operators at HCFs are trained in day-to-day maintenance procedures • availability of parts and technical support for repair and maintenance of technologies





POTENTIAL RISKS ASSOCIATED WITH PLAN IMPLEMENTATION

6	Insufficient number of technology suppliers involved in the bidding and/or high purchase costs	High	Ensuring sufficient outreach to vendors, conducted within the scope of HCWM projects, will ensure sufficient vendors. Centralized high-volume procurement will help lower prices. Procurement facilitated by National Procurement System will ensure that long term agreements with various international suppliers can be relied upon.
7	Health workers not trained on technologies in HCWM there by abandoning the technologies within a short period of time.	Low	Training of health care workers in all purchased technologies. Procurement contracts should include a training component.



LESSONS LEARNT AND CONCLUSIONS



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The establishment of HCW management policies, plans, legislation and practice should be the outcome of adequate **background work**, such as situation analysis, evaluating alternatives, and involving key stakeholders in the process, to avoid delays and costly readjustments. By not taking all required steps, HCWM management in Palestine has been a rather complicated process, with delays in the preparation and implementation of HCW legislation and assignment of responsibilities.

Hospitals and other HCFs are able to change their **waste management culture** and to **improve HCW management practices**. Since the implementation of the Medical Waste Management Plan, and with the assistance provided from a number of Developmental partners to health care facilities, the culture at many HCFs has changed to recognize hygiene and HCW management as essential to good hospital management practices.

The **private sector's role in on-site HCW management** is becoming more and more important. With the implementation of the HealthCare Waste policy and increased recognition of the need for good HCW management practices at health care facilities, the private sector's involvement in providing on-site and off-site HCW management services is growing.

Strong and clear **regulatory system** and commitments improve implementation of the Health Care Waste management. The decision to establish such a system is urgently needed, and capacity of these related to the system to act can make a major difference in the effectiveness of implementing the HCW policy.

Information technology has a crucial role to play in HCW management. Information technology has great potential for creating public awareness of HCW management issues and for sharing knowledge about HCW management practices at health care facilities.





Priority Areas for 2022 and Beyond:

- 1) Institutional, Policy guidelines, Standards and Regulations: Review, complete.
- 2) Institutional Capacity: Strengthen institution capacity on HCWM.
- 3) Services sustainability: ensure technical and financial sustainability
- 4) Best Environmental Practices (BEP): Promote best practices on HCWM stream.
- 5) Monitoring, Evaluation and operational research.
- 6) Improve emergencies preparedness.
- 7) Infrastructure, equipment and supplies, treatment and disposal options:.
- 8) Awareness and commitment among decision makers.
- 9) Public Private Partnership (PPP): Promote PPP in HCWM.



Other priority Areas (field Assessment):



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- ❖ Improved occupational Health and safety at disposal sites,
- ❖ Improved operational procedures within HCFs including segregation and on site storage facilities
- ❖ Improved fees collection
- ❖ Incentives for cleaning companies workers at HCFs,
- ❖ Handling wastewater from HCFs,
- ❖ Budget allocation for HCW within HCF
- ❖ “Training” of medical staff.



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WES contribution





Update of the Master Plan for Healthcare Waste Management of 2006 based on the under listed sequential steps:

1. A kick off meeting with the key stakeholders, EQA, MOH and MOLG where national priorities were identified by stakeholders,
2. Review of the 2006 master plan, identification of gaps, shortcomings and implementation challenges,
3. Review and analysis of National policies, legal instruments (laws and bylaws and ongoing plans and procedures for the management HCW)
4. Field survey covering HCF in most of the West bank and Gaza area to collect data aiming at updating existing and reported data.
5. Review of several key documents provided by EQA including:
 - a. National solid waste strategy 2017-2022.
 - b. WHO, 2014, Safe management of wastes from health-care activities, 2nd edition,
 - c. COM number 10 for the year 2012 related to healthcare waste management
 - d. National Health Strategy 2021-2023, MOF.
 - e. The Environmental law No,7 for the year 1999.
 - f. MOU signed between EQA, MOH and MOLG2national.
 - g. Palestine's COVID 19 Response Plan and related COVID 19 protocols.
 - h. Preventive public health and safety measures to be followed by institutions, companies, shops, professionals, drivers of public transport vehicles and citizens, COM, 2019





Drafting of a **Contingency Plan** addressing the following issues:

1. Standards used to guide a response,
2. Current capacities of the agencies or organizations to respond,
3. Initial assessment arrangements,
4. Actions as an immediate response to the situation,
5. Roles, responsibilities, coordination,
6. Resources needed,
7. Information flow between the various levels (local and national),
8. Specific preparedness actions to be agreed on and practiced.



For more information:



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Thank you for your attention

