Role of Government in Health Care Waste Management (HCWM): The Kenyan Case

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1.0 Health Care Waste Management - Background

- Health care waste means any waste that is generated during the diagnosis, treatment or immunization of human beings or animals or in biomedical research and in the production or testing of biological products (MoH, 2011)

Background

Poor health care waste management (HCWM) contributes to environmental degradation and presents high risk of disease transmission to

- health care workers,
- hospital maintenance personnel,
- patients in health-care facilities or receiving home care,
- visitors to health-care facilities,
- workers in support services, such as cleaners, people who work in laundries,
- workers transporting waste to a treatment or disposal facility and workers in waste-management facilities as well as scavengers (Pruss *et al.*, 1999; Massrouje, 2001; Mastorakis *et al.*, 2011, and WHO, 2013).

Background cont.

- 5.2 million people (including 4 million children) die each year from waste-related diseases (WHO, 2013; Akter *et. al.*, 1999).
- According to estimates by (WHO 2008), unsafe medical injections led to;
  - 14% of global HIV infections
  - 25% of global HBV infections
  - 8% of global HCV infections
  - 7% of global infections with bacteraemia (bacterial infections, injection site abscesses)

Incineration as a Waste treatment Option

- Incinerators release Polycyclic Aromatic Hydrocarbons (PAHs), polychlorinated biphenyls (PCBs), dioxins, and polychlorinated dibenzofurans (furans) (Jeremy and Honor, 2008).
- Have been incriminated to cause cancer, immune changes, lung and liver damage, retarded cognitive and motor development, lowered birth weight and lowered growth rate (Rowat, 1999).
- Linked with
  - Early puberty (Den Hond *et al.*, 2002
  - Breast cancer (Wolff and Weston, 1997; Hoyer *et al.*, 1998)
  - Reduced sperm counts (Oliva *et al.*, 2001),
  - Disorders of male reproductive tissues (Sultan *et al.*, 2001),
  - Testicular cancer (Hardell *et al.*, 2003) and
  - Thyroid disruption (Porterfield, 1994).

2.0 Governments' Objective

- Development of safe, affordable, environmentally friendly and sustainable Health Care Waste Management systems.

2.1 NATIONAL HEALTH POLICY

- Important policy steps have been taken to overcome development obstacles and improve the socioeconomic and health status of her citizens.
- Some steps include

  - Kenya Health Policy Framework, 1994–2010
  - **Vision 2030** - Maintenance of a healthy and skilled workforce necessary to drive the economy.
  - The **Constitution of Kenya 2010**
  - Injection safety and Medical waste management Policy
  - Guidelines on safe management of Health care waste
  - IPC policy and guidelines
  - National Health Care Waste Management Plan
  - Waste management Regulations, 2006
  - The results have been largely positive
  - However, new health challenges also face Kenya, such as an increase in the incidence of **non-communicable diseases.**
  - **Draft National Health sector Policy**

2.2 Overview of the Kenya Health Policy

The policy framework has, as an overarching goal, **'attaining the highest possible health standards in a manner responsive to the population needs'.**

Kenya Health Policy Targets

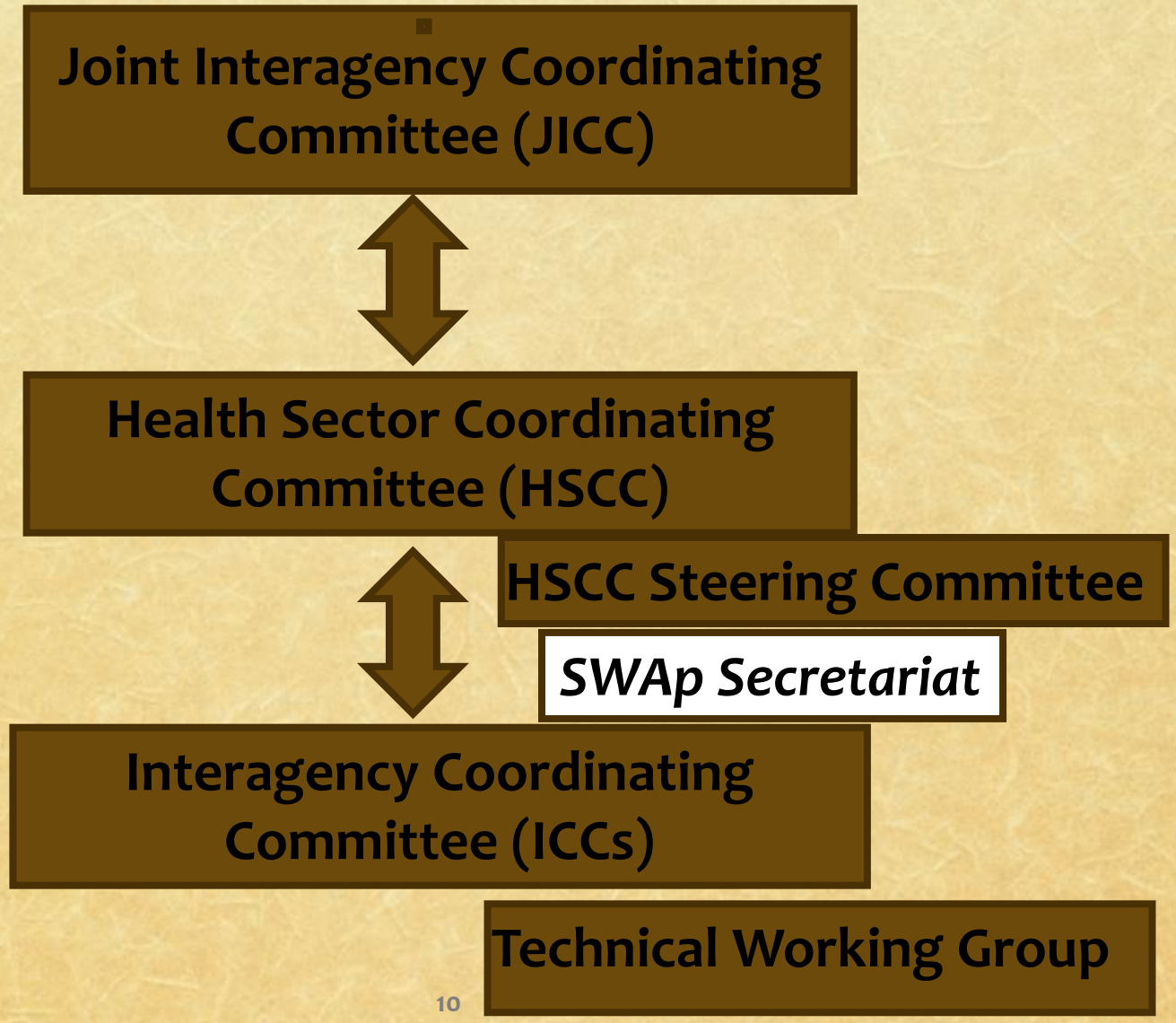
Target	Baseline status (2010)	Policy target (2030)	% change
Life Expectancy at birth (years)	60	72	16% Improvement
Annual deaths (per 1,000 persons)	10.6	5.4	50% Reduction
Years Lived with Disability	12	8	25% Improvement

Six Strategic Policy Objectives

Six policy objectives,

1. **E**liminate communicable conditions
2. **H**alt, and reverse the rising burden of non communicable conditions.
3. Reduce the burden of violence and injuries.
4. **P**rovide essential health care.
5. **M**inimize exposure to health risk factors.
6. **S**trengthen collaboration with health related sectors.

3.0 National Health Sector Coordination Structures



3.1 Joint Inter-Agency Coordinating Committee (JICC)

- Chaired by the Cabinet Secretary for Health, and meets twice yearly.
- Members comprise the Principal Secretary for Health who serves as the Secretariat, and the Principal Secretaries for Health Related Ministries; Non-state actors represented by Heads of agencies signatory to the Code of Conduct.
- Brings together high-level actors in the health sector to provide leadership for overall policy direction.
- The JICC approves the National Health Policy and Strategic Plans
- Undertakes advocacy for the sector, and leads resource mobilization efforts for the sector.

3.2 Health Sector Coordinating Committee (HSCC)

- Chaired by the Principal Secretary, Ministry for Health and meets quarterly.
- Membership comprises MOH Heads of Departments, representatives from health related Ministries, Semi Autonomous Government Agencies and councils, non state and external actors signatory to the Code of Conduct.
- Promotes coordinated technical support and policy dialogue on strategic sector issues with the government, donors and development partners, the private sector, and civil society.
- Also functions as the Health Sector Working Group in the wider Government coordination process.
- Serves as a repository for constitutions, and acts as a arbitrator where needed to resolve issues amongst their respective members.
- Operationalizes its activities through two organs:
- A Steering Committee, and a Technical Working Group

3.2.1 Steering Committee

- Chaired by Director of Medical Services and meets at least quarterly.
- Members comprise MOH heads of departments non state and external partner agencies signatory to the Code of Conduct.

Functions

- Provides technical and administrative support.
- Identify key sector issues and tasks that need to be taken up by the HSCC.
- Recommend and prepare agenda items for HSCC meetings.
- Ensure that action points arising from the HSCC are adequately addressed in a timely manner.
- Identify key action points that need to be addressed by ICCs
- Support the secretariat function for the HSCC.

3.3 The Inter-agency Coordinating Committees (ICCs)

- Provide a forum for coordination of specific investments in Environmental Sanitation and Hygiene
- Membership - Government of Kenya, represented by
  - Head of Division responsible for Environmental Sanitation and Hygiene
  - Representative of HSCC steering committee secretariat
  - Heads of related Units and other government agencies in the responsible division
- Development partners, represented by
  - Partners supporting Environmental Sanitation and Hygiene
- Implementing partners, represented by
  - Partners supporting Environmental Sanitation and Hygiene

Functions of ICCs

- Support management of key action points as identified by the HSCC steering committee
- Facilitate formation of working groups or task forces as required to address key issues and tasks
- Coordinate with and oversee work of appointed working groups and task forces

3.4 Technical Working Group

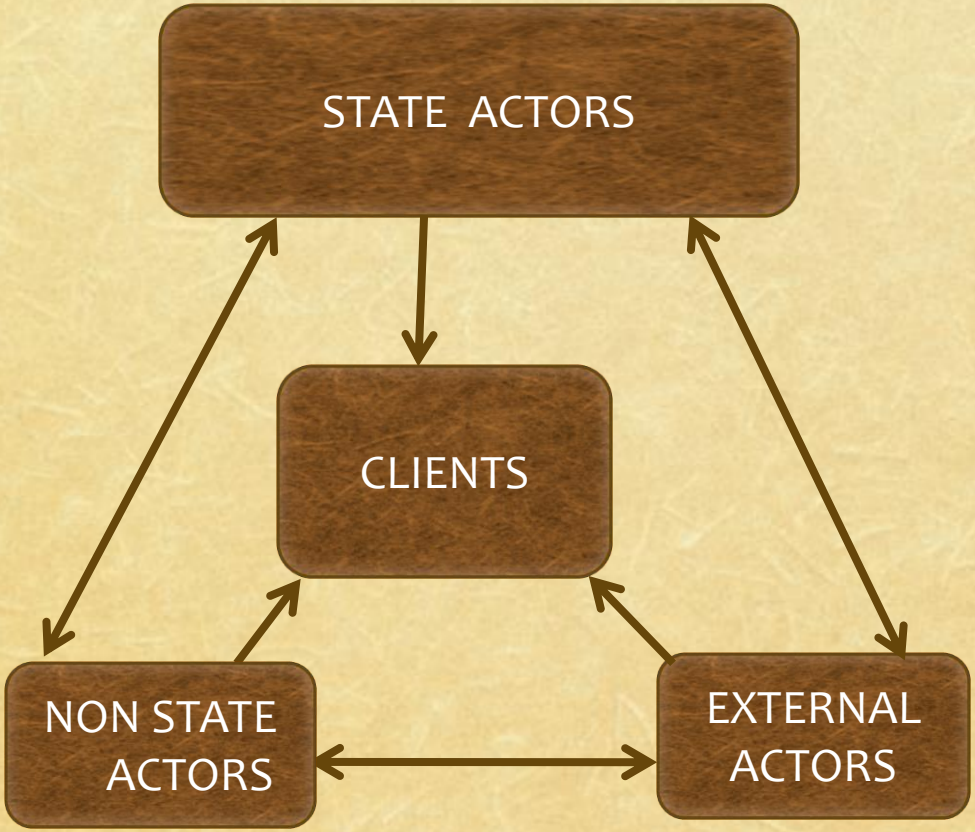
- Chaired by the Director of Medical Services and meet at least quarterly, and report to the HSCC Steering Committee. They form Inter Agency Coordinating Group (ICC's)
- Provides a forum for joint planning, coordination and monitoring of specific investments in HCWM.

Functions

- Bring all key sub-sector partners together for joint planning, oversight and decision-making.
- Overseeing development and dissemination of policies, standards, guidelines and standard operating procedures on Health Care Waste Management
- Overseeing development of training manual and materials and the actual training
- Ensuring quality HCWM commodities and equipment
- Conducting support supervision at regional and facility level.

- Enable partners to become jointly responsible for planning, monitoring, reviews and reporting.
- Hold all sector partners jointly accountable for achieving results.
- Reduce the number of separate meetings with individual partners.
- Enable harmonization of inputs and better coordination of investments in the sector partnership for more effective use of all available resources - reduce duplication of efforts and critical gaps.
- Provide easy access to coordinated Technical Assistance and support for priority actions.

HEALTH SECTOR ACTORS



Results

- TWG meetings convened regularly.
- Coordination of partner organisations working in the area of HCWM and ensured synergistic response to the problem

Partners

- PATH, CDC, WHO, SIMED, JIPIEGO, World Vision, DANIDA, World Bank, GTZ and NEMA.
- Waste management guidelines have been developed and the National HCWM plan is under review.
- Over 5000 HCWs have been trained.
- Minimum quality standards have been set for safety boxes, bin liners among other commodities.
- Regional support site visits have been undertaken to oversee service delivery.
- Diesel fired incinerators installed (Four with wet scrubbers)
- The country is moving towards non burn technologies and piloting ongoing in six sites.

Conclusion

- Strong Government leadership has led to coordinated technical and financial support from development partners.
- The Government has provided a conducive implementation environment for all the actors.
- Kenya is on course towards provision of safe, affordable, environmentally friendly and sustainable HCWM systems.

When we pull together, we will always succeed.

Thank you