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U.S. President's Emergency Plan for AIDS Relief

AIDSTAR-One Success Story

Leveraging Resources for Sustainable Health Care Waste Management in Uganda

AIDSTAR-One has been able to help catalyze stronger national planning and adoption of improved health care waste management in Uganda to better protect health center staff and patients from infections.

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AIDSTAR-One
AIDS SUPPORT AND TECHNICAL ASSISTANCE RESOURCES

Background

Health facilities are places where people go to get well, however, measures need to be taken by the staff of these facilities to ensure proper health care waste management (HCWM) practices protect against accidental injuries and illness. In Uganda, a lack of these practices led to failures to minimize waste, poor waste segregation, and unsafe waste handling, storage, and final disposal which created an environment where health care staff were vulnerable to needle-sticks and other routes of disease transmission. According to the World Health Organization, approximately 40 percent of new cases of hepatitis C, 30 percent of new cases of hepatitis B, and 5 percent of new cases of HIV worldwide are attributable to unsafe injection practices, including unsafe HCWM.

Insufficient budgeting, planning, and prioritization led to the unsafe health care waste situation in the country. The second national Health Sector Strategic Plan, for instance, did not strongly promote HCWM. In addition, HIV-related activities in Uganda funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) did not have coordinated policies on HCWM. As HIV-related programs increased throughout Uganda, health units were increasingly failing to cope with the added volume of infectious waste. Something needed to be done.

Intervention

Realizing the magnitude of the problem, the U.S. Government required all of its implementing partners in the health care sector to make provisions within their programs to support HCWM activities. The U.S. Agency for International Development (USAID) provided technical support to implementing partners on HCWM initiatives through its PEPFAR-funded project, AIDSTAR-One.

AIDSTAR-One began by organizing a national stakeholders meeting to gain strategic direction on how technical assistance would be provided to individual partner projects. With this strategic direction in mind, AIDSTAR-One then visited implementing partners, meeting with individual chiefs of party and project directors and assigning a focal person for each project. During these meetings, modalities concerning how each project would be helped were agreed upon.

To develop a list of priority interventions, AIDSTAR-One conducted baseline assessments at partner sites. After prioritization, each project receiving assistance developed HCWM plans. Then, the sites carried out targeted interventions based on their HCWM plans. AIDSTAR-One ensured that templates that had been used during the planning were later shared with the Ministry of Health's planning division, and facilitated finalization of a framework that would be used by the districts to develop district-specific HCWM annual plans.

AIDSTAR-One also worked with the Department of Pharmacy at the Ministry of Health to get priority HCWM commodities, such as safety boxes, incorporated into requirements for procurement plans. Similar efforts were made to integrate HCWM into ongoing programs including through integrating HCWM into the funding mechanisms for the programs.

Meanwhile, the Ministry of Health developed a national strategic plan through the national HCWM working group. The plan required districts and health facilities to make budgetary provisions within their annual plans for managing health care waste.

Outcome

HCWM is now well-articulated in the third national Health Sector Strategic Plan and in guidelines for district and health facility annual planning. Guidelines for supervisions have also been revised to reflect new indicators of safe HCWM practices. Additionally, more budgetary

resources are now allocated to HCWM by different stakeholders, and regional referral hospitals have been awarded grants that cater to HCWM.

At the health facility level, there have been great improvements in the dissemination of guidelines; employment of waste handlers; availability of focal persons for HCWM and infection control committees; mentoring of other health workers; use of safety boxes to safely dispose of sharps waste; reduction in expiry of medicines; and proportion of health facility managers who are knowledgeable in HCWM.

Lessons Learned

Although individual program efforts in proper HCWM should be lauded, significant national level results require coordinated efforts among stakeholders. These efforts must be both feasible and acceptable for the parties involved, and planning should take place through Ministry of Health structures, so that HCWM plans can be rapidly implemented at a national level.

Also critical is ensuring sufficient budgetary allocation for HCWM. One way to do so is having HCWM incorporated into annual and sector plans. Another way to help ensure sufficient budgetary allocation is to require implementing partners to allocate resources for HCWM activities. This should be complemented by technical assistance to improve individual project capacities to safely handle health care waste.

By recognizing and highlighting the importance of HCWM in Uganda, USAID—through AIDSTAR-One—has been able to catalyze stronger national planning and adoption of improved HCWM to better protect health center staff and patients from infections.

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