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*By*

*Dr Samlee Plianbangchang  
Regional Director, WHO South-East Asia*

*At*

*Launching of the Distance Learning Certificate Course on  
Sound Management of healthcare waste by the Indira  
Gandhi National Open University (IGNOU) and WHO*

*IGNOU Campus, New Delhi, India  
10 March 2006*

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Sound Management of healthcare waste by the Indira Gandhi  
National Open University (IGNOU) and WHO**

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REGIONAL DIRECTOR, WHO SOUTH-EAST ASIA**

Professor H.P. Dikshit; Professor S.C. Garg; Professor Ashok Agarwal; Professor S.B. Arora; Distinguished participants; Ladies and Gentlemen;

It is an honour for me to be here today, amidst the distinguished intelligentsia.

In October 2004, WHO launched a World Alliance for Patient Safety. This was in response to the World Health Assembly Resolution on the subject. The Alliance is to help raise awareness and political commitment to the improvement of patient safety. This endeavour is expected to facilitate the development of policy and practices in this important area.

The efforts towards safer healthcare are now becoming a worldwide movement. It is expected to bring significant benefits to patients in all corners of the world. A crucial element in ensuring patient safety is to provide a health promoting, hygienic and sanitized environment.

Healthcare facilities need to guarantee that hospital infections are prevented. WHO has given due importance to the sound management of wastes generated from health care activities.

Most of the estimated 1,000 metric tons of these wastes produced annually in this Region are not properly managed. The unsafe treatment of medical wastes poses a number of life threatening risks. Those at risk are all patients, health personnel, waste handlers and the public in general.

Used syringes and transfusion tubes are collected by pickers, who recycle them back into the market. In some countries, this informal sector represents approximately 3 per cent of the total urban workforce. Most of the over one million people engaged in waste-picking in India are children.

Needle reuse and other unsafe injection practices are estimated to cause 1.3 million early deaths yearly. Healthcare workers are among the most at risk.

In this Region, prick injuries from contaminated sharps are estimated to cause about 200,000 cases of Hepatitis B; 85,000 of Hepatitis C; and 30,000 of HIV/AIDS annually.

The proportion of unsafe injections in the Region may reach up to 70 per cent of all injections. These injections are mainly among those given for therapeutic purposes.

In many countries, there are still improper practices in the management of medical wastes. Inappropriate incineration may cause adverse health effects due to highly toxic fumes.

Not surprisingly, a UN Convention classifies healthcare waste as the second most hazardous, after nuclear waste. In accordance with the “polluter pays” principle, it is the waste generator who should be responsible for safe management of its discards. Therefore, the health sector is accountable for the healthcare waste it produces.

In response to the environmental concerns, WHO framed a new global policy on this matter in 2004. This was in keeping with the relevant international agreements, such as the Persistent Organic Pollutants Convention. This new policy promotes an integrated, and “complete cycle” approach in healthcare waste management. The policy emphasizes the need for environmentally-sound treatment and disposal methods. Only incineration is seen as the last resort.

WHO also prepared guidelines on appropriate systems for safe management of solid waste from health facilities. These guidelines take into consideration local conditions, as well as occupational and environmental safety. Some of the pathways proposed for the treatment of infectious sharps were taken from the survey in India in 2002.

To promote the implementation of the new policy, WHO has published a number of documents on various related subjects. These include success stories of sound healthcare waste management. Guidelines for infection control in health care facilities were also developed.

As we all know, advocacy alone will not be enough to ensure implementation of the policy. It is capacity building at all levels that we need to focus our attention on.

In Aceh, Indonesia, a year after the 2004 tsunami, a Healthcare Waste Management project was launched. After an assessment, it became clear that training of health staff was a top priority. This was in addition to providing appropriate supplies to health facilities. Early this year, 20 training courses were conducted for different types of health workers.

Nearly 350 of these workers in Indonesia have now been trained in management of healthcare waste. Before the end of the project in May, another 150 health staff members will be trained.

Some of the experts who were involved in the development of the training programme in Indonesia have also contributed to the course that is being launched by IGNOU today. The IGNOU Distance Learning Certificate Course on Sound Management of Healthcare Waste has set the ground for India and its neighbouring countries. This will help countries to address the issue of healthcare waste in a more technically sound manner. I would like to congratulate the Vice-Chancellor and all the IGNOU staff members involved in this important endeavour.

Finally, I wish the course all success in developing a cadre of staff for effective management of health care waste.