Editorial
Of lately, medical waste and its management has been in the news - but, for all the wrong reasons. Badly managed waste is not only an eyesore, but is also a veritable mix of potent consequences - from reuse of disposable to transmission of disease. One of the reasons for this is that technology is still being used as the yardstick to manage waste. NGOs and citizens who are working at the grassroots realise that technology is not the issue. Ravi Agarwal, in his article, points out to the multi-dimensional role played by the NGOs on the issue of medical waste. This a major reason for NGOs being recognised as a major source of information and expertise on this issue.

In most third-world countries incinerators are being pushed as a way to manage waste. In Bangladesh the Asian Development Bank is trying to promote incinerators, while in the Philippines the govt. is trying to ban incinerators under the Clean Air Act; whether it is successful is another story. What is seen is that we know the problem but we are being forced fed a poison.

Through this newsletter we would like to share concerns on the issue of medical waste management and provide a common ground for interaction, exchange of views and information.

Article (Ravi)

Incinerator update.

International (Column)

Bangladesh

Since the authorities of two biggest hospitals in the country -- Dhaka Medical College Hospital and Chittagong Medical College Hospital are compelled to dump all their waste generated in their hospitals in the open (the government has no guideline on hospital waste disposal) the government decided to procure five incinerators (through international bidding) ignoring their environmental impact using aid money the Asian Development Bank. the total cost of the incinerators Taka 72 lakh. each of the incinerators, already installed (3 at DMCH and 2 at CMCH) has a capacity of burning about 35 kg of waste materials per hour. a project management cell was opened to supervise all activities of import of foreign equipment for several hospitals across the country. the incinerators are a part of the fund for the purchase of hospital apparatus. unfortunately, there has been no action against the suppliers - UK based company, Technoroll Ltd. that sold the incinerators to local company -- Technotrade International. none of the companies face any charges for trading 'discarded' environment unfriendly devices. However, the day I broke the story on December 23, 1998 the Bangladesh Environment Lawyers Association (BELA) served a legal notice on the health ministry officials and the hospitals authorities and warned them not to go ahead with using the incineration technology. Until this morning (20th March) there has been no move yet to commission the incinerators. The directors of both the hospitals requested the department of environment (DoE) to inspect the incinerators but it is unlikely to go in their favour.

The department of environment indicated that since the incinerators fall under the category of 'RED' list the DoE may not approve commissioning the incinerators located in densely populated residentially areas. The ADB had sent two of their experts to Dhaka probably regarding the issue. I talked to one of them. he said that they were concerned about the impact on the environment and were observing any developments.

(Naimul Haq, Staff Reporter The Daily Star in Bangladesh. For more information please write to Naimul Haq email -naimul@dhaka.agni.com or The Daily Star, Staff Reporter,HSE-11, Road-3, DHANMANDI R/A,DHAKA - 1205)
The Philippines
In the Philippines the Senate has approved the Clean Air Act. This act effectively bans incineration, for municipal, medical and hazardous waste. The bill also prohibits open burning. This follows an earlier pronouncement by Philippine President Joseph Estrada against incinerators.

The Act now has to pass through the House of representatives. The problem here is that some members of this house are trying to suggest standards for emission instead of the ban. This is very unfortunate, as there is no low level (and therefore no standard) for the emission of Dioxin and Furans (toxic at .006 picograms per Kg of body weight). Further the kinds of heavy metals released are also very potent poisons. Given standards there would be problems of ash disposal too; incinerator ash contains heavy metals and other chemicals and therefore has to be considered as hazardous waste.

We hope the House of Representatives understands the problems with issuing standards for such polluting technology and passes the Clean Air Act without any change.

Latest - The House of Representatives has passed the Bill without any changes. This now has to go to the Bicameral House.

(for more information contact Von Hernandez )

National
• The World Bank office in India, has taken a policy decision not to fund any incinerator based hospital waste management project in India. This was stated by an official of the World Bank at a conference on medical waste management in Baroda.

• Andhra Pradesh becomes the first state to install a Prescribed Authority as per the BioMedical Waste (Management and Handling) Rules 1998. The prescribed Authority will be the Member Secretary of the Andhra Pradesh State Pollution Control Board.

Other news

Basel Convention
The Technical working Group of the Basel Convention is taking up the issue of Clinical Waste in its meeting to be held between 12-16 of April in Geneva. The issue which would be discussed in this meeting would be the definition of ‘Clinical Waste’ and the guidelines on how to manage it. Once this is decided, the matter will be taken up at the Next Conference of Parties.
(For more information please contact Mr. Ravi Agarwal at Srishti)

Aag-man A person with fire in the belly
Show a westerner (in front of incinerator) saying see incinerator removes all your waste. Aag-man at the back showing smoke and ash, on the smoke write dioxin, furan, mercury on the ash dioxin, lead, furan, mercury

For your information (box).
Srishti Medical Waste Update
Towards Responsible Healthcare

Year | Month | Issue No
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• Hospitals in rural areas can dispose their waste in *pits*. However the use and design of *pits* have to be according to the Biomedical Waste (Management and Handling) Rules 1998
• Small hospitals can use a needle destroyer or a needle cutter to destroy and mutilate syringes and needles.
• The USEPA Sept 15 1997 federal register (40 CFR Part 60; Standards of Performance For New Stationary Sources And Emissions Guidelines For Existing Sources: Hospital/Medical/Infectious Waste Incinerators; Final Rule ) provide for -
  ⇒ Complete training course for incinerator operators
  ⇒ Maintenance of information regarding operating standards which have to be reviewed
  ⇒ Siting analysis that considers air pollution control alternatives that minimize ---potential risks to public health and environment.
  ⇒ To meet the higher pollution norms operators will have to invest $1-40 million.
  ⇒ Over 75% of incinerators will shut down as a result of these stringent standards

NGO Update

Srishti update (column)
Srishti recently completed a survey of 14 major hospitals in Delhi. The aim was to study the existing waste management systems in them and also to see the kind of technology used and their operating parameters.

Some of the major findings were -

1. 
2. 

Srishti is currently bringing out a report on the waste management plan which was implemented in a 300 bedded hospital in Delhi.

We hope you have received a copy of the ‘Sharps management factsheet’. If there are any doubts or suggestions please do get in touch with us.

Events

1. National Conference on Medical Waste Management 6-7th February; Baroda

A National conference on medical waste management was organised by the Baroda Management Association in association with USAEP on the 6th and 7th of February 1999.

The main focus of the conference was on the implementation of the Bio-Medical Waste (Management & Handling) Rules 1998, proper waste management practices in hospitals, alternative technologies, common treatment facilities and case studies of hospitals who have initiated waste management schemes.

Some of the major points of agreement were

• Private health care institutions were ready to pay Rs. 7-10/- per Kg. for the disposal of waste
• Segregation was the only way to ensure worker’s safety and minimising cost of waste disposal.
• Decisions on segregation and technology needs attention as patients would bare waste disposal charges.
• Even for government hospitals, where treatment is subsidised, segregation is the only way to minimise expenditure on waste disposal while still managing it.
2. Conference on Medical Waste Management; Chennai

3. Conference on Medical Waste Management; Bangalore

We would like to know what you are doing on the issue of medical waste management. We want to highlight your work and share your achievements with other NGO’s so that we all can learn.

Suggestions to improve the newsletter are always welcome