



Missing data in the Pacific Island country reports for healthcare waste baseline survey and inconsistency of the PacWaste request for tenders with the Stockholm Convention BAT/BEP Guidelines

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Via Electronic Mail

David Haynes and Stewart Williams

Secretariat of the Pacific Regional Environment Programme (SPREP)

Jorge De La Caballeria

European Commission - EUAid, Geographical Coordination Asia and Pacific

Lavina Jesus, Ileana Miritescu, Jean Christophe Virieu, Alice Fracchia, Karine Genty, Barbara Bisaro

Delegation of the European Union for the Pacific

Dear Mr. Haynes, Mr. Williams, Mr. De La Caballeria, Mr. Jesus, Ms. Miritescu, Mr. Virieu, Ms. Fracchia, Ms. Gently and Ms. Bisaro,

On the behalf of three global networks working on environmental and public health issues in over 100 countries, we are writing to document gaps and recommend improvements in the SPREP request for tenders that does not take into account Pacific Island Countries obligations under the Stockholm Convention.

Adopting incineration as the procurement technology of choice for healthcare waste management in Pacific Islands and Timor Leste omits the specific obligation to reduce and ultimately eliminate the releases of unintentionally produced POPs and other globally harmful pollutants into the environment. Moreover, it avoids adoption of best available techniques and best environmental practices (BAT/BEP) in the evolving medical waste management infrastructure that strengthens health systems, reduces adverse environmental impacts and protects human health.

Based on the detailed analysis of the recent country surveys of the Baseline Study for the Pacific Hazardous Waste Management Project - Healthcare Waste prepared by SPREP to identify priorities for PacWaste project, we have to conclude the following:

1. Although the aim of the project is to improve healthcare waste management practices at the island level, the surveys do not assess the whole health care system of the participating countries but only a limited number of health facilities.

The lack of information disables appropriate evaluation of waste treatment capacity including the considerations for centralized treatment facilities and local health care waste treatment and disposal.

2. The project's evaluation of healthcare waste treatment technology is needlessly limited to only four options: Incineration at high temperature (>1000°C), incineration at medium temperature (800 -1000°C), low temperature burning (<400°C), and an autoclave with shredder.

However the priority consideration should be given to alternative processes, techniques or practices that have similar usefulness but which avoid the formation and release of chemicals listed in Annex C of the Stockholm Convention. The project omits proper evaluation of non-combustion technologies that are consistent with Stockholm Convention BAT/BEP, and WHO policy, i.e. small scale autoclaves without an internal shredder.

The doubts for the technology utilization are unjustified, because the surveys have not assessed pharmaceutical waste (that is usually managed by improved purchasing policy and take-back by suppliers) and cytotoxic waste that constitutes only 0.09% of all assessed hazardous healthcare waste in Pacific Islands. The argument mentioning barriers with regard to know-how, implementation, and durability is not in accordance to the fact that dozens of autoclaves successfully operate in the surveyed hospitals in the Pacific region.

3. The SPREP's preferred healthcare waste treatment option, incineration at high temperature, omits description of any kind of operating parameters and air pollution control system that would ensure that the proposed treatment installations meet the EU and Stockholm Convention BAT/BEP emission standard.

The BAT standard (i.e. 0.1 ng I-TEQ/Nm³ for flue gases) for an incineration facility is not achievable without an advanced air pollution control system. The EU financial support shall only go to projects that have potential to meet the legally binding standards.

4. The surveys provide neither data nor estimates for pathological, pharmaceutical, chemical, and radioactive waste.

The lack of information disables appropriate adjustment of chemicals control and waste management procedures including segregation and separate collection of medical devices containing mercury, e.g. thermometers or sphygmomanometers, not appropriate for incineration.

5. The project inappropriately identifies treatment needs, and leads to uneconomical use of donor grant at least in three countries, namely in Fiji, Timor Leste, and Vanuatu. According to Stockholm Convention BAT/BEP Guidelines, and WHO, centralized waste treatment facilities are preferred to decentralized on-site treatment of healthcare waste.

In conclusion, the SPREP request for tenders (file AP 6/5/6/2) is inconsistent with the Stockholm Convention BAT/BEP Guidelines and might lead to the misuse of the EU-funds for projects that block significant progress in strengthening health systems management of hazardous waste and sustainable development in Pacific Island Countries and Timor Leste. Firstly, the call omits obligation to prefer on-site steam sterilization and other forms of non-combustion healthcare waste treatment techniques. Secondly, the procurement of 28 small scale incineration (5 – 50 kg/h, maximum of 100 kg/h) neglects inclusion of an advanced pollution control system that would be able to meet the EU emission standards for persistent organic pollutants (POPs). The dioxins (PCDD/F) emission to the air and their accumulation in fly ash will have negative impacts on the region's environment, as well as on human health.

For the above mentioned, we recommend that you kindly investigate these objections, revise the Pacific Island country reports for healthcare waste baseline survey, and start robust dialogue with public interest organisations in order to revise the RFP. We trust in our common approach to achieving consistency with Stockholm Convention Guidelines and significant progress in hazardous waste management and sustainable development in Pacific Island Countries and Timor Leste.

We are looking forward to a timely response.

Sincerely Yours,

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