USAID MEDICINES, TECHNOLOGIES, AND PHARMACEUTICAL SERVICES (MTAPS) PROGRAM

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Improving the Health Care Waste Management (HCWM) and Infection, Prevention, and Control (IPC) at the Regional and Department of Health Retained Hospitals in the Philippines

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Background

Climate risks have significant effects on public health including injury, death communicable diseases such as vector-borne and water-borne diseases, and non – communicable impacts such as malnutrition, heat stress and health effects of air

pollution.1

Philippines is extremely sensitive to the effects of climate change, which include sea-level rise, increased frequency of extreme weather events, rising temperatures, and heavy rainfall. This is due

 $^{^{\}rm 1}$ Health Emergency and Disaster Risk Management Climate Risk Management December 2017

to its significant vulnerability to natural disasters (cyclones, landslides, floods, and droughts), reliance on climate-sensitive natural resources, and hug coastlines, which are home to all of its main cities and the bulk of its people. 2

All must be involved in protecting the health of the public. Few interventions are strengthening health system resilience to manage climate risks, strengthening surveillance and control of infectious disease against climate risks, and implementing local public health interventions to build community resilience.

With this, the USAID Medicines, Technology and Pharmaceutical Services (MTaPS) developed a learning materials and supported Department of Health (DOH) to deliver a training of trainers for DOH and regional staff on the national infection prevention and control (IPC) and health care waste management (HCWM). The trained trainers are expected to cascade the training that aims to improve practices and compliance on practices for both IPC and HCWM at the Centers for Health Developments (CHDs) and DOH hospitals.

Technical Approaches and Implementations

MTaPS collaborates with Health Facilities
Development Bureau (HFDB) to build the
capacity of personnels assigned for HCWM and
IPC implementation in 17 regions. The training
aims to build the capacity of the participants to be
trainers in their respective regions. It was a 5-day
training course where in the basics and principles
of teaching, updates on the HCWM and IPC
based on the Health Care Waste Management
Manual, 4th Edition. There were some chapters on
the manual that was not discussed. Those

chapters were given as an exercise for the participants to make a learning agenda and program including all the knowledge that they have gained in the training. On the last day po of the training, the participants presented their learning agenda and the program that they have planned to execute when conducting a training in their respective regions. Each region also developed action plans. Their regional directors must sign their action plans. In addition, a copy of the said manual was given to each of the participants to serve as their technical guide in dealing with HCWM and IPC concerns.

Results and Achievements

For Health Care Waste Management (HCWM), there were 5 regions who cascaded the training in their respective regions. A total of 251 (140 males and 111 females) participants were trained.

For Infection, Prevention and Control (IPC), there were 5 regions who cascaded the training. A total of 198 (113 males, 85 females) participants were trained. The participants were from Registration, Licensing, and Enforcement Division (RLED) of Center for Health Development (CHD), Health Facility Development Unit (HFDU), environmental programs and Provincial DOH Office (PDOHO), Waste Management Officer (WMO) and IPC officers from the health facilities.

Through DOH Academy, in FY23, a total of 2,904 participants completed the eLearning training on HCWM, IPC and emergency supply chain (HCWM 1,129; IPC 1,376; emergency supply chain 399) from all CHDs (271 participants), DOH retained hospitals (324 participants), LGU hospitals (180 participants), private hospitals and others.

This capacity building activity is expected to enhance IPC and HCWM practices at health facility

²https://www.climatelinks.org/countries/philippines

level and made participants ready to respond to emergencies supply chain that might be caused by climate changes.

Challenges

- High rate of turnover rate for the trained trainers in the regions.
- Lack of clear guidelines/issuance set for the implementation of HCWM and IPC per region aside from the guidelines coming from Department of Environment and Natural Resources (DENR).
- Inadequate resources to cascade the training in the rest of the regions in the country.

Lessons Learned and Recommendations

- CHDs must ensure that there are enough trainers to conduct training in the regions.
- CHDs, LGUs and health facilities should take the opportunity to utilize the DOH Academy platform to register and complete the training in their own paces
- It is important that there is a clear guidelines/issuance on how the facilities can dispose their HCWM to control the spread of infection and other health hazard concerns.
- CHDs mut ensure that the guidelines/issuance are lifted from the guidelines coming from DENR.
- It is important to ensure to conduct supportive supervision and mentoring enhance knowledge and practices gained during training.

CHDs must also ensure that the health facilities, offices/officers assigned in HCWM and IPC is

updated with the current mandates.

The Department of Health needs to further strengthen the implementation of HCWM and IPC in the country. Though the DOH has recently released a HCWM, it must ensure that there is a separate guideline to institutionalized the disposal of the health care waste of health facilities in each region.

Sustainability Plan

The CHDs must ensure that the newly hired personnel that will be assigned in HCWM and IPC must be trained on the newly released manual for HCWM. To facilitate the ease of the training, the trainers from each CHD shall refer to the TOT materials. CHDs must also regular and continuous communication with the DENR representative in their region. eLearning through the DOH Academy with continuous professional development points is the best strategy to sustain the gains achieved so far .



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