REPUBLIC OF UGANDA

MINISTRY OF HEALTH

NATIONAL HEALTHCARE WASTE MANAGEMENT STRATEGY (2025/26 - 2029/30)

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ACRONYMS

DHO	District Health Officer
HAIs	Healthcare-Associated Infections
HCFs	Healthcare facilities
HCW	Healthcare waste
HCWM	Healthcare Waste Management
IEC	Information, Education and Communication
IPC	Infection, Prevention and Control
JMS	Joint Medical Stores
KPIs	Key Performance Indicators
MoH	Ministry of Health
NDP	National Development Plan
NMS	National Medical Store
NPA	National Planning Authority
PHC	Primary Health Care
PPP	Public Private Partnerships
RRH	Regional Referral Hospital
SDGs	Sustainable Development Goals
SOPs	Standard Operating Procedures
VHTs	Village Health Teams

FOREWORD

Hon. Dr. Jane Aceng Ocero

The Government of Uganda is committed to achieve the aspirations of Universal Health Coverage by delivering quality and equitable healthcare services for its citizens by 2030. A number of legal and institutional frameworks have been established to support health service delivery programs in line with Vision 2040, National Development Plan III, Second National Health Policy and The Public Health Act (Cap 310) and other sectoral laws and regulations.

In a bid to improve health service delivery and in addition to other strategic health service delivery interventions, the National Healthcare Waste Management Strategy has been developed to address the current gaps in healthcare waste management across the service chain for protection of public health and the environment.

The strategy is important to address the risk of high volume of infectious wastes generated from the current emerging and re-emerging epidemics as well as from routine healthcare service delivery which pose a big threat to public health and environment. The unsatisfactory healthcare waste management practices such as poor segregation, inappropriate transportation and indiscriminate disposal continues to jeopardize the quality of healthcare service delivery, but also exposes the healthcare workers, patients, communities and the environment to infectious materials.

I therefore implore all sector players and stakeholders to ensure that healthcare waste management is prioritized at all levels of service delivery to have a clean and healthy environment.

For God and my country.

Hon. Dr. Jane Aceng Ocero
MINISTER OF HEALTH

PREFACE

Dr. Diana Atwine

Uganda's healthcare system aims at ensuring quality and equitable service delivery for all people. This National Healthcare Waste Management Strategy seeks to guide all key players in a bid to strengthen and scale up the quality of healthcare services. It aligns with the Ministry of Health's Strategic Plan, 2020–2025 and the Second National Health Policy whose goals and objectives prioritize provision of quality healthcare services to all citizens.

It is our commitment as the health sector to establish a functional health infrastructure for provision of efficient and sustainable healthcare waste management services at all levels of the healthcare system. For instance, with additional support from partners like the Global Fund, United States Agency for International Development (USAID) and the World Bank we procured equipment and established infrastructure like waste collection trucks and incinerators which have been deployed and installed in high-volume healthcare facilities across the country. The MOH has also supported contracted service providers in executing their assigned roles during HCW collection, transportation, treatment and disposal processes.

However, some gaps still exist thus hampering our progress. For example, the current status indicates that 76.6% of the country's healthcare facilities lack efficient HCWM systems. This continues to put public health and the environment at risk of exposure to these infectious wastes.

This strategy therefore stipulates the core public health interventions such as establishing a regulatory environment, support climate change and health interventions, improve coordination and strengthen systems for effective management of healthcare waste across the entire chain. Effective implementation of the strategy will result into reduction in the burden of disease and enhance sustainable health outcomes.

I therefore implore all stakeholders to make reference to this strategy while planning, budgeting, innovating and mobilizing other relevant resources that are urgently needed to improving the current healthcare waste management landscape in Uganda.

For God and my country.

Dr. Diana Atwine
PERMANENT SECRETARY

ACKNOWLEDGEMENT

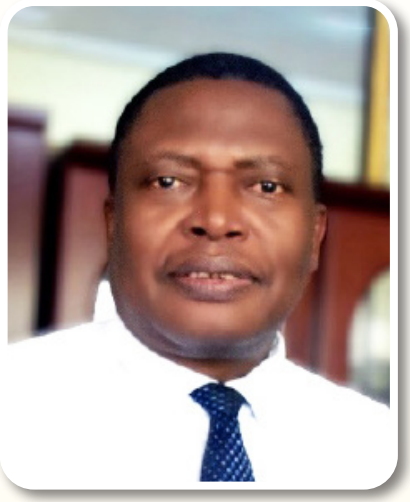
The Ministry of Health (MoH) acknowledges with pleasure the immense technical and financial contributions of the Government of Uganda and its Development Partners that enabled the development of this strategy.

In a special way, the Ministry of Health wishes to acknowledge the United Nations Development Programme and Global Fund for the financial support towards this development process.

We are also grateful to the line Ministries, Departments and Agencies (MDAs), the private sector and Civil Society Organizations who actively contributed to the development of this strategy. We extend our appreciation to the Department of Environmental Health, Department of Pharmaceuticals and Natural Medicines and Department of Clinical Services for spearheading this process and leading the technical editorial work.

We sincerely hope that this strategy will guide the MoH, our partners, and other decision-makers toward strengthening interventions for effective and efficient management of healthcare waste at all levels of the healthcare system.

For God and my country.



Dr. Charles Olaro

Dr. Charles Olaro
ACTING DIRECTOR GENERAL HEALTH SERVICES

EXECUTIVE SUMMARY

The Ministry of Health is committed to ensuring that its healthcare system is responsive to the current and future public health challenges, protects and promotes the health and wellbeing of all the people to ensure sustainable development. This seeks to achieve universal access to quality and affordable preventive, promotive, curative and palliative health care to all people in Uganda through evidence-based and technically sound policies and strategies that are client centered. Healthcare waste management being a critical process and product component of the service delivery chain, its therefore important that this National strategy guides on appropriate undertakings to be considered in order to achieve the desired objectives.

This National HCWM strategy has been developed in line with the national development goals and objectives as spelt out in the Vision 2040, the second National Health Policy, the third National Development Plan 2020/21 – 2024/25 that seek to ensure a healthy and productive population for socio-economic development.

The National HCWM strategy highlights some critical areas from the situational analysis of the current healthcare waste management landscape in terms of policy and legal provisions, institutional arrangements and financing, monitoring and evaluation among others. The development process was highly consultative and participatory in nature including the key stakeholders from the public and private sector plus academia.

Uganda has registered tremendous improvements in the health sector indicators. This notwithstanding, unsatisfactory management practices of healthcare wastes continue to undermine directed efforts to achieving greater results. The most common practices responsible include poor healthcare waste segregation, inappropriate and inadequate storage facilities and indiscriminate disposal which continue to jeopardize the country's gains on healthcare service delivery. This puts healthcare workers, patients, communities and the environment at the risk of exposure to infectious materials. Additionally, Uganda's high vulnerability to public health emergencies due to its geographical proximity to multiple epidemic belts like the Congo Basin hotspot, high population growth rates and a refugee influx, all predispose the healthcare system to the risk of generating large volumes of highly infectious wastes during outbreaks.

The Ministry of Health is therefore committed to strengthen the capacity of the health system to ensure delivery of safe and quality healthcare services. This strategy shall facilitate planning, budgeting, resource mobilization, stakeholder coordination and partnerships in ensuring establishment of an effective and efficient HCWM system. It will further guide implementation of strategic interventions by different key stakeholders at various levels of health service delivery to improve on the current status of HCWM in the country.

The National HCWM strategy specifically seeks to;

1. Strengthen institutional capacity for the management of healthcare waste at all levels
2. Strengthen stakeholder coordination, collaboration, partnerships and private sector engagements for HCWM
3. Re-enforce legal and regulatory frameworks for effective HCWM
4. Establish and operationalize HCWM environmentally friendly infrastructure, technology, equipment and supplies
5. Enhance public awareness and mindset change for improved HCWM
6. Establish sustainable financing mechanisms for efficient HCWM
7. Develop and implement mechanisms for monitoring and evaluation of HCWM
8. Support operational research for innovative and sustainable HCWM

To effectively implement this strategy, a total budgetary estimate of UGX. 255 billion (USD 68.9M) for the five (05) year period will be required. The funding sources will include the Government of Uganda, Development Partners and the private sector

This strategy shall be implemented by the Ministry of Health in coordination with line MDAs. Successful implementation of this strategy is expected to contribute to the following outcomes;

Skilled human resources and strengthened partnerships and collaborations, sustainable financing, improved functionality and adequacy of infrastructure, equipment and supplies for improved HCWM.

1.0 INTRODUCTION

Health care waste (HCW) is defined as the total waste stream from all healthcare including both infectious and non-infectious waste materials. Non-infectious wastes are those that does not pose any particular biological, chemical and radioactive or physical hazard. Examples include office paper, food waste, plastics, glass among others. Infectious waste is that which is known or suspected to contain pathogens and poses a risk of disease transmission. These require special handling and disposal procedures to avoid negative health effects and adverse environmental effects.

Various categories of infectious wastes include;

Pathological waste: Human tissues, organs or fluids, body parts, fetuses, unused blood products and contaminated animal carcasses;

Sharps waste: Used or unused sharps, e.g. hypodermic, intravenous or other needles; auto-disable syringes; syringes with attached needles; infusion sets; scalpels; pipettes; knives; blades; broken glass;

Chemical waste: Solvents and reagents used for laboratory preparations, disinfectants, sterilants and heavy metals contained in medical devices (e.g. mercury in broken thermometers) and batteries;

Pharmaceutical and cytotoxic waste: Pharmaceuticals that are expired or no longer needed; items contaminated by, or containing, pharmaceuticals. Cytotoxic waste containing substances with genotoxic properties, e.g. waste containing cytostatic drugs (often used in cancer therapy); genotoxic chemicals;

Radioactive waste: Such as products contaminated by radionuclides including radioactive diagnostic material or radio therapeutic materials.

All these categories of wastes are produced in healthcare facilities in Uganda and continue to pose significant challenges to both public health and the environment.

Uganda's growing healthcare system and its capacity has exponentially led to a surge in the quantity of Health Care Wastes (HCWs) generated majorly due to the rising burden of preventable diseases and recurrent public health outbreaks. This is coupled with unsatisfactory management practices ranging from poor segregation, inappropriate and inadequate storage facilities and indiscriminate disposal of hazardous HCWs. It continues to jeopardize the Country's gains on healthcare service delivery especially when healthcare workers, patients, communities and the environment remain at a risk of exposure to infectious materials.

A recent assessment across 4,272 HealthCare Facilities (HCFs) in 136 districts revealed that majority (76.6%) of the assessed facilities lacked efficient HCWM systems while only 23.4% had advanced HCWM systems (MoH, 2022).

Uganda's high vulnerability to public health emergencies due to its geographical proximity to multiple epidemic belts like the Congo Basic hotspot, high population growth rates and a refugee influx, all predispose the health system to the unusual risk of generating large volumes of healthcare waste during the outbreaks.

Like many other countries, Uganda is a signatory to various international agreements and conventions including the Stockholm Convention on Persistent Organic Pollutants (POPs), Kyoto protocol and the Basel Convention on the control of Transboundary Movements of hazardous wastes and their disposal. All these necessitate countries to establish and enforce mechanisms, guidelines and regulations for the safe management of healthcare wastes in conformity with international standards. Additionally, the World Health Organization (WHO) stresses the need to strengthen climate resilience and environmental sustainability of healthcare facilities through appropriate HCWM interventions.

This strategy therefore highlights key interventions to guide effective implementation of HCWM programs for high quality and improved healthcare service delivery.

1.1. Structure of the Healthcare System and its influence on HCWM

The Healthcare system in Uganda is structured at National and sub-national levels.
At National level, the Ministry of Health is responsible for development and maintenance of the National Health system through policy formulation, regulations, standards and guidelines development, strategic planning, resource mobilization, infrastructure development, capacity development and technical support. It's also oversees provision of nationally coordinated services, Health systems research and innovations.
At Sub-national level of Uganda's healthcare system, services are provided by both the public and private sector. The National Referral Hospitals, Regional Referral Hospitals, General Hospitals are semi-autonomous. At district level, the health system is divided into Health Sub-Districts (HSDs); health center IV, which oversee health center IIIs and healthcenter IIs. The Village Health Teams VHT (VHT) systems serves as the first point of contact with the healthcare system at the community level.
HCWM is a multi-sectoral function involving a number of key stakeholders including Healthcare facilities which are required to have a clear plan for managing all wastes generated from service delivery across the service chain. These facilities including hospitals, clinics, laboratories, nursing homes among others are primary waste generators which must ensure adequate financial planning, budgeting and resource mobilization to effectively manage HCW generated.
However, the implementation of HCWM best practices still face challenges with enforcement of existing standards and inadequate coordination mechanisms at various levels of the health care service delivery system.

1.2. Legal and institutional frameworks

1.2.1. International legal and policy frameworks

Like many other countries, Uganda is a signatory to various international agreements and conventions as enlisted below;

- The Stockholm Convention on Persistent Organic Pollutants (POPs) (UNEP 2004)
- Kyoto protocol
- Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal (UNDP 1992)
- Bamako Convention on the Ban on the Import into Africa and the Control of Transboundary Movement and Management of Hazardous Wastes within Africa (Organization of African Unity 1991).
- Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade (UNEP 2004)
- Minamata Convention on Mercury (UNEP 2013)

All these necessitate countries to establish and enforce mechanisms, guidelines and regulations for the safe management of healthcare wastes in conformity with international standards

1.2.2. The National legal and policy context

The Government of Uganda has prioritized the improvement of the health status for Ugandans as evidenced in various existing legal and institutional frameworks as enlisted below;

The 1995 Constitution of the Republic of Uganda stipulates that every Ugandan has the right to a clean and healthy environment. Additionally, it states that it is Government's responsibility to provide access to healthcare services for all citizens. This implies that healthcare waste management as a priority component in health service delivery must equally be given adequate attention at the implementation of this constitutional right.

Uganda Vision 2040 and the Third National Development Plan (III) seeks to ensure healthy and productive population with improved quality of life that contributes to National socio-economic development which will be achieved by provision of accessible and quality health care to all people in Uganda.

The Health Sector Development Plan 2020/21 – 2024/25 (HSDP II). This lays a foundation for movement towards Universal Health Coverage whose goal is to provide accessible and quality healthcare to all people in the country. In recognition of the fact that the health of the Ugandan population being central to the socio-economic transformation of the country, the poor health status of the population potentially undermines the economic benefits of attaining Universal Health Coverage by 2030. Thus the commitment of this health sector goal to ensure a responsive, sustainable health system that is positioned to respond to current and future public health challenges, and protects and promotes the health and wellbeing of all the people in Uganda.

The Second National Health Policy focuses on health promotion, disease prevention, early diagnosis, and treatment of diseases. The policy seeks to establish and implement healthcare services that are safe and with focus on the reducing the burden of disease due to preventable causes.

The 2004 National Injection safety and healthcare waste management policy emphasized the need for every health facility to have someone in-charge of health care waste management. It also highlighted the need for Waste management guidelines to be made available to health workers and that all health workers must follow waste guidelines as elaborated in the national infection prevention and control guidelines.

The Public Health (Amended) Act, 2022 (Cap 310). This stipulates the law regarding the preservation of public health including waste and nuisance management and control of infectious diseases, among others.

The National Environment (Waste Management) regulations, 2020. This law encompasses waste management, producer liability, hazardous waste regulations, the treatment and disposal of waste which includes infectious wastes.

Relatedly, the country has other legislations/regulations including the Occupational Safety and Health Act (2006), Food and Drugs Act (Cap.278), Local Governments (Amendment) Act (2005), Water Act (1997), Tobacco Control Act (2015), National Environment (Noise Standards and Control) Regulations (2003), Environmental Impact Assessment Regulations (1998), National Environment Act (2019) and the Kampala Capital City Authorities Act (2011) which establishes and makes provisions for the governance of the capital city with focus on safeguarding and promoting public health.

1.3. Purpose of the National HCWM Strategy

The purpose of this strategy is to provide direction for appropriate healthcare waste management across the service chain over the next five-year period 2024 /25 – 2029/30.

i. Identifies key HCWM stakeholders, existing policy and regulation gaps, best practices, and a monitoring and evaluation framework for determining planned healthcare waste management interventions.

ii. Guide HCFs and waste management entities on critical national legal, policy and regulatory frameworks governing HCWM.

iii. It provides a framework for managing the generation, collection, packaging, storage transportation, treatment and disposal of healthcare waste generated in HCFs at different levels, hence eliminating the dangers waste would pose to healthcare workers, patients, those providing connected services, and the population in general.

iv. Articulate existing design gaps, strategies for reducing health and environmental risks, and engagement of stakeholders on improving the country's overall healthcare waste management.

1.4. Process of development of the HCWM Strategy

This HCWM Strategy was developed through a consultative and participatory process. A task force spearheaded by the Director Curative Services was constituted to lead the process. This involved stakeholder including; representation from line Ministries, Departments and Agencies, Development Partners, Implementing Partners, Academia, Civil Society Organizations and the Private Sector.

A situational analysis was conducted to inform the country's context on the management of healthcare waste. This involved conducting desk reviews on the existing legal, regulatory and institutional frameworks to identify the existing strengths, weaknesses, opportunities and challenges within the HCWM system.

Several workshops and meetings were conducted with different relevant stakeholders within the healthcare waste management space, to obtain consensus on the strategy priorities, and the implementation arrangements.

2.0 SITUATION ANALYSIS

Uganda's healthcare system is expanding at an increasing rate and thus posing a threat to proper healthcare waste management processes. This is evidenced in the current unsatisfactory management practices ranging from poor segregation, storage, and indiscriminate disposal of hazardous waste across the country due to lack of an efficient health care waste management (HCWM) system. These wastes end up mixed with biodegradable waste hence posing significant health risks to healthcare workers, patients, and the public, leading to the spread of infectious and other diseases including environmental pollution.

An assessment conducted on WASH in HCFs by Ministry of Health (2022) across 4,272 HCFs in 136 districts on HCWM services indicators found only 23.4% of HCFs with advanced, 56% with basic, 18% with limited and 3% with no service at all, respectively.

Across the demographic regions, West Nile, Acholi, Karamoja and Kampala regions had the highest number of HCFs with advanced level of access to HCWM estimated at 47.9%, 46.7%, 31% and 30% respectively. Bukedi, Bugishu and Busoga had the least number of HCFs with advanced HCWM estimated at 10%, 13.2% and 13.4% respectively.

Relatedly, across the districts, Lamwo (82.8%), Obongi (70.6%) and Koboko (69.2%) were ranked as leading with the highest number of HCFs with advanced access to HCWM services. Dokolo and Bulisa districts did not have any HCF with access to safe HCWM.

Other Institutional challenges affecting proper HCWM identified during this assessment included the following;

- Lack of awareness and knowledge on HCWM.
- Lack of specific regulations of HCWM and poor enforcement of standards
- Insufficient HCW infrastructure in the health facilities.
- Inadequate supply of HCWM commodities.
- Insufficient monitoring and supervision on safe HCWM in the health facilities by the relevant authorities.
- Inadequate HCWM budget at health facilities to facilitate proper collection, transportation, treatment, and disposal of waste.
- Addressing these challenges requires concerted efforts from all stakeholders in ensuring proper planning, budgeting and adequate resource mobilization to effectively manage HCW generated at all levels of service delivery.

2.1. The Current landscape of Healthcare Waste Management

This section highlights a profile of the current landscape for HCWM services in the country. We characterize it under strengths, weaknesses, opportunities, and threats across the service delivery chain.

Table 1: SWOT Analysis of Health Care Waste Management

1. GENERATION AND SEGREGATION	
Strengths	**Weaknesses**
• Existance of protocols on the segregation of HCW • Existance of a structure procurement mechanisms for supplies to support segregation (NMS and JMS) • Presence of colour-coded bin and bin liners to ease segregation • Availability of Information, Education andCommunication (IEC) materials on waste segregation • Existance of Continuous Medical Education (CMEs) that promote enhanced skilling on appropriate HCWM	• Insufficient knowledge of different HCW management aspects e.g segregation protocols • Poor segregation practices among healthcare workers and other waste handlers • Inadequate implementation of existing policies, strategies and regulations • Inadequate financing for HCWM at the HCFs levels • Perenial insufficiency of supplies such as PPEs to support segregation of HWCs in most HCFs
Opportunities	**Threats**
• Existence the relevant stakeholders in the public and the private sector for example through the Coperate Social Responsibility (CSR) • Presence of academia-driven innovative ideas and prototypes	• The exponential growth of the healthcare system with disppropotionate HCWM services • Increasing disease burden and outbreaks which contribute to increased generation of HCWs beyond capacity
2. COLLECTION AND STORAGE	
Strengths	**Weaknesses**
• Availability of some appropriate collection and storage equipment • Existance of temporal storage grounds at some HCFs • Availability of personell to support collection and strorage of HCWs	• Inadequate knowledge on appropriate collection, packaging and storage HCWs protocols • Inadequate implementation of existing policies, strategies and regulations • Inadequate financing for HCWM at the HCFs levels • Poor collection, packaging and storage practices among healthcare workers and other waste handlers • Insufficient PPE appropriate for usage among waste handlers during collection and storage • Delays in the collection and disposal of accumulated stored HCWs
Opportunities	**Threats**
• There is growing interest in environmental conservation and climate change mitigation remedies • Presence of academia-driven innovative ideas and prototypes	• Extreme weather conditions that affect the available waste collection and storage facilities • Inadequate space allocations for temporary storage of HCWM especially in urban HCFs • Inappropriately designed HCW storage facilities currently used by some HCFs

3. TRANSPORTATION	
Strengths	**Weaknesses**
• Availability of some equipment for onsite and offsite transportation of HCW • Presence of licenced private operators to support transportation of HCWs	• Inadequate knowledge on appropriate transportation HCWs protocols • Inadequate implementation of existing policies, strategies and regulations • Inadequate financing for HCWM at the HCFs levels • Poor transportation practices among healthcare workers and other waste handlers • Insufficient PPE appropriate for usage among waste handlers during waste transportation • Inadequate maintenance and servicing options for the avalible transport equipment
Strengths	**Weaknesses**
• Existence of some public and private transportation equipments for HCWs • Continous engagements towards increasing capacity of the transportation systems in both the public and private sector	• Extreme weather conditions that affect the transport processes for HCWs • Poor accessibility to some HCFs especially those allocated in difficult geographical terrain areas.
4. TREATMENT AND FINAL DISPOSAL	
Strengths	**Weaknesses**
• Existence of some infrastructure for treatment and disposal of HCW • Existance of compliance systems to guide reduction of pharmaceutical waste like expired drugs	• Inadequate knowledge on appropriate treatment and disposal protocols • Inadequate implementation of existing policies, strategies and regulations • Inadequate financing for HCWM at the HCFs levels • Insufficient PPE appropriate for usage among waste handlers during waste treatment and disposal • Inadquate skilled human resources to support appropriate treatment and disposal processes • Poor maintenance practices of the established HCW treatment and disposal facilities by the responsible oversight personell
Strengths	**Weaknesses**
• There is growing interest in environmental conservation and climate change mitigation remedies • Presence of academia-driven innovative ideas and prototypes • Presence of public and private players supporting disposal processes	• Extreme weather conditions that can destroy the established HCWs treatment and disposal facilities • Vandalism and theft practices of established HCWs treatment and disposal facilities from irresponsible communities

2.2. Current financial landscaping and investments for HCWM in Uganda

The Health Financing Strategy 2015/16 – 2024/25 provides a road map for health financing functions in the sector, however the sector remains underfinanced leading to inadequate human resources for health, health infrastructure development and lack of medicines, vaccines and other health supplies.

This notwithstanding, the Government of Uganda and its partners has significantly invested in healthcare service delivery at various levels. Relatedly, all public and private healthcare facilities are required to effectively plan and budget for healthcare waste as pre-requisite for quality healthcare service delivery.

In this regard, the Government has put in place deliberate initiatives to expand its investment in healthcare waste management. These include engagement with the private sector under the Public-private Partnership (PPP) arrangement where significant gains have been registered. For instance, with its partners like Global Fund equipment and establishment of infrastructure such as environmentally friendly incinerators and 10 specialized waste transportation trucks have been procured and installed in 05 regions of Uganda namely; Gulu, Kabarole, Lira, Mbarara and Mukono. Additionally, through USAID Green Label Services Ltd was contracted to support management of health care waste in over 700 HCFs across the country.

A comprehensive revenue generation and financing model (pricing criteria, user fees, waste quantification thresholds, revenue collection and sharing modalities among others) has also been developed to ensure that both Government and the private operators sustainably run these facilities.

The Ministry has also issued circulars to all Local Governments necessitating them to adequately plan and budget for the management of healthcare wastes.

With these initiatives, improvement in healthcare waste management financing is expected to steer positive gains in healthcare service delivery across the value chain.

2.3. Institutional arrangements for implementation of the HCWM strategy

HCWM as a very critical component of healthcare service delivery equally deserves dedicated attention in ensuring that minimal risks to exposure to infectious pathogens are checked at all levels of the service delivery chain. This can only be achieved with contribution from relevant stakeholders who are involved in planning, budgeting, resource mobilization, provision and monitoring of quality services.

The key stakeholders for implementation of this strategy will involve the following;

- The Parliament of Uganda
- Ministries, Departments and Agencies
- Health Development Partners (National and Multi-National)
- Local Governments (Districts, Municipalities and Cities)
- Healthcare facilities (Public, Private not for Profit and Private for Profit)
- Health Professional Councils and Associations
- Health Training institutions
- Civil Society Organizations
- Private Sector

The respective roles and responsibilities of the highlighted stakeholders in the implementation of the HCWM strategy are enlisted below;

Table 2: Roles and responsibilities of key stakeholders for the HCWM

Category	Stakeholders	Roles and Responsibilities
State Actors	Parliament of Uganda (Health Committee)	• Support appropriate legislation for effective healthcare service delivery including HCWM • Support resource mobilization and allocation • Advocacy for effective healthcare service delivery • Provide oversight for accountability for effective healthcare service delivery including HCWM
	Ministries, Departments and Agencies	
	Ministries and Departments	• Development and dissemination of policies, regulations, guidelines, standards, protocols on healthcare service delivery including HCWM • Strategic planning, budgeting, resource mobilization, infrastructure development for healthcare service delivery including HCWM • Set up coordination and governance structures at national and subnational levels to implement sustainable HCWM interventions. • Oversee provision of nationally coordinated and efficient HCWM services • Capacity development and technical support for effective HCWM • Monitoring and Evaluation of HCWM services
	Agencies	
	National Medical Stores	• Management of procurement, warehousing and distribution of all HCWM supplies and equipment for Public HCFs • Participation in MoH planning, monitoring and review of HCWM services
	Joint Medical Stores	• Management of procurement, warehousing and distribution of all HCWM supplies and equipment for Private HCFs • Participation in MoH planning, monitoring and review of HCWM services
	National Environment Management Authority	• Develop and enforce compliance standards for effective waste management including HCW • Regulate and license Private actors in the waste sphere • Collaborate with line MDAs to develop, review and implement strategic interventions for effective HCWM
	Health Training Institutions	• Ensure professional skilling of the pre- and in-service healthcare workforce to enhance effective HCWM • Support operational research on the implementation of HCWM strategies for evidence based decision making

Category	Stakeholders	Roles and Responsibilities
	Health Professional Councils and Associations	• Registration and licensing of qualified healthcare workers who support healthcare service delivery which includes HCWM • Enforcing mandatory Continuous Professional Development (CPD) requirements to ensure practitioners stay updated with the latest healthcare service delivery advancements and best practices. • Enforce disciplinary procedures such as investigating complaints against members and taking appropriate actions • Implementing mechanisms to monitor and evaluate the quality of healthcare services provided by their members • Support dissemination of relevant information to the public about appropriate healthcare access and service delivery including HCWM.
	Local Governments (Districts, Municipalities and Cities)	• Develop work plans and budgets to support effective healthcare service delivery including HCWM • Spearhead direct implementation of healthcare service delivery including effective HCWM • Participate in the development and review of policies, regulations, guidelines, standards, protocols on healthcare service delivery including HCWM • Undertake monitoring and supervision of healthcare service delivery including HCWM practices to identify areas of improvement • Participate in performance reviews for healthcare service delivery interventions such as HWCM • Enforce standards, regulations such as those enshrined in the Public Health Act for compliance to waste and nuisance management provisions.
	Health Care Facilities (Public, Private Not for Profit and Private For Profit)	• Develop clear plans for managing all wastes generated from service delivery across the service chain. • Implement developed plans in support of the HCWM strategy and guidelines • Conduct support supervision for effective management of healthcare wastes • Participation in performance reviews on implementation of HCWM strategies • Provide feedback to improve HCWM services
Non-state Actors	Development Partners	• Provide technical assistance and financial support to delivery effective healthcare services • Lobby and advocate for adequate financing to support effective healthcare service delivery including HCWM • Facilitate enabling environment for enhancing the implementation of the effective healthcare service interventions • Actively participate in planning, monitoring and review performance of HCWM interventions • Provide appropriate feedback on improvement strategies on existing HCWM interventions

Category	Stakeholders	Roles and Responsibilities
	Private Sector (CSOs, Private waste operators)	• Support development, planning, monitoring and evaluation of the HCWM strategy and guidelines • Mobilize resources to support HCWM interventions from internal and external sources • Support collection, transportation, treatment and disposal of HCWs in alignment to the set standards and protocols • Support research for evidence-based decision making • Engage in public awareness initiatives on HCWM best practices
	Community Members	• Support policies and initiatives aimed at improving healthcare waste management practices at local healthcare facilities. • Collaborate with healthcare providers to identify and address gaps in waste management systems in communities. • Advocate for better HCWM services and infrastructure in the community. • Report instances of improper healthcare waste disposal to relevant authorities within the community • Engage in promotion of appropriate practices like hand hygiene and proper handling of potentially infectious materials.

3.0 STRATEGY DIRECTION

3.1. Goal:

To establish a sustainable healthcare waste management system that protects public health and the environment.

3.2. Vision:

To have an efficient and effective healthcare waste management system that promotes the wellbeing of all people in Uganda.

3.3. Mission:

To promote a sustainable and resilient healthcare system with effective healthcare waste management interventions.

3.4. Core Values

The Ministry of Health strives to coordinate the provision of environmentally friendly HCWM services by promoting best practices to ensure safety of the healthcare workers, patients, caregivers and the community. These shall be guided by the following core values.

i. **Public Health and Safety:** The Ministry of Health prioritizes the health and safety of healthcare workers, waste handlers, communities and the environment by implementing best practices in healthcare waste management.

ii. **Environmental Responsibility:** The Ministry of Health aims to mitigate the environmental impact of healthcare waste by adopting sustainable and environmentally-friendly HCWM options.

iii. **Innovation:** The Ministry of Health shall continuously prioritize usage and promotion of innovative solutions to improve healthcare waste management practices in Uganda at all levels.

iv. **Collaboration:** The Ministry of Health shall promote strategic partnerships with key stakeholders within the HCWM domain to ensure sustainability of targeted interventions.

v. **Compliance:** The Ministry of Health shall ensure adherence to national and international standards and regulatory requirements for healthcare waste management in a bid to provide high quality healthcare services.

3.5. Guiding Principles of the HCWM Strategy

i. **Evidence-based practice and innovations:** Use data to inform the design of innovative technologies and solutions to support efficient and safe HCWM processes.

ii. **Resource utilization:** Rational allocation of available resources and optimized resource mobilization to support efficient and safe HCWM processes.

iii. **Protection and well-being:** Prioritize the safety and well-being of healthcare workers, patients, and the communities by implementing strategic and sound HCWM interventions.

iv. **Environmental stewardship:** Implement environmentally friendly initiatives for a resilient and sustainable HCWM system

v. **Community engagement:** Empower communities to be responsible for enhanced ownership of different HCWM interventions for collective responsibility.

3.6. Strategic Objectives

The implementation of the HCWM strategy will be guided by the following objectives;

3.6.1. Strengthen Institutional capacity for the management of healthcare waste at all levels

HCW is generated at all levels of the health system during various activities which are involved in healthcare service delivery. If not managed well, it poses significant risks to public health and the environment. Therefore, there is need to build adequate institutional capacity at each of the levels of the health system to ensure availability of the required resources to support all HCWM interventions.

3.6.2. Strengthen stakeholder coordination, collaboration, partnerships and private sector engagements for HCWM

Inter-sectoral collaboration is essential for effective HCWM through fostering partnerships between ministries, departments, agencies, private sector and civil society organizations. This approach ensures shared responsibility and resource allocation with support from all relevant stakeholders who participate in decision-making processes for effective implementation of the HCWM strategy. Public-Private Partnerships (PPP) also play a crucial role in HCWM. By involving the private sector in HCWM processes, it enables the government to leverage on their expertise and resources to improve efficiency and sustainability of HCWM interventions.

3.6.3. Re-enforce legal and regulatory frameworks for effective HCWM

The development of clear and comprehensive regulatory frameworks which aligns with international standards is a fundamental step in establishing the enabling environment for effective HCW management. The developed frameworks establish compliance enforcement mechanisms which are crucial in ensuring adherence to appropriate HCWM practices.

3.6.4. Establish and operationalize HCWM environmentally friendly infrastructure, technology, equipment and supplies

A well-developed infrastructure is fundamental for effective HCWM. This coupled with adequate and timely supply of the necessary equipment, and supplies support effective implementation of HCWM best practices at all levels across the health care service delivery chain. Additionally, continuous maintenance of the existing HCWM infrastructure guarantees sustained operations and thus ensuring protection of public health and the environment.

3.6.5. Enhance public awareness and mindset change for improved HCWM

Community participation is a fundamental principal of Primary Health Care (PHC) service delivery. It necessitates involvement of community members in the planning and implementation of health care activities to ensure better health outcomes and equity. Additionally, this empowers communities to be responsible for maintaining their own health and enhance ownership of different health care interventions including targeted HCWM initiatives for their sustainable uptake.

Efforts geared towards raising public awareness about the importance of appropriate healthcare waste management is crucial for supporting policies and initiatives aimed at improving healthcare waste management practices at local healthcare facilities.

It also enables collaboration with healthcare providers to identify and address gaps in waste management systems in communities, advocate for better HCWM services and infrastructure in the community as well as reporting instances of improper healthcare waste disposal to relevant authorities within the community.

Regular interactions through established community engagement and accountability structures such as barazas, radio talk shows among others shall be used to assess performance on healthcare waste management and provide feedback to various stakeholders on what needs to be improved within their jurisdictions.

3.6.6. Establish sustainable financing mechanisms for an efficient and effective HCWM system

Effective implementation of HCWM strategies requires availability of adequate and sustainable resources at both national and subnational levels. These resources should be mobilized through different streams and rational allocation to facilitate all operational processes at various levels. Without a dedicated HCWM financing mechanism, it's practically impossible to have healthcare facilities effectively function. Therefore, establishing a dedicated financing mechanism is critical in ensuring an effective and self-sustaining HCWM system. A number of innovative financing options such as streamlined public financing, private sector investment and user fees enforcement shall be explored to improve the current financing landscape.

3.6.7. Develop and implement mechanisms for monitoring and evaluation of HCWM

Regular monitoring and evaluation of HCWM systems is crucial for tracking progress, measuring efficiency, identifying bottlenecks for informed decision-making using the existing frameworks. Establishment of a unified data collection and reporting system will further support ensuring that routine compliance checks, performance indicator reviews are undertaken in addition to providing feedback to those who need it the most.

3.6.8. Support operational research and innovative for sustainable HCWM

Healthcare waste management involves multiple processes and stakeholders who contribute to strategic planning, resource mobilization, infrastructure development for healthcare service delivery. At each of these stages, evidence is critical in informing data-driven decisions to design targeted interventions while addressing identified challenges.

Operational research plays a crucial role in generating evidence to support forecasting of HCWs generation trends, identifying innovative opportunities for improved HCWM. It guides rational resource allocation for effective and efficient HCWM processes, ultimately improving the overall HCWM system.

Table 3: Shows the strategic objectives and activities for the 5-year period

Strategy Objective	Actions	Output	Outcome
Strengthening Institutional Capacity for HCWM	Skilling, mentoring, retooling and administrative support to the health workforce to enhance best practices for healthcare waste management	Enhanced best practices for HCWM among the health workforce	Competent & skilled healthcare workforce to manage HCW
	Conduct regular support supervision of HCFs and licensed private operators to ensure effective HCWM	Increased compliance to set standards and protocols on HCWM	Improved healthcare service delivery indicators
	Perform routine risk assessments and compliance checks on HCWM	Updated status on existing HCWM processes	HCWM best practices adopted and scaled up through operational research
	Support integration of HCWM in health training institutions	Enhanced training on HCWM competences in health training institutions	Competent & skilled healthcare workforce to manage HCW
	Establish and operationalize HCWM committees at National and sub-national levels	HCWM committees constituted and operationalized at National and sub-national levels	Improved governance in HCWM at National and sub-national levels

Strategy Objective	Actions	Output	Outcome
	Develop and operationalize health facility-level HCWM plans	HCWM plans developed and operationalized at HCF level	Improved service processes in HCWM
Strengthen coordination, collaboration and private sector engagements	Develop a coordination framework to operationalize private sector engagements for effective HCWM	Developed and functionalized PPP framework for effective HCWM	Effective HCWM through PPP engagements strengthened
	Conduct coordination meetings with line MDAs, Partners and the private sector	Enhanced coordination with the line MDAs, Partners and the private sector conducted	Streamlined roles, responsibilities and capacities for enhanced HCWM
	Strengthen monitoring of private operators on the routine collection, transportation, treatment and disposal of HCWM	Enhanced monitoring of private operators on HCWM on the routine collection, transportation, treatment and disposal of HCWM	Re-enforced accountability mechanisms
	Support incentivization for private companies to invest in appropriate technology and innovations for HCWM	Increased private sector investment in appropriate technology and innovations for HCWM	Increased investment of private players in HCWM innovations
Reinforce legal and regulatory framework for effective HCWM	Develop and review policies, regulations, SOPs, protocols, job aids and training manuals for HCWM	Policies, regulations, SOPs, protocols, job aids and training manuals developed, reviewed and disseminated	Re-enforced legal & regulatory framework for compliance & enforcement of proper HCWM practices.
	Develop, disseminate and enforce certification SOPs such as safety protocols, compliance notices, movement permits, site management manuals for HCWM	Certification and safety protocols, compliance notices, movement permits, site management manuals for HCWM developed, disseminated and enforced	Increased awareness and utilization of compliance protocols
	Establish and operationalize a focal point station for coordination with the licensing and certification agencies such as NEMA for effective management of HCW	A functional focal point station for licensing and certification for effective management of HCW	Improved coordination for HCWM
Advocate for resource mobilization and allocation for implementation of HCWM	Support planning and integration of HCWM into LGs and health facility plans and budgets	HCWM integrated into Health facility planning and budgets	Improved planning and budgeting for HCWM

Strategy Objective	Actions	Output	Outcome
	Enhance innovative financing for HCW through revenue generation and financing mechanisms e.g. adoption of a user fee model for PNFPs and PFPs	Revenue generation and financing streams for HCWM enhanced	Sustainable financing effectively mobilized for HCWM
	Equip healthcare workers with skills for HCWM planning and budgeting at all levels	Healthcare workers equipped to plan and budget for HCWM	Improved competences of healthcare workers on planning and budgeting for HCWM
Establish and operationalize HCWM infrastructure, technology, equipment and supplies	Procure and install HCWM infrastructure and technology such as incinerators	HCWM infrastructure and technology procured and installed	Enhanced infrastructural and technological capacity for HCWM
	Administrative support to operationalize the installed HCWM infrastructure and technology	Installed HCWM infrastructure and technology operationalized	Sustained administrative capacity for continued operations of installed infrastructure and technology
	Procure, install and maintain HCWM equipment such as trucks, autoclaves, shredders	HWCM equipment procured, installed and maintained	Sustained operation and maintenance pf HCWM equipment
	Procure and distribute HCWM supplies such as Personal Protective Equipment (PPE), bins, bin liners, and safety boxes	HCWM supplies procured and distributed	Replenished supply of HCWM consumables
Support operational research for innovative and sustainable HCWM	Conduct research on environmentally friendly HCWM technologies and innovations	Improved environmentally friendly HCWM technologies developed and scaled up	Adoption of research–informed environmentally friendly HCWM technologies
	Develop and scale up environmentally friendly HCWM technologies and innovations	Scaled up adoption of environmentally friendly HCWM technologies and innovations	Increased adoption of environmentally friendly HCWM technologies and innovations

Strategy Objective	Actions	Output	Outcome
	Support targeted public health surveillance initiatives such as Healthcare- Associated Infections (HAIs), Anti-Microbial Resistance (AMR), water quality surveillance among others	Increased surveillance of Healthcare- Associated Infections (HAIs), Anti-Microbial Resistance (AMR), water quality surveillance	Reduced burden of disease due to inappropriate HCWM
	Undertake learning and knowledge management assessments on HCWM	Enhanced adoption of knowledge products on improved HCWM	Improved usage of knowledge products for HCWM practices
Enhance Public awareness and mindset change for improved HCWM	Develop and disseminate Information and Communication (IEC) materials on appropriate HCWM	IEC materials on appropriate HCWM developed and disseminated	Public awareness for improved HCWM increased
	Conduct community engagement and advocacy for appropriate HCWM and mindset change	Increased awareness and advocacy for appropriate HCWM in communities	Improved community participation in the implementation of effective HCWM
Develop and implement mechanisms for monitoring and evaluation of HCWM at all levels	Develop and rollout a HCWM M&E framework across all healthcare facilities	HCWM M&E framework developed and rolled out	Enhanced tracking of HWCM using established framework
	Develop and operationalize the digital system to ease tracking and monitoring of HCWM along the service chain	HCWM digital system developed and operationalized	Adoption of smart technologies (digitized systems) for HCWM
	Undertake periodic assessments on HCWM including environment, health and social assessment audits	Updated performance on HCWM initiatives updated	Adoption of best practices for HCWM

3.7. Public Private Partnerships for healthcare waste management

The private sector plays a critical role in the management of health care waste in abid to support government efforts of enhancing efficient collection, transportation and disposal/ treatment of wastes. This approach of strengthening private partnership and participation is well aligned with Uganda's Public Private Partnership (PPP) policy (2010). It provides for a framework that creates an enabling environment for the public and private sectors to work together to improve public service delivery through provision of infrastructure and related services.

The private sector involvement has already been piloted by Government of Uganda and its partners like Global Fund and USAID which has potentially accelerated effective management of health care waste across the entire value chain. For example, USAID through its contract framework with private players like Green Label Services Ltd is currently supporting management of health care waste in over 700 HCFs across the country. Other HCFs especially in the private space pay for their generated wastes through a number of other private actors within the same space that utilize the established regional incinerators.

The Government of Uganda intends to continue with this partnership directly working with entities in the private space to leverage on their experience. In this regard, Ministry of Health has supported the procurement of equipment and establishment of infrastructure for improved HCWM across the country. For instance, with support from USAID, Global Fund and the World Bank, regional incinerators have been established and are to be operationalized through the Public Private Partnerships for sustainability. The private sector shall be supported to ensure that they effectively collect, treat and safely dispose of healthcare wastes. For business feasibility and sustainability of the Public Private Partnership, the Government has undertaken initial investments including installation of these incinerators, allocation of initial operational costs, procurement of 10 specialized waste collection trucks, recruitment and training of human resources for proper site management. The private operators shall continue to support operations of the incinerators for some time with financing from Government until a sustainability plan is established. In this arrangement licensed private operators have signed Memorandum of Understanding (MoU) with the Ministry of Health detailing the respective obligations.

The Ministry of Health has also supported the design of a comprehensive revenue generation and financing model (pricing criteria, user fees, waste quantification thresholds, revenue collection and sharing modalities among others) to ensure that both Government and the private operators sustainably run these facilities. In this regard, all healthcare facilities are required to plan and budget for efficient management of their wastes so that they ably meet operational costs relating to healthcare waste.

Plans are also underway to ensure that additional incinerators are established and operationalized to cover high-volume healthcare facilities in order to facilitate a self-sustaining service delivery mechanism across the country.

Ministry of Health in close collaboration with the National Environment Management Authority (NEMA) shall continue to reinforce established mechanisms ranging from licensure, certification and compliance protocols

Obligations of the Private Operator in HCWM

- Ensure that they are licensed and certified by the responsible authorities (the National Environment Management Authority (NEMA) and Ministry of Health) for collection, on-site or off-site transportation, treatment or disposal of health care wastes.
- Sign framework agreements with the MOH with clearly duties and responsibilities of each party (scope of work, among others).
- Participate in health care facility assessments for HCW
- Ensure appropriate and timely collection, transportation, treatment and disposal of health care wastes.
- Comply with the set legal requirements for efficient HCW management across the service chain
- Facilitate installation and maintenance of new and environmentally friendly infrastructure and equipment for healthcare waste management
- Fulfill the requirements as stipulated in the framework contracts issued by the Ministry of Health
- Provide monthly and quarterly reports on HCW to MOH.
- Maintain fleet and human resources for healthcare waste management

This private sector approach will greatly enhance effective collection, transportation, treatment and disposal of health waste with an aim of supplementing the current efforts by Government to reduce the burden of disease due to preventable causes and improving the quality of healthcare services.

4.0 MONITORING AND EVALUATION PLAN

Monitoring and evaluation (M&E) processes are essential functions in ensuring that priority interventions of the HCWM strategy produce the desired outcomes. HCWM M&E processes should address the needs of quality healthcare services, with a special focus on HCWM across the entire healthcare service delivery chain.

However, regular M&E is critical for tracking progress, measuring efficiency, identifying bottlenecks in order to informed decisions using the existing frameworks. There is need to establish a unified data collection and reporting system which should support tracking of routine compliance to standards and protocols, performance indicators and providing feedback to relevant stakeholders. Other sources of data collection at HCF level shall comprise of HCWM Professional audits, routine inspection reports, surveys and spot checks

An integrated and comprehensive approach to monitoring the national HCWM strategy shall facilitate measurement of progress towards national commitments towards delivery of high-quality health services. This shall be made effective by integrating the unified data collection and reporting system within the existing frameworks such as the DHIS-2. This shall ensure reliable, accurate and timely reporting against set targets and indicators.

For this strategy, the M&E system will enable generation of quality data to;

- Guide planning, budgeting and resource mobilization for HCWM
- Inform policy formulation
- Enhance stakeholder coordination
- Support healthcare facility surveys in HCWM
- Support targeted public health surveillance initiatives in facilities such as Healthcare -Associated Infections (HAIs), Antimicrobial Resistance (AMR), water quality surveillance among others

Data analysis, dissemination and use

The established data analysis and dissemination mechanisms shall be utilized to produce quarterly and annual statistical and administrative reports for various stakeholders. These reports shall highlight achievements, successes, lessons learned, best practices and challenges to guide improvement in health service delivery.

Table 4: M&E framework illustrates results indicators with their annual targets, reporting frequency, and sources of information.

Strategy Objective	Actions	Output	Indicator	Targets					MoV
				FY 25/26	FY 26/27	FY 27/28	FY 28/29	FY 29/30	
Strengthening Institutional Capacity for HCWM	Conduct regular support supervision of HCFs and licensed private operators to ensure effective HCWM	Increased compliance to set standards and protocols on HCWM	Number of health facilities supported to improve HCWM	100	150	200	250	300	Activity reports
			Number of licensed private companies supported to improve HCWM	30	45	55	60	65	Activity reports
	Perform routine risk assessments and compliance checks on HCWM	Updated status on current HCWM processes	Number of HCFs where routine risk assessments and compliance checks have been done	100	150	200	250	300	Activity reports Inventory
	Develop and operationalize health facility-level HCWM plans	HCWM plans developed and operationalized at HCF level	Number of HCFs with functional HCWM plans	100	150	200	250	300	HCF HCWM plans Inventory
	Skilling, mentoring, retooling and administrative support to the health workforce to enhance best practices for healthcare waste management	Healthcare workers and private companies trained on appropriate HCWM	Number of HCF HCWM focal point persons and private companies trained	100	150	200	250	300	Training reports Attendance sheets and Inventory
	Support integration of HCWM in health training institutions	Enhanced training on HCWM competences in health training institutions	No. of health training institutions prioritize HCWM skilling						

Strategy Objective	Actions	Output	Indicator	Targets					MoV
				FY 25/26	FY 26/27	FY 27/28	FY 28/29	FY 29/30	
	Establish and operationalize HCWM committees at National and sub-national levels	HCWM committees constituted and operationalized at National and sub-national levels	No. of HCWM functional committees	20%	40%	60%	80%	100%	Reports and Inventory
Strengthen coordination, collaboration, partnerships and private sector engagements	Develop a coordination framework to operationalize private sector engagements for effective HCWM	PPP coordination framework established and operationalized	No. PPP coordination engagements for conducted	4	4	4	4	4	Reports Inventory
	Conduct coordination meetings with line MDAs, Partners and the private sector	Enhanced coordination with the line MDAs, Partners and the private sector conducted	No. of stakeholder coordination meetings conducted	4	4	4	4	4	Reports Inventory Meeting minutes
	Establish National and Sub-national committees to oversee proper HCWM across the country	National and Sub-national committees established and functionalized	Number of HCWM committees established at National and Sub-national levels	20%	40%	60%	80%	100%	TOR Meeting minutes Reports Inventory
	Strengthen monitoring of private operators on the routine collection, transportation, treatment and disposal of HCWM	Enhanced monitoring of private operators on HCWM on the routine collection, transportation, treatment and disposal of HCWM	Number of registered and licensed private operators monitored	20%	40%	60%	80%	100%	Register Inventory
	Support incentivization for private companies to invest in appropriate technology and innovations for HCWM	Increased private sector investment in appropriate technology and innovations for HCWM	No. of new private sector investments in appropriate technology and innovations for HCWM	20%	40%	60%	80%	100%	Inventory

Strategy Objective	Actions	Output	Indicator	Targets					MoV
				FY 25/26	FY 26/27	FY 27/28	FY 28/29	FY 29/30	
Reinforce legal and regulatory framework for effective HCWM	Develop and review policies, regulations, SOPs, protocols, job aids and training manuals for HCWM	Policies, regulations, SOPs, protocols, job aids and training manuals for HCWM developed, reviewed and disseminated	No. of SOPs, protocols, job aids and training manuals for HCWM developed, reviewed and disseminated	20%	40%	60%	80%	100%	SOPs Protocol guidelines Job aids Training manuals Reports
	Develop, disseminate and enforce certification and safety protocols, compliance notices, movement permits, site management manuals for HCWM	Certification and safety protocols, compliance notices, movement permits, site management manuals for HCWM developed, disseminated and enforced	No. of certification and safety protocols, compliance notices, movement permits, site management manuals for HCWM developed, disseminated & enforced	20%	40%	60%	80%	100%	Reports Inventory
	Establish and operationalize a focal point station for licensing and certification for effective HCWM	A functional focal point station for licensing and certification for effective management of HCW	No. licensing and certification exercises supported	20%	40%	60%	80%	100%	Reports Inventory
	Undertake environment, health and social assessment audits for HCWM	Environment, health and social audits conducted	Number of environment health and social audits conducted	20%	40%	60%	80%	100%	Audit reports
Advocate for resource mobilization and allocation for implementation of HCWM	Support planning and integration of HCWM into plans and budgets at National and sub-national levels	HCWM integrated into Health facility planning and budgets	No. of HCFs with intergraded plans and budgets for HCWM	20%	40%	60%	80%	100%	Reports Inventory

Strategy Objective	Actions	Output	Indicator	Targets					MoV
				FY 25/26	FY 26/27	FY 27/28	FY 28/29	FY 29/30	
	Enhance innovative financing for HCW through revenue generation and financing mechanisms e.g. adoption of a user fee model for PNFPs and PFPs	Revenue generation and financing streams for HCWM enhanced	No. of new innovative HCF financing mechanisms registered	20%	40%	60%	80%	100%	Reports Inventory
	Equip healthcare workers with skills for HCWM planning and budgeting at all levels	Healthcare workers equipped to plan and budget for HCWM	No. of HCFs with healthcare workers equipped to plan and budget for HCWM	20%	40%	60%	80%	100%	Training reports
Establish and operationalize HCWM infrastructure, supplies and technology	Procure and install HCWM infrastructure and technology such as incinerators	HCWM infrastructure and technology procured and installed	No. of HCWM infrastructure and technology procured and installed HCFs	28	35	40	45	50	Asset registers
	Administrative support to operationalize the installed HCWM infrastructure and technology	Installed HCWM infrastructure and technology operationalized	No. of functional HCWM infrastructure and technology	28	35	40	45	50	Reports Inventory
	Procure, install and maintain HCWM equipment such as trucks, autoclaves, shredders	HWCM equipment procured, installed and maintained	No. of HWCM equipment procured, installed and maintained	20%	40%	60%	80%	100%	Asset register
	Procure and distribute HCWM supplies such as Personal Protective Equipment (PPE), bins, bin liners, and safety boxes	HCWM supplies procured and distributed	Quantity of HCWM supplies procured and distributed	20%	40%	60%	80%	100%	Asset register

Strategy Objective	Actions	Output	Indicator	Targets					MoV
				FY 25/26	FY 26/27	FY 27/28	FY 28/29	FY 29/30	
Support operational research for innovative and sustainable HCWM	Conduct research on environmentally friendly HCWM technologies and innovations	Environmentally friendly HCWM technologies developed and scaled up	No. of studies conducted on environmentally friendly technologies for HCWM	4	4	4	4	4	Reports Publications
	Develop and scale up environmentally friendly HCWM technologies and innovations	Scaled up adoption of environmentally friendly HCWM technologies and innovations	No. of environmentally friendly HCWM technologies and innovations developed and scaled up	20%	40%	60%	80%	100%	Inventory
	Support targeted public health surveillance initiatives such as Healthcare- Associated Infections (HAIs), Anti-Microbial Resistance (AMR), water quality surveillance among others	Reduced burden of disease due to inappropriate HCWM	No. of targeted public health surveillance activities on Healthcare-Associated Infections (HAIs), Anti-Microbial Resistance (AMR), water quality surveillance	20%	40%	60%	80%	100%	Surveillance reports Publications
	Undertake learnings and knowledge management assessments on HCWM	Improved HCWM practices along the service chain	No. of knowledge management and assessment products on HCWM	20%	40%	60%	80%	100%	Reports Inventory
Enhance Public awareness and mindset change for improved HCWM	Develop and disseminate Information and Communication (IEC) materials on appropriate HCWM	Information and Communication (IEC) materials on appropriate HCWM developed and disseminated	No. of IEC materials on appropriate HCWM developed and disseminated	20%	40%	60%	80%	100%	Inventory

Strategy Objective	Actions	Output	Indicator	Targets					MoV
				FY 25/26	FY 26/27	FY 27/28	FY 28/29	FY 29/30	
	Conduct community engagement and advocacy for appropriate HCWM in communities	Increased awareness and advocacy for appropriate HCWM in communities	No. of community engagement and advocacy for appropriate HCWM	4	4	4	4	4	Reports
Develop and implement mechanisms for monitoring and evaluation of HCWM at all levels	Develop and rollout a HCWM M&E framework across all healthcare facilities	HCWM M&E framework developed and rolled out	No. of engagements on HCWM M&E framework development	4	4	4	4	4	Reports
	Undertake periodic assessments on HCWM including environment, health and social assessments and audits	Periodic assessments on HCWM conducted	No. of periodic assessments on HCWM conducted	4	4	4	4	4	Reports
	Review and track key performance indicators to monitor progress of HCWM	HCWM KPIs reviewed and tracked	No. HCWM KPIs reviewed and tracked	4	4	4	4	4	Reports Inventory
	Procure and install a HCWM digital tracking system for monitoring and reporting	Digital HCWM tracking system developed and rolled out	No. of engagements undertaken for development and functionalization of the digital HCWM tracking system	4	4	4	4	4	Reports

5.0 FINANCING THE STRATEGY

The Government of Uganda seeks to increase financing for HCWM programs to ensure effective HCWM services at all levels. Financing of this strategy shall leverage public and private sector resource contributions for sustainability. This will support the country's healthcare system to overcome some of the chronic challenges that it has experience of inadequate HCWM along the service chain. The following strategic interventions have been prioritized to improve the current landscape. To effectively implement this strategy, a total budgetary estimate of UGX. 255 billion (USD 68.9M) for the five (05) year period will be required.

Table 5: detailing costing of the strategy interventions (UGX billions)

Strategy Objective	Actions	Budget Estimates in 000,000,000s					Total (Ugx Bns)
		FY 25/26	FY 26/27	FY 27/28	FY 28/29	FY 29/30	
Strengthening Institutional Capacity for HCWM	Conduct regular support supervision of HCFs and licensed private operators to ensure effective HCWM	1.6	1.6	1.8	2	2.5	9.5
	Perform routine risk assessments and compliance checks on HCWM	0.6	0.9	1.2	1.5	1.8	6
	Develop and operationalize facility-level HCWM plans	0.6	0.9	1.2	1.5	1.8	6
	Skilling, mentoring, retooling and administrative support to health workforce to enhance best practices for HCWM	0.6	0.6	0.6	0.7	0.9	3.4
	Support integration of HCWM in health training institutions						
	Establish and operationalize HCWM committees at National and Sub-national levels	0.05	0.06	0.007	0.007	1.2	1.225
Strengthen coordination, collaboration, partnerships and private sector engagements	Develop a coordination framework to operationalize private sector engagements for effective HCWM	0.2	0.2	0.2	0.2	0.2	1.0
	Conduct coordination meetings with line MDAs, Partners and the Private sector	0.1	0.2	0.3	0.3	0.3	1.2
	Establish National and Sub- National committees to oversee proper HCWM across the country	1	1.5	1.5	1.5	1.5	07

Strategy Objective	Actions	Budget Estimates in 000,000,000s					Total (Ugx Bns)
		FY 25/26	FY 26/27	FY 27/28	FY 28/29	FY 29/30	
	Strengthening monitoring of private operators on routine collection, transportation, treatment and disposal of HCWM	0.1	0.2	0.2	0.2	0.3	1.0
	Support incentivization for private companies to invest in appropriate technology and innovations for HCWM	0.5	0.5	0.5	0.5	1.0	03
Reinforce legal and regulatory framework for effective HCWM	Develop and review policies, regulations, SOPs, protocols, job aids and training manuals for HCWM	8	8	6	6	6	34
	Develop, disseminate and enforce certification and safety protocols, compliance notices, movement permits, site management manuals for HCWM	1.6	1.6	1.8	2	2.5	9.5
	Establish and operationalize a focal point station for licensing and certification for effective HCWM	1	1.5	2	2.5	3	10
	Undertake environment, health and social assessment audits for HCWM	0.3	0.4	0.5	0.5	0.6	2.3
Advocate for resource mobilization and allocation for implementation of HCWM	Support planning and integration of HCWM into plans and budgets at National and sub-national levels	0.239	1.408	0.907	1.028	1.211	4.793
	Enhance innovative financing for HCW through revenue generation and financing mechanisms e.g. adoption of a user fee model for PNFPs and PFPs	0.9	0.9	0.9	1.2	1.5	5.4
	Equip healthcare workers with skills for HCWM planning and budgeting at all levels	0.3	0.7	1.1	1.1	1.5	4.7
Establish and operationalize HCWM infrastructure, supplies and technology	Procure and install HCWM infrastructure and technology such as incinerators	10	10	10	10	10	50
	Administrative support to operationalize the installed HCWM infrastructure and technology	7	8	8	7	7	12
	Procure, install and maintain HCWM equipment such as trucks, forklifts, trucks, autoclaves, shredders	4	5	7	10	10	15

Strategy Objective	Actions	Budget Estimates in 000,000,000s					Total (Ugx Bns)
		FY 25/26	FY 26/27	FY 27/28	FY 28/29	FY 29/30	
	Procure and distribute HCWM supplies such as Personal Protective Equipment (PPE), bins, bin liners, and safety boxes	2.2	2.1	2.2	1.8	1.5	9.8
Support operational research for innovative and sustainable HCWM	Conduct research on environmentally friendly HCWM technologies and innovations	1.0	1.0	1.0	1.0	1.7	6.0
	Develop and scale up environmentally friendly HCWM technologies and innovations	0.5	0.5	0.6	0.7	1.0	3.3
	Support targeted public health surveillance initiatives such as Healthcare-Associated Infections (HAIs), Anti-Microbial Resistance (AMR) , water quality surveillance among others	0.02	0.02	0.02	0.02	0.02	0.1
Enhance Public awareness and mindset change for improved HCWM	Undertake learnings and knowledge management assessments on HCWM	0.1	0.1	0.4	0.6	0.7	0.9
	Develop and disseminate communication guidelines on HCWM	0.3	0.7	1.1	1.1	1.5	4.7
	Conduct community engagement and advocacy for appropriate HCWM in communities	0.6	0.6	0.7	0.8	0.9	3.6
	Develop and rollout a HCWM M&E framework across all healthcare facilities	0.9	0.9	0.9	1.2	1.5	5.4
	Undertake periodic assessments on HCWM including environment, health and social assessments and audits	1.8	1.7	1.92	1.22	2.6	10.04
	Review and track key performance indicators to monitor progress of HCWM	0.6	0.9	1.2	1.5	1.8	6
	Procure and install a HCWM digital tracking system for monitoring and reporting	0.9	0.9	0.9	1.2	1.5	5.4

6.0 APPENDIX 1

List of stakeholders that contributed to the development of the strategy

No.	NAME	DESIGNATION	ORGANIZATION
1	Dr. Jane Ruth Aceng	Minister of Health	MOH
2	Hon. Margaret Muhanga	State Minister for Primary Health Care)	MOH
3	Hon. Anifa Kawooya Bangirana	State Minister for Health in charge of General Duties	MOH
4	Dr. Diana Atwine	Permanent Secretary	MOH
5	Dr. Olaro Charles	Director Curative Services	MOH
6	Dr. Kyabayinze Daniel	Director-Public Health	MOH
7	Dr. Herbert Nabaasa	Commissioner -Environmental Health	MOH
8	Dr. Sarah Byakika	Commissioner-Planning, Finance and Policy	MOH
9	Dr. Opengthyo DuGgum	Commissioner-Community Health	MOH
10	Dr. Seru Morries	Ag. Commissioner- Pharmaceuticals and Natural Medicines	MOH
11	Dr. Ronny Bahatungire R.	Ag. CHS-Clinical Services	MOH
12	Dr. Richard Mugahi	Commissioner-Reproductive, Maternal and Child Health	MOH
13	Dr. Stavia Turyahabwe	Commissioner- Communicable Diseases Prevention and Control	MOH
14	Ms. Annet M Musinguzi	Commissioner Human Resource Management	MOH
15	Dr.Allan Muruta	Commissioner-Integrated Epidemiology, Surveillance and Public. Health Emergencies	MOH
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30	Dr. Ambrose Jakira	Pharmacist	MOH
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42	Dr. Ivan Akunda	M&E Officer	MOH
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44	Ms. Suzan Nazziwa	O/A	MOH
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48	Ms. Mary Ayoreka	Environment Expert	IRC
49	Eng. Peter Nzabanita	Country Director	Engineers Without Borders
50	Mr. Busingye Sistal	Green label	Green Label Services Limited
51	Ms.Jane Sembuche	Country Director	WaterAid Uganda

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77	Dr. Ssebutinde Peter	DHO	MDLG
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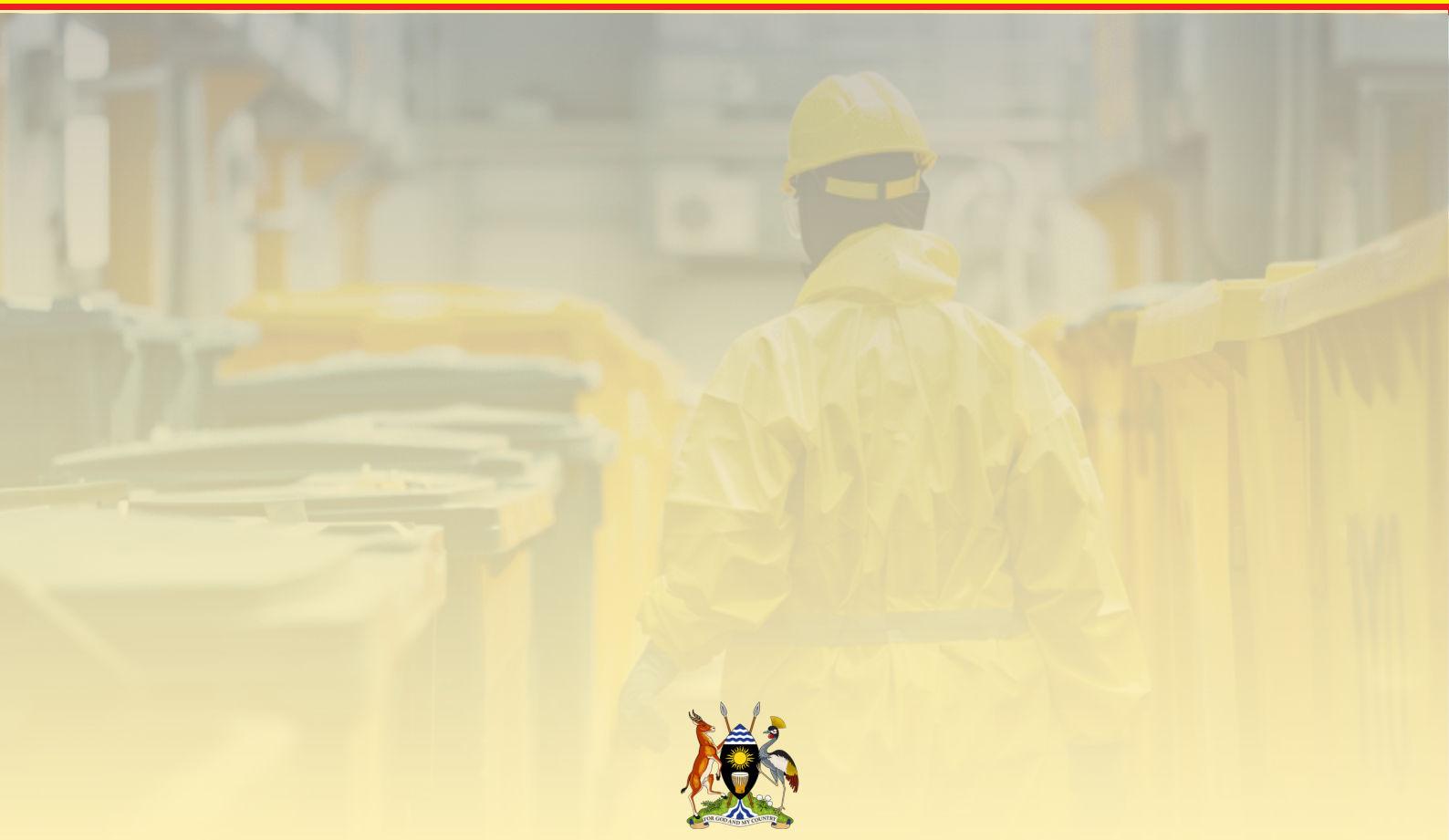

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