

Minutes of the Project Board Meeting

- **Project Name:** Reducing UPOPs and Mercury Releases from the Health Sector in Africa
- **Project ID:** 00096344
- **Output IDs:** 00090700
- **Venue:** Conference room, Carlton Hotel, Antananarivo, Madagascar
- **Date & Time:** 5 September 2019, 11h00-12h30 (GMT)

Meeting Participants

Project Board:

- **Executive:**
 - (On behalf of IRH Manager and Chairperson of the Project Board) Etienne Gonin*, Programme Analyst, Montreal Protocol and Chemicals Unit, UNDP IRH
- **Senior Supplier:**
 - Rosemary Kumwenda*, Regional Team Leader, HIV, Health and Development, UNDP IRH (via call)
- **Senior Beneficiary:**
 - Hanitriniaina Randrianomenjanahary*, National Project Director, Ministry of Environment and Sustainable Development, Madagascar
 - Hantanirina Ravaosendrasoa, Deputy National Project Director, Ministry of Public Health, Madagascar
 - Verosoah Rahaivelo, Programme Officer, UNDP in Madagascar
 - Joel Ayim Darkwah*, Assistant Programme Officer, UNDP in Ghana
 - Honest Anicetus*, National Project Director, Ministry of Health, Community, Development, Gender, Elderly and Children, (MoHCEDC), Tanzania
 - Kaziya Cheleka Mulenga*, Deputy National Project Director, Ministry of Health, Zambia
 - Caoimhe Hughes, Programme Officer, UNDP in Zambia

**Voting members in the project board.*

Others:

- **Responsible Parties:**
 - Ruth Stringer, International Science and Policy Coordinator, Health Care Without Harm
 - Ute Pieper, Senior Expert, World Health Organization

- **Regional Expert Team:**
 - Jan-Gerd Kuehling, Chief Technical Expert, UNDP IRH (Project)
 - Selimcan Azizoğlu, Regional Project Coordinator, UNDP IRH
- **Project Support:**
 - Zühre Güven, Project Associate, UNDP IRH (Project)
- **National Project Implementation Units:**
 - Richard Amfo-Otu, National Technical Expert, UNDP in Ghana (Project)
 - Sandrine Andriantsimietry, National Project Coordinator, UNDP in Madagascar (Project)
 - Solofo Raberahona, National Technical Expert, UNDP in Madagascar (Project)
 - Mbolatiana Ratefinjatovo, Project Assistant, UNDP in Madagascar (Project)
 - Brian Mwape Nkandu, National Project Coordinator, UNDP in Zambia (Project)
 - Tsibu Bbuku, National Technical Expert, UNDP in Zambia (Project)
 - Deogratias Mkembela, National Project Coordinator, UNDP in Tanzania (Project)
 - Hussein L. Mohamed, National Technical Expert, UNDP in Tanzania (Project)
- **External participants/observers**
 - Victoria Masemba, Technical Expert, AIDSTAR-One Uganda, Uganda

Meeting Agenda*:

Time	Session
11h00 – 11h10	<p>General opening and introduction</p> <ul style="list-style-type: none"> • Chairperson: Etienne Gonin, Programme Analyst, Montreal Protocol and Chemicals Unit, UNDP IRH (on behalf of Gerd Trogemann, Manager, UNDP IRH)
11h10 – 11h50	<p>Presentation on progress and planning</p> <ul style="list-style-type: none"> • Presentation of the progress and planning for 2019 and work plan for 2020, Selimcan Azizoglu, Regional Project Coordinator • Presentation on the key technical issues, Jan-Gerd Kuehling, Chief Technical Expert • Questions and answers
11h50 – 12h20	<p>Discussions and inputs from Board Members</p>
12h20 – 12h30	<p>Recommendations and conclusions</p>

*Minutes of the meeting was taken by Zühre Güven. Simultaneous interpretation (English/French) was provided during the meeting.

1. General Opening and Introduction

Etienne Gonin (MPU/Chemicals):

- Opened the Project Board meeting and welcomed members on behalf of IRH Manager, Gerd Trogemann, who was unable to chair this session due to the last-minute request to attend another important event.
- Noted that from UNDP's side, UNDP IRH QA team played an important role and reviewed all the project board documents (project progress report, quality assurance report and way forward) that are accessible in the meeting's online folder and will be presented by Selimcan.
- Underlined that we are in the final stage of the project and only few months remained until the project closure, 12 April 2020. He recommended that the project stakeholders focus on these last months and ensure that preparations are underway that after the closure the project's results would be sustained.

2. Presentation of the progress and the planning

Selimcan Azizoglu (Regional Project Coordinator):

- Provided brief progress report (covering the period between December 2018-August 2019).¹
 - Midterm Review (MTR) rated the project overall as Satisfactory. MTR recommendations are addressed with management responses. Key actions of responses are on track and being monitored by UNDP IRH.
 - Based on the MTR findings, the distribution of 2nd round procurement budget allocation per country was agreed and the regional component initiated the tender process for the second procurement round of HCWM equipment. Overall, the regional component is expected to distribute 48 different products, in total of 1,822 items (including 3 autoclaves) for the 27 pilot facilities in four countries. With additional volume of treatment equipment to be supplied, approximately 50 grams of Dioxins emitted (TEQ/year) can be avoided.
 - Currently, the evaluation of the procurement case is ongoing. The total value of this procurement case is estimated as approx. \$600,000. Based on the country requests of BoQ increase, up to 25%, and the total value of the case may rise up to \$750,000.
 - In line with earlier Project Board and Midterm review recommendations, the regional component currently supports additional local activities in all four project countries.
 - In this reporting period, the regional component has intensified activities on 1) capacity building on HCW monitoring/data collection; 2) communication/outreach activities; and 3) capacity building for the development of national replication and scale up proposals.
 - Although there is certain progress on data collection in pilot facilities, there are still data gaps on inventory of mercury waste collected and amount of HCW treated in pilot facilities. Clear and transparent data on these two indicators will be requested from national project teams within a specific template to be reported in a quarterly basis until the closure.
 - Gender Equality and Human Rights assignment has been completed by international consultant, with a final report which includes gender inequality and social & environmental

¹ To avoid duplication with the progress report, only key highlights of the progress are covered in the minutes.

injustice analysis over HCWM issues) and developed a basic/short training module on gender equality and human rights on HCWM issues.

- Project Implementation Review Report (2019) is currently under preparation to be submitted by the early September 2019.
- The project has gone through the mandatory Quality Assessment for implementation, whose report is to be endorsed by the Project Board for its final approval.
- Reminded that the progress report including updates on annual targets, results, project risks and other relevant updates; and planning documents including annual workplans were both shared with meeting participants in the meeting package and by email as well as uploaded into the meeting's online folder.

Financial Report (as of 1 September 2019)

- Approved budgets for regional component in 2019 and 2020
 - 2019: \$995,910.74; current delivery is \$100,561.73 (23.63%)
 - 2020: \$455,865.00
- Reported delivery rate of 23% is expected to increase significantly in the last quarter to reach full budget delivery (100%) of approx. \$995,000, when the disbursements of regional/local procurement cases are expected to be completed. The increase in budget will be required in case of Bill of Quantities (BoQ) increase requested in the 2nd procurement round of HCWM equipment.

Planning – Next steps (2019-2020):

- Thematic focus of the next steps until the project closure in April 2020 is detailed in the latest project progress report shared. Detailed annual work plans in 2019 and 2020 with budget estimations excel are also shared in the meeting folder. In terms of implementation schedule, the project is on track for the completion of all its activities by April 2020.
- Feedbacks and recommendations on the way forward of the project implementation at the regional level have been provided during the regional meeting and following items were noted as additional AWP activities:
 - Support implementation of national closure and communication/outreach plans;
 - Support capacity building activities on non-incineration technology maintenance (corrective/preventive maintenance) in participating countries (possibly through a capacity building contract managed by the regional component);
 - Intensification of documentation of key technical outputs of the project activities at national and regional level - exit roadmaps, lessons learnt, replication tools etc.;
 - With the support of Regional Expert Team, organization of closure transition missions including training workshops in project countries (one closure mission per country);
 - Carbon offsetting for regional project meeting organizations through tree-planting activities in Zambia in early 2020

- Planning – elements to be approved by the project board:
 - Consideration of approval of the progress report (Dec 18-Aug 19) along with Quality Assurance report;
 - Consideration of approval of annual work plans (2019-2020);
 - Consideration of additional budget allocation to the regional level to facilitate national project closure plans;
 - Consideration of offsetting of carbon emissions from regional project meetings, in view of efforts on greening project meetings.
 - Consideration of date and location for the next regional project board meeting.

3. Presentation on key technical issues

Jan Gerd Kühling (Chief Technical Expert):

- Provided an update on the Activity 3; sites were selected, infrastructures were set up; two procurement rounds were carried out; non-Mercury containing devices supplied; non-Incineration systems were installed.
- Key lessons learned is that despite that nearly all autoclaves are fully installed and tested, most are not working with full capacity, mainly due to:
 - Problems in the final disposal of treated waste
 - Maintenance problems (mostly small problems but difficulties in the repair...)
 - Operation problems (changes in the operators, etc.)
- Currently, the project is working on finalization of activities already started and it seems there is already big amount of work to be completed. Therefore, as a next step, he highly recommended that we should not include any additional activity than activities agreed in Zanzibar meeting (in May 2018) to be implemented at national level before the closure in April 2020.
- The project is now heading to its Activity 4 in line with implementation schedule. To ensure timely implementation of Activity 4a – Procurement of additional non-incineration and mercury free technologies, new pilot facilities should be ready to house non-incineration treatment equipment by December 2019 and all installations should be completed latest by January 2020.
- Our main goal until April 2020 is to ensure successful implementation, at national components of Activity 4b, “Expand HCWM systems and the phase-out of mercury in the recipient countries and disseminate results in the African region.”
- Part of Activity 4b, it is discussed and agreed that the project should prepare some fact sheets (2 pages) proposed as follows: (1) Project Factsheet (done); (2) Factsheet: HCWM in Ghana; (3) Factsheet: HCWM in Madagascar; (4) Factsheet: HCWM in Tanzania; (5) Factsheet: HCWM in Zambia; (6) Factsheet: Mercury elimination in African healthcare facilities (done). Due dates for completion of these factsheets would be by the end of Nov-19.
- It is also discussed and agreed that the project can prepare short case studies (2 pages) proposed as follows, but not limited to; (1) Case Study: ZoomPak, Ghana (cooperation with the private sector) (done); (2) Case Study: Identification of user friendly sharp management systems, Ghana

(to be done in cooperation with Tanzania; (3) Case Study: Central treatment facility, Antananarivo, Madagascar; (4) Case Study: Cluster treatment facility, Ndola, Zambia; (5) Case Study: Onsite treatment facility, Buguruni, Tanzania; (6) Case Study: Photovoltaic for HCW treatment, Madagascar; (7) Case Study: Advanced pathological waste treatment (Bio-digester); (8) Case Study: Investment cost and operation cost of alternative treatment systems (small, medium and large machines); (9) Case Study: HCWM in vaccination campaign, Madagascar; (10) Case Study: Integration of HCWM curriculums and trainings, Ghana. Due dates for completion of these case studies would be by the end of Dec-19.

- Based on ongoing challenges related to autoclave maintenance, the project should intensify its efforts to improve national capacity in terms of maintenance of non-incineration technologies. Therefore, the capacity building activities are required to be planned targeting hospital's maintenance teams and other local stakeholders including MoH maintenance teams at national and district level. Therefore, the regional component will organize capacity building contract to provide additional practical, on-site trainings of maintenance teams in project countries. The planned assignment aims to improve national maintenance capacity via:
 - Carrying out of planned preventive maintenance services for waste treatment systems;
 - Carrying out of ad-hoc corrective maintenance services for waste treatment systems;
 - Provision of remote advices to local technicians in healthcare facilities;
 - Spare part management and provision of required spare parts, including meters.
- In view of project closure, the regional expert team will provide additional support to facilitate national closure plans through closure transition and training workshops, possibly organized concurrently with new equipment delivery/installations in project countries.
- Additionally, countries agreed on following lighthouse activities, which will be useful for all project countries in the view of project closure:
 - Ghana: Calculation of operation costs for two different medium size autoclaves;
 - Madagascar: Development of the promotional movie on autoclave operation; and exemplary export of mercury waste for final disposal;
 - Tanzania: Evaluation of gas production from bio-digester; and calculation of operation costs for large & small autoclaves;
 - Zambia: Sample description of project transition roadmap.
- He concluded that we are at the critical stage of project implementation which will need the support and leadership of the board to ensure that we can be successful and be ready for on-time closure by April 2020.

4. Comments of the Project Board members and discussions

Honest Anicetus (Tanzania):

- Since 2016, we had a lot of progress undertaken successfully but with the observation throughout the project implementation, we came to know that we had very short time to implement whatever we have planned for the project. In between, there was interaction of delays either from procurement or country start up on the initiatives they plan to implement. But all in all, we

really need some time, at least 4-5 additional years for us to appreciate the good practices we aim to see happening in this project. In line with that, as far as Africa is concerned, we still see the potentiality of this project and we are slowly developing in comparison to other developing countries. Development in technology is slowly catching up and growing. Despite of the fact that GEF is closing or not supporting the project in April, he still sees the need and greater role for UNDP. He believes that now their biggest role is to expand whatever lessons learned from this project and looking at whatever intervention or initiatives already happening rather than closing the project. Also, WHO, on health issues and matters, needs to make sure African countries adopt best environmental practices to ensure public health is protected and environmental issues are controlled.

Etienne Gonin (MPU/Chemicals):

- Thanked Honest and said his remarks, status and call for continued action and support for African countries are well noted. He agreed with him on the uncompleted tasks but considering the time remaining, project has a nice timely completion status as stated by Jan Gerd, which is quite uncommon for many other projects. As Honest said, we are just one little step in quite a long-term effort that we need to do, and we are aware of this. You can be assured that this is not a topic that UNDP will stop following and supporting after April 2020, and we will continue all efforts to both support through our core activities as well as trying to find additional resources.
- As we discussed during the last few days, there were efforts both at the national and international levels in funding such new funding and support. Several countries have quite promising results, we heard that Zambia has secured funding from Italy, but we also heard in Madagascar there is a proposal that has been developed to include synergy with a presidential initiative in 13 new HCFs.
- We also note that some of the results presented in this project have drawn attention from other partners. As you can see UNICEF has been participating in this meeting and it is a signal of interest from other partners. UNDP also supports the ongoing Sustainable Health in Procurement Project (SHIPP) that both HCWH and UNDP will continue implementing in coming years involving Tanzania and Zambia.
- Greening the Health Care Waste Management remains very high on the agenda and we note your points and agree with you that we still need to continue to assist Tanzania and other countries and we will certainly continue doing so.

Ute Pieper (WHO):

- Since HCWM is a part of WASH activities of WHO operations that were also carried out in Tanzania, these activities will be certainly continued on request. All the WASH activities will be followed up including HCWM.

Ruth Stringer (HCWH):

- Reminded that hospitals in the project are all included in Global Green and Healthy Hospitals (GGHH) network and through that NGO HCWH can support some of HCWM technical issues.

Kaziya Cheleka Mulenga (Zambia):

- Started by thanking the board for approx. US\$ 3,000 planned for carbon offsetting exercise in Zambia. This will contribute a long way in terms of integrating the issue of climate change and HCWM issues in Zambia. She indicated Zambia has really benefited from this project not only at national but also global level. She mentioned the example that, during the recent World Health Assembly, there was a statement on climate change by Zambia's Ministry of Health, in which the project was also highlighted.
- Just to reiterate what WHO highlighted, WHO is going to have a global event on WASH activities on 9-11 September in Zambia, this is where again a lot of partners from all over the world will come and discuss the issues of WASH in the healthcare facilities. Indeed, HCWM is very important in the agenda and issues of this project will be articulated during this event.
- We thank Project Board members and chairperson, because of what has been done in this project which has gained them an access to receive additional funds by the Italian government, as reference was made to this project in the project proposal submitted to Italian government.
- Also, proposed Zambia to host the regional project closure meeting, to be held in March 2020.

Etienne Gonin (MPU/Chemicals):

- Thanked Zambia, indicating it is nice to hear that the project has made some difference and could achieve discussions for follow-up funding, which required an effort that shows an ownership of Zambia MoH in action.
- Also thanked for the invitation to host the closure meeting in Zambia; with Board Members' consent, he accepted the proposal.

Liliane Hanitriniaina Randrianomenjanahary (Madagascar):

- Mentioned that Madagascar is happy to host the regional project meeting this year. The project in Madagascar is in good status; all activities are being completed on time. They have already pre-planned components of the exit strategy.
- After the project closure in April 2020, a big Presidential initiative in Madagascar will start, in which there is a plan of installation of 13 separate non-incineration HCWM systems in the 13 regional hospitals to be constructed, following best practices of this project.
- In Madagascar, the key challenge has been the final disposal of the waste treated by the autoclaves. Because currently in Madagascar, they have a guideline on the restriction of treated waste to be transferred to the landfill and the model hospitals do not have enough space available to store the treated waste. Therefore, pilot facilities will soon be expecting shredding systems to treat the waste further before the final disposal.
- Finally, Madagascar hopes that UNDP will continue to support HCWM activities in Madagascar.

Etienne Gonin (MPU/Chemicals):

- Thanked for remarkable achievement of the project's progress in Madagascar. It has been highly demonstrated this week and again with national trainers that we were able to briefly meet

yesterday. One can see the enthusiasm of the Madagascar team in spreading the word and the quality of key policy and technical documents that have been developed.

- Also, it is important to note the challenges on the final disposal of the treated waste which we recognize in all countries as a critical issue that maybe we should have communicated differently from the start. Indicated it is one of the key lessons learnt that was highlighted during this project meeting. Thanked Madagascar for reminding us of this and hoped that with the supply of shredding systems in the upcoming months, we will be able to find a solution on the final disposal issue in the project.

Rosemary Kumwenda (HIV, Health and Development):

- Thanked Selimcan, Etienne and Jan for the highlights provided on the progress of the project. She highlighted the great progress achieved, also captured by the MTR.
- She would like to make an appeal as we go on the procurement of the remaining phase, to please pay particular attention to the social dimensions. We have recently received some communications that UNDP is not paying enough attention to the social dimensions in our procurement. From the IRH, it is quite nice that we work together to make sure tender documents do have both environmental and social dimensions of procurement sustainability. Maybe, also at the local level, we need to aim at introducing sustainability criteria and bring some of the durable social and environmental indicators that can be included in the procurement process.
- Indicated UNDP is ready to support countries if they are willing to look at social and environmental dimensions when they are doing their procurement. Tanzania highlighted the issue of the sustainability of the GEF-funded projects. She noted that countries are already making initiatives based on this project to scale up at national level, convincing the policy-makers that this project made well for the planet and people. Therefore, this project's demonstrations from the four countries are benefited in the SHIPP to promote sustainable procurement practices in the health sector.
- She also liked the progress on gender equality and human rights, which is very essential because it links with the sustainability. We are still rather weak on the gender equality and human rights dimensions of our programming.
- Congratulated carbon offsetting initiative and indicated that it is possible other countries, national components can also look at such initiatives on offsetting their carbon footprint.
- Even when the project closes, she urged participants to continue sharing your best practices in introducing non-incineration and mercury free technologies. The project seems to have a very clear strategy for the future. She wished the project smooth closure and hoped project countries may have new projects as follow-up results of this project.

Etienne Gonin (MPU/Chemicals):

- Thanked Rosemary. Indeed, it was important to note how this project has been benefited in other projects of UNDP and its partners. It is also important to see opportunities in SHIPP to further support the sustainability of the procurement in the health sector.

Joel Ayim Darkwah (Ghana):

- As a Ghana team, the recommendation is that if the board can encourage countries to explore options with private sector to sustain the continuous operation of non-incineration waste treatment, currently installed in public facilities. In Ghana, even though they are trying to do their best through the government, it is still felt that there may be some limitations in the long term, hence there could be a benefit in having the private sector take over the waste treatment operations to sustain continuous operation of installed equipment in the pilot facilities.

Etienne Gonin (MPU/Chemicals):

- Noted that there is already important progress with the private sector, particularly developed with Zoompak in Ghana. Confirmed that Project Board is supportive of current and further private sector engagement, in any case.

Selimcan Azizoglu (Regional Project Coordinator):

- The suggestion of engagement with the private sector on treatment operations was also under consideration, through discussions to produce a checklist on sustainability of the waste treatment operation at pilot facilities. This checklist may facilitate decisions on which facility can or cannot sustain the operation after the project closure. If we are able to complete this checklist, national project teams can provide advice to the national stakeholders for future consideration of the private sector engagement in the treatment of healthcare waste, such as the leasing of treatment systems to the private sector, to enable win-win situation.

Ute Pieper (WHO):

- It looks like this project is going to be successful. On behalf of WHO, she thanked all the country teams and especially to the teams working in the pilot hospitals.

Ruth Stringer (HCWH):

- HCWH continues to be impressed by challenges we learn from this project and we work to find and learn ways to overcome them within the project, and ways to disseminate these lessons for future references. We will continue supporting project countries, not only with the SHIPP, in Tanzania and Zambia, but also through the GGHH network.

5. Project Board recommendations and conclusions

Following considerations were presented to the project board and approved with a consensus:

- *Progress report (Dec 18-Aug 19) along with Quality Assurance report is approved.*
- *Project annual work plans and budgets for 2019-2020 with consideration of key recommendations on the way forward are approved.*
- *Additional regional support to facilitate national project closure plans is approved.*

- In the view of efforts on greening project meetings, regional budget allocation to offset the carbon emissions of regional meeting organizations is approved.
- The board may convene in Zambia tentatively in March 2020.

Etienne Gonin (MPU/Chemicals):

- Thanked everyone for open discussion. Thanked ~~to~~ representatives from UNICEF and Uganda for their active participation in this project meeting, to Zambia for the proposal of hosting the final meeting and lastly to Madagascar for very well-organized meeting and collaboration with ICAN meeting, and formally concluded the Project Board Meeting.

Prepared by: Zühre Güven (Project Associate, UNDP IRH) and Selimcan Azizoglu (Regional Project Coordinator, UNDP IRH)



Cleared by (Quality Assurance): Ekaterina Paniklova (Senior Programme Coordinator, UNDP IRH)



06-Nov-19

Approved by: On behalf of IRH Executive: Etienne Gonin (Programme Analyst, MPU/Chemicals, UNDP IRH)

Signature:

Date: 12 Nov 2019

