HEALTH CARE WASTE MANAGEMENT IN THE MASERU DISTRICT OF LESOTHO

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ABSTRACT

The study objective was to examine the health care waste management system in Lesotho focusing on Maseru District. Maseru was chosen because it consists of all the geographical regions representative of the country (lowlands, foothills and mountains). Health care waste management is rapidly interfering with human health and the environmental quality. With the advent of new infections such as HIV and AIDS this dynamic becomes critical. The study used face to face interviews and physical examinations of the facilities. It found that, the system is very poor and needed correction. It revealed that, most of the types of health care wastes (HCW) were generated at all the health care centres in the country. About 63% of the facilities produced biological wastes, 100% produced both infectious wastes and pharmaceuticals, 69% produced chemicals and 82% produced other HCWs. Waste segregation was not proper as 100% of the facilities did not label their receptacles. 81% did not colour code the receptacles, and only 19% color coded the waste receptacles in an effort to segregate them. Handling of the wastes showed a general lack of equipment and capacity (skilled human resource.) The storage and treatment of wastes was wanting in adequacy since 38% of the facilities stored their wastes in an open space with no roof. About 13% of the sample had wastes scattered in the storage areas. Transportation was by various means including carrying wastes by hand, using wheelbarrows, and unmarked vehicles. The final disposal was risky in that, 45% crudely dumped their wastes and 45% used the Maseru City Council landfill for disposal. There were recognizable wastes at the disposal sites. About 55% of the recognizable wastes were dressings, 80% vials/ampoules, and 80% sharps. The researchers recommend that a policy and legislation be developed to govern medical waste.

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