Pandemic and disaster waste: Current trends across the Asia Pacific region

Lisa Guppy
19 July Webinar

The Asia Pacific Region has reached 1 million Covid-19 cases in 26 countries

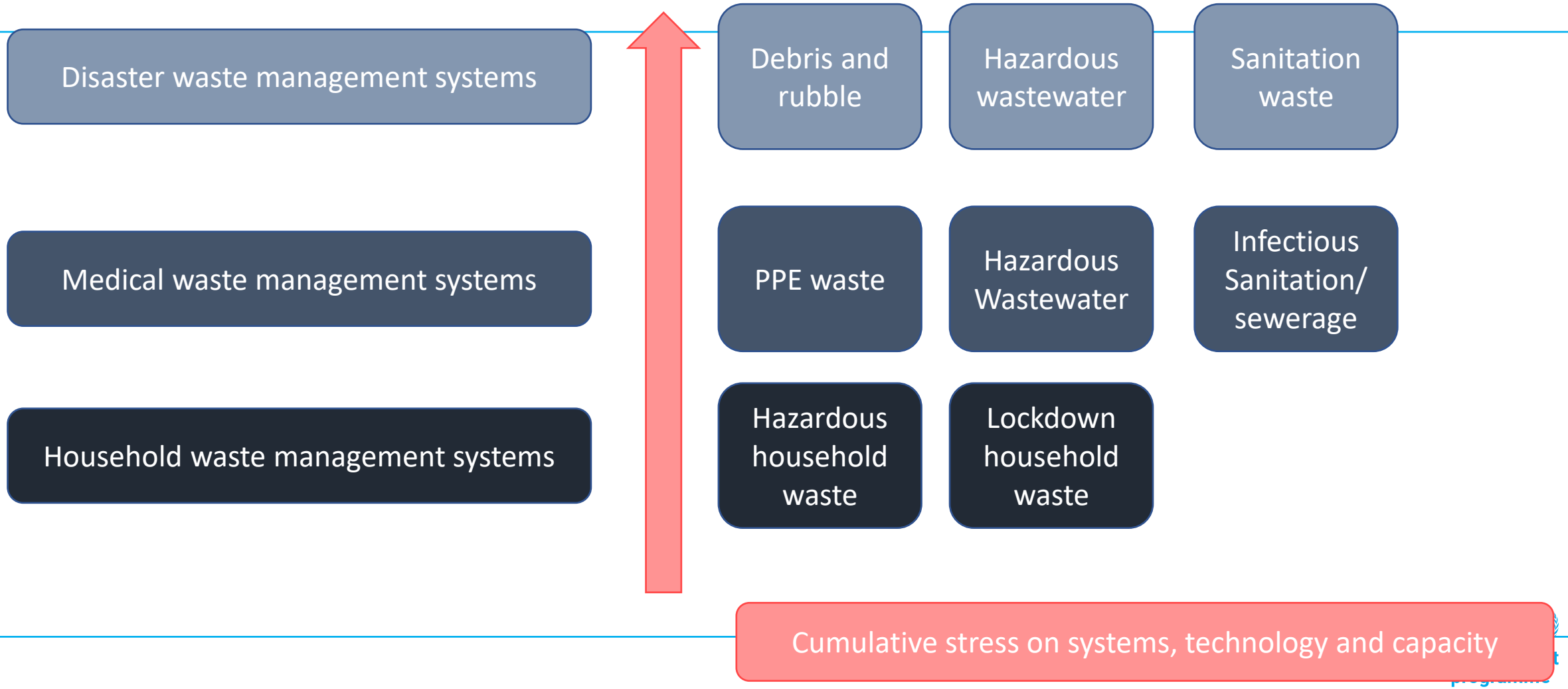
Globally, the Covid-19 virus has not slowed. The only change is in the countries being affected.

The risk of new waves will remain until a vaccine has been developed and been universally shared.

Cross-Ministry preparedness and contingency planning for integrated waste management covering household, medical and disaster waste management is more important than ever

Waste issues during pandemic and disasters: Integrated waste management systems needed

Collection of waste, waste segregation, recycling, storage of waste, waste exchange, final disposal



Household waste: More, and more hazardous

In Thailand, the amount of household waste has risen by 15% during lockdown to 6,300 tonnes a day nationwide

Recycling initiatives halted during lockdown

PPE for waste management staff was inadequate

Hazardous waste risk at household level increased due to contaminated PPE - face masks, tissues etc.

UNEP note that household waste should be properly segregated. In Bangkok, special red bins have been placed at district offices, health service centres, and hospitals only for face masks

Reducing waste volumes is key. A campaign to encourage food delivery and other services to use less plastic was rolled out

Service providers should have trained workers provided with PPE. They should use designated vehicles for handling household medical waste and be familiar with the safe use of disinfecting equipment.

Medical waste: More, and more PPE

In Hubei Province, medical waste increased by 600% from 40 to 240 tonnes per day.

In China the transport and disposal infrastructure elements of the waste management system were the first to break down.

Every country risks increased trafficking, illegal recycling, and illegal dumping of medical waste during this period

Fact Sheets from UNEP describe: 1. Preferred technologies – autoclave, sterilization, twin chamber incineration, engineered hazardous landfill. 2. Stop-gap solutions: de-Montford incinerators and barrel incinerator with air induction; 3. emergency –only solution - on-site pit burial.

Open burning and uncontrolled dumping are not suitable.

https://www.adb.org/publications/managing-medical-waste-covid19

Disaster waste: More hazardous

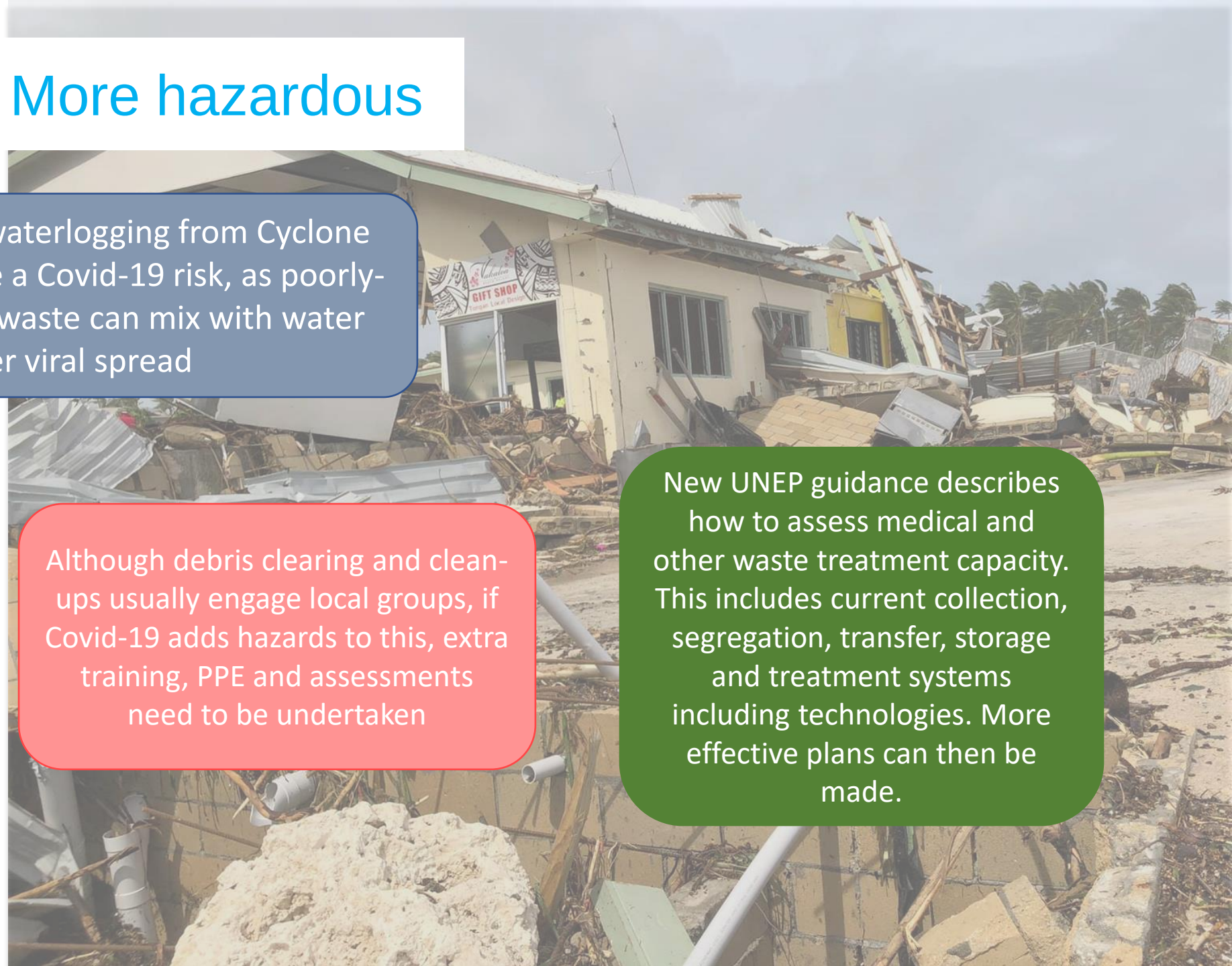
In India, widespread waterlogging from Cyclone Amphan is feared to be a Covid-19 risk, as poorly-managed biomedical waste can mix with water and trigger viral spread

Scaling up waste management systems in emergency response is difficult to do rapidly during lockdown

Current contingency and disaster plans may not consider increased hazardous waste mixed with disaster waste

Although debris clearing and clean-ups usually engage local groups, if Covid-19 adds hazards to this, extra training, PPE and assessments need to be undertaken

New UNEP guidance describes how to assess medical and other waste treatment capacity. This includes current collection, segregation, transfer, storage and treatment systems including technologies. More effective plans can then be made.



Pandemic and Waste Management Factsheets

1. Introduction to COVID-19 waste management
2. National medical waste capacity assessment
3. How to choose your waste management technology to treat COVID-19 waste
4. Policy and legislation linked to COVID-19 and pandemics
5. Links to Circularity – Non-healthcare waste
6. Linkages of Air Quality and COVID-19
7. Household medical waste management strategies

https://www.unenvironment.org/resources/working-environment-protect-people-uneps-covid-19-response

9. Disaster/Conflict Affected States and Vulnerable Humanitarian Operations	NO UNCONTROLLED DUMPING, NO OPEN BURNING Protect the environment and our health
10. COVID-19, WASTEWATER, AND SANITATION	NO UNCONTROLLED DUMPING, NO OPEN BURNING Protect the environment and our health

Thank you

Lisa Guppy
Regional Office for Asia and the Pacific
lisa.guppy@un.org

www.unep.org