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Subject:	Gauteng DoH – Tender Development Workshop.
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Venue:	Marks Park, Johannesburg.
Meeting No.	001.
Taken by:	Kobus Otto.
Participants:	See attendance register.
Apologies:	See apology register.
Copy to:	All present, plus other Tender Development Committee Members.

Sustainable Health Care Waste Management in Gauteng

With support from: **Implemented in partnership with:**

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4. Welcome, background and objectives for the workshop.

Ms. Marie Steyn and Mr. Sydney Nkosi welcomed all present on behalf of the Gauteng DoH and DACEL respectively. All persons present to the workshop were asked to introduce themselves.

Mr. Kristiansen gave a brief introduction and background to the Gauteng Health Care Waste (HCW) Management project, and in particular the component dealing with the development of Tender Documents for the outsourcing of Health Care Risk Waste (HCRW) Management services for all Gauteng Provincial Hospitals and Clinics.

A Health Care Waste Management Feasibility Study undertaken as part of the project on Sustainable HCW management in Gauteng, revealed that although there is only a small financial benefit in changing from disposable cardboard boxes to reusable plastic boxes or plastic wheelie bins for the containerisation of HCRW, the environmental advantages that can be achieved by making this change are extensive. It was therefore decided to test the possibility of making a change from the disposable HCRW container system to the reusable system during the Pilot Projects. Due to the high risk of injuries and infection, disposable containers will still be used for specicans and sharps containers.

Although the focus of the Health Care Waste Pilot Project is on HCRW, areas are also addressed where inappropriate or insufficient Health Care General Waste (HCGW) management equipment could impact on the effectiveness with which HCRW is managed.

A HCRW study undertaken with waste sampled from the Leratong Hospital revealed that approximately 24% of the waste disposed of as HCRW is in fact HCGW and could therefore be disposed of as domestic waste instead of having it treated at great expense. By ensuring better segregation of HCW, a saving of at least 20% can be achieved on the cost of HCRW treatment. The same study also revealed that on average approximately 30% of the contents of the HCRW cardboard boxes from public hospitals is in fact HCGW. Hence, Leratong Hospital is actually sorting its HCRW slightly better than most public hospitals.

It was further explained that the purpose of the Workshop was to discuss and recommend the most suitable structure and split for the next HCRW Tenders for the provincial health care institutions. Hence, based on the discussions and recommendations of the workshop a final recommendation for the overall structure and split of the next HCRW Tender will be prepared and submitted to the Departmental Acquisition Council (DAC) of the DoH. The minutes of the Workshop will also be attached for the purpose of getting the DAC's support and approval for the tender structure as well as the tender development plan that will include milestones and deadlines for various critical stages of the process. However, that actual wording of the tender documents will only be finalised and submitted for subsequent consultation once the overall tender structure and tender split has been agreed upon and approved by DoH.

Finally, it was reported that valuable time has been lost in the tender development process due to the change of staff and the investigations of alleged irregularities in the DoH procurement section. It may therefore be difficult to implement the next tender by 1 October 2003 as previously agreed, unless no further delays are experienced and the process for assessment and approval of the tenders is given particular priority. It was therefore proposed that the existing HCRW management contracts be extended by 6 months, with the option of extending it thereafter on a month-by-month basis.

5. Brief overview of existing outsourcing of HCW management process based on information obtained.

Mr. Kobus Otto gave a brief overview of the status of HCW management in Gauteng, dealing in particular with the following aspects:

- Health Care Waste Flow;
- Health Care Risk Waste Generation Rates;
- Previous Health Care Risk Waste tender process and interaction between the various affected parties;
- The impact of the three DoH administrative regions in Gauteng;
- The existing composition of HCW management service delivery in Gauteng in terms of:
  - Geographical Split;
  - Process Split;
  - Waste fractions.
- The responsibilities of the various affected parties;
- Highlights from the needs analysis undertaken against the background of the previous HCW management tenders.

Fig. 1: The Waste flow from the generation of waste to its final disposal at landfills, from-cradle-to-grave (The scope of this document is indicated in yellow blocks.)

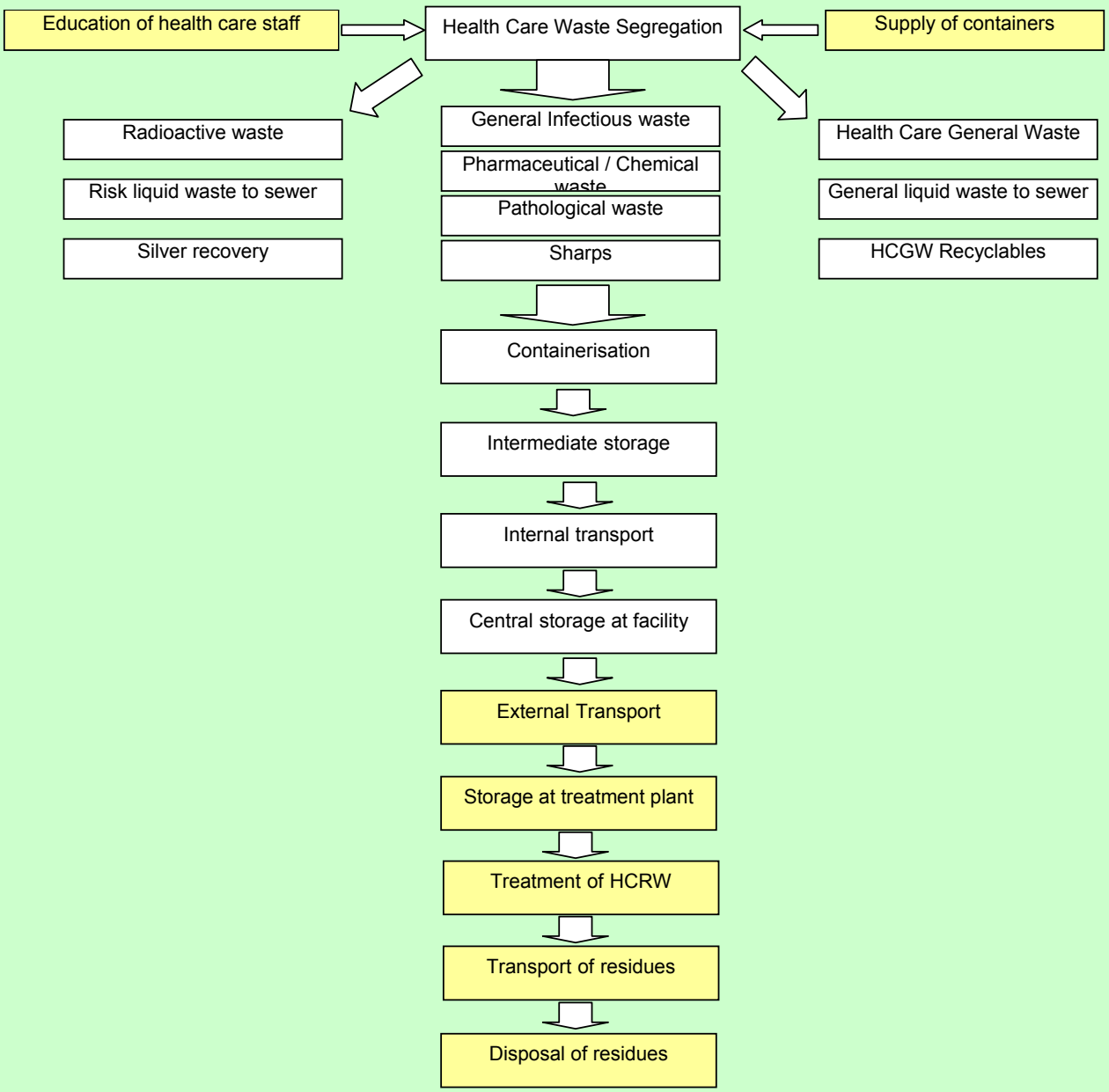

Figure 1 illustrates the Health Care Waste Flow from the point of generation through to final disposal, with an indication of the HCW streams that will, due to its different requirements, not form part of the HCRW management tender. These waste streams are:

- Radioactive waste;
- Risk liquid waste going to sewer;
- Silver recovery;
- Health Care General Waste (HCGW);
- General liquid waste going to sewer;
- HCGW recyclables.

Figure 2 in turn represents a schematic illustration of the interaction between the Gauteng DoH Head Office (DoH-HO), the Gauteng DoH Regional Offices (DoH-RO), the Health Care Facilities (HCF) and the HCW management service providers.

Gauteng province was previously subdivided into 5 regions, which resulted in the award of 5 HCRW management contracts that is currently executed by only 2 contractors. For some institutions with onsite incinerators, outsourcing of HCRW management services was not required or only partially required, depending on the policy adopted by the institution's senior management.

Subsequent to the restructuring, Gauteng was subdivided into 3 administrative regions with the 5 HCRW contracts not necessarily tying up with the new regional boundaries.

Once the service delivery contracts were entered into, the DoH-HO delegated the performance monitoring and contract administration down to the institutions. In the case of hospitals, the contractors are invoicing the individual hospitals, whereas the DoH-RO's are invoiced collectively for the clinics serviced within their respective areas. Payment is then made in the same manner.

A system for lodging and recording of HCW management related complaints with DoH-HO is available, but it does seem to take some time before reported problems are addressed by the contractors.

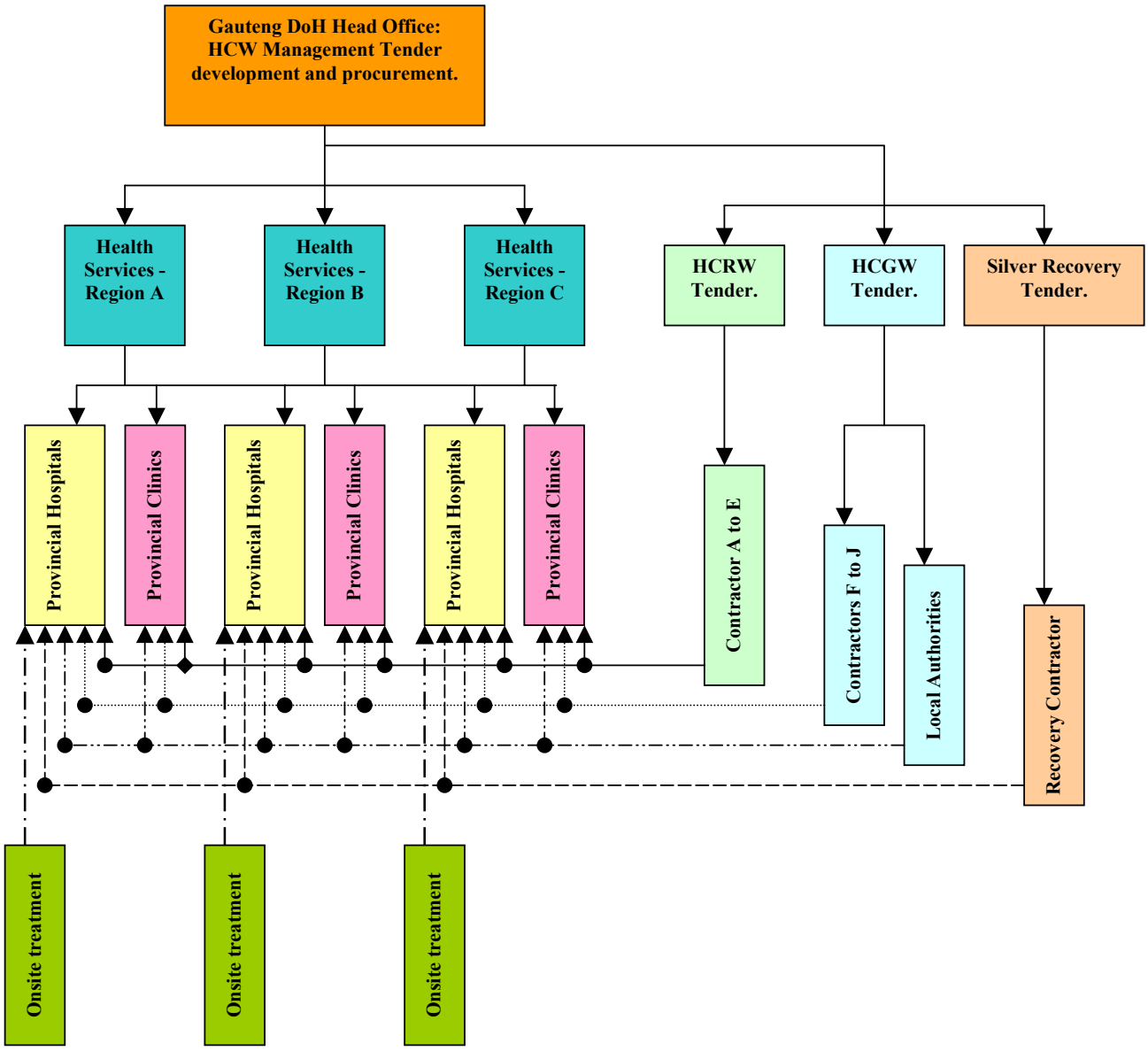

Figure 2: *Schematic illustration of the interaction between the Gauteng DoH head office, the Gauteng DoH regional offices, the health care institutions and the waste management service providers.*

The process of identifying shortcomings and possible improvements to the previous HCRW tenders included individual consultations with members of the service industry that were part of the previous tender process, key staff from the DoH head office as well as selected health care institutions. Furthermore, workshops were held reviewing the tender process and collecting inputs to the development of new and improved tenders.

6. Presentation of proposed new tender format

Mr. Morten Kyhnau Hansen made a detailed presentation on the options for the tender split, indicating the advantages and disadvantages of each split. Finally recommendations for the tender split were presented and motivated as follows:

The options to consider in developing the new tender format are:

- A geographical split, i.e. awarding a contract for each of the regions of Gauteng Department of Health;
- A process split, splitting the process from segregation to final disposal into a number of appropriate contracts;
- Waste fractions to be include in the tender, i.e. if HCGW, recycling, silver recovery, radioactive etc. should be included in the tender.

The benefit of making a geographical split could be that it will facilitate competition in the market and also allow for some kind of comparison and benchmarking of the various contractors during the contract period. It will also create the opportunity for more contractors to take part in the rendering of HCRW management services, thus creating a more competitive market by maintaining a number of suppliers/service providers in the market. This is in the interest of GDoH, because there will be more tenders requiring these services in the future.

The price consequences of a geographical split are not clear. The volume of the contract is so big that putting the 3 regions in to one contract would not necessarily ensure further economies of scale. One contract may be too big for some potential tenderers and will subsequently not allow for the effective development of competition in the market. It may therefore be more effective for the tender to be split into the 3 existing administrative regions.

In determining the process split for the services to be rendered, it is necessary to consider the following aspects:

- The wish or need for direct control by the GDoH over the different processes in the HCRW flow - from generation to final disposal;
- The resources available within or sourced to the GDoH for administrating several contracts as well as the costs associated with this administration;
- The wish to allow for small emerging contractors to participate in the tender;
- The contract price for tenders broken down into specialist services components as compared to a tender allowing for an integrated HCRW management system;
- The complexity of interfaces between various contractors.

The split that was considered to be desirable would be one contract for the supply of disposable containers, one contract for collection and transport of the waste, and one contract for the treatment and disposal of the waste.

Making a process split will give better possibilities for smaller, emerging contactors to participate in the tender. A process split would further give the GDoH the possibility to decide for each of the process steps, which can provide the best price and performance.

However, making a process split introduces interfaces between contractors. The GDoH would have to manage these interfaces, resulting in the latter taking on a risk that could have serious consequences if not managed effectively. In an all-inclusive contract on the other hand, this risk would lie with the contractor.

Assessing the resources currently available in GDoH, it was recommended that a process split not be made in the tender, i.e. that the structure of the previous tender also be used for the new tender.

7. Summary of discussions around the new tenders

7.1 Tender Format:

- Workshop participants agreed that the tender for Gauteng be split according to the 3 administrative regions of the DoH, thus allowing for sound competition in the market by ensuring that competitors stay in business, for both the upcoming tender as well as for future tenders. Although only one tender document will be used for the tender process, there will ultimately be three contracts allowing for the services being rendered to the clinics and hospitals in each of the regions. Each contract will only allow for the complete HCRW management service required, thus excluding HCGW management, recycling and silver recovery. It was further agreed that under no circumstances should the contracts for all three regions be awarded to one contractor, although the possibility should not be excluded for one contractor to render a service in two of the regions.
- Even though the tender for clinics and hospitals will be incorporated into one tender document, there is likely to be some deviations in the specifications that would make it specific for the particular type of facility.
- One pre-qualification selection and tender adjudication process will be used for all of the regions.
- It was agreed by workshop participants that no process spilt be made due to the risk of insufficient capacity within the DoH to manage all of the interfaces that would be created between the different process components, e.g. between the transport contractor and the treatment contractor, or between the supplier of disposable containers and the institutions. The HCRW management service is therefore to be tendered out as a complete service that will include the supply of disposable containers, as well as the collection, transport, treatment and disposal of HCRW.

Q: *Will DoH Head Office delegated the contractual powers down to the respective institutions once the contracts are awarded?*

A: As it is understood at present, the DoH Head Office, as the overall contract holder may not be able to delegate the liabilities and responsibilities to the institutions. Even though the institutions may be instructed to undertake certain contractual performance monitoring functions as well as verify and pay invoices for HCRW management services rendered, the DoH Head Office is likely to be the only party that can impose penalties on the contractor for non-compliance, and will also ultimately remain responsible for the any outstanding payments from the institutions.

Q: *Will small emerging contractors be accommodated in the new tenders as nominated subcontractors to the large contractors?*

A: Even though the need for empowerment of small emerging contractors is appreciated, health care risk waste is hazardous and it is at all times to be ensured that the contractors appointed to undertake the HCRW management service, will be experienced and suitable equipped to execute the work in a responsible manner. There is a serious risk of illegal dumping of HCRW by irresponsible contractors and accreditation of contractors is therefore vitally important.

By making the nominated subcontractor's performance the responsibility of the main contractor, it would require a staggered tender letting process with the contracts of the nominated subcontractors being awarded before the tender for the main contactors is floated. The main contractors will then be able to know who they need to take on board as a nominated subcontractor and allow for any risks that they may identify in their tender prices. There is also a risk of the DoH having to get involved to resolve problems that may

develop between the main and nominated sub-contractors, which will unnecessarily increase DoH's workload.

It is further to be noted that the bylaws from some of the affected Metro's, like for instance the bylaws currently consulted by Johannesburg Metro, requires in addition to the registration of HCRW generators, for all waste managers operating in its area of jurisdiction, to be registered. This requires that even for HCRW generated outside of the Johannesburg area but transported through or treated at facilities within the Johannesburg Metro boundaries, Metro permitting of transporters as well as for treatment facilities be obtained.

This introduces an added risk for DoH by possible appointing contractors based on its own adjudication criteria, which may ultimately not be permitted by Johannesburg Metro, thus preventing them from transporting HCRW collected to any of the regional HCRW treatment facilities that are predominantly located within the Johannesburg area of jurisdiction.

However, it is suggested that bidders be encouraged via the award of points in the tender evaluation to include emerging contractors in their consortia.

Q: Will input also be obtained from potential tenderers on what they consider to be a feasible tender?

A: During the needs analysis phase in the tender development process, contractors that tendered for the existing contracts were consulted to identify problems that may have been experienced in the past. Various options to address previous problems were then discussed. In addition to this, it is also the intention to conduct a meeting of the tender development working-group and among service providers where more consideration will be given to the tender format as it is proposed at present. This would further have the purpose of sensitising the service providers to the coming tender structure.

7.2 Tender Duration:

- The workshop participants agreed that a 5-year contract period may be more appropriate for the type of service to be rendered than the 3-years contract periods opted for in the past and is therefore likely to result in more competitive tender prices. Five years is normally the depreciation period used by contractors to write vehicles off that were purchased for a particular contract. Treatment plants on the other hand would require a typical depreciation period of 12-15 years, which would not be an acceptable term for contracts of this nature.

7.3 Tender Specifications:

- Only HCRW plants situated in Gauteng will be approved for use under this tender, as it was in the past found that waste generated in Gauteng is transported to neighbouring provinces for treatment where the enforcement of the environmental standards may be less stringent, thus resulting in pollution to the environment.

Q: Will DoH by means of the tender specifications have any mandate to influence the standard at which landfill sites are currently operated?

A: Although the tenders will require for all HCRW to be treated and the residues to be disposed of in an environmentally sound manner, it will not have any jurisdiction over the way in which general waste management is done or over the way in which other landfills are operated. Ensuring sound operations of the landfills is the responsibility of the

Department of Water Affairs and Forestry. However, a requirement for the environmentally sound disposal of residues from any HCRW treatment plant would be appropriate, but will have to be managed effectively by means of the permits issued to treatment plants by provincial and national departments of environment and water affairs.

Q: *How will illegal dumping of HCRW, which creates environmental as well as a health and safety concerns, be controlled?*

A: The need for some form of a HCRW tracking system was identified and various alternatives are being investigated at present in the form of a transponder or bar code system to record and track all containers. The testing of one of such possible systems is being investigated in the pilot projects. The cost implications of the various systems will however play an important role when a final decision is to be taken on the type of system to be used. Hence, it may be decided in the tenders to specify the need for a certain level of information and tracking, whilst allowing for the actual system proposed to meet the requirements to form part of the competitive bids submitted by tenderer's.

Q: *How will bio-hazardous waste generated in isolation wards be dealt with in the new tender specifications?*

A: All of the HCRW categories earlier listed for inclusion in the tenders will be addressed, which will include bio-hazardous waste. Particular high-risk material from dedicated isolation wards, e.g., in the event of rare Ebola cases or similar will only need to be addressed in very few cases and for one or two hospitals only, and would then most likely allow for daily collection of disposable containers from those particular wards for immediate and traceable destruction. Hence, there may be a need for particular puncture proof large plastic disposable containers for bio-hazardous waste, even though it may not be generated every year or during the contract period at all.

Q: *How will it be ensured that pathological waste (human tissue) is not illegally removed for use by traditional healers?*

A: Even though it is technically feasible to make use of non-burn treatment processes, a principle decision was taken from an ethical point of view for all pathological waste to be incinerated and not treated by any of the available non-burn treatment processes (even though this is not a requirement from the Human Tissue Act as is generally believed). All pathological waste is therefore to be separated at source and placed in clearly marked containers that are to be tracked.

Treatment of pharmaceutical waste by means of non-burn treatment processes is in turn from an environmental point of view not allowed, which also require for such waste to be clearly marked.

The dilemma however created by the special marking of those particular HCRW streams is the fact that it is also the ones that have potential to be stolen for traditional healing or for selling of expired medicines. It would therefore have been desirable not to make its presence too obvious. For this reason the control and tracking of pathological waste and pharmaceutical waste streams will have to be given special attention in the tender specifications. As is the case today, pathological waste would normally be stored at the morgue under refrigeration before special collection, thus, ensuring a higher level of control. To this end it may be necessary to procure refrigeration facilities at the clinics that are offering maternity services either through refrigerators procured by the DoH or alternatively with refrigerators being supplied as part of the HCRW service contracts. It was the general recommendation of the workshop that where possible such items should be included in the HCRW management tenders.

Q: *There is often an ethical problem for both the patients as well as the nursing staff to dispose of foetuses in waste containers. Previously such waste items were transported directly to the onsite incinerator for treatment, but that will no longer be possible as there will not be any onsite treatment facilities at provincial hospitals.*

A: This ethical consideration, as well as some religious considerations in disposing of human tissue will be considered in the tender specifications. A system for the use of micro plastic lined cardboard coffins or similar for use at Termination of Pregnancy (TOP) clinics, stillborn and spontaneous apportions could be considered.

Q: *What role will the health care institutions play in the development of the new tenders and will all institutions finally be issued with copies of the tender document?*

A: The intention of the workshop, as well as future communication with the health care institutions, will be to ensure that the institutions become and remain part of the tender development process, thus ensuring that the contractors will meet the particular requirements of the institutions when rendering the service. All hospitals and all regional offices will be issued with copies of the final draft tender documents, and in particular the specifications, for people responsible to monitor the contractor's performance to actually know what is required from the contractor. Furthermore, it is envisaged that a workshop will be held once the draft tender documents have been made available for commenting.

Q: *How will it be ensured that the sharps and specican disposable containers meet the needs of the various institutions, as their needs are vastly different?*

A: A range of disposable sharps and specican containers will be made available through the tender (for instance with 3 sizes for conventional sharps containers, and 1 tall sharps container), as well as different size specicans. The institutions will then have the opportunity to order from the available range the types of containers what they consider being most appropriate for their application.

All reusable containers are to be delivered with the correct liners and lids for the particular container as well as any racks, wall fixtures etc. that may be required.

It was pointed out to the meeting by senior DoH staff that institutions will not be allowed to accept systems donated to them that does not comply with the standards and is not compatible with the HCRW management system implemented for the whole of Gauteng.

Q: *How will the transition from the existing to the new HCRW management system be handled?*

A: The new tenders will have to make provision for the contractors to operate a dual system for a limited period of time. In addition to the training and capacity building that would be required at each of the institutions where the new system is to be introduced, there will also be a lead time required for the manufacture and distribution of all the reusable containers, thus requiring for the current system to continue, while the new system is systematically implemented at each of the institutions. Although it is difficult to at this stage quantify exactly how long the rollout period would be, it can be expected to be in excess of 3 months. The duration of the roll out period would have to be suggested by the tenderers and could become part of the competitive basis when assessing the tenders received.

Institutions were further advised about the importance of not unnecessarily stockpiling disposable containers that were supplied under the current tenders, as the price for such containers not only included the cost of the containers delivered to the institutions, but it also include the cost of collection, transport, treatment and disposal. Should the institutions by the end of the current contracts be left with large numbers of disposable containers, they

would have paid for the full service without receiving any value for the transport and treatment. Other than having piles of containers that cannot be used, such institutions would not have received any value.

7.4 Performance Monitoring and Management of Contracts:

- It was explained that Requests For Information (RFI) from potential service providers will be called for first, thus allowing the opportunity to do a pre-qualification of service providers. This will ensure that the parties taking part in the remainder of the tender process, be capable of rendering the service to the required standards. With that part of the process completed, Requests For Quotations (RFQ) will be issued the pre-qualified contractors, which in turn will be adjudicated for the final award of contracts.
- Included in the RFQ will be a penalty clause that can be imposed in the event of contractors being in breach of contract. This will allow for the required standard of service to be upheld, without having to go the extent of cancelling any of the contracts because a contractor did not comply with the tender specifications. Cancellation of any contract should be the last resort, as it will not only have financial implications for the DoH, but it would also result in a disruption of services.
- Tenderers will be required to provide sureties that can be called upon by the DoH in the event of a contract being cancelled due to a contractor not meeting the service standards and where imposing of penalties did not have the required effect.
- Some workshop participants pointed out that the DoH is in the process of restructuring that will result in all hospitals becoming individual business units. Although it is uncertain as to how this will allow for the involvement envisaged by the Gauteng Shared Service Centre, it is likely to result in more autonomy for the hospitals. The invoicing and payment system to be introduced in the tenders will therefore have to take cognisance of this aspect.
- The view was expressed by some workshop participants that the devolvement of clinics to local authorities will not materialise and should therefore not have to be taken into consideration in the development of the new tenders. Only environmental health is expected to be devolved to the local authorities.
- It was proposed by workshop participants that auditing of health care waste management standards at the various health care institutions be undertaken as a combination of internal auditing (more frequent but less intense) and external auditing (less frequent but more intense).
- HCW management Guidelines for Gauteng is in the process of being developed and will be finalised with the experience gained from the pilot projects currently undertaken. Compliance with the most critical aspects of the Guidelines will be required for the HCRW management service contracts.

Q: Will the legal enforcement of the performance standards and conditions of contract be exercised by the relevant provincial departments?

A: Part of the Gauteng project on sustainable HCW management allowed for the development of Guidelines and Minimum Standards for HCRW management, for which the legislation process already started.

Q: Who will be authorised to impose penalties on the contractor for non-compliance?

A: As the contract holder, only the DoH head office will have the power to impose penalties, based on motivation and recommendations made by the affected institution. It was stated by Senior DoH staff that only when approved by the DAC, could penalties be imposed on the contractor. DAC is further the only body that will have the authority to cancel any contracts.

Q: *How will the reporting on performance monitoring be undertaken by the various institutions?*

A: Reporting should be the responsibility of a designated post within each of the health care institutions and not by a particular person, due to the current turnover in staff.

Q: *A concern was raised that with the sub-directorates absorbing the Environmental Health Officers (EHO's), that there would not be sufficient resources to monitor the performance of the contractors. The EHO's being employed by the Local Councils, are further not mandated to enter and inspect provincial facilities at present.*

A: It was indicated by Mr. Albert Marumo that this is a short-term problem that will be resolved in the very near future.

Q: *Will the institutions, as the responsible party in terms of the "duty-of-care" principle, have the right to inspect the HCRW service provider's facilities to ensure that it meets the required standards?*

A: The right to inspect such facilities by people nominated by the health care facilities will be ensured in the new tenders.

Q: *In what way will it be ensured that the treatment facilities proposed by the tenderers, will in fact meet the required standards?*

A: All tenderers will be required to submit compliance certificates for the treatment facilities that they propose for use during the execution of the respective contracts. Only HCRW treatment facilities situated within Gauteng and meeting the emission standards set by DACEL will be approved.

Q: *Where do (1) the responsibility and (2) the accountability lie in terms of "duty-of-care" for HCRW management?*

A: It is presumed that (1) the responsibility lies with the CEO of the various institutions, and (2) the accountability lies with the HOD of Health. This is however still to be clarified from a legal perspective.

Q: *What would the role of the proposed Waste Management Officer (WMO) be?*

A: The WMO would be required to coordinate all HCW management activities within the DoH. This would for instance include:

- Overall contract management of the HCW services rendered to the various institutions;
- Coordinating capacity building and awareness initiatives for the various institutions;
- Dissemination of information to the various institutions;
- Ensuring effective networking between the various institutions through a HCW management forum that will allow for institutions to share in their experience and expertise;
- Ensuring that all institutions have waste management committees in place;
- Verifying the appropriateness of the waste management plans developed by the individual institutions;
- Ensuring adherence to waste management plans;
- Responsible for collation of information on all payments made for HCRW services, thus enabling the DoH to keep effective control over HCRW management expenditure, as well as provide the information that will be required to compile the annual budgets.

It was further pointed out that the WMO would interact closely with the Safety, Health and Environmental (SHE) Officers that are to be appointed by the GDoH.

Q: What activities are at this stage envisaged to assist in the capacity building of institutions, in particular in view of the new HCRW management systems that are to be rolled out?

A: A 5-day HCRW management course is due to be developed in cooperation with the Wits Technicon as a process of training the trainers. The course will not only include aspects related to the new HCRW management systems to be implemented at the various hospitals, but will also capacitate people around the administrative systems required for effective HCRW management. The Gauteng HCRW management project will financially be able to send the first ninety members of the GDoH on the proposed course, which is expected to cost in the region of R 2500 per person.

Q: Will students and doctors also be trained on the correct procedures on HCRW management?

A: It is important that all staff responsible for the generation of HCRW be trained on responsible HCRW management practices.

Q: How will emergency situations related to HCRW management be dealt with under the contracts?

A: Where a contractor fails to render a particular service, or alternatively caused a dangerous situation (by for instance spilling HCRW) and the situation was not rectified when called upon to do so, the DoH will have the right to have the problems addressed on behalf of the contractor, with the costs then being defrayed from the next payment made to the contractor.

8. Closure.

It was agreed that a draft copy of the tender document be circulated to all health care institutions for comments, before the document is finalised for submission to the DoH's legal section who will have to verify that the document is legally sound. If required, a further workshop will be conducted to address any aspects that may still require clarification.

Ms. Marie Steyn also made use of the opportunity to remind all workshop participants of the fact that the incinerators at the hospitals are no longer to be used since none of the incinerators meet the required environmental standards. To ensure adherence, the Department of Public Works will be asked to make all onsite incinerators unusable by removing the doors.

Although it is appreciated that some of the private hospitals are still making use of their onsite incinerators, it was confirmed that the MEC for environment, Mary Metcalf, at 2 previous occasions publicly stated that the deadline for compliance of all incriminators in Gauteng is 1 January 2004. Legislation is in the process of being developed that will make compliance with this enforceable. This is a co-governance arrangement that is fully supported by the MEC for health.

Although appropriate process splits in the contract would have been desirable, the risk of insufficient resources within the DoH to manage the various interfaces, made it less attractive. It was therefore finally recommended and generally supported by the workshop participants that the next HCRW Tender have the following overall structure:

1. Separate service agreements for each of the three current Health Regions A, B and C. However, tenderers may bid for any or all of the Regions, but it should be stated that no tenderer would be awarded a service contract for more that two Regions;

2. The service for supply of both reusable as well as disposable containers, collection, transport, treatment and disposal of HCRW, as well as to a large extend also training, should be tendered out as one contract for each of the three Health Regions;
3. Improved service delivery shall, among others, be achieved by means of:

    a. Detailed specifications of functionality of containers, service standards, collection frequencies, types of vehicles, cleanliness and disinfection requirements, improved treatment and emission standards, etc;
    b. Requirement for provision of a larger range of containers from which individual institutions can choose and order;
    c. Inclusion of a training element in the agreements, and preferably a requirement for use of approved third party training specialists;
    d. Inclusion of a monitoring element in the agreements, and preferably a requirement for use of approved third party auditing specialists;
    e. Requirement for periodical reporting in accordance to a prescribed format;
    f. Use of sureties and penalties that can be invoked if deemed appropriate;
    g. Requirement for documented compliance to the environmental requirements and other requirements of the Provincial HCW Management Policy;
    h. Requirement for determining the mass of waste from all institutions and use of a billing system that motivates improved segregation and waste minimisation.

Sydney Nkosi of DACEL finally thanked all workshop participants for their attendance and participation in making it a very constructive meeting during which a lot of insight was obtained on the needs and requirements related to the outsourcing of Gauteng HCRW management services.