Prioritisation Matrix - EDF11 Pacific-EU Waste Management Programme

As part of SPREP's country consultations on the development of activities for the EDF11 Pacific-EU Waste Management Programme Pacific island country representatives are invited to complete the attached Prioritisation Matrix in advance of face-to-face discussions in in Nuku'alofa, Tonga from 20-22 February, 2017.

**Instructions:** Please fill out the matrix below, ranking each empty area in the table as either **1 (high priority)**, **2 (medium priority)** or **3 (low priority)** according to the needs of your country. Completed documents should be emailed to Dr Frank Griffin ([frankg@sprep.org](mailto:frankg@sprep.org)) by 5pm on Wednesday 15 February, 2017.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **STRATEGIC ACTIONS** | | | | | | | | | | | |
|  |  | **Data collection and management** | **Policy development** | **Public Private Partnerships** | **Occupational Health and Safety** | **Prevention and Reduction** | **Resource recovery** | **Site remediation / Stockpile reduction** | **Sustainable financing** | **Infrastructure development** | **Human capacity** | **Education and Awareness** | **Monitoring** |
| **WASTE STREAMS** | **Asbestos** |  |  |  |  |  | N/A |  |  |  |  |  |  |
| **Healthcare waste** |  |  |  |  |  | N/A |  |  |  |  |  |  |
| **E-waste** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Disaster waste** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Organic waste** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Recyclables** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Residual solid waste** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Waste water (related to solid waste)** |  |  |  |  |  |  | N/A |  |  |  |  |  |

**Please rank responses as either:**

1 – High Priority

2 – Medium Priority

3 – Low Priority

**Name: ............................................................................................. Position: .............................................................................................**

**Signature: ........................................................................................ Date: …………………………………**