SUSTAINABLE HEALTH in PROCUREMENT PROJECT (SHiPP)

Annual Report 2020
# Table of Contents

**INTRODUCTION AND BACKGROUND** .........................................................................................................................................................2
  - Status at Glance .......................................................................................................................................................................................3
  - SHiPP’s Response to COVID-19 .................................................................................................................................................................4
  - SHiPP objectives ............................................................................................................................................................................................4
  - Communication for development ....................................................................................................................................................................6
  - SHiPP Sense-making ......................................................................................................................................................................................7
  - 2030 Agenda for Sustainable Development ...........................................................................................................................................8

**PROJECT RESULT 1: DEVELOPING THE SUSTAINABLE PROCUREMENT INDEX FOR HEALTH (SPIH)** .................9
  - Criteria for Interventions to Create Less Toxic, Carbon Intensive and High Resource Consuming Technologies ........................................................................................................................................................................................................................................10
  - Coordination of the One Planet Network SPP Interest Group in Health ................................................................................................14

**PROJECT RESULT 2:**
  **STRENGTHENING CAPACITY FOR SUSTAINABLE PROCUREMENT IN THE HEALTH SECTOR** ..............16
  - Capacity-building of Partners ........................................................................................................................................................................16

**PROJECT RESULT 3: STRENGTHENING CAPACITY FOR SUSTAINABLE PRODUCTION, SUPPLY AND DISPOSAL OF HEALTH CARE PRODUCTS IN AT LEAST 10 PROJECT COUNTRIES** .............20
  - Health Care Waste Management ...............................................................................................................................................................23

**PROJECT OUTPUTS, RESULT 4:**
  **STRENGTHENING THE UNDERSTANDING AND APPLICATION OF APPROPRIATE INDICATORS AND MONITORING AND EVALUATION PROCESSES FOR ACCOUNTABILITY** ...............24
  - HCWH Spot Check ........................................................................................................................................................................................24
  - Setting up Monitoring and Evaluation Systems ........................................................................................................................................24
  - Upgrade of the SPHS Platform ....................................................................................................................................................................24

**EMERGING ISSUES FOR SHiPP COLLABORATION AND ENGAGEMENT** .................................................................27

**FOCUS FOR 2020** .........................................................................................................................................................................................28

**ANNEX 1: HEALTH CARE’S CLIMATE FOOTPRINT** .............................................................................................................................29
Introduction

In 2020, the implementation of the Sustainable Health in Procurement Project (SHiPP) was punctuated by the COVID-19 pandemic which was a further wake-up call to the global community to do more to protect people and planet. The outbreak resulted in increased procurement of health commodities which created an increased accumulation of health care waste. This, in turn, has had ripple effects in many regions of the world, especially in developing nations, including the majority of SHiPP countries. The urgent call for commodities to be delivered to all corners of the planet, underscores the critical need to ensure that standards for sustainability and a respect for social dimensions are upheld.

A number of practical guidance documents for focus countries were produced and disseminated. These were also timely and relevant for other countries. All of these will be particularly useful as countries reimagine and strengthen supply chains in their recovery from COVID-19. More details can be found in the report.

One key milestone in 2020 was the Third Saving Lives Sustainably: Sustainable Production in the Health Sector Global Forum 2020. This event was organized as part of the International Conferences Programme which was a cornerstone activity of the G20 Saudi Presidency Year 2020. Furthermore, policies and strategies were also developed during the year in Argentina, China, India, Moldova, South Africa, Tanzania and Viet Nam. The year also saw significant progress in the development of the Sustainable Procurement Index for Health (SPIH) with the completion of the beta version which will serve as the foundation for the 2021 pilot project. In relation to this, the SPHS online engagement platform was also completed.
## Status at Glance

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Status</th>
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<tbody>
<tr>
<td>Action 1: Develop a sustainable/green procurement index for health (SPIH)</td>
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<tr>
<td>Action 2: Identify and establish criteria for interventions for less toxic,</td>
<td></td>
</tr>
<tr>
<td>carbon intensive and high resource consuming technologies</td>
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<tr>
<td>Action 3: Support development of relevant laws or policies / policy briefs,</td>
<td></td>
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<tr>
<td>or/and strategies</td>
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<tr>
<td>Action 4: Support to SADC in implementation of Pooled procurement</td>
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<td>Action 5: Promote the adoption and dissemination of sustainable procurement</td>
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<tr>
<td>guidance in health systems</td>
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<tr>
<td>Action 6: Develop carbon reduction guidelines, templates and a framework for</td>
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<tr>
<td>a climate-smart product substitution</td>
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<tr>
<td>Action 7: Develop and disseminate Model Tender Requests for sustainable health</td>
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<tr>
<td>systems</td>
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<tr>
<td>Action 8: Joint SHiPP-SPHS-One Planet Network consultation to analyse and</td>
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<tr>
<td>adapt existing SPP tools and develop new health specific ones</td>
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<td>Action 9: Conduct capacity building for sustainable procurement for the</td>
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<tr>
<td>health systems and ministries on adaptation and implementation of less -</td>
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<tr>
<td>toxic, carbon intensive and high resource consuming technologies</td>
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<tr>
<td>Action 10: Support and contribute to Conferences and workshops related to</td>
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<tr>
<td>sustainable procurement</td>
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<tr>
<td>Action 11: Develop and publish TOT manuals, on sustainable procurement and</td>
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<tr>
<td>alternative substitution (and roll out trainings in Project countries –</td>
<td></td>
</tr>
<tr>
<td>linked to Action 9)</td>
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<tr>
<td>Action 12: Produce multimedia materials to develop capacity for sustainability</td>
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<td>in the health sector</td>
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<tr>
<td>Action 13: Identification of products to be substituted with alternatives</td>
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<tr>
<td>Action 14: Carbon reduction tool kit developing and piloting</td>
<td></td>
</tr>
<tr>
<td>Action 15: Support 2 countries to conduct plastic/energy audits and develop</td>
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</tr>
<tr>
<td>actions to eliminate single use plastic and prioritize least toxic materials</td>
<td></td>
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<tr>
<td>Action 16: Develop and implement interventions to make alternative products</td>
<td></td>
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<td>accessible in project countries</td>
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<tr>
<td>Action 17: Commission a case study on total cost of ownership</td>
<td></td>
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<tr>
<td>Action 18: Support SHiPP countries to design, build, implement and monitor</td>
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<td>health care waste bio digestion</td>
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<td>Action 19: Support health systems to substitute products and services with</td>
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<td>more sustainable alternatives</td>
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<td>Action 20: Conduct global Suppliers Forum</td>
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<td>Action 21: Conduct capacity building of Private sector in sustainable</td>
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<td>production and supply of health commodities and medicines.</td>
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<td>Action 22: Develop Online Business2Business sustainable performance</td>
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<td>assessment</td>
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<tr>
<td>Action 23: Mid-Term Project Review (Optional in the ProDoc)</td>
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<tr>
<td>Action 24: Establish and implement a monitoring system based on the findings</td>
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<td>from the baseline assessment and support countries to adopt indicators</td>
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<tr>
<td>Action 25: Upgrade and manage the SPHS platform</td>
<td></td>
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<tr>
<td>Action 26: Document and sharing of good practices (including case studies),</td>
<td></td>
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<tr>
<td>identified and/or implemented by hospitals, health care systems and national</td>
<td></td>
</tr>
<tr>
<td>and sub national health ministries and others</td>
<td></td>
</tr>
</tbody>
</table>

Green refers to completed activities while Yellow is in process while Red is not done/removed. The activity with red was not carried out due to budget limitations caused by currency fluctuations.
SHiPP’s Response to COVID-19

UNDP and HCWH published several guidance documents, as well as global frameworks for countries to support pandemic responses. UNDP developed a guidance note for COVID-19 health care waste management which was disseminated through UNDP’s network of 140 country offices. Additionally, HCWH developed a Fact Sheet and organised a series of partner discussions on safe handling of COVID-19 related health care waste. These are strategic guidance documents that provide a step-by-step reference methodology for countries to ensure a proper application of sustainability standards at different stages of the health care supply chain. When the HCWH SHiPP team was alerted to the proliferation of hazardous disinfection tunnels by SHiPP hospital partners in Colombia, research was conducted to develop policy and practices and identify suppliers to solve this issue. This resulted in the development of a Fact Sheet documenting the proliferation and hazards involved with recommendations to advocate to put an end to their use. Working with the WHO, HCWH also published a “myth-buster” about the unsafe and ineffective use of spraying disinfectants to combat COVID-19. The Ministries of Health in Colombia, Chile, India and South Africa published recommendations to ban their use. HCWH and partners are working with Argentina, China and the Philippines, three SHiPP members, to implement the Kigali-Cooling Efficiency Project, which focuses on cooling energy audits and the adoption of energy-efficient technology to demonstrate cooling efficiency.

Project results include, but are not limited to, UNDP’s Sustainable Procurement Guidance Note and the HCWH Sustainable Procurement Guide for Health Care with an accompanying self-assessment checklist and a prioritization tool. In addition, the following technical and policy guidance was also produced and disseminated: “Quick Guides” for hand hygiene and disinfectants needed to prevent COVID-19 transmission; the “Health Care Waste Assessment” study carried out in seven countries; the “Climate White Paper Targeting Eastern Europe;” the “Analysis of the Status and Use of Potentially Harmful Substances;” as well as the “Application of Sustainable Procurement Practices in the Health Care Sector of the Republic of Moldova.”

SHiPP objectives

Figure 1. Project objectives
**Programme management and support:** Project management continued to be a priority for both UNDP and HCWH as demonstrated by the planning, implementation and management meetings held over the course of the year. This resulted in timely resolution of programmatic and operational issues. Meetings were also held with focus countries to support planning, strategy and monitoring and learning.

**Figure 2. SWOT Analysis for SHiPP, 2019**

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Availability of Sida project resources</td>
<td>• Elections in some project countries, such as Tanzania delayed implementation of activities</td>
</tr>
<tr>
<td>• Strong Government leadership and commitment in focus countries</td>
<td>• Lack of market availability for select alternative products in several Focus Countries.</td>
</tr>
<tr>
<td>• Technical expertise within Planetary Health Network of Partners and ensured synergies with other ongoing initiatives.</td>
<td>• Differences in the capacity of country partners to understand procurement processes and how to integrate sustainability criteria.</td>
</tr>
<tr>
<td>• Expanding the GGHH network across the globe to reach 43,000 hospitals and health centres in 72 countries by the end of 2020.</td>
<td>• Different time/geographical zones</td>
</tr>
<tr>
<td>• Consistent programme management engagements between UNDP and HCWH</td>
<td></td>
</tr>
<tr>
<td>• Availability of Technical Working Groups [TWGs] in SHiPP Focus Countries</td>
<td></td>
</tr>
<tr>
<td>• Private sector engagement</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The outbreak of COVID-19 reinforced the need for sustainability in procurement and subsequently proper management of waste generated.</td>
<td>• The COVID-19 outbreak</td>
</tr>
<tr>
<td>• Interest from academic partners, including students</td>
<td>• Exchange rate fluctuations between the USD and the Swedish Krona reduced the amount of available funds for programming.</td>
</tr>
<tr>
<td>• Interest from other countries beyond SHiPP focus countries</td>
<td>• Reliance on country office Focal Point Persons for multiple tasks</td>
</tr>
<tr>
<td>• Strengthened synergies with similar projects (i.e. Global Environmental Facility, Kigali—Cooling Efficiency Programme [K-CEP] that provide opportunities for co-programming.</td>
<td>• Staff turnover in health ministries</td>
</tr>
<tr>
<td>• Availability of knowledge and data generated through research and programming.</td>
<td></td>
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</tbody>
</table>
Communication for development

In 2020, SHiPP strengthened communications with stakeholders through various channels, including webinars, electronic publications, international conferences and various media outlets to increase knowledge about access to quality health care products and sustainable procurement. Collaboration was also promoted with world renowned medical institutions, practitioners and experts to provide guidance on how to further strengthen sustainability in the global health supply chains. SHiPP garnered over 50,000 total media impressions in 2020 through the SPHS and HCWH communication channels, including Twitter, LinkedIn, YouTube, newsletters and podcasts. Fourteen (14) webinars were also organized to share learning and raise awareness and visibility. Furthermore, UNDP and HCWH jointly launched the Spanish versions of their Sustainable Health Procurement Guidance publications.

Below is a summary of the SHiPP Communication outreach:

**SHiPP Communication Statistics 2020**

- Over **50,000** media impressions
- **14 webinars** with over **800 participants**
- from over **50 countries**

**Sustainable Health Procurement Guidelines**

- English, Spanish, Portuguese and Chinese
SHiPP sense-making

Developing a clearer focus to deliver integrated services: UNDP encourages all projects to undertake a sense-making process as means of strengthening the effectiveness and results orientation. Below is the updated SHiPP 2020 sense-making matrix.

Figure 3. SHiPP (2018–2021) sense-making matrix

<table>
<thead>
<tr>
<th>WHY: What problem is SHiPP addressing?</th>
<th>HOW: What solution is the project bringing to the problem, and how will this solve it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The health sector contributes 4.4% of net GHG emissions.</td>
<td>• Knowledge, prototypes and data on climate change and health indicators to address information gaps among stakeholders.</td>
</tr>
<tr>
<td>• Health products are made from toxic materials and create substantial hazardous waste.</td>
<td>• Tools to promote sustainable procurement, i.e. pooled procurement, guidance for COVID-19 related programming</td>
</tr>
<tr>
<td>• Increased procurement volumes of medical supplies due to COVID-19</td>
<td>• Research and evidence on best practices to manage COVID-19 waste.</td>
</tr>
<tr>
<td>• No universal criteria/standards for the sustainable production, distribution, and disposal of health care products</td>
<td>• Platform to coordinate actors from the different dimensions of sustainability, i.e. SPHS</td>
</tr>
<tr>
<td>• Limited knowledge, capacity, availability and demand for the sustainable procurement of medical supplies</td>
<td>• Raising interest and awareness</td>
</tr>
<tr>
<td>• Limited knowledge and capacity for sustainable production, supply and disposal of medical waste</td>
<td>• Building capacity and skills among procurers and manufacturers of (health care commodities) medical supplies</td>
</tr>
<tr>
<td>• Lack of sustainability indicators in government M&amp;E</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WHAT: main features of the project?</th>
<th>2020 Key Results/Milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Partnerships:</td>
<td>• National ownership and partnerships continue to grow.</td>
</tr>
<tr>
<td>• External—RECs, governments, SPHS, the private sector, foundations academia, hospitals and health systems, Civil Society Organizations</td>
<td>• Laws/regulations/strategies developed to promote/regulate sustainability in the health sector.</td>
</tr>
<tr>
<td>• Internal—Global Environment Facility, gender and climate change programming</td>
<td>• 3rd Saving Lives Sustainably: Global Forum 2020 with 440 delegates, 6,000+ views and over 60,000 media impressions.</td>
</tr>
<tr>
<td>• Key Resources: Funding from Sida, human resources (FPPs/ICs), Technical Working Groups, Expert Groups)</td>
<td>• Learning</td>
</tr>
<tr>
<td>• Research/Knowledge—Assessments, Research</td>
<td>• Whole-of-government approaches</td>
</tr>
<tr>
<td></td>
<td>• Use of digital tools and platform to unlock development, remote learning and programming.</td>
</tr>
<tr>
<td></td>
<td>• KP5s documenting good practices e.g. case studies, policy briefs etc.</td>
</tr>
</tbody>
</table>
2030 Agenda for Sustainable Development

The work of SHiPP contributes to the 2030 Agenda for Sustainable Development, a number of Sustainable Development Goals and targets as well a range of other strategies, including, Sida’s development strategies, the UNDP 2018-2021 Strategic Plan, as well as UNDP HIV, Health and Development Connecting the Dots Strategy Note 2016–2021.

Sustainable Development Goals: SHiPP operates across multiple sectors in terms of its impact. While it is primarily housed under on SDG 12 (Sustainable Production and Consumption), SHiPP also contributes to several other SDGs as illustrated throughout this report. Deliberate efforts have been made to ensure that the project reaches addressed other catalytic goals and issues such as advancing gender equality, strengthening anti-corruption and multi-sectoral governance in the procurement of health commodities. All of these topics discussed during the saving lives sustainably Global Forum 2020.

Sida: SHiPP contributes to a number of Sida strategies including the “Strategy for Sweden’s development cooperation for global gender equality and women’s and girls’ rights (2018–2022)” and the “Strategy for Sweden’s global development cooperation in the areas of environmental sustainability, sustainable climate and oceans, and sustainable use of natural resources (2018–2022)”.

UNDP: The project is contributing to two of the Signature Solutions in UNDP’s Strategic Plan 2018-2021: “Promote nature-based solutions for a sustainable planet” and “Close the energy gap.” SHiPP’s integrated approach is fully aligned with UNDP’s integrator role. SHiPP is also fully aligned with UNDP’s HIV, Health and Development Strategy, “Connecting the Dots 2016–2021,” particularly its action area on building resilient and sustainable systems for health.

HCWH: Health Care Without Harm which celebrates its 25th year of health systems work to implement sustainability through improved health services shares a vision of a health care sector that does no harm, and promotes the health of individuals and the environment. To that end, HCWH is working to implement ecologically sound and healthy alternatives to health care practices that pollute the environment and contribute to disease.
Project Result 1: Developing the Sustainable Procurement Index for Health (SPIH)

Significant progress was made on the development of the Sustainable Procurement Index for Health (SPIH) in 2020. A beta version of the index which highlights key focus areas that include resource utilisation, chemical toxicity, greenhouse gases, and the promotion of social dimensions (human rights, gender and labour rights) was developed. These will become the key themes of a sustainability questionnaire as a part of the next phase of the SPIH’s development. The figure below summarizes the SPIH themes with their different focus areas.

Key theme areas for the Index

**GHGs**
- Governance
- Measurement
- Target setting
- Supply chain issues

**Resources**
- Governance
- Manufacturing
- Supply chain issues

**Toxicity**
- Management
- Restricted substances
- Disclosure

**Social aspects**
- Policy and governance
- Audits
- Equality issues

The development of the SPIH beta version and associated tools benefited from the input of the expert group members from across the world. Several engagement platforms facilitated meetings with the expert group members, as well as the SPIH Clinic that took place during the saving lives sustainably Global Forum 2020.

Below is a diagram of how a health procurement officer can strengthen sustainability when procuring pharmaceutical products. The diagram provides a model produced through the SPIH to demonstrate practical opportunities for promoting sustainability even by small scale suppliers.

**Scenario of country buyer of pharmaceuticals**

*Scenario: Small suppliers are able to be procured through LTA, and work with the buyer to ensure that sustainability requirements are met over time.*

1. The buyer would like to set up LTA.
2. As part of the market assessment, the buyer identifies that there are a range of potential suppliers of the product.
3. Many of the suppliers are small companies, but there is a good level of competition.
4. To participate in the procurement event, suppliers will have to use the SPIH and simply disclose their level.
5. The buyer decides to include in the Terms and Conditions the suppliers on the LTA will have to achieve at least Level 1 of they do not already do so by 2023.
6. One of the suppliers is located in Spain, and so does not have to complete the Module on aspect of the Social Dimensions due to the SPIH’s country filter and relevant indicators. Another supplier is located in Pakistan and therefore does need to complete that Module based on the country filter.
7. Four companies across the potential supply base decide to bid for the to LTA.
8. The buyer appoints three companies to LTA.
HCWH and Practice Greenhealth finalized and disseminated five tools for a Model Policy which included Principles for Sustainable Procurement in Health Care Settings, a self-assessment checklist, a prioritization tool, and Standardized Environmental Criteria for health care products and services. Three “Quick Guides” were produced for the use of safer disinfecting chemicals to support infection prevention and control of the novel coronavirus. These Quick Guides consisted of 1. Sustainable Procurement Quick Guide Hand Hygiene, 2. Sustainable Procurement Quick Guide Surface Disinfection, 3. and a Sustainable Procurement Quick Guide Device Disinfection. In addition, the project produced Spanish translations of Quick Guides that were created earlier in the year and placed on PVC IV bags and PVC medical products. These tools are available on the HCWH website for Global Green and Healthy Hospitals (GGHH) members to refer to when procuring health care commodities for use in their facilities. These tools support the development of necessary skills required to transform the health sector so that it reduces its carbon footprint. The final report promoting safer disinfectants in the health sector produced by HCWH Europe was published and disseminated throughout the GGHH network. This report includes six case studies identifying less toxic and less carbon intense substitute chemicals and features studies from Brazil, Colombia, and South Africa respectively. HCWH Europe is supporting Brazil’s SHiPP team to scale up its regional work to promote improving the use of disinfectants by providing technical assistance in interpreting research results and sharing knowledge and information. As a result, all 36 health care facilities in the GGHH membership from Brazil received a report with the results of their evaluations and recommendations for substitutions. These reports were translated into Portu-
guese and further analysed by researchers in Brazil to customize results for the national market. These have been important for a wide-ranging application of standards across the country.

**Policy Development:** Supporting policy development in project countries has been a major focus for the SHiPP. In 2020, SHiPP provided technical and financial support for the development of several polices aimed at strengthening the health sector’s sustainability initiatives. Alongside these policies, SHiPP developed implementation strategies to be carried out across various health care systems’ sectors and levels. Below are some of the results that were achieved in 2020 under this component.

**In Moldova,** the project worked with the government and stakeholders to produce a “Policy Analysis on the Use of Potentially Harmful Substances” and the application of sustainable procurement practices for the health sector. The policy report shows a gradual increase in the use of various chemicals and products during the cleaning, disinfection, sterilization, pathological anatomy, and laboratory stages. Some of these products have highly hazardous properties which contribute to the sector’s high carbon footprint. The report has recommended a range of chemicals and devices that can be substituted by safer alternatives while others must be used under special conditions and with precautionary measures. Furthermore, as a result of SHiPP, an additional six new Persistent Organic Pollutants (POPs) classified under the Stockholm Convention on POPs were prohibited for use by the Government of India. These are supporting the country’s efforts to protect the environment and human health. In Chile, an emergent SHiPP country, the state enacted a policy (ORD2551/2020) to ban fluorescent mercury lamps in all public establishments and institutions and instructed officials to replace mercury medical devices with safer alternatives in public hospitals. In Tanzania, three policy briefs relating to water and electricity saving devices, as well as the elimination of hazardous chemicals have been shared with the Government’s Ministry of Health Planning Directorate with the goal of updating its internal policies and strategies. The government has since circulated the policy briefs across different sectors to catalyse activities promoting sustainability in the health sector and beyond.

**In Viet Nam,** UNDP-SHiPP used a whole-of-government approach to work through the Ministry of Health (MOH) and the Ministry of Natural Resources and Environment to conduct a review of how international policies are reflected within national policies with regards to sustainable consumption. A wide-ranging review took place of several national laws and policies on unintended POPs, mercury-persistent organic pollutants (POPs), and plastic waste management and related international policies including the Stockholm and Minamata Conventions as well as WHO’s regulations and policies on Environment, Climate Change and Health.

Key recommendations include:

- Introducing regulations and policies related to environmental health to ensure that harmful waste materials (including chemicals) are seriously addressed under the theme of “Recognizing/identifying and assessing environmental factors that may affect human health and disease burdens related to environmental pollutants.”
- Introducing regulations which promote environmentally sustainable production and consumption
- Implementing solutions to reduce plastic waste and avoid using non-biodegradable plastic products to limit plastic waste in the health sector.
- Identifying the roles and responsibilities of different sectors/authorities so that they are clearly mentioned in the revised law.

Furthermore, research concluded that levels of hierarchy in the health care procurement approval process required further revision to facilitate less complicated decision-making for the sustainable procurement of health products. As a result of this study, the project will support the MoH to review lists of medical equipment used by hospitals in Viet Nam to identify lists of safer alternative products to ensure that health care procurement is sustainable.

In India, SHiPP supported the National Centre for Disease Control (NCDC) to adopt the organization’s phase-out of its PVC gloves policy. Additional efforts towards the development of policy frameworks were recorded in South Africa where the Free State Province developed and modified technical specifications to include non-chemical methods of pest control.
under the auspices of integrated pest management. In Indonesia, a desk review of the country’s sustainable procurement policy for the country’s health care sector was conducted to support the development of relevant laws, policies or strategies both at national and institutional levels. A report on the policy review and recommended language was developed for SHiPP Indonesia’s partners to use for national advocacy. The review was followed by a focus group discussion with partners to determine priority product categories to address policy reforms. HCWH, together with Practice Greenhealth, published principles of sustainable procurement in health care settings and developed a model sustainable procurement policy for hospitals and health systems. This is an important step in transforming the facility at the programming level.

In Chile, the City of Chalca’s Department of Health developed a policy for the sustainable procurement of chemicals, energy and waste reduction parameters which will be applied to all of its service sectors. As part of a regional scale-up in Southeast Asia, the SHiPP team conducted national health policy desk reviews for sustainable procurement in Indonesia and in the Philippines. Following these reviews, hospitals issued a policy directive to contractors to eliminate single-use plastics in hospital cafeterias.

In order to advance the work promoting the use of ecolabels and standards for India’s health sector, a discussion was held with the Confederation of Indian Industries regarding its GreenPro Ecolabel certification which is part of the Global Ecolabelling Network (GEN) and GENICES—GEN’s Internationally Coordinated Ecolabelling System. The Global Ecolabelling Network is a network of Ecolabelling Organisations that advocates for Type 1 Ecolabel based on ISO 14024 standards and articulates their credibility. SHiPP India provided technical inputs to the revision process of Indian Public Health Standards guidelines which was last revised in 2012 so that they include climate resilient and green health care language and specific provisions around sustainable procurement. Indian Public Health Standards (IPHS) are a set of uniform standards developed under the National Health Mission that are envisaged to improve the country’s quality of health care delivery. The revisions were also necessary to keep up to date with the existing programme’s changing protocols and the introduction of
new programmes, particularly for Non-Communicable Diseases. The revised guidelines contain a number of chapters which include “Sustainable Procurement,” “Low-carbon Approaches to Building Design and Construction,” “Green Housekeeping for Benign or Less Toxic Cleaning Products,” and the “Elimination of Products Containing Carcinogens, Mutagens, Reproductive Toxicants and Teratogens, Asthmagens, Respiratory Irritants [Chemicals of Concern].”

In China, ongoing work with the Chinese Environmental United Certification Centre (CEC) has developed a sustainable procurement evaluation guide which will become the foundation for the development of a tool for health care institutions in China to implement sustainable procurement. It will also be used as a vehicle to promote systemic change in the health care sector. In South Africa, SHiPP provided support to the Free State Province to review its pesticide policy and develop and implement technical specifications that consider the environment and health and safety issues. In addition, a case study documenting the process of piloting non-chemical pest control methods at Bongoni Regional Hospital has inspired other Global Green and Healthy Hospitals member hospitals to replicate the implementation of its best practices. In India, the Public Health Foundation of India (PHFI), a body supported by SHiPP, was selected as a Centre of Excellence for “Green and Climate Resilient Health Care” by the Ministry of Health. In partnership with the National Health Systems Resource Centre (NHSRC), PHFI conducted a stakeholder consultation to deliberate on the green and climate-resilient health care framework and implementation strategies to develop state-specific action plans. An online platform is being created through SHiPP to increase sustainability knowledge among health care workers. This platform resembles a similar Colombian subnational policy and initiative in Cali’s Municipality and Cudimarca province.

Under the regional scale up of SHiPP in the Philippines, HCWH supported the development of a Memo circular disseminated in early in 2021 by the Philippines Department of Health. All public hospitals “promote the greening of facilities” by improving energy and water efficiency, sustainable cooling systems, as well as by supporting sustainable health care waste management and by recognizing that hospitals and other health care facilities are “vulnerable to climate change and other environmental stresses”. In 2020, HCWH SE Asia worked closely with DOH on the development of a 20-year roadmap for green, safe and resilient health care facilities. This initiative was supported by the Asian Development Bank.

A supplement to the HCWH/ARUP Green Paper published in 2019 (Health Care’s Climate Footprint) was finalised in 2020 and provided a more in-depth analysis of the carbon hotspots in the global health supply chain. This document focused on Brazil, China and India and a comparison was made between the World Input-Output Database (WIOD) used for the Green Paper and the more granular analysis of hotspots developed by the United Kingdom’s NHS Sustainable Development Unit. In addition to the above guidelines, the High Impact Procurement Opportunities (HIPO) list of 27 health products and services was published and presented at different fora in the period under review including to the SHiPP global technical team and at UNDP’s SPHS guidance TOT workshop. The HIPO list includes six interventions for carbon reduction with tools and resources for their implementation. To support the identification and establishment of criteria for interventions for less toxic, carbon-intensive and high resource consuming technologies, six Fact Sheets were developed. These knowledge products contain procurement criteria for less toxic products, health hazard information and recommendations for the safe use of SHiPP participants and beyond, including in response to COVID-19. Specific dimensions cover Safe Management of COVID-19 Waste, Disinfection Tunnels, Hand Hygiene, Sustainable Procurement Quick Guides Reducing the Use of PVC and Di-2-Ethylhexyl phthalate (DEHP)in Medical Products and Sustainable Procurement and Quick Reductions of PVC and DEHP in IV Bags and Sustainable Procurement of Quick and Healthier Resilient Flooring in Health Care. These knowledge products, among others, are facilitating the deepening of knowledge and change of practices among health practitioners.

Coordination Mechanisms: Strategically, the SHiPP team has been coordinating the United Nations informal Interagency Task Team on Sustainable Procurement in the Health Sector (SPHS). This ensures...
a coordinated approach towards efforts to promote sustainability in the health sector among the 10-member organization. In 2020, the SPHS Secretariat working with member agencies identified the main topics for knowledge sharing, which were: (i) Procurement and supply chain risks assessments within COVID-19 response, (ii) Lessons learned from COVID-19 response: How do we recover and build better and greener? (iii) Gender aspects and issues arising from the COVID-19 response, (iv) Quality of health commodities at the time of crisis: COVID-19 response, (v) Emergency response and business continuity in the wake of COVID-19 response, (vi) Inclusion of SPP into COVID-19 response. These topics were discussed in a number of online meetings and webinars held during 2020.

Coordination of the One Planet Network SPP Interest Group in Health

Following an invitation by the One Planet Secretariat, hosted by the UN Environment Programme in Paris, UNDP and HCWH were designated to co-lead the One Planet Network SPP Interest Group on Health. The group’s aims are to improve human health and reduce greenhouse gases, resource depletion, chemical pollution and human and labour rights violations in the global health supply chains. This Group is in full synergy with SHiPP objectives and serves as a mechanism to enable discussions, exchange knowledge and best practices, and enhance a wider uptake of good practices on sustainable procurement, production and disposal among various health sector stakeholder organisations. Through SHiPP, the health sector Interest Group webpage was developed and launched allowing stakeholders to interact, share best practices and coordinate events and activities. Below is a summary of this Special Interest Group’s areas of focus.

1. Criteria and standards
   Measurement and standards for sustainability, development and piloting of a Sustainable Procurement Index for Health (SPIH)

2. Strategies and resources
   Development of policies, strategies and technical resources on sustainable procurement, production and disposal in the health sector

3. Capacity-building
   Capacity building of procurement officers and decision-makers on sustainability dimensions

4. Advocacy and engagement
   Strengthening engagement with suppliers and manufacturers to develop less toxic, lower carbon, less resource-intensive alternatives to health products

1 UNDP, UNEP, UNFPA, UNHCR, UNICEF, UNOPS, WHO, UNITAID, GAVI and the Global Fund
Development of Model Tender for Sustainable Health Systems: To increase availability to all manufacturers and suppliers of health commodities, a complete model tender has been built into the new SPHS online platform. This enables the partners to develop their own tendering capacities by using the model provided by UNDP which will support them to more easily procure relevant health care commodities. This guide contains procurement criteria to be included in tender requests and requests for procurement during the procurement cycle. The guide was also posted on HCWH’s sustainable procurement website.
Project Result 2: Strengthening Capacity for Sustainable Procurement in the Health Sector

Capacity-building of Partners

The development of the Sustainable Health Procurement Guidance Note with the accompanying presentation slides for use in SHiPP countries and beyond is contributing to knowledge development in the health sector on how to support the implementation of sustainable procurement and practices. SHiPP countries such as Argentina, Viet Nam and Tanzania organised workshops for professionals working in the field of sustainable procurement and the reduction of the environmental impact of health commodities to share the work of SHiPP. These workshops increased the number of institutions adopting sustainable practices through procurement in their countries. These events attracted more than 500 participants from different levels of professional management and also widened the network of SHiPP’s alliances in Argentina with strategic partners and established common areas of interest to work together. Invitations also followed to participate in the Technical Working Group. Alongside this, HCWH Global Green and Healthy Hospitals, and
Practice Green Health launched the ground-breaking Sustainable Procurement Guide, a roadmap to develop a health system with a sustainable procurement strategy that prioritizes community and environmental health and safety while reducing costs. The Guide focuses on 10 elements from developing an action plan and high-impact procurement opportunities to tracking and reporting results. Briefly stated, the guide constitutes a systematic approach to operationalizing sustainable procurement. It also uses a “plan-do-check-act” cycle as a basic framework to develop and implement a successful sustainable procurement program, which acts as a quality process improvement method commonly used in health care. The guide supports health care organizations to integrate industry-leading sustainable procurement practices to save money, maximize the efficiency of operations, and distinguish organizations as a leader in the field. Three webinars were held in English and in Spanish to introduce and promote the adoption of the Sustainable Procurement Guide in Health Care. In Latin America, the Guide was jointly launched with UNDP’s Spanish version during a webinar with 250 participants and which was organized by the two organisations. The guide is available in English, Spanish, Portuguese and Chinese. Meanwhile, South Africa’s Bongani Regional Hospital, Netcare Hospital, Sebokeng Hospital and Inkosi Albert Luthuli Hospital have been identified to conduct a baseline assessment for the implementation of the guide.

In South Africa, “GGHH/SHiPP accreditation” was obtained from the Health Professional Council, enabling GGHH/SHiPP to train and allocate six Continuous Professional Development (CPD) points for health workers who attended the continuing professional development workshop. With the new accreditation system, GGHH/SHiPP organised a workshop on green hospital techniques regarding waste and chemical management, energy efficiency models, mercury phase out and tender specifications for 35 delegates from Gauteng province. The training was then continued online during three webinars organized throughout the year. A capacity building workshop was also held as a Latin American regional activities’ scale up in Bogotá, Colombia to discuss the substitution of priority chemicals such as refrigerant gases, disinfectants, PVC/DEHP and plastics. During the workshop, a roundtable discussion was held in partnership with Colombia’s Ministry of Health and Protection’s Environmental Health Department and focused on sustainable procurement with a specific focus on waste management, treatment services and sustainability practices. New technical information was provided regarding the new draft waste law and included recommendations to the Ministries of Environment and Health.

Webinars: UNDP, HCWH and partners held a total of 14 webinars in 2020 with over 1,000 participants from 50 countries and included representatives from governments, development partners, health care organizations, academia and Civil Society Organisations. On the eve of World Environment day, HCWH organized a webinar on SHiPP success stories, which included speakers from four regions and more than 150 participants from across the globe. SHiPP India working through its implementation partners organised a webinar on the “Introduction to Accreditation Standards for Green Health Care Facilities.” The aim was to build capacity for the implementation of the National Green Health Standards Policy finalised in 2019. HCWH Europe organized a webinar on “Promoting Safer Disinfectants in the Global Health Care Sector” and raised awareness about the potential hazards of disinfectants in global health care settings and also promoted the need for effective chemical substitution and harmonised sustainable public procurement criteria.
and success stories and learned from one another. HCWH in South East Asia delivered a series of webinars including:

- Strengthening best waste management practices.
- Climate-smart and low carbon health care in relations to the different chapters of the National Green Health Standards.

UNDP and HCWH launched the Spanish versions of their Sustainable Health Procurement Guide as a result of a joint live event during which more than 250 people participated. Projecto Hospitais Saudáveis, HCWH SHiPP which is a partner in Brazil, organized the Thirteenth (13th) Annual Sustainable Hospitals Seminar which was held virtually on 7–10 December and included a session devoted to SHiPP with presentations from the global SHiPP team. The Portuguese version of the Sustainable Procurement Guide for Health Care was launched with 140 participants during a live Zoom broadcast. To date, the video has been viewed 439 times on YouTube. Webinars featured success stories from field practitioners in Africa, Asia, Europe and Latin America. This, in turn, created opportunities for countries to engage in South to South linkages and partnerships. These webinars also enhanced the capacity of the participants to implement sustainable procurement policies and strategies in their health care facilities.

Additionally, HCWH organized the virtual CleanMed Europe and CleanMed USA, attracting over 1500 participants. The CleanMed Europe programme featured 26 sessions, 98 speakers and 1316 attendees. This has become an important forum for the SHiPP to showcase good practices to many professionals in the field. Event organizers have so far appreciated the role of the project by ensuring that it’s always on the agenda.
Interventions to make alternative products accessible: Linking countries to substitute products is one of SHiPP’s key undertakings. SHiPP teams in China, India, South Africa, LAC and Southeast Asia are recommending the substitution of PVC intravenous (IV) bags and hazardous disinfectants. These countries and regions have conducted market research to identify existing regional manufacturers and suppliers for alternative products. A factsheet on IV bags was produced based on inputs from participating project countries and is now being used as a tool to help health care sustainability officers and procurement officers select and develop criteria for safer alternatives. Substitutes for disinfectants to replace those identified as hazardous during the SAICM 2.0 project led by HCWH Europe for SHiPP countries were found based on local availability of alternatives and the Vienna Hospital Association WIDES (disinfectants) database. On an ongoing basis, suppliers and manufacturers for the selected products are being identified by the health systems to find substitutes for the use of the hazardous chemicals.

In South Africa, Bongani Regional Hospital, a SHiPP pilot hospital, has been supported to identify all chemicals that are being used for pesticide control in their institution. These chemicals, which all have health and environmental impacts, have been earmarked for phase out. In India, SHiPP conducted market research through CCDC on Solar Industry manufacturers and the medical devices industry for a post COVID 19 pandemic scenario. The report has provided valuable insights into India’s solar manufacturing industry and identifies 53 national suppliers. India’s National Centre for Disease Control (NCDC) procured nitrile gloves and adopted a phase out of its institutional PVC gloves policy.

Meanwhile, a Southeast Asia scale-up in Indonesia supported pilot projects in hospitals. In West Java, substitution alternatives were found for the CahayaQalbu Clinic’s pharmacy department by facilitating the replacement of plastic bags with bioplastic made from cassava starch. Concurrently, the West Java Provincial Mental Hospital launched a local organic farm where produce is to be used in its local upcycled Café Walagri and distributed to nearby communities. In the Philippines, two hospitals, Mary Johnson and St. Paul’s Hospital, Iloilo are working to substitute PVC IV Bags with glass bottles. Mary Johnson has also replaced single use plastics in the cafeteria and established a policy for contractors to do the same. In addition, SHiPP supported the Philippines to install solar photovoltaic systems in the Arturo Pingoy Memorial Medical Centre. Furthermore, the scale-up to support substitution resulted in Indonesia’s Bandung Dental Hospital replacing latex gloves with nitrile alternatives. Meanwhile, CahayaQalbu Clinic was able to replace mercury thermometers with digital instruments and substituted disposable PPEs with washable PPEs. A case study has been developed from these experiences.

Another case study was created based on the procurement of safer surface disinfectants to replace the toxic chlorine-based chemicals. The use of digital imaging has also been adopted in the parking area. In the Philippines, St. Paul’s Hospital Iloilo is now using reusable PPEs and has replaced cleaning chemicals with baking soda, vinegar and charcoal. The Amang Rodriguez Memorial Medical Center has focused on reducing the use of non-essential plastics in hospitals, which includes plans for the possible installation of water dispensers, and the composting of kitchen waste for use as soil conditioners on the rooftop food garden which, in turn, feeds front-line workers who are in quarantine. Mary Johnston Hospital is also reducing non-essential plastics by providing transportation services to their frontline staff.
Project Result 3: Strengthening Capacity for the Sustainable Production, Supply and Disposal of Health Care Products in at Least 10 Project Countries

Capacity-building of the private sector: The Third Saving Lives Sustainably: Sustainable Production in the Health Sector Global Forum 2020 took place on November 18-19, 2020 as part of the G20 Summit hosted by the Kingdom of Saudi Arabia. With support from Sida, the event was jointly organized by the G20 Saudi Secretariat, the Saudi Food and Drug Authority (SFDA), UNDP, the UN informal Interagency Task Team on Sustainable Procurement in the Health Sector (SPHS) Secretariat and HCWH. The Forum featured some of the world’s most eminent thinkers, practitioners who initiated important discussions on the global health sector’s sustainable production, procurement, and logistics’ supply chains in the context of COVID-19 pandemic and beyond. The event provided an opportunity for global health sector stakeholders, consisting of UN agencies, international organisations, governments, policymakers, multilateral financial intuitions, manufacturers, technical experts, academia, civil society organisations and others to explore the current state of the health commodities’ sector in relation to sustainable consumption and production patterns. In addition, the latest public and private innovations for
the sustainable procurement and manufacturing of health commodities were also discussed. The event highlighted intersections between climate change and global health and the necessary transitions needed for a just and sustainable recovery from the COVID-19 pandemic. The need to strengthen the resilience of the health care sector through dedicated actions to support environmental sustainability was also emphasized.

During the opening event, global leaders, such as the SFDA Executive Director, the UNDP HIV, Health and Development Team Director, the UNDP Resident Representative for the Kingdom of Saudi Arabia, the Swedish Ambassador to the Kingdom of Saudi Arabia, and the HCWH founder, all urged the world to strengthen efforts in support of greening the health sector’s supply chain in order to contribute towards reaching zero carbon emissions. Throughout the course of the two days, the Global Forum 2020 explored several interdisciplinary themes that included medical devices and safety, responsible business practices, food safety risk assessments, drug safety, sustainable supply chains and gender equality, as well as innovations from the field. Convening a successful global forum in the midst of a pandemic, demonstrated SHiPP’s strategic value in bringing together a diverse range of stakeholders to discuss issues of sustainability in the health sector. The conference highlights are summarized below.

The Global Forum 2020 report was launched in December 2020 in the presence of 440 participants from 85 countries. The Forum has been viewed more than 6,000 times on YouTube, and received over 60,000 social media impressions.

During the event, a special interactive SPIH Clinic was convened by Arup as a way of increasing the capacity of the private sector to increase understanding of sustainability issues in the health sector value chain. The clinic presented an opportunity for delegates, especially manufacturers and suppliers of different health commodities to understand how their actions could lead to an increased carbon footprint. Additionally, SHiPP launched the Socio event application for smartphones which is a platform that promotes business to business linkages, communications and sharing of lessons learned. As this was the second year of the application’s existence, it proved to be popular among manufacturers and suppliers of health commodities. Other delegates found it equally useful for follow up actions on key issues raised during the Global Forum.
KEY HIGHLIGHTS IN GLOBAL FORUM 2020 CONTENT

314
Best Practices, Lessons Learned and Recommendations

31
Case Studies

30
Guidance, Standards and Tools

14
Academic Research, Literature and Studies

2
Training and Capacity Building

UN-SPHS Topics Covered

Pubic Health
Procurement
Medical Products
Resource Efficiency
Standardization
Digitization and Data
Transportation
Human and Labour Rights
Waste Management
Energy
Chemicals

Gender Equality
Packaging
Water

Content Analysis

Best Practices, Lessons Learned and Recommendations
Case Studies
Guidance, Standards and Tools
Training and Capacity Building
Academic Literature, Research and Studies

GOAL 3: Good Health and Well-being
GOAL 12: Responsible Consumption and Production
GOAL 9: Industry, Innovation and Infrastructure
GOAL 16: Peace and Justice Strong Institutions
GOAL 17: Partnerships to achieve the Goal
GOAL 8: Decent Work and Economic Growth
GOAL 1: No Poverty
GOAL 4: Quality Education
GOAL 13: Climate Action
GOAL 10: Reduced Inequality
GOAL 7: Affordable and Clean Energy
GOAL 5: Gender Equality
GOAL 11: Sustainable Cities and Communities
GOAL 2: Zero Hunger
GOAL 14: Life Below Water
GOAL 15: Life on Land
GOAL 6: Clean Water and Sanitation

343
Total occurrences of SDGs
Health Care Waste Management

SHiPP and UNDP completed a global Rapid Health Care Waste Management (HCWM) Assessment in the context of the COVID-19 pandemic. The goal was to better understand the implications and impact of increased procurement of PPEs and other health commodities and to create policies to address the increases in waste. The initiative covers seven countries across five continents including Serbia, Kyrgyzstan, Panama, Zimbabwe, Ghana, Sudan and Jordan.

According to the assessment, countries have seen an increase of more than 100 percent of health care waste (HCW) during the COVID-19 response compared to quantities generated prior to the pandemic. The assessment also has indicated that many countries were not prepared to handle a rapid increase in waste generation due to lack of policy frameworks, technology, and resources.

Upstream, most countries lack separate HCW laws, policies and strategies. This demonstrated how unprepared the world was for a pandemic like COVID-19. As part of the remedies required, governments and service providers agree that legal and policy frameworks and HCW processing capacity needs to be improved. Identifying relevant technology was another major investment area that was proposed. There was also a call for service providers to prioritize training and public awareness initiatives and to ensure sustainable funding to operate and maintain systems.

Based on this project’s assessment, it is important to better prepare countries for future emergencies with the help of sustainable health procurement at the centre of their response so that the HCW generated is minimized and better managed.

HCWH created a Coronavirus Resource Centre with resources on COVID-19 waste management and criteria for sustainable Personal Protective Equipment (PPE) and provided lists of manufacturers and suppliers of PPE that was locally produced in India. CCDC, SHiPP’s Indian partner produced and disseminated a pictorial guide to support the implementation of the Indian government’s COVID-19 biomedical waste regulation and waste guidance.

HCWH, together with UNDP, facilitated a series of UN interagency meetings to streamline advice to countries on COVID-19 waste management. These COVID-19 waste streamlining calls, initiated in March 2020 with 15 stakeholders, included the WHO and UNICEF and later expanded to include more than 60 participants from six UN agencies and several civil society organizations.
Project Outputs, Result 4: Strengthening the Understanding and Application of Appropriate Indicators and Monitoring and Evaluation Processes for Accountability

HCWH Spot Check

As part of UNDP’s requirement to follow up with the initial HACT assessment for projects conducted at the start of implementation, BDO was engaged to conduct a Spot Check on HCWH. This was undertaken in accordance with International Standards on Related Services (‘ISRS’) 4400 and engagements to perform Agreed-upon Procedures regarding Financial Information as required by the International Federation of Accountants (‘IFAC’). According to the report, HCWH had recommended that all of the HACT assessment findings confirmed that their operations were fully compliant with UNDP rules and regulations. Among the key recommendations was the need to develop internal policies and procedures relating to programme management, strengthen the procurement system and improve the verification of assets. These recommendations have all been addressed.

Setting up Monitoring and Evaluation Systems

The monitoring of the implementation of the SHiPP workplan and targets were carried out on a continuously with meetings being convened on a quarterly basis. Each SHiPP implementing country is required to submit a quarterly workplan and report. This enables the project management team to understand the progress being made in relation to the workplan. In Latin America, the annual reporting period of the HCWH Menos Huella, Más Salud (Less Footprint, More Health) Awards Program included results for waste, energy and water management, and also provided information on sustainable procurement initiatives and the carbon footprint calculation. For each category, there is a reporting tool available for GGHH members. The report also includes 11 case studies on sustainable procurement, two leadership interviews, and an extra section related to the COVID-19 response.

Upgrade of the SPHS Platform

The development of a more interactive SPHS online engagement platform has been completed. This will enable valuable exchanges of information between procurers and manufacturers of health commodities in a bid to improve sustainability. The platform is now able to also serve as a capacity building platform as
Document and Share Good Practices—Case Studies:

Several case studies were carried out in the period under review and include the following projects:

- **Hospital Regional Ushuaia “Gobernador Ernesto Campos” (Argentina)** designed an algorithm to use as an integral management tool to systematically analyse procedures and optimize flows for the substitution of harmful chemical substances.

- **Argentina** is reinforcing nationally embraced efforts to promote sustainability and reduce the environmental impact of the country’s health care sector which includes both health care facilities and public pharmaceutical laboratories.

- The San Rafael Pasto Hospital in **Colombia** promoted energy efficiency and carbon reduction through technological and process-related changes for water heating, steam production, and laundry drying.

- The Universitario Departamental Nariño ESE Hospital in **Colombia** worked on the complete replacement of Ethylene Oxide in its Sterilization Centre.

- **Zambia** is scaling up education activities involving the proper use of PPE to ensure the appropriate methods of disposal by targeting manufacturers and hospital managers.

- The University of Dar es Salaam completed a comprehensive study on Energy and Water saving devices in health care facilities in **Tanzania**. A knowledge product will be published before the year’s end about this study.

- In **South Africa**, two case studies were shared from South Africa. The Bongani Hospital study focused on pest control using non-chemical methods that are environmentally friendly and cost-effective. The second study by Sebokeng Hospital examined the Safe Decanting of Cleaning Chemicals on its procurement and labelling practices.

- In **India** a case study was developed on energy efficiency in Jupiter Hospital.

### Main Features and Benefits

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<tr>
<th>Newer Technologies</th>
<th>Website Improvements</th>
<th>Improved Admin Console</th>
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<td>Improvement of all existing functionalities, through migration to newer and advanced programming profiles.</td>
<td>Optimized website, additional resources and pages added. Improved user friendliness and compliance with GDPR.</td>
<td>Developed for all existing and new functionalities—better design and functional capabilities.</td>
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<th>Document Management</th>
<th>Flexible Questionnaire</th>
<th>Reporting and Analytics</th>
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<td>The tool with enable external SPHS Members to collaborate on documents in various states of readiness.</td>
<td>The new advanced questionnaire allows versioning control and tracking.</td>
<td>Sustainability Assessment reports and analytic options.</td>
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<th>Website Usage Reports</th>
<th>Technical Guides</th>
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<td>Understand the engagement with the website of the different types of platform users.</td>
<td>Detailed Help section added, to ease administrative use.</td>
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Three case studies were developed by HCWH Europe in Brazil, South Africa and Colombia to describe the use of Safer disinfectants in their health sectors (SAICM2.0).

Two case studies applying the Greenhealth Total Cost of Ownership tool are being developed with the help of research. Results will be published in early 2021 and will include details about reusable masks and ultra-cold freezers.

Viet Nam has continued pioneering work on plastic elimination from the health sector using a comprehensive methodology. Once the project is completed, the results will be shared with other projects as a learning tool.

The Climate and Health White Paper has been developed jointly by UNDP and the WHO on addressing gaps and barriers identified in the climate change and health in order to strengthen national health adaptation and mitigation capacities. Among others, some key recommendations include:

I. Integrating the agendas of social, environmentally sustainable and climate-resilient health systems. Climate-resilient and environmentally sustainable health services contribute to delivering quality of care and are essential ingredients for achieving universal health coverage.

II. Engaging with health care professionals who are among the most trusted actors in society to help advance action on climate change.

III. Mobilizing parliamentarians, city mayors and other subnational leaders as champions of multi- and intersectoral action to cut carbon emissions, increase resilience, and promote health.

IV. Applying gender-sensitive and rights-based approaches to protect vulnerable groups, determine action priorities, community, and sectoral needs, and to ensure stakeholder buy-in.

V. Building capacities to ensure the long-term sustainability of adaptation interventions and to promote continued innovation and problem-solving by local populations.

Summary
While the COVID-19 pandemic presented significant challenges to programming, it also highlighted the acute need for sustainable procurement in the health sector. The year 2020 saw the implementation of key interventions, including significant progress in the development of the SPIH, embedding environmental and social sustainability in related policies, strategies, and practices in all the focus countries, as well as the substitution of toxic chemicals from health facilities.

Other key results included the substitution of toxic chemicals in several health care facilities and improved management of pandemic-related waste, such as PPE. Other key interventions included important progress in embedding sustainability dimensions in related policies, strategies in all focus countries.

In partnership with the Saudi Food and Drug Authority (SFDA), the Third Saving Lives Sustainably Global Forum 2020 was convened virtually and resulted in more than 6000 views on YouTube. SHiPP hopes to continue with the use of digital technology to expand reach to project partners, increase connections between these partners. This will have the added benefit of reducing travel which in itself is good for the environment. Digital technology through online conferences and apps will also provide opportunities to reach greater numbers of interested individuals to promote the programme’s goals in participating countries and beyond. The annual planning meeting provided an opportunity for dialogue and concretizing the project’s actions on the ground. In compliance with UNDP’s rules and regulations, a spot check was conducted on HCWH with the report demonstrating good programme oversight by the organisation.
Emerging Issues for SHiPP Collaboration and Engagement

During the course of the SHiPP workplan implementation period, a number of key issues emerged for the COVID-19 Climate Smart Resilient Health Care and Digital platform. These will need to be addressed on a continuous basis.

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COVID-19 management  Disease burden  Innovation and Digital Platforms
In 2021, SHiPP outputs will be consolidated to provide a basis for scaling SHiPP beyond the current phase. A final evaluation will also shape the second phase of SHiPP. This, in turn, will become the foundation to create a consolidated demand for sustainable products in 2021 and beyond.

In response to COVID-19 and to better prepare for future outbreaks, pandemics and crises, the health sector is re-examining its supply chains, especially with regard to resilience and sustainability. Consequently, there is an impetus and opportunity to share and scale the approaches and learning from SHiPP to strengthen preparedness and integrate this with principles of climate resilience, mitigation and sustainability guided by the vision of the 2030 Agenda for Sustainable Development.

Focus for 2021

- Policy development
- SPIH finalization/deployment
- Capacity building
- Chemical substitution
- Resource efficiency
- Health care waste management
- COVID-19 Response
- Digital Platforms
Annex 1: Health Care’s Climate Footprint

The figure shows that operational emissions from health care facilities make up 13 percent of the total emissions from the health care sector.