



Saving Lives
Sustainably
GLOBAL FORUM 2021



FUNDACIÓN
VALLE DEL LILI

Excelencia en Salud al servicio de la comunidad

Health Care



Without Harm



UN
DP

4th Saving Lives Sustainably: Sustainable Production in the Health Sector

Global Forum 2021

Supported by



Report

All rights reserved © UNDP February 2022

SPHS Secretariat

Dr. Rosemary Kumwenda, Team Leader, HIV, Health and Development, UNDP Eastern Europe and Central Asia and SPHS Coordinator
John Macauley, Regional HIV, Health and Development Programme Specialist, UNDP Eastern Europe and Central Asia
Ian Milmo, Project Manager, Sustainable Health in Procurement Project (SHiPP), UNDP
Mirjana Milic, Associate SPHS Coordinator, UNDP
Nevra Gomdeniz, Communications Specialist, UNDP

Disclaimer

This document is produced to inform discussions around strengthening sustainable production, procurement and disposal in the health sector. The content, analysis, opinions and policy recommendations contained in this publication do not necessarily reflect the views of the United Nations Development Programme or any other organizing agency of the Global Forum 2021. Any omissions, inaccuracies and mistakes are responsibility solely of the authors.

About the UN informal Interagency Task Team on Sustainable Procurement in the Health Sector (SPHS)

The SPHS brings together seven United Nations agencies (UNDP, UNEP, UNFPA, UNHCR, UNICEF, UNOPS, WHO) and three global health financial institutions (Gavi, The Global Fund, Unitaid) who are committed to introduction sustainable procurement in the global health sector. Through a transparent and inclusive engagement process and by leveraging its normative and market power, the SPHS is dedicated to lowering the environmental impact of its procurement, with the aim of improving human health and wellbeing.

Cover: © UNDP Colombia

Table of Contents

Acronyms	2
Executive Summary	3
DAY ONE: 17 NOVEMBER 2021	
Official Opening	8
Keynote address health equity in the era of COVID-19 and “leaving no one behind”	10
Health Sector Decarbonization Race to Zero.....	12
The Sustainable Procurement Index for Health (SPIH).....	14
Parallel Sessions	16
A. Sustainable Health Infrastructure, Equipment and Digital Solutions.....	16
B. Greening and Sustaining Waste Management Practices.....	17
C. Chemicals of Concern and Equipment/Devices Substitution	20
DAY TWO: 18 NOVEMBER 2021	
Social Sustainability Dimensions in Health Supply Chains: Experiences from UNOPS	23
Impact Stories that Inspire: Sustainable Health in Procurement Project (SHiPP).....	26
Parallel Sessions:	27
A. Business Integrity and Transparency for Ethical Health Care Supply Chains.....	27
B. Sustainability Challenges in the Supply Chains (Case Study: Gloves).....	28
C. Opportunities for Women’s Participation and Leadership in Health Supply Chains.....	30
Closing Panel: Leadership Commitment to Sustainable Health Sector Supply Chain.....	32
Final Remarks, Closing and Next Steps	34
Annex	35

Acronyms

ADB	Asian Development Bank	UNDP	United Nations Development Programme
COP	Conference of the parties	UNEP	United Nations Environment Programme
COVID-19	Coronavirus Disease 2019	UNFPA	United Nations Population Fund
CSOs	Civil society organisations	UNFCCC	United Nations Framework Convention on Climate Change
DRIVE	Delivering Responsibility in Vendor Engagement	UNHCR	United Nations High Commissioner for Refugees
Gavi	Global Alliance for Vaccines and Immunizations	UNICEF	United Nations Children's Fund
GDP	Gross domestic product	UNOPS	United Nations Office for Project Services
GGHH	Global Green and Healthy Hospitals	SDGs	Sustainable Development Goals
GHG	Greenhouse Gasses	SFDA	Saudi Food and Drug Authority
LAC	Latin America and the Caribbean	SHiPP	Sustainable Health in Procurement Project
HCWM	Health care waste management	Sida	Swedish International Development Cooperation Agency
HCWH	Health Care Without Harm	SPHS	UN informal Interagency Task Team on Sustainable Procurement in the Health Sector
HIV	Human immunodeficiency virus	SPIH	Sustainable Procurement Index for Health
ILO	International Labour Organization	WHO	World Health Organization
MSD	Medical Stores Department	WWF	World Wildlife Fund
NDCs	Nationally determined contributions		
NHS	National Health Service		
OECD	Organisation for Economic Co-operation and Development		
PPE	Personal protective equipment		
UK	The United Kingdom		
UN	United Nations		

Executive Summary

Evidence is increasingly showing that climate change is one of the greatest threats to the survival of planet earth. This threat posed by climate variations has continued to impact people and their health in many parts of the world, as seen from the large number of natural disasters recorded in 2021 alone. Multiple floods, volcanic eruptions, earthquakes, heatwaves are some of the many climate-induced calamities of 2021 and from previous years as well. Without concerted efforts, the impact of climate change, including global warming, will erode all gains recorded in the past.

Within this crisis, the health sector has been identified as a key contributor to climate change, as well as a major first responder to climate-related health impacts. Research shows that the **health care sector is the fifth highest emitter of Greenhouse Gasses (GHG)**. Evidence also indicates that the health sector contributes 4.4 percent of net emissions. This is compelling evidence for the world (or UN Member States or nations) to design interventions that will promote practices to reduce the health sector's carbon footprint. There is a need for concerted efforts from all partners to ensure that sustainable environmental and social practices are identified and adopted throughout the entire health care sector's value chain.

The global COVID-19 health crisis presents an opportunity to build more sustainable and inclusive economies and societies. One way to achieve this is through sustainable public procurement which can harness expenditures towards green growth and the attainment of sustainability objectives by leveraging public procurement, which represents an average of 12 percent of GDP in OECD countries and 30 percent of GDP in developing nations¹.

The **4th Saving Lives Sustainably: Sustainable Production in the Health Sector Global Forum 2021** took place from 17 to 18 November 2021 and brought together suppliers and manufacturers, policymakers, regulators, technical experts, academia, and civil society organisations from across the global health care industry. The event was hosted by UNDP on behalf of the UN informal Interagency Task Team on Sustainable Procurement in the Health Sector (SPHS)², and was implemented with

the help of **Health Care Without Harm**. Core funding was provided by the Swedish International Development Co-operation Agency (Sida).

The event covered a range of topics, including environmental and social sustainability in the production, supply and procurement of health commodities, delivery of health care services and management of associated waste in the context of the COVID-19 pandemic. Each session of the Forum was devoted to specific themes, which included:

- Sustainable procurement and response to the COVID-19 pandemic with the goals of reducing GHG emissions and increasing resource efficiency (energy, water)
- Support to Health Systems and the Decarbonization Agenda
- Development and deployment of innovative integrated digital solutions
- Greening of waste management practices
- Identification of chemicals of concern and equipment/devices substitution
- Support gender, women, and youth engagement, human and labour rights
- Promotion of business Integrity and anti-corruption
- Introduction of sustainable health sector infrastructure
- Promotion of equity and leaving no one behind

About Colombia (Hosting country)

Colombia is a privileged country because of its location and its high levels of biodiversity. It sits at the north corner of South America with access to both the Pacific and Atlantic Oceans. **It was named the world's second most biodiverse country** by the WWF in 2017. Colombia is home to 51 million people, and it ranks 45th in the global economy as measured by the size of its Gross Domestic Product. **Colombia's health care system is best described as a Bismarck Model whereby health care is paid for by profit and non-profit insurance organisations and provided by public and private actors**. Two achievements have been internationally recognised: universal health coverage which covers 98 percent of the population and financial protection whereby out-of-pocket expenditures as percentage of

1 <https://www.oneplanetnetwork.org/making-sustainable-public-procurement-part-covid-19-fiscal-response>

2 <https://savinglivesustainably.org/>

total health care expenditures represent only 14.9 per cent. Cali is the capital of the department of Valle del Cauca and is Colombia's third most populated city. It was founded in 1536, which makes it one of the oldest cities in the Americas. The city offers a wide range of medical and self-care services, led by nationally and internationally recognised institutions. Specialized pre- and post-surgical services are available thanks to an optimal infrastructure and the availability of highly trained professionals.

About the United Nations Development Programme (UNDP)

UNDP is the UN's global development network, which helps to eradicate poverty and reduce inequalities and exclusion. UNDP helps countries to develop policies, leadership skills, partnering abilities, institutional capabilities and build resilience to sustain development results. The organisation also connects countries to knowledge, experience and resources to help people build a better life, as envisaged by [the 2030 Agenda for Sustainable Development](#). UNDP is deeply involved and is at the centre of all processes around implementing the Sustainable Development Goals (SDGs). Its work contributes to addressing the social, economic, and environmental determinants of health, health-related inequalities, and governance for health. UNDP's commitment to health challenges is based on the principle that health is both a driver and outcome of development and that actions across a wide range of development goals significantly impact health outcomes. UNDP's work in these areas is outlined in its [HIV, Health and Development Strategy 2016–2021](#). Achim Steiner, the UNDP Administrator, has stated that "Health plays a central role in achieving the SDGs and is both a precondition and an outcome of sustainable development." This is in sync with UNDP's Signature solution number 4, in which the organisation promotes nature-based solutions for a sustainable planet.

About Health Care Without Harm

Health Care Without Harm has a more than two decades of history of working on sustainability issues with health systems and UN agencies. Health Care Without Harm's goal is to transform health care so that it is not only addressing chronic disease, but also addressing the social and environmental conditions that are making people sick in the first place. In pursuit of this vision, the organisation has grown into a broad-

based international coalition of hundreds of organisations and thousands of hospitals and health partners in more than 55 countries. Health Care Without Harm's Global Green and Healthy Hospitals network works on a ten-goal sustainability framework which directly links to the SDGs and targets on health, climate, sustainable consumption and production and the targets on chemical safety, waste management and substantially reduces waste generation through prevention, reduction, recycling and reuse, and energy.

About the Co-Hosting Institution

Fundación Valle del Lili is a private non-profit entity. It has 35 years of history as an integrated high-complexity hospital and has 647 medical professionals and a development based on excellence foundations in health care, teaching, knowledge generation through research and innovation, and social support. It has become a benchmark in the provision of high-complexity services in Colombia and Latin America. It seeks to consolidate the institution as a leading University Hospital in Latin America specialized in the provision of highly complex health services through a humanized and safe comprehensive care model, with a focus on sustainable management with efficiency, surplus, social responsibility, and innovation that involves skills. The Foundation is committed to the study and implementation of best environmental practices, as well as to participating in collaborative processes with other institutions in the field of environmental management. For this reason, the Foundation joined the Global Community of Green and Healthy Hospitals for Health Care without Harm in Latin America, which contributes to sustainable human development and maintaining a balance between social, economic, and environmental priorities. It works to prevent, minimize, and control the dispersion of pollutants and promote cleaner production and the rational use of natural resources, as well as promotes sustainable consumption and green institutional procurement.

About Sustainable Health in Procurement Project (SHiPP)³

To promote compliance with environmental and social standards, the UN informal Interagency Task Team on Sustainable Procurement in the Health Sector (SPHS) was officially established in May 2012 in Copenhagen, Denmark. This initiative has been implemented by UNDP. SPHS has ten members, of which seven are



2021 © UNDP Viet Nam

UN Agencies (UNDP, UNEP, UNFPA, UNHCR, UNICEF, UNOPS, WHO), and three that are multilateral health financing institutions (Gavi, The Global Fund and Unitaid). With financial support from the [Swedish Government through Swedish International Development Cooperation Agency \(Sida\)](#), UNDP, working with Health Care Without Harm, initiated the [Sustainable Health in Procurement Project \(SHiPP\)](#) which has been implemented in 10 countries, namely Argentina, Brazil, China, India, Moldova, South Africa, Tanzania, Ukraine, Viet Nam, and Zambia. UNDP and Health Care Without Harm have identified public procurement as a key entry point to promote improving sustainable production and consumption patterns [\[SDG 12\]](#). The project aims to strengthen sustainability in the health sector in the selected countries to ultimately reduce harm to people and the environment caused by the production and disposal of health commodities. Within this framework, the development objectives are to:

- develop universally adaptable criteria and standards for sustainable manufacturing, distribution and content of products procured by the health sector
- strengthen capacity for sustainable procurement in the health sector in at least 10 project countries

- strengthen capacity for sustainable production, supply, and disposal of health care products in at least 10 project countries
- strengthen the understanding of appropriate indicators and monitoring and evaluation processes that help promote accountability for sustainable procurement in the health sector.

The Convening of the Global Forum is an output to strengthen the engagement and capacity of health commodities' producers/manufacturers, policymakers, regulators, procurers, CSOs, academia and consumers. It also sought to identify sustainable solutions to protect the world's population and the planet.

Partnerships: The forum was organised by five organisations, which mobilised their technical and financial resources to ensure the event took place despite the COVID-19 imposed travel restrictions.

The organisations are the:

- Swedish International Development Cooperation Agency (Sida)
- United Nations Development Programme (UNDP)
- Health Care Without Harm
- Fundación Valle De Lili

3 <https://savinglivesustainably.org/shipp/shipp.html>



 The Global Forum 2020 was held on 18–19 November 2020, as part of International Conferences Program, honouring G20 Saudi Presidency Year 2020. © Saudi Food and Drug Authority

- UN informal Interagency Task Team on Sustainable Procurement in the Health Sector (SPHS)

Previous Global Fora: Aligned with the [UN Sustainable Development Goals \(SDGs\)](#) and the [10 Principles of the Global Compact](#), the Fora (2018, 2019, 2020) facilitated dialogue among stakeholders concerned by, or involved in the sustainable production of health commodities to exchange knowledge and share concrete case studies of the benefits and savings that can be derived from sustainable production and consumption. On average, each Forum brings together approximately 500 delegates every year. Delegates are drawn from both developing and developed countries and include the ten SHiPP countries. Each year, the Forum reports generate a catalogue of good practices in sustainable health care production from around the world from which participants and others can learn, adapt, and adopt some of the innovations that are shared during individual sessions. The reports highlight key interventions that showcase how suppliers and manufacturers can implement changes that can simultaneously generate positive social, environmental, and financial benefits.

2018: The 1st Saving Lives Sustainably: Asia Forum 2018⁴ was organised in Manila, the Philippines by

4 <https://savinglivesustainably.org/news/98>
 5 <https://savinglivesustainably.org/africa-forum#asia-forum-intro-anchor-2>
 6 <http://www.msd.gov.tz/index.php/aboutus/who-we-are>

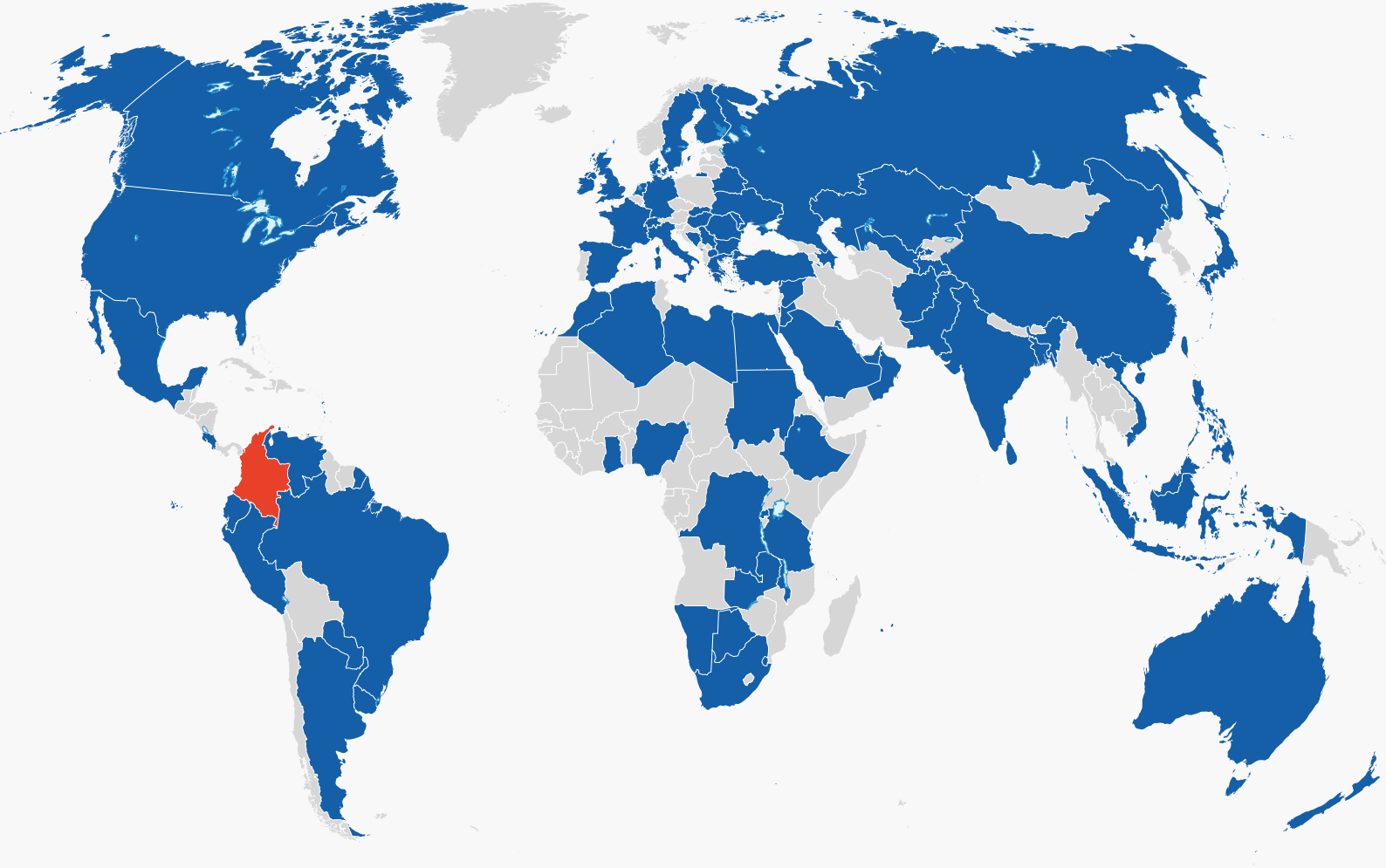
UNDP in collaboration with the Asian Development Bank (ADB), UN Environment Programme, UNFPA, UNICEF, Health Care Without Harm and Business Call to Action. For more information, visit the [Forum website](#) with associated details and explore the [Asia Forum 2018 Report and Compendium](#).

2019: The 2nd Saving Lives Sustainably: The Africa Forum 2019⁵ was held in Dar es Salaam, Tanzania in collaboration with the Medical Stores Department of the Ministry of Health in Tanzania⁶. For more information, visit the [Global Forum 2019 website](#) with associated details and explore the [Global Forum 2019 Report](#).

2020: The 3rd Saving Lives Sustainably: Global Forum 2020 was organized with the Saudi Food and Drug Authority (SFDA) as part of the G20 Summit that Saudi Arabia hosted. The 3rd Forum was held under the theme “Recovering Better after COVID-19 with Sustainable Production and Procurement of Health Commodities.” Following the outbreak of COVID-19 pandemic, the Forum has proven to be a highly effective means to mobilize the sustainable supply, procurement, and use of Personal Protective Equipment (PPEs) which has increased threefold in terms of demand. For more information, visit the [Global Forum 2020 website](#) with associated details and explore the [Global Forum 2020 Report](#).

Countries represented at the global forum

■ Colombia the host country



DAY ONE: 17 NOVEMBER 2021

Official Opening

<https://youtu.be/aza3MDPXebU>

Moderators:

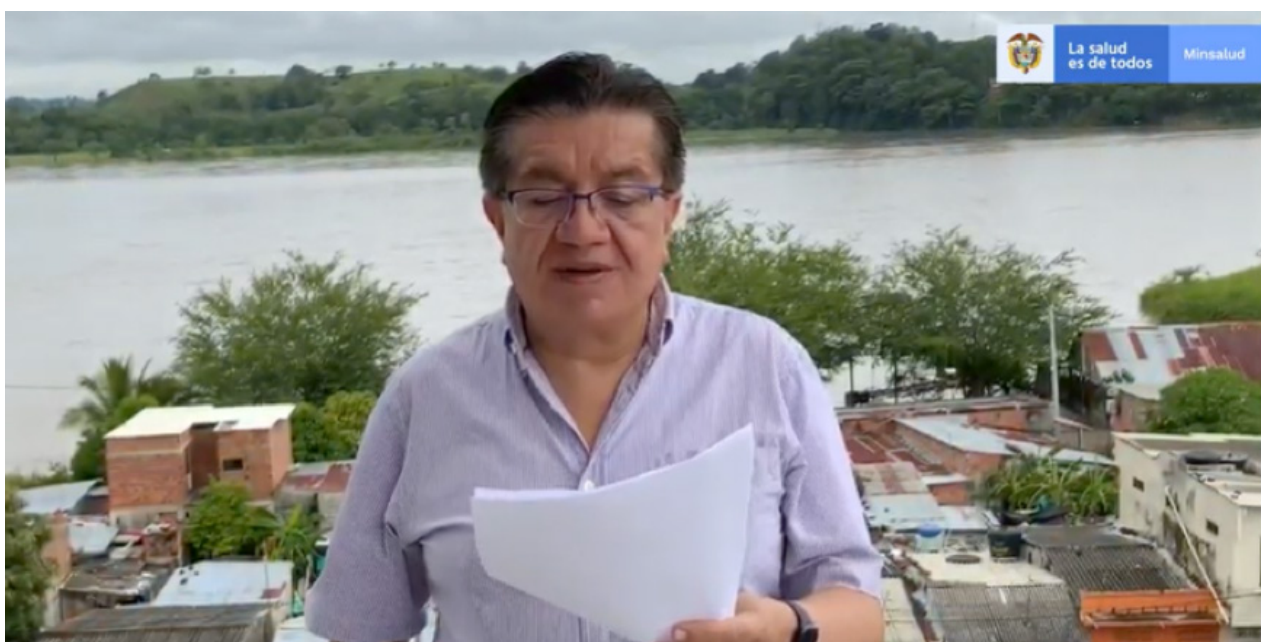
- Karin Santi, Team Leader, HIV, Health and Development, UNDP Latin America and the Caribbean
- Dr. Rosemary Kumwenda, Team Leader, HIV, Health and Development, UNDP Eastern Europe and Central Asia

Panelists:

- Dr. Fernando Ruiz Gómez, Minister of Health and Social Protection of Colombia
- Sara Ferrer Olivella, UNDP Resident Representative to the Government of Colombia
- Dr. Marcela Granados Sánchez, Medical Director and Deputy General Manager Fundación Valle del Lili
- Dr. Mandeep Dhaliwal, Director, HIV, Health and Development, UNDP
- Gary Cohen, President and Co-Founder, Health Care Without Harm

The opening ceremony was presided over by several key figures from the health care sector and included **Dr. Fernando Ruiz Gómez**, Colombia's Minister of Health and Social Protection, **H.E. Ms. Helena Storm**, the Swedish Ambassador to the Government of Co-

lombia, **Dr. Mandeep Dhaliwal**, the UNDP HIV Health and Development Director, **Gary Cohen**, Health Care Without Harm President and Co-Founder, **Sara Ferrer Olivella**, UNDP Colombia Resident Representative and **Dr. Marcela Granados Sánchez** who is the Medical and Academic Director at the Fundación Valle del Lili. Throughout the opening ceremony, there was an emphasis on the need to build sustainability throughout the health sector's value chain starting from production locations to locations where medical waste is disposed and managed. Colombia's Minister of Health **highlighted** the urgent need to act now considering the number of climate related incidents in Colombia and across the world. He highlighted that the climate change is a health emergency that requires urgent measures to address the negative impact which the whole world is experiencing. Within this context, the health sector has an important role to play in supporting decarbonisation efforts. Colombia has undertaken several actions in relation to adaptation and mitigation against climate change which has been highlighted in the meeting. The Minister ended by indicating how important the efforts of projects like SHiPP are for the promotion of climate actions.



Dr. Fernando Ruiz Gómez, Minister of Health and Social Protection of Colombia at the Global Forum 2021 (© UNDP)

Since the event was held soon after the [26th UN Climate Change Conference of the Parties \(COP26\) in Glasgow](#), there was a rallying call for the health sector to do more to cut emissions and improve resilience. A key strategy for many countries to achieve this is by ensuring that health care is part of the [Nationally Determined Contributions \(NDCs\)](#) developed by countries. Recognising the importance of the sector, [health care was chosen as a COP26 science priority area](#) with the following goals selected as key priorities:

- Building climate resilient health systems
- Developing low carbon sustainable health systems
- Adaptation Research for Health
- The inclusion of health priorities in Nationally Determined Contributions (NDCs)
- Raising the voice of health professionals as advocates for stronger ambitions to combat climate change

In her opening remarks, [Dr. Mandeep Dhaliwal](#) informed the meeting of UNDP's Climate Promise initiative, which is the world's largest offer of support to countries on NDC enhancement. It currently assists 118 countries in collaboration with 35 partners. To date, the organisation's Climate Promise has supported seven countries to undertake activities to incorporate health care into their NDCs, including the Central African Republic, Panama, and Sri Lanka, which are countries that have made significant progress in this regard. This is crucial, as the NDC process is a viable mechanism through which COP26 ambitions will be realized. It is also critical due to the fact that the global health sector contributes significantly to climate change during the extraction of materials, the manufacturing of and transportation of health commodities, as well as when care services are delivered in health facilities. In addition, UNDP Colombia Resident Representative [Sara Ferrer Olivella](#) spoke of strategies that the organisation is championing, such as the

recently established [energy hubs](#), and [UNDP's global plastic offer](#).

In his remarks, [Gary Cohen](#) called upon the health sector to demonstrate leadership to solve the dual planetary health crises of climate change and the COVID-19 pandemic by referring to the Hippocratic Oath to First "do not harm." Cohen highlighted the importance of working together to leverage the procurement policies of health care systems, in the UN and throughout the Global Green and Healthy Hospitals Network. Health Care Without Harm has supported the enrolment of GGHH membership in 75 countries globally to transform the entire supply chain of health care. He also spoke about the health care sector's actions as an opportunity to redesign the economy according to the "do no harm" principal, which is central to the survival of the planet's 7 billion people. He urged the audience to work together to scale-up the innovation of the Global Forum co-sponsor, Fundación Valle de Lili, and other leading systems to make climate smart resilient health care the norm with the help of better procurement standards.

[Dr. Marcela Granados Sánchez](#) reminded the delegates that it is undeniable that the world is experiencing a climate crisis, which is manifesting itself not only as a result of scientific evidence, but also as a result of the climate related natural disasters that are taking place throughout the world. In Colombia, several initiatives such the formulation of the Comprehensive Plan for Climate Change Management are key strategies for mitigating the impact of climate change. Her speech highlighted the efforts that organisations are undertaking, such as with Health Care Without Harm, as well as with the [Global Green Health Hospitals](#), which have become international leaders and models that demonstrate that sustainable procurement can guarantee a robust delivery of public health services while reducing negative impacts on the environment.

Keynote address health equity in the era of COVID-19 and “leaving no one behind”

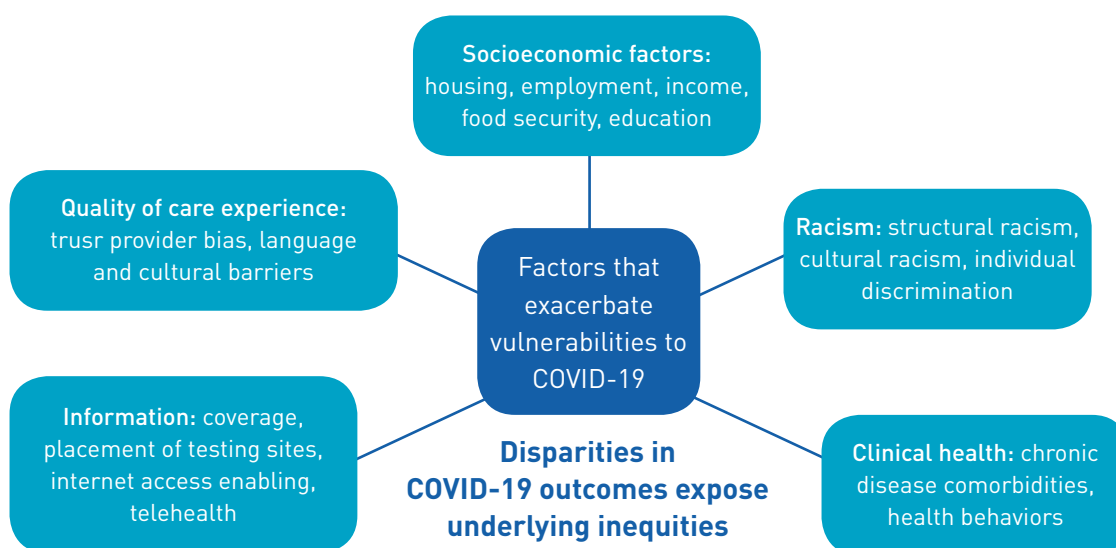
<https://youtu.be/aza3MDPXEBU?t=893>

Speaker:

- Dr. Marcela Granados Sánchez, Medical Director and Deputy General Manager, Fundacion Valle del Lili

The 2021 Global forum started with a [keynote](#) addressing the inequality that has characterized the COVID-19 response. In giving this critical presentation, Dr. Marcela Granados emphasised that the COVID-19 pandemic disproportionately affected the poor, minorities, and a broad range of vulnerable communities due to its inequitable spread in areas

of dense population and limited mitigation capacities due to a high prevalence of chronic conditions or poor access to high quality public health care. The pandemic’s collateral effects as a result of the global economic downturn, social isolation and movement restriction measures unequally impacted the poorest communities located mainly in Latin America, Sub Saharan Africa, and Southeast Asian nations. Below is the framework for Health Equity and the COVID-19 pandemic that Dr. Granados presented. It shows the factors that exacerbate inequalities related to COVID-19.



For Latin America, eight percent of the population’s citizens are 65 years or older while more than 80 percent of the population lives in urban areas and 21 percent of the urban population lives in slums, informal settlements, or inadequate housing where basic services are not available. This shows the increased vulnerability of the region’s population. The main barrier to accessing such health services arises from out-of-pocket health expenditures, which in the Latin America and the Caribbean (LAC) region represent an average of 34 percent of total health spending, which is well above the 21 percent of OECD countries. This scenario is not only unique to the region, but also extends to Southeast Asia with similar demographic trends.

Despite the inequalities witnessed during the response to the COVID-19 pandemic, the 2030 Agenda for Sustainable Development sets out a vision for sustainable development grounded in international human rights standards, putting equality and non-discrimination at the centre of its efforts, and encompassing not only economic and social rights, but also civil, political, and cultural rights, as well as the right to development. The presentation condensed these principles in the three core areas of Human Rights Based Programming, Leave No One Behind, as well as Gender Equality and Women’s Empowerment.



Human Rights-Based Approach



Leave No One Behind



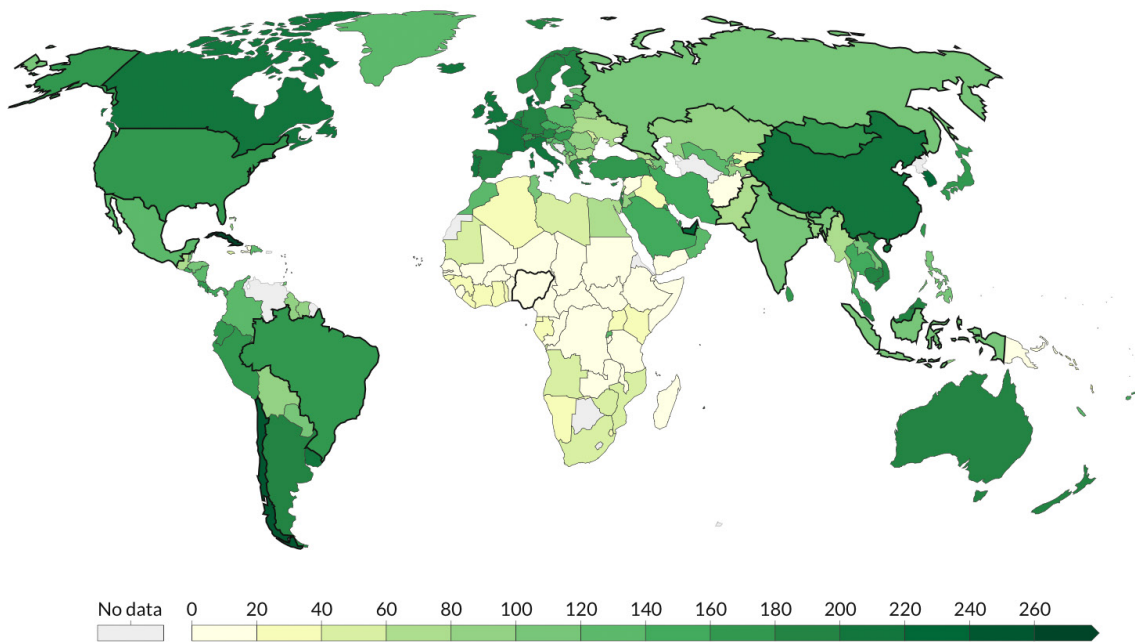
Gender Equality and Woman's Empowerment

The roll out of the vaccination program has highlighted the inequalities of the COVID-19 response. The vaccine map shown below demonstrates that most

Latin American countries, Africa and Asia received the lowest quantities of COVID-19 vaccines.

COVID-19 vaccine doses administered per 100 people

All doses, including boosters, are counted individually. As the same person may receive more than one dose, the number of doses per 100 people can be higher than 100.



According to Dr. Sánchez, “the New Global Dashboard on COVID-19 Vaccine Equity finds low-income countries would add US\$38 billion to their 2021 GDP forecast if they had the same vaccination rate as high-income countries. Global economic recovery is at risk if vaccines are not equitably manufactured, scaled up and distributed.” Aligned to these economic related challenges, poor countries are unable to deal with other consequences from the pandemic, including the increased amount of COVID-19 related waste that is accumulating. This will result in other challenges

including increased mutations of the virus and outbreak of communicable diseases which will make it hard for countries to recover better and faster.

Key recommendations:

- Without equity in the health sector, key global challenges like the COVID-19 pandemic will never be controlled. There is a need for a global consensus on how to ensure everyone gets an equitable share of both personal protective equipment and vaccines.

- Addressing health related inequalities requires a coordinated approach, which is grounded in the principles of leave no one behind under the 2030 agenda for development.
- There is a direct link between access to COVID-19 vaccines and economic recovery. As such, poor countries will take longer to recover due to uncontrolled spikes of COVID-19.

Health Sector Decarbonization Race to Zero

<https://youtu.be/aza3MDPXebU?t=3533>

Moderators:

- Susan Wilburn, International Sustainability Director, Health Care Without Harm

Speakers:

- Andrea Hurtado, Climate Programme Manager for Latin America, Health Care Without Harm
- Sonia Roschnik, International Climate Policy Director, Health Care Without Harm
- Alexandra Hammond, Head of Sustainable Procurement and Supply Chain, NHS England and NHS Improvement

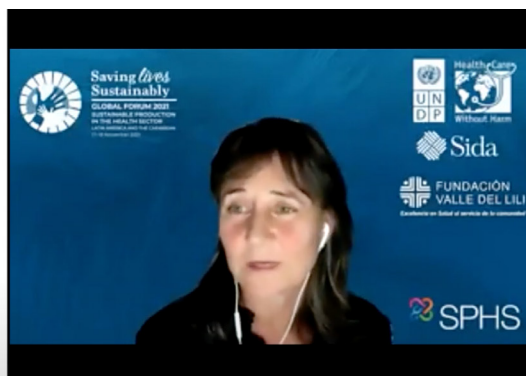
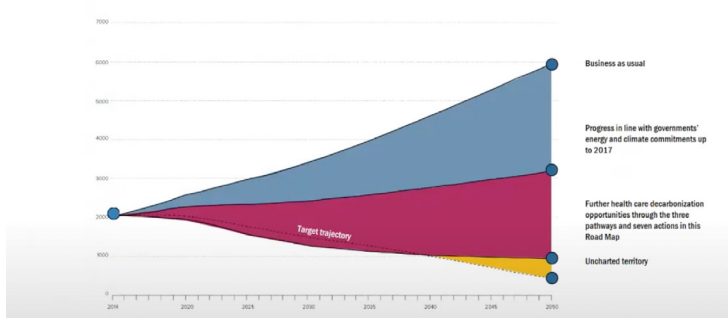
Care Without Harm aims to bring a stronger health focus and ambition to COP26. It includes five key health priorities:


- Building climate resilient health systems
- Developing low carbon sustainable health systems
- Adaptation Research for Health
- The inclusion of health priorities in nationally determined contributions
- Raising the voice of health professionals as advocates for stronger ambitions to combat climate change

The Health Care Without Harm [Global Road Map for Health Care Decarbonization: A navigational tool for achieving zero emissions with climate resilience and health equity](#) was launched in April 2021 and charts a worldwide course towards zero emissions health care. The Global Road Map establishes a trajectory for zero emissions health care and aligns it with the Paris Agreement's ambition to keep warming below 1.5 degrees. The road map models how the sector can decarbonise by taking seven high impact actions to reduce the sector's global emissions. It also provides a set of recommendations for health sector leaders to enable them to respond rapidly to prevent and prepare for the inextricably linked climate and health crises while also contributing to broad-based health equity. Decarbonization of the health care supply chain is one of the three main interrelated pathways towards zero emissions in the health sector. Health and health sector actions were chosen as a science priority area for the UN Climate Committee of the Parties (COP26) held during the two weeks prior to the Global Forum. The session featured a report from COP26 during which 52 countries made a commitment to the COP26 Health Programme, and 50 health systems joined the Race to Zero. The COP26 Health Programme, established by WHO, the COP26 UK Presidency and Health

Informed by the United Nations Framework Convention on Climate Change (UNFCCC), [Race to Zero](#) is an initiative geared towards the introduction of measures to reduce the health sector's carbon footprint. Built within the SDG framework, Race to Zero is regarded as the largest global coalition of credible net zero commitments, rallying leadership and support from actors across sectors for a healthy, resilient, zero carbon recovery for people and the planet. The campaign unites and mobilizes several countries, health care institutions and individuals to meet the Paris Agreement goals and sends a resounding message to national governments that non-state actors are committed to shifting to a decarbonised economy. The health care organisations, spanning six continents, represent diverse institutions including individual hospitals, private health systems, and provincial health departments. The session highlighted that the campaign is about working through the value chain to identify entry points for corrective action. These health institutions join other Race to Zero members already participating in the [campaign](#). [In all, there are nearly 4,000 participating members](#), which include regions, cities, companies, educational institutions, and investors, that represent more than 15 percent of the global economy.

Uncharted territory: bridging the health care emissions gap



 *Sonia Roschnik, International Climate Policy Director of Health Care Without Harm presenting at the Global Forum 2021.*

A study by Health Care Without Harm concluded that “health care’s climate footprint is **equivalent to 4.4 percent of global net emissions** (2 gigatons of carbon dioxide equivalent). To provide context, if the health sector were a country, it would be the fifth-largest emitter on the planet. Under a business-as-usual scenario, health care’s climate footprint will grow enormously and triple between now and 2050.” This session led to an agreement with other professionals in urging the global health sector to use all available resources, tools, and systems to reinvent itself to address the climate crisis as recommended by the COP26 outcome document and move towards net zero emissions by 2050. It must do so while also striving to meet global health goals, such as Universal Health Coverage.

The following recommendations were formulated during the **Health Sector Decarbonization Race to Zero** session:

- Increase efforts to reduce emissions from the different stages of the health sector supply chain starting with the production, transportation, as well as use and disposal of health care services.
- Reduce resource consumption: Strategies to reduce water and energy sources must be prioritised to ensure that the health sector remains aligned to the aspiration of COP26. This means switching from fossil fuels including diesel and coal to clear energy sources such as solar.
- Elimination of chemicals of concern have characterised the sector for a long time. It has been reported that the health care sector has for many years been using several unnecessary chemicals including for cleaning, laundry and other operations that would not affect the delivery of services if they were removed.

- Use of equipment and buildings that are net zero compliant to ensure that they are both resilient to adverse effects of climate change, but also to ensure that they do not consume a lot of energy and other resources. The health sector should switch to eco-labelled equipment to ensure that mercury is eliminated.

At a much broader levels, the session highlighted the need for global political agreement on fossil fuels, financing, or contributions at international and national levels. The discussion highlighted that the transformation must be more aggressive, and that there must be different approaches and programmes for each country. It was further established that there are four sectors to decarbonise: the supply chain, production, as well as the economy and society. These present best entry points for the work that lies ahead to ensure that the health sector adheres to the **5 Ps of Sustainable development (people, prosperity, planet, partnership and peace)**. For development interventions to be sustainable, they must consider the social, economic, and environmental consequences that are generated, and lead to conscious choices in terms of the trade-offs, synergies and spin offs they create. Race to Zero is about eliminating all possible points through which the sector releases dioxins and other toxic materials into the environment. Plastic elimination, removal of chemicals, water conservation, adoption of solar energy, are among several measures adopted by health care institutions around the world to ensure sustainability is carried out.

The session further highlighted some of the novel case studies that are carrying out pioneering work

to decarbonise the health sector. In the presentation by [Alexandra Hammond](#), the Head of Sustainable Procurement and Supply Chain of NHS England and NHS Improvement, it was indicated that the NHS UK become the first to set a net zero target in the quest to decarbonise its operations. Through this initiative, the NHS saved 1.1 million homes worthy of electricity within the first year. A total of 13 interventions identified to help push the boundary and clean up the operation of the health care system. As a way of making this operational, the NHS introduced the [Ever-green supplier framework](#). This is a program aimed at working with suppliers of health commodities to introduce measures that would cut their carbon footprint. This framework allows suppliers to gauge their performance based on the initiatives they decide to implement. Suppliers will set carbon reduction targets through this mechanism to ensure no one is left behind. The NHS is working with small and medium-sized enterprises and those that will find these targets difficult in order to build their capacity so that they remain part of the supply chain. The additional feature of this mechanism is that an assessment of social values is required in every procurement deci-

sion. Currently, social values represent a minimum 10 percent weighting during each procurement process.

Key recommendations:

- Political consensus will be required to increase the ambitions if Nationally Determined Contributions (NDCs) and ensure that the health sector is included. This will support countries to adopt concrete measures to cut emissions, which represent an equivalent of 4.4 percent of global net emissions or an equivalent of two gigatons of carbon dioxide from the health sector.
- Accelerate the decarbonisation of the entire health care supply chain by identifying practical entry points for decarbonisation. These could be at the manufacturing, distribution, or implementation stages of health services.
- The sector needs to look at some of low hanging fruits including elimination of chemicals of concern, investment in the renewable energy (i.e., solar) and reduce consumption of other resources, such as water. This calls for involvement by manufacturers and suppliers of health commodities in finding and developing joint market solutions.

The Sustainable Procurement Index for Health (SPIH)

<https://youtu.be/aza3MDPXEbU?t=7692>

Moderators:

- Anna Tuddenham, Consultant, Arup
- Ian Milimo, Project Manager, Sustainable Health in Procurement Project (SHiPP), UNDP

Speakers:

- Dr. Rosemary Kumwenda, Team Leader, HIV, Health and Development, UNDP Eastern Europe and Central Asia
- Susan Wilburn, International Sustainability Director, Health Care Without Harm
- Dr. Kristian Steele, Associate, Arup
- Callum Newman, Associate Director and Group Leader for International Development, Arup

This session featured key staff who worked to develop the [Sustainable Procurement Index for Health \(SPIH\)](#). In her introduction, Dr. Rosemary Kumwenda

highlighted the importance of having a tool that comprehensively measures both the environmental and social dimensions of the health sector supply chain. Efforts to launch this tool began in 2014 with the conceptualization of the Green Procurement Index which was carried out with the support of the UNDP Innovation Facility (UN Innovation Fund in New York), and Sustainable Procurement in the Health Sector (SPHS) members. However, the Green Procurement Index focused mainly on environmental dimensions. The Sustainable Procurement Index for Health (SPIH) has been developed to holistically address sustainability and to be a globally established, recognised and adaptable measurement tool for policy makers, manufacturers, suppliers, procurers, and health care facilities end users. From the session, it was highlighted that this is as a globally established, recognised and adaptable measurement tool for number of stake-

holders at different levels of the health sector's supply chain and provides an incentive for entities to improve their environmental and social sustainability record. Following the presentation made by Arup's [Dr. Kristian Steel](#), the SPIH will be able to comprehensively measure and monitor:





- greenhouse gas emissions,
- resource depletion (water, energy, and material consumption),
- chemical/toxic impact on human health and the environment,
- human, labour rights and gender equality.

Below are the key themes of the SPIH:

<p style="text-align: center; font-weight: bold;">GHG emissions</p> <ul style="list-style-type: none"> • Governance • Measurement • Target setting • Supply chain issues 	<p style="text-align: center; font-weight: bold;">Resource depletion</p> <ul style="list-style-type: none"> • Governance • Manufacturing • Supply chain issues 	<p style="text-align: center; font-weight: bold;">Chemicals and toxicity</p> <ul style="list-style-type: none"> • Management • Restricted substances • Disclosure 	<p style="text-align: center; font-weight: bold;">Gender, human and labour rights</p> <ul style="list-style-type: none"> • Policy and governance • Audits • Equality and gender issues
--	---	--	---

The SPIH has been designed for use during the procurement process primarily with buyers and suppliers in mind. Additional users of the index include wholesalers, UN and Non-Governmental Organisations, regulatory agencies and policy makers, research bodies, and other standards and organisational bodies that could develop robust standards and guidance that support the achievement of specific goals; develop products that support standards users in achieving their goals; and provide an independent view and rigour in demonstrating performance. The presenta-

tion by Health Care Without Harm delivered by [Susan Wilburn](#) highlighted how this is a game changer even at facility level where procurement officers and health managers will now have more information and ability to only use sustainable products and eliminate toxic chemicals and promote a more sustainable use of resources including water and energy. In her presentation, she highlighted that hospitals in India and Brazil have already begun to apply some aspects of the SPIH. The table below shows the entry points for index during procurement:

<p>1. Tender Development</p> <p>Requirements definition</p>  <p>Buyer decides Level of SPIH to be achieved</p>	<p>2. Tender Published</p> <p>Preparation of documents</p>  <p>Supplier downloads SPIH from website. Level published on UNGM</p>	<p>3. Supplier submits</p> <p>Receipt of tenders</p>  <p>Supplier completes SPIH</p>	<p>4. Buyer Evaluates</p> <p>Evaluation</p>  <p>Buyer determines which suppliers have achieved the relevant Level</p>
--	--	--	---

Key recommendations:

- Sustainability encompasses both environmental and social dimensions. As such, it is important to take a holistic approach to transforming the health sector supply chain.
- SPIH can be used by a wide range of partners throughout the value chain. It is not only meant

for suppliers of buyers, but also for policy makers, health care workers and development partners

- UNDP and its partners would be available to provide capacity building to any entity that would need to enhance its sustainability outlook.

Parallel Sessions

A. Sustainable Health Infrastructure, Equipment and Digital Solutions

<https://youtu.be/5KalneREZ8M>

Moderator:

- Jaquelina Tapia, Technical Manager of Programs for Latin America, Health Care Without Harm

Speakers:

- Leonardo Fabio Garcia, Biomedical Equipment Coordinator, Fundación Valle del Lili
- Dr. Sergio I. Prada, Chief Research and Innovation Officer, Fundación Valle del Lili
- Prof. Samwel Victor Manyele, Department of Chemical & Mining Engineering, University of Dar es Salaam

For the health sector to fully reduce its carbon footprint, there is a need for adoption and uptake of an eco-friendly infrastructure and equipment, as well as an adoption of best practices. Research carried out by Professor Manyele of the University of Dar es Salaam showed that many health care institutions are still operating in a business-as-usual mode whereby even simple sustainability measures, such as the proper use of energy and water are not implemented. For example, some health care institutions are still not procuring eco-labelled equipment for hospital use which ultimately leads to a greater consumption of water or energy. The session urged the procurement officers to look at the total cost of the product rather than considering monetary considerations only. Promoting health sector circular economy principles should aim to minimize pollution and waste, extend product lifecycles, and enable broad sharing of physical and natural assets. The equipment referenced during the discussion include, but are not limited to IT equipment, laboratory gadgets, and others used in operating theatres. Eco labelled equipment like the one below should be prioritized over ordinary ones.

Additional efforts should be geared towards other measures, such as water conservation and recycling when possible. The session heard of innovative case studies in the Philippines whereby St Johnstone Hospital is using recycled water for loans and laundry services. This does not only reduce the amount of wa-



ter consumed but further saves money that the health care institution spends on water.

Replacement of diesel-powered generators was another issue cited by both speakers and the audience during the session. Diesel fuel, a short-lived climate pollutant and a known human carcinogen is a major air pollutant. Increased promotion and adoption of alternative sources of energy, such as solar is important as **unsustainable patterns of energy production and consumption** threaten human health, quality of life, and ecosystems. Sustainable energy can be an engine for poverty reduction, social progress, economic growth, and environmental viability. UNDP supports energy sector market transformation through a range of interventions in the policy, finance, and capacity development sectors. The pictures below are derived from a study by Professor Manyele and depict the unproductive use of energy health care institutions in Africa where passages are over lit when unoccupied.

Investment in renewable energy will go a long way in supporting hospitals and other medical facilities to continue offering health services. The session highlighted some facilities in India, Philippines, and Colombia that have invested in solar installations to manage their institutions. In Zambia, it was heard that the Medical Stores Department has invested heavily in solar power to provide electricity for their compass. The Department is also in discussion with the electricity utility company to sell excess energy generated from their roofs.



The conference further deliberated the need to invest in green buildings in which other dimensions including natural lighting, plants and water consumption technologies could be integrated. The session highlighted some of the initiatives by the Network of Global Green and Health Hospitals which argue that the health sector has the potential, through its market power, to influence the construction industry to develop safer, more resilient, greener, and healthier building products and systems. The Buildings Guidance Document produced by the GGHH Network helps health care leaders make the changes needed to reduce their resource consumption, use environmentally sustainable and healthy building products and minimize the environmental impacts of new and existing health care facilities by identifying specific actions and opportunities. Tanzania, for example, was mentioned as having succeeded with the introduction of pilot bio digesters constructed in selected hospitals to manage waste. This is significant considering the amount of waste generated especially in relation to

to the COVID-19 pandemic. Other waste management technologies should include but not limited to replacing incinerators with autoclaves.

Key recommendations:

- There is a need for the health sector to consider sustainability from the onset to ensure that the infrastructure being constructed is already compliant with modern building standards. Additional infrastructure, such as bio digesters could be added to produce energy and manage waste at the same time.
- In the absence of national policies, health care facilities can adopt its own policies including in terms of what to purchase. These could be policies around procuring health equipment with ecolabels.
- There is a need for capacity building and training to help with mindset change. Some small steps including switching off water and energy could contribute to reducing the sector’s climate footprint.

B. Greening and Sustaining Waste Management Practices

<https://youtu.be/LLWYL8qLp2E>

Moderator:

- Belen Aliciardi, Consultant, Sustainable Health in Procurement Project, UNDP Argentina

Speakers:

- Elizabeth Dias, Disaster Response Manager, Engineers Without Borders

- Laura Sinyama, Programme Associate, UNDP Zambia
- Carlos Velez Jaramillo CEO Union Medical (Colombia)

When delivering health services, many facilities have been generating huge amounts of medical waste which have had a significant negative impact. The outbreak of COVID-19 has highlighted several other health care challenges that have always existed but were ignored. During this period, different types of health care waste is generated at all levels of the health system, including biohazard waste materials. The session shared lessons learned in terms of health care waste management practices in selected countries. A study by Engineers Without Borders highlighted that effective management of biomedical and health care waste requires appropriate identification, separation, collection, storage, transportation, treatment, and disposal, as well as training of health personnel. It was highlighted that the unsound management of this waste could cause “knock-on” effects on human health and the environment. The safe handling and final disposal of waste is therefore a fundamental step in the fight against COVID-19 pandemic and the entire product

sustainability life cycle. Elizabeth Dias highlighted that many Low- and middle-income countries are facing challenges of effective management of health care waste, including the effective management of biomedical and health care waste which requires appropriate identification, separation, collection, storage, transportation, treatment, and disposal, as well as training of health care personnel.

Eliza Diaz noted that some of the health care sector’s challenges include weak policy framework, uncoordinated practices, as well as lack of capacity in terms on both skills and financing. In Ghana, for example, the survey found that health care waste management’s greatest challenges are a lack of dedicated funding for operations, lack of infrastructure, and lack of coordination. In Serbia, stricter implementation of already established procedures, improved training was weak. Additionally, lack of coordination between departments and agencies, and lack of trained staff was identified. In Panama, the health care facility survey respondent identified the greatest challenges for health care waste management as a lack of infrastructure for necessary operations and a lack of coordination between departments and entities.



 © UNDP Madagascar

A case study from Zambia presented by Laura Sinyama focused on measures to implement the best environmental practices (BEP). In addition, the study examined how non-incineration health care waste treatment technologies and mercury-free medical devices to reduce harmful releases were introduced. The session highlighted the project's results in terms of an increase of institutional capacities to strengthen policies and the creation of a regulatory framework, as well as the development of a

national action plan for HCWM. Ms. Sinyama also spoke about how the project supported a mercury phase-out by eliminating mercury containing devices. Finally, she also mentioned that the project introduced health care waste treatment technology, which included autoclaves as opposed to traditional Incinerators. While there are many challenges, the table below demonstrates the measures put in place to respond to health care waste management challenges in Zambia:

Issues and challenges	Measures taken
Some teething problems, such as under and non-utilization of autoclaves	<ul style="list-style-type: none"> • Close monitoring and support to the health facilities • Provision of technical guidance and provision of Standard Operating Procedures (SOPs) • Coordination of various government institutions (ZEMA)
Challenges in relation to reporting of how the autoclaves were used in some health care facilities	<ul style="list-style-type: none"> • Digitalization of reporting system to reduce HWS workload • Simplification of reporting tools • Development of feedback system
Inadequate preventive maintenance at each health facility	<ul style="list-style-type: none"> • Regular technical training (refresher courses, coaching and mentoring.)

Carlos Velez Jaramillo, the CEO of Colombia's Union Medical highlighted the role of the private sector in the management of health care waste. Using SDG 12 on Sustainable Production and Consumption, his presentation advocated that the role of the private sector is to develop solutions and prototypes that can help the health sector reduce its emissions. He also said that the private sector needed to work on the entire supply chain and that the key is to identify inherent challenges and develop solutions that can be deployed and applied at different stages during the implementation of the health care systems operations. To achieve this, efforts must be directed at understanding consumer habits and developing eco sustainable designs for the health sector.

The session highlighted several challenges influencing the implementation of health care waste as described below:

- Policies must be implemented to create awareness about the impact of poor waste management. This leads to unsound practices which lead to pollution and many other social consequences.

- Many health facilities do not have dedicated budgets to facilitate the proper management of health care waste including for the COVID-19 pandemic. As such, there are no proper procedures in place to manage the huge amount of accumulating waste which is being dumped into landfills. Instead, health facilities would like to invest in modern technology including autoclaves to manage waste.
- The session further highlighted the challenge of poor coordination among stakeholders. Within government, responsibility for waste management lies within different line ministries, which include local governments in the case of Zambia, the ministry of health for medical waste, ministries of the environment, environmental management agencies and many other actors from the private sector and local area development committees. Consequently, there is need for a coordinating body to bring all these actors together to ensure effective waste management.



Using sustainable materials for packaging could help reduce the amount of waste generated by the health sector.
© UNDP Bolivia

Key recommendations:

- The outbreak of COVID-19 has resulted in increased amounts of waste generated by the health sector. As such, additional resources including personnel and financial resources must be committed to address this challenge. Without this, new pathogens will emerge and cause increased rates of morbidity and mortality.
- There is a need for health care institutions to adopt modern waste management technologies and methods, which include the replacement of existing incinerators and the use and installation of autoclaves to avoid dumping contaminated waste.
- There is need to build the capacities of health care workers to ensure proper management and separation of waste at health care facilities. This calls for a continued provision of technical support to the health care sector and to municipalities.
- Coordination must be strengthened at national and sub-national levels. The key to this is to advocate and raise awareness among health care personnel and communities through stronger community engagement.

C. Chemicals of Concern and Equipment/Devices Substitution

<https://youtu.be/cxKHJkC5AkA?t=159>

Moderator:

- Dr. Megha Rathi, Project Coordinator, Sustainable Health in Procurement Project (SHiPP), Health Care Without Harm

Speakers:

- Sean Duggan, Anaesthesia and Filtration Group Product Manager, Intersurgical Europe
- Maria Marta Cozzarin, Pharmacist and Environmental Manager, Hospital Regional de Ushuaia
- Dr. Maria Veronica Torres Cerino Chief Toxicologist, Hospital Universitario Austral (Argentina)



 © UNDP Madagascar

The health care sector in general utilizes several chemicals when providing services. Chemicals are used to manage patients. They are also used in the production of medical equipment or when cleaning and managing waste, as well as during theatre operations. Some of these chemicals have been identified to be phased out due to their negative impact on human health and the environment, especially for patients and medical, as well as support staff. During this session, both the panellist and audience identified the hazards associated with chemicals of concern in products used in the health care setting, which include human and environmental health threats. Panellists described the importance of considering the entire life cycle of chemicals of concerns, throughout the health sector value chain, which includes the manufacturing stage, and the product use and disposal stages. Panellists identified several product categories that should be prioritized due to the generation of chemicals of concern during their life cycle. These include pharmaceuticals, single use plastics, inhalers, sterilant and disinfectants, cleaning chemicals, PVC-containing products, packaging, and respiratory therapy devices. Both the panellists and participants provided examples of environmental management systems and innovative chemical management policies and practices. They also detailed their successful implementation and the resulting improvement in sustainability at their facilities. Panellists further described efforts to substitute safer alternatives after identifying priority

products for substitution. The session emphasized the importance of considering all sustainability attributes when targeting chemicals, such as climate and social sustainability measures inclusive of fair labour and gender equality.

Notwithstanding the importance of the subject matter, it was agreed that the outbreak of the COVID-19 global pandemic resulted in increased use and production of chemicals, including cleaning chemicals, some of which were not safer alternatives. In some cases, the panellist indicated that several hospitals were still able to insist that the supplier meet the hospitals' purchasing criteria that prohibited chemicals of concern. As a result, these institutions were still able to provide services in a sustainable manner. It is important to have government sustainability targets with clear goals, benchmarks, and timelines for all suppliers. These should be applied at all levels of the health sector supply chain. A full onsite assessment of all chemicals at a facility is the most important first step in developing a chemical reduction programme. All chemicals of concern, including chemicals in products, must be part of this assessment to identify priorities and assess progress. This session heard how the UK's NHS has been a leader in terms of reducing the climate impacts of products. The session recommended the importance of identifying high risk areas where chemicals are used and to provide appropriate training on the management of these hazards, which includes responses to spills and reducing exposures, etc.



 © UNDP Bangladesh

The importance of addressing process management in the evaluation of products including ISO standards like 9000 and 9001 and working with the Joint Commission International were highlighted as key strategies that have worked elsewhere. ISO standards can help manufacturers measure progress in meeting sustainability goals. Suppliers must address their own supply chains to make sure sustainability measures are implemented throughout all tiers of their supply chain. By implementing these types of strategies, as well as other proactive prevention activities, successful environmental management with lower costs could be achieved. The session was also presented with an anecdote of one manufacturer who developed a tool to compare the sustainability attributes of products.

In addition to the general use of chemicals, the session also examined the whole topic of plastic use and packaging. It was suggested that it is vital to look at the entire life cycle when evaluating the sustainability of products. For example, using this approach when evaluating plastics includes evaluating extraction, refining, consumption of raw materials, as well as inclusion of additives, and management of residuals. Successful tools to address the packaging issue include a scorecard to rank the sustainability of packaging which include both environmental and social criteria.

Waste management was equally deemed important as there are several toxic chemicals that many fa-

cilities do not know how to handle. Zambia has been collecting mercury containing devices from the health sector with the aim of exchanging with digital one. The biggest challenge the country is grappling with is how to manage collected mercury containing devices. As a result, management of hazardous waste is a critical issue for health care, particularly when options are limited geographically or because of a lack of infrastructure. Hazardous waste can be costly to manage and pose threats to people and the environment. Pharmaceuticals remain a big concern resulting the introduction of generations of hazardous chemicals throughout their life cycle, and due to concerns from their disposal or release into the environment. One participant's health system was relying on widespread incineration which was not necessary and could be substantially reduced by decreasing the waste stream designated for incineration. Procurement and hospital practices were critical to achieving a reduction in toxicity and waste generation. Some facilities in countries like Madagascar, Tanzania and Zambia have bought and installed autoclaves to help manage contaminated waste and equipment.

Key recommendations:

- Countries should establish new policies and legal frameworks that will regulate and control the importation of chemicals of concern. Where national polices do not exist, health facilities should come up with their own polices, which could be scaled

up nationally once implemented and deemed effective. When working on chemical substitution, all other important sustainability criteria should also be considered including social, labour, gender, climate, and resource use criteria among others. Sustainability targets with clear goals, benchmarks and timelines are very important for suppliers, and can motivate behaviour.

- The health sector is using more chemicals than what is necessary. As such, there is an urgent need to phase out several chemicals to reduce unnecessary release of these into the environ-

ment. When evaluating and prioritizing products for substitution, the full life cycle of products and their impacts must be assessed.

- It is important to assess all chemicals of concern on site, including chemicals of concern in products to have an effective chemicals' management program at a facility. When alternatives exist, there is a need to phase out all equipment and devices containing banned chemicals, such as mercury. There are several thermometers and BP machines containing mercury being used in several health facilities.

DAY TWO: 18 NOVEMBER 2021

Social Sustainability Dimensions in Health Supply Chains: Experiences from UNOPS

<https://youtu.be/UPPIuADAKaE?t=806>

Moderator:

- Wazani Zulu, Manager, Regulatory & Compliance, Sterelin Medical & Diagnostics Ltd.

Speakers:

- Kathleen McCaughey, Manager Sustainable Supply Chains Sustainability, Region Stockholm, Sweden
- Umberto Vitale, Medical Devices Advisor, Implementation Practices and Standards, Procurement Group, UNOPS HQ, Denmark
- Rasmus Vestergård Hansen, Procurement Officer, Implementation Practices and Standards, Procurement Group, UNOPS HQ, Denmark

Adherence to sustainability dimensions is a key procurement consideration. As part of the new architecture, sustainability goes beyond environmental consideration to embody other critical elements of the Sustainable Development Agenda, including the need to uphold social dimensions alongside environmental issues. During the session, the speakers from UNOPS and Region Stockholm both demonstrated how their respective organisations are ensuring that procurement processes, which include bids and contracts actively integrate sustainability issues through tender criteria, audits, supplier education, and use of

corrective action plans. While it is important to entrench sustainability in as many procurement categories as possible, **UNOPS** has identified a number of categories when the Sustainable Procurement Framework is of mandatory application, i.e. in certain sustainable procurement practices, technical or gender mainstreaming criteria must be incorporated. In upholding sustainability, institutions like UNOPS and Region Stockholm utilizes a cycle of applying codes of conduct and international guidance for tenders, which are followed by assessments and management and corrective actions in partnership with suppliers. Human rights, labour issues, as well as gender, diversity and inclusion are social sustainability factors that are integrated in the tendering process. In the case of Region Stockholm, the use of forced labour in Malaysia identified in the manufacturing of gloves has been actively and successfully addressed as a result of the engagement of manufacturers or gloves and other commodities. Conversely, UNOPS presented its dedicated program called **Delivering Responsibility in Vendor Engagement (DRiVE) programme**, which uses a process of Data Collection from suppliers and other sources, which include assessments, verification and strategic reviews and actions, such as corrective action and reporting. DRiVE is a vendor assessment, inspection, and corrective action-planning programme.



 © UNDP Mauritius

Its overall scope is to ensure UNOPS vendors operate responsibly and in accordance with high standards of integrity with a focus on human rights, labour standards, equal opportunity, code of conduct, health and safety, quality management and environmental management.

Setting a strong policy and standards for procurement was highlighted as a key success factor in supporting market transformation towards sustainability. Because supply chains are large and complex, the session recommended the need to include the following aspects of due diligence in the contractual terms, namely policy commitment, communications of the policy, division of responsibility, risk analysis, monitoring compliance, and managing non-compliance. Additionally, it was indicated that specific social criteria in pharmaceutical and medical device tenders include human rights and labour issues, which include gender, diversity, and inclusion criteria. UNOPS procurement strategy also takes into account the local market through local market outreach and using local authorized suppliers for installation and maintenance of imported products. Furthermore, the inclusion of warranty extensions and after-warrantan-

ty maintenance/service are also integrated into the strategy. This was a key take away point for the session as it is very important to actively support suppliers to build their own systems and begin to integrate these requirements rather than expecting change to happen without any interventions. Strengthening both the demand and supply side of the value chain is imperative. Subsequently, the DRiVE project has resulted in a diversity review and inclusion of 54 awarded suppliers and the issuance of corrective action plans promoting sustainability for an additional 46 suppliers (voluntary).

The Swedish model presented during the event highlighted the existence of a National Network for Sustainable Supply Chains that incorporates a Code of Conduct, which addresses human rights, labour rights, the environment, and anti-corruption goals. It was learnt that the Contractual Terms for Region Stockholm incorporates Universal Declaration of Human Rights, the Eight Fundamental Conventions of the ILO, the UN Convention on the Rights of the Child, Article 32, production country's labour protection and labour environment legislation, labour laws and social protection regulations, as well as the UN Con-



 © UNDP Turkey

vention Against Corruption. The UN Global Compact has clearly elaborated the many issues that are being implemented by partners working towards building theory sustainability ambition, which is a must in the SDGs era. The Swedish procedure and process includes a code of conduct that guides the tender, and contractual terms which include all elements discussed above with an audit followed by corrective actions. A case study was provided during the event of risk analysis conducted with glove manufacturers in which it was discovered that 65 percent of all gloves are manufactured in Malaysia, which uses migrant workers from Bangladesh and Nepal. Factory audits revealed forced labour in three factories following audits, which revealed the use of recruitment fees, excessive overtime, and poor hygiene for workers. The challenges were addressed through a corrective action plan with suppliers requested to focus on ensuring good working conditions for workers. Mandatory requirements that should be verified in the bidding phase can help, including requiring that the factory address the percentage of migrant workers and introduce policies which include ID, zero-cost, active monitoring via interviews, and a plan to enforce the policy.

Key recommendations:

- Social dimensions such as human rights, labour rights and gender equity are key sustainability requirements and comprise of the benchmarks that need to be met when supplying health commodities to the UN and other partners. This should be a non-negotiable precondition for one to supply commodities to UN system. Codes of Conduct alone are insufficient, making it necessary to ensure that there are binding contractual obligations for labour and human rights issues.
- The UN Global Compact provides a comprehensive platform for entities that would like to develop their own social dimensions into their business architecture.
- There is a need to work with manufacturers of health commodities to help them understand the importance of business ethics including the need to eliminate corruption and respect labour and human rights. Engaging local and global suppliers in dialogue is critical to success in sustainable procurement and especially when recommending corrective actions.

Impact Stories that Inspire: Sustainable Health in Procurement Project (SHiPP)

<https://youtu.be/UPPluADAKaE?t=3304>

Moderator:

- Ian Milimo (moderator) Project Manager, Sustainable Health in Procurement Project (SHiPP)
- José Manuel Irizar, Programme Associate, UNDP Argentina

Speakers:

- Mónica Castaño Tovar, Environmental Management and Sanitation Coordinator, Fundación Valle del Lili
- Katherine Ortegon, M. PhD. Master of Sustainability Director, Universidad Icesi, Colombia
- Dr. Mirta Borrás Hospital Austral, Argentina
- Dr. Hussein Mohamed Lecturer, Muhimbili University of Health and Allied Sciences, Tanzania

This session was designed to give space to some of the champions and unsung heroes of sustainability in the health sector through the [SHiPP Impact Stories that Inspire](#). It provided an opportunity for people on the frontline to be profiled and act as an inspiration to several others doing similar work around the world. These local heroes are building more sustainable health care systems that will advance sustainable production and consumption and ultimately contribute to achieving the Sustainable Development Goals. The discussion was therefore, built around the experiences and views of the interlocutors, who were the local champions who pushed the limits in their societies to integrate sustainability. Several elements were touched upon, such as: motivation, benefits, challenges, and advice/lessons learnt from these experiences.

From the sharing of experiences, the motivation factors behind this level of interest and commitment are ignited by several factors. The care for future generations and the need to preserve the environment for those who will come after us are the main drivers which motivated the interlocutors to act responsibly and sustainably. There is a need for cleaner production processes, but there is also a need to act more responsibly at the individual level. Sustainability is a topic that allow to break barriers, is a cross-cut-

ting issue that needs everyone's contribution. In the words of Dr Hussein Muhammed, one of the panelists, Academia is a key partner in changing the mind and ensuring the transfer of knowledge gathered to next generations. Sustainability can generate various environmental, economic, financial, or reputational benefits. Integrating sustainability brings recognition and triggers larger interest. Speaking about sustainability raises the understanding of what needs to be done to take care of the planet. Increased awareness connects more and more people to the topic and has a potential to change behaviours. At the same time, lack of knowledge about the impact our actions or requests as health practitioners have on the environment is perceived as a key challenge in advancing sustainability.

The discussants warned that sustainability should not be a matter of health or environment sectors alone but on what lies in the middle of development. There is a need for an interdisciplinary approach, to get out of one's own ecosystem to better understand the difficulties and support in advancing the sustainable solutions. The session further recommended for political will as these are the ones that design policies and laws that govern how the different sector conduct their business. To advance sustainability in health sector, all links of the chain should be connected and head to the same direction. *"There is no point to engage only the procurement staff without making sure that other actors (managers, doctors, or nurses) are equally engaged in promoting and practicing sustainability"*. The speakers recommended that clear criteria for procurement are needed in all facilities to ensure the control over what is purchased. Life cycle perspective should be ensured, making choice in favor of products that could be reused or recycled. Opening spaces for dialogue and discussions on sustainability will improve the circulation of information and knowledge and will lead to more responsible decisions. The discussants recommended that strategies should be in place to ensure the transfer of knowledge across professions and generations. Universities are key actors in making this happen, they can lead and inspire

through their own examples of integrating or applying sustainability criteria.

Key recommendations:

- There is an urgent need to adopt measures and take actions to ensure that future generations benefit from an environmentally sustainable planet where all individuals can live. Concerted efforts are needed to advance sustainability to the top of the agenda of various policy makers and stakeholders.
- There is a need to gain more knowledge and increase understanding of how all the parts of the supply chain should be reinforced to ensure that sustainability measures are appropriately applied. At the same time, getting out of silos and using an interdisciplinary approach will support achieve this goal.
- Opening spaces for dialogue and discussions about sustainability will improve the circulation of information and knowledge and will lead to more responsible decisions.



Parallel Sessions

A. Business Integrity and Transparency for Ethical Health Care Supply Chains

<https://youtu.be/Wi2lKcVssAY?t=17>

Moderator:

- John Macauley, Regional HIV, Health and Development Programme Specialist, UNDP Eastern Europe and Central Asia

Speakers:

- Amanda Lindstrom, Sustainability Consultant
- Jillian Clare Kohler, PhD, Connaught Scholar, Professor, Leslie Dan Faculty of Pharmacy, Dalla Lana School of Public Health & Munk School of Global Affairs & Public Policy, University of Toronto
- Mark Dibiase, Policy Specialist, UNDP
- Joseph Serutoke, Senior Advisor, UNDP-Global Fund Partnership

The [United Nations Global Compact](#) has made public several policies to promote integrity and transparency in relation to how the private sector conducts its business operations. Accordingly, corporate sustainability starts with a company's value system and

a principles-based approach to doing business. At a minimum, companies should carry out their operations in ways that allow them to fulfil their fundamental responsibilities to promote human and labour rights, environmental sustainability, and ensure that they adhere to anti-corruption. To support businesses and meet these aspirations, the UN Compact has incorporated [Ten Principles](#) derived from the Universal Declaration of Human Rights, the International Labour Organization's Declaration on Fundamental Principles and Rights at Work, the Rio Declaration on the Environment and Development, as well as the United Nations Convention Against Corruption. These principles have been translated into strategies, policies, and procedures, and are facilitating a culture of integrity throughout the business environment. Within this context, the session's focus was to showcase the overall importance of the health care sector's business integrity and transparency principles, which are also applied to companies' procurement operations.

It highlighted the fact that sustainability includes both environmental and social (e.g., human rights, gender equality) dimensions and should be promoted as a package. The session emphasized key business integrity issues and transparency in the context of health procurement, such as why it is crucial to put in place and integrate in our actions, policies, and strategies and how these policies further support and promote strengthened health supply chains and systems. The session also presented some key initiatives and interventions and why they were successful. Finally, they provided some recommendations and directions to move forward. The discussions highlighted that the presence of the [Sustainable Procurement Index for Health \(SPIH\)](#) will support companies to build these sustainable dimensions in their business processes.

The session raised several issues that need to be addressed urgently. Some of these require systemic approaches as they involve several actors and systems. Key among them include the following:

- Corruption is a huge problem that needs to be tackled as it impedes the capacity of countries to achieve the SDGs and specifically SDG 3. There is need to develop policies that will help end this vice including the need to empower and work with oversight institutions.
- There is huge gap between policy and practice in relation to business integrity and transparency in the health sector and specifically in the con-

text of health procurement. The application of the SPIH will come in handy to help the sector reduce this gap.

- UNDP and partners are carrying out a significant amount of work in this area, which includes the recently launched SPIH, the health procurement guidance, the flagship initiative “Coalition for Accountability, Transparency and Anti-corruption in the Health Sector.” (CATCH) and other activities. Supporting the private sector to understand and build their own systems will be key to moving forward.

Key recommendations:

- From the statistics and information presented, issues around business integrity, transparency and accountability are critical to ensuring effective health systems and health supply chains, especially in the context of health procurement
- Discussions on sustainability and sustainable procurement should emphasize both environmental and social dimensions and should include integration of human rights, labour rights, gender equality etc.
- UNDP is quite keen on supporting the roll out and use of the SPIH and its goal of creating sustainable procurement guidance. Partners should familiarize themselves with tools, use them and reach to UNDP and Health Care Without Harm for additional capacity building.

B. Sustainability Challenges in the Supply Chains (Case Study: Gloves)

<https://youtu.be/UWTzyZZ4l6E?t=83>

Moderator:

- Andreea Zotinca, Circular Health Care Project Office, Health Care Without Harm Europe

Speakers:

- Francesca Olivier, Senior Director, Sustainability, Medline Industries
- Amy Leonard, Head of Education for Digital Learning, Great Ormond Street Hospital, United Kingdom
- Nicola Wilson, Lead Practice Educator, Great Ormond St. Hospital, United Kingdom
- Marly Orrego, Infection Prevention and Epidemiological Surveillance Coordinator

With the outbreak of COVID-19, the consumption of Personal Protective Equipment, including gloves has significantly increased and has created significant challenges on both ends of the supply chain. Gloves are a priority product because they are among the highest volume products used by health care institutions according to global data and regional surveys and represent a carbon “hot spot” of health system supply chain greenhouse gas emissions. However, some positive trends in glove manufacturing have taken place, such as the increased attention to reduce water usage in glove production and the development of new raw materials that may help reduce energy requirements and investments in solar and other re-



 © United Nations

renewable forms of energy. Gloves are a powerful case study to illustrate supply chain challenges and opportunities to achieve sustainability.

The session explored the role of marketing campaigns as a tool to drive greater sustainability in the production of gloves. The role of education, policy, and engagement in eliminating unnecessary glove usage was also covered. This was necessary as gloves are one of the highest volume products used in health care, and glove usage increased dramatically in response to the pandemic. Gloves present sustainability challenges across their entire life cycle from the moment they are manufactured to their disposal. At every stage of their lifecycle, gloves can be measured according to virtually every measure of sustainability, which includes environmental concerns like greenhouse gas emissions, chemical and material content, packaging challenges, as well as social concerns like forced labour. But gloves offer an opportunity to make real gains in sustainability across the supply chain because practices differ in the sector. Gloves are also an instructive case study highlighting the importance of eliminating unnecessary use of products as the first step in any sustainability effort. Two case studies highlighted programmes to reduce unnecessary glove use while maintaining and improving infection prevention, improving occupational safety for clinicians, reducing

waste, and saving money. A supplier detailed its work to continuously improve glove sustainability through close monitoring of glove production and enforcing standards throughout the supply chains. During the session, four key themes including labour issues, waste management, environmental damage, as well as chemicals of concern emerged.

Serious labour concerns were brought up during the session, such as worker rights violations, forced labour, the use of migrant labour and poor living and working conditions, which are all widespread in the glove manufacturing industry. To mitigate against such negative vices, it was indicated that one supplier identified their ethical sourcing programme, which includes conducting risk assessments and social audits to identify, and subsequently mitigate any ethical or human rights concerns. It was mentioned that companies needed to continuously have their supply chain monitored for potential issues whereby a basic commitment to protect the basic rights of all workers was required. The four components of their ethical sourcing program are: Strong risk assessment capabilities; on-site social compliance audits of suppliers; mechanisms for workers to report incidents and grievances anonymously, as well as key metrics and trend monitoring to identify areas for improvement.

Furthermore, unnecessary, or inappropriate glove use can have negative consequences, which include neglecting proper hand hygiene. The use of non-sterile gloves has been associated with a significant potential for cross-contamination and transmission of HAIs. This is because gloves are often used when they aren't needed, put on too soon, taken off too late or not changed at critical points. Nonsterile disposable gloves could be contaminated with a wide range of bacteria, including spore-forming agents. Non-sterile gloves should only be worn where direct contact with body fluids and non-intact skin or mucous membranes is anticipated.

Key recommendations:

- Aggregating demand across the health care sector in terms of respecting shared sustainability criteria is a powerful tool to create broader, faster, and more widespread sustainability gains.
- Gloves, given their high volume and environmental and social challenges throughout the supply chain should be a high priority for sustainability improvements.
- Waste reduction, improved occupational health outcomes, and cost savings are possible with a strong program that seeks to reinforce the appropriate use of gloves and the avoidance of unnecessary glove use.

C. Opportunities for Women's Participation and Leadership in Health Supply Chains

<https://youtu.be/gNgY4Ch2dGg>

Moderator:

- Diana Gutierrez, Manager, UNDP Global Programme on Business for Gender Equality Biz4GE

Speakers:


- Sandra Aramburo, General Manager COPAC (Andean, Central America and the Caribbean countries), Sanofi Pasteur
- Francisco Méndez, Ferreira Personnel Management Manager, Laboratorio Bagó de Chile
- Dellia Mwale-Yerokun, Gender Specialist, UNDP Zambia

To achieve Agenda 2030, **UNDP** and other global partners have prioritized gender programming and empowerment in all of its work. This is very critical as women are among the most vulnerable segment of our society. Fighting inequality in all its forms is an important element that should be undertaken by all stakeholders. The session was very critical highlighting the global role of women in health care. A WHO study confirms previous findings that women's share of employment in the health and social sector is high with an estimated 67 percent of the health care workforce in the 104 countries analysed being female. Based on such evidence, the session advocated for the creation of tangible opportunities for women to adequately participate in health procurement. Within this framework, the session recommended that companies must work on gender equality, promote eq-

uitable and ethical work in their establishments and involve women in supply chains. This could be done in many ways. The starting point is to have the right policy environment at corporate level whereby deliberate actions are taken to integrate women in management and provide ringfenced processes for women owned and led companies to participate in the procurement and supply of health and other commodities. The meeting further recommended that care must be taken to ensure that women are not used as fronts for these companies.

One programmes cited during the session was the **Gender Equality Seal Programme** developed by UNDP. Designed as a means for the private sector to embrace gender equality and enhance women's economic and social empowerment, the Seal offers help to a growing number of corporations to make their human resources management systems more equitable and gender sensitive. Launched by national governments that then partner with public and private companies, the Gender Equality Seal Programme **works** towards eliminating gender inequalities in the workplace, while at the same time improving the lives of all employees and their families. This process has helped many private sector companies including the pharmaceutical industry to implement practical gender responsive initiatives. The gender seal and other certification program helps maintain best standards for gender equity in the sector.



 *L-R Annie Nachula and Patricia Musonda are the only female autoclave operators at the Kapiri District Hospital, Zambia. © UNDP Zambia*

Thinking about equity is dreaming big and therefore each company must be helped to walk the talk. In this regard, the panellists advocated for training programmes which would help companies to overcome their own biases and initiate practical actions to empower women. While there are more women working in the health care sector than men, they still face discrimination in terms of promotions and career progress. Within the sector, we still see many top positions being held by men and procurement contracts mostly given to male-owned companies. The **UN compact** was cited as another platform through which the private sector can benefit from support to expand their compliance to SDGS and to promote sustainability in manufacturing, distribution, and management of health programs. As argued by UNDP and ILO, investing in women’s economic empowerment establishes a direct path to gender equality, poverty eradication and inclusive economic growth. Women make enormous contributions to economies, whether in businesses, on farms, as entrepreneurs or employees, or by doing unpaid care work at home. The transformation processes are long-term, because in the end, there is a cultural change in the way we see gender. Working on gender equality is a process with slow steps, but which can yield solid results in the supply chain. Innovation and cultural changes are fundamental not only for women, but also for men and fighting against unconscious biases should be pursued. A recommendation from one participant who voiced concerns during

the session concluded that: “You have to work with men, not just women. Gender is a permanent and constant work issue.”

Key recommendations:

- There is a need to develop well established partnerships that facilitate comprehensive capacity building for women at all levels of the health sector’s value chains. To do so, there is a need to develop policies and practices aimed at promoting economic inclusion of women in the selection of suppliers. Affirmative action policies are required if the anticipated change is to be seen.
- Access to greater financial support is required to help women to create enterprises to supply health commodities. Otherwise, nothing will happen without resources to help women fully participate as equal partners in the health sector value chains.
- When designing gender policies and strategies, there is a need for close involvement of suppliers and the entire value chain to ensure that they are part of the process. This will facilitate implementation rather than just imposing policies and actions, as many of these actors may have expertise in different fields.
- Internal and external audits must continue to help companies improve their gender programming. Adopting ISO style certification will move the topic to a higher level.

Closing Panel: Leadership Commitment to Sustainable Health Sector Supply Chain

<https://youtu.be/UPPluADAKaE?t=6641>

Moderator:

- Lin (Roger) Li, Manager, Strategic Sourcing Team Supply Operation, The Global Fund

Panellists:

- Lili Dr. Jairo Hernández Márquez, Assistant Director of Environmental Health, Ministry of Health and Social Protection, Colombia
- Dr. Döne Yalçın, Managing Partner, CMS Global Turkey
- German Dario Soto Naranjo, Administrative Assistant Director, Fundacion Valle del
- Dr. Fiona Adshead, Chair, Sustainable Healthcare Coalition
- Thomas Møller, Project Manager, Central Denmark Region
- Ramon San Pascual Executive Director, Health Care Without Harm SE Asia

Leadership is a critical requirement in the health sector's quest to transform towards cleaner and sustainable practices. This reverberated throughout the forum from the opening session in which speakers called upon the sector to lead the transformation agenda as espoused at COP26. There were several key factors that were highlighted by the speakers of this session. Chief among them is the need for a stronger policy and legal framework to support transformation on the ground. In presenting her views, Dr. Döne Yalçın who is the Managing Partner in Turkey at the international law firm, CMS Global, indicated that there is a need to examine existing regulations to assess whether some parts of the sector are heavily regulated and cannot meet the expectations of an industry which is constantly changing. She stated that binding laws were required as much of what is currently taking place is voluntary. Participants were told that clients face difficulties when introducing new policies and priorities with regards to single use items and recycling because they are new and difficult to implement in some countries due to weak legal and policy frameworks. The session was told of a good case study whereby the European Union is adopting new regulations, including the Green Deal which will

have a major impact on sustainability. Another case study presented was the German Hospital Future Act which seeks to adopt quality modern health care by compelling institutions to move towards sustainability. Participants could equally learn from the case Friends of Earth Netherlands, which is the first-time a judge ordered a firm to comply with the Paris Agreement. It was noted that this could be used as a scalable model.

Another example shared during the session was of a missing regulatory framework for health care digitalization even though there has been an increased uptake of more technological applications such as "e-health, telemedicine, mobile health, digital hospitals, robotic surgery," which are being used at every level of the sector. It is obvious that telemedicine could reduce emissions and waste. Nevertheless, the benefits are not limited to that one activity. From a sustainability-oriented standpoint, telemedicine could also enhance both emergency and diagnostic services in developing countries where access to well-equipped facilities might not be an option. This could be achieved by decreasing the cost of services, expanding coverage of specialist cares, and therefore improving the quality of outcomes. Consequently, developing well-structured legislation by health care regulators and infrastructure by health care providers is essential.

It was equally highlighted that it is the role of leaders to ensure availability of data for decision making as the whole issue of sustainability is new to many. Data unavailability is not providing the sector good mechanism for calculating CO2 emissions to inform programming. Leaders need to create real transparency to allow technocrats collect data beyond the availability of easy numbers obtained from economic transactions. Dr. Fiona Adshead, Chair of the Sustainable Healthcare Coalition, advocated for the need to come and deploy common metrics such as the [Sustainable Procurement Index for Health \(SPIH\)](#) to allow for global standards and practices to be developed. For data to be available, however, it must be prioritized during planning and budgeting process.



 *The Global Forum 2021 © UNDP*

Research and innovation to enable circularity will drive new opportunities for growth, promote greater resource efficiency, create a more competitive economy and regulations must enable that. The government of Colombia is making huge investments in this field to provide answers and ideas for health care sector leaders to champion and implement. This allows the sector to deploy new tools that are themselves sustainable, but at the same time calculate the sector's carbon footprint.

The panellists all championed the need for more partnerships as the whole discourse on sustainability is new and requires sharing lessons. The challenge at hand requires close collaboration among stakeholders such as policy makers, legal specialists, researchers, civil society, health care leaders, as well as the practitioners on the ground. Each of these constituencies play a key role in providing the missing pieces needed for the health sector to be a true champion of sustainability. This could include research, advocacy, funding, and prototypes.

Key recommendations:

- There is a need for a mindset shift to ensure that sustainability in the health sector is not an ad hoc

or incidental undertaking, but one that is backed by necessary human and financial resources. Adopting sustainability practices should never be about ticking a box.

- It is always important to realize that change will only come if there is an increased number of actors who champion and implement sustainability. This calls for consolidating our actions to ensure that different stakeholders operating at different stages of the supply chain are all working towards a common agenda.
- Investing in data generation is a key component of sustainability. This is important because the health care sector in relation to the empirical data and information it produces is changing rapidly. Consequently, there is a need for reciprocal measures to address the situation at hand.
- Building robust legal and regulatory systems in all countries could make a huge difference. As it stands now, many specialists are aware that there are very few legal instruments that will make it difficult to make non-compliant actors punishable by law. There is a need therefore to learn from the EU and its Member Countries in terms of what can be done.

Final Remarks, Closing and Next Steps

<https://youtu.be/UPPIuADAKaE?t=9447>

Moderator:

- Karin Santi, Team Leader, HIV, Health and Development, UNDP Latin America and the Caribbean

Panellists:

- H.E. Ms. Helena Storm, Swedish Ambassador to the Government of Colombia
- Valentin Gonzalez, Deputy Resident Representative, UNDP Argentina
- Dr. Luis Alberto Escobar, Education Assistant Director, Fundacion Valle del Lili
- Mariano De Donatis, International Managing Director, Health Care Without Harm

This conference succeeded in bringing together several policy makers, hospital managers, manufacturers of health commodities, health care workers, transporters, and other actors to deliberate on how best to implement the recently completed COP26 in Glasgow during which commitments were made to cut carbon emissions from all sectors. The official opening sessions all called on delegates and the global community to move away from business as usual and use the technology, new knowledge, and expertise to help the health sector lead others in cutting emissions. These priorities reverberated throughout the two days of the conference during several presentations ranging from decarbonisation of the health care sector to the development of the sustainable procurement index and discussions about chemicals of concern, as well as changes to the health sector's infrastructure. Furthermore, additional discussions took place about social objectives revolving around women's participation, human rights, labour issues and the SHiPP Impact Stories that Inspire shared by actors in the field.

H.E. Ms. Ambassador Helena Storm reminded the delegates that the link between human health and environmental change is inseparable and should no longer be ignored. Human-induced climate change resulting from the manufacture and disposal of health products, and environmental degradation can push us all past key planetary thresholds related to the health of the planet (air, land, fresh water, and oceans) and the health and well-being of all citizens. The outbreak of COVID-19 has resulted in additional challenges, which include increased procurement and consumption of Personal Protective Equipment (PPEs) leading to the additional generation of medical waste which, in turn, creates greater health risks to people and environment. The closing panel members spoke about the unique partnership between UNDP and Health Care Without Harm, which is a model of the UN and governmental organisations working together with civil society to demonstrate and create practical solutions to the dual crises of climate change and the COVID-19 pandemic. Participants also challenged delegates to ensure that the information shared is disseminated widely and that new solutions are adopted by the different institutions that participated. The conference and closing session concluded with a call for more partnerships to transform the sector into climate smart and resilient health systems. These partnerships must be developed across the south to north divide and vice versa to facilitate exchange of knowledge, information, and best practices in order to achieve our shared goal to detoxify and decarbonise the supply chain system to heal the planet that is our home.

Annex

Speakers:

- Alexandra Hammond, Head of Sustainable Procurement and Supply Chain, NHS England, and NHS Improvement
- Amanda Lindstrom, Sustainability Consultant
- Amy Leonard, Head of Education for Digital Learning, Great Ormond Street Hospital, United Kingdom
- Andrea Hurtado, Climate Programme Manager for Latin America, Health Care Without Harm
- Callum Newman, Associate Director and Group Leader for International Development, Arup
- Carlos Velez Jaramillo, CEO, Union Medical, Colombia
- Dellia Mwale Yerokun, Gender Specialist, UNDP Zambia
- Dr Hussein Muhammed, Lecturer University of Muhimbili, Tanzania
- Dr. Döne Yalçın, Managing Partner, CMS Global Turkey
- Dr. Fiona Adshead, Chair, Sustainable Healthcare Coalition
- Dr. Jairo Hernández Márquez, Assistant Director of Environmental Health, Ministry of Health and Social Protection of Colombia
- Dr. Kristian Steele, Associate, Arup
- Dr. Luis Alberto Escobar, Director of Educación, Fundación Valle del Lili
- Dr. Mandeep Dhaliwal Director, HIV, Health and Development, UNDP
- Dr. Marcela Granados Sánchez, Medical Director and Deputy General Manager, Fundación Valle del Lili
- Dr. Maria Veronica Torres Cerino, Chief Toxicologist, Hospital Universitario Austral, Argentina
- Dr. Mirta Borrás, Universidad Austral, Argentina
- Dr. Rosemary Kumwenda, Team Leader, HIV, Health and Development, UNDP Eastern Europe, and Central Asia
- Dr. Sergio I. Prada, Chief Research and Innovation Officer, Fundación Valle del Lili
- Elizabeth Dias, Disaster Response Manager, Engineers Without Borders
- Francesca Olivier, Senior Director, Sustainability, Medline Industries
- Francisco Méndez Ferreira, Personnel Management Manager, Laboratorio Bagó de Chile
- Gary Cohen, President and Co-Founder, Health Care Without Harm
- German Dario Soto Naranjo, Administrative Sub-director, Fundación Valle del Lili, Colombia
- H.E. Dr. Fernando Ruiz Gómez, Minister of Health and Social Protection of the Government of Colombia
- H.E. Ms. Helena Storm, Swedish Ambassador to the Government of Colombia
- Jillian Clare Kohler, PhD Connaught Scholar, Professor, Leslie Dan Faculty of Pharmacy, Dalla Lana School of Public Health & Munk School of Global Affairs & Public Policy, University of Toronto
- Joseph Serutoke, Senior Advisor, UNDP-Global Fund Partnership
- Katherine Ortegón, Sustainability Director, Universidad Icesi, Colombia
- Kathleen McCaughey, Manager, Sustainable Supply Chains Sustainability, Region Stockholm, Sweden
- Laura Sinyama, Programme Associate, UNDP Zambia
- Leonardo Fabio Garcia, Biomedical Equipment Coordinator, Fundación Valle del Lili
- Maria Marta Cozzarin, Pharmacist and Environmental Manager, Hospital Regional de Ushuaia
- Mariano De Donatis, International Managing Director, Health Care Without Harm
- Mark Dibiase, Policy Specialist, UNDP
- Marly Orrego, Infection Prevention and Epidemiological Surveillance Coordinator
- Mónica Castaño Tovar, Environmental Management and Sanitation Coordinator, Fundación Valle del Lili
- Nicola Wilson, Lead Practice Educator, Great Ormond St. Hospital, United Kingdom
- Prof. Samwel Victor Manyele, Department of Chemical & Mining Engineering, University of Dar es Salaam
- Rasmus Vestergård Hansen, Procurement Officer, Implementation Practices and Standards, Procurement Group, UNOPS HQ, Denmark
- Sandra Aramburo, General Manager COPAC (Andean, Central America, and the Caribbean countries), Sanofi Pasteur
- Sara Ferrer Olivella, UNDP Resident Representative to the Government of Colombia

- Sean Duggan, Anesthesia and Filtration Group Product Manager, Intersurgical Europe
- Sonia Roschnik, International Climate Policy Director, Health Care Without Harm
- Sorina Vesilii, Health Expert at NGO Positive Initiative, Moldova
- Susan Wilburn, International Sustainability Director, Health Care Without Harm
- Thomas Møller, Project Manager, Central Denmark Region
- Umberto Vitale, Medical Devices Advisor, Implementation Practices and Standards, Procurement Group, UNOPS HQ, Denmark
- Valentin Gonzalez, Deputy Resident Representative, UNDP Argentina

Moderators:

- Andreea Zotinca, Circular Health Care Project Office, Health Care Without Harm Europe
- Anna Tuddenham, Consultant, Arup
- Belen Aliciardi, Consultant, Sustainable Health in Procurement Project, UNDP Argentina
- Diana Gutierrez, Manager, UNDP Global Programme on Business for Gender Equality Biz4GE
- Dr. Megha Rathi, Project Coordinator, Sustainable Health in Procurement Project (SHiPP), Health Care Without Harm
- Ian Milimo, Project Manager, Sustainable Health in Procurement Project (SHiPP), UNDP
- Jacqueline Tapia, Technical Manager of Programme for Latin America, Health Care Without Harm
- John Macauley, Regional HIV, Health and Development Programme Specialist, UNDP Eastern Europe and Central Asia
- José Manuel Irizar, Programme Associate, UNDP Argentina
- Juana Cooke, Programme Specialist, HIV, Health and Development, UNDP in Latin America and the Caribbean
- Karin Santi, Team Leader, HIV, Health and Development, UNDP Latin America and the Caribbean
- Lin (Roger) Li, Manager, Strategic Sourcing Team Supply Operation, The Global Fund
- Susan Wilburn, International Sustainability Director, Health Care Without Harm
- Wazani Zulu, Manager, Regulatory & Compliance, Sterelin Medical & Diagnostics Ltd.

Organisers and Rapporteurs:

- Adriana Llano, Marketing Analyst of Education, Fundación Valle del Lili
- Kingford Mkandawire, Project Associate, UNDP Zambia
- Ian Milimo, Project Manager, Sustainable Health in Procurement Project (SHiPP), UNDP
- Nevra Gomdeniz, Communications Analyst, UNDP
- Susan Wilburn, International Sustainability Director, Health Care Without Harm



www.eurasia.undp.org

All rights reserved © 2022 UNDP