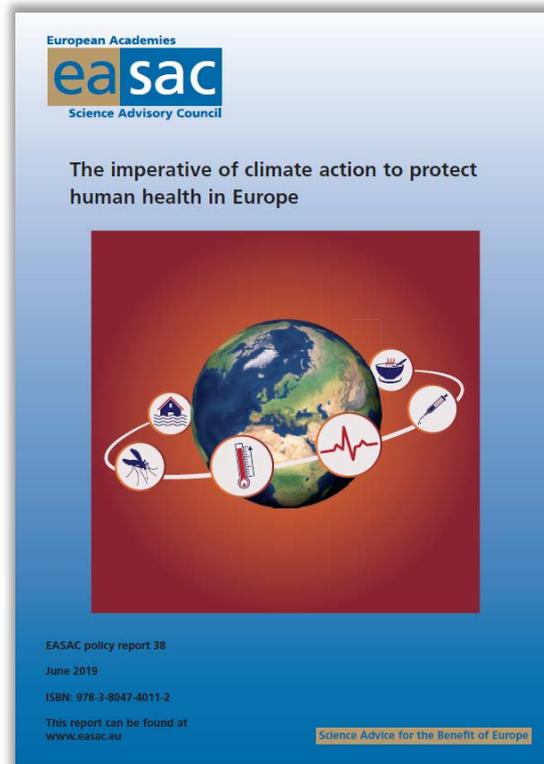




# **EASAC-FEAM Commentary: Decarbonisation of the health care sector How can EU policy makers help?**

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**EASAC**

# Climate change and health: EASAC report 2019

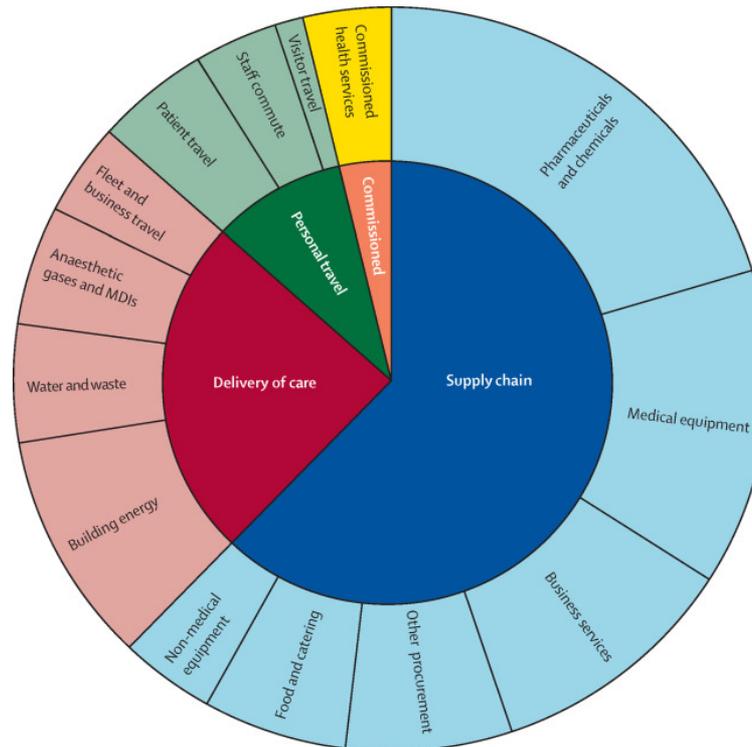


# Objectives and procedure for Commentary on health care sector decarbonisation

- To emphasise opportunities for well-designed mitigation actions to bring additional, local and near-term, benefits for health
- To share examples of good practice by the health care sector to stimulate further action and to show how health care leadership can help to achieve Paris Agreement goals
- To explain the relevance to diverse EU policies, to drive coordination and EU strategic ambitions for health
- Proposal for Commentary was agreed by Councils of EASAC and FEAM in late 2020. Commentary was drafted in consultation with EASAC and FEAM experts and was published in April 2021.

# Carbon footprint of the UK NHS

Tennison et al. Lancet Planetary Health 1 February 2021



# commentary

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## Decarbonisation of the Health Sector: A Commentary by EASAC and FEAM

### Summary

The increasingly ambitious decarbonisation targets of the European Union require integrated action across all sectors to monitor and reduce carbon footprints. The health-care sector has rarely been included in discussions about public policy decarbonisation yet it contributes about 5% to total emissions. Moreover, mitigation measures within health systems can also bring local and near-term benefits to health, for example through greener hospitals, improved patient diets and new models of care (including digital health). Primary care systems can also contribute significantly to decarbonisation efforts both within primary care itself and by reducing/replacing demand for hospital services (secondary and tertiary care), alleviating pressures on supply chains, and informing and supporting patients and the wider community in sustainable lifestyles.

The sector itself is already taking significant steps to decarbonise, for example through action to reduce greenhouse gas (GHG) emissions during construction and running of hospitals and associated transportation. Furthermore, as a high proportion of the health-care sector's contribution to GHGs derives from carbon embedded in the supply chain, there are also considerable opportunities for sustainable public procurement, for example to provide sustainable and healthy diets for patients. Systems change in the sector requires institutions to adopt a culture that values sustainability, tracks carbon footprints and shares good practice for change at local, national and international levels.

These sectoral ambitions to tackle climate change should also drive coordinated policy action at the EU level, for example building on current initiatives by the European Commission for sustainable public procurement and the pharmaceutical strategy. The recently announced aspirations for the European Health Union provide further impetus for action to promote sustainability, health and equity but require alignment with other policy priorities, in particular for the circular economy, bioeconomy, digital health, construction (Renovation Wave), Farm to Fork strategy, the European Green Deal, post-COVID-19 recovery as well as with the collective international action on Sustainable Development Goals and Paris Agreement targets.

It is increasingly important that policy-makers work with the health sector in developing climate change mitigation and adaptation actions. These must now include action to ensure that the health sector itself achieves ambitious decarbonisation targets as part of an integrated strategy for all sectors and all the EU, and beyond.

# Topics addressed in the Commentary

- Improving health in the Community
- Opportunities for systems change in health care sector
- Relevance to primary, secondary and tertiary care systems
- Greener hospitals: action on buildings, transport, energy, surrounding green space
- Sustainable procurement in the supply chain
- Innovative models of care: e.g. telemedicine

# Example of sustainable procurement: food in health care facilities

- Objective to balance sustainability and nutrition:
  - Reduce GHG emissions from food systems at same time as improving health e.g. increasing plant-based dietary consumption to reduce NCDs
- Scientific opportunities for sustainable, healthy diets:
  - Understanding both cultural diversity and environmental footprints of different production systems e.g. local versus imported food, requiring life cycle assessment plus renewed commitment to reduce food waste
- Informing and guiding consumption behaviour:
  - History of poor adherence to nutrition advice in health care settings
  - However, “teachable moment” to foster longer-term behavioural change
- Relevance to EU Farm-to-Fork strategy

# The health care sector can do much for itself: how can the EU Institutions help?



## The EU can also reduce health care sector carbon footprint by improving population health and decreasing demand for hospital services

- Strategies to reduce incidence and severity of disease:
  - e.g. action on diet, air pollution, urban planning, physical activity
- Primary care has core roles in population health:
  - Gatekeepers to more specialised services
  - Providing advice on low-carbon healthy behaviours and supporting behavioural change
  - Opportunities for digital health
- European Health Union: greater ambitions for the EU in health?

# The health care sector – leading the way to the net zero economy

- As champions of change for all sectors, health professionals should lead by example in their own sector and in guiding policy and public choices
- Efforts to reduce GHGs must not be at expense of health care quality and equity and must integrate with supply chains
- Well-managed health care sector decarbonisation can itself bring local, near-term health benefits
- EU policy can be more ambitious in aspirations for health, recognising relevance of health issues for multiple policy areas
- EU should lead wider international action e.g. COP 26