

# Sustainable Health in Procurement Project

Project Number: 00063928



## Orientation, Planning and Inception Workshop

17-19 April 2018  
Istanbul, Turkey

Workshop report





## < Better paediatric TB drugs. © TB Alliance

A child holding one of the newly-formulated, properly-dosed paediatric TB drugs approved by the WHO. The new regimen is sweet and water-dispersible, making it specially adapted to children. The development of new TB treatments paired with this market intelligence is intended to lower the barriers for manufacturers, which can then produce these medicines on a sustainable basis.

### LIST OF ACRONYMS

AMR	Antimicrobial resistance
BAT	Build Adapt Transfer
e VIN	Electronic Vaccine Intelligence Network
EPP	Environmentally Preferable Purchasing
FACE	Fund Authorization and Certification of Expenditure
GEF	Global Environment Facility
GGHH	Global Green and Healthy Hospitals
GHG	Greenhouse Gas
GPIH	Green Procurement Index Health
HACT	Harmonized Approach to Cash Transfers
HCWH	Health Care Without Harm
IP	Implementing Partner
LTAs	Long Term Agreements
NHS	National Health Service
SADC	Southern African Development Community
SCP	Sustainable Consumption and Production
SHiPP	Sustainable Health in Procurement Project
SIDA	Swedish International Development Agency
SIWI	Stockholm International Water Institute
SOPs	Standard Operating Procedures
UNGC	UN Global Compact
SPHS	Sustainable Procurement in the Health Sector
UPOPS	Unintentional Persistent Organic Pollutants
10YFP	10-Year Framework Programme

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#### Disclaimer:

This document is produced to inform discussions around strengthening sustainable procurement 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 other member organizations of the SPHS. Any omissions, inaccuracies and mistakes are responsibility solely of the authors.

This knowledge product addresses the following Sustainable Development Goals:







Tracking the Cold Chain:  
Improving Vaccine  
Systems in India.  
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© Every child has the right  
to health care services. UN  
Moldova

In 2017, UNDP procured more than half of medicines necessary for nine national and special health programmes in the Republic of Moldova. These efforts brought over USD 923,000 in savings to the state budget or 23% of the allocated budget.





A young child with short brown hair, wearing a white t-shirt and blue jeans, is sitting on a white surface. A healthcare worker in a white coat and gloves is administering a vaccine into the child's left arm. The child is smiling and looking towards the camera. The background is a white brick wall. The entire image is overlaid with a semi-transparent green filter and geometric shapes.

# Executive Summary



# Saving Lives Sustainably

There is growing recognition that the health and environment outcomes are interdependent. On one hand, climate changes and natural disasters impact the health of affected people, influence over 80% of the communicable and non-communicable diseases, change disease patterns and the delivery of available health services. On the other hand, health commodities including medicines, diagnostics and medical waste contribute to carbon dioxide emissions. UNDP is committed to helping countries understand the close nexus between environment and health and understand the role that sustainable procurement practices can play to reduce a significant proportion of the health sector's greenhouse gas (GHG) emissions.

With funding support from Swedish International Development Agency (SIDA), and in collaboration with Health Care Without Harm, UNDP will implement the Sustainable Health in Procurement Project (SHiPP). The project identified public procurement as a key entry point for promoting more sustainable production and consumption patterns.

As one of the first activities of the project, a three-day Orientation, Planning and Inception workshop was organized from 17-19 April 2018 in Istanbul, Turkey.

**SHiPP aims to strengthen sustainability in the health sector in ten countries to ultimately reduce harm to people and the environment caused by the manufacture, use and disposal of medical products.**

The workshop brought together more than 60 participants including representatives of the governments of the project countries, UN agencies, civil society and technical experts from across the globe.

The workshop aimed to introduce SHiPP to the participants as well as use the opportunity to orient them on the relationship between environment and climate change on health outcomes and more specifically the role that sustainable procurement can play to positively impact health outcomes. The workshop also discussed the synergies with the multi-agency platform Sustainable Procurement in Health Sector (SPHS) and explored complementarity.

The workshop used a mix of formats for the different





sessions. These included: Presentations by experts (in person as well as remote), Panel discussions, Market Place and Group exercises.

**DAY 1** of the workshop focused on making the case for sustainable/greening health procurement in the era of SDGs and understanding the same in the country-specific sustainable procurement related legal policy frameworks.

**DAY 2** of the workshop focused on learning about global good practices, the SPHS platform, building knowledge on evaluation of policies, tender documents and processes, as well as the effective engagement of suppliers and manufacturers.

**DAY 3** of the workshop was dedicated to the introduction of the project-specific Implementation arrangements (roles and responsibilities), financial management and reporting requirements, Standard Operating Procedures, Monitoring and evaluation and identification of priority next steps.

The workshop also presented an opportunity for bilateral/ trilateral conversations between countries.

**1. Vietnam and Ukraine** visited health facilities (Tertiary and primary) in Istanbul to learn about Turkish experiences in the delivery of family and e-health services. UNDP facilitated high-level bilateral discussions between the two countries. Vietnam has expressed an interest to send a delegation on a study visit to Ukraine to learn about the public procurement legislation, policies and practices.

**2. Tanzania** participants were keen to meet Turkish manufacturers and manufacturers were informed about the upcoming health procurement in Tanzania. UNDP facilitated this interaction.

The experts presented evidence and experiences and made a strong case for sustainable health procurement. The speakers underscored the need for ethical, rights-based and gender sensitive procurement in line with the agreed global business principles. Discussions and deliberations also highlighted the areas of likely resistance from the manufacturers including inadequate technical capacities, high costs needed for switching to green, lack of demand and more importantly lack of standardized/ uniform sustainable procurement criteria and policies. The workshop reiterated the need to invest in context-specific awareness raising and thereby demand for, green health; capacity building of suppliers and manufacturers in sustainable manufacturing and of decision and policy makers to procure; strengthening / realigning sustainable national procurement legislation, regulation, policies, strategies and practices;

strengthening health sector capacity for sustainable waste management; and most importantly effective implementation of environmental regulation and enforcement. However, the workshop acknowledged that the contexts including political will, legislation, policies and capacities are different in each project country and therefore, urged for context-specific advocacy and implementation plans.

#### Focus

The workshop participants critically reviewed the project result framework and work plan in the context of country-specifics and ground realities, suggested modifications and changes to the project targets and identified key activities for action on the ground.

The feedback from the end of the workshop evaluation was very encouraging. As high as 90% of respondents felt that the workshop achieved the set objectives and an equal number found the learning applicable to their work. 52% of the respondents were ready to start the project in their country. However, almost 20% of the respondents found the workshop agenda very packed and suggested that the duration needed to be increased. They expressed the need for more time to interact and network. Most of the participants found examples from other countries and poster presentations very interesting. They hoped that the project will facilitate collaboration opportunities between countries. For future workshops, the suggestions were to include manufacturers as participants, explore the introduction of new technologies like blockchain for making procurement more sustainable, tools for calculating CO<sub>2</sub> emissions and communicating the need for sustainable health procurement.

This report contains background information that was presented to participants, summarizes workshop discussions and identifies priority areas of work at the country level. The annexures include the workshop agenda, list of the participants, presentations made during the workshop including the posters that each country presented and the end evaluation.





## © From warehouse to remote indigenous communities: The journey of vaccines in Brazil. PAHO/WHO/Ary Rogerio Silva

Most of the vaccines in Brazil are produced through local manufacturers and provided free of charge in more than 36 000 public health care facilities throughout the country. Every year, the country provides more than 300 million doses of vaccines against 25 diseases, and it recently boosted its immunization efforts against the yellow fever outbreak with more than 21 million extra vaccine doses.

This photo story describes the journey of vaccines from a warehouse in Rio de Janeiro to indigenous communities living in remote jungle villages in the State of Amazonas.





BLG 6083

01

# Workshop Overview

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# 1.1 BACKGROUND AND OBJECTIVES

Global evidence indicates that the health sector can negatively affect the health of people and the environment in four ways:

- > Patients, health care workers and the public around the world are exposed to environmental and health risks through direct exposure to biological or chemical agents;
- > Health risks from improper health care waste management;
- > The production of medical products that result in pharmaceuticals that accumulate in the environment;
- > The health sector impacting global climate change and planetary health through emission of greenhouse gases.

**UNDP is committed to supporting countries achieve Sustainable Development Goals through the provision of integrated development solutions to address this nexus of health, environmental degradation and climate change.**

Like several other UN organizations, UNDP also shares the vision of 'Greening the Blue'. One key area of support includes exploring opportunities to develop 'green health services' that minimize their environmental impact through environmentally-sensitive health procurement, the effective management of medical waste and the incorporation of renewable energy sources.

With funding support from SIDA, and in collaboration with Health Care Without Harm, UNDP will implement the Sustainable Health in Procurement Project (SHiPP). SHiPP is a four-year project (2018-2021) that aims to strengthen sustainability in the health sector in the United Nations Agencies, Health Care without Harm member institutions and in ten countries to ultimately reduce harm to people and the environment caused by the manufacture and disposal of medical products.

**The project has identified public procurement as a key entry point for promoting more sustainable production and consumption patterns.**

From 17-19 April 2018, more than sixty people constituting representatives from government government, including Ukraine Deputy Minister for Health, civil society, academic institutions, UN agencies, technical experts gathered to participate in the Orientation, Planning and Inception Workshop of the Sustainable Health in Procurement Project (SHiPP). The workshop, held in Istanbul, Turkey was to help participants understand the interdependence of health and environment outcomes and the role that sustainable health procurement can play towards planetary health by reducing GHG emissions, resource depletion and chemical pollution.

The 3-day workshop specifically aimed for participants to: Introduce the SIDA funded UNDP- Health Care Without Harm project, its importance, goals, expected outcomes and opportunity to leverage the global supply chain:

- > Understand the link between health procurement, health and environmental impacts;
- > Investigate procurement policies and processes in public and private sector (including opportunities for engaging with suppliers and manufacturers);
- > Describe interventions to integrate sustainability into procurement across all stages of the supply chain and procurement processes;
- > Identify priority interventions in the respective project countries.

The workshop used a mix of formats with a view to keeping the participants engaged and interested throughout the three days. The detailed agenda is given in the annexure but broadly the workshop had six streams from setting the scene or making a case for sustainable health procurement; international commitments and principles; good practices; tools; understanding SHiPP design to project management, implementation.

## 1.2 WORKSHOP MATERIALS

Several documents were developed to conduct and evaluate the workshop, and they can be accessed by clicking below.

- > [Participant List: Appendix A](#)
- > [Workshop Material \(Concept Note, Logistics Note, Workshop Agenda, Presentations and Handouts\): Appendix B](#)
- > [Workshop Evaluations: Appendix C](#)
- > [Sustainable Health in Procurement Project \(SHiPP\): Appendix D](#)





2017 © Solar for Health: Saving Lives, Saving Money, Saving the Environment. UNDP



### DEVELOP UNIVERSALLY ADAPTABLE CRITERIA AND STANDARDS

Develop universally adaptable criteria and standards for sustainable production, distribution and content of products procured by the health sector



### FOSTER SUSTAINABLE PROCUREMENT IN THE HEALTH SECTOR

Strengthen capacity and demand for sustainable procurement in the health sector



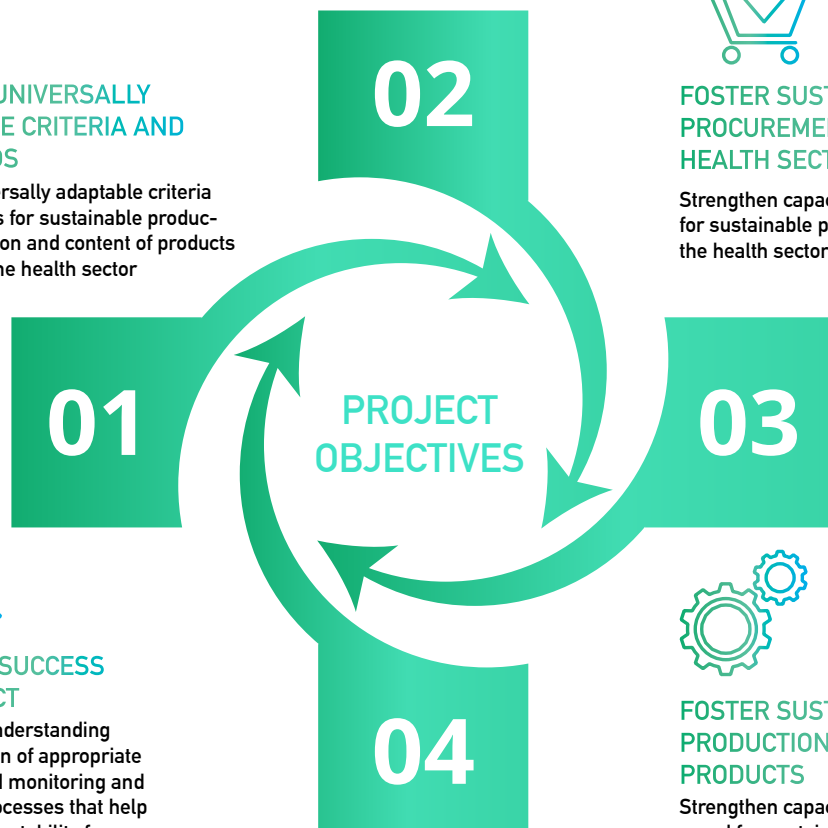
### MEASURE SUCCESS AND IMPACT

Strengthen understanding and application of appropriate indicators and monitoring and evaluation processes that help promote accountability for sustainable procurement in the health sector



### FOSTER SUSTAINABLE PRODUCTION OF HEALTH PRODUCTS

Strengthen capacity and demand for sustainable production, supply and disposal of health care products







2018 © Group exercise on establishing sustainability criteria for health products and priorities for exploration. UNDP Istanbul Regional Hub.





## Proposed Questions to Inform Prioritization Handout

Category	Primary questions	Additional questions that may be helpful to consider when evaluating different options
Business Case	What is the business case for this option?	What are the potential risks and benefits of this option?
Stakeholder Engagement	How are stakeholders being engaged in the process?	What are the potential impacts of this option on stakeholders?
Resource Allocation	What resources are required for this option?	How are resources being allocated across different options?
Implementation	How is the option being implemented?	What are the potential challenges to implementation?
Monitoring and Evaluation	How is the option being monitored and evaluated?	What are the potential indicators of success?

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Stakeholder Engagement	How are stakeholders being engaged in the process?	What are the potential impacts of this option on stakeholders?
Resource Allocation	What resources are required for this option?	How are resources being allocated across different options?
Implementation	How is the option being implemented?	What are the potential challenges to implementation?
Monitoring and Evaluation	How is the option being monitored and evaluated?	What are the potential indicators of success?

Column 1: Category of questions  
Column 2: Primary questions  
Column 3: Additional questions that may be helpful to consider when evaluating different options

# 02

## Workshop Proceedings





## 2.1 INAUGURATION AND MAKING A CASE FOR SUSTAINABLE HEALTH PROCUREMENT

The workshop was formally opened by Mr. Abdoulaye Mar Dieye Assistant Secretary-General, Assistant Administrator and Director UNDP Bureau for Policy and Programme. He underscored the need for integrated, multi-sectoral approaches for progress across the Sustainable Development Goals. In his view, these warrant linking and leveraging work on environment and climate change, poverty reduction, gender, and governance for better health and development outcomes. Considering the complexities of the development challenges, he called for working together through innovative partnerships to achieve shared goals of a pollution-free planet and health for all.

This sentiment resonated with the subsequent speakers at the inauguration. It was stressed that Governments need to support and create conducive policy and legal frameworks and foster tremendous innovation for positive change. The need for urgent action for ‘climate-smart healthcare’ was reiterated as critical for reducing inequities, improving the health of populations and protecting the environment.

### Focus

Efforts of the UN System towards supporting Governments in accelerating the climate-smart healthcare agenda through the informal Interagency Task Team platform on Sustainable Health Procurement Sector (SPHS) and the vision and mission of Health Care Without Harm (HCWH) including Global Green and Healthy Hospitals (GGHH) were especially cited and commended as examples of collaborative action for reducing negative impact of health care on environment through sustainable health procurement.

Globally, the burden of communicable diseases is decreasing. However, the last decade has witnessed a 60% increase in the deaths due to non-communicable diseases. These, as the evidence suggests, can be because of climatic and environmental changes. One of the Lancet papers suggests<sup>1</sup> that 16% of global deaths are due to pollution and that globally 5% of carbon emissions are attributed to health care. Health care is one of the major contributors to pollution. The disinfectants, pharmaceuticals, lab chemicals, mercury, flame retardants also pollute the health sector itself and impacts on health worker’s health. Nurses, for example, have the highest rates of asthma compared to any other profession. A 2009 study by Tropical Medicine and International Health<sup>2</sup> estimated that over half the world’s population are now at the risk of occupational, environmental or public health threats from improperly treated medical waste. The World Bank document: Climate Smart Health Care documents the vulnerability of the health sector<sup>3</sup> to climate instability and contribution of the health sector to greenhouse gas emissions from health services and global supply chain. HCWH’s 2020 Health Care Climate Challenge calls on health systems to lead by example in reducing their carbon footprint, becoming more resilient in the face of climate change and advocating for climate policies to protect and promote health. This can be done through action at multiple levels including (but not limited to) manufacturing- reducing and reusing water, using renewable energy options, bio-degradable packaging, supplying- identifying low carbon means for transportation, procuring- locally, substituting harmful chemicals and carcinogens etc. There are several international frameworks<sup>4</sup> that advocate for decarbonizing the health care and hold countries accountable. There are good practices from around the world that can be viewed, studied, adapted and adopted.

<sup>1</sup> The speech of Gary Cohen, President and Co-Founder of Health Care Without Harm (HCWH) can be viewed at [this link](#).

<sup>2</sup> The speech of Abdoulaye Mar Dieye, Assistant Secretary-General, Assistant Administrator and Director UNDP Bureau for Policy and Programme can be viewed at [this link](#).

Sustainable procurement is generally gaining traction from governments across the globe in all types of organizations – including local governments, non-profits and private sector companies, both large, medium and small. A global survey<sup>5</sup> found that the strongest drivers of sustainable public pro-

**“This new multi-stakeholder initiative “Sustainable Procurement in the Health Sector” led by UNDP and Health-care Without Harm, will help drive change towards lowering the environmental and social impact of health procurement, and improve human health and well-being. For UNDP, this means linking and leveraging our work on environment and climate change, poverty reduction, gender, and governance for better health and development outcomes. We look forward to continuing to work closely with other UN agencies to support Member States, civil society and private sector partners in their efforts.”**

**ABDOULAYE MAR DIEYE / Assistant Secretary-General, Assistant Administrator and Director, Bureau for Policy and Programme, UNDP**



**“If we do not take action towards climate-smart healthcare, our efforts to reduce inequities, improve the health of populations and protect the environment will fall short”.**

MANDEEP DHALIWAL / Director, HIV, Health and Development Group, Bureau of Policy and Program Support, UNDP

curement include policy commitments; political and organizational leadership; legislation; training of procurement staff on sustainable procurement; technical expertise to understand and act on legal, environmental, social and economic parameters related to procurement; availability of criteria and specifications; personal commitment and monitoring, evaluation and enforcement of the sustainable procurement policies. Similarly, lack of expertise; low market availability of sustainable products; competing for procurement priorities; apprehensions that the products are too expensive are some of the factors that impede shift towards sustainable procurement. In this background, it is then critical to design policy advocacy and capacity building interventions around these drivers. Experience has shown that Life-cycle costing; Training and lesson-sharing; Stimulating the maturity of the market and ecolabelling programmes; and Professionalization of procurement and procurement modernization programmes are key needed actions at the country, regional and global levels. As part of the support to countries specifically in ecolabelling, standards and monitoring, several tools, papers, action plans, legal reviews for implementation of sustainable procurements have been developed.

10-Year Framework Programme (10YFP) on Sustainable Consumption and Production (SCP) patterns is a global framework of action to enhance international cooperation to accelerate the shift towards sustainable consumption and production in both developed and developing countries. This was adopted at the United Nations Conference on Sustainable Development (Rio+20) in 2012. 10YFP supports capacity building and provides technical and financial assistance to developing countries for this shift and encourages innovation and cooperation among all countries and stakeholders. 10YFP is implemented through six programmes namely sustainable public procurement (SPP), sustainable tourism, sustainable building and construction, sustainable lifestyles and education, sustainable food systems and consumer information across the globe. Currently, in most countries the involvement of health systems in the sustainable public procurement is very limited.

**“In order to support healthy people on a thriving planet we need to reduce the use of fossil fuel, detoxify our supply chains; we need to tread more lightly on the earth. Who better is positioned to lead this global effort of transformation? The health sector because it is the one sector that has healing as its mission. We as health actors can model this transformation to a more sustainable economy and inspire other sectors to follow our lead supporting healthy people on a thriving planet.”**

GARY COHEN / Founder and President, Health Care Without Harm (HCWH)

SHIPP provides an excellent opportunity to advocate for and support health sector inclusion in the SPP.

<sup>1</sup> Philip J Landrigan et al. (2017) Lancet Commission on Pollution and Health. [https://doi.org/10.1016/S0140-6736\(17\)32345-0](https://doi.org/10.1016/S0140-6736(17)32345-0)

<sup>2</sup> Harhay et al. (2009) Health care waste management: a neglected and growing public health problem worldwide. *Tropical Medicine and International Health*. 14(11): 1414-1417 <https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1365-3156.2009.02386>

<sup>3</sup> Bouley, Timothy; Roschnik, Sonia; Karliner, Josh; Wilburn, Susan; Slotterback, Scott; Guenther, Robin; Orris, Peter; Kasper, Toby; Platzer, Barbara Louise; Torgeson, Kris. (2017). Climate-smart healthcare: low-carbon and resilience strategies for the health sector [English]. Investing in climate change and health series. Washington, D.C.: World Bank Group. Retrieved 24 June 2018 from <https://noharm-global.org/articles/news/global/new-world-bank-report-calls-health-sector-leadership-climate>

<sup>4</sup> Ozone Secretariat, Stockholm Convention for protection of human health from persistent organic pollutants; Basel Convention on trans-border movement of hazardous waste, Minamata Convention on Mercury, Paris Treaty for transition to low carbon economy etc.

<sup>5</sup> UNEP. (2017) Global Review of Sustainable Public Procurement. <http://web.unep.org/ourplanet/october-2017/unep-publications/2017-global-review-sustainable-public-procurement>

## 2.2 ONLINE SURVEY AND POSTERS

Prior to the workshop, an online survey was undertaken inviting participants to share their understanding of procurement policies in their countries and the challenges for sustainable health procurement. The respondents included government officials, procurement specialists, health focal persons and practitioners, experts and UN Agency representatives. Despite variations in terms of legislation, policies and even architecture of public procurement, the responses were almost unanimous in stating that the Ministries of Health are usually not involved in public procurement and they lack the needed capacities to ensure sustainable procurement of health commodities.

**Pre-workshop survey responses suggested that harmonization of health procurement legislation and policies is critical.**

Further, it was evident that the countries would benefit from a model sustainable procurement policy.

**Posters.** While the survey results were a collation of



“Today, we are launching the SHiPP and setting sail into new waters to demonstrate the leadership and commitment of the health sector for sustainable development. We are charting a course that will transform the market for health products and services to become more sustainable and by doing so will protect the health of people and the planet.”

JOSH KARLINER / International Director of Program and Strategy, Health Care Without Harm (HCWH)

individual responses, the country teams also brought posters to the workshop. These posters were an opportunity for the country teams to share their country's legal-policy-programme frameworks for procurement. At the workshop, these posters were presented in the marketplace format. They generated a lot of interest in both the presenters as also the participants. As groups walked from one poster to the other, they realized that the country contexts were very varied in terms of the volume of procurement in the health sector, for example, the scale at which India procures for health is very different from e.g. Moldova; or in terms of legislative frameworks in Ukraine to Zambia. It was also interesting to learn from the Equity principles in all public procurement in South Africa or the coordinated pooled procurement being undertaken by Tanzania for 15 Southern African Development Community (SADC) countries. In addition to the country posters, a comprehensive poster was also prepared for three Latin American countries: Chile, Colombia and Costa Rica in preparation for scaling up across the region. The poster presented the research and stakeholder mapping conducted in the three countries. Taking advantage of the advanced stage of Sustainable Public Procurement (SPP), a regional approach to the project in Latin America will proceed starting the first year of SHiPP. This broader approach in the region will widen the outreach to more countries than envisaged at the formulation stage of the project. UNDP and HCWH have been requested to develop the health sector component of SPP and SHiPP will be the vehicle for the sector in the region.

The findings from the online survey and the information from the posters formed a good starting point to understanding the country contexts. These would be used to draw up the country/ project baselines.

## 2.3. COMMITMENTS AND PRINCIPLES

**Sustainable Procurement in the Health sector initiative (SPHS).** To promote compliance with environmental and social standards, the SPHS initiative was officially established in May 2012 in Copenhagen, Denmark. The aim of the initiative is to promote sustainable procurement of health commodities and to contribute to greener health systems and inclusive economies. This initiative is implemented by an In-

formal Interagency Task Team led by UNDP (which coordinates the Secretariat) and has ten members - seven are UN Agencies (UNDP, UNEP, UNFPA, UNHCR, UNICEF, UNOPS, WHO) and three are Multilateral Health Financing Institutions (GAVI, GFATM and UNITAID).

The cumulative procurement volume of SPHS members is approximately US\$ 5 billion annually, which in combination with the SPHS members' normative role, can foster the successful introduction of sustainable procurement practices in the health sector. The workshop brought together representatives of five SPHS members in a panel discussion to present their agency-specific policies, strategies and practices in relation to green/sustainable procurement, the current volume of procurement in the health sector globally but more specifically in the project countries, challenges that they face in relation to the manufacturers and suppliers of health commodities and more importantly how they propose to address them. The members were also invited to share their thoughts on how SHiPP could complement the SPHS commitments in the project countries. The agencies were a mix of those that engage with the manufacturers directly for large volumes of procurement, to others that do procurements through the wholesale dealers to others which have a normative role and are not engaged in procurement per se. The common challenges presented were the lack of standards, the relatively modest UN procurement vis-à-vis some individual corporates and therefore relatively compromised power to leverage and influence price, variation in costs for products in different regions, estimating total volume of products needed, differences in procurement and taxation laws and policies in different countries/ regions etc. These challenges get aggravated when procurement support uses domestic funds. The strategies being used for sustainable procurement include raising awareness for increased demand, preparing knowledge products and tools, advocacy and generating evidence for green/sustainable procurement through demonstration in different countries. SHiPP can complement SPHS advocacy efforts, expand outreach, identify areas of inquiry and research institutions that can support normative work, identify and support small and medium scale manufacturers; build capacities and most importantly help regularize country-specific procurement policies.

UNDP, with the support from the Swedish Interna-



tional Development Cooperation Agency (through the SHiPP), the Asian Development Bank, UN Environment, UNFPA, UNICEF, Health Care Without Harm, and Business Call to Action, is organized the 1st Saving Lives Sustainably: Asia Forum 2018. The Forum took place from 13th to 15th June 2018 in Manila, Philippines, and brought together technical experts, suppliers and manufacturers from across the global healthcare industry. Leveraging the SPHS global technical network, UNDP aimed to bring together experts and UN suppliers and manufacturers to share knowledge and practice on sustainable production especially around wastewater treatment and energy savings; packaging and waste management; human and labour rights and gender equality. During the workshop, a hands-on orientation on SPHS online engagement platform was arranged for the participants and they were encouraged to learn about the work of SPHS and the Asia Forum 2018. The participants were also requested to identify manufacturers and suppliers from their countries who could be invited to share their experiences and good practice examples.

**UN Global Compact (UNGC).** UNGC is mandated by the UN General Assembly to promote responsible business practices and UN values among the global business community and the UN System. The UNGC has laid down ten principles (<https://www.unglobalcompact.org/what-is-gc/mission/principles>) cutting across safeguarding the environment, human rights, gender, labour and anti-corruption. Currently with more than 9,500 businesses and 70 local networks, UNGC supports businesses with blueprints for SDGs integration; Guidance on aligning strategy, measuring and managing contribution towards the SDGs; Leadership practice-focused activities for a committed group of companies and stakeholders; Convenes global multi-stakeholder events on annual thematic priorities; and Supports global learning community with curriculum on the Ten Principles and Global Goals. Special emphasis was laid on the 10th Principle that provides the guidance to promote transparency in procurement – as lack of transparency can counteract any positive intentions.

**Ethical health procurement.** Corruption is an unlawful use of public office (funds, authority) for private interests (own or of others). Though ethical procurement is a commonly accepted value, the definition of corruption and its nuanced acceptance can vary with cultural settings. The health sector is possibly one of the biggest, together with state-developed infrastructure projects, areas of public expenditures and hence highly vulnerable to corruption. The participants were presented with some known workable practices that can lower/ cut corruption. These options include:

> Develop transparent electronic health pro-

curement system, with full public accessibility and with integrated open contracting standards;

- > Make decision making participatory and decentralized;
- > Move from paper-based health services management to fully digitized system, such as, hospital beds availability, patients health records;
- > Implement code of conduct (integrity code) and provide adequate regular trainings for health professionals;
- > Weave in monetary and non-monetary incentives for health professionals and promote single point payment system to avoid informal payments by patients;
- > Let patients know about their rights through various public awareness campaigns and develop feedback loops between the patient, public health services providers and the state.

**Given that more than 70% of the workforce in the health sector are women, it is critical that this sector addresses issues of gender equality.**

The procurement in health sector value chains has great potential for equal opportunities for men and women in employment though there is first a need to understand that procurement processes are not gender neutral. The manufacturing, supplying, procuring process affect women and men differently. Some of the gender issues related to supply chains include Unpaid care/domestic work - gendered division of labour in non-market based productive activities, Labour regulation, social security, Access to/ control over assets and resources, Gender-based violence, Access to justice, legal protection. It is acknowledged that these are best addressed through addressing structural causes/drivers, not symptoms. However, it is equally important to ensure that the procurement processes, in the aim to go for 'value for money', do not inadvertently restrict small and medium-sized women-owned businesses which may not have the capacity to implement the necessary policies and procedures required to be compliant.

#### Focus

All sectors including international organizations invest in health production and supply chain sector with a gender lens because of the multiplier effects of such investment on the UN's Global Agenda 2030 and the SDGs at national levels.

## “The new legislation in Ukraine allows international organizations to conduct procurement on behalf of Ministry of Health and this is the entry point for integrating sustainability in health procurement”

OLGA STEFANYSHYNA / Deputy Minister of Health of Ukraine for European Integration

Integrating gender equality principles into global health supply chains will increase safety, sustainability, efficiency and equity. Suggested measures while designing the strategy and guidelines for procurement could: Consider women-led businesses or businesses that employ more women; Target companies that implement preferential gender-responsive procurement policy for award of contracts; Recruit, train and promote women in public procurement; Simplify tendering processes; Include gender-responsive evaluation criteria; Ensure that transparency does not drive out SMEs/ women-owned businesses; and Disaggregate procurement data.

## 2.4 GOOD PRACTICE EXAMPLES

**Ukraine** has been a self-starter country in championing sustainable procurement. Government annual procurement of health commodities at the central level is \$220,000 Mn and \$183 Mn at the regional level. To address issues of high level corruption; presence of intermediaries between the Ministry of Health and manufacturers; monopoly on the market of public procurements; high price for procured medicines; and low number of patients receiving lifesaving treatment Government of Ukraine, ushered in a new legislation for health procurement that allowed international agencies i.e. UN to procure for the government, exempted the value-added tax, simplified labeling and cut the red tape. The focus on procurement planning and waste management strengthened stock accountability. Though there have been challenges of red tape, bureaucracy, issues of waste management, stock accountability and procurement planning, the Government went ahead with the reforms. There have been saving up to 39% of the budget funds under 23 out of 37 treatment programs. As a result, 70% of the drugs have been procured directly from the manufacturers leading to considerable savings in treatment programmes of the government. The international procurement experience has been adopted by other countries.

**USA:** Work on sustainable health procurement across hospitals in the USA is based on the understanding that Environmental Factors are Key Drivers of Health and that Environmental Stewardship is integral to supporting healthy communities by reducing environmental contributors to physical and mental disease and illness. The essential components identified for focused action were clean air, clean water, toxic-free products, low carbon food options grown

locally and sustainably; less landfill waste; climate action; sustaining sustainability; and collaboration. These action commitments on multiple levels include: Reducing the amount of water use by 25% per square foot of buildings; increasing purchase of products that materials that meet environment standards by 50%; buying all food locally or from farms and procures that use sustainable practices, including antibiotics responsibly; recycle, reuse or compost \$100 of nonhazardous waste; become carbon net positive by buying enough clean energy and carbon offsets to remove more greenhouse gases from the atmosphere; meet international standards at all hospitals; and pursue new collaborations to reduce environmental risks to food sheds, watersheds and air basins. Though there are now success stories, these have been as a result political commitment and drive by health systems and group purchasing organization to overcome the challenges, prioritizing actions, keeping track of the baseline, ensuring facilities are procuring what's on contract that meets the Environmentally Preferable Purchasing (EPP), Setting year over year goal targets while Dealing with reluctant suppliers.

**USA, the Philippines, Nepal, South Africa:** Case studies and practices for sustainable procurement were shared at the workshop. The Practice Greenhealth, a US member of HCWH's Global Green and Healthy Hospitals Network ([www.greenhospitals.net](http://www.greenhospitals.net)), presented case studies and procurement resources around effective processes - particularly on engaging supply chain and working with vendors, sustainable procurement and hospitals driven innovative products. Kasier Permanente case study included examples on EPP including cleaning chemicals, building materials, electronics, food, medical products, laundry, office supplies, textiles and many others. The different initiatives have focused on chemicals, energy, water and services. To reduce waste, several hospitals have partnered with the vendors to help them reduce waste through reusable plastic containers instead of boxes, or reusable pallet wrap instead of shrink wrap. Most purchases are made based on the purchase price. However, hospitals have been helped to understand the purchase price is only one of the costs to health care budgets-Acquisition price, use, maintenance, utility, waste management costs too must be considered in the total cost of ownership. Examples were cited from the Philippines where a Green Procurement Team has been put together consisting of diverse participants that look at procurement from different perspectives; Guidance tools have been created in South Africa that purchase and for example install



raptor nest sites to promote natural predators at and around the hospital thereby stopping the use of pesticides; Solar panels have been installed in Nepal hospital to ensure dependable energy source<sup>6</sup>; similarly a Minnesota health system used power purchase agreements with nine solar community fields to bring renewable energy to the health system.

**Ghana, Madagascar, Tanzania and Zambia** are the four project countries identified for reducing Unintentional Persistent Organic Pollutants (UPOPS) emissions and mercury releases. UNDP, Health Care Without Harm and WHO with funding support from Global Environment Facility (GEF) are implementing this project to implement best environmental practices and introduce non-incineration healthcare waste treatment technologies and mercury-free medical devices to reduce harmful releases from the health sector. Some learning from the sustainable procurement include: Develop effective communication for innovation in sustainable procurement in the health sector; Create a framework to enable sustainable, innovative procurement and communication (replication); Build strong partnerships and regional dynamics; Build capacity to allow beneficiaries to select right equipment (ownership); Standardize equipment and develop acceptable, international technical specification for procurement; Consider existing infrastructure; Maintenance and maintenance capacities for long-term sustainability; Combat pre-conceptions on technology options; and Selection of equipment under consideration of Build Adapt Transfer (BAT) aspects and affordability. As part of the SHiPP, Tanzania and Zambia will build on the learnings from the GEF funded procurement of mercury free medical devices and sustainable health care waste treatment technologies.

**India** Ministry of Health and Family Welfare, with funding support from GAVI, has been transforming immunization supply chains using last mile data. Electronic Vaccine Intelligence Network (eVIN) addresses the challenges of vaccine procurement, stock management, pipeline distribution, and storage conditions in real time. This has meant investments in standardizing and digitalizing vaccine record keeping, monitoring temperatures in all cold chain equipment along the entire supply chain (from national stores down to the cold chain points) and most importantly investing in the capacity building of the cold chain handlers. In sum, the eVIN system helps vaccine stock management to increase vaccine availability and decrease stock-out. This has resulted in increased vaccine availability, 80% reduction in stock outs, reduction in pipeline procurement by improvement in storage, distribution for better stock management. The mobile-cloud technology gives visibility into stock consumption; enables optimal decisions to ensure stock distribution and availability;

forecasting demand; optimizing order quantities, and modulating flows based on need and cost. This real-time information enables optimal decisions to ensure stock distribution and availability and most importantly enhanced accountability and transparency.

Key learnings from eVIN are:

- > Government ownership is key for roll-out and sustainability;
- > Building capacity of Government resources for data entry and monitoring enables timely actions;
- > Quality human resource is essential for effective implementation;
- > Low resource environments pose significant challenges to achieve high data quality from the last mile;
- > Transitioning should be planned at national and state level within the 1st year of implementation;
- > Empowering govt. staff locally at every level drives better adoption;
- > and Contextual analytics, accessible and usable (on computers or mobile phones), drives adoption and ownership at each level.

**England.** Carbon footprint peaked at 1.3 billion tonnes CO<sub>2</sub> in 2007. With this background, Climate Change Act was passed in 2008 with an aim for 80% reduction in CO<sub>2</sub> emissions by 2050. Health and Social Care sector (in England) contribute to 26.6 million tonnes CO<sub>2</sub>.<sup>7</sup> Therefore, an initiative with joint funding from the National Health Service (NHS) and Public Health England, was launched to embed and promote three elements of sustainable development- environmental, social and financial.<sup>8</sup> The unit was set up to help the health sector with carbon reduction strategy through ethical procurement for health. In this regard, many supporting, and reporting tools have been developed to help make decision in health sector in response to Climate Change; Sustainable development assessment tools for assessing sustainable behaviors, exercise in sustainable assessment and drawing up sustainable development including management plans; Sustainable care pathways that are meant for doctors and practitioners; listing of priority prescription items that may produce pollution. In addition, the unit has also prepared three examples cited, including:

- > Renal dialysis bottle compacting and installing a reverse vending machine to reduce waste;
- > Automated Peritoneal Dialysis Innovative solution to avoid drain bags for home-based peritoneal dialysis; and
- > Working with the supplier of theatre procedure packs to design pre-prepared packs for the 13,000 procedures carried out across 19 sites.



**Region Skåne.** Interestingly the initiative is not treated as a health project but an environment project. The Overall Environmental Objectives are fossil free fuels, climate neutral and climate-friendly; Healthy environment; Sustainable use of resources; and Strong environmental profile. The region has already achieved 88% of its target to be fossil fuel free by 2020, It hopes that it will meet the target much before the deadline. Regarding CO<sub>2</sub> emissions, an assessment indicated that maximum emissions i.e. 40% were on account of procurement of health products. It is understood that CO<sub>2</sub> emissions happen both when the products are manufactured as well as when they are disposed by Skåne, therefore, addressed this at both ends using a mix of strategies for a mix of consumables. For examples, the largest consumables are aprons, syringes and gloves. Innovative materials like sugarcane fibre are now used to produce aprons. This use of biodegradable materials have significantly reduced CO<sub>2</sub> emissions. Similarly, in consultation with the suppliers, the size of syringes has been reduced leading to reduced use of materials. Packaging gloves differently has helped cut wastage of gloves and thereby save money in addition to CO<sub>2</sub> emissions.

**Stockholm International Water Institute (SIWI).** Antimicrobial Resistance (AMR) is fast becoming a grave concern and could offset and nullify the progress of over a century of modern medicine. According to an independent review<sup>9</sup> initiated by the British government, this type of resistance has increased drastically in recent years and kills an estimated 700,000 people annually around the world. The same study projected alarming numbers - a death toll of 10 million people annually by 2050 if antimicrobial resistance is left unchecked, costing governments up to \$ 100 trillion. Resistance to antimicrobials has its genesis in unrestricted and untraced use of antibiotics in human, animal and agricultural contexts and critically, from uncontrolled effluents from pharmaceutical manufacturing. Chemicals, pathogens and active pharmaceutical ingredients when released into the water during the pharmaceutical product manufacturing process, have severe consequences on health both using water directly or through agriculture production through irrigation. The process of manufacturing life-saving drugs jeopardizes health if the threat to health due to poor treatment of the effluents. SIWI provides and promotes water-wise solutions for sustainable development in the areas of water governance, transboundary water management, and through international policy processes. SIWI has developed a supply chain management methodology for assessing and improving industrial processes focusing on resource efficiency covering energy, water and chemicals. SIWI and UNDP are working together to adapt, test and validate a methodology to reduce the pollution caused by effluents from the pharma-

ceutical industry. This joint initiative aims to contribute to addressing the global threat of AMR by using positive incentives and by providing evidence-based methods and support, to help manufacturers increase resource efficiency and more effectively treat and manage API effluent in wastewater.

**UNDP.** Global commitments to SDGs underpin the need for integration and convergence between environmental, social and economic initiatives.

**SHiPP is a good example that brings together work on the environment, climate change and well-being of both people and the planet through sustainable health procurement.**

It is essential that people understand it's aims, objectives and results. Effective communication is the key to raise awareness, create a dialogue around the issue and encourage action. Ingredients of effective communication are message/story and the medium that used to communicate. Some success stories were shared with the participants while reiterating that for advocacy the perspectives, numbers and solutions were needed. Infographics, crisp messaging resonate better with people. Participants were informed that people relate best when the initiative states how it will affect them. About medium, a mix of social media, blogs, news items, video clips, stories etc. could be effectively used.

**HCWH.** Global Green and Healthy Hospitals (GGHH) is one of the leading initiatives of the HCWH established in 2012. Under the initiative, 1035 members in 54 countries have been mobilized. These members represent interests of over 32,100 hospitals and health centers around issues of Chemicals, Transportation, Leadership, Buildings, Waste, Energy, Water, Pharmaceuticals, Waste, and Food. Guidance documents that relate to procurement have been developed for the Energy, Waste and Water goal areas. A guidance document to support achieving the GGHH Safer Chemicals Challenge with a focus on reduction in mercury, cleaning chemicals, pesticides, PVC/DEHP, triclosan, and targeted hazardous disinfectants will be released later this year 2018. Further, 160 participants representing 14,000 hospitals in 24 countries have pledged to a cumulative reduction in 2017 of over 15 million metric tons of CO<sub>2</sub> in response to the 2020 Health Care Climate Challenge.

<sup>9</sup> <https://practicegreenhealth.org/node/17438>



<sup>7</sup> NHS Sustainable Development Unit (2016) Carbon update for the health and care sector in England 2015. Retrieved from [https://www.sduhealth.org.uk/documents/publications/2016/Carbon\\_Footprint\\_summary\\_HCS\\_update\\_2015\\_final.pdf](https://www.sduhealth.org.uk/documents/publications/2016/Carbon_Footprint_summary_HCS_update_2015_final.pdf)

<sup>8</sup> NHS England and Public Health England supported Sustainable Development Unit to work across NHS, public health and social care system.

<sup>9</sup> Tackling Drug-Resistant Infections Globally: Final Report and Recommendations. Review on Antimicrobial resistance Chaired by Jim O'Neill [https://amr-review.org/sites/default/files/160518\\_Final%20paper\\_with%20cover.pdf](https://amr-review.org/sites/default/files/160518_Final%20paper_with%20cover.pdf)

## 2.5 TOOLS

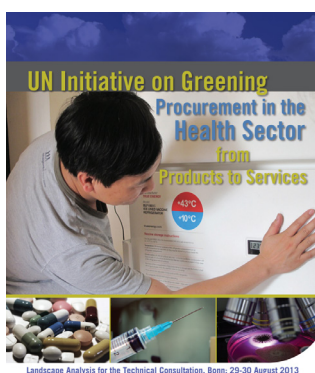
Several tools have been prepared/ are under preparation to support organizations and governments to make a shift towards sustainable health procurement. The workshop introduced some of the tools developed by UNDP and Health Care Without Harm that especially relate to health procurement.



### 1. The List of Chemicals of Concern to Health and Environment (exp. 2018):

In 2003 UN adopted a Globally Harmonized System of classification and labelling of chemicals. A list of 200 harmful chemicals of high concern has been drawn up. These include carcinogens, mutagens, endocrine disruptors and those causing

reproductive hazards. The list can serve as a tool to guide procurement officials to weed out harmful chemicals and look for/ procure substitutes to the extent possible. A tool has been designed with questions around market transformation, economic, financial, operational, environmental and social parameters. The participants were invited to use the tool to identify is top ten harmful chemicals that need to be substituted/discarded. This tool has the potential to inform decision-makers in choosing products or services. Feedback from the participants on the tool will help finalize the tool.



### 2. Integrating Sustainability into the Health Sector Procurement Cycle. WHO (2015):

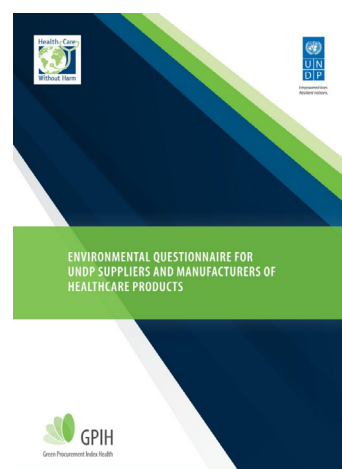
Sustainable Procurement is a process by which organizations procure supplies and services considering the best value for the money (e.g., price, quality, innovation, total cost of ownership), environmental factors (e.g., air and water quality, energy efficiency, waste management, chemical toxicity, climate change), and social factors (e.g., gender,

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fair labor standards, human rights, local employment and occupational health). Sustainability criterion can be built into each step of the procurement. The tool 'Weighting sustainability aspects within the procurement cycle' helped participants understand how each step in the procurement process i.e. planning, defining requirements, sourcing, solicitation, bid receipt and opening, evaluation, review and award, contract finalization and issuance, logistics, and contract management could include sustainability parameters.

### Prioritization Tool.

Integrating sustainability criteria into procurement processes can seem overwhelming if done for every product at once. Instead, participants were also introduced to a prioritization tool wherein an iterative process to help prioritize products or services for attention based on a proposed criteria, including volume and environmental impact could be done. The tool can be used at the national, regional or global level, there is an additional benefit to a shared priority setting of products: aggregating demand for greener alternatives around shared criteria and a limited set of products means a more powerful signal to the marketplace and a greater opportunity to shift manufacturers to greener production.



### 3. Evaluation and Monitoring Tools for Sustainable Health Procurement. UNDP (2017):

UNDP is committed towards sustainable procurement practice for health responses. It uses a gradual approach for the implementation of sustainability initiatives in partnership with manufacturers to help them transition from mere policy commitment to action; and volume leverage with manufacturers by using health procurement architecture Long Term Agreements (LTAs) as a market mechanism to achieve impact. Further, UNDP recognizes that health commodity supply chains are a critical element of a well-functioning health system and a vital input to advancing national and regional health security goals and therefore accords due attention to environmental and social due diligence issues as exogenous variables. Tools and guidance developed have their basis in the pilots undertaken in different countries.

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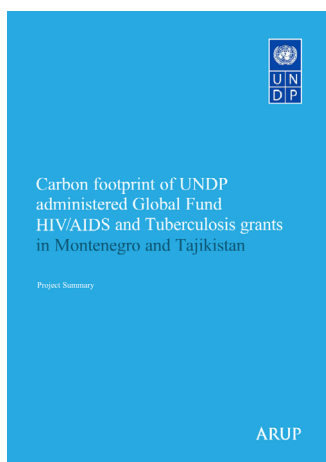
Sustainability Scorecard initiative: Working together with manufacturers to gradually adopt sustainability initiatives within their ARV/TLE supply chain, a sustainability scorecard was developed in 2016 in partnership with the

Sustainability Scorecard initiative: Working together with manufacturers to gradually adopt sustainability initiatives within their ARV/TLE supply chain, a sustainability scorecard was developed in 2016 in partnership with the



SPHS. While the Sustainability Scorecard is used as a mechanism to identify and help the progressive adoption of sustainable procurement practices, it can also be used as a social and environmental risk assessment of manufacturers.

- > Sustainability Call-off Criteria has been developed for determining incremental minimum sustainability requirements applicable to the secondary bidding process.
- > CO<sub>2</sub> Emission Reporting for Logistics helps to decrease CO<sub>2</sub> emissions by streamline planning and creating environmental performance metrics. This requires forecasting, planning and defining trade lane scenarios. This was tried out in Zimbabwe and Zambia. Further, in partnership with Kuehne + Nagel A/S, data and analytics for CO<sub>2</sub> emissions helped monitor the impact of trade lanes.
- > Packaging Optimization and Innovation has been designed to streamline packaging through working together with manufactures and regulatory authorities. In 2016/2017, the reduced packaging initiative was piloted Zimbabwe, South Sudan and Equatorial Guinea.



Download the publication at [this link](#).

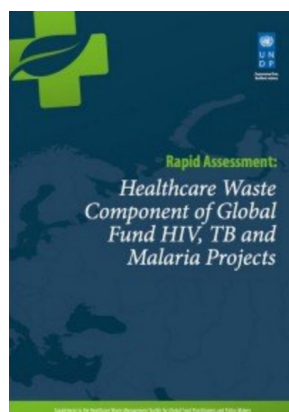
#### 4. Carbon Footprint of UNDP Global Fund Health Initiatives.

**UNDP (2013):** Leading by example – UNDP conducted carbon emissions measurement and reduction of its Global Fund grant operations. This full technical report provides a detailed methodological description together with a narrative of the UNDP administered Global Fund HIV/AIDS and

Tuberculosis initiatives in Montenegro and Tajikistan. It is further supported with a marginal abatement cost benefit study.

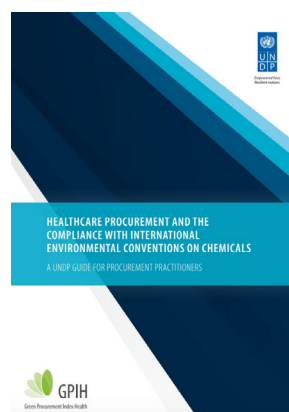
UNDP also prepared a set of Evaluation and Monitoring Tools for Sustainable Health Procurement: These include: Carbon Emission Footprint as part of the UNDP Global Fund work. It's use in Tajikistan was cited as an example; Healthcare Waste Pathways to assess environmental impacts of implementation of the global fund grants; Comprehensive Country Assessments; Tool A, B & C a practical toolkit for healthcare waste management; SPHS engagement strategy; Questionnaire and Online tool for dynamic overview of suppliers and manufacturers of

health commodities; Compliance with International Standards to Measure and monitor the status and progress of healthcare procurement related to the compliance with five International Environmental Conventions. It gives visual feedback and presents list of products and total volume of procurement that do not comply with the International Conventions; compilation of international conventions and a compliance scan and dashboard which can also be used as a baseline and benchmark against which suppliers and Manufacturers can constantly measure their sustainability progress or the lack of it.



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Fund project implementations, country assessments were conducted in Bosnia and Herzegovina, Kyrgyzstan, Tajikistan, Uzbekistan and Zimbabwe. Also as part of the work, a Healthcare Waste Management Toolkit Package for Global Fund Practitioners and Policy Makers (with various components) was developed.



Download the publication at [this link](#).

as a baseline and benchmark against which suppliers and manufacturers can measure their sustainability progress or the lack of it.

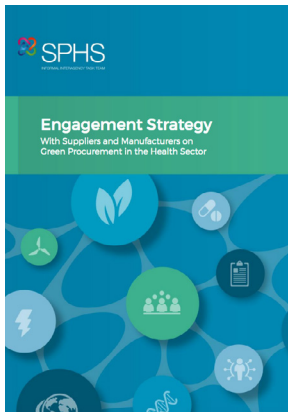
#### 5. Environmental Safeguarding and Healthcare Waste Management of Global Fund HIV, TB and Malaria Projects. UNDP (2015):

UNDP has been a strategic partner of the Global Fund to Fight AIDS, Tuberculosis and Malaria for the last 10 years. To deepen the understanding of the environmental impact caused by waste created through its Global

#### 6. Healthcare Procurement and the Compliance with International Environmental Conventions on Chemicals. UNDP (2016):

The tool gives visual feedback and presents list of products and total volume of procurement that do not comply with the International Conventions. The tool also provides a compliance scan and dashboard which can be used as

**7. Engagement Strategy with Suppliers and Manufacturers on Green Procurement in the Health Sector. The SPHS Task Team (2016):** The SPHS's Engagement Strategy represents SPHS members' commitment

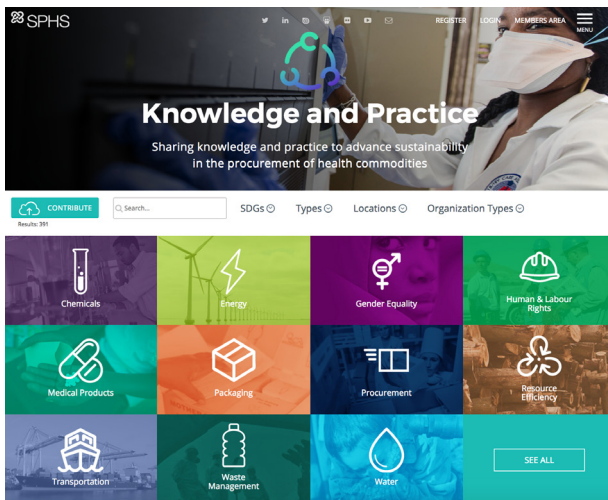


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to work in collaboration with suppliers and manufacturers to introduce green procurement in the global health sector. Through a transparent and inclusive engagement process, and by leveraging their normative and market power, members commit to lowering the environmental impact of their procurement, with a final aim of improving

human health and well-being. The vision is that procurement officers and suppliers and manufacturers of health commodities, act as drivers of change, working towards environmental sustainability, by embracing green procurement practices and recognizing them as central to their future competitiveness.

#### 8. Online Engagement Platform on Sustainable Procurement and Production in the Health Sector [www.savinglivesustainably.org](http://www.savinglivesustainably.org). The SPHS Task Team (2018):



The platform is a knowledge-hub of sustainable production and procurement in the global health sector. It offers hundreds of examples of cross-cutting innovations, how the UN Agencies and other public institutions, hospitals, private companies contribute to the Sustainable Development Goals and how this results in more sustainable health supply chains. The platform bridges the gap between the procurement practitioners and health suppliers and manufacturers and acts as a 'two-way street' showcasing both public and private good practice examples in sustainable health procurement and production. The platform enables users to explore content based on the SDGs, SPHS focus areas, and geographical location of interest. It is a meeting point for decision-makers, policy-makers, procurement practi-

tioners, academia, suppliers and manufacturers, hospitals and other interested institutions and individuals to share best practices and lessons learnt. Join the global community of practice [here](#).

## 2.6. PROJECT IN BRIEF

Sustainable Health in Procurement Project (SHiPP) has been developed jointly by UNDP and HCWH and is funded by SIDA. SHiPP is a four-year project with confirmed funding of more than US\$ 7 Mn. The project outcome is 'Greenhouse gases, resource depletion and chemical pollution reduced through substitution of Hazardous chemicals, reduction of greenhouse gas, and conservation of resources'. The project addresses the intersection between health, human rights and the environment in project countries. It will promote procurement practices that consider environmental and social impacts, as well as cost-efficiency and affordability when defining how processes will be sustainable and it will mainstream human rights in ten identified project countries. The project also aims to aggregate demand for sustainable manufacturing and waste management in a critical number of project countries and to slowly but surely move the supply chain towards greater sustainability. The primary beneficiaries of this project will be the stakeholders in the global health sector, public procurement institutions, hospitals, health systems, suppliers and manufacturers, governments (ministries of health and environment and others involved in health procurement), global leaders and technical experts. Secondary beneficiaries include patients, health care workers' occupational health and the public. As a result of improvements in sustainable production practices and a reduction in procurement of commodities that can cause an adverse impact on human health and well-being, they will benefit from the elimination/management of occupational hazards and from reduced environmental pollution. The project will specifically target and benefit women. Women comprise 70% of the health workforce globally, and products often have gender-specific impacts. Therefore, the project will develop gender-sensitive education regarding the health impacts of products prioritized for substitution. The complete project document is included in the appendix.

## 2.7 PROJECT MANAGEMENT, IMPLEMENTATION, MONITORING

**Standard Operating Procedures (SOPs):** Given that SHiPP is a large multi-country-multi level and multi-stakeholder project, SOPs have also been



drawn up for the SHiPP. These SOPs lay down the processes and procedures are adopted for the implementation of different components of the work plan. The participants were familiarized with the different sections of the SOPs including Capacity Development Activities; Development of Sustainable (Green) Procurement Index for Health (S(G)PIH); Developing model Tender Request for sustainable healthcare waste management; Developing Case studies; International, Regional and National Conferences and meetings activities; Advocacy and communication activities; Product substitution activities; Legislation, Regulation, Policy and strategy activities; and Research and Monitoring activities.

**Project Monitoring and Evaluation:** Monitoring is done for all projects for the achievement of results or pre-identified outputs and outcomes. For SHiPP project monitoring will be undertaken at country level, regional and global level to check progress towards achieving key results identified in the annual work plan. As needed, monitoring could also be done and across thematic areas. Risks and assumptions form an integral part of the project design. It is critical that these are monitored and reviewed periodically to ascertain if the proposed strategies and approaches are on track or need a revamp. This quarterly review of social, economic, political, financial risks forms a part of UNDP project management. It was reiterated that project will document learnings to inform the future course of action including future scale-up plans. Timelines for reporting schedules and periodicity were shared with the participants. The need to stick to the reporting timelines was reinforced as the country reports form the basis of the donor reports.

**Harmonized Approach to Cash Transfers (HACT):** To assess Implementing Partner (IP)'s capacity for the implementation of the project, UNDP corporate rules warrant a comprehensive assessment in terms of Governance Structure, Administrative systems, Programmatic, Technical, Monitoring and Evaluation, and Financial Management. The findings of the assessment help establish a capacity development plan is required to strengthen and address any possible gaps in the implementing partner. UNDP expects that similar assessments be also done for HCWH sub-implementing agencies as identified.

 For more information, see [HACT Micro-Assessment & HCWH HACT Report](#)

**Financial Management:** The workshop introduced project financial management principles, guidelines and requirements from the participating countries. Some of the specifics included financial reporting, permitted exceptions to expenditures, minimum spends for the release of next tranche of funds for implementation. It was reiterated that all expenditures need to be in accordance with the approved work plan and in a transparent manner. It was also

emphasized that the project is subject to comprehensive post-payment audits and adherence to reporting timeframes is of utmost importance. The participants were also familiarized with the Fund Authorization and Certification of Expenditure (FACE) formats for reporting.







20 16 © Leaving no one behind: Health workers carrying essential health commodities to rural areas. UNICEF





A photograph of a river flowing through a rocky, vegetated landscape. The river is in the foreground, with white water rapids. The banks are covered in dense green vegetation and rocks. The entire image has a green overlay.

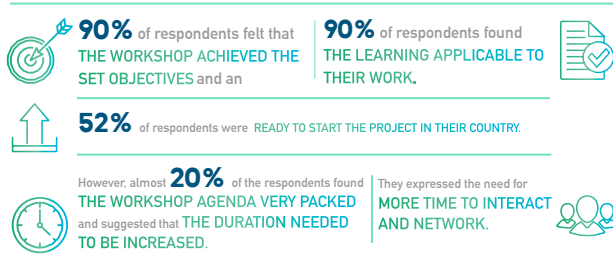
# 03

## Workshop Evaluation, Conclusion and Key Takeaways



## 3.1 WORKSHOP EVALUATION RESULTS

Participants were asked to fill out evaluation forms at the end of the workshop. The feedback from the end of the workshop evaluation was very encouraging and the results from those forms are summarized below.



- > The majority of the participants found examples from other countries and poster presentations very interesting. They hoped that the project will facilitate collaboration opportunities between countries.
- > For future workshops, the suggestions were to include manufacturers as participants, explore the introduction of new technologies like blockchain for making procurement more sustainable, tools for calculating CO<sub>2</sub> emissions and communicating the need for sustainable health procurement.

## 3.2 CONCLUSION

Throughout this workshop, participants gained a better understanding of how health outcomes and environment are interdependent. Greening the health procurement is one significant step towards reducing the carbon footprints and at the same time improving health outcomes. Presentations and practical examples from the ground made a strong case for sustainable health procurement. This vision of 'Greening the Blue' was supported with orienting the participants on the work underway with examples from hospitals in the USA; Region Skåne, Sweden; attempts at reducing unintentional POPs emissions and mercury reduction in African countries, public procurement in UK, Ukraine, etc. Participants were also introduced to tools developed for evaluating and monitoring sustainable health; for prioritizing chemicals for replacement/ reduction, for weighting sustainability aspects within the procurement cycle. In addition to the technical instruments, dedicated orientation was undertaken on the SHiPP itself and participants were familiarized on financial mechanisms, accounting processes, monitoring, assess-

ments and evaluations and reporting requirements. Though most national governments are committed to sustainable public procurement that includes environmental, social and economic impact, the focus for most has been on reducing environmental impacts. There are several unanswered questions including but not limited to the need for eco-labels and standards, linkages between environmental and socio-economic impacts, life cycle costing etc. yet it is encouraging to note that the beginning to Sustainable Health Procurement has been made across the globe and initiatives like SHiPP are committed to giving the additional push to the momentum.

## 3.3. KEY TAKEAWAYS FROM THE WORKSHOP

- > Successful Public Procurement requires a solid legislative, regulatory and policy foundation, top-level leadership support and excellence in implementation
- > Harmonization of legislation is critical to ensure sustainability across procurement cycle
- > Capacity building is critical for:
  - A. Decision and policy makers to appreciate the need for sustainable procurement
  - B. Health sector procurement units to insist on sustainable procurement and be cognizant of green medical waste management processes
  - C. Manufacturers and suppliers to produce and supply green health commodities and thereby contribute to achieving SDGs and Planetary Health
  - D. The end user (including the general public) to demand green health commodities and products
- > Effective and efficient enforcement of environmental regulations and other global/ national commitments is needed
- > Engagement of relevant stakeholders including Parliament Portfolio Committees, different departments of the government. Civil society, academia for greater political will and ownership and championing of sustainable health procurement initiatives is vital for a successful introduction of the project
- > Collaboration among all stakeholders along the supply chains is key to transforming sustainable production and consumption patterns
- > The social and environmental assessment serves as a basis for the initial discussion with manufacturers, and it is important to work together with manufacturers as a partnership engagement approach
- > Health is all encompassing and it is essential to talk about how it affects people and its wide-ranging impact while making the business case for sustainable health.





## 2016 © Persistent Organic Pollutants. UNDP

Persistent Organic Pollutants (POPs), which may cause cancer upon contact or inhalation, can be a grave danger to people around the world and even cause potential ecological crisis. UNDP, HCWH and WHO with funding support from GEF are implementing a UPOPs project to ensure best environmental practices and introduce non-incineration technologies and mercury free medical devices to reduce harmful releases from the health sector.







## © Improving health procurement. UNDP Ukraine

Starting from 2015, UNDP Ukraine project is annually procuring a range of medicines and related medical products for the state budget funds as an emergency measure. There have been saving up to 39% of the budget funds under 23 out of 37 treatment programs. As a result, 70% of the drugs have been procured directly from the manufacturers leading to considerable savings in treatment programmes of the government. The international procurement experience has been adopted by other countries.

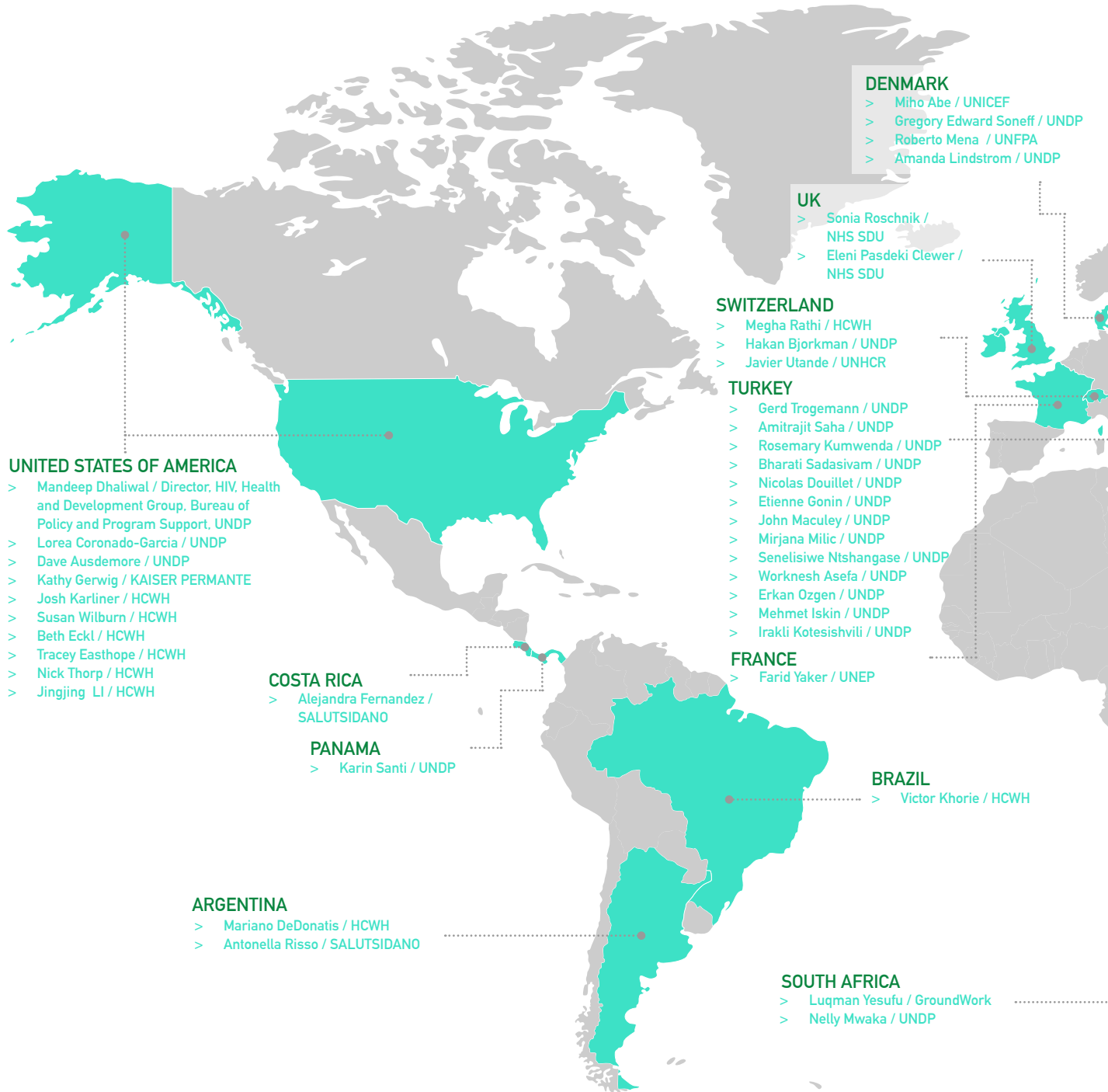


The image features a hand holding a white cloth with a green geometric pattern. The background consists of a window with blinds, partially obscured by a large green geometric overlay. The word "Appendix" is written in white text on the right side of the image.

# Appendix



# APPENDIX A - PARTICIPANTS LIST



**70 PARTICIPANTS**



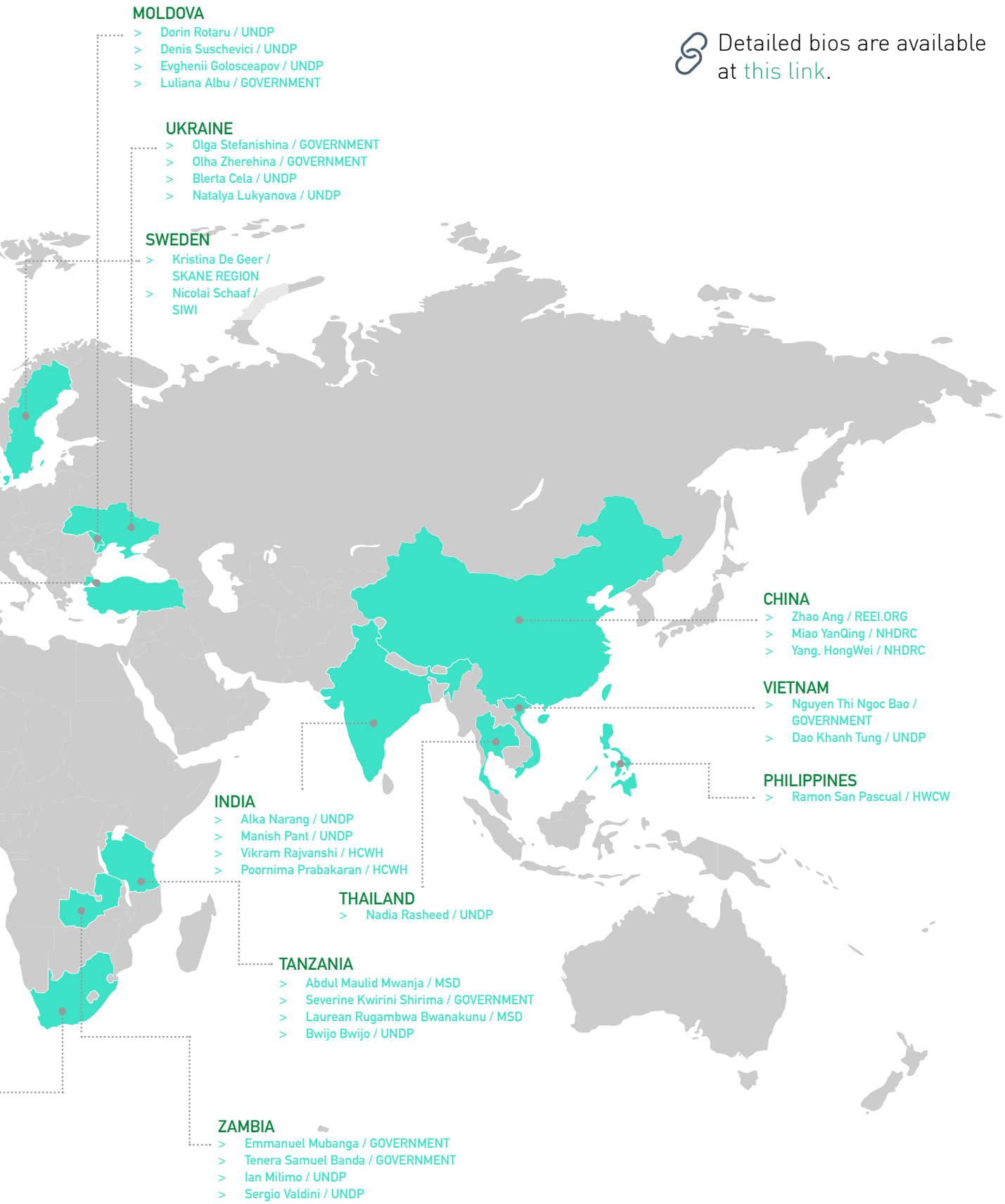
**44% WOMEN**

**7 GOVERNMENTS**

**14 INSTITUTIONS**

**19 COUNTRIES**

NGOS UN GOVERNMENT HOSPITALS





## APPENDIX B - WORKSHOP MATERIAL

Several documents were developed to conduct the workshop, and you can download these documents

by clicking on the icons below.



**CONCEPT  
NOTE**



**LOGISTICS  
NOTE**



**WORKSHOP  
AGENDA**



**PRESENTATIONS  
AND HANDOUTS**

## APPENDIX C - WORKSHOP EVALUATIONS

Post workshop evaluation was conducted using a simple tool. The participants were requested to rate the workshop in terms of meeting objectives, organization, content, pace, usefulness of the content and group exercises in their current work, and quality of speakers on a simple 5-point scale where 1 was the minimum and 5 maximum. Additionally, participants also responded to open ended questions to complement the quantitative feedback and provided suggestions on the topics that they would like to see discussed in future workshops. The findings from the evaluation are summarized below.

### **Which topics or aspects of the workshop did you find most interesting or useful?**

Almost all respondents found the country poster presentations very interesting and insightful. In addition to the structured technical sessions, most participants valued the informal interpersonal interactions every useful. For several participants the subject of sustainable health procurement was new, they opined that the technical sessions and discussions useful and empowering them for advocacy in their respective organizations as well as with country governments.

### **How do you think the workshop could have been made more effective?**

Almost all participants were of the view that the workshop agenda was very packed especially on day 2. This did not leave adequate time for discussions. For future workshops to be effective and efficient, better time management, pre-workshop preparation by the participants and avoiding overlap in the content of presentations was suggested.

### **What would be the top three actions you could take forward in 2018 to introduce sustainability in your health procurement practice (e.g. tools, platforms, networks, events, etc.)?**

Given the different country context including the readiness to take up the implementation of SHiPP, the identified actions were different. They ranged from understanding the concepts, to internal advocacy for buy in, advocacy with external stakeholders including Government and other UN agencies, capacity building of government staff engaged in health procurement, contribute/ inform ongoing legal policy strategy development in the country, identification and support substitution of high concern chemicals, facilitate SHiPP implementation and prepare for the Asia Forum 2018.

### **What is the 1 big challenge that you fear will impede implementation?**

Most participants identified convincing Government to commit to Sustainable Health Procurement as the most important challenge. In the absence of Government Buy in getting manufacturers on board would aggravate the challenges at the country level particularly in countries that are dependent on external aid for procurement of health commodities. Participants urged the organizers and experts to invest in making strong business case that would motivate the Governments and manufacturers. It was also emphasized that SHiPP and the SPHS platform should devise mechanisms that could support Governments with technical expertise for implementation of the global conventions.

## APPENDIX D - SUSTAINABLE HEALTH IN PROCUREMENT PROJECT (SHIPP) SUMMARY

For more information about the Sustainable Health in Procurement Project Summary, please read the

Project Document at [this link](#).



## > 2017 © Non incineration technology and Mercury free devices. UNDP Madagascar

GEF funded UNDP project, 'Reducing uPOPs and Mercury Releases from the Health Sector in Africa', in partnership with WHO and HCWH is supporting four African countries: Ghana, Madagascar, Tanzania and Zambia, to phase out the use of mercury-containing medical devices.

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