Project Update

Welcome to the February 2016 edition of the HE&WM newsletter, the newsletter of the EU-HCWM project. We are now passed the two year point in the project timeline and the development of the training programme to underpin the award qualification pathways has now been completed and externally evaluated.

The focus of this last year of the project will be the development of the e:learning platform; the expansion of the professional networks and the publication of the exploitation plan for the project outputs in terms of the qualification and the e: learning platform.

2016 marks the final year of the project and as part of the work programme in this final year we will host a conference later in the year with the venue and date to be published in the April newsletter following our next co-ordination meeting in Italy on 15th March.

It has however been a busy period since the last newsletter and hopefully this February edition will bring us up to date with progress on the project and also highlight some of the key issues from the sector in the intervening period.

REC FYROM hosted the project co-ordination meeting at their offices in Skopje in September last year.
EUHCWM Web Site 2015 Summary

We have crossed over to 2016 and the HCWM website http://www.hcwm.eu is continuing to grow. This past year saw average visitors rise significantly from the previous year, and has held at a fairly consistent number throughout 2015. However, towards the latter half of 2015, and especially in recent months, readership of the newsletter via the website has increased substantially. Note as well that as of the 18th of February, the newsletters on the website have been downloaded 224 times, and we certainly hope this will surpass 300 downloads by the end of the month! This is of course excellent news for the project and we hope to continue strong growth through 2016 as well. Don’t forget to take a look at the new knowledge base section which has both global and country-specific articles uploaded by project partners.

GGHH released the Guidance Document for members on Waste in conjunction with their webinar on Sustainable Health Care Waste Management: Strategies and Experiences, on August 19th and 20th last year.

The Waste Guidance Document sets out ways to meet the target of reducing, managing and treating waste in the most sustainable way considering that the different situations found in different countries will mean there is no perfect solution that will suit all circumstances. Copies of the new guidance document are available to members of GGHH and you can join by following the following link:

http://greenhospitals.net/en/join-the-network/

The network are also hosting a number of initiatives and webinars related to the climate change agenda and sustainability particularly since the outcome of the Paris climate change accord.

Full details of all their work in this regard can be found at :-

www.greenhospitals.net
EUHCWM
Professional Networks

It is the point in the project where we need to turn our attention to developing the professional networks to member states beyond those of the partners.

In this regard the project will now rely heavily on the networking of its 3 multiplier organisations:

1. European Union Private Hospitals Association (EUPH)
2. International Solid Waste Association (ISWA)
3. NHS Confederation (NHS Confed) and the HOSPEEM network

At the moment we have established professional networks in each of our partner member states and these networks have contributed considerably to the development of the project outputs.

In this second period of the project the intention is to further develop those networks into member states where we do not have representation at the moment.

It is the hope of the project partners that this expansion of the networks will lead to a significant improvement in the understanding of the issues which may be barriers to the implementation of the overarching project objectives.

If you can assist in the furtherance of this agenda and help develop a professional network please contact Scott Crossett via email:

scott@icerms.com

At the Paris climate conference (COP21) in December 2015, 195 countries adopted the first-ever universal, legally binding global climate deal.

The agreement sets out a global action plan to put the world on track to avoid dangerous climate change by limiting global warming to well below 2°C.

The agreement is due to enter into force in 2020.

Key elements

The Paris Agreement is a bridge between today's policies and climate-neutrality before the end of the century.

Mitigation: reducing emissions

Governments agreed
• a long-term goal of keeping the increase in global average temperature to well below 2°C above pre-industrial levels;
• to aim to limit the increase to 1.5°C, since this would significantly reduce risks and the impacts of climate change;
• on the need for global emissions to peak as soon as possible, recognising that this will take longer for developing countries;
• to undertake rapid reductions thereafter in accordance with the best available science.

Before and during the Paris conference, countries submitted comprehensive national climate action plans (INDCs). These are not yet enough to keep global warming below 2°C, but the agreement traces the way to achieving this target.

Transparency and global stocktake

Governments agreed to
• come together every 5 years to set more ambitious targets as required by science;
• report to each other and the public on how well they are doing to implement their targets;
• track progress towards the long-term goal through a robust transparency and accountability system.

Adaptation

Governments agreed to
• strengthen societies’ ability to deal with the impacts of climate change;
• provide continued and enhanced international support for adaptation to developing countries.

Loss and damage

The agreement also
• recognises the importance of averting, minimising and addressing loss and damage associated with the adverse effects of climate change;
• acknowledges the need to cooperate and enhance the understanding, action and support in different areas such as early warning systems, emergency preparedness and risk insurance.

Support

The EU and other developed countries will continue to support climate action to reduce emissions and build resilience to climate change impacts in developing countries.

Other countries are encouraged to provide or continue to provide such support voluntarily.

Developed countries intend to continue their existing collective goal to mobilise USD 100 billion per year until 2025 when a new collective goal will be set.
NHS and wider health sector hits first target in combating climate change

Written by William Cooper

The NHS and wider health and care sector is over the first hurdle in the race to reach carbon reduction targets and help limit the effects of climate change.

A report from the Sustainable Development Unit (SDU) for NHS England and Public Health England showed the NHS has reduced its carbon emissions by 11% between 2007 and 2015 – exceeding the 10% target set in 2009. The wider sector, which also includes public health and social care, has seen a 13% reduction over the same period.

This is good progress especially when considering health and care activity has increased by 18% over the same period. However more work will be needed to reach the Climate Change Act target of 80% by 2050.

The Sustainable Development in Health and Care Report details the multiple factors have contributed to the reduction. Carbon emissions in relation to procurement have reduced by 16% – this is mainly in relation to pharmaceuticals. Travel emissions have reduced by 5% – which also offers the ‘co-benefit’ for health in reducing air pollution, and energy emissions have reduced by 4% which also saved £25m over the year.

The report also identifies additional opportunities to cut carbon further. These include reducing waste by working better with supply chains, finding alternatives for harmful gases used in some medical devices and procedures and helping people to make lifestyle changes that prevent ill health in the first place. Many of these opportunities will improve the health of people and save money, as well as reduce carbon emissions.

The good work being done is strongly supported by the public who recognised the importance of the agenda shown by recent public survey results commissioned by the SDU. The results show 92% of people think is important for the health and care system to work in a more sustainable way and 25% believe it should be a top priority – both increases since the survey was last conducted in 2013.

For more information about how the NHS and wider sector is performing on sustainable development read the report – www.sduhealth.org.uk/SD2016

For more information on the NHS Sustainability Unit please visit their website at: http://www.nhssustainabilityday.co.uk/

Public Health England introduces One Small Step

Written by William Cooper

Following requests from staff in public health and health care systems, Public Health England has devised a single web-page to give pointers on actions that individuals could take to reduce climate change and to protect the environment. This web-page is now live on the NHS Sustainability Day web-site. It is called One Small Step, not because only one action is suggested but because all difficult challenges are best tackled one step at a time. The page includes an invitation to staff to commit to one or more of the actions proposed. We feel this is particularly timely given the current commitment to tackling climate change and the need for action at local as well as national level.

We hope to have feedback on site visits and pledges made by the next health Sustainability Day on 24 March 2016

http://www.nhssustainabilityday.co.uk
New Report Reveals Deficiencies in Governments’ Plans to Address Health Risks of Climate Change

A new report released at the tail end of 2015 by the World Federation of Public Health Associations (WFPHA) reveals the need for national governments around the world to strengthen their policy planning efforts to address the health risks of climate change.

The report highlights findings from the WFPHA’s Climate Change and Health Policy Assessment Project, a world-first global benchmarking survey on climate and health policy. The project was led by the Climate and Health Alliance (CAHA) along with Health Care Without Harm (HCWH), Public Health Association of Australia (PHAA), World Medical Association (WMA), and WFPHA Environment Work Group, with support from climate and health policy experts and researchers from University of Notre Dame, Australia, and University of New South Wales.

The survey uncovered a lack of climate-health preparedness, with more than half of the 35 respondent countries having no national plan that adequately addresses the health impacts of climate change. A large majority of respondent countries has made little or no progress in identifying the health risks of climate change projections for their citizens, identifying vulnerable populations and infrastructure impacting on health, and developing public health adaptation responses. Further, more than 40% of respondent countries have not involved the health sector in mitigation planning nor invested in research on the health effects of climate change. Dr. Peter Orris, Co-Chair of WFPHA’s Environmental Health Working Group and HCWH Senior Advisor, said:

“This survey reveals we are failing, as a global community, to tap into the benefits that climate action will bring for nations, for communities, and for individual health and well-being.”

“These survey findings suggest an urgent need for the health sector to deepen our involvement in addressing climate change, and for national and international institutions to rapidly ramp up support for health protection and promotion in the face of climate risks,” said Jennifer Wang, a member of the project team and coordinator of HCWH’s Healthy Energy Initiative.

In light of these findings, the report’s recommendations include:

- The development of national Climate Change Action Plans that recognize and respond to climate change health risks as a mandatory element of international climate agreements;
- All nations develop national climate and health strategies as a core element of their national Climate Change Action Plans;
- For all national Climate Change Action Plans to include strategies for mitigation, with a particular emphasis on transitioning away from fossil fuels;
- For health and medical professional associations to make it a priority to raise awareness of the multiple public health risks from climate change and opportunities for improved health from climate action;

For a collaborative information sharing platform and decision support tools to be established to enable nations to access knowledge and share experience from leading countries on climate and health responses.

For more information and to get the full report visit:

Fifth Coordination Meeting in Vienna, Austria for the EU Healthcare Waste Management Project: "Developing an EU Standardised Approach to Vocational Educational Training Awards in Healthcare Waste Management"

30th November to 1st December 2015, Vienna, Austria

The International Solid Waste Association (ISWA) hosted the fifth coordination meeting, containing 12 project partners across 11 European countries for the project “Developing an EU Standardised Approach to Vocational Educational Training Awards in Healthcare Waste Management” – Acronym EU- HCWM – on 30th November and 1 December 2015 in Vienna, Austria. This EC funded project, under the Lifelong Learning Programme, aims to provide a unified approach to the development of National Occupational Standards and Vocational Educational Training (VET) Programmes for Healthcare Waste Management across the EU Member States. This will be achieved through a new healthcare waste management qualification framework, and e-learning platform.

The project partnership group represents a broad range of stakeholders with a high level of technical expertise from both the state and private healthcare sectors. In addition, the project partnership includes stakeholders representing both healthcare waste managers and healthcare providers, as well as a strong representation from vocational education training.

Currently the project has undergone the external evaluation process for the verification of the VET programme and associated training materials. This process has also entailed national informative workshops, which will all be completed by the end of 2015. One of the main topics of this Vienna Coordination meeting was the conceptualization, design and requirements of the e-learning platform that will be used to facilitate the remote delivery of the training programme after project closure by the respective country partners. The setting up of the e-learning platform will be the focus of the first quarter of 2016, as well as the joint efforts by the network partners in the project, in establishing and fostering the development of an EU wide network of healthcare waste management professionals and the relevant networks to uptake these VET programmes. ISWA will be playing a key role in the latter and pooling in its National members to foster implementation in national contexts. Pan-European partnership dialogues with public and private Healthcare Waste key players are also ongoing.

For more information, please see:

http://www.hcwm.eu and/or http://www.iswa.org/programmes/external-projects

The next project co-ordination meeting will be on 14th and 15th March 2016 and will be hosted in Reggio Emelia in Italy by our Italian partner SINERGIE.
Regular Hospital clothing is changed periodically taking into account its conditions. In many cases, it’s made from cotton/polyester, which results in a significant amount of textile waste each year. As an example, a big hospital with about 3000 workers, replaces nearly 6,700 uniforms per year (pants, jackets and gowns included) that means about 1.680 Kg of textile waste per year.

Dutch aWEARness, has received support from the European Union for sustainable innovations in the textile industry and it has developed a new material that has the same performance of those currently used, yet fits within the circular economy.

After a research, Dutch aWEARness has developed “Infinity”, a material suitable for new features (such as an anti-bacterial coating). Purchasing managers in the healthcare sector and health insurance companies have expressed interest in the garments, because Infinity (100% polyester) has a greater lifespan than polyester/cotton. The extended lifespan has been realized because cotton fibres do break more easily than polyester fibres. In addition, it is a breathable, durable and moisture-regulating material, strong and comfortable to wear. The clothing can be "infinitely" (8 cycles) recycled without loss of quality and without the addition of new material. Infinity begins a new life as a new, residue-free product. Infinity can be used for trousers, jackets and uniforms.

As the Dutch company is currently in the research phase, they notice that the healthcare market is relatively closed. There is not sufficient support for a transition to circular thinking. Until the point they have raised public support, they can develop materials and look for the right performance. However, a common base is needed to make the next step. Dutch aWEARness is aware of the fact that the core business of hospital personnel is providing health care, rather than taking care of clothing. So how this transition in the health care sector will be realized is still a question mark. Dutch aWEARness believes that we should already look at what has been done so far and extend this to a broad level. For the up scaling of its innovation,

Dutch aWEARness has also initiated EcoProFabrics, a textile project within the Eco Innovation programme of the European Commission aimed at achieving radical and sustainable change in the textile industry. Dutch aWEARness and its partners have realized the first circular chain in the field of textiles made with fully recyclable clothing. Its focus is on the optimization of fully recyclable materials, new business models, chain management and controlling a track and trace system. Using leading companies as launching customers, Dutch aWEARness strives to use circular work wear globally.

As a chain director in the circular economy for textiles, Dutch aWEARness’s services include chain management, Track & Trace (with the circular track and trace system CCMS), reversal and recycling. The hospital clothing is produced under good conditions at Latino Group in Portugal, where they have years of experience in hospital and healthcare clothing. After the garments have been worn out, Dutch aWEARness picks up the clothing in your location. Its recycling partner separates the polyesters from the non-polyesters. Infinity fabrics can be re-used at the same level. This means that no new garments need to be made. After the garments have been shredded to textile fibres, the fibres are melted by the process of melt spinning, and the granules are processed into new textile yarns by means of injection moulding techniques. In CCMS, raw materials and products receive unique barcodes, allowing the real-time locations and status can be tracked through each stage of development. This is necessary in order to make available the raw materials for re-use. CCMS is a database containing information about materials, which is equipped with a Life Cycle Analysis, a purchasing and inventory management tool and a track and trace system. It ensures complete transparency across the supply chain. The costs of recycling are the same as the costs for the processing of waste and the creation of new materials.

For more information please see the website at www.dutchawearness.com
Reporting on sustainability - maps 2014/15

The NHS Sustainable Development Unit produces maps showing the progress of the NHS in meeting sustainability measures across the country. In a recently published set of headline figures on the SDU website the highlights for the reporting period to November 2015 were as follow:

- 4.3% decrease in building energy carbon footprint between 2007/08 and 2014/15.
- 1.4% reduction in the last year.
- The reduction in energy use has helped to save £23 million in 2014/15.
- 90 organisations (38%) that have reduced their building energy carbon footprint by more than 10% since 2007/08.
- 4.2% reduction in water use between 2007/08 and 2014/15.
- Waste not recycled has also decreased by one third between 2007/08 and 2014/15 with 40% of waste recycled or in preparation for reuse.
- 70% of NHS providers and 30% of CCGs in England (52% overall) have a current governing body or board approved SDMP.
- 42% of NHS providers have a board approved Adaptation Plan.
- 43% of NHS providers (102) are on track for a 34% reduction by 2020 (or equivalent 28% reduction on a 2013 baseline).
- One third of Annual Reports for CCGs and NHS providers included good Sustainability Reporting while 68 organisations (15%) excelled in communicating clearly the meaning of sustainability, policy, information and performance analysis.

Headlines from May 2014/15:

- The Good Corporate Citizen assessment model has been used by 19% of organisations during 2014/15.
- Organisations scored an average of 43% over the 9 sections.

Please note these are an update from those published in May 2015 - the slides include both those published in May and updated maps for November.

The measures used are:

1. The percentage of NHS organisations with a Board Approved Sustainable Development Management Plan (SDMP).
2. The quality of sustainability reporting in Annual Reports for NHS organisations.
3. The percentage reduction in carbon emissions from building energy use.
4. The percentage of NHS organisations on track for an absolute carbon reduction of 34% by 2020.
5. The percentage reduction in waste.
6. The percentage reduction in water.
7. The percentage of NHS organisations with plans for adapting ready for climate change.
8. The percentage of NHS organisations using the Good Corporate Citizen Assessment Model (GCC). (2014/15)

For more information on the SDU and the guidance documentation it publishes please visit their website at:

http://www.sduhealth.org.uk/
Our colleagues at ISWA have asked us to publish links to a number of documents which may be of interest to our readers. Please download what is of interest to you at the links below:

Link to the WHO Bluebook (5.74 MB file) “Safe Management of wastes from health-care activities”:

http://www.who.int/water_sanitation_health/medicalwaste/wastemanag/en/

The Global Waste Management Outlook Report (GWMO) by ISWA and UNEP.

Files for download:


Wasted Health – The Tragic Case of Dumpsites Report for download from the ISWA Knowledge Base:


5 Reports on the Circular Economy for download: http://www.iswa.org/iswa/iswa-groups/task-forces/

  Report 1 - Circular Economy: Trends and Emerging Ideas
  Report 2. Circular Economy: Cycles loops and Cascades
  Report 3. Circular Economy: Closing the Loops
  Report 4. Carbon, Nutrients and Soil

Healthcare and Climate Change

Healthcare without Harm and the World Health Organisation have published a report:

HEALTHY HOSPITALS HEALTHY PLANET HEALTHY PEOPLE Addressing climate change in health care settings

A copy of the full report can be downloaded at:

Virtually all hospitals now in deficit
By Nick Triggle – BBC Health Correspondent - 19 February 2016

Nearly every hospital in England is now in deficit as financial problems in the NHS threaten to spiral out of control. Of the 138 hospital trusts, just seven are still in surplus according to the 2015-16 third quarter accounts, which cover April to December. The figures also showed a total NHS trust overspend of £2.26bn once ambulance, mental health and community services were taken into account. Experts said performance was deteriorating at an "alarming rate".

The deficit is already nearly triple what it was for the whole of the 2014-15 - and means the NHS is on track for one of its largest ever overspends. The figures - released by NHS regulators Monitor and the Trust Development Authority - cover 240 trusts in total, which between them they account for about two-thirds of the NHS's £116bn budget. The rest is spent on other areas including GPs, drug prescribing, public health and training. Adam Roberts, of the Health Foundation think tank, said: "These figures are beyond dire. A comprehensive national plan is urgently needed."

The situation raises the prospect of the Department of Health failing to balance the overall books, which would be a huge embarrassment given the extra money the NHS is getting. In autumn's spending review the government announced the NHS would get an extra £8.4bn this Parliament. A big chunk of that, £3.8bn, is being put in next year.

Does it matter if the NHS overspends?
Hospitals and other health services are not like other businesses. They're not going to just go bust as the government can always step in. But the financial problems do matter. The deficits being racked up are massive. You probably have to go back to the early 1950s to find a similar scale of overspending - and that led to charges being brought in for spectacles, dentistry and prescriptions. This time the impact is likely to be felt in terms of what doesn't happen. The government has promised the NHS extra money in the coming years to help it cope with demand and transform itself to become fit for the 21st century. But if that goes on paying off debts, the NHS will be on the back foot straight away. The risk then is that a vicious circle develops with the service never quite being able to catch up. If that happens, the choices are stark: spend even more or cut back. Last year the NHS finished over £800m in the red - with the health service as a whole balancing the books only after a cash injection from the Treasury and by raiding the capital budget earmarked for buildings. The financial report released said the NHS was on track for a £2.8bn deficit which, if savings could be made in the final three months, could be brought down to under £2.4bn. Overspending on agency staff has been highlighted as one of the major problems as well as rising demand for services.

Missed targets
The news comes at a difficult time for the NHS. Performance is already suffering with many of the major targets, including ones for A&E, ambulances, routine operations and cancer care, being missed. Jim Mackey, from the regulators, said the figures were "disappointing" but maintained there were signs trusts were beginning make savings. But Paul Healy, of the NHS Confederation, which represents managers, said there was a limit to how much individual organisations could do. He said transforming the system to reduce the demand on hospitals by keeping people well in the community was now an "absolute necessity". A Department of Health spokesman said an on-going clampdown on agency staff and management consultants would help trusts.

He also urged hospital bosses to "show financial grip" by introducing the recommendations of the Lord Carter review on productivity which was published earlier this month. "We know finances are challenging, but this government is committed to the NHS and its values," he added.

For more health sector news from the BBC please visit: www.bbc.com/news/health
HEAL launches toolkit for a “healthy energy” future

Brussels, Hatay/Turkey, Monday 15 February 2016 – The Health and Environment Alliance (HEAL) has launched a new toolkit on coal power generation and health in Turkey. The aim is to support local health professionals and community groups engaged in initiatives to prevent new coal power plants from being built.

The toolkit entitled “Coal power generation and health in Iskenderun Bay, Turkey” focuses on south-eastern Turkey which is already an industrial hot spot. The pollution from 16 new coal plants in the pipeline would greatly increase the already existing health burden. Turkey is among the countries with the biggest coal power investment plans in the world. It is planning to double its coal power capacity over the next four years. Local groups, including health professionals, have long been engaged in efforts to prevent new coal plants being built in Iskenderun Bay and other areas. The Turkish Medical Association (TTB) is engaged and its regional chapters in Iskenderun Bay have contributed to the content of the HEAL toolkit.

Professor Dr. Neslihan Önenli Mungan, Chair of the Adana Chamber of Medicine states: "We are concerned about an increased burden of allergic respiratory system diseases, chronic lung diseases, cardio-vascular diseases, different types of cancers, as well as children born with anomalies, and underdeveloped brains, due to the heavy metal pollution and acid rain from these future coal power plants.”

Dr. Ful Ugurhan, Chair of the Mersin Chamber of Medicine adds: "In light of all the current scientific evidence, we as health professionals consider the actions that we take in order to stop coal power generation in Mersin and our region as a medical duty. We urge authorities to act responsible and to build a rational energy future for Turkey, excluding coal and other fossil fuels."

A meeting to launch the toolkit in Iskenderun, a county of Hatay province, took place on Saturday 13 February 2016, in collaboration with the Hatay, Mersin, Osmaniye and Adana Chamber of Medicines, the Hatay Greater Municipality, the Environment and Consumer Protection Society, and the Iskenderun Environmental Protection Society. It brought together more than fifty participants from the four provinces in Iskenderun Bay region, including one MP of the Hatay province in the national parliament, a mayor from a nearby town under environmental threat of future coal power plants, environmental director of the greater municipality, doctors who are members of Adana, Hatay, Mersin and Osmaniye chambers of medicine, medical students, members of other professional organisations, representatives of local environmental NGOs, representatives of fishermen and farmers in the region, as well as journalists from local and national media.

Any coal plant menaces health and can aggravate already huge disease burdens in deprived areas. The intention now is to make known the toolkit to groups all over the world who may wish to translate and adapt it to support healthy energy initiatives at local level. "HEAL hopes that the toolkit will strengthen the capacity of local health professionals, citizens and community groups to engage in a healthy energy future. Collaborations with health professionals in the European region will be especially welcome”, says Anne Stauffer, HEAL Deputy Director and one of the toolkit’s authors. "With the double health threat of climate change and air pollution, it is clear that coal power generation has no future. Every country needs to accelerate efforts towards decarbonisation.”

Contents of the toolkit
The toolkit brings together a case study of the health and environmental situation in Iskenderun Bay, with statements from local health professionals. It provides information on: Key air pollutants and air quality in the major cities; What is needed for a complete assessment of air quality in the region; How to track down coal projects; Gathering evidence on health and environmental impacts. It also gives examples of successes that the Turkish health and medical community have had, and highlights relevant country and international initiatives.

Communicating on health threats
The toolkit’s second section – From information to action – contains a range of hands-on suggestions. It describes how to communicate the evidence on how coal power generation impacts health to different audiences. It also includes tips on developing specific messaging on coal and health, including sample messages and open letters.

A legal toolbox provides information on Turkish legislation, which can be used to check which regulations are relevant for increasing health protection in relation to coal power plants. Information includes air quality and emissions laws, public access to information, and environmental impact assessment. Particularly useful is the section on how to put health impacts into an environmental impact assessment. A recent checklist by the Turkish Medical Association is also featured. In the EU and in Turkey, environmental impact assessments are not currently required to specifically consider health effects.

Creating an opportunity for health professionals to be involved in this process offers an important opening. Legal interventions by Iskenderun Bay local groups, including health professionals, have helped in recent decisions rejecting future coal plant projects. Cumulative impact assessment (impacts of several coal power plants rather than just one) has been recognised in these decisions as well as the need to consider existing pollution in the locality.

Professor. Dr. Tacettin İnandi, Chair of the Hatay Chamber of Medicine, Public Health Specialist states: "In order to prevent high social and health costs, it is of vital importance to carry out a cumulative impact assessment of each specific coal power plant project, to consider the possible impacts together with existing and planned industrial and energy investments in our region. Coal projects should also be subject to a health impact assessment.”

Dr. Sadun Bölbükbaşi, Chair of the Environmental and Consumer Protection Association said: "We can create a bright and healthy future without exposure to any of these risks if we choose to generate electricity with the right planning from sun and wind power, which are free and indefinite sources of energy.”

Anyone interested in translating parts of the toolkit and adapting it to the local situation should please contact Anne Stauffer, Deputy Director, HEAL, Mobile: +32 473 711092, Email: anne@env-health.org
Industry News & Events

Joint Healthcare Waste and Resources Research Group and ISWA International conference

In conjunction with the International Solid Waste Association (ISWA), the Group will be hosting an international conference on April 14 and 15, 2016. It will be held at St Thomas’ Hospital in London. One of the speakers at the event will be Ms Ruth Stringer (pictured above). Ruth is the International Science and Policy Coordinator for Health Care Without Harm. She is a member of the International Solid Waste Association healthcare waste working group, and a co-author of the 2014 edition of the World Health Organization Guidelines for the Safe Management of Wastes from Healthcare facilities. Current priorities include projects on the use of biological methods to treat biodegradable infectious waste and disseminating non-incineration waste treatment technologies in four countries in Africa, via a project in which HCWH is collaborating with UNDP and the World Health Organization, with funding from the Global Environment Facility.

Healthcare commitment to tackle climate change launched at Clinton Global Initiative

Health Care Without Harm, sponsored by the Skoll Foundation, unveiled a commitment at the Clinton Global Initiative (CGI) to reduce health care’s carbon footprint in order to protect public health from climate change. Health care currently represents 8% of U.S. and 5% of European greenhouse gas emissions. The CGI commitment sets an ambitious target to mobilize 10,000 hospitals and health centres on every continent in a collective effort to reduce the health sector’s greenhouse gas emissions by 26 million metric tons annually by 2020.

“Climate change is an issue that affects the health of our planet and everyone on it,” said Sally Osberg, CEO of the Skoll Foundation. “We are making this commitment at CGI for two reasons: to achieve sustainable global change at a systems level, while helping broaden discussion and action on climate. Health care is at the core of every human’s well-being. By extension, health professionals are integral to our future, and can help lead the response to one of the most urgent global threats of our time.”

The CGI commitment sets an ambitious target to mobilize 10,000 hospitals and health centres on every continent in a collective effort to reduce the health sector’s greenhouse gas emissions by 26 million metric tons annually by 2020. This is equivalent to taking 5.5 million cars off the road or installing 7,000 new wind turbines every year.

WHO call to action on climate change

Climate change has the potential to do serious harm to the health of individuals around the world. But tackling climate change could substantially reduce the risks while also improving human health by, for example, delivering cleaner air and healthier cities. That’s why WHO is asking you to support our call to action, which is raising awareness of the health opportunities we can realise by tackling climate change now. WHO call to action was presented at the Paris COP and will demand a climate deal that delivers:

- **Strong and effective action to limit climate change**, and avoid unacceptable risks to global health:

- **Scaling up of financing for adaptation to climate change**: including public health measures to reduce the risks from extreme weather events, infectious disease, diminishing water supplies, and food insecurity.

- **Actions that both reduce climate change and improve health**, including reducing the number of deaths from cancer, respiratory and cardiovascular diseases that are caused by air pollution (currently over 7 million per annum).

European Bio-Safety Network

The European Biosafety Network (EBN) has published an online survey, in conjunction with EU OSHA, to be completed by EU OSHA focal points, national Governments and their advisers, employers, trades unions and social partners in all the European member states to assess compliance with national legislation, agreements and codes of practice implemented as a result of the European Sharps Directive 2010/32/EU – prevention from sharps injuries in the hospital and healthcare sector. The results of the survey will then be assessed by the EU OSHA focal points (the UK representative is the HSE) in early February.

Amendments to scope of the RoHS Directive

Restriction of the use of certain hazardous substances in electrical and electronic equipment, 2011/65/EU. A full list of amendments to the Directive can be viewed at the following website:


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