



Discussing Health Policy  
Institut für Gesundheitssystem-Entwicklung



Save the date

WeACT Con 2024  
April 23 & 24



Initiated and organised by Chiesi in  
collaboration with strong partners



**SPECIAL EDITION:**  
WEACT CON 2023 CONGRESS REPORT  
THE FORUM FOR SUSTAINABILITY IN HEALTHCARE



Beyond clauses and contracts, our healthcare system thrives on dialogue and exchange between stakeholders. Above all, the further development of our healthcare system does not take place on the drawing board, but in the discourse of the actors among themselves. iX-Media offers a platform for this exchange. We invite dialogue “on all channels”: Print, audio, and video are available for you to share your positions, your ideas, your insights with the health policy community.

With Dr Albrecht Kloepper, Sophia Wagner, and Dr Martina Kloepper, as well as the rest of the iX-Media team, there are long-standing system experts behind the project who know how health policy works (and will work in the future), who can do justice to the complexity of the topic in simple words, and who are also familiar with the technical aspects of media implementation. Contact us – we are here for you!



### **WEEKLY HEALTH POLICY ROUNDUP**

Every Monday, iX-Highlights informs you about current developments in health policy and provides relevant background information. In his health policy editorial, Dr Albrecht Kloepper assesses an outstanding topic of the week. Current files of the week (Bundestag publications, studies, etc.) are also available as a free service.



### **DISCUSSING HEALTH POLICY**

The magazine series iX-Forum takes up the most important health policy issues of the healthcare system and offers you the opportunity to communicate your positions, your ideas, your findings to the health policy scene with sufficient space and in an appealing setting. The highlight of the matter: The booklets are sent to more than 2,500 health policy decision-makers and opinion leaders throughout Germany. We make sure that your thoughts are heard!



### **HEALTH POLICY TO LISTEN TO**

Every month, iX-Radio focuses on a current health policy topic and lets the most important decision-makers have their say. Explanatory commentaries shed light on the background and place the topic in the context of various interests. The aim is not only to reflect the scene itself, but also to make outsiders aware of our complex healthcare system.



### **VISUAL PRESENCE IN THE HEALTH SECTOR**

iX-Spotlight is the video platform for your visual commentary on current events in healthcare. In order to make convincing statements, it is not only important to have impressive images, but also a sound knowledge of the system. With Dr Martina Kloepper, we have an expert on our team who is experienced in stage and film and who can also “set the scene” for you in a media-effective way.



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## Dear readers,

Today you receive a somewhat different iX-Forum. When we were invited to become a partner of “WeACT Con”, the new leading congress for health, environment and sustainability, we immediately accepted. Because here we are confronted with one of the future core topics of our health system. Indeed, WeACT Con 2023 – which took place on May 11 at the EUREF Campus in Berlin – was a groundbreaking event that focused on the inseparable link between health, environment, and sustainability.

First, it is undeniable that climate and environmental changes have a direct impact on our health: Increasing heat waves put vulnerable populations at risk, and environmental pollution of air and water causes other health problems. So, we must act to minimize these health risks and build resilience in our communities.

Second, we must recognise that the healthcare industry itself has an impact on climate and the environment. Hospitals and medical facilities generate large amounts of waste and consume significant amounts of energy and water. By adopting green practices, we can and should reduce the environmental footprint of our entire healthcare industry and contribute to sustainability.

We were particularly attracted to this: WeACT Con was designed from the beginning as a series of events. The conference is intended to be an ongoing forum for the exchange of knowledge, ideas, and best practices to address the challenges and solutions related to climate change, pollution, and health. WeACT Con also formulates political demands, as investments in environmental protection and sustainability often require changes and adjustments in our regulatory framework for statutory health insurance.

Once a year – in 2024 for two days on April 23rd and 24th – WeACT Con will become a fixed meeting point for all stakeholders and initiatives working for more climate and environmental protection in healthcare. WeACT Con is initiated and organised by Chiesi Germany together with partners.

We are convinced that a conference format such as WeACT Con is particularly well suited to address this complex topic, as it offers the opportunity to bring together all stakeholders – from scientists to practitioners, industry, self-government, and politics – not only to develop and initiate solutions, but also to identify and overcome the various financial, medical, and organisational conflicts of interest.

This special issue of iX-Forum serves as a congress report to share the results and insights of WeACT Con 2023 – and to formulate new, ongoing questions. We want to inform, but we also want to inspire action to put knowledge into practice and build a sustainable future. We are united by the conviction that it is only by working together that we can bring about positive change.

I would therefore like to thank all the participants of WeACT Con 2023 and all the authors of this issue also on behalf of Chiesi Germany and its partners. Your contributions and commitment have made this conference and its follow-up a success!

I wish you an exciting and informative reading experience.



**Dr Albrecht Klopfer**

## Dear WeACT Con 2023 participants,

It is with great pleasure that I have accepted the patronage for this year's WeACT Con, the flagship conference on health, environment and sustainability, whose documentation is presented here.

The issues addressed at this conference are of great importance to our society – and therefore to us as policymakers. Health is the greatest asset we have, and it is closely linked to the environment and sustainability. We must be aware that our actions have an impact on the environment and thus on our health. Sustainable development, which combines environmental protection and health promotion, is therefore of great importance.

Of particular importance is the interaction between these issues: Climate and environmental impacts have a clear influence on people's health, but healthcare itself, with a carbon footprint of 5% per year, also has an impact on the climate. So, we need to be better than we are now, for two reasons: For our own health and for the health of our environment.

As a politician, I have been working on these issues for many years, both at the local and national level, and I am convinced that we can only succeed together. A sustainable future requires a rethink in all areas of society. We need to move away from old ways of thinking and old habits and break new ground. It also means taking a hard look at the challenges and developing solutions that are sustainable and responsive to people's needs. Germany's three governing parties have addressed all these issues from the very beginning and have imposed an ecological balance in every department. It is our firm belief that we need to make fundamental changes in all areas and sub-areas in order to actually achieve, in small concrete steps, the great global goals that we have agreed upon at international conferences. The coalition government has set itself the goal of achieving a real and verifiable reversal of the current trend.

I am therefore all the more confident that the planned series of WeACT Con conferences will provide an excellent opportunity to discuss these very issues and to find solutions that will contribute to a sustainable and healthy future. This year's conference has already brought together experts from various fields, giving them the opportunity to exchange views on current developments and approaches, to make new contacts, to develop ideas together and to learn from each other.

With heartfelt thanks for your participation, I would like to share with you the documentation of a successful and inspiring conference. Let us work together for a sustainable future in terms of climate, health, and the promotion of sustainable health systems.

I wish you an inspiring reading!

Prof. Dr Edgar Franke



Prof. Dr Edgar Franke



# „Real Change Can Only Be Achieved Together“

Preface by von Maria Paola Chiesi, Head of Shared Value & Sustainability



Maria Paola Chiesi during her opening speech at WeACT Con

Let's be realistic: we, as a species, have caused extensive damage to our environment. Our climate is already changing. When I think about what we are leaving our children and grandchildren, I feel frightened and hopeless. But we cannot allow pessimism to overwhelm us. There is simply no time to lose. To minimise the impact of climate change, we must reduce our emissions now.

As members of the healthcare system, it is our job to heal people. As such, we share a special kind of responsibility in this crisis. At the same time, we are part of the problem:

Approximately 4.4 % of global GHG emissions today are generated in the health sector.

At Chiesi, we started measuring and reducing our environmental impact in 2017. During this process, we

became aware of the many stakeholders that are affected by our actions. These include not only our patients, colleagues, doctors, nurses, and local communities, but also nature and the environment itself. In recognition of this, we have changed the corporate legal status of our affiliates in Italy, the US and France to Benefit Corporations. In these countries we now have a legal obligation to improve the economic and social conditions of the communities in which we operate. The whole Chiesi group has also been B Corp certified and belongs to a community of businesses leading the transformation for an inclusive, equitable, and regenerative economy.

But as a single company, we can't change an entire system. That is why we started WeACT Con: because we believe we can only succeed with joined forces. We need to build a community within the healthcare sector working together

towards a green future. The congress title WeACT Con is therefore not only a call to action, but also an invitation to “actively care for tomorrow.”

When we set out to transform Chiesi, one of our first steps was to seek dialogue with our stakeholders. The same goal guided us when we started thinking about a congress on sustainability and climate change in healthcare: To gather different perspectives and start a conversation. We want to share ideas. We want to talk about trade-offs and look for solutions. We want to learn about best practices and meet people who are doing their best to make healthcare more sustainable. And to create a long-term platform for dialogue between stakeholders in the health sector. Because we know that real change can only be achieved together.

Personally, my greatest wish for this forum is to lay the foundation for a regular, interdisciplinary exchange of opinions and solutions. I wish for us all to come together in this place each year to continue our journey together. In other words: I don't just want WeACT Con to thrive, I want it to be a key contributor to the transformation of the healthcare sector to be sustainable.

I wish you an interesting and inspiring read.

## About the author

**Maria Paola Chiesi** is Vice Chair Shared Value & Sustainability Director of the Chiesi Group. Her role is to supervise progress, define improvement plans and report on the company's overall performance with regard to societal and environmental impacts. Before committing to this task, the mother of three filled several positions at Chiesi Farmaceutici SpA, mainly focusing on international marketing and strategic planning. Since 2010, Maria Paola has also worked as coordinator and from 2021 as president of the Chiesi Foundation. The non-profit organization is devoted to research and international cooperation projects in the domain of respiratory medicine and neonatology with a focus on promoting access to neonatal essential care in West Africa.

## The Chiesi Group

Chiesi is an international, research-focused biopharmaceuticals group that develops and markets innovative therapeutic solutions in respiratory health, rare diseases, and specialty care. The company's mission is to improve people's quality of life and act responsibly towards both the community and the environment.

By changing its legal status to a Benefit Corporation in Italy, the US, and France, Chiesi's commitment to create shared value for society as a whole is legally binding and central to company-wide decision-making. As a certified B Corp since 2019, we're part of a global community of businesses that meet high standards of social and environmental impact. The company aims to reach Net-Zero greenhouse gases (GHG) emissions by 2035.

## Chiesi GmbH in Germany

Chiesi has been present in Germany for over 20 years. Headquartered in Hamburg, Chiesi GmbH employs approximately 375 people throughout Germany. As one of the largest sales companies in the Chiesi Group, it generated sales of 344 million euros in 2022.

## Why does Chiesi initiate the WeACT Con?

As a B Corp certified company, Chiesi is committed to social responsibility beyond its business goals. Chiesi actively supports the transformation toward a sustainable and climate-friendly healthcare system: by fostering networks, creating spaces for debate, and highlighting best practices. With the WeACT Con, Chiesi provides a forum for this.



**“Great things can only be achieved if many people take many small steps”**



**Prof. Dr mult. Eckhard Nagel**

Managing Director of the Institute for Medical Management and Health Sciences at the University of Bayreuth

The physician, historian, and philosopher Prof. Dr mult. Eckhard Nagel is one of the co-creators of WeACT Con and gave the opening speech at the conference.

In the interview, Prof. Dr mult. Eckhard Nagel talks about the slow change of consciousness and explains how interdisciplinary and intersectoral exchange can help to overcome the sustainability crisis in healthcare.

**Mr Nagel, the healthcare system is responsible for about 5.2% of Germany’s greenhouse gas emissions – with the ironic consequence that it is endangering health itself. These correlations are well known, but little is being done about it. Why is that?**

Although it is now clear that in many ways we in the healthcare sector are leaving a much larger CO<sub>2</sub> footprint than we thought, I do not believe that we are currently aware that we are potentially contributing to the development of disease. As a hospital director myself, I knew very little, if anything, about the importance of healthcare in terms of CO<sub>2</sub> emissions until three or four years ago. There is a lot of catching up to do. A prima vista, you could say: Yes, of course, if we focus on disposable materials and waste disposal, especially of contaminated waste, which is very expensive and complex, then we should have guessed that we play a significant role in terms of environmental impact. But we have been blind to this, always with a clear focus on protecting and preserving life. This must be criticised. We are now even more challenged to clarify which relevant variables are at stake, which screws can be turned in order to act. The particular challenge is to rethink and act at the same time.

**Can individual players make relevant contributions to move this forward?**

I know the idea from my own experience: What the individual does, what Eckhard Nagel does, doesn’t matter. It doesn’t matter whether I get back on the plane or not. But exactly that is not true. I think we have to come to the conclusion that great things can be achieved only if many people take many small steps and if many individual hands are involved. In this respect, of course, we in the healthcare system also have to realize this: What I do here has an impact. We are



only now becoming aware that the environment and climate change are having a serious impact on the health of our patients – whether it is air pollution, contamination of food and water, or the increase in heat-related communicable diseases in regions that previously did not have such a problem.

### So, what are our options?

In the treatment of patients in the anaesthesia ward, we have always taken it for granted that we will anesthetize them with various agents, completely ignoring the fact that they will then be exhaled, releasing ozone-depleting gases into the atmosphere. Now, based on scientific studies and findings, we can try, for example, to use significantly less gas-assisted anaesthesia and possibly even to do without it altogether. But this is not easy, because when you have established, safe treatment and diagnostic procedures, you are naturally attached to them because you know they are safe: You are not putting your patients at risk. Recognising in these and other situations: I can and must act here, and there are already insights that can contribute to improving the situation; this is the decisive step. Each and every one of us must ask ourselves today, “What can I contribute?” and draw the appropriate conclusions. This may mean that we have to give up some things we have taken for granted.

### You mentioned the high consumption of disposable materials. Do you think this will change?

I remember that in the early 1990s, all surgical instruments were sterilized in the evening on the ward, usually with alcohol. Then the hygienists came and said: Gas sterilisation is much better for patient safety. The fact that it is more climate-damaging than alcohol sterilisation was not an issue at the time. Then, a few years later, we realized that we could increase safety even more and reduce labour by using only disposable materials.

This throw-away mentality is something that has become ubiquitous in all areas of life over the last few decades. It is extreme in medicine, where the perceived focus on patient safety has overshadowed even economic considerations. Now it is becoming clear that there are other ways to keep patients safe. That’s why we’re at a point where we need to

make a 180-degree turn: What we have long believed to be right and beneficial for patients has gone in a completely wrong direction. We all know how difficult it is to change our socialisation. Overall, there are many areas of medicine that we consider to be very advanced and forward-looking – for example, sophisticated nuclear medicine procedures that have been developed over the past 50 years and are very important for diagnosing a wide variety of diseases. However, they produce radioactive waste that has to go somewhere. Such interrelationships contribute significantly to the problem we are talking about here, and solutions will have to be found.

### So, would you say that there is simply a conflict of goals here: The use of resources in healthcare benefits patients, improves health?

In *dubio pro vita* is the basic principle in medicine. That’s why, for a long time, we were essentially concerned with improving survival rates, curing diseases, diagnosing diseases, without regard to resources. Societies in the northern hemisphere have had the privilege of focusing exclusively on optimal care without looking left or right. In many cases, of course, this has been and continues to be of benefit to patients. At the same time, we see that Earth Overshoot Day fell on May 4th this year in Germany. In the 1970s, it fell on a date in December, and by then we already had comprehensive and appropriate medical care. New attention and responsibility are needed, for example, in the area of pharmacotherapy: Many substances that cannot be filtered out of water, even with modern treatment technology, come from pharmaceuticals. The most common residues found in groundwater today come from painkillers. Antibiotics are also common, some from patient care and some from factory farming. If you apply an ointment in the evening and take a shower the next morning, a large proportion of the ingredients are not absorbed and end up in the wastewater. The same is true when I digest a substance: Again, not everything is broken down in my body, but I do excrete certain components of the drug, which are later found in the wastewater treatment plant.

Medical care now permeates all areas of our lives, so in many places we don’t even have plans for how to reduce the

burden. It's going to come down to looking at every single area – whether it's pharmaceuticals, outpatient care, or inpatient, diagnostic, and therapeutic procedures – where we have an impact on the environment and the climate, and reducing it piece by piece.

**What can a series of events like WeACT Con do to make healthcare more sustainable?  
What is the role of exchange between different stakeholders in healthcare in moving toward a more sustainable system?**

We need a wake-up call through all our professions and through our responsible institutions to make changes as soon as possible by sharing and generating knowledge. An event like WeACT Con contributes to this. Because I am convinced: The basis for a successful future is the generation and the interdisciplinary and intersectoral exchange of knowledge and thus the possibility to behave differently than we do today.

Interview: Nora Lessing, Ahnen&Enkel

**About the person**

The physician, historian, and philosopher Prof. Dr mult. Eckhard Nagel is Medical Director of the Children's and Adolescents' Hospital and Managing Director of the Institute for Medical Management and Health Sciences at the University of Bayreuth, which is the first university in Germany to offer a Master's programme in "Environment, Climate and Health" in both German and English. An expert in transplant surgery, Nagel was a member of the German Ethics Council (Deutscher Ethikrat) for 15 years and has been a member of the presidium of the German Protestant Church Congress (Deutscher Evangelischer Kirchentag) since 2001. In his daily work, Eckhard Nagel is committed to strengthening interdisciplinary exchange in medicine.



# Health – Environment – Sustainability

The central issues of our time also require action from the healthcare sector.  
An overview in facts and figures.

## Climate change and health

The World Health Organisation (WHO) calls **climate change “the greatest health threat facing humanity”**. WHO calls the Paris Climate Agreement the most important public health agreement of the 21st century. [1]

Globally, the health sector is responsible for **4.4%** of net global climate emissions [2], and **in Germany**, the figure is as high as **5.2%**, according to the German Medical Association (Bundesärztekammer). [3]

## Resource use in the health sector

Between 1995 and 2016, **raw material consumption** for services in the German healthcare system increased from about 60 to 107 million tonnes. This is an increase of about 80%. [4]

Each year, German hospitals generate about **100,000 tonnes of medical waste**. The vast majority of this waste is considered non-hazardous household waste and would be recyclable to some extent. Less than 5% is highly infectious and must be incinerated. [6]

In its “Final Report on Resource Conservation in the Healthcare Sector”, the Federal Environmental Agency (*Umweltbundesamt*) concludes: “Although [stakeholders in the German healthcare system] generally rate resource conservation positively, they have no **pressure to act** significantly beyond the status quo due to other priorities (e.g., economic constraints, time pressure, staff shortages).” [5]

## Energy demand in medical facilities

On average, **German hospitals consume as much electricity per day as a small town**. [7] The high energy demand is largely due to the continuous operation of heating, cooling, and ventilation systems. [8]

The total **energy demand** of healthcare facilities **could be reduced by up to 50%**. For clinics in continuous operation, an average reduction in energy consumption of 20-30% is realistic. [8,9,10]

### FOOTNOTES:

[1] Robert Koch Institut (2023): Klimawandel und Gesundheit. [www.rki.de/DE/Content/GesundAZ/K/Klimawandel\\_Gesundheit/Klimawandel\\_Gesundheit\\_node.html](http://www.rki.de/DE/Content/GesundAZ/K/Klimawandel_Gesundheit/Klimawandel_Gesundheit_node.html)

[2] Health Care without harm (2019): Health Care’s Climate Footprint. How the Health Sector contributes to the global climate crisis and opportunities for action. S.4.

[https://noharm-global.org/sites/default/files/documents-files/5961/HealthCaresClimateFootprint\\_092319.pdf](https://noharm-global.org/sites/default/files/documents-files/5961/HealthCaresClimateFootprint_092319.pdf)

[3] Health Care without harm (2019): Health Care’s Climate Footprint. How the Health Sector contributes to the global climate crisis and opportunities for action. S.24.[https://noharm-global.org/sites/default/files/documents-files/5961/HealthCaresClimateFootprint\\_092319.pdf](https://noharm-global.org/sites/default/files/documents-files/5961/HealthCaresClimateFootprint_092319.pdf)

[4,5] Umweltbundesamt (Hrsg., 2020): Abschlussbericht. Ressourcenschonung im

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[6] Augustin Birgit (Deutschlandfunk, Januar 2023): Wie das Gesundheitswesen seine Emissionen senken kann. [www.deutschlandfunk.de/hintergrund-krankenhaus-muell-recycling-100.html](http://www.deutschlandfunk.de/hintergrund-krankenhaus-muell-recycling-100.html)

[7] Geo (2018): Schlechte Öko-Bilanz: Wie Krankenhäuser nachhaltiger werden wollen. Geo Nr. 11/2018. [www.geo.de/wissen/gesundheit/19800-rtkl-strom-und-verpackungen-schlechte-oeko-bilanz-wie-krankenhaeuser](http://www.geo.de/wissen/gesundheit/19800-rtkl-strom-und-verpackungen-schlechte-oeko-bilanz-wie-krankenhaeuser)

[8, 10] Förster, Christian (Health&Care Management, 2022): Kliniken können bis zu 50 % Energie sparen. [www.hcm-magazin.de/kliniken-koennen-bis-zu-50-%-energie-sparen-300770](http://www.hcm-magazin.de/kliniken-koennen-bis-zu-50-%-energie-sparen-300770)



# Working Together for Sustainable Healthcare

WeACT Con – The Forum for Sustainability in Healthcare



Full house, interesting presentations, and exciting discussions: That was the first WeACT Con. Representatives from **health policy, health insurance, clinics, pharmacies, the medical profession, and academia** attended. There were also many interested parties who are confronted with sustainability issues in their daily work.

Healthcare is a highly regulated market. The different areas of responsibility are intertwined, influence each other, and are often interdependent. Despite these constraints, each individual can make a big difference: This is demonstrated by the outstanding lighthouse projects presented at WeACT Con, which are already doing a lot for climate protection and sustainability despite adverse conditions.

**But we can only move the big levers together.** That is why the organisers of WeACT Con invited people to exchange ideas on May 11th at the EUREF Campus in Berlin: interdisciplinary and across departments. The WeACT Con programme covered the most important topics related to sustainability in healthcare:

- How can climate change and sustainability in healthcare be financed and where are there trade-offs?
- Where can CO<sub>2</sub> emissions be effectively reduced in the healthcare sector?
- How can resource and energy consumption be reduced?
- What are the health impacts of climate change?





**The bottom line:** The healthcare industry has a long way to go to become carbon neutral and sustainable. But WeACT Con attendees agreed: Sustainability goals must be achieved as soon as possible given the impact of climate change on everyone's health.

WeACT Con is to be held annually as a flagship congress for sustainability in healthcare, to exchange experiences and ideas, to engage in interdisciplinary dialog, to discuss solutions and to implement them together. WeACT Con aims to create strong networks to work together for a more sustainable healthcare system.

**Together, we want to lead the way for healthcare.**

The WeACT Con organising team





# The sustainability shift will change the healthcare system



Lively discussions and questions during the opening presentations

**Climate change and species extinction are considered the greatest health risks of our century. Recent studies show that healthcare contributes to their exacerbation through high emissions and resource consumption. In the morning programme of WeACT Con, speakers provide insights into what needs to change, present possible solutions, and speculate on the healthcare of the future.**

At the EUREF Campus, you can get a sense of what the future might look like. Located in the heart of Berlin, it is a real-world lab for the energy and mobility revolution: Global corporations, innovative start-ups, and associations work hand in hand to research and develop, and the site is also their testing ground. Already in 2014, the campus achieved the German government's goal of carbon neutrality by 2045. The location of the WeACT Con was deliberately chosen: A similar climate-conscious spirit of innovation is urgently

needed in the German healthcare system. Prof. Dr Christian Schulz made it clear in his presentation "Environment, Health, and Responsibility" that many things have to change. The managing director of the German Climate Change and Health Alliance (Deutsche Allianz Klimawandel und Gesundheit, KLUG) emphasises that resource consumption and climate emissions in the healthcare sector have also skyrocketed in recent decades – with fatal consequences. "We often talk about climate tipping points and discuss when they will be activated. What's clear is that it's not going to happen in three or ten years, it's happening now."

Heat, floods, storms, forest fires – the frequency of catastrophic natural events is already increasing. Habitats are becoming uninhabitable, and more and more people are being forced to migrate. Even more dangerous than the climate crisis is the biodiversity crisis, says Schulz. But it has

been neglected. “It is about the impact of chemicals and new substances in soil, water, and air. At the end of the day, it’s human health that will be affected in a variety of ways.”

### Getting the values conversation going

“We can no longer talk our way out of healthcare with conflicting goals; we have to have a discussion about values”, says Schulz. He cites resource consumption in the global North as a key driver. More than 30 million premature deaths could be linked to the business models of just four industries: Food, tobacco, alcohol, and fossil fuels.

HCPs were highly respected by the public and could help put public interests ahead of commercial profits. It is important that the healthcare system has fewer side effects and is more resilient to crises. The speaker supported his diagnosis of the current imbalances with figures: Currently, about 400 billion euros are spent annually on curative medicine, but only about one billion euros on preventive measures. Schulz called on the participants to set in motion “chains of infection” to get many in the healthcare system to rethink. “Greta Thunberg is one example: This is how you create networks that provide support, and that creates a lot of impact.”



Prof. Dr Christian Schulz highlights the threat of climate change and species extinction

### Since 1990: Resource consumption has increased by 80%

As part of a study commissioned by the German Federal Environment Agency (Umweltbundesamt), Dr Tanja Bratan and her colleagues examined for the first time how many and which resources are used in the German healthcare system. “The healthcare system currently ranks fourth among the 200 sectors examined”, says the researcher from the Fraunhofer Institute for Systems and Innovation Research (ISI). The study also examined which measures and factors are driving consumption sharply upward. In addition, the researchers defined fields of action in which healthcare facilities can reduce their resource consumption particularly well.

For 2016, Bratan and her colleagues calculated that 107 million tonnes of resources were consumed in the healthcare sector in Germany. This represents an increase of 80% compared to the reference year 1990. “The areas of non-metallic minerals and biomass – the latter caused, among other things, by the food supply in the inpatient sector – have grown quite strongly. Non-metallic minerals are used, for example, in construction projects and in the chemical industry, including the production of pharmaceuticals.” Figures are not yet available for the period of the pandemic, the researcher adds, but it can be assumed that resource consumption has also increased significantly.

### Pharmaceuticals: Ecological footprint data lacking

According to Bratan, four areas are particularly resource-intensive. “The first is chemical products, of which pharmaceuticals are a significant part. Second is food service. Other hotspots are construction and medical devices.” These areas, led by pharmaceuticals, are also cost drivers in healthcare, she says. Here it is possible not only to be more environmentally responsible, but also to reduce healthcare spending without harming patients.

However, in the case of pharmaceuticals in particular, there has often been a lack of data: “What is the ecological footprint of a drug?” Seals and labels could create transparency here, says Bratan. It is also important to strengthen pharmaceutical production in Germany in order





Dr Tanja Bratan shows where resources can be saved

to prevent environmental pollution in other countries and to make production processes more efficient. In addition, environmentally friendly manufacturing processes and medicines should be promoted. “Another approach would be to change the regulations on expiration dates: By law, they are limited to five years, but many medicines have a much longer shelf life.” Strengthening participatory decision-making is also important to improve patient compliance and thus the effectiveness of drug therapies, she says.

### **Food service: Sustainable food is also healthier**

In the area of medical devices, the researcher argues that manufacturers should be required by law to disclose the ecological footprint of their products. She also suggests that in the future, devices should be designed so that defective or technically obsolete components can be replaced to extend their life. Misguided incentives to overuse disposable products need to be corrected, and contractual models need to be found that allow multiple users to share large appliances in particular. “You can think of sharing or leasing models. That way, the equipment doesn’t have to be used to its maximum capacity in one facility for it to pay for itself.”

The speaker also suggests incentivising sustainable construction through funding programmes. The regulatory framework for fire and noise protection could also be adapted to encourage, for example, timber construction and the use of recycled concrete. In the food sector, the speaker sees

synergies between environmental protection and health promotion: “The low per diem rates in inpatient care are an obstacle: They can hardly be used to prepare ecologically sound, health-promoting meals. Incentives are needed here.” Approaches to sustainable and healthy nutrition must now be taken up and disseminated, she says. “This would also be in the interest of healthcare facilities, because healthy food naturally supports the recovery process.”

Both voluntary commitments and sustainability reporting could help address the issues, says Tanja Bratan. “But resource consumption should be addressed as well as greenhouse gas emissions.” The speaker identifies the current public procurement law as a key obstacle on the way to more resource conservation: It mandates that healthcare facilities purchase the cheapest product, regardless of the environmental cost.

### **Making environmental impact measurable**

In her presentation, Laura Wamprecht addresses the question of whether sustainability could play a greater role in the healthcare sector in the future, in addition to patient welfare and economics. “In other industries, we see a lot of movement in this area; for example, meat substitutes are making inroads – even in companies that traditionally stood for something completely different.” The Managing Director of Flying Health believes that something similar can be expected in healthcare. We may soon see a trend toward vegan medicines or biodegradable bandages.

Similar to a recent campaign by a supermarket chain to display the environmental impact of products alongside food prices, the environmental impact of medicines could also be displayed in the future, she says. “Imagine you are a doctor and you have two options. First, you look at: What is the medical prognosis for drug A and drug B? You’ll find that the likelihood of success is similar. Then you look at the price.” So far, the healthcare system has always chosen the cheaper option, she says. “But what happens if the significantly more expensive method ends up being the much more sustainable one?” That could lead to new trade-offs, she says.



Is the sustainability label coming? Laura Wamprecht looks to the future

It is well known that doctors in private practice sometimes postpone appointments until the next quarter when their budget is exhausted. If it is decided to allocate CO<sub>2</sub> budgets to healthcare providers as well, new scenarios are conceivable. “We could have statements like: The diabetic who wants disposable syringes would use up my CO<sub>2</sub> budget for this year. He can come back in 2024 and I can afford to take him on.”

Video consultations are also expected to grow. Studies in Sweden and the U.S., for example, have shown that telemedicine can significantly reduce emissions by eliminating travel. In the area of drug authorization, Wamprecht says, “green” added benefits could have an impact on pricing. “If we look not only at the medical efficacy but also at the environmental impact of a drug, we may end up with very different prices.”

Health insurers could move from being “payers to players” as part of the green transformation, the speaker believes. “They can decide which care pathways they want to support – for example, in terms of patient transportation.” Competing providers could, for example, rely on electric ambulances in the future and gain a competitive advantage. “I think there will be competition among hospitals to see who is the better climate partner. Maybe you as a patient will get a message from your health insurance company that you’ve planted 100 trees because you’ve taken a certain path.”

The requirement of economic efficiency anchored in Book V of the German Social Code (SGB V), already covers many conceivable scenarios, the speaker concludes. All that remains to be discussed is whether the term “economic” should be interpreted in the sense of “sustainable” and whether sustainability is considered necessary in the sense of the law. What is certain is that the issue of sustainability affects all players in the healthcare system and that there will be winners and losers in the coming transformation. “There will be companies that adapt more quickly and others that don’t and end up significantly lower in a ranking, perhaps disappearing from the list of products or players you want to work with.” The challenge now, she says, is to put a price on sustainability in healthcare so that change can happen quickly.

Report: Nora Lessing, Ahnen&Enkel

# “Heat protection is a task of solidarity and community”



## Report from the workshop “Heat”

**Climate change has serious consequences for our health. This realisation has also reached the German health system. However, we are still at the very beginning when it comes to heat protection. The workshop participants agreed: The examples of good practice that already exist today must now become the norm – this also requires legislation and more money.**

When Jana Luntz thinks back to the summer of 2022, stories and images come to mind that she had never heard or seen before in her long career as a hospital nurse and as a member of the presidium of the German Nursing Council (Deutscher Pflegerat): “There were long lines of ambulances in front of

the doors of many hospitals. The paramedics had to climb into the ambulances to triage patients because the emergency rooms were completely overcrowded. There was no room in the wards either, the hospitals were full – here in Dresden as elsewhere.”

What had happened? After a series of hot days above 30°C and warm nights above 20°C – so-called tropical nights – many elderly people, but also young people, had arrived in a desolate condition: dehydrated, confused, struggling to breathe, or with suspected strokes. Others suffered from kidney failure, circulatory collapse, and classic symptoms of sunstroke and/or heat exhaustion, such as vomiting or dizziness. And everyone wanted or needed medical attention.



“Climate crisis meets care crisis” – with these five words, Luntz sums up what was happening to her staff in Dresden and in other hot cities around the country, in addition to her own workload due to the high temperatures. It was then, if not before, that she realised just how big a challenge the increasing number of heat waves in Germany posed for nursing staff. Together with the Nursing Council, she decided: “We urgently need to raise awareness among our staff: Which organs are affected by heat? Where do we need to pay attention based on age? And how can we take preventive action? None of these topics have been included in education and training to date.”

At the German Nursing Day 2022, the topic was therefore included – for the first time. The need to catch up is enormous, Luntz admits. This makes the expert all the more appreciative of the opportunity to exchange ideas across healthcare professions at WeACT Con. “Unfortunately, for a long time, these discussions have taken place without nursing. It’s important to change that!”

Peter Bobbert is also familiar with the heat rush in the emergency rooms of Berlin hospitals and agrees with her: “Doctors and nurses need to work well together on the subject of heat and be on the same level of knowledge.” And he admits: “We weren’t much faster on the issue of heat prevention either.”

For a long time, he says, medicine in Germany considered the climate crisis to be of little relevance to its profession. But that has “changed”, says Bobbert. At least since the German Medical Congress (Deutscher Ärztetag) in 2021 put climate change on the agenda as a priority topic. Climate change is coming into focus from two perspectives. First, it is a matter of personal responsibility: “5.2% of climate-damaging emissions in Germany come from the healthcare sector. That’s not acceptable”, says Bobbert. Second, the heat is already an elementary hazard for which the healthcare system urgently needs to prepare.

Is Berlin heat-resilient? In 2021, Bobbert asked this question at the Berlin Medical Association (Ärztammer Berlin), and the answer was a resounding “no”. “For far too long, we have clinically associated heat days only with wasp stings or alcoholic teenagers.” The fact that people are dying of heat – 4,500 in Germany in 2022 alone, according to estimates by the Robert Koch Institute – has not yet reached the public

consciousness. The reason: Unlike traffic fatalities, for example, heat-related deaths occur silently. “But their deaths are avoidable. It is unacceptable that people are dying of heat in this country.” In the absence of effective political triggers for more heat protection, the Berlin Medical Association took action on its own. Together with experts from the German Climate Change and Health Alliance and the Senate Department for Science, Health, Care and Equality, it founded the “Action Alliance for Heat Protection in Berlin” (Aktionsbündnis Hitzeschutz Berlin) in 2022. “Not as a theoretical PowerPoint presentation”, Bobbert emphasises, “but rather as a practical guide for various sectors such as hospitals, outpatient practices, nursing, disaster control, emergency services, public health services, but also civil society.”

What exactly does that mean? “There is not even much new in the guidelines”, explains Bobbert. “After all, there are good model heat protection plans and cities that already model this. What’s important is that it takes people who feel responsible to actually implement the recommendations.” Some of them sound almost mundane, he says. Like the advice to close windows and shades on hot days to lower indoor temperatures, to cover patients lightly, and to encourage them to drink. But there is a lack of implementation. For this reason, hospitals and nursing homes should designate a person to take charge of patients after a heat warning: Do we have enough IVs? Is there water at the beds? Are people drinking? Are their medications adapted to the changed conditions and stored cool enough?

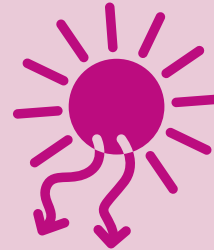
In a doctor’s office, at least the latter is possible; for patients at home, it is rare. This is another reason why Luntz and Bobbert see people who are vulnerable to heat, or who need care at home and are not cared for by specialists, as the biggest risk group. During the severe heat wave in France in August 2003, for example, nearly 90% of the approximately 15,000 heat-related deaths occurred at home, they say. “How do we reach them or their family caregivers?”, Luntz asks the group. “This is an even bigger challenge!”

The good news? At the workshop, held at the EUREF Campus in Berlin, the ensuing discussion revealed that the entire industry has ideas or is already implementing them. “In pharmacies, we are very close to the customers at risk and therefore try to inform them about the heat risk”, explained a representative of the pharmacists’ association. Health



# HEAT

## - EFFECTS ON THE BODY -



### BRAIN

- increases risk of cerebrovascular disease
- worsens mental health
- increases aggressiveness and violence

### LUNG

- increased stress for people with respiratory diseases such as asthma or COPD
- heat increases ozone levels in outdoor air, exacerbating respiratory diseases

### HEART

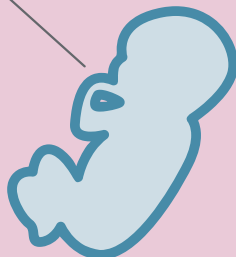
- severe stress on the cardiovascular system
- exacerbation of cardiovascular disease
- increased risk of heart attack

### KIDNEYS

- increased likelihood of kidney disease, such as acute or chronic kidney failure

### PREGNANCY & NEWBORNS

- preterm birth rates increase significantly during heat waves
- increased risk of adverse birth outcomes such as low birth weight or sudden infant death syndrome



### GASTROINTESTINAL-SYSTEM

- diarrhoea and vomiting possible with sunstroke

### HEAT

- causes exhaustion and heat stroke
- leads to more emergency room visits and hospitalisations
- can be fatal, especially in people with chronic medical conditions

Content source: KLUG, KLUG Materials | Visualisation: Dreispringer by order of Chiesi

insurance companies are planning to offer online training courses on heat protection for family caregivers. Doctors' offices and home care services are creating lists of high-risk patients to call before or on hot days to make sure they are okay.

A look abroad also helps. In France, heat warnings are broadcast on the radio and other media or in the subway, and posters with heat-protection tips are displayed in town halls, libraries, and schools. In Israel, where electronic patient records already exist nationwide, an artificial intelligence (AI) system identifies at-risk individuals based on the stored data and alerts them either directly or through their primary care physicians.

Jana Luntz, on the other hand, likes the idea of the "community health nurses" from Canada or Finland. They not only provide care, but also share their knowledge, "like 'Sister Agnes' in the East German comedy". In the TV movie of the same name, she rode around the country on an electric scooter, her skirt billowing, teaching people what is now called "health literacy". "Nurses can train relatives or communities about heat safety", says Luntz. But that would require new laws and more money.

Bobbert, too, hopes that heat protection, as initiated by the Berlin Action Alliance, will get a legal basis and funding. "That

is what I expect from the politicians. As a medical association, we are still managing everything on our own with the alliance organisations, in addition to our actual job." Until it happens, he urges not to wait for legislation. "We simply don't have the time when it comes to heat protection. We just have to do it!"

#### The Heat Workshop was chaired by:

- **Jana Luntz**, a graduate in nursing and health sciences (Diplom-Pflege-und Gesundheitswissenschaftlerin), who has been the director of nursing at the University Hospital Carl Gustav Carus in Dresden since 2015 and is a member of the board of the Association of Nursing Directors of University Hospitals and Medical Universities in Germany (Verband der Pflegedirektorinnen und Pflegedirektoren der Universitätskliniken und Medizinischen Hochschulen Deutschlands e.V.) as well as member of the board of the German Nursing Council
- **PD [Associate Professor] Dr med. Peter Bobbert**, specialist for internal medicine, cardiology, and angiology, senior physician at the Protestant Hospital Hubertus in Berlin-Zehlendorf since 2014, president of the Berlin Medical Association since 2021
- **Moderator: Sophia Wagner**, iX – Institute for Health System Development

Report: Katja Trippel, Ahnen&Enke

### Open letter: Get out of fossil fuels!

In April 2023, more than 50 health stakeholders from Germany wrote an open letter calling for a legally binding global agreement to phase out fossil fuels (Fossil Fuel Non-Proliferation Treaty). Rationale: The world's population is suffering massively from the health impacts of fossil fuels. The treaty should include three elements:

1. A halt to all new development and production of coal, oil, and gas
2. The phasing out of existing fossil fuel reserves and production in line with the global climate goal of no more than 1.5°C temperature increase
3. Ensure a just transition during the change

The appeal was initiated by the German Nursing Association, the German Medical Association, and the German Climate Change and Health Alliance (KLUG). State medical associations, state nursing associations, professional associations, trade unions, and healthcare institutions have joined.

Initial signatories include the World Health Organisation, the World Medical Association, the World Federation of Public Health Associations, the Global Climate and Health Alliance, the UK Health Alliance on Climate Change, and the Medical Society Consortium on Climate and Health (USA).



Link to  
"Open  
Letter"

## Best practices in heat protection

### Working together for heat protection in cities:

The Action Alliance for Heat Protection in Berlin, 2022 (Aktionsbündnis Hitzeschutz Berlin) initiated by the Berlin Medical Association, KLUG and the Senate Department for Science, Health, Care and Equal Opportunity, provides practical guidance and training materials for practices, nursing care, disaster management, emergency services, community, and civil society. Imitation highly encouraged. [www.hitzeschutz-berlin.de](http://www.hitzeschutz-berlin.de)

### Cool rooms for quicker recovery:

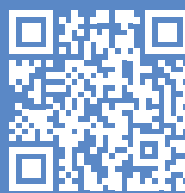
A medical study conducted by the Charité University Hospital has found: Hospital rooms that are cooled to a constant room temperature of 23°C in summer have a positive effect on the course of the disease as well as on the length of stay of hospitalised patients with COPD: [https://physiologie-ccm.charite.de/forschung\\_am\\_institut/ag\\_witt/projekte/stadtklima\\_und\\_hitzestress](https://physiologie-ccm.charite.de/forschung_am_institut/ag_witt/projekte/stadtklima_und_hitzestress)

### Heat protection for nursing homes and nursing staff:

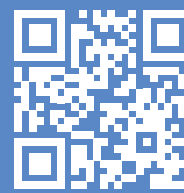
Together with the AWO Federal Association (AWO Bundesverband) and KLUG, the BKK umbrella organisation (BKK Dachverband) is promoting a concept to better protect people in need of care and employees in inpatient care facilities from the harmful health effects of heat waves in the future. The common goal is to test preventive measures for heat protection. In addition, caregivers will be made more aware of heat protection and how they can protect their own health. Family members will also be informed and advised. The concept is to be applied in all care facilities in Germany in the future.

### To download:

1. KLUG has compiled a lot of information, seminars, materials, and contacts on the topic of climate change, heat, and health:



[www.klimawandel-gesundheit.de](http://www.klimawandel-gesundheit.de)



[www.hitze.info](http://www.hitze.info)

2. The “heat etiquette” of the German Federal Environment Agency with many tips for everyday life:



[www.umweltbundesamt.de/sites/default/files/medien/5750/publikationen/210215-hitze-knigge-allgemein-web.pdf](http://www.umweltbundesamt.de/sites/default/files/medien/5750/publikationen/210215-hitze-knigge-allgemein-web.pdf)

3. Target-group-specific information materials on climate and heat can be ordered from the Federal Centre for Health Education



[www.klima-menschgesundheit.de/mediathek](http://www.klima-menschgesundheit.de/mediathek)

# “We must align competition with new goals”



## Report from the workshop “Finance”

**Health funds are scarce and there is little room for investment. Under these conditions, who is going to finance the transition to sustainability? Participants in the finance workshop agreed: “Business as usual” is not an option. A first step could be to add the requirement of sustainability to the so-called economic efficiency clause (Section 12 SGB V).**

There is a great deal of interest: The workshop room is packed with more than 50 participants. However, those looking for easy solutions will be disappointed. Herbert Rebscher makes this clear in his keynote speech: “The

traditional economic incentive system rewards ‘business as usual’. Crisis resilience is always called for, but hardly ever implemented”, explains the former CEO of DAK-Gesundheit.

He cites several reasons for this: There is the short-time horizon within which investments must pay off. “Future needs” are neglected. The prevention dilemma is also well known: Prevention means accepting a burden in the present in order to avoid a crisis that won’t happen later – and therefore won’t bother anyone. “There is no glory in prevention.” Rebscher also cites the paradox of intervention: “The cost of repair is socially acceptable, but the much lower cost of prevention and avoidance is not. Efficiency beats resilience”, says Rebscher. “Our growth conditioning,



which was possible in the ‘empty world’, is inappropriate for the ‘full world’”, Rebscher concludes.

Rebscher therefore calls for regulatory concepts to overcome these contradictions. “We must align competition with new goals. And in doing so create clear regulatory requirements.” For him, this includes at least partial public financing (holding costs) and investment periods within which the players can plan sensibly.

## Federal Administration Must Become Climate Neutral by 2030

In the second keynote speech, Antje Domscheit explains the limits and opportunities of the current market regulation of the healthcare system. The head of the Health and Long-Term Care Insurance (Kranken- und Pflegeversicherung) department at the Federal Social Security Office (Bundesamt für Soziale Sicherung, BAS) asks: “How do politics succeed in initiating structural change, and how does supervision accompany it?”

BAS itself wants – and needs – to become climate-neutral by 2030. According to the Climate Protection Act, federal administrative institutions should have achieved this goal 15 years before the rest of the Republic (Section 15(1)). To this end, the Federal Government has developed the “Sustainability Programme of Measures”, which BAS is following.

For BAS, however, climate protection is not only an issue for its own administration. “It also affects our supervisory activities”, says Domscheit. As early as September 2021,



Prof. Dr Herbert Rebscher criticises wrong incentive systems in the healthcare system

BAS sent a circular to all social security institutions, urging them “strongly” to have their institutions “align their administrative activities as far as possible with the provisions of the Programme of Measures”. However, this recommendation is not yet legally binding for social security institutions.

Domscheit, however, encourages the participants: “We don’t use thumbscrews when an institution wants to install a photovoltaic system.” BAS also supports modernisation measures, such as the installation of heat pumps in hospitals, through the Hospital Structure Fund.

## BAS: Despite the requirement for economic efficiency – service providers are allowed to take sustainability aspects into account

The supreme supervisory authority’s offer cannot be taken for granted. After all, the requirement for economic efficiency applies in the strictly regulated healthcare system. According to Sections 12 and 70 of Book V of the German Social Code (SGB V), healthcare services for the insured must be “sufficient, appropriate, and economical; they must not exceed what is necessary.” And further: “Services that are not necessary or uneconomical may not be claimed by the insured, may not be provided by service providers, and may not be approved by health insurance funds.”



“Sustainability can already be taken into account today”, says Antje Domscheit of the Federal Social Security Office (BAS)

Whether or not investments in sustainability are allowed at all within the framework of this economic efficiency clause is certainly controversial in expert circles – and is also interpreted differently. “Is a health insurance company allowed to take sustainability aspects into account when negotiating with service providers? We say yes!”, Domscheit told the workshop participants on behalf of BAS. From her own practice, however, the lawyer also says: “So far, however, we have not received any inquiries from health insurance companies.”

At the same time, Domscheit also knows “that individual state authorities see things differently”. She tells the story of an AOK tender for five antibiotics. AOK wanted to create incentives for sustainable production conditions and, for the first time, reward robust supply chains. Bidders with short supply chains within the EU would have had a better chance of being awarded the contract and would have had to offer lower discounts. In doing so, AOK was also responding to the demands of industry associations, which pointed to a dangerous dependency on third countries for the production of pharmaceuticals. However, the application of this qualitative award criterion was prohibited by the Higher Regional Court (OLG) in Düsseldorf in the second instance on 01/12/2021. The Higher Regional Court based its decision on the principle of equal rights for all bidders.

Several participants pointed out that the federal structure of supervision is also a problem. In practice, they said, it is

hardly possible to take sustainability criteria into account when awarding contracts.

## Mandatory reporting: Sustainability deficits must be identified

The Supply Chain Due Diligence Act (Lieferkettensorgfaltspflichtengesetz, LkSG), which came into force in Germany at the beginning of 2023 and will require all hospitals in Germany to produce sustainability reports from 2024, does not help matters. “Does it make sense at all if ecological procurement is not possible within the existing framework?” asks one participant. Another participant argues in favour of mandatory reporting: “Mandatory reporting will show where we stand. That is very important. By making the entire industry reportable, it puts pressure on all market participants.” Antje Domscheit adds: “Uniform criteria for reporting are important.” She considers the criteria for EMAS certification to be suitable, for example.

## Selective contracts: Opportunity for new best practices

Antje Domscheit already sees room for sustainability aspects in selective contracts, i.e., contracts that health insurers conclude directly with individual service providers. According to Domscheit, some simplifications have been made. For example, the obligation to prove economic efficiency after four years at the latest was lifted at the end of 2020.

The GKV-Spitzenverband’s guidelines on prevention have also been adapted: A separate chapter (4.5.4) on climate change-related health risks was added to the prevention guideline, and ecological sustainability must now also be taken into account in prevention measures.

## Financing sustainability: Political will needed

However, these are not yet the big levers. Participants agreed that political will is also needed to make real progress. “Politicians must clearly define the results to be achieved and provide a binding financial framework that creates new incentives”, says Rebscher. Domscheit also emphasises: “We need a unified framework.” That is why she is certain: “We are

in favour of adapting Sections 12 and 70 SGB V. It should be stated there that sustainability cannot only, but must, be taken into account!”

Whether there will be this political will also depends on us, says Domscheit. After all, we elect the politicians. But it is also clear: “We all have to accept that the contribution rates will go up. Health Secretary Lauterbach will avoid it like the plague”, said a commenter from the audience.

**The Finance Workshop was chaired by:**

- **Antje Domscheit** is a lawyer and has been with the Federal Social Security Office, formerly the Federal Insurance Office, since 2001. She has been head of the “Health and Long-Term Care Insurance” department since 1 February 2022. Other positions at the Federal Social Security Office included Head of the Department for “Basic Issues of Health Insurance, Competition and the Examination of Other Contracts” and Head of the Personnel Department.
- **Prof. Dr h.c. Herbert Rebscher** is Director of the Institute for Health Economics and Health Services Research and Professor of Health Economics and Health Policy at the Faculty of Law and Economics at the University of Bayreuth. He is also chairman of the Frankfurt Forum for Fundamental Social and Health Policy Issues and president of the German-Swiss Society for Health Policy.
- **Moderator: Dr Sandra Kluge**, Chiesi

Report: Kai Weller, Ahnen&Enkel





# “Manufacturers have to provide environmental data”



## Report from the workshop “Emissions”

**The implementation of more sustainability in healthcare is also hindered by a lack of information on how high the emissions of individual products actually are. In the “Emissions” workshop at WeACT Con, hospital purchasing and pharmacies provided examples.**

Kerstin Kemmritz has a daughter. And she puts pressure on her. “Your generation did this. How are you going to make it better in the future?” The sustainability-minded teenager demands concrete climate solutions from her mother. And since Kemmritz not only runs one of Berlin’s 730 or so pharmacies, but is also president of the city’s pharmacists’ association, she has an obligation by virtue of her position.

Kemmritz tells this anecdote in the “Emissions” workshop at WeACT Con on the EUREF Campus. Some 30 participants from the medical profession, health and sustainability management, and green health experts came together to discuss solutions for avoiding climate-relevant emissions.

What is known is what the healthcare industry is doing here. According to a report by Health Care without Harm, the global healthcare sector is responsible for approximately 1.6 gigatons of CO<sub>2</sub> equivalents per year. This is equivalent to about 4.4% of the world’s annual greenhouse gas emissions. In Germany, the healthcare sector is responsible for slightly more than 5% of emissions.

The healthcare industry has certainly heeded the call of Kerstin Kemmritz’s daughter. As early as 2021, the German

Medical Association called on “all decision-makers in the healthcare sector” to become carbon-neutral by 2030. The Pharmacists’ Forum also asked in 2021: What can each pharmacist do to promote climate protection?

In pharmacies, heating and transport from wholesalers to pharmacies, as well as courier services from pharmacies to customers, are particularly impactful as direct emissions (so-called Scope 1 emissions). “These are the majority of the emissions that we can influence ourselves”, says Kemmritz.

Indirect emissions (Scope 2), which do not occur at the pharmacy site, are the result of electricity consumption for the required cooling of the premises and the production of consumables such as paper, cardboard, and plastic. Emissions from the global supply chains of pharmaceutical companies and the production of medicines (Scope 3) are even further away. The climate-relevant emissions of pharmacies in Germany amount to about 500,000 metric tonnes of CO<sub>2</sub> equivalents, or about half a percent of the emissions of the German healthcare system. This is the best available estimate, cited by Kerstin Kemmritz from the book “Die nachhaltige Apotheke” [The Sustainable Pharmacy] by Esther Luhmann (Deutscher Apotheker Verlag 2022).

## Pharmacies: The will is there, the information is missing

Reducing emissions is not easy for individual pharmacists. “We can prioritise bicycle and electric vehicle couriers for messenger services or walking and, if possible, reduce the frequency of deliveries from wholesalers or direct purchases, but this is completely counteracted by the extremely high costs associated with delivery bottlenecks and the desperate search for available drugs”, says Kemmritz. Other “good ideas” include replacing cardboard boxes with reusable containers for deliveries from wholesalers to pharmacies, reducing climate emissions through more waste separation and the use of recycled products, and increasing digitisation – of package inserts, for example.

Beyond the direct impact, Kemmritz focuses on drugs that are unnecessarily produced as a result of multiple prescriptions and drugs that may not be reused: “With the exception of drugs that fall under the narcotics law, drugs may not be passed on if a package is not completely used

up, even if it is professionally stored under pharmaceutical control in a nursing home, for example”, criticises Kemmritz. Multiple prescriptions could also be avoided by the timely and increased use of new pharmaceutical services to promote adherence and compliance. Tina Rudolph, SPD member of the German Bundestag and spokesperson for global health in her parliamentary group, immediately took up these points.

Overall, however, Kemmritz sees only a limited influence of pharmacies on their own environmental performance: The pharmacy community has no direct influence on the specifications for dispensing paper receipts, the specifications for refrigeration, or unnecessary transportation due to re-imports. “We also have little information about the products we buy”, she complains. She would like to have more information from manufacturers about which drug is more sustainable, and would be happy to sell that to customers if she could make the decision.

## Will procurement be more sustainable in 2024?

Stefan Krojer from ZUKE Green wants to shed more light on the data black box. He started this community in 2017 as a “self-initiative of purchasing practitioners” and promotes “digital and sustainable procurement of healthcare institutions” (see Infobox: List of requirements for suppliers, p. 30). Krojer quotes Federal Minister of Economics and Climate Robert Habeck as saying that starting in 2024 the German government will introduce “minimum quotas for climate-friendly products” with the procurement law. But how will purchasers know that one product’s greenhouse gas and other emissions are better than another’s? It is generally known where emissions occur in a hospital and how high they are (see chart, p. 30). “But for Scope 3 emissions in particular, there is an incredibly large data gap”, says Krojer. And that data needs to be delivered to the hospital’s purchasing department in a way that the hospital’s IT systems can understand.

However, to date, only five percent of suppliers can provide a life-cycle assessment (LCA) for their products. This is not surprising, as it costs around 40,000 euros to produce an assessment of all emissions and environmental impacts over the entire life cycle.

Krojer is convinced that the availability of environmental data will increasingly change as a result of sustainability standards in purchasing and the forthcoming obligation for hospitals to provide this information – and that environmentally friendly products could increasingly gain market share. As an example of a “green alternative”, he points to Schülke’s Green Line disinfecting wet wipes. These wipes are produced in a carbon-neutral manner, and Schülke uses recycled plastic in the packaging, with a recycled content of 22%. Another product is a disposable knee irrigation device called Bluelavage. CO<sub>2</sub> emissions during production have been reduced from 6.4 to 2.2 kilograms. The supplier is also offsetting these residual emissions, enabling it to offer a carbon-neutral product.

## Challenge: Integrating environmental assessment into the purchasing process

Krojer agrees with pharmacist Kemmritz about the “lack of environmental data”. “But only if the purchasing department has this information can it make the right choices.” Institutions such as the Charité hospital in Berlin write to their suppliers and estimate the emissions for the majority of products (95%) themselves, depending on the material and delivery route. SAP also offers the processing of environmental data in its systems. What is missing is a uniform system for assessing environmental impact that can be used throughout the entire purchasing process. In its own white paper, ZUKE has proposed a path to greener purchasing. It presents measures that should be considered when implementing sustainable purchasing in hospitals. These include selecting sustainable suppliers and products, avoiding waste and unnecessary packaging, using environmentally friendly and energy-saving equipment and materials, optimising logistics and transport routes, and promoting fair working conditions.



[www.zukunft-krankenhaus-einkauf.de](http://www.zukunft-krankenhaus-einkauf.de)  
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With ZUKE Green, Stefan Krojer supports hospitals in sustainable procurement.

The participants expressed their conviction that, from around 2028, “every product will have a label saying how much CO<sub>2</sub> is in it”. “In the end, you have to oblige manufacturers to provide this data”, says Christoph Maas of Chiesi, who moderated the “Emissions” workshop at WeACT Con. “Then we also need a framework in which this data can be processed.”

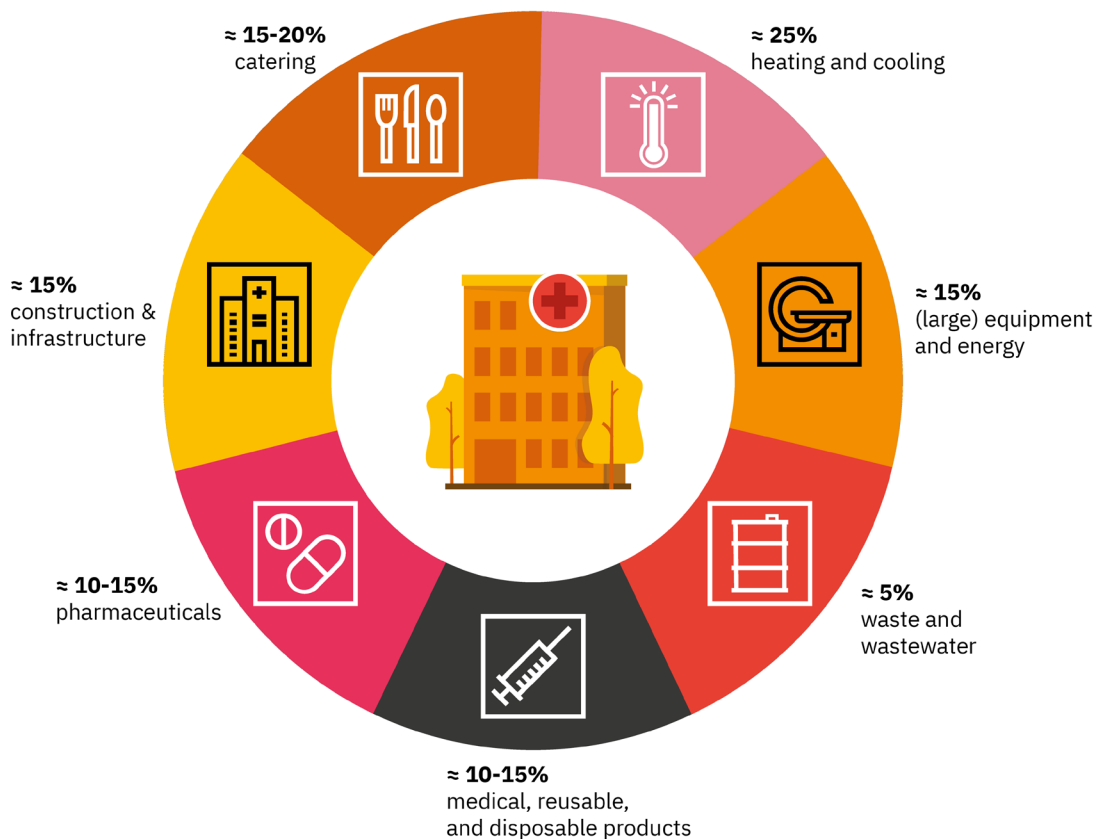
### The workshop was chaired by:

- **Stefan Krojer** is a healthcare procurement leader, expert, and networker in the field of sustainability in healthcare. With the foundation of ZUKE Green, a network for sustainability in hospitals, he pursues the goal of making healthcare climate neutral and resource efficient.
- **Dr Kerstin Kemmritz** has a degree in pharmacy and has been president of the Berlin Chamber of Pharmacists since 2019. She focuses on the topic of “climate and health from a pharmaceutical point of view”.
- **Moderator: Dr Christoph Maas**, Chiesi

Report: Marcus Franken, Ahnen&Enkel



### Greenhouse gas emission mix of an average hospital\*



\*Own presentation based on Zurich University of Applied Sciences (ZHAW)/Institute für Economic Studies Basel (IWSB)/Fraunhofer Institute for Material Flow and Logistics (IML), Green Hospitals research project: Environmental Impact Assessment, Resource Efficiency and Hands-On Applications (2021)

Source: PwC

## How suppliers can help hospitals become more sustainable

1. Offer products that meet hospital needs while promoting sustainable practices.
2. Promote circular economy and recycling of materials in production to minimise waste.
3. Use energy-efficient manufacturing processes and materials to reduce energy consumption and emissions.
4. Promote research and development of sustainable materials and packaging that are biodegradable or recyclable.
5. Collaborate with buyers and other suppliers in the community for those interested in sustainability (ZUKE Green).
6. Provide training to hospital staff and purchasers to promote sustainable practices.
7. Provide transparency and sustainability reporting of products and production processes to measure and communicate sustainability performance.
8. Develop end-of-life take-back systems for products to minimise waste and promote recycling.
9. Work with hospitals to develop sustainability goals and strategies to jointly contribute to climate goals.
10. Learn and develop innovative solutions for sustainable change through collaboration with other companies and industries.

Source: ZUKE Sustainability Blog, [www.zukunft-krankenhaus-einkauf.de/zuke-green/blog](http://www.zukunft-krankenhaus-einkauf.de/zuke-green/blog)

# Against the Material Battle



## Report from the workshop “Waste”

Raw material consumption in the German healthcare system rose by around 80% between 1995 and 2016 – to 107 million tonnes of waste per year. Today, consumption is likely to have increased significantly again, not only due to the particularly high demand for disposables during the Corona pandemic. In the “Health & Waste” workshop, participants discussed where most waste is generated in hospitals, what solutions already exist to reduce waste, and what is needed to finally set the course for sustainability in healthcare.

Annegret Dickhoff, graduate engineer, nurse, and sustainability officer at BG Kliniken-Holding, knows: The waste that accumulates in the healthcare system, especially in hospitals, is a serious problem. “How can we change

something within the facilities – regardless of external and regulatory requirements?”, asked Dickhoff at the beginning of the workshop. Every day, for example, several tonnes of packaging, bandages, cannulas, but also surgical materials such as head rests, complex disposable devices, or opened medications end up in the rubbish bins of the approximately 1,900 clinics. Dickhoff has tested how this can be changed in the “KLIK green – Hospital meets Climate Protection” project. From 2019 to 2022, she trained hospital employees to become climate managers.

Annegret Dickhoff reports that a total of 250 hospitals are participating in KLIK green. Among other things, the initiative supported them in making adjustments to their energy and food supply. Two-thirds of the measures could have been implemented with only a small investment, she said. And in

some cases, even small changes have proven to be very effective. For example, the University Hospital of Brandenburg an der Havel was able to save four tonnes of CO<sub>2</sub> equivalents per year by replacing disposable dishes with reusable ones in its cafeteria. “For comparison: On average, each person in Germany consumes about 10 tonnes of CO<sub>2</sub> equivalents per year”, says Dickhoff. In total, KLIK green has succeeded in saving more than 250,000 tonnes of CO<sub>2</sub> equivalents.

In his keynote speech, Dr Clemens Jüttner, paramedic, doctor of economics and Chief Sustainability Officer (CSO) of Sana Kliniken AG, also provided insights into how resource conservation can look in practice. Since 80 percent of waste is generated in the supply chain, many facilities see themselves as less responsible than for waste generated directly in the clinics. “But the bad air in China” – where much of the medicine consumed in Europe is produced – “is also our bad air”, Jüttner emphasised. About 1400 kg of waste is currently produced per hospital bed per year. “According to our survey at Sana, 60% of this waste consists of household waste and 30% of waste from medicine and nursing care. The remaining 10% is hazardous or infectious waste.”

A major problem, he said, is that the contents of these wastes are often unknown. This makes it difficult to properly separate hospital waste. Some waste can often be reduced by simple measures, such as recording patients’ fasting days in the hospital system on a daily basis. “This way, significantly less food is thrown away.” In addition, collecting and recycling contrast media or placing different waste containers in the operating room can make a significant difference, Jüttner emphasised. “Overall, the rule is: reuse, reduce, recycle.”

In the coming years, it will be critical to evaluate all products and supplies used in hospitals for sustainability. “At Sana that’s 2.2 million items. The big task will be to distinguish real sustainability from apparent sustainability, in other words, to recognise greenwashing.”

In the ensuing discussion, one participant emphasised the great need for training in the proper use of resources: So far, the topic has not received the attention it deserves in the



Annegret Dickhoff reports on the KLIK green project

healthcare sector. Raising awareness among employees is also a challenge, as staff change frequently, often work under time pressure, and more and more healthcare workers come from abroad, so there are sometimes language barriers.

Could sustainability successes help clinics to convince patients of their value? This question, posed by one of the audience members, was generally answered in the negative. Patients usually choose a clinic for other reasons – for example, because they like the food or because they know the doctors personally. However, the audience agreed that a lack of sustainability could become a competitive disadvantage for hospitals in the coming years. This is because employees are attaching more and more importance to sustainability.

Annegret Dickhoff urged participants to trust in change: “In the past, there were no quality managers, but now there are. The younger generation in particular is less willing to work for non-sustainable employers.” Surveys also show that sustainability is becoming more important to employees, and not just at younger ages. In the healthcare sector, where there is a significant shortage of skilled workers, it is already a key factor in recruiting and retaining staff.

A spokeswoman for an insurance association suggested starting with purchasing departments, emphasising the potential market power of hospitals if they joined forces to push for more sustainability in the industry. It’s still too often the case, she said, that individual healthcare facilities propose changes without success – for example, by pointing



out to international companies that certain items could be packaged more sustainably. “They say they’ll pass it on, and you never hear from them again.” Another participant suggested that the focus needs to be on security of supply, which makes it difficult for purchasing departments to come together. She added that it is to be hoped that sustainability will soon be priced in universally. Another participant suggested that industry should be required to take back waste in order to get a grip on the ever-growing mountains of waste.

Clemens Jüttner emphasised the importance of empirical studies, which could be used to “bring more evidence and less eminence into the hospital system. So far, hygienists still have very different opinions about measures to improve sustainability. Targeted measurements could help clarify which materials do and do not need to be separated. “Waste managers need to get into a conversation with purchasing departments and communicate their standards of action”, says Jüttner.

“Sometimes it takes courage to try things out, to approach others and ask: How do you do that?”, stressed Annegret Dickhoff at the end of the discussion. People need to talk to each other and learn from each other, she said. It is also important to create more positions for climate managers in the healthcare sector. Ultimately, however, “it is not people in sustainability departments who make companies sustainable, but everyone together: Patients, doctors, management, nurses, and all the other employees.”

For many years, she had to push the issue of sustainability with little support. “From this experience, I can say: Network! Technical and waste experts often know their stuff and can help, but the strategic level of the hospital has to get involved. The knowledge has to be spread throughout the hospital.” Dickhoff recommended that participants seek information from their hospital’s waste officers and then become knowledge multipliers themselves to advance sustainability in their operations.



Dr Clemens Jüttner discusses supply chain responsibility

#### The speakers at the Waste Workshop:

- **Annegret Dickhoff** is a sustainability officer in the Sustainability and Processes department at BG Kliniken. Prior to that, she worked for more sustainability in the healthcare sector in the projects “Energy-saving hospital” (BUND Seal of Approval) and “KLIK green – Hospital meets Climate Protection”, among other things.
- **Dr Clemens Jüttner** is Chief Sustainability Officer of Sana Kliniken AG, where he developed a sustainability strategy for Sana and is now initiating its implementation with teams of experts and all employees.
- **Moderator: Petra Stangier**, Chiesi

Report: Nora Lessing, Ahnen&Enkel

# “One hospital bed consumes as much energy as three single-family homes”



## Report from the workshop “Energy”

**Energy consumption in healthcare is high. Educating staff can be a first step toward improvement. After that, however, the question of financing quickly arises. Anja Leetz and Christian Grah discussed with participants of the Energy Workshop what solutions are available on the way to a climate-neutral energy supply.**

“One hospital bed consumes as much energy in a year as three single-family homes”, explains Anja Leetz to the participants of the Energy Workshop. The group had gathered in the former sluice house of the Schöneberg gasworks on the EUREF Campus to talk about the high energy consumption in the healthcare sector. After all, the hospital bed is only one

piece of the puzzle of a fundamental problem: The healthcare sector is responsible for 5.2% of national greenhouse gas emissions. That is more than German air traffic, for example. What needs to happen to improve the balance?

## “Germany sends a signal”

Leetz has spent a large part of her life abroad. She knows the view from the outside: “Germany sends a signal. If we make progress in the health sector here, it is noticed in other countries.” At the same time, Germany can learn a lot from its European neighbours. The United Kingdom, for example, is a role model for environmental sustainability in healthcare. Since 2010, healthcare facilities have voluntarily reported on their sustainability efforts in their annual reports. From 2022, the UK’s National Health Service (NHS) will be



required by law (Health and Care Act) to meet annual reduction targets, take action to reduce CO<sub>2</sub> emissions, provide data, and report publicly. Among other things, this reporting requirement has led to a high level of awareness of climate change issues in the UK healthcare system.

In the EU, large companies have been required to publish similar reports, called Corporate Social Responsibility (CSR) reports, since 2017. This reporting requirement will be expanded in the coming years. By 2025, all companies will be required to report if they meet at least two of the following three criteria: at least 250 employees, a balance sheet total of more than 20 million euros, or a turnover of more than 40 million euros. This applies to many larger hospitals. Leetz welcomes this development: “A reporting requirement creates publicity. If it becomes known that a hospital is operating in a particularly climate-damaging way, that creates pressure. And that’s a good thing.” In addition to image problems, poor CSR reports can also have tangible financial consequences, according to a workshop participant who works in a hospital. Banks would think twice about investing in a climate-damaging company – after all, they have to disclose in their own environmental reports how sustainably they invest their money. One major German bank has already stopped signing contracts with energy companies that generate more than 20 percent of their sales or electricity from coal.



Dr Christian Grah recommends a separate cost centre for climate protection

## Lighthouse project Havelhöhe: Climate protection cost centre should pay for itself

“Climate change is the biggest health risk of our time.” Dr Christian Grah, the second speaker at the workshop, began his presentation with this quote from the 2009 edition of the medical journal “The Lancet”. According to Grah, physicians should therefore be particularly committed to climate protection. The pulmonologist knows the challenges involved in greening a hospital. At the Havelhöhe Clinic on the outskirts of Berlin, he and his colleagues have been committed to ecological change for several years. The goal: By 2030, the clinic’s energy supply should be completely climate-neutral. The hospital has already achieved part of its goal: Compared to 1990, the hospital’s CO<sub>2</sub> emissions have dropped by about 70 percent.

### Staff training for climate protection

What can other hospitals learn from Havelhöhe? Grah is convinced that even simple measures such as staff training can have a significant impact. “15% of the direct emissions in the hospital can be saved by simple changes in behaviour – if everyone behaves as they do at home. This means: Turning off computers after work, using energy-efficient ventilation, being careful with batteries.” A participant who works in a hospital adds: “I often see sterilely dressed surgeons hear their cell phone ring, take off all their clothes again, make a quick phone call, and then get dressed again in a new set of clothing”. It would be easy to change these everyday behaviours through staff training. Again, it’s worth looking at our neighbours: Sweden has mandatory training for employees on environmental sustainability and resource consumption, says Anja Leetz. “This raises awareness, which we could also do with here.”

However, more needs to be done to achieve climate neutrality. That’s why Havelhöhe has a climate plan that calls for a gradual reduction of emissions by 2030. All this costs money. Grah’s solution? A climate protection cost centre that should pay for itself





“Germany has a role model function”, says Anja Leetz

## Climate protection cost centre

The principle, developed in Stuttgart under the name *Intracting*, is easy to explain: The hospital establishes a new cost centre that plans and finances climate protection expenditures. This requires start-up funding, which can come from the hospital’s own resources, grants, or donations. The cost centre’s staff evaluates where energy can be saved or gained in the operation and implements the appropriate measures – for example, by installing a photovoltaic system. The new energy source saves the facility money that would normally go into the hospital’s budget – and thus be available for future expenses. Not so with *Intracting*. According to Grah’s plan, the savings will go directly back into the climate change cost centre and be reinvested in climate change. In the end, the cost centre pays for itself, and the climate officers can implement additional measures on their own without having to fight for funding each time. A positive side effect: The profits from energy savings need to be calculated and published as they flow into the cost centre’s account. This makes it clear to everyone that climate protection is not only an environmental necessity, but also an economic advantage.

Mandatory reporting, staff training, or a separate cost centre: There are many ways to save energy. After the workshop, the motivation to do so is high – “We just have to get started”, said one participant at the end.

## The Energy Workshop was chaired by:

- **Anja Leetz**, seit 2021 Beraterin bei der Deutschen Gesellschaft für Internationale Zusammenarbeit (GIZ) für Pandemieprävention und -bekämpfung, Mitbegründerin der Globalen Allianz für Klimawandel und Gesundheit sowie des Netzwerks für Globale Grüne und Gesunde Krankenhäuser, Mitglied bei Sciana, dem Netzwerk für Führungskräfte im Gesundheitssystem
- **Dr. Christian Grah**, Facharzt für innere Medizin und Pneumologie und leitender Arzt der Pneumologie und des Lungenkrebszentrums im Gemeinschaftskrankenhaus Havelhöhe
- **Moderation: Hans-Jürgen Oberkönig**, Chiesi

Report: Tilman Eicke, Ahnen&Enkell





# Save the Date – WeACT Con 2024

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For 2024, we promise exciting presentations, interesting workshops, and top-notch speakers. We look forward to seeing old friends and welcoming new ones.

**When**      **23 & 24 April 2024**  
**Where**     **EUREF Campus Berlin**  
**What**      **Top-class speakers, cross-functional  
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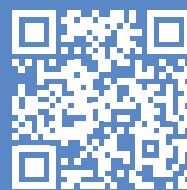












Here are the day's highlights from WeACT  
Con 2023 in video format. Production:  
Kloepfer MEDIA + TRAINING



# The goal is set, the implementation is just beginning: Sustainability in healthcare



from left to right Prof. Dr Andrew Ullmann, Prof. Dr Timo Ulrichs, Dr Boris Thurisch, Tina Rudolph, Anne-Kathrin Klemm, Dr Gerald Gaß, Dr Ute Teichert, Dr Albrecht Kloepper (Moderator)

## Quotes from the panel discussion

**At the WeACT Con panel discussion, representatives from politics, industry, and associations discussed the current state of climate protection in healthcare, the challenges, and possible solutions.**

### Tina Rudolph

Member of the German Bundestag, spokesperson for the SPD parliamentary group on global health

“We would like to do more on sustainability than we have been able to so far. There is always the dichotomy between funding issues and the pressure to act, which has grown in

the meantime. There are a lot of ideas. We need to make emissions in the healthcare sector visible. And then I need the second step: I need more latitude to choose the better product.”

“We haven’t gotten very far with voluntary measures. We need legal requirements. In healthcare, we’re still at the beginning: I wonder how the individual indicators in procurement law can be made comparable. Necessity, expediency, and cost-effectiveness are clearly defined. If you add sustainability, I have to ask myself: How much more expensive can a product be per tonne of CO<sub>2</sub>, and by how much? Theoretically, we’ve come a long way, but a concrete roadmap still needs to be drawn up.”

**On healthcare trade-offs:**

“We have not yet uncovered all the trade-offs in healthcare. There is a desire for more regulation and more leeway. There is a desire to be able to make freer contracting decisions, which will be more expensive; but, of course, insurance premiums should not go up. And on top of that: Of course, we want more digitalisation, but right now we’re still struggling to get more than half a million of the 80 million insured to understand that they can have basic confidence in an electronic patient record.”

**Dr Gerald Gaß**

Chairman of the Board of the German Hospital Association (Deutsche Krankenhausgesellschaft, DKG)

**On the situation of hospitals and the position of the DKG, as well as the investment deficit in German hospitals:**

“We have not invested enough for years and decades. As hospitals, we are caught between two stools. The federal and state governments are arguing about a hospital reform, and it has been announced: We will be compensated for inflation; investment funds will come. But I’m curious to see if that will happen. We are talking about a volume of 40 billion euros for the climate neutrality of German hospitals. That’s a lot of money, but we can do a lot with it.”

“We have so many dedicated people in hospitals who want to make a difference, but they are constantly frustrated by over-regulation that forces them to consume resources that are clearly unnecessary. We want to unleash the capacity for innovation, not discourage people. We need room for experimentation, and we need to trust the people on the ground who want to make a difference.

**On prevention:**

“We need to prioritise. We have limited resources. That applies to prevention as much as it does to sustainability. How can we achieve the greatest possible benefit with the one euro we have? Where can we achieve the most with what we have, in terms of the national economy or sustainability?”

**Anne-Kathrin Klemm**

Member of the Management Board of BKK Dachverband

“Sustainability must be considered in all structural reforms of hospitals.”

**On the requirement of economic efficiency in healthcare: Do you need a different legal framework to create the leeway for sustainable management in hospitals?**

“A very clear yes. We need to anchor the issue of socio-ecological sustainability in all social legislation and in the entire healthcare system. At a time when we all have to be creative, we should turn the permission proviso around and say: Everything that is not explicitly forbidden is allowed in order to get the players to act.”

**On the health risks of climate change:**

“We need to be at the forefront of resource conservation: Avoid diseases that are preventable. In healthcare, we need to conserve resources and use the opportunities of digitalisation and intelligent AI. When the electronic patient record comes – hopefully soon – AI could use the available data in a very individualised way. Vulnerable patients will then be informed by AI: Your medication won’t work well if the temperature is above 30 degrees. We’re developing intelligent AI that does more than just say: When it gets hot, stay home and drink plenty of fluids. There’s more we can do.” “Climate literacy is health literacy, and it belongs in all medical and non-medical education. There is a lot of room for improvement.”

**On the topic of funding.****Is sustainability inherently more expensive?**

“People always say: Until we get the money, we won’t do anything. But you can do a lot right now, and you don’t have to wait for money to rain down like manna from heaven. Some investments already pay off, and even changing processes can make a big difference.”

“Yes, it costs now. However, we should look at the long-term benefits and what will happen if we don’t invest.”

## Dr Ute Teichert

Head of Department 6 “Public Health” at the German Federal Ministry of Health (Bundesministerium für Gesundheit, BMG)

“Cross-cutting issues play a big role for us. My department is the umbrella and the basis for all the topics discussed here: Public health, infection protection, environment, climate health and sustainability as well as health literacy, prevention, and drinking water. But if the foundation isn’t right, we can’t build the roof. We need a strategy. We need to talk about hospitals, disease prevention, health promotion, education, and training. We need to involve communities. We need to see things being implemented. Public health is at the forefront here – the care of the population must not be lost in the issues of climate protection and climate health. This is where public health can make a big difference.”

### **In a healthcare system where money flows only when someone is sick, how can we put “prevention” first?**

“Prevention is an essential building block. Of course, you’re right: We have a communication problem when it comes to prevention. We are in the process of setting up a national prevention plan with various indicators and incentives. Up to now, we have concentrated on the areas of care, looking at what can be saved – and prevention has been a secondary priority. The fact that vaccination, for example, is a form of prevention is something that people are very slow to grasp.”

## Prof. Dr Timo Ulrichs

Professor of International Emergency and Disaster Response, Director of the Institute for Research in International Assistance (IRIA), and Vice President of the Akkon University of Human Sciences

“Of course, it’s not enough for us to insulate all the hospitals and reduce our energy consumption there. Sustainability also means thinking now about how we will need these hospitals in the next ten, twenty, thirty, forty years, and what the disease burden will be then, so that we can prepare adequately. The pandemic has taught us that there may be times when demand peaks and we need more staff and

structures than what is currently being kept on the side-lines because everything is run according to market principles. Sustainability also means answering the question: Where does it make sense in the future to have an interface between planning structures and market forces?”

“In very many, mostly poorer parts of the world, climate change has long been a much greater threat to health than it is here in Germany. So, we should be thinking about how to make health systems locally resilient, so that people have no reason to leave. Actually, you would have to say: We need to give away a lot more of our resources so that people in poorer countries can get better care.”

“We need to invest in prevention. What has been spent on prevention so far – measured in terms of spending on hospitals and outpatient care – is in the parts per thousand range, and that is not reasonable – and certainly not sustainable. This means: If there is a commitment to more prevention, then the right regulatory framework must be created.”

### **What does sustainability mean on a global scale?**

“We have to strengthen the right structures. And these are the structures of the WHO. Especially in the international context, nothing is more sustainable than understanding and talking about health with partners. Only direct communication can lead to solution-oriented, sustainable work.”

## Dr Boris Thurisch

Head of Environment and Sustainability at the German Pharmaceutical Industry Association (Bundesverband der Pharmazeutischen Industrie e.V., BPI)

“The pharmaceutical industry is also fully behind the concepts of sustainability. We see that many companies are already on their way. Of course, we are committed to preventing people from getting sick in the first place – and that includes, first and foremost, a healthy environment.”

“The topic of sustainability is still very new in the healthcare sector. But the awareness is there. For example, we are trying to create synergies with wholesalers and hospitals.”



“If sustainability aspects were taken into account in the reimbursement of medicines, I could imagine that this would accelerate developments in this area. For this to happen, however, we need to define what we mean by a ‘sustainable drug’. We also have to make sure that we do not create additional bureaucracy or supply problems by, for example, committing ourselves to a particular ‘green’ drug. That could lead to supply bottlenecks – that’s something we have to avoid at all costs.”

**Isn’t this true: The sicker the patient, the more drugs are sold? In other words, isn’t sickness better for the industry than health?**

“We are not an industry that creates disease. Of course, we want to have healthy people, and we are committed to that.”

**Prof. Dr Andrew Ullmann**

Member of the German Bundestag, health policy spokesman of the FDP parliamentary group; specialist in internal medicine, university professor

“Hospitals have not been renovated in terms of energy efficiency for decades. A lot has not been done. Now people are saying that the federal government should step in. But that is not a sustainable policy, but rather a consumption policy. For us, investing in hospitals would be the right investment in sustainability. What’s needed here is a policy of partnership between the federal government and the federal states, without the federal states repeatedly failing to take responsibility.”

**How can we finance sustainability?**

“What we don’t want to do in the coalition government: Throw money at everything to keep everybody quiet and then move on. That was the old health policy. We are bolder and say: We want to change it now, and we have to change it now. That’s how we’re going to get a healthcare system that’s fairer and more efficient – and, in my opinion, much more sustainable.”

“Sustainability costs money. Prevention also costs money. Nevertheless: We have to look at the healthcare system in terms of health, not illness. In the end, it always costs more to treat a disease than to prevent it.”

“We don’t know how to achieve the Sustainable Development Goals (SDGs) by 2030. That’s an unsolved problem. But if we want a World Health Organisation, countries need to support that organisation. Together, multilaterally, in partnership, health systems need to be strengthened. This is where politics must change: Partnership for a healthier world, for planetary health. We have to do it together – even if we have different speeds.”

## “It’s not about saving the world, it’s about saving ourselves”



**Kerstin Blum** is a project manager and health policy expert at the agency Die BrückenKöpfe. Among other things, she worked as a department head at the AOK-Bundesverband before she and Eckart von Hirschhausen started the foundation Healthy Earth – Healthy People (Gesunde Erde – Gesunde Menschen, GEGM) in 2020. As managing director of the foundation, she is committed to communicating the connections between climate protection and health protection to the public and to strengthening the exchange between social actors from civil society, politics, and the health sector. Together with Jürgen Graalman and Eckart von Hirschhausen, she published the book “Jetzt oder nie – Nachhaltigkeit im Gesundheitswesen” [Now or never – sustainability in healthcare].

Healthy people can only exist on a healthy planet: As managing director of the Healthy Earth – Healthy People Foundation, Kerstin Blum is committed to linking health, climate protection, and sustainability. In an interview, the health policy expert explains why a general rethink is needed in the health sector.

### **Ms Blum, your foundation is committed to planetary health. What does that mean?**

Planetary health describes the interrelationships between the Earth’s ecosystems, animal health, and human health, taking a holistic view of health. Ultimately, what we need for our health is air to breathe, water to drink, plants to eat, and stable ecosystems – not the next surgery, antihypertensive drug, or other intervention. Of course, these can make a big difference in individual cases, but in the end they won’t be enough if we don’t succeed in stabilising the Earth’s ecosystems. The climate crisis is the greatest health threat of the 21st century. However, at the same time, it is also a great opportunity: If we take effective climate action now, if we treat ourselves and our world differently, we have a chance for a healthier future. After all, the way we do business and use energy today has not created a world that puts the health of people, animals, and ecosystems first. In the end, climate action and sustainability transformation are not about saving the world, it is about saving ourselves.

### **What is the climate crisis doing to our bodies and minds?**

The consequences of the heat can be seen and understood immediately: Southern Europe is currently experiencing a drought, and people are starting to talk seriously about what this is doing to fruit and vegetable production in Europe. Somewhat less in the public eye is the increase in zoonoses – infectious diseases transmitted from animals to humans. This is because animals have less habitat available to them today, which means they come into contact with humans more often. In many regions of the world, water quality is declining, which can pose a serious threat to health. Air pollution is also a huge problem, which we have often taken for granted, and which is being exacerbated by the climate crisis. What we have not seen so far are the psychological effects: What is all this doing to our souls and, beyond that, to our societies? It will be a great challenge for all of us to accept and understand the consequences of our actions and the dangers we face, and to take positive action.

## When you look at healthcare today, you talk about a sustainability dilemma. What do you mean by that?

Healthcare is a relatively late entrant into the sustainability discussion because it's where lives are saved. For a long time, how we use resources in this context did not seem to be a central issue. Today that is changing. The sustainability dilemma now arises from the fact that planning horizons in healthcare have traditionally been very short: Incentives for the kind of long-term, multi-generational planning that sustainability requires are even weaker here than in other sectors. The ecological question brings new pressures into the system. How can we become more sustainable in the three key dimensions: environmental, economic, and social? There is a great opportunity to combine environmental sustainability with much-needed structural reforms to create a more efficient healthcare system that thinks long term and really puts health at the centre.

## How do these demands relate to the requirement of economic efficiency?

Of course, we also have to address the issue of economic sustainability in the system. We can't just keep tinkering with legislation to fill the next financial gap. A lot is already happening in a variety of institutions – in the professional societies, in the professional associations, right up to the highest decision-making levels. It is important, also in terms of cost-effectiveness, to keep an eye on things that we have known for a long time are good: Prevention rather than cure, for example. We need to create incentives in the system to really take prevention seriously and thus prevent disease. If we can do that, we will save human and financial resources and reduce emissions at the same time.

## Where can we start to take action today?

First of all, we need to embed environmental sustainability into the system. Currently, when a drug is approved, there is an ecological test, but this has no impact on the approval. There needs to be regulation so that ecological aspects are taken into account when a product is brought to market. We also need a plan for where the investment will come from: If every hospital has a mandate to reduce CO<sub>2</sub> emissions, it will require a large initial investment. It will pay off in the long run, but so far there is no plan for such an investment. If you look at the system as a whole, you have to say: Right now,

hospitals make money not by promoting health, but by curing as many illnesses as possible. A different logic is needed.

## So, these are the really big system issues?

It really is about the big issues. In addition to the ecological problems, we have a major staffing crisis and a huge funding gap in almost all systems – whether long-term care insurance, statutory health insurance, or private health insurance. We have a system that is designed for the short term, that focuses on financing, that favours technical medicine over talking medicine and curative care over prevention. This is obviously unsustainable; it is simply not sustainable. In society as a whole, we are currently discussing whether our way of doing business is already unsustainable in its design and therefore cannot last. I see the same opportunity in healthcare. When, if not now, do we need to seriously question everything?

It's not going to be easy; there's no question about that. As a society, we are beginning to realise how urgent this is and that there is no alternative. We're going to have to change things. Now there's an opportunity to think about how we can move this in a good direction.

Interview: Nora Lessing, Ahnen&Enkel



# Proposing solutions and implementing them proactively



**Dorothea Baltruks** a researcher at the Centre for Planetary Health Policy (CPHP), where she focuses on how to make healthcare systems more sustainable. Founded in 2022 as a think tank, CPHP is part of the German Climate Change and Health Alliance (Deutsche Allianz Klimawandel und Gesundheit e.V., KLUG). The aim of the association is to raise public awareness of the impact of climate change on health and to work with stakeholders in the field to develop solutions for a sustainable transformation of the healthcare system.

The Centre for Planetary Health Policy (CPHP) was launched in Berlin in 2023. The goal of the think tank: To advise policymakers on the health impacts of climate change and other ecological crises, and to work with political and social actors to develop proposed solutions. In an interview, political scientist Dorothea Baltruks explains what needs to change and what actors can do today to drive forward the sustainability transformation.

## **Ms Baltruks, almost everyone agrees that the healthcare system needs to become more sustainable. But the only problem is implementation. What political conditions hinder or prevent progress?**

First of all, there is no climate neutrality target for the German healthcare system, so in principle the only requirement is that Germany must become climate neutral by 2045, which implicitly includes the healthcare sector. While we have concrete targets in the transport, energy, and housing sectors in line with the Climate Protection Act, we lack them in the healthcare sector. One of the consequences is that emissions are not recorded everywhere, regularly or systematically. To put this into perspective: It is estimated that around 5.2% of emissions in Germany are generated in the healthcare sector, with around two-thirds of this coming from the supply chains for pharmaceuticals, medical devices, and other products, such as meals. Just over 20% comes from the supply of energy and heat to hospitals and various smaller items. There are a number of policy hurdles, particularly with regard to supply chains.

## **What are they?**

For example, pharmaceuticals and medical devices are regulated separately, but there is a lack of transparent data for both. We often don't even know what the lifecycle assessment of a product or drug is, so hospitals can't choose the greener one. Since 2005, there has been an environmental impact assessment for pharmaceuticals, but it is not relevant for approval. So at least we have data on these drugs, but it has little impact. The European Commission's new pharmaceutical package now stipulates that environmental risks will become relevant for approval and that both the data situation and the testing of older drugs with harmful environmental effects must be improved. These are also important issues because the sustainability of supply chains

is sometimes very opaque, especially for many generics and antibiotics. These are mainly produced in China and India, and it is sometimes very difficult to understand what the working conditions are and what environmental standards are actually being met. The whole system needs to work together to see how production in Europe, for example, where manufacturing conditions are more transparent, can be strengthened.

### What about policy barriers in other areas of healthcare?

There is a lot of discussion at the moment about heating systems in private buildings, but of course hospitals are affected as well: They have to insulate, convert their heating systems and energy supply. This is relatively complex and costs a lot of money. This is something that could be included in the hospital reform that is being worked on. Another issue is the flat rate per case, which currently creates the wrong incentives. Creating more incentives for resource-efficient treatments would not only benefit the environment, but also patients. Overall, there should be less emphasis on the “repair apparatus” of the healthcare system and much more on prevention and health promotion.

### Would you say that the main problem is a lack of regulation? Or is it also the case that the political framework actively blocks sustainability?

Partly the one, partly the other. There is a lack of regulation, but there are also areas where the legal situation actively hinders sustainability. One example is the economic efficiency requirement in Book V of the German Social Code (SGB V): In principle, health insurers and healthcare facilities must always buy the cheapest product. And that makes sense in itself, because they are supposed to use the insured’s money sparingly. But what is economic efficiency? At the moment it is defined in very short-term terms: the cheapest product in the short term. It does not take into account the long-term impact on the environment, the climate, and our health. Meanwhile, some health insurers are also saying that the law needs to be supplemented with a sustainability requirement or that economic efficiency should be defined in a long-term sense.

### How are the players in the healthcare sector dealing with this?

Many want to implement sustainability, but then come up against legal limits – for example, due to hygiene regulations. For example, more and more disposable products are being used instead of reusable products in doctors’ offices and hospitals. In part, this is necessary, but it is also because the reprocessing and cleaning of reusable products is more expensive than the purchase of disposable products. Of course, hygiene regulations must be followed, but at the same time, medical offices tell us that these regulations are not always practical. In many areas, there was and is no alternative. In some, however, there is. We have to weigh things up carefully and clarify the situation with the professional associations.

### Do players have to wait for politicians to act, or can they do something themselves to drive change?

They can, and to some extent are already doing so. The most important thing is to keep emphasising the importance of sustainability for the healthcare sector, to keep informed, and to share knowledge. There are many details that need to be clarified, and there are many areas in which policymakers do not necessarily need to get involved. For example, some anaesthetic gases, especially desflurane, are very harmful to the climate. This is an issue for the professional societies, which are already dealing with it. The same goes for inhalers. Politics is clearly at the forefront, but at the same time it is even more important that all stakeholders take action, present their solutions, and implement them proactively.

Interview: Nora Lessing, Ahnen&Enkel



# “We need policy integration across sectors”



**Tina Rudolph** has been a member of the German Bundestag since September 2021. The focus of her work is “social health policy”. She is a physician and worked as a research assistant at the University Hospital of Jena and the University of Jena. She has been a member of the Jena City Council since 2019 and is a member of the finance committee, the works committee of the municipal employment office, the local transport advisory board, the climate advisory board, and the advisory board for swimming pools and leisure activities, among others, for the SPD parliamentary group.

**Political responsibilities** (among others)  
Committee on Health // Subcommittee on Global Health // Parliamentary Advisory Council on Sustainable Development // Committee on Food and Agriculture // Committee on Economic Cooperation and Development

We spoke with Tina Rudolph (SPD), member of the German Bundestag’s Health Committee and rapporteur on sustainability and environmental health, about the political and societal frameworks for linking environment and health more closely.

## What did you think about the WeACT Con 2023 kick-off conference?

It was really a very good range of topics and triggers. I personally participated in the “Health and Emissions” workshop and can say that it was very concrete. It was a lot of fun to shed light on the topic and to learn with people from the field, but also from the scientific context – I really got something out of it. If the other workshops were similar, then the conference was a great success.

## We looked at health, climate, sustainability. What moves you in these areas and how did you find access to them?

I think – and WeACT Con reaffirmed this – we do well as a society when we understand health and health impacts as an approach to climate and climate change. I think we’ve been a little bit more abstract in the debate lately. We haven’t reached the whole of society yet. But when you talk directly about health and health impacts, it becomes more tangible for people. For example: In the summer, it gets very hot, and that affects everybody. And especially those who have a lower income, who live in a smaller apartment, who can’t protect themselves in their living space because they live in shared ownership, who are dependent on finding structures that protect them from the heat.

This is something that can no longer be done by individuals, nor can it be done by the health system alone; instead, we need to link a whole range of areas together. It is precisely this interplay – the strong health component of climate, climate change, and climate policy – that I want to continue to emphasise.

## What do you think are the key points of WeACT Con?

In my opinion, the key points of WeACT Con are transparency, personal scope of action, and political integration. It is very obvious that the knowledge problem is getting smaller and smaller. The amount of studies in the different areas is very

impressive. A lot of transparency can be derived from this, because in some places you can clearly see how much CO<sub>2</sub> is produced at which point or for which product.

At the same time, there is still a lack of clarity across the board. This needs to be improved so that we can make it easier for people to make decisions. So, it's important to create comparability of different things that can be used to create a personal scope of action. That would be the second big point: to show personal scope of action. What can each individual do to make progress in this area?

Of course, everything has to be embedded in a political and regulatory framework. In other words, there needs to be policy integration across different departments. To achieve this, the issue needs even more political attention. When you did a survey of all the members of the Bundestag, almost all of them agreed that the current situation and the consequences of climate change that we are seeing overall are a problem and are likely to become much more serious in the future. The key word here is "Health in all Policies", so really thinking about what are the health impacts of policy decisions in other areas?

**Well, we have a very special market in healthcare: Patients decide primarily on the basis of where they can get the best care or the best health, not on the basis of which hospital is the most climate-friendly. So how can we perhaps create different incentives?**

I think we can create incentives through funds, for example. Similar to the Hospital Future Fund, appropriate sustainability criteria would have to be selected. In other words, money should only be given if the restructuring is accompanied by a separate consideration of the climate aspect and ensures that the healthcare system becomes climate neutral.

**In your opinion, what is the actual responsibility of the statutory health insurance system, and where does the responsibility of society as a whole begin?**

The rough division we already have between investment costs and operating costs can be an initial anchor. That health insurers will not pay for a hospital to renew its insulation or

install photovoltaics on its roof. I see this as a task for society as a whole. In addition, an investment fund will be needed for the transformation process. At the same time, it is essential that we anchor sustainability more firmly as a value in Book V of the German Social Code (SGB V).

**In the panel discussion, we also discussed whether we should include the topic of sustainability in Section 12 SGB V. Sustainability would then be an aspect according to which health insurers could structure their costs. Would that be a good idea?**

The idea is basically a good one. I guess when you hear it for the first time, you think: Great, we should do that right away. However, there is a bit of a difficulty, because currently in Section 12 there are three parameters that are weighed against each other: Necessity, expediency, and cost-effectiveness. And when I add sustainability, I have to make sure that I'm not comparing apples and oranges. I have to be able to somehow quantify how much CO<sub>2</sub> reduction justifies how much higher price. That is difficult. I don't know a sufficient concept for that yet. It is enormously important to consider sustainability as a value and to enshrine it in law. But now it's a question of finding the best variant, of finding out how this can actually work.

At the same time – and this is also enormously important – the health insurance companies are showing a strong interest in getting involved in the area of climate and the consequences of climate change, but also in adaptation. But at the moment they are doing it through pilot projects and individual agreements. This is mostly bureaucratic and very selective in terms of patient access. The fact that sustainability is not enshrined in law means that it is not yet part of standard care. We have to change that.

**If we look at this legislative session: Will it be possible to get the issue back on the political agenda?**

One difficulty is that it is a very broad issue, involving several areas, several committees, and several ministries, and that is a difficult prerequisite.



If we have good concepts and, above all, an answer to the question of how we can get sustainability into Book V of the German Social Code (SGB V), then that would be good preparation for the next legislative session.

In addition, of course, we should also use our “soft power” and further strengthen the issue of sustainability in the parliamentary arena. I am also a member of the Parliamentary Advisory Council on Sustainable Development. Here I make sure that, for example, a climate-neutral healthcare system and climate-neutral clinics are on the agenda and that we have a meeting about it. There is also the “One Health” parliamentary group. Thus, we try to bring people together at different levels to keep working on this. Sometimes you need a little more stamina.

Interview: Dr Albrecht Kloepper



## “It is crucial that we take action”



**Dr Ute Teichert** is a German physician and public health specialist. Since February 2022, she has been Director General for Public Health (Health Protection, Health Security and Sustainability until the beginning of April 2022) at the German Federal Ministry of Health. Prior to that, she headed the Academy of Public Health (Akademie für Öffentliches Gesundheitswesen) in Düsseldorf since 2014 and was president of the German Association of Public Health Physicians (Bundesverband der Ärztinnen und Ärzte des öffentlichen Gesundheitsdienstes e.V.) until the end of January 2022.

We spoke to Dr Ute Teichert, Head of Department (Department 6 “Public Health”, Federal Ministry of Health), about the political scope for action and the approaches of “Health in all Policies” and “One Health” as important and forward-looking concepts.

### What did you think about WeACT Con 2023?

In my opinion, WeACT Con was a great success. I found the presentations and discussions very informative and successful. I particularly welcome the WeACT Con approach of providing an interdisciplinary platform for the cross-cutting issue of environment and health. This promotes networking and the much-needed exchange between all participants.

### To what extent does the Federal Ministry of Health deal with the topic of environment and health?

We are facing extreme conditions as a result of climate change: longer heat waves, new pathogens, greater health burdens for everyone – especially for vulnerable groups.

What is needed is a rethink in politics and society that recognises how closely human, animal, and environmental health are linked. After all, an intact environment is a basic prerequisite for human health and well-being. Only if political action in the sense of “Health in all Policies” and “One Health” in all relevant departments and at all levels takes greater account of this interrelationship will it be possible to create an environment that enables health and well-being for all. The Federal Ministry of Health (Bundesgesundheitsministerium, BMG) is active and committed at many different levels, for example in strengthening the public health system.

The BMG’s goal is to advance the issue nationally and internationally, promote exchange at various levels, strengthen research, generate knowledge and data for risk reduction strategies, disseminate verified findings, publicise good examples, and address the contribution of the health system to CO<sub>2</sub> reduction.

This is one of the reasons why, at the end of last year, the Federal Minister of Health, Prof. Lauterbach, launched the “Climate Pact for Health” together with the local authorities, the federal states, and the leading municipal associations.

### **We don't hear much from the Federal Centre for Health Education at the moment, but wouldn't they be predestined to address the issue in a preventive way?**

The Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung, BZgA) has developed the information portal [klima.mensch.gesundheit](https://www.klima.mensch.gesundheit). Here you will find quality-assured and vivid tips for the entire population, but also for professionals and for living environments such as municipalities, on the topics of heat protection and UV protection, as well as other topics.

Knowledge about adaptation to climate change must become common knowledge. In terms of behavioural and situational prevention, this applies equally to those affected and to professionals in the living environments. They must be provided with low-threshold, target-group-specific information on how to react to heat waves and what measures can be taken in advance to increase resilience. These information services need to be continuously expanded.

### **It's not entirely within the remit of Department 6 "Public Health", but are there any recommendations on how to make our health system more climate- and environment-friendly?**

In order to achieve the federal government's goal of climate neutrality by 2045, considerable efforts must be made in all areas of the healthcare system. Since the emissions in the individual sectors – e.g., outpatient, inpatient, or nursing care – are not yet explicitly known, the Potsdam Institute for Climate Impact Research (Potsdam-Institut für Klimafolgenforschung, PIK) is currently preparing a corresponding analysis on behalf of the Federal Ministry of Health. This analysis will provide important guidance for all stakeholders in the healthcare system to initiate and promote targeted measures.

In addition, research is underway to identify funding opportunities that could provide financial support to healthcare stakeholders to become more climate-neutral.

### **From your perspective in the public health sector: Do municipalities, health authorities, and regional care structures have a role to play – and perhaps even an obligation?**

This week, the German Advisory Council on the Environment (Sachverständigenrat für Umweltfragen) presented its special report, "Environment and Health: Consistent Convergence", to Federal Environment Minister Lemke and Federal Health Minister Lauterbach.

I can only emphasise the recommendation of the independent scientific advisory council to integrate health-related environmental protection more strongly than in the past as a cross-cutting policy task at the federal, state, and local levels.



[www.umweltrat.de/Shared-Docs/Downloads/DE/02\\_Sondergutachten/2020\\_2024/2023\\_06\\_SG\\_Umwelt\\_und\\_Gesundheit\\_zusammendenken.pdf](https://www.umweltrat.de/Shared-Docs/Downloads/DE/02_Sondergutachten/2020_2024/2023_06_SG_Umwelt_und_Gesundheit_zusammendenken.pdf)

A healthy environment is a prerequisite for human health and quality of life. Preserving the health of ecosystems, animals, and plants is therefore also preventive healthcare for people and a task for all levels of government, and thus an essential component of public health and an important task of the public health service.

It is crucial that we also take action and not just write plans for how to deal with heat. This is where local governments, especially public health departments, have an important role to play. We need to reach people where they live so they can adapt their daily lives to changing climatic conditions.

This shows: To be successful, all stakeholders in our healthcare system must face up to their responsibilities and take joint action. The Federal Ministry of Health wants to set the framework and provide the impetus.

Interview: Dr Albrecht Kloepfer



**“Employees must contribute to change processes!”**



## **Climate protection at Havelhöhe**

**The buildings listed as protected monuments of the Havelhöhe Community Hospital (GKH) are located not far from the Havel River, in the midst of small settlements. When it was founded in 1995, the idea was to create a hospital that not only met the medical standards of the time, but also worked in harmony with nature. In the meantime, the hospital saves about 70% of the original greenhouse gas emissions in the areas of energy and heat. By 2030, Havelhöhe wants to be the first hospital in Germany to be completely emissions free. To achieve this, the team is focusing on healthy, climate-friendly food, and locally sourced, renewable energy.**

“The key question for us is: How can we look at sick people holistically, treat them to a high technical standard with full affirmation of modern medical methods, and still be an integral part of this planet?”, says Christian Grah. The lung specialist is a co-founder of the Havelhöhe Community Hospital, where he and his colleagues have been working for around 30 years to organise sustainable hospital operations.

In light of the worsening climate crisis, Grah founded the “Real-World Lab Climate Friendly Hospital” working group at the hospital in 2021. Together with a small team of colleagues, he spent a year identifying areas for action and developing concepts for how Havelhöhe could save even more emissions and become more climate compatible,



climate friendly, and climate just. In doing so, they also looked at methods of agile management as well as insights and concepts from philosophy and the social sciences. The results, strategies, and recommendations for action were recently compiled by the Real-World Lab in a guideline that can be downloaded from the hospital’s website. The goal: to work with other hospitals on the necessary sustainability transformation and to provide assistance on how to make the change a success.

### **The stated goal: To generate our own renewable energy**

For example, in the area of energy. Here, Havelhöhe works together with various external institutions and consultants. In addition to participating in the KLIK Green project and receiving BUND certification, the hospital has gradually begun to switch from fossil fuels to renewable energies. Over the years, three combined heat and power plants have been built, and the hospital hopes to become an energy producer in the future. “It would be the wrong social gesture for us to hand over the necessary changes to an external energy supplier in order to get rid of the problem. Instead, we want to reverse the principle: We want to be responsible for our own supply”, explains Grah. One of the advantages: The added value stays within the hospital. “Generating our own electricity is cheaper than buying it. That frees up money – for positive changes in Scope 3, for example.”

The model the hospital has chosen is called Intracting. In contrast to contracting, the changes are not implemented by external companies, but by the hospital’s own employees, some of whom have been hired specifically for this purpose. Grah emphasises that sustainable success can only be achieved if the employees themselves actively drive the change processes. “15% of a hospital’s energy consumption depends on the behaviour of its employees: How to ventilate, how to heat? Turning off computers at night, using materials carefully – these things can only be done within an organisation. If you have internal people driving the change and really getting to grips with the issue, then you can achieve that 15%. And that’s why I’m in favour of outsourcing as few of these tasks as possible.”



View of the Wannsee: The Havelhöhe site

Over the next few years, Grah and his team plan to cover about 30 percent of the clinic’s electricity needs with photovoltaic systems on the clinic’s roofs. In cooperation with its sponsor association, the GKH is considering generating all of the additional power it needs by installing photovoltaic and wind turbines on open land in Brandenburg. “In addition, we will need solutions for storing electricity, which is also not trivial due to legal regulations. In ten years’ time, we’ll perhaps be working with self-produced biogas or hydrogen, if it’s available by then.” Havelhöhe already uses diesel almost only for emergency power, while the ten buildings on the hospital grounds are still heated with natural gas. In the future, the GKH would like to heat with heat pumps and install capillary networks in ceilings and walls. “We know these networks from underfloor heating systems; they are much more efficient than radiators”, explains the doctor.

### **Hospital kitchen: regional vegetables and legumes, little meat**

Since 2017, the food supply has also changed: Starting in 2019, the hospital has gradually increased the amount it spends daily on food for patients from 4.74 euros to 5.50 euros. In the process, the food has become more climate-friendly and healthier. “We were able to increase the share of organic food from 40% in 2017 to 60% within five years.” The proportion of regional food is currently around 18% in winter and 20 to 22% in spring, summer, and fall. “Meat is available twice a week, fish once a month, and both exclusively from organic livestock”, the doctor reports. The



Employees are driving the change: Group photo of the climate team

fact that the switch was relatively inexpensive is partly due to the fact that even cheap meat from factory farms is sometimes much more expensive than vegetables and legumes. By 2030, the kitchen plans to source 100% of its food from organic sources and 80% from regional producers. Whether or not this will ultimately be achieved depends heavily on the development of regional structures.

### Pharmaceuticals: Use in a more targeted way and check for sustainability



Local and lots of vegetables: Sustainable cuisine is also healthier

In the coming years, the Havelhöhe Clinic wants to focus more on sustainability in the area of pharmaceuticals. “The background to this is that we have a big problem in the healthcare sector with regard to supply chains and the use of medicines: A lot is destroyed in the production of medicines, and overuse and misuse cause a lot of disease.” Havelhöhe therefore wants to test drugs for sustainability and replace particularly environmentally harmful drugs with

more sustainable alternatives that are just as effective. “We also want to find ways to reduce misuse and overuse of antibiotics by patients.” Prevention will also be strengthened, with more frequent use of non-drug interventions where possible. “For some diseases, the body’s self-regulating power and small trigger factors from natural medicine are absolutely sufficient: Not every common cold needs a molecular drug intervention.”

The GKH plans to implement sustainability measures in a total of 14 fields of action in the coming years. Many of the ideas were developed in the Real-World Lab working group. Could the establishment of a real-world lab be useful for other hospitals? “We need a lot of small solutions for the healthcare sector, and we don’t know many of them today. In this respect, setting up a real-world lab is certainly a good idea for those who have the capacity to do so”, says Christian Grah. However, he adds, it is crucial to share information and work closely with employees. “My tip is to work together internally to identify suitable measures, acquire the resources to set up the real-world lab, and then collaborate with researchers, universities, and national organisations. In the end, all hospitals in Germany can benefit from the results.”

Christian Grah and his team have three more tips for hospitals that want to get started now: First, clinics should form a small group of no more than ten people who then make a binding agreement to work together. “Next, set up a sustainability cost centre”, recommends the real-world lab pioneer. “You look at how much money you need for your actions. You then



map each of your actions to this cost centre, and also feed back into the cost centre any income generated by the changes you make – for example, if you build a sustainable energy supply and make a profit as a result.” This measure, he says, always immediately shows that the sustainability measures taken have had an impact not only environmentally, but also economically. And the third tip? “Don’t give up!”

Interview: Nora Lessing, Ahnen&Enkel

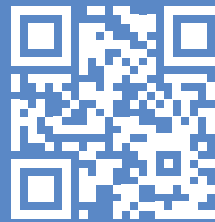
### About the person

**Dr Christian Grah** is a co-founder of the Havelhöhe Community Hospital, where he heads the Department of Pneumology and the Lung Cancer Centre. In 2021, he launched the “Climate Friendly Hospital Havelhöhe 2030” real-world lab.

He founded the Society for Lung Health and Respiratory Education, is involved in various professional societies, and is a member of the Climate Change and Health Alliance (KLUG).



The Havelhöhe guide “Prima Klima im Haus” [Great Climate in the Hospital] can be downloaded here.



The Havelhöhe team is also contributing its experience with climate-friendly hospital operations to the new Competence Centre for Climate-Resilient Medicine and Healthcare Facilities (Kompetenzzentrum für klimaresiliente Medizin und Gesundheitseinrichtungen, KliMeG).

More information:  
<https://klimeg.de>

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### UNIVERSITY OF BAYREUTH

The Institute for Medical and Health Sciences (Institut für Medizin- und Gesundheitswissenschaften, IMG) at the University of Bayreuth is an innovative, interdisciplinary model of cooperation in research and teaching in the fields of medicine, healthcare, and health system development. The evaluation of medical progress, e.g., in the field of transplantation, rehabilitation, or digital medicine, as well as the training of physicians at the Medical Campus Upper Franconia are part of the range of tasks. The IMG team is also responsible for the development and implementation of new master's programmes such as "Global Food, Nutrition, and Health", "Environment, Climate Change, and Health" or "Environment, Climate, and Health" as postgraduate education. The MBA "Leadership, Responsibility, and Communication" underlines the ethical and social commitment.

Based on the belief that science and education are essential to solving the problems of our time, current research questions guide the Institute's focus. New knowledge should enable future generations to act independently, to conduct research and to teach by example. This is exactly why the University of Bayreuth cooperates with the WeACT Con event series.

*"Current challenges such as environmental and climate change require practicable research concepts and rapid knowledge transfer from science. This is what the IMG is striving for together with its cooperation partners and is playing a pioneering role in education in Germany."*

Professor Dr. mult. Eckhard Nagel, Managing Director  
of the Institute for Medical Management and  
Health Sciences at the University of Bayreuth

Learn more at:

[www.img.uni-bayreuth.de/de/index.html](http://www.img.uni-bayreuth.de/de/index.html)

### akkon HOCHSCHULE FÜR HUMANWISSENSCHAFTEN

### iria institute for RESEARCH IN INTERNATIONAL ASSISTANCE

Since 2009, the "Akkon Hochschule für Humanwissenschaften" [Akkon University of Human Sciences] in Berlin has been Germany's first university of human sciences and the first to be sponsored by a humanitarian organisation. The state-approved university of "Johanniter Unfall-Hilfe e.V. (JUH)" offers interdisciplinary study programmes in the fields of nursing and medicine, education, and social work, as well as humanitarian aid and civil protection.

The Institute for Research in International Assistance (IRIA) at the University of Akkon has broad expertise in science-based, sustainable projects in global health, health systems strengthening, humanitarian aid, and development cooperation.

*"We are pleased that the cooperation with Chiesi, in the sense of a public-private partnership, combines scientific issues with practical aspects of health systems design and has already produced initial visible results in the form of the WeACTCon. The task now is to consolidate this collaboration in the interest of sustainability."*

Prof. Dr med. Dr PH Timo Ulrichs, Vice President of Akkon  
University and Director of IRIA.

Learn more at:

[www.akkon-hochschule.de](http://www.akkon-hochschule.de) and  
[www.akkon-hochschule.de/iria](http://www.akkon-hochschule.de/iria)

# DGIV

Deutsche Gesellschaft für  
Integrierte Versorgung  
im Gesundheitswesen e.V.

The DGIV [German Society for Integrated Care in Healthcare], founded in Berlin in the fall of 2003, is a nationwide association that aims to establish integrated, i.e., cross-sectoral, interdisciplinary, and interprofessional care concepts as the norm in medical, nursing, and social care.

*“We have emphasised the importance of a holistic view of health and the environment and shown how integrated care can help to integrate environmentally conscious and sustainable practices into healthcare”*

Professor Dr mult. Eckhard Nagel, Managing Director of DGIV.

Learn more at: [www.dgiv.org](http://www.dgiv.org)



We develop concepts and bring together people from all areas of healthcare who are interested in working together for an efficient, solidary, and patient-oriented healthcare system of the future.

ecological way despite adverse conditions. At the same time, there is no systemic or structural anchoring of sustainable action in the healthcare system. We want to advocate for this and bring our expertise to the table.

There are already many interesting lighthouses that have managed to work in a health-promoting, economical, and

Learn more at: [www.ix-institut.de](http://www.ix-institut.de)

# FLYING HEALTH

“Flying Health” is the leading ecosystem for the healthcare of the future.

As an ecosystem, Flying Health builds bridges between startups, the healthcare industry, and relevant stakeholders,

enabling industry leaders and entrepreneurs to become pioneers. Its daily work combines long-standing consulting expertise with forward-looking trend research, enabling partners to bridge the gap between healthcare and technological progress. Together with them, Flying Health develops innovative strategies, business models, and networks to shape the future of the healthcare market.

Learn more at: [www.flyinghealth.com/de](http://www.flyinghealth.com/de)





Cardiovascular diseases are still the number one cause of death and also the number one cost driver number in Germany. The association “Im Puls. Think Tank Herz-Kreislauf” [Impulse Cardiovascular Think Tank], founded in 2022, aims to raise public awareness about the prevention and control of cardiovascular diseases.

*“We had many interesting discussions during WeACT Con. A particular highlight was the Experience Trail, which gave visitors the opportunity to experience the future effects of climate change. This made the topic of prevention even more important on this day.”*

Management Board of Im Puls. Think Tank Herz-Kreislauf e.V.,  
Dr Martina Kloepper and Udo Schauder.

Learn more at: [www.herzKreislauf-impuls.de](http://www.herzKreislauf-impuls.de)



Climate and environmental protection mean a gain in health and quality of life for all of us. The “KlimaDocs” are a network of physicians who want to take more responsibility for climate protection and the health of their patients. They provide information about how closely our health and our environment are linked and how simple changes in everyday

life can protect both. Because only together can we really make a difference!

*“The collaboration between KlimaDocs and Chiesi is a shining example of combining medical expertise with environmental awareness. Together we are committed to protecting our planet and the health of us all by developing innovative solutions for climate-friendly healthcare.”*

PD [Associate Professor] Dr med. Jens Ulrich Ruffer,  
Founding Member

Learn more at: [www.klimadocs.de](http://www.klimadocs.de)



“Sustainable is the new digital.” This is the conviction of Nicole and Stefan Krojer of ZUKE Green. The combination of the insight that our current way of doing business is making our planet sick, and the knowledge that there is considerable leverage in the healthcare system to improve the situation, has led to new ideas. Thus, in 2020 it was a logical step to create “ZUKE Green” and focus on a sustainable healthcare system.

The “ZUKE Green” community brings together courageous and creative people from hospitals and looks for new approaches to solutions and climate-friendly suppliers and product ideas. The goal is to harness the power of courage and collective intelligence to build a digital network of peers to accelerate sustainable transformation.

“We were excited to be part of the birth of WeACT Con. It is a great new format that brings sustainable business back into the spotlight. In addition to the discussions and workshops, the Experience Trail remains a special memory for us. The workshop on CO<sub>2</sub> emissions, which we co-facilitated, gave us important triggers that we will continue to discuss in our community.”

Nicole Krojer, Co-Founder

Learn more at:

[www.zukunft-krankenhaus-einkauf.de/zuke-green](http://www.zukunft-krankenhaus-einkauf.de/zuke-green)



EUREF stands for “European Energy Forum” and pursues the idea of a model district for the climate-neutral, resource-saving, and intelligent city of tomorrow.

The EUREF Campus in Berlin-Schöneberg is a place of the future. Here, more than 5,000 people in over 150 companies, institutions, and start-ups are already working, researching, and learning about energy, mobility, and sustainability – cooperatively, openly, and together.

Learn more at: [www.euref.de](http://www.euref.de)



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The following topics are on the iX-Media team's mind and will be explored in the iX-Forum series:

- **Hospital reform and the future of healthcare**
- **Financing of innovations**
- **Supply potentials of the healthcare professions**
- **The future of the diagnostics industry**
- **Interdisciplinary, inter-professional – a paradigm shift in wound care**

The list is not chronological. Of course, we also address current political developments.

More than 2,500 personalised copies of the iX-Forum series are sent to parliaments, ministries, associations, scientific societies, and other important players in the healthcare sector.

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