Is it time for health facilities to go green?

By Rebecca Root // 29 September 2020

ALICANTE, Spain — Air pollution is responsible for 4 million deaths a year and, while advocates put pressure on fossil fuel companies and airlines for their role in polluting the sky, there is also a more unlikely culprit: Health facilities, which are responsible for 4.4% of global net emissions.

While health facilities in countries where there is a high level of provision are the biggest contributor to this, experts also pointed to issues in lower-resource settings.

In Africa, for example, many facilities lack reliable electricity and often rely on kerosene lanterns and diesel-fueled generators in order to provide life-saving care, according to Dr. Laura Stachel, an obstetrician-gynecologist and executive director of We Care Solar. These produce carbon dioxide and black carbon, both of which can negatively impact health as well as the environment.

“The way that [health facilities] are operating can be detrimental to people’s health so they’re actually creating some of the issues they are then treating,” explained Nick Thorp, network director of the Global Green and Healthy Hospitals project at Health Care Without Harm.

Experts are calling for hospitals to go green in a bid to better the environment and reduce some of the issues bringing patients to their beds.

“There's an opportunity while unadulterate health care facilities...
Green solutions

Perhaps the biggest game-changer in terms of becoming a greener health facility is a transition to a renewable energy source.

Talal Kanaan is the founder of the Union of Medical Care and Relief Organizations’ Syria Solar project, which was responsible for creating the country’s first solar-powered hospital in 2017.

Kanaan said the hospital saw immediate benefits from switching to solar power in terms of cost savings, reduced emissions, and increased resilience as it would be able to continue operating even if the electrical grid was damaged, or if there were fuel shortages.

Renewable energy shouldn’t be seen as an add-on but as critical, especially in humanitarian or resource-constrained settings, Kanaan said.

The use of solar energy has also ushered in a new phase of financial independence for the hospital, which can’t be named for security reasons, Kanaan explained. The conflict in Syria means that many hospitals are managed by donor-funded NGOs, but aside from the initial investment, solar energy is free. This means that if funding becomes limited, the hospital can still operate, albeit at a reduced service.

We Care Solar has installed 5,200 “Solar Suitcases” — a compact solar electric system that includes medical quality lights, a fetal Doppler with rechargeable batteries, two LED headlamps, an infrared thermometer, and charging capacity for phones and other devices — in health facilities across 20 countries. Designed specifically with maternal and newborn health care in mind, it allows for care to be delivered in places where other sources of power are unavailable.

Aside from switching to a greener energy source, there are other ways of becoming a greener facility.

The Global Green and Healthy Hospitals Agenda recommends investing in better waste management, substituting harmful chemicals with safer alternatives, reducing water consumption, improving staff and patient transportation, purchasing sustainably grown food, and buying safer and more sustainable products.

Health care company Kaiser Permanente, which operates facilities in the United States, is one organization that has committed to purchasing 100% of its food for hospitals from local and sustainable sources.

The health sector has “incredible influence” in marketplaces, Thorp said. “They purchase billions of dollars of goods every year. The more people and hospitals...
we have working on this, the more purchasing power and demand we have.”

Many individual hospitals across South Africa, Australia, and Europe have taken similar steps to correct their climate impact, but this isn’t just something those in high-income countries should be considering, Thorp added. “We see this as something everybody can and needs to be a part of,” he said.

While a smaller rural clinic may not have a big carbon footprint, going green can improve its resilience and help to provide consistent quality care.

Making the transition

For health facilities considering the adoption of greener practices, Kanaan said his advice would be to look beyond the immediate expenses or decision-making process to the long-term costs and benefits. While a solar system might look expensive initially, the long-term benefits — including cost-savings, resilience, an improved environment, and potential better health outcomes for patients — are huge, he said.

François de Borchgrave, managing director of impact investing firm KOIS, noted that the cost of investing in electricity access for health facilities in low-resource settings often falls on donors. While cheap solutions such as diesel generators can be appealing, de Borchgrave said they are harmful to the environment, less reliable, and can be more expensive in the mid-term compared to investing in solar-based solutions or hybrid solar-diesel solutions.

“There’s an opportunity while upgrading health care facilities to greener solutions to also make the local health care systems less costly,” he said.

KOIS is currently working on a blended finance mechanism to support the implementation of solar power in rural clinics through a project called Solar for Health, in partnership with UNDP. Having tested the mechanism in five countries, the hope is to scale it up to 30 countries across sub-Saharan Africa, Southeast Asia, and the Middle East.

De Borchgrave noted that investing at scale, in multiple facilities, is beneficial in allowing for the development of a whole infrastructure around renewable energy systems.

Kanaan said the initial project in Syria allowed for those involved to build up their knowledge and establish best practices, making the process easier when it came to rolling it out in other health facilities in the region.

But in situations where financing and local capacity mean that adopting a full-scale renewable energy source might not be possible, there are some low-cost actions that health facilities can deploy, Thorp said.

These include conducting staff awareness initiatives around turning off lights and equipment when not in use to reduce carbon emissions. “It’s a great way to empower and engage staff in the hospital ... to be a part of the solution. That can be a great starting point for the hospital to see savings from that,” he said, adding that more robust changes could then be implemented at a later stage once the value is seen.

Thorp urged ministries of health and international organizations to develop policies, frameworks, and funding opportunities to implement greener health care initiatives. “The work hospitals are doing on the ground is fantastic ... but that acceleration can be really supported by actual policy implementation that happens at the national, regional, or even international level,” he said.
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