

English Summary

A Green Transition in the Norwegian Health Sector

Charting pathways to a climate-neutral sector



Decarbonising Healthcare

“Decarbonising Healthcare (Grønt Helsevesen) is a project supported by the Centre for Climate and Energy Transformation (CET) at the University of Bergen, Norway, aiming to build a coalition of researchers, policy makers, clinicians and leaders working towards reducing the environmental impact of the Norwegian health system.”

Policy recommendations

1. Undertake a comprehensive national analysis of greenhouse gas emissions from the Norwegian Health Sector
2. Develop a strategic climate plan to reduce emissions from the health sector, setting specific targets for annual emission cuts on the road to zero emissions
3. Establish a Sustainable Development Unit in Norway that will be responsible for leading the work on green transition of the health sector
4. Engage employees at all levels in the health sector in order to ensure adequate local anchoring for climate action

Read more about us, background to the project and associated media coverage at <https://www.gronthelsevesen.org/english>

Globally, the health sector accounts for between 4 – 5% of global carbon emissions: more than aviation and shipping combined (1,2). International comparisons indicate that Norway has among the highest emitting healthcare systems in the world (3). The national health service (NHS) in England is one of the first national healthcare services to take this seriously, launching a ‘net zero’ plan in October 2020 (4). Against this backdrop, the Decarbonising Healthcare project set out in January 2021 to map out existing work and explore pathways to low-carbon healthcare in the Norwegian health sector.

In October 2021 the project report “*A Green Transition in the Norwegian Health Sector: charting pathways to a climate-neutral sector*” was launched in Bergen, Norway (available to view at www.gronthelsevesen.org). This work was highly informed by a roundtable discussion involving regional and national level decision-makers, health workers, researchers and activists from across Norway, as well as input from individuals from across academic, advocacy and health service organizations, several of whom are profiled in the report. The report drew extensively from existing studies, especially from joint specialist health services report in Norway, the work of *Healthcare Without Harm* internationally and innovative pockets of work at the local level.

The project has engaged in public and professional debate by writing in the Norwegian newspapers and popular science outlets, including the Editorial for a special ‘Climate Crisis’ themed issue of the *Journal of the Norwegian Medical Association* (5), and contributing to a parliamentary hearing on a climate plan for the Norwegian health sector. The report launch was covered by the flagship national current affairs radio programme from *NRK*, the Norwegian Broadcasting Corporation.

About the Norwegian Healthcare system:

The Norwegian healthcare system provides universal health coverage and is funded primarily by general taxes and payroll contributions shared by employers and employees. Patients makes co-payments for selected services and products, with limits on out-of-pocket contributions for most services. Services that are covered by the Norwegian healthcare system includes primary, hospital, ambulatory and mental healthcare, as well as select outpatient prescription drugs. The municipalities organise primary health care, while the national government is responsible for specialty healthcare, including hospital services. The specialty care is further divided into four state-owned regional health authorities. Additionally, there are a limited number of private healthcare providers, from which services are tendered from the public system – this currently accounts for around 10 percent of the regional health authorities’ operating expenses (6).

Policy recommendations

1. Undertake a comprehensive national analysis of greenhouse gas emissions from the Norwegian Health Sector

The Specialist Health Service's annual report for social responsibility (7), jointly produced by the four Norwegian regional health trusts, provides an overview of greenhouse gas emissions from the specialist health sector. This is valuable for our understanding of where Scope 1 and 2 emissions are coming from and how to reduce them. However, this report lacks good data regarding scope 3 emissions (predominantly 'upstream', supply chain emissions), which international estimates have shown to be the largest source of emissions in the health care sector, including in Norway.

We therefore recommend that a comprehensive national analysis of greenhouse gas emissions in the Norwegian Health Sector should be developed in accordance with the GHG-protocol, which includes Scope 1,2 and 3 emissions. This must include the entire health sector, i.e. the primary-, specialist-, dental- and care services. This analysis should also be taken to sub-regional level in order to more efficiently support decision-makers reduce emissions across the health and care sector.

2. Develop a strategic climate plan to reduce emissions from the health sector, setting specific targets for annual emission cuts on the road to zero emissions

Despite the large-scale use of environmental certification schemes such as ISO 14001 and *Miljøfyrtårn*, a Norwegian environmental management system for public and private companies, and other regulations enacted by the Norwegian parliament, greenhouse gas emissions continue to increase in the Norwegian health sector. This calls for a different approach to concretize goals and measures. We therefore recommend a comprehensive climate plan for the Norwegian Health Sector, which sets clear goals with specific time frames. This can be done with the help of a set 'climate budget' for the health sector.

The responsibility for the development of the climate plan should be divided between health service leaders, local, regional and national authorities, and private health providers. The Norwegian government would be expected to steer this work through the implementation of laws and regulations, for example laying down clear guidelines for more climate-friendly healthcare operations in the regional

health trust mandate, providing financial assistance to counties and municipalities, and assisting with technical know-how for the development of climate plans for primary, dental and care services.



3. Establish a Sustainable Development Unit in Norway which is responsible for leading the work on the green transition of the health sector

Norway has a wide range of research institutions, academic organisations, non-governmental organisations, trade unions, regional health trusts, advocacy groups, and international organisations that all work in different ways to reduce the climate footprint of the Norwegian health sector. However, this work remains fragmented, lacking a clear coordinating authority. We therefore recommend that, in line with the experience of the Sustainable Development Unit (SDU) established by the UK government in 2008 (forerunner of the *Greener NHS* initiative), a competence center for sustainability in the Norwegian health sector is established. This should be grounded in research and tasked with providing clear policy recommendations to support work to decarbonise the Norwegian health sector.

4. Engage employees at all levels in the health sector in order to ensure adequate local anchoring for climate action

The motivation of employees throughout the health sector will be crucial in order to successfully implement the measures necessary to reduce the greenhouse gas emissions from the health sector. Norwegian organisations such as *Legenes klimaaksjon* (Doctors Climate Action) and *Klima=helse* (Climate=health) have helped highlight and spread knowledge about the health consequences of climate change, as well as motivating a shift towards greener lifestyle. Nevertheless, there is a lack

of broader involvement of healthcare workers at all levels of the Norwegian health sector. We recommend engaging employees in the health sector in order to ensure a better local understanding and adaptation to the measures that are implemented. For example, more climate-friendly food can be served in the hospital-canteens, and employees can be offered the opportunity to engage in the development of climate-friendly measures at their department or hospital.

Financial incentives can additionally serve as encouragement for companies to offer greener alternatives. Through the Norwegian Health Economics Administration (*Helfo*), which is responsible for making direct payments to providers and setting reimbursement levels, it is possible to align financial and environmental benefits of greener options; for example, by encouraging video consultations where it is appropriate, prescribing drugs with a lower climate footprint, working preventively to avoid hospitalizations, and promoting 'green prescriptions' that encourage use of the surrounding nature.

We recommend conducting a survey among the employees in the Norwegian health sector with the purpose of identifying their concerns about climate change and its effect on health, as well as what measures they think are necessary and would prioritise in order to reduce the climate footprint of the health care sector. The Norwegian society holds a great trust in their healthcare workers; including them will add vital legitimacy to this work.

References

- (1) **Healthcare Without Harm, ARUP. 2019.** Healthcare's Climate Footprint: How the Health Sector Contributes to the Global Climate Crises & Opportunities for Action. <https://www.arup.com/perspectives/publications/research/section/healthcares-climate-footprint>
- (2) **Our World in Data.** Sector by sector: where do global greenhouse gas emissions come from?. <https://ourworldindata.org/ghg-emissions-by-sector>
- (3) **Salas et al, 2020.** A pathway to net zero emissions for healthcare. *BMJ*. <https://doi.org/10.1136/bmj.m3785>
- (4) **Greener NHS, 2020.** "Delivering a 'Net Zero' National Health Service", London, UK. <https://www.england.nhs.uk/greenernhs/a-net-zero-nhs/>
- (5) **Bhopal, A., & Shrivastava, S. H., 2021.** The climate crisis: the health service must take responsibility. *Journal of the Norwegian Medical Association*.
- (6) **The Commonwealth Fund, 2020.** International Health System Profiles: Norway <https://www.commonwealthfund.org/international-health-policy-center/countries/norway>
- (7) **Helseforetakene, 2021.** "Spesialisthelsetjenestens rapport for samfunnsansvar 2020", <https://helse-vest.no/seksjon/planar-og-rapportar> [Norwegian]



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