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Managing our climate change risk: An approach for environmental safe guarding UNDP-Global Fund HIV/ AIDS, Tuberculosis and Malaria programmes

Final Report

ARUP

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Foreword

In 2013 we presented the first carbon footprint and emission reduction strategy for a global health initiative in a report which looked at the carbon footprint of the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria (GFATM) in Montenegro and Tajikistan¹. The report encouraged a very positive response from across the global health community; something which has been further reinforced by our partner Arup being named 'Consultancy of the Year' at the Guardian Sustainable Business Awards, the submission being based on our groundbreaking project^{2&3}. At the time questions were raised about our sense for 'Realpolitik'; while the world is struggling to provide universal access to essential health services, is this really the right time to advocate for something as 'exotic' as mitigating the environmental consequences of these services and their negative health impact?

In the period since our study the UN Intergovernmental Panel on Climate Change (IPCC) has published its Fifth Assessment Report^{4&5}. The verdict it reaches is clear: despite some progress in climate change mitigation policies, greenhouse gas (GHG) emissions have accelerated by a factor of 2.5 during the last decade. The study predicts with 'high confidence' that without additional mitigation we are set for a 3.7 to 4.8°C global mean surface temperature increase by 2100. Before, we were told that even a 2.5°C increase would be hard to cope with. The prescription of the IPCC leaves therefore no doubt about the seriousness of consequences: scale-up mitigation now and do it across all sectors.

This second report does scale-up: It presents the case that GHG accounting and the implementation of emission reduction strategies is feasible for global health initiatives. Furthermore, it demonstrates the viability of these strategies not only for Europe and Central Asia, but also Africa, and not only for HIV/AIDS and TB, but also for large-scale malaria programmes and health system strengthening components.

In outcome it has established a methodology and supporting set of tools for both existing and emerging GFATM grant making mechanisms (including the New Funding Model / NFM). This enables UNDP-GF programme planners and practitioners to measure GHG emissions in a standardised way and for the rapid and efficient management of emission liabilities by informing actions to reduce emissions.

To bolster these efforts our work also reports on five separate but linked focus areas, each showcasing the opportunity for GHG emissions mitigation. These cover fleet vehicles, renewable energy for primary health facilities, monitoring and evaluation mechanisms, waste management, and supply chains. These studies highlight the case for GHG emissions reduction and the value of adopting action within mainstream objectives for provision of healthcare.

Of course GHG emissions are not the only environmental hazard caused by healthcare systems. The toxicological footprint of waste streams covering the whole lifecycle of healthcare products is important and relevant. In a parallel series of publications, the

¹http://www.eurasia.undp.org/content/rbec/en/home/library/hiv_aids/Carbon_footprint_UNDP_Global_Fund_health_initiatives_Montenegro_Tajikistan/

²<http://www.theguardian.com/sustainable-business/sustainability-case-studies-arup-engineering-consultancy>

³<http://www.undp.org/content/undp/en/home/presscenter/pressreleases/2014/05/16/undp-partner-arup-awarded-sustainable-business-accolade/>

⁴<https://www.ipcc.ch/report/ar5/index.shtml>

⁵http://report.mitigation2014.org/spm/ipcc_wg3_ar5_summary-for-policymakers_approved.pdf

UNDP reports on the assessment of waste streams created by GFATM programmes and the integration of waste management modules into grant planning and implementation steps under the NFM of GFATM.

Is this the time for the introduction of environmental safeguard policies for global health financing agencies and institutions like the GFATM? Global health initiatives such as these represent markets worth in the region of US \$30 billion annually. Which global business of similar scale and public exposure can do without them today?

There is a clear win-win situation for the GFATM to lead the process in the global health arena and for development partners to implement health programmes comprehensively in the context of sustainable human development. GHG mitigation is essential for the long-term security of people and the communities in which they live. Recognition that this applies equally to the healthcare industries is timely.

At the heart of this report is therefore the clear message that through the introduction of environmental safeguarding policies global health financing agencies and institutions can realize a triple win in social, economic and environmental impact for every dollar they spend on global health aid.



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