



### **Green and Climate resilient healthcare facilities**







Centre for Environmental Health, PHFI
Acknowledgements: Health Care Without Harm, SELCO Foundation,

### **CLIMATE CHANGE**

Leads to changing conditions in temperature, rainfall, sea levels that are responsible for acute climatic events – heatwaves, floods, storms, cyclones, droughts, poor air quality







### Why are we talking about Climate Change?

• It is the biggest public health *challenge* of the 21st century







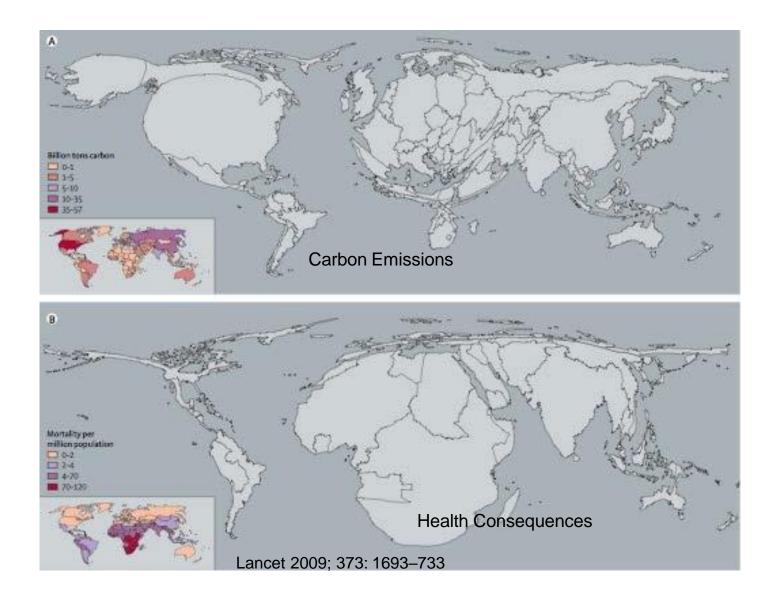
• It is the biggest public health *opportunity* of the 21<sup>st</sup> century





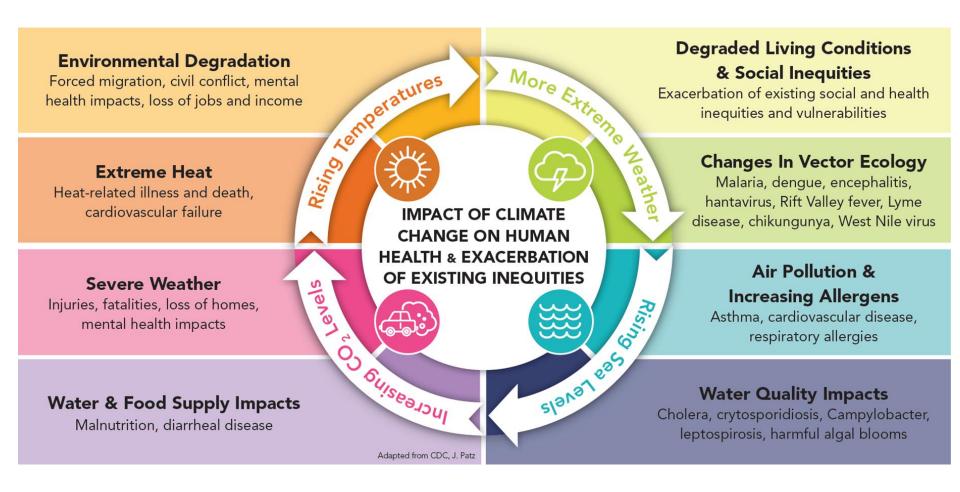






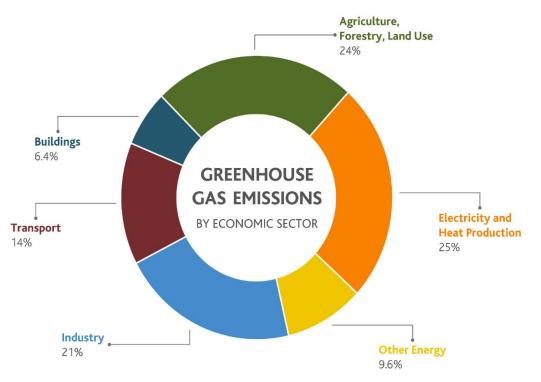


### Impacts of Climate change on Human Health





### Sectoral emissions



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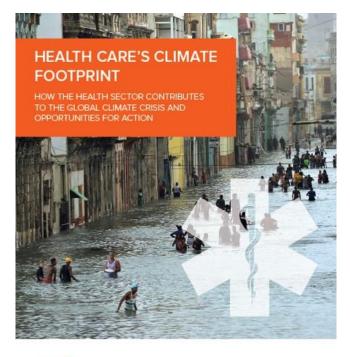
Does Health sector have a role?

Do we need to care?

Source: IPCC ©Terravesta Ltd



### **Decarbonize Health Care** The sector makes a major contribution to the climate crisis





Health Care Without Harm Climate-smart health care series Green Paper Number One

Produced in collaboration with Arup September 2019

### **Groundbreaking 2019 report**

Health care's climate footprint is equivalent to 4.4% of global net emissions.

 Equals emissions from 514 coal fired power plants.

• If health care were a country it would be the fifth largest climate polluter on the planet.

noharm.org/climatefootprintreport







## HEALTH CARE'S CLIMATE FOOTPRINT

HOW THE HEALTH SECTOR CONTRIBUTES TO THE GLOBAL CLIMATE CRISIS AND OPPORTUNITIES FOR ACTION



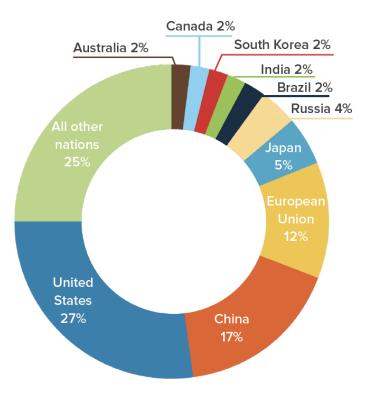
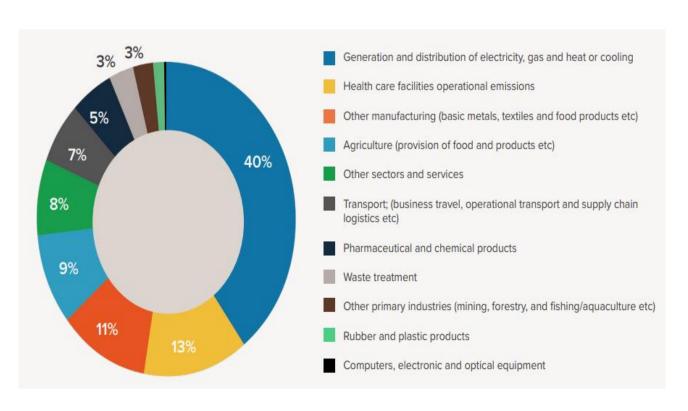


Figure 8: Top ten emitters plus all other nations as percentage of global health care footprint.



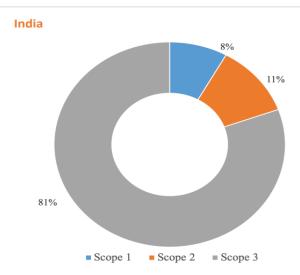
### Global Health Care Emissions Split by Production Sector







### **Indian Healthcare's Climate Footprint**



**SCOPE 1** - Take immediate action to reduce health care facility emissions.

**SCOPE 2** - Invest in and advocate for the decarbonization of local and national energy systems and the implementation of clean, renewable energy.

**SCOPE 3** - Set and implement criteria for low-carbon or zeroemissions procurement so as to begin to decarbonize the supply chain.

Source: Healthcare's Climate footprint September 2019 https://noharm-global.org/issues/global/health-care%E2%80%99s-climate-footprint

India health care	Value	Unit
Climate footprint	39	MtCO₂e
Emissions per capita	0.03	tCO20/capita
Emissions as % of national footprint	1.5	%
Expenditure per capita	57	USD
Expenditure as percentage of GDP	3.6	%
% of footprint generated domestically	80.1	%
Health sector footprint equivalence to coal power plant emissions <sup>1</sup>	10	coal-fired power plants in one year
Health sector footprint equivalence to tanker trucks' worth of gasoline <sup>1</sup>	516,286	tanker trucks' worth of gasoline
Health sector footprint equivalence to passenger vehicles driven for one year <sup>1</sup>	8,280,255	passenger vehicles driven for one year



### What links climate change and healthcare?

Increasing recognition of impacts of climate change on health

Growing dependence on healthcare services + our own emissions

Requisite capacity(knowledge +infrastructure) to handle the growing burden of diseases, and reduce own carbon footprint

re we pre

Are we prepared?





## Climate change strikes at the very core of health systems, whose mission is to keep people healthy



Chennai, India floods – December 2015



Hurricane Maria - Puerto Rico 2017



California wildfires 2019

Climate change is an "equalizer"



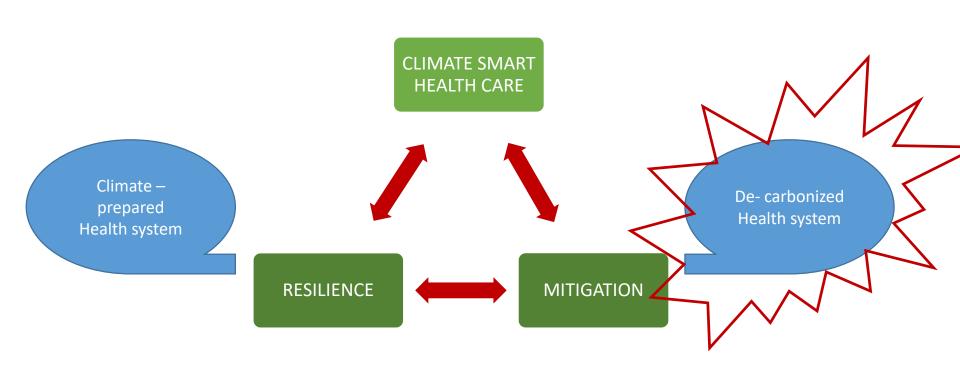
## 2015- Align Health Care with the Paris Agreement and Mobilize the Sector as a Climate Leader





### Climate-Smart Healthcare

Transformative action in two dimensions of healthcare — <u>adaptation/resilience</u> and <u>mitigation (greening)</u>, together enshrine the principles of a <u>Climate-Smart health care system</u>

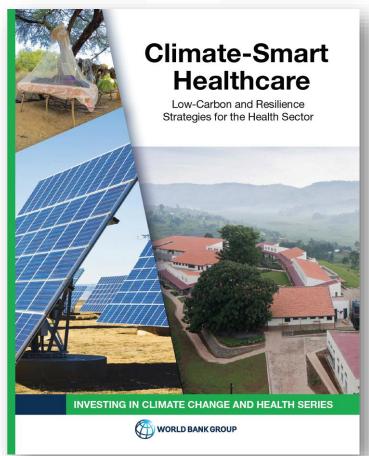




### 2017- Climate-Smart Health Care 7 Key Elements

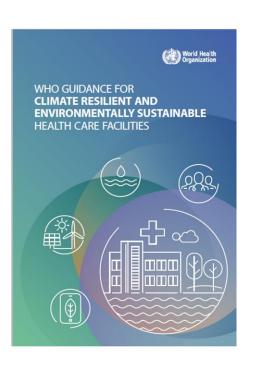
- **1.Overall system design** for coordinated care, emphasis on local providers, and driven by public health needs.
- **2.Building design and construction** based on low carbon approaches.
- 3.Investment in **renewable energy** and **energy efficiency**.
- 4. Waste minimization and sustainable health care **waste** management.
- 5. Sustainable **transport** and **water** consumption policies.
- 6.Low carbon **procurement** policies for pharmaceuticals, medical devices, food and other products.
- **7.Resilience** strategies to withstand extreme weather events and anchor sustainable communities







### 2020 Guidance-Four fundamental requirements for providing safe and quality care





#### **HEALTH WORKFORCE:**

adequate numbers of skilled human resources with decent working conditions, empowered and informed to respond to these environmental challenges.



### WATER, SANITATION, HYGIENE AND HEALTH CARE WASTE MANAGEMENT:

sustainable and safe management of water, sanitation and health care waste services.



#### **ENERGY:**

sustainable energy services.



#### **INFRASTRUCTURE, TECHNOLOGIES AND PRODUCTS:**

appropriate infrastructure, technologies, products and processes, including all the operations that allow for the efficient functioning of the health care facility.



## Salient guidelines for implementation of India's National adaptation plan

- Health sector response is central
- Aligning with global frameworks and guidelines while contextualizing for India
- Needs decentralized action at regional and state levels, and each region/state can be unique with its own specific vulnerabilities
- One size fits all does not work
- An integrated vulnerability risk mapping for climate and health is key first step

### India Framework - Dimensions Of Green and Climate Resilient Healthcare









### How do we achieve this in India?

- ➤ Mapping of climate vulnerability (CoE) and disease vulnerability through state-level statistics and local patient footfall
- ➤ Health audit personnel, stocks and infrastructure use of checklists
- Energy audit lighting, heating, cooling, equipment- use of checklists
- ➤ Capacity-building training workshops, webinars, guidance resources, hand-holding
- ➤ Communication -IEC material on air pollution, heat waves, vectorborne diseases, water-borne diseases, post-traumatic stress and nutritional disorders

### Implementation for green and resilient health facilities

- ➤ Incremental approach based on baseline vulnerability assessment and health and energy audits
- > Planning, resource mobilization and implementation

### Energy

- \* Renewable energysolar
- Energy efficient medical equipment
- LED lighting
- Cool roofs

### Water

- Rainwater harvesting
- Waste water recycling
- Good water metering

### Waste

- Safe and appropriate waste handling and disposal
- Effluent treatment plant
- STPs and ETPs



### Considerations for the health and energy audit

SELCO'S APPROACH - ECOSYSTEMS

## Training, Skills & Service Delivery

#### EFFICIENT APPLIANCES

 Training Modules on usage and maintenance of efficient/Innovative appliances (like Baby Warmer, Breath Counters)

#### RENEWABLE ENERGY SYSTEM

- Building Technical Capacity in Assessing and Evaluating renewable energy systems.
- Installation services and maintenance of energy systems

#### **BUILT ENVIRONMENTS**

 Building Technical Capacity in designing and health points with basics of green construction as guidelines

**Acknowledgement: SELCO Foundation** 

#### Health Energy Audits

Objectives of a comprehensive audit conducted jointly by health and energy stakeholders for a given health centre or geography

- ✓ Energy Efficient Equipment Recommendations
- Optimised DRE System
  Needed
- ✓ Inputs on Energy Efficient Building for the Health Centre
- Requirements of additional appliances to combat specific illnesses for the health centre
- To recommend missing manpower and skill building requirements
- To recommend financial or budgetary allocations to run the centre

#### Considerations for a Health Energy Audit

### TYPE OF CENTRE, COMMUNITY & AREA PROFILE

Sub center, Primary
Health Center, CHC,
District Hospital;
Service Hours;
Demographic details
of the health centre;
Amount of sunlight +
seasonal variation of
weather or disaster
risk typology;
Remoteness and
access to maintenance
services

### HEALTH SERVICES & LOCAL ILLNESS

Health services offered and implementation status - clinical and diagnostic service, other community services; Diagnostic services carried out; Number of tests done; List of various local diseases;

#### HR & BUDGETING

Health centre staff sanctioned and working; Training and capacity building of staff; Arogya Raksha Samiti Financial allocations for the centre

#### ENERGY & INFRA

Building dimensions and materials, shading, roof type, existing wiring infrastructure(base load/heating load), earthing quality; Electricity situation, power cuts, existing back ups/alternate sources, existing loads/appliances (including pumping and heating requirements) - list capturing appliance type, specs, brand, wattage, duration of use.



### OBJECTIVES

# Improve Reliability, Quantity and Quality of Services

Availability of reliable power is essential to provide continual and timely services especially surgeries at primary and secondary health centres. Intermittent power supply and extensive use of generators incur huge costs on diesel consumption and procurement.

Optimised solar system designs along with efficient equipment can ensure reliable and increased number of health services.

**Acknowledgement: SELCO Foundation** 

### CASE STUDY Sittilingi Tribal Health Initiative

#### CHALLENGES

High dependency on diesel generators due to lack of reliable grid electricity supply which greatly hampered important operation theatre activities.

#### SOLUTION

Carrying out of a health energy audit of the health centre to understand critical load requirements and patterns. A solar system was developed as per the OT, Autoclave and Labour Room requirements. This system was provided to the hospital at a 0% interest loan, which was paid back using savings from the initial diesel expenditures.



Amount saved on Diesel Expenditures for Operation Theatre

INR 15,000/per month

70%

Reduction in overall dependence of diesel generators at Primary Health Centres implemented by SELCO Foundation in India.



### SELCO'S APPROACH - ECOSYSTEMS

### Efficiency in Building Design

An integrated approach which sets benchmarks for both passive and active lighting and cooling through interventions in:

- Efficiency in Building Design
- Efficiency in Appliances

#### Impacts:

- Improved well-being for staff as well as in- patients
- Confidence in staff in being able to delivery quality service
- Climate resilience heat stress, flooding, cyclone
- Reduction in carbon footprint of the health infrastructure

Overall reduction in energy consumption for Lighting- 79% Overall reduction in energy consumption for Cooling- 85%

**Acknowledgement: SELCO Foundation** 





Model Subcentres built in partnership with Karuna Trust in Keba, Arunachal Pradesh (A) and YK Mole, Karnataka (B)



### Gumballi PHC, Karnataka

PHC created in 1996

Caters to 20,000 indegenous people of BR Hills

Includes an OPD, IPD, eye clinic, dental clinic, laboratory, pharmacy, mental health clinic

### **Need for solarisation:**

Frequent hour long power cuts Long wait times and cancelled appointments due to lack of power

Expensive diesel backup generator



### Solarisation of Gumballi PHC

### Intervention

- 3.2 kW solar PV system installed in 2016 by SELCO Foundation; supplementary to power grid
- 1080 Ah lead acid battery bank

### **Outcomes**

- Patients not turned away
- Minimal wait time (saving working hours of daily wage labourers)
- Increase in number of patients treated
- Improvement in confidence of medical staff





Dental Unit in PHC, Gumbhalli running on solar energy



Maternal Labour room in Manipur strengthened with efficient equipment and solar energy



Portable solar powered testing kiosks for COVID-19, set up across Meghalaya



Primary Health Centres in Sambalpur powered by solar energy



Cold chain in Manipur powered by solar energy



Mobile Health services powered by solar energy



**Acknowledgement: SELCO Foundation** 



Solar powered basic needs in health centres



2 Model Health Centres reaching25,000 people



Health centres piloting DRE cold chain solutions

**Acknowledgement: SELCO Foundation** 



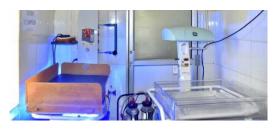
4 Boat clinics reaching 130,000 people every year



Mobile health care vans for remote geographies



Maternity waiting homes implemented- providing safer and comfortable spaces for mothers and their families



Efficient Labour rooms implemented reaching pregnant women at the last mile



Solar Powered health Kits – Used for both training and service delivery.



Solar powered NCD Kits and Physiotherapy Kits

















30 Bed Out Patient Department for a designated COVID hospital with Doctors For You in Bihar. Solar Energy Systemfor the whole hospital powering appliances like - Examination Light, Oxygen Concentrator, Suction Apparatus, Nebulizer, X-ray viewer, Needle cutter, Refrigerator. The building is made in partnership with Strawcture using Agri Waste Materials.

Acknowledgement : SELCO Foundation Doctors for You





Syste m	Efficient appliances with Green Building Design	In-Efficient appliances with Green Building Design	In- Efficient appliances with standard typical building designs	
Tot al Loa d Con nec ted	4290 W	5749 W	5749 W	
Tot al Uni ts Req uire d	21.8 Units	30.63 Units	52.34 Units	
Solar Pane I Capa city	12 kWp	16.2 kWP	26 kWp	
% of 's 'y	28.82% (solution without energy efficient appliances and with green building design)  58.34% (savings with both- energy efficiency and green building design)			

### CASE STUDY: COVID CARE HOSPITAL, VISTEX, Bihar Masarhi











#### **DFY Vistex COVID Care Hospital**

"Having solar energy in the hospital is a great support especially during COVID crisis. We have reliable and stable energy access despite of transformers crashing and grid power being cut off. Even during that period we could provide services because of solar."

Dr.Rahul Medical Officer, VISTEX hospital, DFY

"Because of erratic power supply we were facing difficult to start our medical equipment when it was required. We also had fear in our minds that the equipment may get damaged due to erratic power supply. Now we are able to provide lab services 24X7 in the hospital because of availability of reliable power from solar. There is no need to search for electricity when power goes off. Our staff members are confident and feel secure to run our equipment without any fear.

Ajit Kumar, Lab Technician, **VISTEX hospital, DFY** 

"All state governments are on the verge of bankruptcy and we have to find solutions. We need to show evidence that solutions are cost effective, sustainable and working on ground. I am very sure that then at least a few governments will scale up."

"Because of the reliability of the services here, the word has spread and people are coming in from all across Patna to Masarhi (in the second wave) - so pressure there has been increasing."

Dr Ravikanth, President, **Doctors For You** 

**Acknowledgement: SELCO Foundation** 

"We have treated more than 600 COVID-19 patients at the Anekkal COVID care centre. The DRE intervention has been very useful, which helped the hospital in providing uninterrupted power supply to patients. It was crucial especially during summer time."

Mr. Sethuraman, Program Coordinator, DFY

"Earlier I had to go to Patna which is 90 minutes from my village. It would cost INR 100, occupy my whole day and I would lose wages. With this hospital, it costs INR 20 to reach, doesn't take the whole day and incidental expenses have reduced"

End User, VISTEX hospital, DFY





The state of Meghalaya also witnessed close to 17,000 cases including second wave. In Williamnagar East Garo Hills, a COVID care hospital and Isolation center was established last year. The isolation centre did not have any access to energy earlier, which post solar powering, helped migrant workers rest comfortably in isolation. Close to 180 COVID patients were provided treatment in the COVID care hospital and close to 200 covid suspects were kept in Isolation center



"Close to 200 inmates used this centre during the covid crisis who were migrants returnees from different states. Migrants who stayed in this center felt happy and they expressed that they had a comfortable stay. In the second wave there are very few cases as of now, however, we are prepared for the second wave if there is a need to quarantine people. Such initiatives in this remote setting are useful and it has really helped us during last year COVID pandemic. Now this building is used by Nurses for their stay."

Shri. Conrad K Sangma, Chief Minister, Meghalaya



**Acknowledgement: SELCO Foundation** 



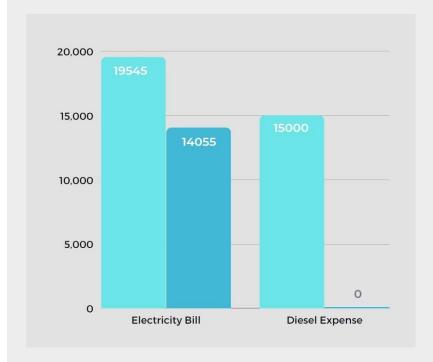
Ever since the solar system has been installed, we are able to provide proper medical care. We are not worried about power cuts. This has also helped in reduction in electricity bills and also our diesel consumption has reduced to zero."

-Mr. Victor, Hospital Administrator, St Joseph's Hospital



**Acknowledgement: SELCO Foundation** 

St. Joseph's Hospital, Jamshedpur, Jharkhand St Joseph Hospital was designated as a Covid Care Hospital by the District Administration. This is a 50 bedded hospital catering to a population of 25,000. This hospital faces close to 7 to 8 hours power cut every day. They have a Diesel Generator set on which they were spending almost INR 8,000. Because of frequent power cuts the health workers were struggling with providing proper care for patients.





### Arogya Raksha Samiti (ARS) Financing for O&M expenses of Health Centres

The planning, implementation, monitoring, supervision and maintenance of solar energy solutions in the health centres were executed collaboratively by the ARS and health staff, facilitated by Karuna Trust - a health implementation NGO. The ARS contributed in each step of the following process through a participatory approach which inculcated a sense of ownership within its members.

#### Stage 1:

Establishing rapport and Strengthening of ARS

#### Stage 2:

Planning and conducting joint Health Energy Audits

#### Stage 3:

Ownership & Resolution for utilisation of ARS Untied Funds

#### Stage 4:

Implementation with approvals from ARS

**Acknowledgement: SELCO Foundation** 

### ARS Participation at G.H Koppa PHC by Karuna Trust





60 Km away from Dharwad, the Primary Health Centre (PHC) in G.H. Kopa is situated in Dandili Forest Range in Talaghataki Taluk of Karnataka.

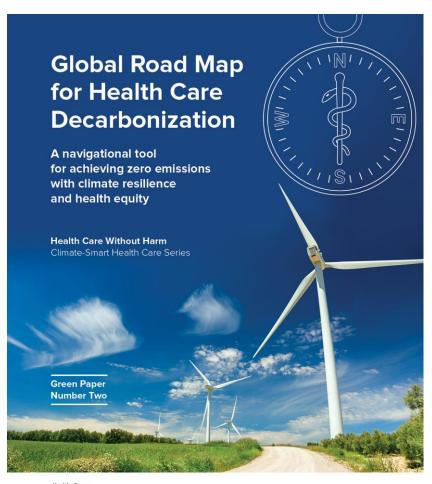


### **SUMMARY**

### **Climate-smart health systems**

- a smart strategy for future healthcare and protecting our ecosystems Inter-sectoral co-ordination is key!
- Integrated vulnerability and risk assessment –thru' checklists for baseline health and energy audits
- Needs-based prioritization of focus areas and resources RE, water and waste management, transport, buildings, procurement
- Capacity building of all stakeholders
- Planning, finances and implementation using an incremental approach
- Monitoring and evaluation of process indicators and outcome indicators







### **Tool for policy makers**

### The health sector must:

- Take on the climate crisis— a greater health threat than COVID-19
- 2. Achieve decarbonization by transforming the health system.
- 3. Every nation has a role to play

healthcareclimateaction.org/roadmap

\*India Fact Sheet

