

C-238

Green Deal

Working together towards sustainable healthcare

Green Deals are agreements between the Dutch Government and other partners for the implementation of sustainable plans. The Green Deal Working together towards sustainable healthcare is facilitated by the Ministry of Health, Welfare and Sport and supported by the healthcare sector.

Based on the commonly felt urgency and intrinsic conviction that making the healthcare sector more sustainable must and can be done, parties are realizing with this Green Deal an irreversible transformation to healthcare with minimal impact on climate, environment and living environment in 2050.





C-238

GREEN DEAL: Working together towards sustainable healthcare

The Parties

1. The Minister of Health, Welfare and Sport, on behalf also of the Minister for Long-term Care and Sport and the State Secretary for Health, Welfare and Sport, Mr E. Kuipers, hereinafter called: VWS;
2. The Minister Economic Affairs and Climate Policy, Mr R. Jetten, hereinafter called: EZK;
3. The Minister of Infrastructure and Water Management, Mr M. Harbers, hereinafter called: IenW;
4. The Minister for Housing and Spatial Planning, Mr H. de Jonge, hereinafter called: BZK;

Parties 1 to 4 inclusive each acting in their capacity of administrative body, hereinafter jointly called:

the Government;

5. ActiZ, herein duly represented by Ms A. Westerlaken, hereinafter called: ActiZ;
6. The Dutch Association of Mental Health and Addiction Care (De Nederlandse GGZ), herein duly represented by Ms R. Peetoom, hereinafter called: NL GGZ;
7. The Dutch Federation of University Medical Centres (Nederlandse Federatie Universitair Medische Centra), herein duly represented by Ms JG Boonstra, hereinafter called: NFU;
8. The Dutch Hospital Association (Nederlandse Vereniging van Ziekenhuizen), herein duly represented by Mr A. Melkert, hereinafter called: NVZ;
9. The Dutch Disability Care Association (Vereniging Gehandicaptenzorg Nederland), herein duly represented by Mr B. van der Ham, hereinafter called: VGN;

Parties 5 to 9 inclusive hereinafter jointly called: **Sector organisations;**

10. The Green Healthcare Alliance (Groene Zorgalliantie), herein duly represented by Ms E. Brakema, hereinafter called GZA;
11. The Umbrella Organisation for Preventive Health Doctors (Koepel Artsen Maatschappij + Gezondheid), herein duly represented by Ms C. Derijck, hereinafter called: KAMG;
12. The Royal Dutch Pharmacists Association (Koninklijke Nederlandse Maatschappij ter bevordering der Pharmacie), herein duly represented by Mr S. Verhagen-Smits, hereinafter called: KNMP;
13. The Dutch Banking Association (Nederlandse Vereniging van Banken), herein duly represented by Mr S. Kooiman, hereinafter called: NVB;
14. The Netherlands Patients Federation (Patiëntenfederatie Nederland), herein duly represented by Ms D. Veldman, hereinafter called: PFN;
15. The Association of Innovative Medicines (Vereniging Innovatieve Geneesmiddelen), herein duly represented by Ms C. Vos, hereinafter called: VIG;
16. The Sustainability Platform for the Healthcare Sector (Vereniging Milieu Platform Zorgsector), herein duly represented by Mr A.B. van Engelen, hereinafter called: MPZ;
17. Health Insurers Netherlands (Zorgverzekeraars Nederland), herein duly represented by Mr D.J. van den Berg, hereinafter called: ZN;



Parties 10 to 17 inclusive hereinafter jointly called: **Other sector and umbrella organisations;**

18. The Netherlands Organisation for Applied Scientific Research (Nederlandse Organisatie voor toegepast-natuurwetenschappelijk onderzoek), herein duly represented by Ms P Bongers, hereinafter called: TNO;

19. Knowledge institutions that will subscribe through signature at a later date;

Parties 18 and 19 hereinafter jointly called: **Knowledge institutions;**

20. Healthcare providers that will subscribe through signature at a later date;

Parties under 20 hereinafter jointly called: **Healthcare providers;**

21. Scientific (professional) associations that will subscribe through signature at a later date;

Parties under 21 hereinafter jointly called: **Scientific (professional) associations;**

22. Health insurers and care offices (zorgkantoren) that will subscribe through signature at a later date;

Parties under 22 hereinafter jointly called: **Health insurers and care offices;**

23. Individual banks that will subscribe through signature at a later date;

Parties under 23 hereinafter jointly called: **Banks;**

24. Suppliers that will subscribe through signature at a later date;

Parties under 24 hereinafter jointly called: **Suppliers;**

25. Manufacturers that will subscribe through signature at a later date;

Parties under 25 hereinafter jointly called: **Manufacturers;**

26. Wholesalers that will subscribe through signature at a later date;

Parties under 26 hereinafter jointly called: **Wholesalers;**

Hereinafter jointly called: **the Parties.**



General considerations:

1. If we are to retain our prosperity for future generations, we must strengthen the competitiveness of our economy and, at the same time, reduce the damage we cause to the environment and our dependence on fossil fuels and scarce resources.
2. If this transition to green growth is to be possible, creativity, entrepreneurship and innovation are essential. Businesses, citizens and social organisations are implementing a wide range of concrete initiatives to green the economy and society. Through the Green Deal approach, the government aims to ensure that this momentum in society for green growth is exploited to the full.
3. Green Deals provide businesses, citizens and organisations with an accessible way to work with the government on green growth. They are based on initiatives from society. Where these encounter obstacles that initiators believe can be tackled at the national level, the government will endeavour to remove or resolve them in order to facilitate and accelerate these initiatives. In a Green Deal, parties make concrete agreements in this regard in writing.
4. The results of a Green Deal can be used in other similar projects, thereby inspiring others to follow suit and allowing the scope of a Green Deal to be expanded without the need for specific support from the Government.

Specific considerations:

The Parties, having considered the following:

Introduction

1. In September 2021, more than 350 international health organisations and 200 medical journals, including some from the Netherlands, raised the alarm, calling upon world leaders to take immediate action to prevent further global warming and loss of biodiversity, among other things¹, because the international consensus is that the climate crisis constitutes the greatest threat to public health this century.² Climate change and environmental pollution are leading to ever more and different healthcare challenges, such as an increase in infectious diseases, heat stress, mental health problems, allergies, lung diseases, cardiovascular diseases, neurological diseases and the emergence of zoonoses and 'tropical diseases' in the West. This urgency is widely felt within the healthcare sector and sector therefore wants to step up its focus on the transition to a climate-neutral, 'green' healthcare system that no longer damages people's health³. The IPCC report from early January 2022 emphasises this urgency⁴.
2. The healthcare sector is aware that not only do climate and the environment have an impact on people's health, but healthcare itself also has a substantial impact on climate and the environment. In the Netherlands, the healthcare sector⁵ is responsible for approximately 7% of the consumption footprint in terms of CO₂ emission equivalent⁶. The sector is also responsible for 4% of the waste in the Netherlands and 13% of the consumption of raw materials (metals and minerals)⁷. And medical residues end up in surface and ground water as a result of the use of medication. This is a paradox that more and more healthcare professionals are struggling with: the healthcare sector aims to make people in the Netherlands better, to prevent disease (or stop it from getting worse) and to ensure that

¹ <https://www.bmi.com/content/374/bmi.n1734> en <https://www.ntvg.nl/artikelen/zorgprofessionals-voor-het-klimaat>;

² <https://www.who.int/publications/i/item/9789240036727>

³ <https://www.actiz.nl/de-zorg-vraagt-klimaatminister-om-bijdrage-aan-duurzame-ambities> en <https://www.zorgvoorklimaat.nl/nieuws/brief-code-rood-zorgprofessionals-luiden-noodklok/>

⁴ <https://www.ipcc.ch/report/ar6/wg2/>

⁵ Healthcare and welfare, as per Statistics Netherlands definition.

⁶ Steenmeijer, M.A, Pieters, L.I., Warmenhoven, N., Huiberts, E.H.W., Stoelinga, M., Zijp, M.C., Zelm, R. van, and Waaijers-van der Loop, S.L. (2022), *Het effect van de Nederlandse zorg op het milieu. Methode milieuoetafdruk en voorbeelden voor een gezonde zorgomgeving* [The environmental impact of Dutch healthcare. Environmental footprint method and examples of a good healthcare environment]. RIVM (National Institute for Public Health and the Environment) Report 2022-0127, available at <https://www.rivm.nl/publicaties/effect-van-nederlandse-zorg-op-milieu-methode-voor-milieuoetafdruk-en-voorbeelden-voor>. Wherever this Green Deal refers to "CO₂", this must be read as greenhouse gases (in terms of CO₂eq).

⁷ See footnote 6.



- people have a good quality of life but, at the same time, it is making people sick and damaging their quality of life.
3. According to the 'Appropriate Healthcare' framework (kader Passende Zorg), sustainability is one of the three challenges that the healthcare sector and society must focus on in order to futureproof healthcare.⁸ After all, the social duty of the healthcare sector to combat climate change and environmental pollution goes hand in hand with the challenge of keeping healthcare and support in the Netherlands accessible. An increase in demand for healthcare as a result of climate change and environmental pollution leads to a growing pressure on healthcare and healthcare costs.⁹ The need to be more sustainable is therefore greater than ever. By focusing on prevention, health and reducing the negative impact of healthcare on climate and the environment, the sector will help limit the growing demand for healthcare. And, conversely, by focusing on limiting the demand for healthcare, the healthcare sector will in turn help reduce the negative impact of healthcare on climate and the environment. This is in keeping with the transition that the healthcare sector is making towards appropriate healthcare¹⁰.
 4. The transition to appropriate healthcare and efforts to make healthcare more sustainable do not exist in isolation; they are inter-related and to some extent overlapping. By focusing on the prevention of care, on delivering the right care in the right place, on reducing medicalisation, on appropriate use, on greater use of digital/hybrid care, etc., the healthcare sector will help deliver care that has the least possible impact on climate, the environment and living conditions. After all, the most sustainable form of healthcare is prevention and not delivering unnecessary care (appropriate use). Next comes care that can be delivered closer to home or at home, with fewer or less intensive forms of treatment or digital/hybrid care. All of this helps make healthcare less harmful to the environment, among other things through a reduction in the use of medical consumables, a reduction in energy consumption and fewer travel movements by patients, staff and suppliers. Appropriate Healthcare delivered in the right place with due regard for the impact on the environment and climate is sustainable healthcare.
 5. In recent years, in the context of the Green Deal 2.0 'Sustainable Healthcare for a Healthy Future', more than 300 organisations have worked with the Government to raise awareness within the healthcare sector of the need to make the health service more sustainable and to accelerate this process: a 49% reduction in CO₂ emissions by 2030 and a 95% reduction in CO₂ emissions by 2050, more circular working, a reduction in medical residues in surface and ground water and the promotion of a healthy environment in and around healthcare institutions¹¹. The result: the sectoral report on the Sustainability of Healthcare Premises (Verduurzaming Zorgvastgoed)¹² indicates that the 2030 target agreed at the time in the Green Deal 2.0 is technically within reach if the necessary preconditions are met. A wide range of initiatives have been launched to make healthcare more sustainable and to raise awareness of sustainability within the healthcare sector. The setting up of large numbers of 'green teams', for example, and various green network organisations, and the organising of conferences and webinars.
 6. The evaluation¹³ of the Green Deal 2.0 indicates that it is a valuable tool for bringing parties together and enabling them to work together on the theme of sustainability, and that it raises awareness within the sector. It is also clear from this evaluation that the parties to the Green Deal are keen to pursue the Green Deal with more specific targets.

⁸ See also page 4 of the National Health Care Institute's Framework for Appropriate Healthcare (Kader Passende Zorg), dated 28 June 2022, <https://www.zorginstituutnederland.nl/publicaties/adviezen/2022/06/28/kader-passende-zorg>

⁹ <https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health> and <https://www.rivm.nl/klimaat-en-gezondheid>

¹⁰ See Integrated Healthcare Agreement (Integraal Zorgakkoord), <https://www.rijksoverheid.nl/documenten/rapporten/2022/09/16/integraal-zorgakkoord-samen-werken-aan-gezonde-zorg>

¹¹ Article 2 'Green Deal Sustainable Healthcare for a Healthy Future', <https://www.greendeals.nl/green-deals/duurzame-zorg-voor-gezonde-toekomst>

¹² January 2022, <https://www.expertisecentrumverduurzamingzorg.nl/kennisbank/voortgangsrapportage-verduurzaming-zorgvastgoed-ianuari-2022/>

¹³ <https://zoek.officielebekendmakingen.nl/kst-35925-XVI-169.html>



Points of departure

1. Sustainable healthcare/making healthcare more sustainable means: in compliance with legislation and regulations, investing in healthcare that has the lowest possible impact on climate, the environment and living conditions. That means 'green, climate-neutral healthcare' with minimal emissions of greenhouse gases and impact on living environment, delivered with sparing, circular use of resources and materials.
2. This Green Deal aims to set sector-level (interim) targets that are as concrete as possible, quantifiable and time specific, in order to bring about within the healthcare sector an irreversible transition to healthcare with minimal impact on climate and the environment by 2050.
3. This Green Deal clarifies what the parties must focus on over the period between 2023 and 2026 inclusive in order to achieve more sustainable healthcare, in addition to existing legal obligations and measures. The parties must focus on action that will actually further accelerate measures to make healthcare more sustainable.
4. National policy¹⁴ and (international) legislation in the field of climate, the environment, healthcare and public health lays down the framework for this, and includes:
 - a 55% reduction in CO₂ by 2030¹⁵ and climate neutrality by 2050, as set out in the Coalition Agreement of the fourth Rutte government¹⁶;
 - a 50% reduction in the use of primary abiotic raw materials by 2030 and 100% circular working by 2050, in line with the Circular Netherlands 2050 (Nederland circulair 2050) programme¹⁷;
 - the Dutch Chain Approach on Medical Residues in Water (Ketenaanpak Medicijnresten uit Water)¹⁸;
 - agreements between the healthcare sector and the Ministry of Health, Welfare and Sport¹⁹;
 - EU developments, such as, for example, the European Green Deal, the "Fit-for-55" package, the Pharma Strategy, 'Farm-to-fork' and REPowerEU²⁰.
5. The Parties recognise that, in addition to their obligations under applicable legislation, they also have a social responsibility to make the healthcare sector more sustainable as quickly and efficiently as possible. Each based on their own role, responsibilities and possibilities.
6. The Parties recognise that the process of making the healthcare sector more sustainable must not be detrimental to the quality of care and/or the quality of life of a patient/client. The Parties will therefore take the patient/client's perspective into account when making choices concerning sustainability.
7. The Parties will set aside sufficient time for implementation of the agreements. This will require focus: working together on sustainable healthcare and committed to making an impact.
8. As with the Green Deal Sustainable Healthcare 2.0, individual organisations (affiliated to a sector organisation or otherwise) and other sector organisations can also sign up to this Green Deal and the agreements contained therein. When doing so, they must make it clear in writing how they will contribute to the realisation of the agreements in this Green Deal.

¹⁴ The fourth Rutte government has significantly raised the ambitions in the field of climate and sustainability, among other things in line with the European Green Deal. And, during COP 26 in Glasgow, the government committed to the WHO initiative to work on a sustainable, climate-proof healthcare sector: <https://www.rijksoverheid.nl/onderwerpen/duurzame-zorg/documenten/publicaties/2021/11/04/commitment-cop-26>

¹⁵ To achieve the target of 55% by 2030, the Government is striving for a reduction of 60% by 2030.

¹⁶ <https://www.rijksoverheid.nl/regering/coalitieakkoord-omzien-naar-elkaar-vooruitkiiken-naar-de-toekomst/2.-duurzaam-land/klimaat-en-energie>

¹⁷ This is expected to be followed in late 2022 by the Ministry of Infrastructure and Water Management's National Programme for a Circular Economy (Nationaal Programma Circulaire Economie).

¹⁸ www.medicijnresten.org

¹⁹ I.e.: the National Prevention Agreement, the Integrated Healthcare Agreement (IZA), the Housing, Support and Care for the Elderly (WOZO) programme and the Healthy, Active Living Agreement (GALA)

²⁰ Fitfor55 : <https://www.consilium.europa.eu/en/policies/green-deal/fit-for-55-the-eu-plan-for-a-green-transition/>; Pharma Strategy: <https://eur-lex.europa.eu/legal-content/NL/TXT/?uri=CELEX:52020DC0761>; Farm-to-Fork: https://food.ec.europa.eu/horizontal-topics/farm-fork-strategy_and ; REPowerEU plan: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=COM%3A2022%3A230%3AFIN&qid=1653033742483>



The Parties have agreed as follows:

1. Purpose

Article 1: Purpose

1. The purpose of the Green Deal is to bring about an irreversible transition to healthcare with minimal impact on climate, the environment and living conditions by 2050.
2. Spurred on by a common sense of urgency and an intrinsic belief that the healthcare sector must, and indeed can, be made more sustainable, and that focus and greater commitment are essential, the Parties commit to the following objectives in order to achieve sustainable healthcare:
 - i. A greater focus on the promotion of health among patients/clients, both at home and in and around their own healthcare location(s), in terms of environment, food and lifestyle, as well as a focus on the promotion of health among their own healthcare staff, in order to keep them in good health for longer;
 - ii. To raise awareness and understanding of the impact of healthcare on climate and the environment and the impact of climate and the environment on health among (prospective) healthcare professionals, patients/clients and within society;
 - iii. a 55% reduction in CO₂ emissions compared with 2018 by 2030²¹ and climate neutral by 2050;
 - iv. a 50% reduction in the use of primary raw materials compared with 2016 by 2030 and maximum circular healthcare by 2050;
 - v. Reduction of the environmental damage caused by (the use of) medication.

²¹ The government's ambition is a 55% reduction in Dutch emissions compared with 1990. Since there are no statistics for healthcare at national level that enable a reliable comparison to be made with 1990, the sectoral care and cure roadmaps are based on a reduction compared with 2016. These can be found at <http://www.expertisecentrumverduurzamingzorg.nl/> These sectoral roadmaps have now been reviewed and an initial progress report based on portfolio roadmaps has been published. This uses the reference year 2018 for 'care'. For 'cure' the reference year varies between 1996 and 2020.



2. Commitment and actions

Article 2: Theme I: Promotion of health

1. It is important for the whole of the healthcare chain to ensure as far as possible that people are and remain healthy. Because the most sustainable form of healthcare is healthcare that does not need to be delivered. Focusing more on disease prevention, on the promotion of health and a healthy lifestyle and on a healthy care and living environment, and a greater focus on disease monitoring will allow people to stay healthy for longer and lead to a decrease in the use of healthcare services. This will save money, time and the deployment of people and resources, and is therefore good for the environment too²². The Parties have therefore set themselves the following objective:

➤ *A greater focus on the promotion of health among patients/clients, both at home and in and around their own healthcare location(s), in terms of environment, food and lifestyle, as well as a greater focus on the promotion of health among their own healthcare staff, in order to keep them in good health for longer.*

2. To that end, the Parties commit to the following:

- a. Healthcare providers and health insurers/care offices will focus, visibly and on the basis of existing insights and concepts,²³ on promoting the physical and mental health of the population, patients/clients and their employees (in the context of sustainable employability) and will actively contribute to programmes and awareness raising in this regard²⁴.
- b. In line with the National Prevention Agreement (and the continuation thereof), healthcare providers will endeavour to provide a healthy, varied and sustainable diet for clients/patients and (where applicable, e.g. in work canteens) for employees. To that end, healthcare providers will make 'sustainable, healthy eating' an integral part of their procurement policy. The Guideline on Eating Environments (Richtlijn Eetomgevingen) produced by the Dutch centre for nutrition (Voedingscentrum) will act as a guide in this regard²⁵. In addition, locally produced and plant-based food can be highlighted and made available.
- c. Food that contains more plant-based and fewer animal proteins is generally more sustainable. For food offered to staff and visitors, healthcare providers will aim for a 40/60 ratio of animal/plant-based proteins by 2030 at the latest, with a 50/50 ratio as an interim result by 2026. For the ratio of animal/plant-based proteins in the food offer for clients/patients, healthcare providers will endeavour to do what is possible from a medically responsible perspective.
- d. Healthcare providers will apply existing and new knowledge and experience around a health-promoting living and working environment in and around their healthcare locations, particularly in the case of refurbishments/newbuilds²⁶. They will also develop this knowledge further and share examples of good practice with each other.

²² As the Dutch Healthcare Authority NZa and National Health Care Institute ZiNL also state in their advisory report Samenwerken aan passende zorg: de toekomst is nu (Working together on appropriate care: the future is now) (2020), which can be found at <https://www.zorginstituutnederland.nl/publicaties/adviezen/2020/11/27/advies-samenwerken-aan-passende-zorg-de-toekomst-is-nu>

²³ Such as, for example, Positive Health or the lifestyle wheel (<https://www.artsenleefstijl.nl/leefstijlroer>).

²⁴ E.g. by discussing and, where possible, prescribing physical activity and healthy eating and by discussing and promoting mental health. This may also include prescribing exercise programmes, providing help with giving up smoking or addressing issues such as stress, sleep, addiction and purpose, etc. Occupational health can play a key role here.

²⁵ See <https://www.voedingscentrum.nl/professionals/gezonde-eetomgeving/de-richtlijn-gezondere-eetomgevingen.aspx>, the toolkit supplied by Goede Zorg Proef Je (<https://goedezorgproefje.nl/>) and, for additional sustainability criteria, ToekomstProef (<https://www.etenwelzijn.nl/toekomstproef>).

²⁶ <https://www.rivm.nl/green-deal-duurzame-zorg/gezondheid-bevorderen-door-goede-leefomgeving-zorginstellingen>



Article 3: Theme II: Promotion of awareness and understanding (incl. advocacy, education and research)

1. The successful embedding and implementation of sustainability requires awareness, understanding, skills, research and co-operation. It is imperative that all healthcare professionals, from director to policy adviser, and from care provider to facility support assistant, understand the relationship between human behaviour, climate, the environment and health. The Parties have therefore set themselves the following objective:
 - *To raise awareness and understanding of the impact of healthcare on climate and the environment and the impact of climate and the environment on health among (prospective) healthcare professionals, patients/clients and within society.*
2. To that end, the Parties commit to the following:
 - a. The healthcare sector, including the professional associations, will actively contribute to the social debate around the relationship between human behaviour, climate change and environmental pollution, a healthy living environment and health. From the perspective of (public) health, it can help increase support for climate measures and sustainability²⁷.
 - b. In line with the KNMG (Royal Dutch Medical Association) code of conduct for doctors²⁸, the Parties will include sustainable healthcare in the 'good governance' framework and in the code of governance for healthcare²⁹.
 - c. Healthcare providers and health insurers/care offices will include (the importance of) prevention, sustainable healthcare and the relationship between climate, the environment and health in their strategy and vision documents in an integrated and visible way. They will focus on creating an internal (green) team that raises awareness among employees of sustainability and the relationship between climate change and health.
 - d. The Ministry of Health, Welfare and Sports will include sustainable healthcare and the focus on health in its policy and vision documents in an integrated and visible way.
 - e. The Parties will develop an unambiguous communication strategy for communicating the aims and agreements of this Green Deal within the healthcare sector and beyond, with a particular focus on the patient/client and employees.³⁰
 - f. The Parties will endeavour to make the patient more aware of the relationship between climate, the environment and health, and will provide practical information that helps patients and their care providers understand the importance of making the healthcare sector more sustainable, for example by preventing contamination of surface water through waste medication, responsible reuse of resources and (if possible) use of video calls with care providers to reduce vehicle movements.³¹
 - g. Sector organisations and MPZ (Sustainability Platform for the Healthcare Sector), in collaboration with other parties, such as knowledge institutions, will develop a cross-sectoral hub that is accessible to all to provide a centralised source of knowledge, information, examples of good practice, research results (e.g. from a Life Cycle Analysis (LCA)), etc. relating to sustainable healthcare.
 - h. For the healthcare providers that will be affected, in 2023, led by the sector organisations and in collaboration with the healthcare accountancy committee COZIEK and APZ³², the Parties will develop a form or guideline to enable compliance with forthcoming European obligations to report on sustainability measures in the healthcare sector³³, and this can be included in the internal and external audit.

²⁷ As well as nationally, this can also be done at local level, by taking part in dialogue sessions, discussions/meetings and local initiatives aimed at prevention and a healthy living environment, for example.

²⁸ See also the new KNMG code of conduct core provision 14 'contribute to health as a whole' <https://www.knmg.nl/advies-richtlijnen/dossiers/gedragcode-voor-artsen.htm>

²⁹ <https://www.governancecodezorg.nl/>

³⁰ This communication must also be accessible to and understandable for people with limited health skills, low literacy and mild cognitive impairment.

³¹ See also the patient pamphlet on climate and health produced by Klimaatdokter: <https://deklimaatdokter.nl/patienten-folder/>

³² Accountancy Platform Zorgverzekeraars (Accountancy Platform for Health Insurers).

³³ E.g. the Corporate Sustainability Reporting Directive (<https://www.mvonderland.nl/wat-is-de-csrd-wet-en-hoe-ga-je-ermee-aan-de-slag/>) and the Corporate Sustainability Due Diligence Directive (CSDDD).



- i. Health insurers and care offices will endeavour to ensure that healthcare providers are confronted as little as possible with different requirements and expectations, by working on the basis of a common vision for sustainability in the healthcare sector, in so far as this is permitted within the Competition Act (Mededingingswet).
- j. The Parties will promote the integrated embedding of sustainable healthcare and Planetary Health³⁴ in the curriculum of all healthcare study programmes. Sector and umbrella organisations and healthcare providers will make agreements with educators as to how these themes can be embedded (more effectively) into healthcare study programmes.
- k. By the end of 2025, scientific associations and professional groups will have embedded (and, if possible, accredited) sustainable healthcare and Planetary Health in training courses and in-service/refresher training and will each have set up a 'green committee' that supports the relevant professional group with knowledge and skills around sustainable healthcare.
- l. The Parties will promote knowledge development and research in the field of sustainable healthcare, the themes of the Green Deal and Planetary Health³⁵. Together with the Ministry of Economic Affairs and Climate Policy, the Ministry of Health, Welfare and Sports will strive to embed 'sustainable healthcare' within innovation policy (together with the Topsector Life Sciences & Health, for example). VWS will consider whether and, if so, how it can include sustainability in the task assignment awarded to ZonMw (The Netherlands Organisation for Health Research and Development)³⁶.
- m. Scientific (professional) associations will identify which guidelines have the greatest impact on sustainability and will ensure that, where it is available, from 2026 onwards, data on the environmental impact of diagnostic and treatment options is included in treatment guidelines and decision aids and revision thereof.
- n. Scientific (professional) associations will develop a hand-out for care providers to enable them, in the context of a 'Good Conversation' (Goed Gesprek) and in line with the code of conduct of the KNMG (Royal Dutch Medical Association), to engage in a discussion with the patient around both the health benefits and the environmental damage caused by diagnostic and treatment options, as a standard part of outpatient, hospital or community consultations.

³⁴ Planetary Health is an international discipline that inextricably links health and wellbeing with ecological, socio-economic and cultural factors from a fundamental and transdisciplinary perspective. See <https://www.thelancet.com/commissions/planetary-health>, <https://www.thelancet.com/infographics-do/what-is-planetary-health>, <https://unfccc.int/climate-action/un-global-climate-action-awards/planetary-health> en <https://www.wbgu.de/en/publications/publication/discussionpaper-health>

³⁵ In line with the forthcoming recommendation on this from the Royal Netherlands Academy of Arts and Sciences, KNAW: <https://www.knaw.nl/publicaties/planetary-health>

³⁶ Verkenning programmering Duurzame zorg (Exploratory report on Sustainable Healthcare programming), ZonMw, 27 April 2022. This can be found at <https://publicaties.zonmw.nl/duurzame-zorg/>



Article 4: Theme III: Reduction of CO₂-emissions from buildings, energy and transport

1. By making buildings, energy and transport etc. more sustainable, healthcare providers can play a significant role in reducing greenhouse gases in line with the Climate and Energy Agreement. The Parties have therefore set themselves the following objective:
 - a 55% reduction in direct CO₂-emissions compared with 2018 by 2030³⁷ and climate neutral by 2050
2. To that end, the Parties commit to the following:
 - a. To strive for an average 30% reduction in CO₂ at sector level for premises and energy by the end of 2026 compared with the reference year 2018, based on the monitoring of portfolio roadmaps by the Centre of Expertise for Sustainable Healthcare (Expertisecentrum Verduurzaming Zorg).
 - b. A board-approved portfolio roadmap for each healthcare provider containing a strategic property management plan for the implementation of sustainability improvements in the property portfolio by 2030 and 2050, to be completed by 1 July 2023 at the latest.
 - c. When developing policy in the field of energy saving, the Government will strive to reduce the administrative burden on the healthcare sector. In order to reduce the administrative burden for large building owners, the Government, in consultation with the competent authority, will clarify without delay whether four-yearly portfolio roadmaps can be used to report to the competent authority on the entire property portfolio. This portfolio approach is aimed at building owners with a minimum of 20 sites spread over at least two environmental services (omgevingsdiensten) and provides in these instances for centralised assessment of the plans by the competent authority.³⁸
 - d. The healthcare sector will discuss with the ministry of Economic Affairs and Climate Policy, Ministry of the Interior and Kingdom Relations and the competent authority how the administrative burden, including that of other healthcare providers, can be kept to a minimum, based on the principle 'set up once, use multiple times', for example. The point of departure here is the efficient use/re-use of information, from the energy audit and the reporting obligation, for example, and alignment with tools which the healthcare sector itself has already developed to make the operation of healthcare institutions more sustainable.
 - e. As of 2023, healthcare providers with >100 employees must identify their CO₂ emissions from transport movements of personnel³⁹ and draw up a mobility plan containing targets and measures for reducing these CO₂ emissions and making these transport movements more sustainable⁴⁰. Where possible, healthcare providers will include the transport movements of patients/visitors in this.
 - f. The Government will, in any event, continue the Knowledge and Innovation Platform for Public Property (KIPmv)⁴¹ up to and including 2025, so that the healthcare sector is supported in the energy transition with the right knowledge and tools. The Ministry of the Interior and Kingdom Relations and the Ministry for Health, Welfare and Sports will endeavour to continue this platform and the Public Property Sustainability Support Programme (Ontzorgingsprogramma

³⁷ The government's ambition is a 55% reduction in Dutch emissions compared with 1990. Since there are no statistics for healthcare at national level that enable a reliable comparison to be made with 1990, the sectoral care and cure roadmaps are based on a reduction compared with 2016. These can be found at <http://www.expertisecentrumverduurzamingzorg.nl/>. These sectoral roadmaps have now been reviewed and an initial progress report based on portfolio roadmaps has been published. This uses the reference year 2018 for 'care'. For 'cure' the reference year varies between 1996 and 2020.

³⁸ As an extension of the 'group approach' planned by the Minister for Climate and Energy Policy: <https://www.rijksoverheid.nl/ministeries/ministerie-van-economische-zaken-en-klimaat/documenten/kamerstukken/2022/07/04/aanscherping-energiebesparingsplicht>

³⁹ Home/work travel and business travel by personnel. From 2023 onwards, all employers in the Netherlands with more than 100 employees, including healthcare institutions, will be legally required to comply with the reporting obligation that has been imposed in an effort to restrict emissions of CO₂ from home/work travel and business travel within the Netherlands (provided that the legislative procedure for this decision has been completed). This reporting obligation comprises of annual kilometres per mode of transport. If the CO₂ emissions from this traffic do not fall sufficiently, regulations that require employers that are lagging behind to take additional measures will be introduced as of 2025.

⁴⁰ This may include, for example, electrification of transport, encouraging the use of public transport, cycle plans, and the installation of sufficient charging points for electric bikes and cars.

⁴¹ The Centre of Expertise for Sustainable Healthcare (EVZ) is part of this.



- Maatschappelijk Vastgoed) (⁴² beyond 2025⁴³.
- g. When (further) developing existing and new policy in the field of the reduction of CO₂ emissions from premises, energy and transport, the Government will take into account potential specific problems with the implementation thereof in the healthcare sector.
 - h. Healthcare providers will take climate neutral and/or 'low CO₂' as the point of departure in policy for new buildings and refurbishments and when purchasing energy and means of transport⁴⁴. The Government will publish the Final Standard for Non-residential Buildings (Eindnorm Utiliteitsbouw) as quickly as possible in order to provide guidance around sustainability improvement measures in healthcare premises.
 - i. The Parties are aware that the Heat Transition Visions of the municipalities and the district implementation plans will affect the (speed of) sustainability improvement measures in healthcare premises and that this may require customisation.
 - j. In the knowledge that CO₂ emissions involve more than just premises, energy and transport, the Parties will help healthcare providers with >100 employees to identify the (indirect) CO₂ emissions of other 'hotspots'. Where possible, these healthcare providers will draw up a plan containing targets and measures to reduce these CO₂ emissions.

Article 5: Theme IV: Working with (raw) materials in a circular and sparing way

1. Circular working means approaching raw materials in a responsible way in order to create a cleaner, healthier world for the present generation and for future generations⁴⁵. It is also important in the context of security of supply. After all, the healthcare sector consumes large quantities of materials, devices and protective equipment and raw materials. Ultimately, however, raw materials can run out. Consequently, a radical transformation from 'disposable' to 'reusable' and ideally a reduction in consumption and active application of the "R ladder"⁴⁶ are crucial. Based on the national targets, the Parties have therefore set themselves the following objective:
 - *a 50% reduction in the consumption of primary raw materials by 2030 (compared with 2016) and maximum circular healthcare by 2050.*
2. To that end, the Parties commit to the following:
 - a. Healthcare providers will use existing knowledge, experience and opportunities to work in a circular way and to use raw materials sparingly. To that end, the Parties will increase their understanding of available knowledge in this field and encourage the development of new knowledge.
 - b. Wherever possible, healthcare providers will opt for 'reusable' over 'disposable' and the ambition is that at least 20% of (medical) devices will be reusable by 2026⁴⁷. To that end, the Parties will encourage dialogue between users, manufacturers and buyers. Health insurers and care offices will consider how they can use contractual agreements to encourage healthcare providers to reuse.
 - c. Manufacturers and suppliers of medical devices and medicines will not use more packaging than is necessary and will ensure that it meets the essential requirements⁴⁸.
 - d. Healthcare providers and healthcare wholesalers will make 'sustainable, circular procurement' the point of departure in procurement policy for (building) materials, (medical) devices and food, and, wherever possible, will procure items jointly in order to stimulate market demand in this field, thereby fostering the development of sustainable alternatives. Where relevant, as well as 'procurement',

⁴² <https://www.rvo.nl/onderwerpen/verduurzaming-utiliteitsbouw/maatschappelijk-vastgoed/ontzorgingsprogramma>

⁴³ This is dependent in part on further decision-making regarding the funds from the Climate Fund.

⁴⁴ See also the A new building culture - biobased and nature-inclusive building (Een nieuwe bouwcultuur over biobased en natuurinclusief bouwen) programme of the Board of Government Advisors (College van Rijksadviseurs) (<https://www.collegevanrijksadviseurs.nl/projecten/nieuwe-bouwcultuur>), which is supported by the Ministry of the Interior and Kingdom Relations, the Ministry of Agriculture, Nature and Food Quality, the Ministry of Education, Culture and Science, the Central Government Real Estate Agency and the forest management agency Staatsbosbeheer.

⁴⁵ TK 2021/2022, 32852, no. 204: <https://zoek.officielebekendmakingen.nl/kst-1041783>

⁴⁶ <https://www.rvo.nl/onderwerpen/r-ladder>

⁴⁷ When implementing this (see Article 7: Governance), further consideration will be given to how this ambition can be put into practice.

⁴⁸ See in this regard the Decision Tree for Sustainable Packaging (Beslisboom Duurzaam Verpakken (<https://greenportdb.nl>)).



- healthcare providers will also consider their ‘tender’ process, in line with the Manifesto on Socially Responsible Tendering and Procurement (Manifest Maatschappelijk Verantwoord Opdrachtgeven en Inkopen)⁴⁹ ().
- e. The Ministry of Infrastructure and Water Management will support the targets and commitment with regard to circular working in the healthcare sector with knowledge, resources and practical support⁵⁰, as part of the National Programme for a Circular Economy, which is currently being developed. In that context, in 2023 the Parties will identify the three or four products (product groups) with the greatest environmental impact for each sub-sector in the healthcare sector, and, in collaboration with the industry/MedTech, will set in motion the development of sustainable and, ideally, reusable or circular alternatives or opportunities for reduced consumption. The Parties will investigate whether the formulation of procurement criteria could help with this.
 - f. Every year, the Parties will promote and investigate together with the relevant professional associations how two healthcare or treatment processes can be set up in such a way that fewer (medical) devices or materials are required and will implement this in their operations.
 - g. Given differences between the sectors, the ambition is that by 2030, across the whole of the healthcare sector, on average, a maximum of 25% of all the waste in and out of the healthcare sector will be ‘unsorted residual waste’. It is also an ambition that by 2026, across the whole of the healthcare sector, on average there will already be 25% less unsorted residual waste compared with 2018. To that end, the Parties will encourage healthcare providers to develop a waste policy that focuses on the separation of waste and zero waste, encourage an understanding of this among employees and work towards improved collaboration across the chain in order to reach an optimum situation. The Parties also plan to reduce the use of nappies and incontinence pads by 5 to 10%⁵¹.
 - h. The Government will encourage knowledge around the separation and processing of waste in the healthcare sector in accordance with prevailing legislation and regulations and the National Waste Management Plan⁵². In collaboration with responsible parties, where necessary, potential solutions to any problems experienced will be sought. The National Waste Management Plan (LAP) and its successor, the Circular Materials Plan (CMP)⁵³, also cover effective separation and processing of (specific) medical waste.
 - i. Where necessary and possible, the Ministry of Health, Welfare and Sports will amend national legislation and regulations on healthcare, in such a way that they encourage sustainability improvements in the healthcare sector or the delivery of sustainable healthcare. At European level, the Ministry of Health, Welfare and Sports will focus on sustainability, environmental damage and reuse in relevant legislation and regulations.
 - j. Healthcare providers will identify their existing food waste and endeavour to reduce this to the maximum extent possible. In locations where clients and carers cook for themselves, the focus will be on information and awareness.

Article 6: Theme V: Reduction in the environmental damage caused by (use of) medication

1. Medicines make a valuable contribution to the day-to-day lives of many people, to quality of life and to the prevention and cure of diseases. Through the use of medication, however, medical residues end up in ground and surface water via urine and faeces, which damages the environment and living conditions. In addition, unused (liquid) medication is still being flushed down the sink or toilet and ends up in ground and surface water as a result. The production of medicines also has an impact on climate and the environment⁵⁴.

⁴⁹ <https://www.pianoo.nl/themas/maatschappelijk-verantwoord-inkopen/manifest-maatschappelijk-verantwoord-opdrachtgeven-en>

⁵⁰ Such as, for example, ‘Het Versnellingshuis Nederland Circulair’ (Circular Netherlands Acceleration Hub) www.versnellingshuisce.nl, the grant schemes for circular chain projects <https://www.rvo.nl/subsidies-financiering/circulaire-ketenprojecten> and MIA/Vamil, recycling incentive programme, and investment in the context of circular procurement (buyer groups).

⁵¹ With the extensive producer responsibility for nappies and incontinence pads in preparation, in the long term, source-separated collection of items for recycling will be put in place.

⁵² E.g. LAP3 on commercial waste <https://lap3.nl/beleidskader/deel-b-afvalbeheer/b3-afvalscheiding/> and medical waste <https://lap3.nl/sectorplannen/sectorplannen/gezondheid/>

⁵³ <https://lap3.nl/uitvoering-lap/circulair-materialenplan/>

⁵⁴ https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4081076 and see also <https://www.vereniginginnovatievegeneesmiddelen.nl/actueel/inspiratiegids-om-geneesmiddelenketen-verder-te-verduurzamen>



The Parties have therefore set themselves the following objective:

- *To reduce the environmental harm caused by (the use of) medication.*
2. To that end, the Parties commit to the following:
- a. As part of the promotion of health, the prevention of unnecessary use and the reduction of waste, healthcare providers will focus on: 1) appropriate prescribing and appropriate dispensing of necessary medicines and 2) encouraging adherence to instructions and correct use by the patient.
 - b. In a situation where the effect is the same, taking into account individual patient characteristics, healthcare providers will give priority to the less environmentally harmful option based on adequate reliable information in this regard.
 - c. The Ministry of Health, Welfare and Sports will work at European level on transparency over the climate and environmental impact of medicines in order to gain greater insights into this⁵⁵ and to encourage sustainable production. The Ministry of Health, Welfare and Sports will also work at European level on the inclusion of sustainability in European legislation and regulations on the manufacture and approval of medicines.
 - d. Every healthcare provider will develop an approach that includes measures to counter the wasting of medicines, as a result of unnecessary prescribing, over-dispensing or unnecessarily high dosages, for example⁵⁶. This will be seen in the context of (existing) efforts by healthcare providers, in terms of appropriate care or tackling the issue of polypharmacy, for example.
 - e. When purchasing medicines, the healthcare sector will take into account environmental and international social conditions.
 - f. Together with the Parties, The Ministry of Health, Welfare and Sports will identify which (European) legislation and regulations, including funding, contribute to unnecessary dispensing and waste of medication, and which impede the re-issuing of medication, and will endeavour to amend them. Scientific associations will do the same with quality standards and guidelines. Health insurers and care offices will explore how they can collaborate, through contractual agreements with healthcare providers, over the collection of unused medication and, in the long term, if possible, the re-issuing of specific medication.
 - g. In consultation with all partners in the chain and in line with European agreements, health insurers will make sustainability and/or environmental impact as much as possible a part of the further development and implementation of the medicines preference policy and will provide incentives in this regard.
 - h. The Parties will continue the collaboration in the context of the Chain Approach on Medical Residues in Water (Ketenaanpak Medicijnresten uit Water)⁵⁷.
 - i. Hospitals and other relevant healthcare providers will work on reducing the discharge of X-ray contrast agents. This can be done in various ways, e.g. by reducing use, by re-using any remaining agent, by providing urine bags, by purification at source, and/or by using special toilets in the hospital.
 - j. Hospitals and other relevant healthcare providers will investigate whether purification at source is useful in their own specific situation and the different options available in terms of (affordable) technologies for purifying their waste water at source for specific medication.⁵⁸ The focus here is on medicines that are difficult to remove from the waste water.
 - k. The Ministry of Infrastructure and Water Management is launching an exploration of which measures for the purification of medical residues at source could be encouraged through legislation and regulations.
 - l. Since the majority of medical residues end up in the environment through private use, healthcare providers will inform recipients of medicines of the importance of not flushing medicines and medical residues down the sink or toilet but returning them in accordance with Government

⁵⁵ As described in the Environmental Risk Assessment (ERA), for example.

⁵⁶ Inspiration in this regard can be found in the Inspiration Guide 'Verspil geen Pil' (Don't waste a pill): https://www.knmp.nl/sites/default/files/2022-04/Inspiratiegids_Verspil_geen_Pil_v10.pdf.

⁵⁷ <https://www.medicijnresten.org/>

⁵⁸ See also the Dutch Consortium Antibiotics and Pharmaceutical Residues from Water: <https://www.amr-insights.eu/new-netherlands-consortium-to-reduce-emissions-from-antibiotics-production/nederlands-consortium-antibiotica-uit-water/>



advice⁵⁹. For the same purpose, the Parties will actively participate in the annual national public campaign the 'Week of Our Water' in the second half of October and will ensure that the collection week is widely advertised.

⁵⁹ <https://www.rijksoverheid.nl/onderwerpen/afval/vraag-en-antwoord/waar-kan-ik-ongebruikte-medicijnen-inleveren>



3. Implementation

Article 7: Governance

- a. This Green Deal will be governed and managed by the Green Deal Steering Group (Regiegroep Green Deal) (hereinafter: Steering Group) under the leadership of a chair proposed by the Parties.
The Steering Group comprises of directors from the sector and umbrella organisations and the Government (including in any event the Ministry of Health, Welfare and Sports), in a composition to be further defined that is suitable for this Green Deal. The Steering Group meets once a quarter. The work method of the Steering Group will be further defined.
- b. Members of the Steering Group are appointed by their organisations to work on the fulfilment and implementation of this Green Deal. Their role is to ensure, when sectoral plans are drawn up, that they are in line with and contribute to the targets and agreements in the Green Deal, and, where necessary, to work on cross-sectoral (chain) collaboration and alignment with other healthcare programmes and pathways. They can make adjustments where necessary as a result.
- c. The Steering Group will appoint an administrative champion from the sector who will discuss progress and implementation of the agreements with the parties in the Steering Group, and who can champion efforts to make the healthcare sector more sustainable both within and outside of the healthcare sector and enthuse and convince parties to commit to making healthcare more sustainable.
- d. The Steering Group can set up one or more work groups with a specific remit.
- e. The Government will support the healthcare sector in the transition and will boost this where necessary. This may be through (amendment and/or harmonisation of) supporting and guiding legislation and regulations, practical support, knowledge and research, national support programmes and knowledge and advice centres, and adequate financing and (incentives in) funding. Collaboration and integrated and interdepartmental policy development within the Government are crucial in this regard.
- f. The Ministry of Health, Welfare and Sports will facilitate and support the healthcare sector in the transition to sustainable healthcare. To that end, the Ministry of Health, Welfare and Sports will support the steering and work group and the chair and provide the secretariat for this Green Deal. As well as raising awareness within the government of the importance of sustainable healthcare, the Ministry of Health, Welfare and Sports will promote the integration of sustainable healthcare in its own policy and in its own legislation and regulations. At interdepartmental level, the Ministry of Health, Welfare and Sports will influence the development of policy and legislation and regulations in the field of climate and sustainability to the benefit of sustainability improvement measures in the healthcare sector. For example, the Climate Fund announced by the fourth Rutte government includes a cumulative 2.75 billion euros up to and including 2030 specifically to make public property (including healthcare property) more sustainable. The Ministry of the Interior and Kingdom Relations is responsible for the finer detail of these funds and will liaise with the Ministry of Health, Welfare and Sports on this. At international level, VWS will work with countries and organisations on the development and sharing of knowledge and to influence restrictive international legislation and regulations. The ministers of Health, Welfare and Sports will champion within government the contribution that the healthcare sector can make to the climate challenge and will push for access to national funding for implementation of the (sectoral) implementation plans, in so far as they cannot be paid for from regular funding.
- g. Sector and umbrella organisations in the healthcare sector will encourage their members to continue to work on the transition, and will support these organisations with knowledge sharing, the sharing of best practices and support programmes. Sector and umbrella organisations will include a sector-specific interpretation of the agreements in the implementation plans that are to be drawn up, developing guidance for their members. In addition, the sector and umbrella organisations will actively focus on increasing the sense of urgency and on increasing board-level commitment. In national bodies and programmes, sector and umbrella organisations will also actively promote the theme of sustainable healthcare.
- h. Health insurers and care offices will help promote sustainability at sector and individual level and to remove potential financial obstacles. They can enter into a dialogue with individual healthcare providers to enable the improvements in sustainability that are required and to expand and, where appropriate, fund good initiatives. They will focus increasingly on sustainable healthcare. Health insurers and care offices can reward organisations that demonstrate results in the field of



sustainable healthcare with partnerships, multiannual contracts, additional volumes and financial stability, for example. It is important here to strike a good balance between competition and common purpose, as well as a good balance between accessibility, quality and affordability of healthcare within the overarching duty of care of health insurers and care offices.

- i. Banks will boost the transition by providing suitable tools for (pre-)financing and by including appropriate agreements around sustainability measures in credit agreements that can form the basis for the relationship with healthcare institutions. In addition, banks can play an encouraging role in the phase during which investment plans are developed. They can do this by assessing these against sustainability criteria, by sharing knowledge around how they could be improved and by explicitly engaging in a dialogue around futureproof healthcare in the triangle of healthcare organisation-health insurer-bank.

Article 8: Work method and funding

- a. Implementation of the agreements is a long-term process that requires cross-sectoral (chain) collaboration, innovation and clearly defined phases. At the same time, it is extremely urgent. This transition requires a common sense of purpose: the Parties will work together on the same mission. This transition requires improvement through learning: you can't change everything at once, you can learn, expand and improve as you go along.
- b. The Parties recognise that measures to improve sustainability and the ability to achieve the targets and agreements require adequate financing and funding. This requires choices to be made and things to be done differently or even no longer to be done. There is a distinction here between investments that pay for themselves and investments that do not. The latter applies in particular to investments to make premises more sustainable, which often involve an inevitable loss. Investing in innovations and measures that will pay for themselves requires, in the first instance, something from healthcare providers themselves, as part of their operations. Health insurers/care offices and banks are expected to provide advice and support in the resolution of financial problems. Investing in innovations and measures that will not pay for themselves, or only after a very long time, requires commitment from all parties: healthcare providers, health insurers/care offices, banks and the Government.
- c. In order to understand the financial investment that is required to enable achievement of the targets and agreements in this Green Deal, the sector organisations will set out the agreements in a (sub-sectoral) sector plan. These will describe the targets, the intended results, a clear timeline and who will do what and when. These plans will be underpinned by a budget that makes it clear which parts the sector can fund itself and for which parts the sector organisations will apply for additional financial support from the Government. These plans must be ready by 1 March 2023 at the latest. Together, the sectoral plans constitute the implementation programme of the Green Deal for Sustainable Healthcare (GDDZ) 3.0.
- d. Based on these implementation plans, the Steering Group will discuss what operational and financial support is required and how it can be provided. The Steering Group is committed to bringing the implementation plans to the Government's attention in order to ensure that the implementation plans are financially viable. The Steering Group will then adjust the plans where necessary, so they fit within the budgetary parameters of the healthcare sectors concerned and any input from the Government. By 1 August 2023 at the latest, the Steering Group will consider how the implementation of the implementation plans will be approached going forward. Sustainability activities under this Green Deal that can feasibly be implemented by the healthcare institutions will take place from the start of this Green Deal.
- e. Healthcare providers, including Municipal Health Services (GGDs), will put the sustainability transition into practice by making their processes sustainable. They will embrace innovations and examples of good practice where these contribute to the transition and, when weighing up choices regarding specific resources, will take into account not only effectiveness and costs, but also sustainability. The Integrated Care Agreement (Integraal Zorgakkoord) stipulates that sustainability must be an assessment criterion in every transition.
- f. The Ministry of Health, Welfare and Sports and the Ministry of Economic Affairs and Climate Policy will investigate how a centralised support programme for sustainability improvements in the healthcare sector within the Netherlands Enterprise Agency (RVO) could help further the transition.



- g. The Government makes financial support for general sustainability measures available through various instruments. These include, among other things, grant schemes run by the Ministry of Economic Affairs and Climate Policy (sustainable energy), the Ministry of Infrastructure and Water Management (circularity and mobility) and the Ministry of the Interior and Kingdom Relations (public property and advice and support for sustainability measures)⁶⁰. Together with parties in the healthcare sector, the Government will raise awareness of these opportunities and include any problems and limitations experienced in the further development thereof.
- h. In the Climate Fund, resources have been set aside for 'measures' to make the Netherlands more sustainable. When developing the measures, the Government also has in mind measures to improve the sustainability of the healthcare sector.
- i. In order to achieve the targets and agreements, the Parties will liaise with each other on an ongoing basis over financial problems in this regard and potential solutions to them.

Article 9: Monitoring and evaluation

- a. The Steering Group will monitor and supervise the progress and implementation of the agreements. In addition to the quarterly meetings of the Steering Group, in 2024 there will be a mid-term review.
- b. In 2023, the Parties, led by the Steering Group, will develop a monitor that will provide insight into the progress and results of efforts to make the healthcare sector as a whole more sustainable. The idea is to align this as far as possible with national monitoring of sustainability policy and to keep the administrative burden to a minimum.

⁶⁰ For a non-exhaustive overview, see, for example, <https://www.expertisecentrumverduurzamingzorg.nl/kennisbank/subsidies-financiele-regelingen/>



4. Final provisions

Article 10: Implementation in accordance with EU and Dutch law

- a. The agreements under this Green Deal and the further development thereof will be implemented in accordance with international law, EU law and Dutch law particularly in so far as the agreements fall under the scope of international, European and Dutch provisions relating to tendering, competition, state aid and technical standards and regulations.
- b. For the sharing of personal data or other data in the context of this Green Deal, e.g. business data, competitively sensitive information, and the processing thereof, the Parties will make agreements that meet the requirements imposed in this regard by the applicable European and national legislation and regulations, such as the General Data Protection Regulation and the Open Government Act.
- c. If one of the agreements proves to be contrary to international law, EU law and/or Dutch law, it will lapse. The remaining provisions of this Green Deal will, however, remain in force.
- d. The Parties can use the draft Guidance on Sustainability Agreements (Concept Leidraad Duurzaamheidsafspraken) produced by the Authority for Consumers and Markets (ACM) to check their agreements on implementation.

Article 11: Admission of new parties

- a. New parties can be admitted to this Green Deal. The Steering Group and the Government will decide on the admission of these parties.
- b. A new party will submit its request for admission in writing to the Steering Group and the secretariat thereof. As soon as the Steering Group and the Government have agreed to the request for admission in writing or by email and the party to be admitted has signed this Green Deal, the party to be admitted will be granted the status of Party to the Green Deal and that Party will be subject to the rights and obligations deriving from the Green Deal.
- c. The request for admission and the declarations of consent will be attached as appendices to the Green Deal (and published on a website to be defined).

Article 12: Appendices containing the specific input of a Party

- a. The Parties can set out their specific individual contribution to this Green Deal in an appendix.
- b. The Party that has set out its specific individual contribution to this Green Deal in the appendix is and will remain responsible for the contribution and the implementation thereof.
- c. The appendices containing the specific individual contribution of Parties will be attached to the Green Deal and published on a website to be defined.

Article 13: Termination

- a. Each of the Parties may terminate this Green Deal (at any time) in writing subject to three months' notice through the Steering Group and the secretariat thereof.
- b. If a Party terminates the Green Deal, the Green Deal will remain in force for the other Parties in so far as the content and scope thereof do not prevent this.

Article 14: Compliance

- a. The Parties agree that compliance with the agreements of the Green Deal is not legally enforceable.
- b. In the event of a dispute, one of the Parties will notify the other Parties in writing and providing an explanation, whereupon the Parties will consult with each other within 6 weeks of such notification to decide whether an amicable solution can be found to the dispute.



Article 15: Citation title

- a. The Green Deal can be cited as *Green Deal Working together towards sustainable healthcare* (Green Deal Samen werken aan duurzame zorg).

Article 16: Entry into force

- a. The Green Deal will enter into force on the day after it is signed by the first Parties and will be valid up to and including 31 October 2026.
- b. The Parties will start implementing all the agreements specified in this Green Deal on the day after signature.

Article 17: Publication

- a. Like other existing Green Deals, this Green Deal will be made public, including in the Official Gazette, so that others can see the Green Deal that has been concluded and are encouraged to follow suit.