



## C-238

# GREEN DEAL: Working together on sustainable care

### Parties

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

Parties 1 to 4, each acting in its capacity as an administrative body, together referred to below:

### National government;

5. ActiZ, legally represented in this matter by Mrs. A. Westerlaken, hereinafter referred to as: ActiZ;
6. The Dutch GGZ, legally represented in this matter by Mrs. R. Peetoom, hereinafter referred to mention: NL GGZ;
7. Dutch Federation of University Medical Centers, legally represented in this matter by Mrs J.G. Boonstra, hereinafter referred to as: NFU;
8. Dutch Association of Hospitals, legally represented in this matter by Mr A. Melkert, hereinafter referred to as: NVZ;
9. Association for Disabled Care Netherlands, legally represented in this matter by Mr B. van der Ham, hereinafter referred to as: VGN;

Parties 5 to 9 are hereinafter jointly referred to as: **Trade organizations;**

10. Groene Zorgalliantie, legally represented in this matter by Mrs. E. Brakema, hereinafter referred to call GZA;
11. Association of Doctors Society + Health, legally represented in this matter by Mrs C. Derijck, hereinafter referred to as: KAMG;
12. Royal Dutch Society for the Promotion of Pharmacy, legally represented in this matter by Mr. S. Verhagen-Smits, hereinafter referred to as: KNMP;
13. Dutch Banking Association, legally represented in this matter by Mr S. Kooiman, hereinafter referred to as:
- NVB; 14. Patient Federation of the Netherlands, legally represented in this matter by Mrs D. Veldman, hereinafter to be called: PFN
15. Association of Innovative Medicines, legally represented in this matter by Mrs C. Vos, hereinafter referred to as: VIG;
16. Vereniging Milieu Platform Zorgsector, legally represented in this matter by Mr AB van Engelen, hereinafter referred to as: MPZ;
17. Zorgverzekeraars Nederland, legally represented in this matter by Mr DJ van den Berg, hereinafter referred to as: ZN;



Parties 10 to 17 hereinafter together referred to as: Other industry and umbrella organizations;

18. Netherlands Organization for Applied Scientific Research, legally valid in this regard represented by Mrs P. Bongers, hereinafter referred to as: TNO;

19. New knowledge institutions to be added later by signing;

Parties 18 and 19 hereinafter jointly referred to as: Knowledge institutions;

20. Healthcare providers to join later by signing;

Parties under 20 hereinafter jointly referred to as: Healthcare providers;

21. To join scientific (professional) associations later by signing;

Parties under 21 hereinafter jointly referred to as: Scientific (professional) associations;

22. Health insurers and healthcare offices to join later by signing;

Parties under 22 are hereinafter jointly referred to as: Health insurers and healthcare offices;

23. Individual banks to join later by signing;

Parties under 23 hereinafter jointly referred to as: Banks;

24. Suppliers to join later by signing;

Parties under 24 hereinafter jointly referred to as: Suppliers;

25. Producers to join later by signing;

Parties under 25 are hereinafter jointly referred to as: Producers;

26. Wholesalers to join later by signing;

Parties under 26 hereinafter jointly referred to as: Wholesalers;

Hereinafter jointly referred to as: Parties.



## General considerations:

1. In order to maintain our prosperity for future generations, it is necessary to strengthen the competitiveness of our economy and at the same time reduce the burden on the environment and the dependence on fossil energy and scarce raw materials.
2. Creativity, entrepreneurship and innovation are essential to enable this transition to green growth. Companies, citizens and social organizations are taking many concrete initiatives to green the economy and society. With the Green Deal approach, the government wants to make optimal use of this dynamic in society for green growth.
3. Green Deals offer companies, citizens and organizations an accessible opportunity to work on green growth together with the government. Initiatives from society form the basis for this. Where these encounter obstacles that, according to initiators, can be tackled at government level, the government is committed to removing or solving them in order to facilitate and accelerate these initiatives. In a Green Deal, parties record concrete agreements about this in writing.
4. The results of a Green Deal can be used in other, comparable projects, so that they can be followed and the scope of a Green Deal can be increased without specific support from the central government.

## Specific considerations:

Parties consider that:

### Introduction

1. In September 2021, more than 350 international health organizations and 200 medical journals, including Dutch ones, sounded the alarm. They called on world leaders to take immediate action to prevent further increases in temperatures and loss of biodiversity<sup>1</sup>, because the international consensus is that the climate crisis poses the greatest threat to public health this century.<sup>2</sup> Climate change and environmental pollution are leading to more and more different types of healthcare needs, such as an increase in infectious diseases, heat stress, mental complaints, allergies, lung diseases, cardiovascular diseases, neurological diseases and the introduction of zoonoses and 'tropical diseases' in the West. This urgency is widely felt in the healthcare sector and the sector therefore wants to put more effort into the transition to a climate-neutral and 'green' healthcare system that no longer harms people's health<sup>3</sup>. The IPCC report from early January 2022 underlines this urgency<sup>4</sup>.
2. The healthcare sector is aware that it is not only the climate and the environment that have an impact on the environment people's health, but that healthcare itself also has a substantial impact on the climate and environment. The healthcare sector<sup>5</sup> in the Netherlands accounts for approximately 7% of the consumption footprint in terms of CO<sub>2</sub>

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

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

<sup>3</sup> <https://nvz-ziekenhuizen.nl/persbericht/de-zorg-question-climateminister-om-contribution-aan-duurzaam-ambities> and <https://www.zorgvoorklimaat.nl/nieuws/brief-code-rood-zorgprofessionals-luiden-noodklok/>

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

<sup>5</sup> Care and welfare, in accordance with CBS definition.



emission equivalent<sup>6</sup>. The sector is also responsible for 4% of waste in the Netherlands and 13% of raw material use (metals and minerals)<sup>7</sup>. Medicine residues also end up in surface and groundwater as a result of the use of medication. It is a paradox that is being felt by more and more healthcare professionals: the healthcare sector aims to improve people in the Netherlands, prevent (exacerbation of) disease and offer people a good quality of life, but at the same time also contributes to people become ill and their quality of life is damaged.

3. According to the Appropriate Care framework, sustainability is one of the three tasks that the healthcare sector and society must tackle to make healthcare future-proof.<sup>8</sup> After all, the social task of the healthcare sector to combat climate change and environmental pollution is related to the task of to keep care and support accessible in the Netherlands. Increased demand for healthcare as a result of climate change and environmental pollution leads to an associated increasing pressure on healthcare and healthcare costs.<sup>9</sup> The need to become 'sustainable' is therefore greater than ever. By focusing on prevention, health and reducing the negative impact of care on the climate and environment, the sector contributes to limiting the increasing demand for care. And conversely, by focusing on limiting the demand for care, the healthcare sector also contributes to reducing the negative impact of care on the climate and the environment. This is in line with the movement that the healthcare sector is making towards appropriate care<sup>10</sup>.
4. The movement towards appropriate care and making healthcare more sustainable do not stand alone, but are part of it each other's extension and also partly overlap each other. By focusing on preventing care, on providing the right care in the right place, on slowing down medicalization, on appropriate use, on greater use of digital/hybrid care, etc., the healthcare sector contributes to providing care with as little impact as possible on the climate, environment and living environment. After all, the most sustainable form of care is preventing care and not providing unnecessary care (appropriate use). This is followed by care that can be provided closer to home or at home, with lesser or lighter treatment methods or digital/hybrid.  
This can all contribute to care that is less harmful to the environment, including through less use of medical materials, less energy consumption and fewer travel movements by patients, employees and suppliers. Appropriate Care delivered in the right place with an eye for environmental and climate impact is sustainable care.
5. In recent years, more than 300 organizations have worked together with the central government in the context of the Green Deal 2.0 'Sustainable Care for a Healthy Future' to raise awareness in the healthcare sector about sustainability and to accelerate it: 49% fewer CO<sub>2</sub> emissions in 2030 and 95% less CO<sub>2</sub> emissions in 2050, more circular working, reducing pharmaceutical residues in surface water and groundwater, and promoting a healthy living environment in and outside healthcare institutions<sup>11</sup>. With results: the sector report on Sustainable Healthcare Real Estate<sup>12</sup> shows that the goal agreed at the time

<sup>6</sup> Steenmeijer, MA, Pieters, LI, Warmenhoven, N., Huijberts, EHW, Stoelinga, M., Zijp, MC, Zelm, R. van, and Waaijers-van der Loop, SL (2022), *The effect of Dutch healthcare on the environment. Environmental footprint method and examples for a healthy healthcare environment*. RIVM Report 2022-0127, National Institute for Public Health and the Environment (RIVM), available at <https://www.rivm.nl/publicaties/effect-van-nederlandse-zorg-op-milieu-Method-voor-milieuvoetafdruk-en-voordeelen-for>. Wherever "CO<sub>2</sub>" is mentioned in this Green Deal, it should be read as greenhouse gases (in terms of CO<sub>2</sub>eq).

<sup>7</sup> See footnote 6.

<sup>8</sup> See also p. 4 of the Appropriate Care Framework of the Zorginstituut, dated June 28, 2022, <https://www.zorginstituutnederland.nl/publicaties/advies/2022/06/28/kader-passende-zorg>

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

<sup>10</sup> See Integrated Care Agreement, <https://www.rijksoverheid.nl/documents/reports/2022/09/16/integraal-zorgadviseur-samen-werken-aangezond-zorg>

<sup>11</sup> Article 2 'Green Deal Sustainable care for a healthy future', <https://www.greendeals.nl/green-deals/duurzaam-zorg-voor-gezonde-morgen>

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



of 2030 in the Green Deal 2.0 is technically within reach if the necessary preconditions are met. All kinds of initiatives have emerged to make healthcare more sustainable and to draw attention to sustainability within the healthcare sector. For example, the establishment of all kinds of 'green teams' and various green network organizations, and the organization of conferences and webinars.

6. The evaluation<sup>13</sup> of the Green Deal 2.0 shows that it is a valuable instrument to inform parties theme of sustainability and that it contributes to increased awareness in the sector. This evaluation also shows that there is a lot of enthusiasm among the Green Deal parties to follow up the Green Deal with more concrete goals.

### Assumptions

1. Sustainable care is defined as: focusing on care with the lowest possible impact on the climate, environment and living environment, taking into account legislation and regulations. This requires 'green and climate-neutral care' with minimal greenhouse gas emissions and impact on the living environment, delivered with an eye for economical and circular use of resources and materials.
2. This Green Deal aims to be as concrete as possible, quantifiable and time-bound at sector level to set (interim) goals so that an irreversible transformation is achieved in healthcare towards care with minimal impact on the climate and the environment in 2050.
3. This Green Deal makes clear what parties are working on in the period 2023 to 2026 to achieve more sustainable care, in addition to existing legal obligations and measures. Parties focus on action to actually further accelerate the sustainability of healthcare.
4. Government-wide policy<sup>14</sup> and (international) legislation in the field of climate, environment, healthcare and Public health sets the framework for this, including:
  - o 55% CO<sub>2</sub> reduction in 2030<sup>15</sup> and climate neutrality in 2050, as included in the Coalition Agreement Rutte-IV<sup>16</sup>;
  - o 50% less use of primary abiotic raw materials in 2030 and 100% circular working in 2050, in line with the 'Netherlands Circular 2050' program<sup>17</sup>;
  - o the Chain Approach to Medicine Residues from Water<sup>18</sup>;
  - o agreements between the healthcare sector and the Ministry of Health, Welfare and Sport<sup>19</sup>;
  - o developments from the EU, such as the European Green Deal, the "Fit-for-55" package, the Pharma Strategy, 'Farm-to-fork' and REPowerEU<sup>20</sup>.

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

<sup>14</sup> The Rutte IV cabinet has significantly increased its ambitions in the field of climate and sustainability, including in line with the European Green Deal. During COP 26 in Glasgow, the government also committed to the WHO's initiative to work on a sustainable and climate-proof healthcare sector: <https://www.rijksoverheid.nl/onderwerpen/duurzaam-zorg/documents/publicaties/2021/11/04/commitment-cop-26>

<sup>15</sup> To achieve the target of 55% in 2030, the Cabinet is aiming for a 60% reduction in 2030.

<sup>16</sup> <https://www.rijksoverheid.nl/gezondheid/coalitieautoriteit-omzien-naar-elkaar-vooruitkijk-naar-de-toekomst/2-duurzaam-land/klimaat-en-energie>

<sup>17</sup> Expected to be followed by the National Circular Economy Program of the Ministry of Infrastructure and Water Management at the end of 2022.

<sup>18</sup> [www.medicineresten.org](http://www.medicineresten.org)

<sup>19</sup> Namely: the National Prevention Agreement, the Integrated Care Agreement (IZA), the Housing, Support and Care for the Elderly program (WOZO) and Healthy and Active Living Agreement (GALA).

<sup>20</sup> 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\\_en](https://food.ec.europa.eu/horizontal-topics/farm-fork-strategy_en); REPowerEU plan: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=COM%3A2022%3A230%3AFIN&qid=1653033742483>



5. The parties recognize that, regardless of what arises from laws applicable to them, it is also their social responsibility to achieve sustainability in the healthcare sector as quickly and efficiently as possible. Each from their own role, responsibility and possibilities.
6. The parties recognize that making care more sustainable may not be at the expense of the quality of care and/or the quality of life of a patient/client. Parties therefore take the perspective of the patient/client into account when making choices regarding sustainability.
7. Parties make sufficient time available to implement the agreements. It is necessary focus: working together on sustainable care and focusing on making an impact.
8. As with the Green Deal Sustainable Care 2.0, individual organizations (whether affiliated with a trade association or not) and other trade organizations can co-sign this Green Deal and the agreements therein. They also clarify in writing how they contribute to the realization of the agreements in this Green Deal.

The parties agree as follows:

## 1. goal

### *Article 1: Purpose*

1. The aim of the Green Deal is to achieve an irreversible transformation towards care with minimal impact on climate, environment and living environment in 2050.
2. Based on the shared sense of urgency and intrinsic conviction that sustainability of the healthcare sector must and is possible, and that focus and more effort is needed, the parties commit to the following objectives to achieve sustainable care:
  - i. Greater efforts to promote the health of patients/clients, both in the home situation and in and around their own care location(s), in terms of environment, nutrition and lifestyle, as well as efforts to promote the health of their own healthcare employees, to keep them in good health for longer to maintain health;
  - ii. Increasing awareness and knowledge about the impact of healthcare on the climate and environment and the impact of climate and environment on health among (prospective) healthcare professionals, patients/clients and in society;
  - iii. 55% less CO<sub>2</sub> emissions in 2030 compared to 2018<sup>21</sup> and climate neutral in 2050;
  - iv. 50% less primary raw material consumption in 2030 compared to 2016 and maximum circular care in 2050;
  - v. Reducing the environmental impact of medication (use).

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<sup>21</sup> The government's aim is a 55% reduction in emissions in the Netherlands compared to 1990. Because figures at national level for healthcare are lacking to make a reliable comparison with 1990, the care and cure sectoral roadmaps assume a reduction compared to 1990. 2016. These can be found at <http://www.expertisecentrumverduurzamingzorg.nl/> These sectoral roadmaps have now been recalibrated and an initial progress report based on portfolio roadmaps has been published. The reference year 2018 was used for care. For the cure, the reference year varies between 1996 and 2020.



## 2. Commitment and actions

### Article 2: Theme I: Promoting health

1. It is important for the entire healthcare chain to ensure that people are and remain healthy as much as possible. Because the most sustainable form of care is care that does not have to be provided. More focus on preventing disease, on promoting health and a healthy lifestyle, on a healthy healthcare and living environment and more on disease control will lead to more healthy years of life and a decrease in healthcare use. This saves costs, time and the deployment of people and materials, and is therefore also good for the environment<sup>22</sup>. That is why the parties aim to:

*ÿ More focus on health promotion of patients/clients, both in the home situation and in and around their own care location(s), in terms of environment, nutrition and lifestyle, as well as more focus on health promotion of their own healthcare employees, to help them stay healthy for longer to keep in good health.*

2. To this end, the parties commit to the following:
  - a. Healthcare providers and health insurers/healthcare offices act demonstrably and on the basis of existing insights and concepts<sup>23</sup> to promote the physical and mental health of the population, patients/clients and their employees (in the context of sustainable employability) and actively contribute to programs and awareness thereof<sup>24</sup>.
  - b. In line with the National Prevention Agreement (and its continuation), healthcare providers are working on a healthy, varied and sustainable diet for clients/patients and (where applicable, such as in company canteens) for employees. To this end, healthcare providers make 'sustainable and healthy food' part of their purchasing policy. The Nutrition Center's Eating Environments guideline is the guideline<sup>25</sup>. In addition, consideration can also be given to pointing out and offering locally produced and plant-based food.
  - c. Food with more vegetable and less animal proteins is often more sustainable. For the nutritional offering for staff and visitors, healthcare providers aim for a 40/60 ratio of animal/vegetable proteins by 2030 at the latest, with a 50/50 ratio as an interim result in 2026. For the animal/vegetable protein ratio of the nutritional offering for clients/patients, Healthcare providers make every effort to do what is medically possible.
  - d. Healthcare providers apply existing and new knowledge and experience regarding a health-promoting living and working environment in and around their healthcare locations, especially in (re)new construction<sup>26</sup>. They also further expand this knowledge and share good examples among themselves.

<sup>22</sup> As the NZa and ZiNL also indicate in their advice, *Collaborating on appropriate care: the future is now* (2020), which can be found at <https://www.zorginstituutnederland.nl/publicaties/advies/2020/11/27/advies-samenwerken-to-appropriate-care-the-future-is-now>

<sup>23</sup> Such as Positive Health or the lifestyle stir ( <https://www.artsenleefstijl.nl/leefstijlroer> ).

<sup>24</sup> E.g. by discussing and, where possible, prescribing physical activity and healthy nutrition and by discussing mental health and promote. This may also include prescribing exercise programs, help with quitting smoking, attention to stress, sleep, addiction and meaning, etc. Occupational health and safety curative care can make an important contribution to this.

<sup>25</sup> See <https://www.voedingscentrum.nl/professionals/gezonde-eetgeving/de-richtlijn-gezondere-eetgevingen.aspx> , the toolkit of Goede Zorg Proef Je ( <https://goedezorgspraak.nl/> ) and for additional sustainability criteria ToekomstProef ( <https://www.etenwelzijn.nl/toekomstkomst> ).

<sup>26</sup> <https://www.rivm.nl/green-deal-duurzaam-zorg/gezondheid-belangen-door-goede-leefgeving-zorgbedrijven>



*Article 3: Theme II: Promoting awareness and knowledge (incl. advocacy, education and research)*

1. Solid anchoring and realization of sustainability requires awareness, knowledge, skills, research and collaboration. It is necessary that all healthcare professionals, from administrators to policy advisors, and from healthcare providers to facility support staff, are informed about the relationship between human actions, climate, environment and health. That is why the parties aim to:

*ÿ Increasing awareness and knowledge about the impact of healthcare on the climate and environment and the impact of climate and environment on health, among (prospective) healthcare professionals, patients/clients and in society.*

2. To this end, the parties commit to the following:
  - a. The healthcare sector, including professional associations, actively contributes to the social debate about the relationship between human actions, climate change and environmental pollution, a healthy living environment and health. From the perspective of (public) health, it can contribute to increasing support for climate measures and sustainability<sup>27</sup>.
  - b. Following the KNMG code of conduct for doctors<sup>28</sup>, parties include sustainable care in the 'good governance' framework and in the healthcare governance code<sup>29</sup>.
  - c. Healthcare providers and health insurers/care offices include (the importance of) prevention, sustainable care and the relationship between climate, environment and health integrally and visibly in their strategy and vision documents. They are committed to forming an internal (green) team that focuses on raising employee awareness about sustainability and the relationship between climate change and health.
  - d. The Ministry of Health, Welfare and Sport incorporates sustainable care and health care integrally and visibly into policies vision documents.
  - e. The parties are developing a clear communication strategy to highlight the goals and agreements in this Green Deal within healthcare and beyond, with special attention to the patient/client and employees.<sup>30</sup>
  - f. Parties promote patient awareness of the relationship between climate, environment and health, and provide practical information that helps patients and their healthcare providers raise awareness about more sustainable actions in healthcare, for example with regard to the prevention of pollution of surface water due to medication waste. responsible reuse of resources and (if possible) use of video calling with healthcare providers to limit traffic movements.<sup>31</sup>
  - g. Industry organizations and MPZ develop in collaboration with other parties, such as knowledge institutions, a cross-sectoral location accessible to everyone as the central location

<sup>27</sup> In addition to nationally, this can also be done at local level, for example by participating in dialogue sessions, conversations/consultations and local initiatives that focus on prevention and a healthy living environment.

<sup>28</sup> See also the new KNMG code of conduct core rule 14 'contributions to health as a whole' <https://www.knmg.nl/advies/redactie/dossiers/voeringscode-voor-artsen.htm>

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

<sup>30</sup> This communication must also be accessible and in understandable language for people with limited health skills, low literacy and mild intellectual disabilities.

<sup>31</sup> See also the patient brochure on climate and health from the Climate Doctor: <https://deklimaatdokter.nl/patienten-folder/>





- a place to find knowledge, information, good examples, research results (such as from a Life Cycle Analysis (LCA)) etc. regarding making healthcare more sustainable.
- h. Parties will develop in 2023 for the healthcare providers who will have to deal with this leadership of the trade organizations and in collaboration with COZIEK and APZ<sup>32</sup>, a format or guideline to comply with upcoming European obligations to report on making healthcare more sustainable<sup>33</sup>, and this can be included in internal and external supervision.
- i. Health insurers and healthcare offices are committed to ensuring that healthcare providers are confronted with different requirements and expectations as little as possible, by working from a common vision on making the healthcare sector more sustainable, to the extent permitted by the Competition Act.
- j. Parties promote the integral embedding of sustainable care and Planetary Health<sup>34</sup> in the curriculum of all healthcare training courses. Industry and umbrella organizations and healthcare providers make agreements with trainers on how these themes can be structurally (better) incorporated into healthcare training courses.
- k. By the end of 2025, scientific associations and professional groups will have secured (and, if possible, accredited) sustainable care and Planetary Health in training and further education and will each set up a 'green committee' that supports the relevant professional group with knowledge and skills about sustainable care.
- l. Parties promote knowledge development and research on sustainable care, the themes in the Green Deal and Planetary Health<sup>35</sup>. Together with the Ministry of Economic Affairs, the Ministry of Health, Welfare and Sport is committed to embedding 'sustainable care' within innovation policy (together with, for example, the Top Sector Life Sciences & Health). VWS is considering whether and how it can include sustainability in the assignment to ZonMw<sup>36</sup>.
- m. Scientific (professional) associations will make an inventory of which guidelines have the most impact on sustainability and ensure that data on the environmental impact of diagnostic and treatment options - where available - is included in (revision of) (treatment) guidelines and decision aids from 2026.
- n. Scientific (professional) associations are developing a handout for healthcare providers to discuss with the patient, in the context of a 'Good Conversation' and in line with the KNMG code of conduct, both the health benefits and the environmental damage of diagnostic and treatment options, as a standard part of the (outpatient) clinical or outpatient consultation.

<sup>32</sup> Accountancy Platform Health Insurers.

<sup>33</sup> Such as 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).

<sup>34</sup> Planetary Health is an international field that addresses health and well-being from a fundamental and transdisciplinary perspective sees an inextricable connection with ecological, socio-economic and cultural-systemic factors. 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> and <https://www.wbgu.de/en/publications/publication/discussionpaper-health>

<sup>35</sup> In line with the upcoming advice on this from the KNAW: <https://www.knaw.nl/publicaties/planetary-health>

<sup>36</sup> *Exploration of Sustainable Care programming*, ZonMw, April 27, 2022. Available at <https://publicaties.zonmw.nl/duurzaam-zorg/>



*Article 4: Theme III: Reducing CO2 emissions from buildings, energy and transport*

1. By making buildings, energy and transport more sustainable, healthcare providers have a great deal of influence on reducing greenhouse gases in line with the Climate and Energy Agreement. The parties therefore aim to:

*55% less direct CO2 emissions in 2030 compared to 2018<sup>37</sup> and climate neutral in 2050*

2. To this end, the parties commit to the following:

- a. Aim for an average 30% CO2 reduction at sector level for real estate and energy by the end of 2026 compared to the reference year 2018, based on the monitoring portfolio roadmaps by the Expertise Center for Sustainable Healthcare.
- b. An administratively established portfolio roadmap for each healthcare provider containing a strategic real estate management plan with regard to the sustainability of the real estate portfolio towards 2030 and 2050, completed no later than July 1, 2023.
- c. When developing policy in the field of energy savings, the national government takes into account the reduction of administrative burdens in the healthcare sector. In order to reduce the administrative burden for large building owners, the central government, in consultation with the competent authority, will provide clarity as soon as possible about the possibility of being accountable to the competent authority for the entire real estate portfolio with four-yearly portfolio roadmaps. This portfolio approach is aimed at building owners with at least 20 locations spread over at least two environmental services and in these cases arranges central assessment of the plans by the competent authority.<sup>38</sup>
- d. The healthcare sector will discuss with EZK, BZK and the competent authority how the administrative burdens for other healthcare providers can also be limited as much as possible, for example according to the principle 'prepare once, use multiples'. The starting point is the efficient (re)use of information, for example from the energy audit and the information obligation, as well as connecting to instruments that the healthcare sector itself has already developed to make the business operations of healthcare institutions more sustainable.
- e. Healthcare providers with >100 employees will reduce their CO2 emissions by 2023 transport movements of personnel<sup>39</sup> and draw up a mobility plan with goals and measures for reducing these CO2 emissions and making them more sustainable

<sup>37</sup> The government's aim is a 55% reduction in emissions in the Netherlands compared to 1990. Because figures at national level for healthcare are lacking to make a reliable comparison with 1990, the care and cure sectoral roadmaps assume a reduction compared to 1990. 2016. These can be found at <http://www.expertisecentrumverduurzamingzorg.nl/> These sectoral roadmaps have now been recalibrated and an initial progress report based on portfolio roadmaps has been published. The reference year 2018 was used for care. For the cure, the reference year varies between 1996 and 2020.

<sup>38</sup> As a further elaboration of the 'group approach' envisaged by the Minister of Climate and Energy: <https://www.rijksoverheid.nl/ministeries/ministerie-van-economie-zaken-en-climate/documents/kamerstuk/2022/07/04/tightening-energy-saving-obligation>

<sup>39</sup> Commuting and business travel of staff. From 2023, all employers in the Netherlands with more than 100 employees, including healthcare institutions, will be legally obliged to comply with the reporting obligation set up to limit CO2 emissions from commuting and business travel within the Netherlands (subject to completion of the legislative procedure for this decision). This reporting obligation consists of annual kilometers per modality. If it turns out that CO2 emissions from this traffic are not falling fast enough, standards will be set from 2025 that will oblige lagging employers to take additional measures.



transport movements<sup>40</sup>. Where possible, healthcare providers involve the transport movements of patients/visitors. f. The national government is

continuing the Social Real Estate Knowledge and Innovation Platform (KIPmv)<sup>41</sup>

at least until 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 VWS are committed to continuing this platform and the Social Real Estate Care<sup>42</sup> program after 2025<sup>43</sup>.

- g. During (further) development of existing and new policy in the field of reducing CO<sub>2</sub> emissions from real estate, energy and transport, the central government keeps an eye on possible specific bottlenecks in their implementation in the healthcare sector.
- h. Healthcare providers include climate neutral and/or 'low CO<sub>2</sub>' as a starting point in policies for new construction and renovation and when purchasing energy and means of transport<sup>44</sup>. The national government will publish the Final Standard for Non-Residential Construction as soon as possible to provide direction for making healthcare real estate more sustainable.
- i. Parties are aware that the Transition Visions require municipalities and the district implementation plans will influence the (pace of) sustainability of healthcare real estate and that this may require tailor-made solutions.
- j. With the knowledge that CO<sub>2</sub> emissions relate to more than real estate, energy and transport, facilitating parties of healthcare providers with >100 employees to map the (indirect) CO<sub>2</sub> emissions of other 'hotspots'. Where possible, these healthcare providers draw up a plan with goals and measures for reducing these CO<sub>2</sub> emissions.

*Article 5: Theme IV: Working circularly and sparingly with raw materials*

1. Circular working is about using raw materials responsibly and realizing a cleaner and healthier world for the current generation and for future generations<sup>45</sup>. It is also important in the light of security of supply. The healthcare sector consumes a lot of materials, aids and protective equipment and raw materials. However, raw materials can eventually become depleted. A change from 'disposable' to 'reuse' and preferably a reduction in consumption and an active application of the "R-ladder"<sup>46</sup> are therefore necessary. The parties therefore set themselves the following objectives on the basis of the national goals:

ÿ 50% less primary raw material consumption in 2030 (compared to 2016) and maximum circular care in 2050.

<sup>40</sup> This could include, for example, electrification of transport, promotion of public transport, bicycle plans, and the installation of bicycles sufficient charging stations for electric bicycles and cars.

<sup>41</sup> The Expertise Center for Sustainable Healthcare (EVZ) is part of this. <sup>42</sup>

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

<sup>43</sup> This partly depends on further decision-making regarding the resources from the Climate Fund.

<sup>44</sup> See also the program *A new building culture about bio-based and nature-inclusive construction* by the College van Rijksadviseurs (<https://www.collegevanrijksadviseurs.nl/projecten/nieuwe-bouwcultuur>), supported by the Ministry of the Interior, the Ministry of Agriculture, Nature and Food Quality, the Ministry of Education, Culture and Science, the Central Government Real Estate Agency and Staatsbosbeheer.

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

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



2. To this end, the parties commit to the following:
- a. Healthcare providers apply existing knowledge, experience and capabilities to work circularly and use raw materials sparingly. To this end, parties increase insight into available knowledge about this and promote the development of new knowledge.
  - b. Where possible, healthcare providers choose 'reusable' over 'disposable' and the ambition is to do so  
By 2026 at least 20% of (medical) devices will be reusable<sup>47</sup>. To this end, parties promote dialogue between users, producers and buyers. Health insurers and healthcare offices are looking at how they can positively encourage healthcare providers to reuse through contract agreements.
  - c. Manufacturers and suppliers of medical devices and medicines no longer use packaging as necessary and ensure that it meets the essential requirements<sup>48</sup>.
  - d. Healthcare providers and healthcare wholesalers establish 'sustainable and circular purchasing' as a starting point in their purchasing policy regarding (construction) materials, (medical) devices and food, and purchase jointly where possible to stimulate market demand for this and thus the development of sustainable promote alternatives.  
What is the issue is healthcare providers  
In addition to 'purchasing', attention is also paid to 'commissioning', in line with the *Manifesto for Socially Responsible Commissioning and Purchasing*<sup>49</sup>.
  - e. I&W supports the goals and commitment to circular working in healthcare with knowledge, resources and practical support<sup>50</sup>, as part of the National Circular Economy Program that is being developed. In that context, in 2023, parties will identify the three or four product (groups) with the greatest environmental impact per subsector in healthcare, and, in collaboration with industry/MedTech, will develop sustainable and preferably reusable or circular alternatives or options. for less use in hallway. Parties are investigating whether formulating purchasing criteria can help with this.
  - f. Every year, parties encourage and investigate, together with the relevant professional associations, how two care or treatment processes can be organized in such a way that fewer (medical) aids or materials are required and implement this in their business operations.
  - g. Given the differences between the sectors, the aim is to achieve this across healthcare on average by 2030 a maximum of 25% of all waste in/from healthcare is 'unsorted residual waste'. The aim is also to have an average of 25% less unsorted residual waste across healthcare by 2026 compared to 2018. To this end, parties encourage healthcare providers to develop waste policy with attention to waste separation.  
and 'zero waste', stimulate knowledge about this among employees and focus on better chain cooperation to achieve an optimal situation. The parties also aim to reduce the use of diapers and incontinence materials by 5 to 10%<sup>51</sup>.

<sup>47</sup> When elaborating this (see Article 7: Governance), it will be further determined how to operationalize this ambition.

<sup>48</sup> See the Sustainable Packaging Decision Tree (<https://greenportdb.nl>).

<sup>49</sup> <https://www.piano.nl/nl/themas/maatschappelijk-verresponsabel-inkopen/manifest-maatschappelijk-verresponsabel-toewijzing-en>

<sup>50</sup> Such as 'Het Versnellingshuis Nederland Circulair' [www.versnellingshuisce.nl](http://www.versnellingshuisce.nl), the subsidy schemes 'Circular Chain Projects' <https://www.rvo.nl/subsidies-financiering/circular-ketenprojecten> and MIA/Vamil, recycling incentive program, and efforts in the context of circular purchasing (buyer groups).

<sup>51</sup> With the extended producer responsibility for diapers and incontinence materials in preparation, separate collection at source for recycling in the long term is being organized.



- h. The national government promotes knowledge about the separation and processing of waste in healthcare in accordance with the applicable legislation and regulations and the National Waste Management Plan<sup>52</sup>. Where necessary, possible solutions to experienced bottlenecks are sought in collaboration with responsible parties. The National Waste Management Plan (LAP) and its successor, the Circular Materials Plan (CMP)<sup>53</sup>, also pay attention to proper separation and processing of (specific) healthcare waste.
- i. The Ministry of Health, Welfare and Sport adapts national healthcare legislation and regulations where necessary and possible, so that they are making healthcare more sustainable or promoting the provision of sustainable care. At the European level, VWS focuses on sustainability, environmental impact and reuse in relevant legislation and regulations.
- j. Healthcare providers map their existing food waste in healthcare and make every effort to reduce it as much as possible. At locations where clients and supervisors cook themselves, information and awareness are provided.

*Article 6: Theme V: Reducing the environmental impact of medication (use)*

1. Medicines make a valuable contribution to the daily functioning of many people, to quality of life and to the prevention and cure of diseases. However, due to the use of medication, drug residues also end up in the ground and surface water through urine and feces, resulting in damage to the environment and living environment. In addition, it still happens that unused (liquid) medication is flushed down the sink or toilet and thus ends up in the ground and surface water. The production of medicines also has a climate and environmental impact<sup>54</sup>. That is why the parties aim to:

*ÿ Reducing the environmental impact of medication (use).*

2. To this end, the parties commit to the following:
  - a. As part of promoting health, preventing unnecessary use and combating waste, healthcare providers are committed to: 1) appropriately prescribing and dispensing necessary medications and 2) promoting patient compliance and correct use .
  - b. In the situation where there is equal effect, with an eye for individual patient characteristics, healthcare providers prefer the less environmentally harmful option based on sufficiently reliable information.
  - c. VWS is committed to transparency at European level about the climate and environmental impact of medicines to gain more insight into this<sup>55</sup> and to stimulate sustainable production. At European level, VWS is also committed to including sustainability in European legislation and regulations regarding the production and authorization of medicines.

<sup>52</sup> Such as LAP3 about industrial waste <https://lap3.nl/beleidskader/deel-b-trouwbeheer/b3-trouwscheid/> and about healthcare waste <https://lap3.nl/sectorplans/sectorplans/gezondheid/>

<sup>53</sup> <https://lap3.nl/Execution-lap/circular-materialplan/>

<sup>54</sup> [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=4081076](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4081076) and see also

<https://www.verenigingontwikkelingvegeneemiddels.nl/actueel/inspiratiegids-om-geneemiddelketen-verder-te-verduurzaamen>

<sup>55</sup> For example, as described in the Environmental Risk Assessment (ERA).



- d. Each healthcare provider develops an approach with measures to prevent wastage of medicines, for example as a result of unnecessary prescribing, excessive dispensing or unnecessarily high dosage<sup>56</sup>. This is viewed in conjunction with (existing) efforts by healthcare providers, for example with regard to appropriate care or combating polypharmacy.
- e. When purchasing medicines, the healthcare sector takes the environment and international social conditions into account.
- f. VWS and parties identify which (European) legislation and regulations, including funding, contribute to unnecessary provision and waste of medication, and which hinder the re-dispensing of medication, and makes every effort to amend them. Scientific societies do the same with field standards and guidelines. Health insurers and healthcare offices are looking at how they can collaborate with healthcare providers through contract agreements in the field of taking in unused medication and, if possible, re-dispensing specific medication in the long term.
- g. Health insurers make decisions in mutual consultation with all chain partners and in line with European standards agreements, sustainability and/or environmental impact are included as much as possible in further development and implementation of the preference policy and provide stimulating incentives.
- h. The parties will continue their collaboration in the context of the Chain Approach to Medicine Residues from Water<sup>57</sup>.
- i. Hospitals and other relevant healthcare providers are committed to reducing the discharge of X-ray contrast agents. This can be done in various ways, e.g. by reducing use, by reusing leftovers, by providing urine bags, by purification at the source, and/or by using special toilets in the hospital.
- j. Hospitals and other relevant healthcare providers investigate whether purification at the source for them specific situation makes sense and what different options are available for (affordable) techniques to purify their wastewater at the source for specific medications.<sup>58</sup> The focus is on medications that cannot be properly removed from the wastewater.
- k. The Ministry of Infrastructure and Water Management is starting an exploration into measures for purifying medicine residues can possibly be stimulated at source through legislation and regulations.
- l. Because the majority of medicine residues end up in the environment through private use, please inform healthcare providers and medicine recipients about the importance of not flushing medicines and medicine residues down the sink or toilet, but returning them in accordance with the advice of the central government<sup>59</sup>. With the same goal, parties actively participate in the annual national public campaign the 'Week of Our Water' in the second half of October and draw widespread attention to the collection week.

<sup>56</sup> The *Inspiration Guide Don't Waste a Pill* provides inspiration for this : [https://www.knmp.nl/sites/default/files/2022-04/Inspiration guide\\_Verspil\\_geen\\_Pil\\_v10.pdf](https://www.knmp.nl/sites/default/files/2022-04/Inspiration%20guide_Verspil_geen_Pil_v10.pdf).

<sup>57</sup> <https://www.medicineresten.org/>

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

<sup>59</sup> <https://www.rijksoverheid.nl/onderwerpen/Waste/question-en-answer/waar-kan-ik-onused-medicen-inleveren>



### 3. Execution

#### *Article 7: Governance*

- a. The direction and management of this Green Deal takes place within the Green Deal Steering Group (hereinafter: Steering Group) under the leadership of a chairman nominated by the parties. The Steering Group includes directors from the sector and umbrella organizations and the central government (including in any case VWS), in a composition to be determined that fits with this Green Deal. The Steering Group meets every quarter.  
A working method to be determined will be established for the Steering Group.
- b. Members of the Steering Group have been appointed by their organizations to work on the implementation and implementation of this Green Deal. Their role in the development of sectoral plans is to ensure that they are in line with and contribute to the goals and agreements in the Green Deal, and where necessary, focus on cross-sectoral (chain) collaboration and connect with other programs and processes. in care. They can adjust this where necessary.
- c. The Steering Group appoints an administrative driver from the sector who will address the parties in the Steering Group on progress and elaboration of the agreements and can drive the sustainability of healthcare both within and outside healthcare and can enthuse and convince parties to commit to making healthcare more sustainable.
- d. The Steering Group can set up one or more working groups with a specific task assignment. e. The central government facilitates the healthcare sector in the transition and encourages it where necessary. That's possible (adjusting and/or harmonizing) supporting and guiding legislation and regulations, practical support, knowledge and research, national support programs and knowledge and advice centers, and adequate financing and (incentives in) funding. Collaboration and integrated and interdepartmental policy development within the national government are necessary for this.
- f. The Ministry of Health, Welfare and Sport facilitates and supports the healthcare sector in the transition to sustainable care.  
To this end, VWS supports the management and working group as well as the chairman and is responsible for the secretariat of this Green Deal. In addition to promoting awareness within the government about the importance of sustainable care, VWS encourages the integration of sustainable care in its own policy and in its own laws and regulations. Interdepartmentally, VWS influences the development of policy, legislation and regulations in the field of climate and sustainability in favor of the sustainability task in the healthcare sector. For example, in the Climate Fund announced by the Rutte IV cabinet, a cumulative 2.75 billion euros has been reserved specifically for making social real estate (including healthcare real estate) more sustainable up to and including 2030. The Ministry of the Interior and Kingdom Relations is responsible for the further elaboration of this reservation and works together with VWS. At an international level, VWS collaborates with countries and organizations for the purpose of knowledge development and exchange and influencing restrictive international legislation and regulations. Within the cabinet, the ministers of Health, Welfare and Sport are committed to the contribution that healthcare can make to the climate challenge and for access to government-wide financial resources for the implementation of the (sectoral) implementation plans, insofar as these cannot be covered by regular funding.
- g. Sector and umbrella organizations in healthcare encourage their supporters to continue working on the transition, and support these organizations with knowledge sharing, sharing good examples and support programs.  
Industry and umbrella organizations adopt an industry-specific translation



of the agreements in the implementation plans to be drawn up, whereby tools are developed for the supporters. In addition, it is the role of the sector and umbrella organizations to actively focus on increasing the sense of urgency and to expand administrative commitment. Industry and umbrella organizations also actively connect with the theme of sustainable care in national forums and programs.

- h. Health insurers and healthcare offices help stimulate sustainability at sector and individual level and remove possible financial barriers. They can discuss with individual healthcare providers to shape the necessary sustainability, expand good initiatives and, if necessary, finance them. They are increasingly focusing on sustainable care. Health insurers and healthcare offices can reward organizations that show results in the field of sustainable care with, for example, partnerships, multi-year contracts, extra volumes and financial comfort. It is important to maintain a good balance between competition and equality, as well as a good balance with accessibility, quality and affordability of care within the overarching duty of care of health insurers and healthcare offices.
- i. Banks drive the transition by providing suitable instruments for (pre)financing and by including appropriate agreements regarding sustainability in credit agreements that can be guided in the relationship with healthcare institutions. In addition, banks can play a stimulating role in the phase in which investment plans are being developed. . They do this by testing them against sustainability criteria, by sharing knowledge on how to improve them and by explicitly entering into a dialogue about future-proof care in the triangle with healthcare institution-health insurer-bank.

#### Article 8: Method and finances

- a. Implementing the agreements is a multi-year process that requires cross-sectoral work (chain) cooperation, innovation and clear phasing. At the same time, the urgency is great. This transition requires congruence: parties work together on the same mission. This transition requires learning to improve: not everything can be changed at once, learning takes place and can be broadened and improved.
- b. Parties recognize that sustainability and the ability to realize the goals and agreements require adequate financing and funding. That requires making choices and doing things differently or even not doing them anymore. There is a distinction between investments that do and those that do not pay for themselves. The latter applies in particular to investing in making real estate more sustainable, which often involves a so-called unprofitable top. Investing in innovations and measures that can pay for themselves primarily requires something from healthcare providers themselves, as part of their business operations. Health insurers/care offices and banks are expected to provide advice and guidance in resolving financial bottlenecks. Investing in innovations and measures that do not pay for themselves, or only after a very long time, requires the involvement of all parties: healthcare providers, health insurers/care offices, banks and the central government.
- c. In order to gain insight into what financial effort is required to realize the goals and agreements in this Green Deal, the trade organizations are developing the agreements in a (subsectoral) sector plan. This describes the goals, intended results, a clear timeline and who does what and when. These plans are substantiated by a budget in which it becomes clear which components are within the sector itself





can take up and for which components the trade organizations apply for additional financial support from the central government. These plans will be ready by March 1, 2023 at the latest. The sectoral plans together form the GDDZ 3.0 implementation program.

- d. Based on these implementation plans, the Steering Group discusses what operational and financial support is needed and how it can be provided. The Regiegroep is committed to bringing the implementation plans to the attention of the national government in order to enable the financial feasibility of the implementation plans. The Steering Group then adjusts the plans if necessary, so that they fit within the budgetary frameworks of the healthcare sectors involved and any efforts by the central government. By August 1, 2023 at the latest, the Steering Group will consider how the implementation of the implementation plans will be further addressed. Sustainability activities from this Green Deal that are possible for healthcare institutions to carry out will take place from the start of this Green Deal.
- e. Healthcare providers, including GGDs, implement the sustainability transition by making their processes more sustainable. They embrace innovations and good examples if they contribute to the transition and, in addition to effectiveness and costs, they also take sustainability into account when considering their choices for certain resources. The Integrated Care Agreement states that sustainability will be a test criterion for every transition. f. VWS and EZK are investigating how a central support program
- for the  
Making healthcare more sustainable at the Netherlands Enterprise Agency (RVO) can promote the transition.
- g. The central government makes financial support available through various instruments sustainability in a general sense. This includes subsidy schemes from the Ministry of Economic Affairs and Climate Policy (sustainable energy), IenW (circularity and mobility) and BZK (social real estate and care)<sup>60</sup>. The national government, together with parties in healthcare, will increase awareness of these options and include any perceived bottlenecks and obstacles in their further development.
- h. Resources have been reserved in the Climate Fund for 'measures' to make the Netherlands more sustainable. When developing the measures, the central government also pays attention to making healthcare more sustainable.
- i. To achieve the goals and agreements, parties continue to discuss financial matters with each other bottlenecks and possible solutions.

#### *Article 9: Monitor and evaluation*

- a. The Steering Group monitors and monitors the progress and implementation of the agreements. In 2024, on top of the quarterly meetings of the steering group, an interim evaluation moment will take place (mid-term review).
- b. In 2023, parties, under the leadership of the Regiegroep, will develop a monitor that provides insight into the progress and results of making healthcare as a whole more sustainable. The approach is to align this as much as possible with national monitoring of sustainability policy and to keep administrative burdens as low as possible.

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<sup>60</sup> For a non-exhaustive overview, see, among others, <https://www.expertisecentrumverduurzamingzorg.nl/kennisbank/subsidies-financiele-Regelingen/>



## 4. Final provisions

### *Article 10: Execution in accordance with Union law and Dutch law*

- a. The agreements of this Green Deal and its further elaboration will be in accordance with the international law, Union law and Dutch law are implemented, in particular to the extent that the agreements fall under the operation of international, European and Dutch rules regarding procurement, competition, state aid and technical standards and regulations.
- b. For the exchange of personal data or other data in the context of this Green Deal, such as company data, competition-sensitive information, and the processing thereof, the Parties make arrangements in such a way that the requirements of the applicable European and national laws and regulations are met. as stated in the General Data Provision Regulation and the Open Government Act.
- c. If it turns out that one of the agreements is contrary to international law, Union law and/or Dutch law, it will lapse. The other provisions in this Green Deal will then remain in place.
- d. Parties can use the draft Guidelines for Sustainability Agreements from the ACM agreements during implementation.

### *Article 11: Admission of new parties*

- a. New parties can join this Green Deal. The Steering Group and the National Government decide about the accession of these parties.
- b. A new party makes its request for accession known in writing to the Steering Group and the secretariat thereof. As soon as the Steering Group and the National Government have agreed in writing or by e-mail to the request for accession and the acceding party has signed this Green Deal, the acceding party will receive the status of a Party of the Green Deal and the acceding party will apply to that Party. rights and obligations arising from the Green Deal. c. The application for accession and the declarations of consent will be attached as appendices to the Green Deal (and made public on a website to be determined).

### *Article 12: Appendices with specific efforts of a Party*

- a. Parties can indicate their specific individual commitment to this Green Deal in an appendix.
- b. The Party that has made its specific individual commitment to this Green Deal known in the appendix is and remains responsible for its commitment and implementation. c. The appendices with the specific individual efforts of the Parties are attached to the Green Deal and will be made public on a website to be determined.



Article 13: Termination

- a. Each Party may cancel this Green Deal (at any time) subject to a notice period of three months cancel in writing to the Steering Group and its secretariat.
- b. If a Party cancels the Green Deal, the Green Deal will remain in force for the other Parties to the extent that it does so the content and scope thereof do not oppose this.

Article 14: Compliance

- a. The parties agree that compliance with the Green Deal agreements is not legally enforceable.
- b. If there is a dispute, one of the Parties will report this in writing and with reasons to the other Parties, after which the Parties will consult with each other within 6 weeks of such notification to see whether an amicable solution to the dispute can be achieved. are being found.

Article 15: Citation title

- a. The Green Deal can be referred to as the Green Deal Working Together on Sustainable Care.

Article 16: Entry into force

- a. The Green Deal enters into force on the day after signature by the first Parties and is ongoing until October 31, 2026.
- b. The parties will implement all agreements mentioned in this Green Deal with effect from the day after signing.

Article 17: Disclosure

- a. This Green Deal, like other concluded Green Deals, will be made public, including in the Government Gazette, so that others can take note of the concluded Green Deal so that its implementation can be promoted.



Thus agreed and signed in duplicate in The Hague on November 4, 2022.

The Minister of Health, Welfare and Sport,

.....  
E. Kuipers

in (place) ..... on date) .....



**The Minister for Climate and Energy,**

.....  
R. Jetten

in (place) ..... on date) .....



**The Minister of Infrastructure and Water Management,**

.....  
M. Harbers

in (place) ..... on date) .....



The Minister for Housing and Spatial Planning,

.....  
H. de Jonge

in (place) ..... on date) .....



**ActiZ,**

.....

A. Westerlaken

in (place) ..... on date) .....





The Dutch Mental Health Service,

.....

R. Peetoom

in (place) ..... on date) .....



**Dutch Federation of University Medical Centers,**

.....  
JG Boonstra

in (place) ..... on date) .....



**Dutch Association of Hospitals,**

.....  
A. Melkert

in (place) ..... on date) .....



**Association for Disabled Care Netherlands,**

.....  
B. van der Ham

in (place) ..... on date) .....



**Green Healthcare Alliance,**

.....  
E. Brakema

in (place) ..... on date) .....



**Association of Doctors Society + Health,**

.....

C. Derijck

in (place) ..... on date) .....



**Royal Dutch Society for the Promotion of Pharmacy,**

.....  
S. Verhagen-Smits

in (place) ..... on date) .....



**Dutch Banking Association,**

.....  
S. Kooiman

in (place) ..... on date) .....





**Patient Federation Netherlands,**

.....  
D. Veldman

in (place) ..... on date) .....



**Association of Innovative Medicines,**

.....  
C. Fox

in (place) ..... on date) .....



**Association Environmental Platform Healthcare Sector,**

.....

AB van Engelen

in (place) ..... on date) .....



**Health insurers Netherlands,**

.....  
DJ van den Berg

in (place) ..... on date) .....



**Netherlands Organization for Applied Scientific Research,**

.....  
P. Bongers

in (place) ..... on date) .....