



# Sustainable Public Procurement in European Healthcare



**2 October 2013**  
Brussels Science 14 Atrium

**Workshop Report**

# SUSTAINABLE PUBLIC PROCUREMENT IN EUROPEAN HEALTHCARE

## INTRODUCTION

Sustainable Public Procurement is the gradual and on-going process by which public authorities, including hospitals and health systems, continually refine and expand the scope of their efforts towards selecting environmentally sound, healthy, safe and socially responsible products and services. Healthcare facilities use huge amounts of standard products and materials – everything from electronic devices, to paper, hospital gowns, packaging materials, paper towels, surgical instruments, to name only a few. Moreover, in healthcare, 80% of all final products are thrown away after a single use. Currently, many environmentally friendly services and products are available and can be purchased on the market. In Europe, local authorities procure a vast amount of products for the healthcare sector. Public authorities and hospitals, being major consumers, should use their massive purchasing power to choose socially responsible and environmentally friendly products throughout the supply chain.

In January 2011, the green paper on the modernisation of EU Public Procurement Policy was published. In December 2011 the European Commission adopted two proposals for Directives on Public Procurement: the “Classic Directive” and the “Utilities Directive”, which were agreed in trialogue by the EU institutions in June 2013 and are foreseen to be adopted in January 2014. The new Public Procurement Directives will allow public authorities in Europe to make sustainable choices and spend taxpayer's money wisely. The new provisions state that contracting authorities may introduce social and environmental considerations throughout the procurement process as long as these are linked to the subject matter of the contract. In addition, public authorities can differentiate what they purchase on the basis of the process and production methods that are not visible in the final product. This means that bidders that offer better working conditions to their workers, favour the integration of disabled and disadvantaged workers, and offer sustainably produced goods will be preferred. However, the new Directive would still allow the purchase of the cheapest option adding confusion to the criteria for assessing tenders.

The workshop “Sustainable Public Procurement in European Healthcare”, organised by Health Care Without Harm Europe, took place in Brussels at the Science 14 Atrium. The workshop brought together EU policy makers and

European public procurers to showcase best practices of green and social public procurement in the European healthcare sector. It provided comparative information and data from different case studies across Europe and stimulated the debate on the synergies between green and social public procurement. Finally, the debate concluded that both green and social public procurement should be addressed under the sustainability umbrella, in a coherent approach to sustainability of any procurement process.

## PARTICIPANTS

Name	Organisation	Position
Andreas Lischka	Vienna Children's Hospital	Professor MD, Former Director of the Children's Clinic Glanzing
Anja Leetz	Health Care Without Harm Europe	Executive Director
Anna Lipkin	Responsible Solutions	Owner
Anna Wählström	Landstinget Sormland	Political Officer
Birte Asja Detjen	Bremer entwicklungspolitisches Netzwerk	Promoter Sustainable Public Procurement
Catherine Weller	Client Earth	Lawyer
Cecile Nourigat	Burson-Marsteller	Consultant
Charlotta Brask	Environment Manager	Stockholm County Council
Davide Sgarzi	Procurement Officer	Regione Emilia-Romagna
Deborah Cwajgenbaum	Burson Marsteller	Intern
Dirk van Hessche	Plastics Europe	Manager
Dominika Domanska	Johnson & Johnson	Policy Assistant
Elba Estrada	Fair Trade Advocacy Office	Project Coordinator
Gerardo Sanchez Martinez	World Health Organization	Technical Officer
Grazia Cioci	Health Care Without Harm Europe	Policy Director
Grete Solli	Senior Advisor CSR	Helse Sør-Øst RHF
Hans van der Wel	Philips Healthcare	Director Ecodesign & Sustainability
Isabelle Pinzauti	PAN Europe	Communications Officer
Joanna Jacome	Health Care Without Harm Europe	Communication Intern

Jaakko Haikonen	STTK/ Finland	Public Relation
Jenny Ahlstrom	Agency for Public Management and eGovernment (Difi)	Senior Adviser
Josh Edwards	Health Care Without Harm Europe	Communication and Press Officer
Kathleen Walker Shaw	GMB	European Officer
Kornelia Bagi	Health Care Without Harm Europe	Membership and Administration Officer
Kristina Areskog Bjurling	SwedWatch	Senior Advisor
Laura-Davina Kuen	United Nations Office for Project Services (UNOPS)	Programme Assistant
Lisa Sennström	Swedish Environmental Management Council	Legal Advisor/Project leader
Luca Fop	Health Care Without Harm Europe	Research Assistant Intern
Magne Paulsrud	IEH - Ethical Trading Initiative Norway	Senior Advisor Public Procurement
Maria Jose Amaral	Health Care Without Harm Europe	Chemicals and Nanomaterials Policy Officer
Marc Tarabella	European Parliament	Member of the European Parliament
Marion Jaros	Wiener Umwelthanwaltschaft	Technical Officer for the assessment of chemicals and products
Paola Zanetti	Deputy Head of Unit	DG Internal Market and Services
Pauline Göthberg	Stockholm County Council	National Co-ordinator
Pierre Cogels	IBA s.a.	Corporate Environmental Affairs Manager
Riccardo Corridori	COCIR	Environmental Affairs Manager
Robert Kaukewitsch	DG Environment	Policy Officer
Silvia Bottaro	HOPE	EU Policies Assistant
Simone	Management Committee	Acting Member

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Ricotta	for National Action Plan on PP	
Sonia Roschnik	NHS England and Public Health England	Head of Sustainable Development Unit
Stine Foss	IEH - Ethical Trading Initiative Norway	Project Coordinator
Valentina Caimi	Social Platform	Policy Adviser
Véronique Molieres	C2DS - Comité pour le Développement Durable en Santé	Communications Director

## INTERVENTIONS

### *Setting the Scene*

Anja LEETZ, Executive Director, Health Care Without Harm Europe

HCWH is an international non-profit organisation that brings together hospitals and healthcare systems, health associations, health-affected constituencies and environmental and health organisations with the mission to transform the healthcare sector worldwide so that it becomes environmentally and ethically sustainable and no longer a source of harm. Ms Leetz, Executive Director of the European Office of HCWH, highlighted the need that the healthcare sector engages in sustainability by considering all the different angles in terms of policy and practice. The European healthcare sector, with 2.8 million beds, is the biggest employer in many EU member states like Germany and the UK. Ms Leetz welcomed the participants to the workshop highlighting that HCWH Europe organised it to provide some clarity about the new EU regime on sustainable public procurement addressing both the new Directive on Public Procurement and the Green Public Procurement Criteria. Ms Leetz further emphasised that by sustainable public procurement is meant both green and socially responsible purchasing practices and this is why the workshop showcases best practices, across the European healthcare sector, in both green and social public procurement.

The healthcare sector should stand by the Hippocratic Oath "First do no harm..." and choose the best procurement solutions that will allow it to function assuring the best quality of care whilst protecting the environment and respecting human and workers rights.

## The Regulatory Perspective

*What will the New Directive on Public Procurement achieve in terms of Green and Social Public Procurement?*

Paola ZANETTI, DG Internal Market and Services, European Commission

Ms Zanetti is Deputy Director at the Public Procurement Unit of DG Internal Market and Services, European Commission (EC). Ms Zanetti introduced the first session of the workshop on the regulatory perspective, presenting an overview

of the history of the Directive on Public Procurement: the starting point with the Green Paper, the public consultation in 2011, the EC proposal adopted at the end of 2011, the negotiations in Parliament and Council in 2012 and the tripartite negotiations in 2013. The text will be formally adopted by the European Parliament (EP) plenary session in January 2014. From the date of formal adoption Member States will have two years to transpose it into national law. The Directive sets 5 main conflicting objectives: 1. simpler and more flexible procedures; 2. strategic use; 3. better access (SMEs, cross border trade); 4. sound procedures (to avoid corruption); 5. governance/professionalisation of procurement. The new Directive enables procurers to make better use of public procurement in support of common societal goals. The horizontal social clause was at the centre of the tripartite negotiations. In art 15(2) Member States should make sure that green and social obligations from national and international laws will apply in the procurement of goods. General principles for choice of participants and award of contracts are provided along with exclusion criteria. Contracting authorities can exclude products and services where they can demonstrate the violations of the applicable obligations in the fields of social, environmental and labour law. In addition, contracting authorities shall reject the tender where they have established that the latter is abnormally low because it does not comply with applicable obligations in the field of environmental, social and labour law. Finally, public authorities are also encouraged to consider the full life-cycle of the products/services they want to purchase and externalities might be taken into account if monetisable. There is need for specific guidance for Member States in implementing the Directive. The European Commission is currently in an initial phase where they are talking with Member States, organising ad-hoc workshops and arranging implementation working groups with MS representatives. However, the working groups are not open to external experts. Ms Zanetti's full presentation can be viewed at: <http://noharm-europe.org/documents/procurement-presentation-paola-zanetti-dg-internal-market-and-services>

The New Directive foresees that Member States take appropriate measures to ensure compliance by economic operators of applicable obligations in the field of environmental, social and labour law established by Union law, national law, collective agreements or by international environmental, social and labour law provisions.

*The EU GPP Criteria with Relevance to the Healthcare Sector*  
**Robert KAUKEWITSCH, DG Environment, European Commission**

Mr Kaukewitsch is Policy Officer on Public Procurement at DG Environment of the European Commission, and is responsible for the new voluntary Green Public



Procurement (GPP) Criteria. Mr Kaukewitsch started by illustrating the benefits of GPP: reducing CO2 and other emissions, reducing hazardous substances, increasing energy efficiency, conservation of national resources, possible savings and so forth. However, GPP has many obstacles and limitations: lack of political support, lack of knowledge on how to verify green criteria, lack of awareness of the benefits of green products and lack of legal expertise. GPP is voluntary with some exceptions: energy star regulation (2008), clean vehicles directive (2009) and energy efficiency directive (2012). In 2008 the Commission published a Communication on Public Procurement for a Better Environment establishing a political target of 50% for tendering procedures to be green by 2010, setting common EU GPP criteria for priority products/services as well as GPP National Action Plans (NAPs). In 2011 an EC study revealed that the 50% target was not met across the EU but more than 50% of public authorities were doing some sort of green procurement and almost all MS have national NAPs. Currently there are more than 20 EU GPP Criteria and almost another 10 under development, most of which are of interest to the healthcare sector. The first EU GPP criteria that directly tackle the healthcare sector are the draft GPP criteria for electric and electronic medical devices, which are supposed to be published by end of 2013. After then GPP criteria on consumables and pharmaceuticals will be drafted. Mr Kaukewitsch's presentation can be viewed at: <http://noharm-europe.org/documents/procurement-presentation-robert-kaukewitsch-dg-environment>

Is there anything more important than Green Public Procurement? YES!  
The best environmental outcome is not necessarily buying the greener option, but buying nothing, less or something different. For a responsible purchasing decision the questions we need to ask before tendering are:  
*Do we really need it? Do we need to own or can we rent? Do we still have it (maybe in another department)?*

## Green Public Procurement of Pharmaceuticals, Disinfectants and Medical Devices

*The UK Climate Footprint of Pharmaceuticals and Medical Devices*  
Sonia ROSCHNIK, NHS Sustainable Development Unit, UK

Ms Roschnik is Operational Director of the NHS Sustainable Development Unit in UK. Ms Roschnik spoke about the journey that the National Health Service did in public procurement. The NHS covers public health and social care. They

have undertaken the carbon footprint of health and social care in 2010, which consisted of procurement for 71% and of medical products – pharmaceuticals represented one third of the carbon footprint of the sector. The first biggest source of carbon emissions is pharmaceuticals, the second biggest is medical devices but the NHS needs to work more on the latter. The Sustainable Development Unit aims at 80% decarbonisation of the NHS. This is why it was decided to develop a healthcare carbon footprint guidance to support reduction in the carbon footprint of pharmaceuticals and medical devices. One successful case study is provided by GlaxoSmithKlein that collaborated with the NHS for the recycling of inhalers. In February 115,006 inhalers were collected in the UK resulting in 807 tonnes CO<sub>2</sub> emission savings. Ms Roschnick presentation can be viewed at: <http://noharm-europe.org/documents/procurement-presentation-sonia-roschnick-nhs-sustainable-development-unit>

The NHS understood that the best way to reduce the carbon footprint of the healthcare sector was to focus any de-carbonisation strategy on the following actions:

1. reduce, reuse, recycle, substitute,
2. measure and report,
3. act local, think global.

### *How to Procure Safer Disinfectants: the Vienna Database for Disinfectants WIDES*

**Marion JAROS, Wiener Umweltschutzgesellschaft, Austria**

Ms Jaros presented the GPP criteria in practice through the example of the Ökokauf Wien (EcoBuy Vienna) – the Ecological Criteria for Public Procurement of the Vienna City Administration. In 1998 the Vienna City Administration decided to purchase all goods and services according to ecological considerations. The budget available to the Vienna City Administration for the EcoBuy Vienna programme is 5 billion Euros per year. By executive decree the eco criteria lists that have been developed through EcoBuy Vienna are binding for all departments of the Vienna City Administration, over the course of public procurement and tendering. The programme organises 26 topic-specific working groups of experts. The implementation of these criteria resulted in the amount of organic food in hospitals to have increased from 1,5% to 30% and only ecological friendly cleaning products are purchased with 10% less cost and 23% less weight. The Vienna City Administration has developed an easy-to-use database that enables the purchaser to compare potential adverse effects of the diluted disinfectants (“ready to use”) and selects the safest products from the market supply for each of the needed applications, with the lowest risks

for health and the environment. The WIDES database includes human and ecotoxicological data on ingredients of disinfectants, as antimicrobial substances, surfactants, and solvents. Data is provided on the composition of the disinfectants, on the spectrum of activity, on applications and material compatibility of disinfectants for surfaces, instruments, laundry, hands and skin, mainly coming from manufacturers' data. Ms Jaros full presentation can be viewed at: <http://noharm-europe.org/documents/procurement-presentation-marion-jaros-city-vienna>

The Vienna City Administration implements an assessment procedure for disinfectants that includes: 1. categorising adverse impacts in respect to human health and the environment, 2. substance assessment: assigning appropriate assessment numbers to the ingredients (by following transparent assessment rules); 3. product assessment: assigning appropriate assessment numbers to the products according to a calculation model, which considers the concentration of the ingredients in the diluted or "ready to use" products. The assessment numbers are then transformed into a colour code. Procurers across the EU could make wide use of this database as substances are the same all over the world.

### *Procuring PVC-Free Medical Devices: the Experience of the Vienna Childrens' Hospital*

**Prof. Dr. Andreas LISCHKA, Former Head of Kinderklinik Glanzing Hospital, Department of Paediatrics and Adolescent Medicine and of the Neonatology and Psychosomatic Department of Wilhelminenspital, Vienna, Austria**

Prof. Lischka illustrated the practical experience of the Vienna Childrens' Hospital (Glanzing Clinic) on phasing out PVC in medical products. Since the 70s and 80s a plethora of studies have spoken about the high risks of PVC exposure for foetuses and newborns. At the neonatal intensive care unit (NICU) in the Glanzing Clinic, treatment is given to extremely vulnerable premature neonates weighting as low as 430 grammes at birth and being born only after 22 weeks. Therefore there is a need for medical products for invasive treatment that are reliable and harmless.

At the clinic they started researching PVC-free products as it came to light that DEHP can damage the lung.

The phase-out of PVC started in 2003. An assessment about the situation was carried out in 2010 and it was found that the total amount of PVC in waste had dramatically decreased. There have been a number of international bodies that have informed on the risks of exposure to DEHP and phthalates including

the US Food and Drugs Administration (US FDA), the US National Toxicology Programme (US NTP) and a number of activities of EU bodies. Prof Lischka's presentation can be viewed at: <http://noharm-europe.org/documents/procurement-presentation-prof-dr-andreas-lischka-formerly-kinderklinik-glanzing>

Until today the problems associated with hazardous waste of PVC products are not solved. There is doubt that a change will happen in the near future, as the basic components like vinyl chloride, phthalates and heavy metals, are toxic substances. What is the alternative? Procuring DEHP-free products that contain safer alternatives like ethylene vinyl acetate (EVA), polypropylene (PP), polyethylene (PE), and polyurethane (PU).

*Keys to Successful Green Public Procurement in Healthcare: the Experience of Sweden*

**Charlotta BRASK, Head of Environmental Department, Stockholm County Council, Sweden**

Ms Brask introduced the Stockholm County Council's environmental work as well as climate efficient, resource efficient and health promoting activities. The Council is responsible for procuring healthcare and transport. In Sweden there is a central procurement policy that is applied together with a code of conduct for suppliers and environmental management systems such as ISO 14006 or EMAS. Nevertheless, it is important to carry out follow up activities, once the environmental criteria are in place. The Council does it for 80-85 percent of its purchases and this process is also reviewed externally. The Stockholm County Council for example tested IT equipment for chemicals and heavy metals. They found PVC in the cables and are now procuring PVC-free cables. The Council also organises hearings with suppliers. Budget and resources are needed to do the follow up and the testing. One way forward would be to work together with other public authorities, sharing the criteria and the resources to carry out the monitoring. Ms Brask presentation can be viewed at: <http://noharm-europe.org/documents/procurement-presentation-charlotta-brask>

The environmental criteria have to be relevant and linked to the largest environmental aspects of the product or the service. The criteria need to be drafted in a way to make the follow-up possible. It is better to set fewer criteria but add resources to make the follow up effective.

## Social Public Procurement in European Healthcare

*What will the New Directives on Public Procurement Achieve in Terms of Sustainable Public Procurement? The European Parliament Perspective*

Marc Tarabella, S&D, Belgian Member of the European Parliament

Mr Tarabella has been the rapporteur in the European Parliament of the new proposal for a Directive on Public Procurement for the past couple of years. The legal base of the directive is the Single market Act. The objectives of his report were simplification, reinforcement and improvement. The key focus of the Commission proposal is progress for environmental criteria. This is why Mr Tarabella focused his report to reinforce social criteria. In the implementation phase the European Parliament would like to see clear Commission implementation guidelines that focus on sustainability. Mr Tarabella's full presentation can be viewed at: <http://noharm-europe.org/documents/procurement-presentation-marc-tarabella-mep-sd>

*The New Directives: Are We Progressing From Green Public Procurement to Sustainable Public Procurement?*

Catherine Weller, Lawyer, Client Earth, UK

Ms Weller is a lawyer at Client Earth, a European non-profit organisation working to protect the environment through advocacy, litigation and research. Ms Weller reminded the stated aim of the revision of the Public Procurement Directive and shed light on a few key provisions of the new Directive in terms of social considerations. The aim of the New PP Directive is: "...to enable procurers to make better use of public procurement in support of common societal goals" (Recital 2). The game changer was the landmark ruling "Commission v. Kingdom of the Netherlands" of 2012, where the EU Court of Justice (CJEU) decided on the introduction of social criteria in the procurement process. In the North Holland case the Court further stated that there is no requirement that an award criterion relates to the intrinsic characteristics of a product, that is to say something which forms part of the material substance thereof" In addition, the Court said that considerations of social nature "may concern the persons using or receiving the works, supplies or services which are the object of the contract but also other persons". In the new regime award criteria shall be considered to be linked to the subject matter "where they relate to the works, supplies or services to be provided [...] in any respect [...] including factors involved [in the specific process of production or another stage of their life cycle] even where such factors do not form part of their material substance" Article 66(3). As for technical specifications, contracting

authorities can provide social requirements, which directly categorise the product or service in question (Recital 41b). However, art 40 further specifies these characteristics as characteristics that may refer to the specific process or method of production even when such factors do not form part of their material substance. Therefore, the Directive provides room for integrating social criteria along the global supply chains also by allowing to taking into consideration the production process of the object of the contract. In the implementation phase of the new Directive social criteria could even be introduced in the selection phase. Ms Weller presentation can be viewed at: <http://noharm-europe.org/documents/procurement-presentation-catherine-weller-client-earth>

There are other obstacles to the take up of both social and green public procurement, in particular: price, political will and verification. As for verification more attention and thought should be given on how to verify and drive forward. The key element in the implementation of the new Directive is legal clarity so that procurers have the tools to interpret correctly the directive and have a clear idea of what they are entitled to do.

### *Social Public Procurement In the Swedish Healthcare Sector: challenges and Solutions*

**Pauline Göthberg, PHD, National Coordinator, Sustainable Procurement, Swedish County Councils and Regions**

Pauline Göthberg is National Coordinator on Sustainable Procurement at the Swedish County Councils and Regions. Ms Göthberg gave an overview of the Swedish County Councils' work on social sustainability. The Swedish Counties are responsible for healthcare, dental care and public transport and they procure goods and services for approximately 13 billion Euros. In 2007 a report titled "White coats and sharp scissors" was published on the lack of ethical procurement of the Counties. In 2008 a Code of Conduct was developed, in 2009 a common model for the follow up, in 2010 all Swedish County Councils joined the project and in 2012 a national coordinator was appointed. Audits have already been carried out on the following products: instruments manufactured in Pakistan, textiles from India, Bangladesh and Pakistan; gloves from Vietnam and China; and pharmaceuticals. The problems that have been encountered so far are: 1. large administrative burden; 2. not sufficient number of follow-ups; 3. not a transparent way of follow-up, 4. need to improve skills and competence (mapping of suppliers, due-diligence on HR, anti-corruption, who audit the auditors). Ms Göthberg presentation can be viewed at: <http://noharm-europe.org/documents/procurement-presentation-pauline->

## [göthberg-swedish-county-councils-and-regions](#)

The environmental criteria have to be relevant and linked to the largest environmental aspects of the product or the service. The criteria need to be drafted in a way to make the follow-up possible. It is better to set fewer criteria but add resources to make the follow up effective.

## *Social Public Procurement in Norway. Can Purchasing Power Make a Difference?*

**Grete Solli, Senior Advisor CSR, The South - Eastern Norway Regional Health Authority**

Grete Solli is Senior Adviser at the South-Eastern Norway Regional Health Authority. The Authority walks the talk. They are practicing ethical public procurement and have already four years of experience in implementing ethical public procurement. Not all products that are used in the Norwegian healthcare sector are produced in countries where there are labour issues but we know that textiles come from India, surgical instruments from Pakistan and gloves from Malaysia. How does the authority implement ethical procurement? They have dialogues with the suppliers, they collaborate with them, they follow up and they never ask for a guarantee. They have carried out country visits and visited factories in Malaysia where they produce gloves for hospitals and healthcare systems, to check the working conditions. These factories use migrant workers that have no rights. Ms Solli's presentation can be viewed at: <http://noharm-europe.org/documents/procurement-presentation-grete-solli-south-eastern-norway-regional-health-authority>

What is important to drive the change amongst the suppliers? Suppliers want dialogue, standards, procedures, time and predictability and they are mostly worried about their reputation and competition advantage. In Norway a supplier was badly exposed in the media for selling gloves produced in Malaysia under indecent working conditions. This is the type of media exposure that suppliers fear.

## *Social Public Procurement: the Italian guide and its first applications in healthcare*

**Simone Ricotta, Management Committee of the Italian National Action Plan for Sustainable Public Procurement**

Simone Ricotta is an expert in social public procurement and a member of the Management Committee of the Italian National Action Plan. Mr Ricotta illustrated the Italian experience in implementing social criteria in the procurement process. In 2008 the Italian Ministry of the Environment adopted the National Action Plan on Green Public Procurement – GPP NAP, which was then reviewed in 2013 to introduce other product categories including medical devices and other products for the healthcare sector and to integrate social criteria. In 2012 the European Commission published the guide: “Buying Social”, which takes into account different social aspects related to the wide definition of “socially responsible public procurement” (SRPP). In 2012 the Italian Ministry of the Environment also published the guide for the integration of social aspects in public procurement. The Italian approach is based on: 1. minimum social criteria and 2. structured dialogue with the suppliers. Some public authorities have already started carrying out this approach of introducing social/ethical criteria, in particular: ARCA (the central purchasing body of the Lombardy Region), the Italian Revenue Agency, Intercent-ER, the central purchasing body of the Emilia-Romagna Region and the Region of Tuscany. Mr Ricotta focused his presentation on the initiative and experience of ARCA that involves the Lombardy Region’s central authority and every public entity with head-office in Lombardy, such as healthcare structures, regional companies and local governmental bodies (about 1700 public authorities). The Agency has introduced green criteria within its centralised tendering processes and is progressively including social criteria. ARCA approach is based on:

- transparency and traceability along the supply chain – eight procurement procedures contain now “social contract clauses” (four are products/services for the healthcare sector) for a total amount of about 1.1 billion euros, the majority of which is coming from the healthcare sector (993,3 million euros);
- the building of a “structured dialogue” between the contracting authorities and the suppliers. ARCA has sent self-assessment questionnaires to the suppliers and is now evaluating the first results. Mr Ricotta’s presentation is available at: <http://noharm-europe.org/documents/procurement-presentation-simone-ricotta-ministry-environment-italy>

ARCA’s initiative on social public procurement in the healthcare sector is unique so far in Italy. ARCA’s approach is based on transparency and traceability along the supply chain and the building of a structured dialogue between the contracting authorities and the suppliers. ARCA is currently evaluating the results of the self-assessment questionnaires that have been sent to suppliers.



*Experience from the P-production side: does Social Public Procurement mean anything on the ground?*

**Kristina Areskog Bjurling, Head of Research, Swedwatch, Sweden**

Kristina is Head of Research at Swedwatch, a non-profit Swedish organisation working to contribute to policy reduction and lessen negative consequences of Swedish trade and business in developing countries. In 2007 Swedwatch revealed unacceptable working conditions in the production of goods for the Swedish County Councils. Swedwatch found risk of child labour, violation of labour legislation, dangerous working conditions and environmental degradation. Since then the Swedish County Councils have implemented a Code of Conduct for suppliers and started follow-up procedures leading to the improvement of working conditions in certain manufacturers and to the raise of wages. More follow up will come in Sweden on surgical instruments. Ms Areskog Bjurling's presentation can be viewed at: <http://noharm-europe.org/documents/procurement-presentation-kristina-bjurling-swedwatch>

The key tools to implement ethical procurement policies are to build stakeholders dialogue and information, to cooperate with other organisations and to carry out self-assessments and audits. During verification and auditing the best factories are the ones that we would like to take home.

## Conclusions

The workshop confirmed that the new Directive on Public Procurement is an opportunity for implementing environmental and social/ethical criteria in all sectors, including healthcare, across Europe. There is also an opportunity for green and social criteria to be implemented in the entire supply chain of a product or service and guide the selection of suppliers in any tendering process. However, at the national level there is a need for guidance and clarity on what public authorities are entitled to do under the new Directive. The workshop showcased many European best practices that we hope will be multiplied in the future with the help of a correct implementation of the new Directive. This would be possible if public authorities work in partnership not only among themselves, exchanging information and methodologies, but also in dialogue with suppliers. The new Directive offers the opportunity for many European public authorities to walk the talk now. It would be a pity not to realise the full potential of the directive!

## PHOTO GALLERY

