

# NORDIC KNOW-HOW 2023



BEST PRACTICES OF  
SUSTAINABLE HEALTHCARE  
IN THE NORDICS

REPORT SERIES BY  
NORDIC CENTER FOR SUSTAINABLE HEALTHCARE



**#8 FINANCING ENERGY  
AND CLIMATE-SMART  
HEALTHCARE**

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**NORDIC KNOW-HOW #8 FINANCING ENERGY  
AND CLIMATE-SMART HEALTHCARE  
REPORT BY  
NORDIC CENTER FOR SUSTAINABLE  
HEALTHCARE  
2023**

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Images: Canva (unless otherwise stated)

# INTRODUCTION

The Nordic Know-How report series shares best practices and technologies from the Nordics, aiming to improve the sustainability performance of hospitals and other healthcare facilities – by making knowledge and technologies available in English. The series greets an international audience, particularly those working with hospital management and design, healthcare procurement, or looking for practical green solutions.

This eighth report addresses the topic of financing energy and climate-smart healthcare, focused specifically on hospitals' green transition in Sweden. It aims to collect, summarise and make accessible different ways to go about and approach such funding. We hope that you will find the samples of examples inspirational for your own context and area of expertise.

Sweden is a frontrunner when it comes to energy and climate-smart healthcare. This position has been supported by a complexity in the country's healthcare financing, involving an ecosystem of different types of funding: financing in-house, through collaboration and through external means – to name a selection.

The solutions invested *in* create an equally complex ecosystem and make up a broad spectrum: From a new autoclave or monitoring software lowering energy consumption, to refurbishment of ventilations systems, new windows, geothermal heating and so on.

Other investments are made outside of the hospital's own "field". Investments in district heating and cooling, fossil-free energy sources

and public transportation benefit hospitals' green transition – and influence procurement demands or similar – while remaining outside of their ecosystem. These are investments in services used, but not necessarily owned, by the hospitals themselves.

In this report you will see that a Swedish hospital's investment in energy and climate-smart healthcare can take several shapes. To give you an overview, we have categorised these into three main areas: *Financing in-house*, *Financing through collaboration* and *Financing through external means*.

When you read the examples herein, it is beneficial to keep some questions in mind – from the perspective of a hospital as well as an investor or funder: What are our low hanging fruits? Where can we save the most energy or costs? What has the shortest return of investment? What could generate the largest climate impact?

Once you are finished reading, an energy audit could be a first step to get going. Good luck!

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#7 COOLING SYSTEMS:



# CONTEXT

Financing healthcare is a dynamic interaction – it involves governance structures, the economic weight of different industries, as well as requirements and contextual needs of a particular country's population (McIntyre and Kutzin, 2016).

Recent years' phenomena have affected such interactions and the way in which healthcare is financed. The COVID-19 pandemic, the climate crisis, and geopolitical crises have put pressure on healthcare expenditure globally. At the same time, decentralisation, privatisation and digitalisation – as local and national driving forces – alter investment allocation and prioritisation.

In the specific case of investments for energy and climate-smart healthcare, multi-crises also position investments as strategic opportunities (Romanello, M. et al., 2022).

Today, the healthcare sector accounts for about 4 % of global carbon emissions, with energy consumption as a main source of these emissions (World Economic Forum, 2022). To invest in more effective use of resources and become less reliant on fossil fuels for energy

sourcing would create a more resilient healthcare sector, with the capacity to optimise responses to future crises.

For the above to be realised, investments in transforming energy systems for healthcare need to increase and their implementation improve. The healthcare sector should be included in the priorities and strategic design of investment portfolios (World Health Organization, 2017). This together with different formulas for the financing of adjustments, innovations, analyses and other activities relate to the advancement of more sustainable healthcare initiatives.

As this report illustrates, there are examples and best practices to draw from that show potential courses of action for improving the financing of energy and climate-smart healthcare in different contexts around the world.

Sweden – and Swedish actors – have a long history of investing in more sustainable healthcare and this country is therefore a focus area in the examples that follow. While reading, keep in mind that the vast majority of Swedish healthcare is funded through taxation. The European Union's (EU) *De minimis* rule (EUR-Lex, 2021) would, for example, limit some financing methods in contexts where a larger cut of healthcare is private.

Each way of financing energy and climate-smart healthcare needs to be tailored to your specific context and circumstances. Before our conclusions, we will thus leave you with *Flowchart for inspiration* for precisely that purpose: inspiration.

THE WORLD HEALTH ORGANISATION (WHO) CATEGORISES HEALTH FINANCING ACCORDING TO CORE FUNCTIONS:

- **REVENUE RAISING:** INCLUDING GOVERNMENT BUDGETS, COMPULSORY OR VOLUNTARY PREPAID INSURANCE SCHEMES, AND DIRECT OUT-OF-POCKET PAYMENTS BY USERS. HERE, INCREASING THE PREDICTABILITY AND IMPROVING THE STABILITY OF THESE FUNDS AS THE MAIN SOURCE OF FINANCIAL RESOURCES IS FUNDAMENTAL.
- **POOLING OF FUNDS:** REFERS MAINLY TO THE ACCUMULATION OF PREPAID FUNDS ON BEHALF OF SPECIFIC POPULATIONS OR TOPICS. THIS IS ESPECIALLY RELEVANT IF A STRATEGY FOR ENERGY EFFICIENCY IS DEVELOPED. THERE IS A NEED TO REDUCE FRAGMENTATION, DUPLICATION AND OVERLAP OF FUNDING.
- **PURCHASING OF SERVICES**  
(World Health Organization, n.d.)





# FINANCING IN-HOUSE

## THEORY

Sweden has a long-lived tradition of tax-financed welfare services, including health and hospital care. On a macrolevel, healthcare is governed through a national as well as regional policy setting – the later being the legal and responsible governing principal.

This policy context sets the framework for investments and financing for building, renovating and developing healthcare facilities. The amount of public spending on healthcare is determined by issues like national income, tax capacity, debt, and budget deficits (World Health Organization, 2017).

When it comes to internal investments – where hospitals, clinics and so on invest in energy efficient solutions within their own budget or investment budget – there are a few things to consider:

Who will benefit from lowering the energy consumption via a new Medtech device, which due to its lower energy consumption might be slightly more expensive to buy? Is it the clinic or facility owner who will benefit when receiving a reduced energy bill? Or is it the investor? How is the device interacting with other systems in the building (you might need more heat when saving energy through certain devices – heat which might be provided by an external actor)?

## STATE INVESTMENT AND LOANS

When the current healthcare legislation in Sweden came into place in 2017, the comprehensive co-planning and co-operation in hospital and healthcare investments from the 1960s and 80s – between the state and the different regions – was largely disassembled. Today, the state does not have an active role in the healthcare investment process, nor is there a national strategy or structure for design and shaping, or investing in, healthcare facilities.

The legal and institutional framework for Swedish healthcare governance is not directly centred around national policy-making but around the 21 different regional governing principals of healthcare (except for policies that are accompanied by explicit earmarked state financing). Currently, the regional income from state subsidies accounts for about 22 % of the regions' total income (Regeringskansliet, 2021).

Regions are able to seek additional funding through loans from banks and other financing institutions, like the organisation for Swedish municipalities or county councils (Kommuninvest, 2023). Further financial means can come from the European Union and several more actors to, for example, support development projects and innovation.

## TAX-FUNDED REGIONAL SYSTEM

Investments related to building, refitting, repairing, equipping and servicing healthcare facilities represent significant portions of the financing provided by Sweden's 21 different healthcare principals: the regions.

Approximately 70 % of Swedish healthcare is financed through regional taxes. The level of tax is decided on a regional political level, specific for each separate region during a four year period of elected political mandates. Added sources of income for regional healthcare are fees (approximately 3 %) and other means of income (approximately 5 %) (Regeringskansliet, 2021).

The regional bodies are governed by elected political representatives, ultimately responsible for providing funds for investments related to healthcare and healthcare facilities. Planned and unplanned needs of financing are communicated by the regional executive body to the regional political council and committees, to seek approval for investments within the boundaries of a set healthcare budget.

Apart from planned call-offs, requests for additional funding are channeled to the regional policy level to be assessed and decided as part of future budgets.

## LOCAL INVESTMENT BUDGETS

Additionally, regional hospitals have their own fixed yearly budgets for regular facility services, repairs and improvements – all frequently set in relation to the physical size of the building. Such local, internal budgets

may or may not be specifically defined to target climate or energy efficiency issues per se.

Both the many regions as a whole and the individual healthcare facilities and hospitals as such, differ a lot in terms of operations, sizes and budgets.

The real-life case from the Central Hospital in Kristianstad (Centralsjukhuset Kristianstad, Region Skåne) – which is described on p. 6 – represents an example of how effective investments in climate and energy efficiency can be financed using a local hospital budget.

Other examples of successful local funding exist, where climate-funds have helped to finance healthcare employees' work travels via train or bike rather than using fossil-fuel transportation. Such financing incentives likewise contribute to lowering hospitals' climate impact.

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## REAL-LIFE CASE: KRISTIANSTAD HOSPITAL

Swedish hospitals are currently looking for ways to manage their energy use and costs. One of these hospitals is the Central Hospital in Kristianstad, part of Region Skåne.

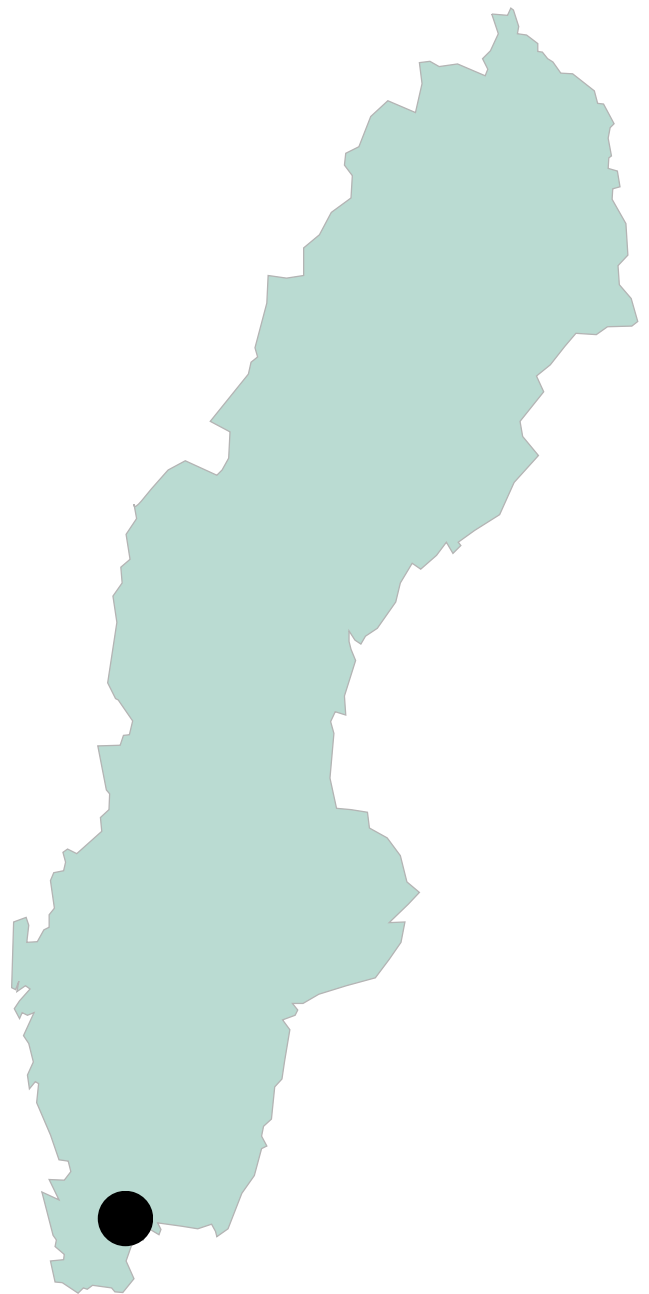
Regional healthcare, as well as hospital and facility service budgets, are targeting the business case of investing in energy efficiency as an opportunity to lower both electricity costs and their direct (and indirect) negative climate impact.

Studies and pilots have shown great advantages of such targeting, installing smart techniques for lighting in healthcare facilities: By using sensors to switch on and off the light in hospital culverts, unnecessary electricity consumption is minimised (Region Skåne, 2023).

20 million kWh of electricity is consumed in the facilities of Region Skåne yearly. Now, the replacement of old lighting solutions with LED lights is taking place in all of the region's hospital areas.

At the Central Hospital in Kristianstad, fluorescent lamps used to give constant light to a long corridor both day and night. Installing a new, modern lighting technique using sensors has allowed Kristianstad hospital to save around 92 % of energy usage. By replacing 600 light fittings with energy-efficient options, Region Skåne and Kristianstad hospital could save 500 000 kWh per year – realising a 1 million SEK cost saving (Jeppsson, 2023; Region Skåne, 2023).

Investments in hospitals' energy efficiency comes out of a 40 million SEK regional budget. From the budget, funds for specific means need to be requested from the regional council and motivated in a business case to demonstrate its cost efficiency over a 5–7 year investment period. Apart from this, the Central Hospital in Kristianstad is able to finance minor energy-saving installations through a local budget for planning and maintenance, based on 5 SEK per m<sup>2</sup> of the hospital area.





# FINANCING THROUGH COLLABORATION

## THEORY

The healthcare sector is a strategic sector involving a diversity of stakeholders in Sweden. For financing purposes, such diversity has in many cases benefitted from cross-sectoral collaboration, facilitated by various schemes.

Managing demands of and in the healthcare sector, especially when it comes to ensuring sustainable performance, means recognising a changing environment – in terms of demographics, technologies, and economy – which could affect possibilities to expand public expenditure. National governments have been increasingly partnering with the private sector to increase the availability of funds, and as a strategy for supporting innovation within the sector.

The most common example are Public-Private Partnerships (PPPs), but other examples exist that together can be used to illustrate the diversity of collaborative financing opportunities for improving energy efficiency within the healthcare sector.

## PUBLIC-PRIVATE PARTNERSHIPS

PPPs are a tool to increase funding for infrastructure development as well as to supply products and services that involve high risks for public funding. This tool is not a monolithic instrument but dynamic to adjust to the particular sector, country and

requirements of a specific policy strategy. Such adjustment is reflected in the fact that there is no consensual definition of PPP: it is an idea which changes based on a situation.

That being said, a PPP can be defined as a long-term commitment which includes a shared responsibility – the commitment is neither a simple contracting for products or services nor a privatisation process. In general terms, a PPP is associated with: a long-term contract (typically 15+ years), the transfer of risk from the public to the private sector, a contract based on mutually agreed performance indicators, and government ownership of assets upon the end of the contract (Abuzaine, N. et al., 2018).

A successful and coherent PPP for the healthcare sector requires an in-depth consideration of the needs, available funding, political environment (how the private sector engages in public interest issues), investor profiles, along with the capacity of the public sector to manage and monitor the complexity of the PPP, and so on (United Nations Economic Commission for Europe, 2016).

These forms of partnerships can be used when designing and constructing new – or renovating existing – healthcare facilities, based on requirements set by the public actor, and during the maintenance stage. Favourable conditions are: political will, transparency, accountability, the engagement of diverse stakeholders, the existence of a regulatory framework, and the capacity of both public and private sectors to manage PPPs as a tool.



## PUBLIC-PRIVATE PARTNERSHIPS

The partnerships that have been tested in Sweden have met some limitations. Often, the limitations relate to a difficulty in aligning the purpose and vision of a specific project or investment of different partners; The commercial interests of the private partner(s) need to match the public interest in providing energy and climate-smart healthcare. In other words, for PPPs to work, effective collaboration and communication are key.

## BONDS AND OTHER FINANCIAL INSTRUMENTS

More instruments to fund sustainable healthcare infrastructure have appeared in recent times in Sweden. Among the most used are the green bonds – bonds that can access low-cost capital to finance investments.

On a general level, a bond is a form of debt security; a legal contract for money owed which can be bought and sold between parties. In this scheme, investors become creditors being paid a fixed interest rate and returned their initial investment upon maturity. The issuer of the bond can be private companies, supranational institutions like multilateral development banks, and public entities at different levels (from local to national authorities).

The *green* bond is specifically issued to finance climate and environment projects, including the sustainable transformation of a hospital or healthcare facility (The World Bank, 2015).

One of the advantages of this kind of instrument is predictability: A fixed rate return over a fixed time represents less risk

than other investment instruments. This makes bonds attractive as sustainability-linked financial instruments, suitable for local governments as well as for loans to companies to raise funds – creating a linkage between financial availability and sustainable transformations by providing "fresh" capital for the development of, for instance, more energy and climate-smart hospitals. Additionally, this has inspired a new set of financial instruments to the surface, like social bonds (or impact bonds).

When it comes to green bonds, it is important to evaluate the specific environmental purpose of the bond in addition to the financial characteristics. One challenge when reporting to investors and beneficiaries is the definition of the word "green". To address this and similar challenges, multiple actors – from academics to NGOs and banks – have developed voluntary guidelines called the Green Bond Principles (GBP) (The International Capital Market Association, 2021).

## ENERGY PERFORMANCE CONTRACTING

Energy Performance Contracting (EPC) has been used by healthcare providers in Sweden in a few settings. The purpose has then been to finance energy efficiency projects from cost reductions.

In brief, EPC is a contract with an Energy Services Company (ESCO) based on demonstrated performance. This means that the ESCO does not receive payment unless the project delivers pre-defined energy savings (European Commission, 2023).

# FINANCING THROUGH EXTERNAL MEANS

## THEORY

Hospital projects financed through external means can enable a more affordable way of building sustainable infrastructure for the public good. These types of financing come from various levels, referred to here as *Regional* (through the example: green bonds), *National* (through the example: governmental initiatives) and *International* (through the example: European Investment Bank).

## REGIONAL

Green bonds (see *Financing through collaboration* for an introduction and definition) can accelerate the building of sustainable hospitals by supplying capital at a lower interest rate. In practice, this can also work on a regional level: A region lends money from various investors by issuing a green bond, which proceeds are invested in green infrastructure projects (Locum, 2021; Regeringskansliet, 2016). Such a process is done for new as well as existing hospital buildings.

The initial history of green bonds is interlinked with regions in Sweden (see box for details), and was at a similar time seen on the global arena: A collaboration between the World Bank and the Swedish-owned bank SEB resulted in the World Bank's first green bond in 2007/2008. SEB describes the model as straightforward: "proceeds from companies and organisations that issue green bonds are allocated to eligible green projects according

to pre-defined criteria, verified by environmental specialists" (SEB, n.d.).

One success factor of green bonds – for a region's support in energy and climate-smart healthcare or similar investments – is the possibility for preventative measures. Much of the healthcare budget is used to meet current demands of hospitals and day-to-day operations. External financing and investments can allow for improvements for the future, like ensuring greener hospital buildings, without altering the essential supply of healthcare (Markusson, 2021).

Financing through green bonds can have extensive impacts. At a university hospital in northern Sweden, the funds have been one enabler of a new psychiatric building, involving geothermal energy and the use of solar energy. The green bonds came from a large lender for the municipal sector. This specific lender is predicting that the investments in the new building and its renewable energy sources will "save emissions corresponding to approximately 1100 tons of Co2 equivalents" (Kommuninvest, 2019).

### SWEDEN AT THE FOREFRONT OF GREEN BONDS

THE SWEDISH BANK SEB (SKANDINAVISKA ENSKILDA BANKEN) FACILITATED THE FIRST NORDIC GREEN BOND IN 2013 FOR THE CITY OF GOTHENBURG IN SWEDEN. THE BOND WAS ISSUED TO FUND ENVIRONMENTAL PROJECTS FOR THE CITY, INCLUDING PUBLIC TRANSPORT, WATER MANAGEMENT, ENERGY AND WASTE MANAGEMENT (SEB, 2013).

## NATIONAL

Another way for Swedish hospitals to access external financial means is through project funding from governmental initiatives on a national level. These means are to be considered as contributions but need not be limited to the healthcare sector.

Instead, they are generally part of larger governmental investments or programmes tailored to energy-efficient buildings or similar – in which hospitals play a role. Innovation is frequently the focus of the government funds, avoiding any direct funding to hospitals. That being considered, healthcare facilities can be a driver and testing ground for moving the national energy efficiency agenda forward (Höglund, Fjällström and Persson, 2023).

The programmes tend to have explicit goals and outcomes that projects need to align with – adhering for instance to global challenges in energy, climate, innovation and resource use. Renovations and new constructions in the built environment are often included, as are a prioritisation of comprehensive knowledge bases and cooperation (Energimyndigheten, 2021). Furthermore, there are cases where programmes have supported projects focused on decreasing particular greenhouse gases from healthcare facilities (Naturvårdsverket, 2023; Region Blekinge, 2019). Additionally, demos or case studies in a hospital represent ways of accessing the funding (Höglund, Fjällström and Persson, 2023).

Knowing where to start is potentially of equal importance as applying for funding. Beyond the programmes, national governmental authorities in Sweden can offer support to

municipalities and regions in identifying energy saving measures that are both possible and appropriate for their specific situations (Energimyndigheten, 2022).

## INTERNATIONAL

A hospital looking for ways to finance energy and climate-smart healthcare can also gaze abroad on an international level. One illustrative example of how this has been done in Sweden is through the European Investment Bank (EIB) – the bank and "lending arm" of the European Union (European Investment Bank, n.d. a).

Being such a "lending arm" makes EIB an important actor for financing sustainable healthcare projects to generate economic value: Healthcare accounts "for 8% of the total workforce and for 10%" of the European Union's GDP (European Investment Bank, n.d. b).

Today, health projects that are able to apply for funding from EIB range from hospitals and infrastructure investments to medical research and healthcare networks. EIB supports projects that aim to improve healthcare accessibility, quality as well as sustainability.

The support is conditioned on the project's fulfilment of the European Union's goals. This fulfilment is continuously monitored and include conditions like limiting and adapting to climate change, developing social and economic infrastructure, and more. Placing these conditions could have a spin-off effect: They could enable the lender to set their own

## INTERNATIONAL

goals according to the European Union's, thus creating a form of stable partnership with common goals. Such an argument has been made by a region in southern Sweden, when planning for a new carbon neutral hospital with potential investment from EIB (Lunds kommun, 2022).

Thinking and acting long-term is key for EIB's investments. Their Life Sciences team, for instance, recognises the value of benefits beyond financial ones. The COVID-19 pandemic has been a significant driving force to this work, providing funding to vaccine development and other means to combat future pandemics.

While prioritising healthcare projects that offer economic value to society as a whole, rather than strictly "projects designed to maximize profits", EIB can supply the initial investments needed even when these do not pay out short-term (Szabo, 2019).

Of course, actors supplying international means for energy and climate-smart healthcare are not limited to EIB. Depending on the context and country, more examples could include the European Bank for Reconstruction and Development (EBRD) and – on a regional level – the European Regional Development Fund (ERDF).

NEED SOME ADVICE ABOUT WHERE TO FIND THE BEST OPTION, IN YOUR SPECIFIC CONTEXT?

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## REAL-LIFE CASE: TOTALMETODIKEN

Carrying out major energy refurbishment can be possible by taking a holistic approach. This is the way of 'Totalmetodiken', or 'The Total Concept method' – a refurbishing model and tool for improving energy performance in non-residential buildings.

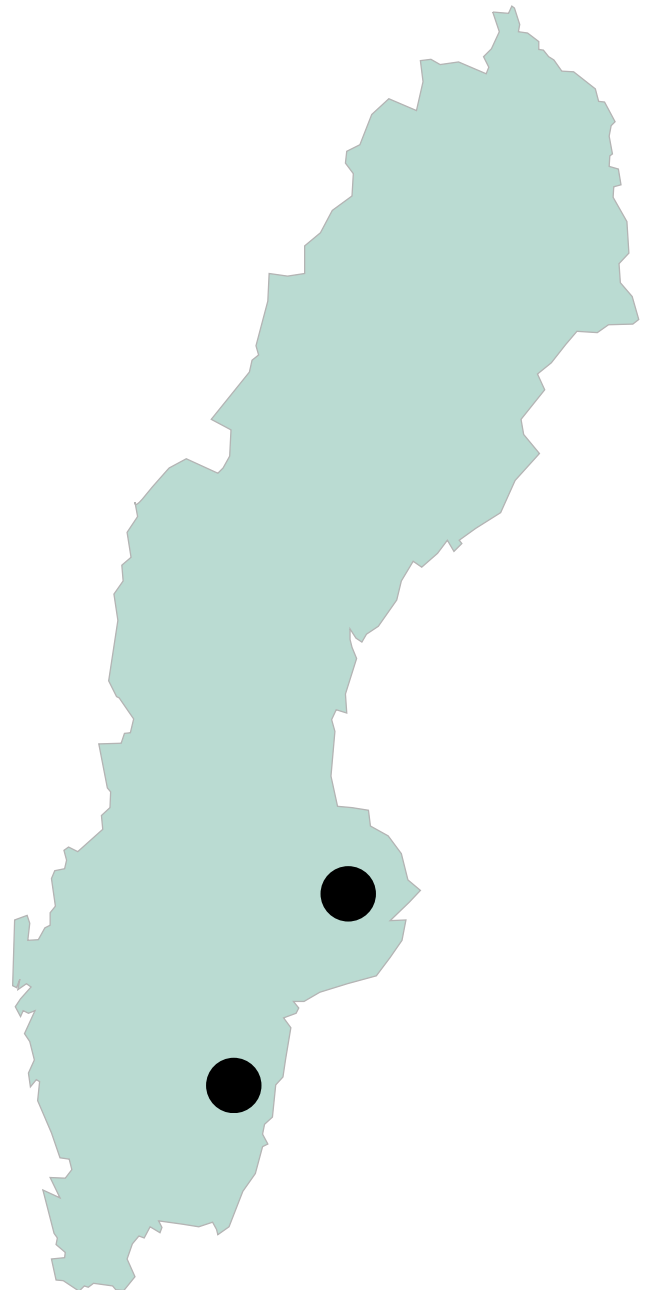
The method is developed by the network Belok, financed by the Swedish Energy Agency. 'Totalmetodiken' is based on evaluating measures together, meaning more profitable measures can pay for less profitable ones; the total energy saving is profitable (Belok 2014; Belok, 2018).

Through 'Totalmetodiken', Uppsala University Hospital was able to hire an advisor to carry out an energy mapping for 2017. This resulted in a refurbishment package linking the majority of energy savings to ventilation measures. Ventilation investments were made profitable in combination with other measures, like fan replacement. The package accounted for yearly energy savings of up to 800 MWh for the building (Energimyndigheten, 2017).

More recently, 'Totalmetodiken' has been used in 'LÅGAN' – a collaborative effort for buildings with a significantly low ("låg") energy use – to make refurbishing plans for a health centre in Vimmerby municipality during 2021–2022. Since being built in 1970, this building had not undergone any major renovations (Region Kalmar län and Regionfastigheter, 2021).

Here, 'Totalmetodiken' allowed for profitability calculations by analysing the health centre's energy status before the refurbishment, the possible energy measures, and the expected result of those measures. The method's internal interest rate chart deemed the refurbishment plans as profitable.

Both examples show 'Totalmetodiken's' role as an enabler for creating and financing more energy efficient healthcare facilities, not least through collaboration.





## REAL-LIFE CASE: KLIMATKLIVET

'Klimatklivet' – translated from Swedish to 'The Climate Leap' – is a funding programme administered by Naturvårdsverket (The Swedish Environmental Protection Agency).

Through 'Klimatklivet', projects that have significant potential yet lack the possibility for alternative funding can seek grants for up to 50 % of the cost for installments in – for instance – healthcare facilities.

Projects that can be funded by energy savings or similar are ineligible, while other climate investments – like in nitrous oxide destruction, converting cooling agents, biogas and so on – are able to apply (Carlestam, 2023). In the programme, which has been active since 2015, investments that are completely installed by April 2026 can receive funding.

By the end of December 2022, 'Klimatklivet' has invested in 5 102 projects at a total sum of 13 billion SEK. This has resulted in a reduction of 1,69 kg of CO<sub>2</sub> per invested SEK (about 18 kg CO<sub>2</sub> per Euro) (Naturvårdsverket, 2022).

Prior to 'Klimatklivet', The Swedish Environmental Protection Agency had a programme called 'Klimp', which allowed for the earliest installations of Nitrous Oxide Destruction Units in the beginning of 2000 (Naturvårdsverket, 2008). 'Klimp' also involved biogas and energy efficiency, and has been a noteworthy contributor to the development of an industry for climate reduction of anesthetic gases. Sweden now has multiple companies that work within this industry on several global markets.

In today's healthcare facilities, 'Klimatklivet' has funded energy solutions, biogas and charging stations for cars. Since 2015, this has included 20 installments of nitrous oxide destructors at Swedish hospitals, substantially reducing the climate impact from nitrous oxide from those hospitals. Most of these investments had probably not been possible without funding from 'Klimatklivet'.

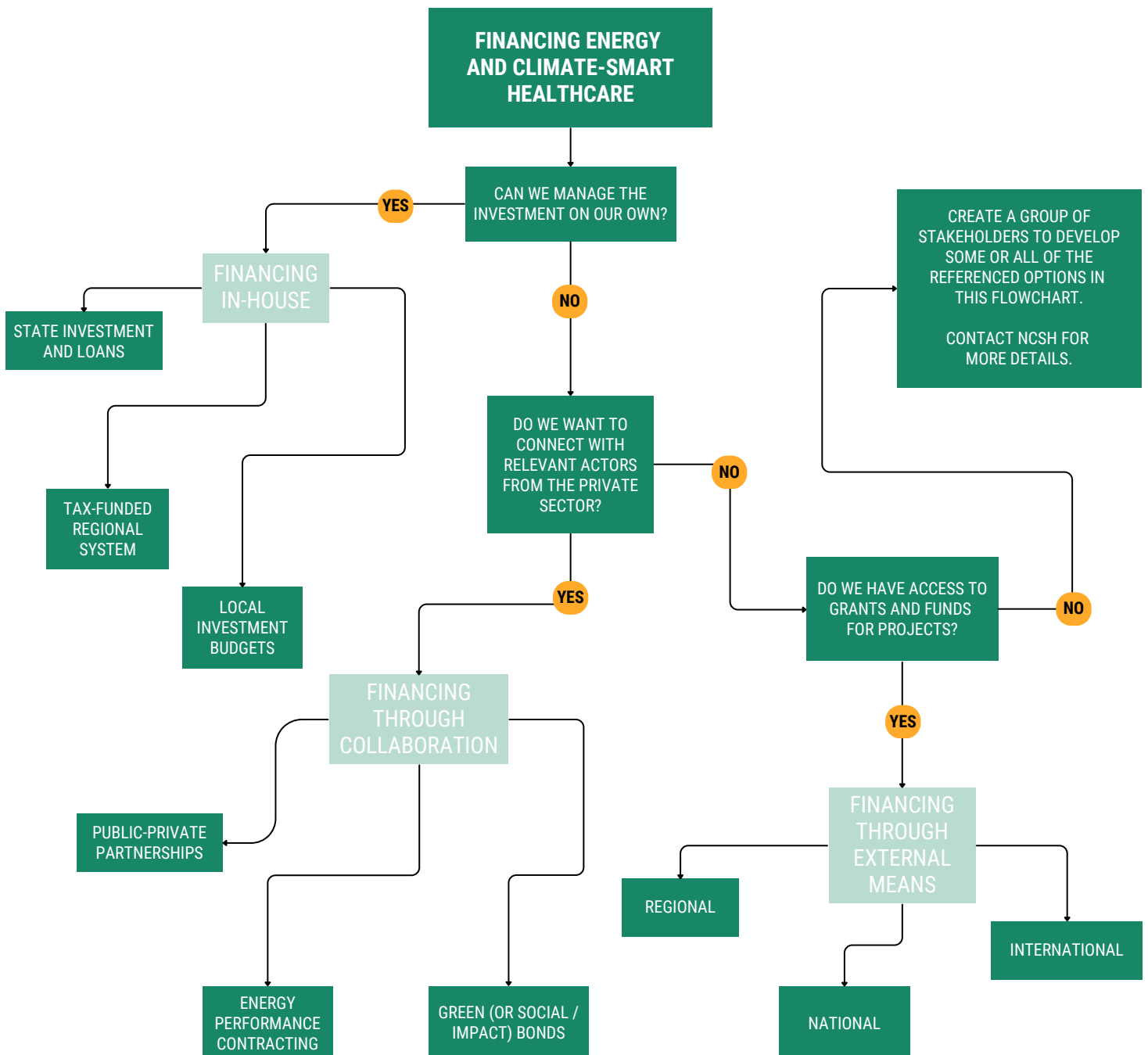


# FLOWCHART FOR INSPIRATION

This flowchart visualises the different financing options available in this report, through boxes and possible "routes". These boxes and "routes" do not necessarily provide a full picture including all options that exist (or could exist) in Sweden and other countries. The flowchart is likewise not a

magic formula for investments. Rather, you should view it as an overview with the purpose to inspire.

➔ Try creating your own flowchart with the options available to you in your context. What boxes are the same? Which ones could be altered? And added?





# CONCLUSIONS

This report has shown a diversity in the different options on the table for financing energy and climate-smart healthcare.

In reality, the best and most successful option is usually not limited to one approach. Although *Financing in-house*, *Financing through collaboration* and *Financing through external means* have been presented as standalone chapters, they and their multiple subheadings can work favourably together.

You as a reader will therefore do well to consider the report in its entirety, while remaining open to more financing options – along with their advantages and disadvantages – in Sweden and other countries that have not been covered herein.

The Swedish examples and real-life cases have been highlighted as potential courses of action to draw from. By now, we hope that you find yourself inspired by the best practices and aware of the challenges – all to tailor the financing option best suited for your own circumstances for achieving more energy and climate-smart healthcare.

To conclude this Nordic Know-How #8 and leave you with some initial stepping stones, we ask you to again consider the introductory questions:

What are our low hanging fruits? Where can we save the most energy or costs? What has the shortest return of investment? What could generate the largest climate impact?

WANT TO LEARN ABOUT MORE WAYS TO TRANSFORM SUSTAINABILITY CHALLENGES INTO INNOVATIVE SOLUTIONS FOR THE HEALTHCARE SECTOR?

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