The Health Care Without Harm Story

Achieving Sustainable, Equitable, and Healthy
Communities Through Health
Sector Alignment

QUICK FACTS

NAME Health Care Without Harm

FOUNDED 1996

IMPACT AREAS Environmental Sustainability, Health, Sustainable Markets

REGIONS SERVED Global

LEGAL STRUCTURE Nonprofit with For Profit Cooperative

WEBSITE noharm.org

HQ Northern Virginia, Brussels, Manila

2019 REVENUE USD$13 million

PROBLEM

Fossil fuels, toxic chemicals, and industrial agriculture have been core to the global economy and yet have significant negative impacts on the planet and people's health. Policies to move away from fossil fuels and toxic chemicals have had limited impact and are often not enduring. The health care sector, whose purpose it is to keep people healthy, has been reliant on many products and practices that have negative effects on environmental and human health.

SOLUTION

Given the health care sector's mission to protect and promote health, Health Care Without Harm is building a movement that advocates for extending the sector's responsibility to include addressing environmental health within its own doors and beyond. With significant purchasing power, moral authority, and political influence, this sector's adoption of more environmentally sustainable and healthy practices can both reduce its own significant environmental footprint and influence markets (and ultimately, policies and economies) away from fossil fuels, toxic chemicals, and industrial agriculture.

IMPACT

HCWH's programs, projects, and partnerships extend to hospitals and health centers across more than 70 countries. Impacts to date include significant commitments by over 18,000 hospitals globally to reduce greenhouse gas emissions; the shutting down of over 4,500 medical waste incinerators in the U.S.; the purchasing of certified green cleaning chemicals by nearly 80% of facilities in HCWH's U.S. network; more than 90 manufacturers eliminating toxic chemicals from their hospital furnishings; and the passing of a global treaty phasing out mercury-thermometers and blood pressure devices, stemming from global advocacy and a partnership with the World Health Organization.

AUDACIOUS GOAL

To align, and thus transform, the health sector to act as an anchor for sustainable, resilient, equitable, and healthy economies and communities, while moving toward a prevention, climate-smart, and community health-focused framework.
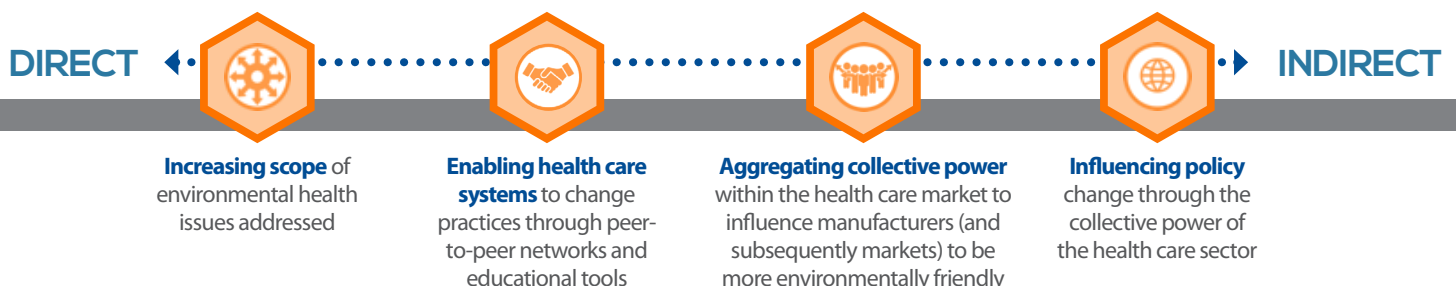
MODEL-IN-BRIEF

Health Care Without Harm works to create a global movement away from reliance on fossil fuels and toxic chemicals by aggregating the collective power of the health care sector around the following:

1. **Detoxifying**. Working directly with an extensive network of hospitals and health systems across 60 countries, HCWH catalyzes and supports efforts to reduce the sector's environmental footprint while maintaining quality of care, promoting health equity, and achieving cost savings.
2. **Purchasing**. HCWH organizes the network to aggregate demand for "greener" and more environmentally-friendly products, thereby shifting entire markets and manufacturer practice.
3. **Advocating**. HCWH strengthens the capacity and commitment of health systems and health professionals as trusted messengers to advocate for environmentally sustainable policies and address the climate crisis as a global medical emergency.

CORE INNOVATION

Acting as a backbone organization and network builder to catalyze widespread change within the healthcare sector, leading to sustainable market and policy changes in favor of planetary, community, and environmental health.

SNAPSHOT OF KEY SCALING STRATEGIES

DIRECT ◄ .... ► **INDIRECT**

Increasing scope of environmental health issues addressed

Enabling health care systems to change practices through peer-to-peer networks and educational tools

Aggregating collective power within the health care market to influence manufacturers (and subsequently markets) to be more environmentally friendly

Influencing policy change through the collective power of the health care sector

SCALING JOURNEY

GETTING READY FOR SCALE (1996-2006)

Environmental health advocate Gary Cohen co-founded Health Care Without Harm in 1996, supporting a variety of health care and environmental organizations to work on a common agenda. HCWH partnered with the American Hospital Association and together received early funding from the U.S. Environmental Protection Agency to engage hospitals in eliminating mercury and reducing waste. Through this effort, HCWH created a network of U.S. hospitals interested in tackling environmental health issues; when the EPA funding ended, HCWH decided to keep the momentum going by continuing to lead the network in addition to building its own advocacy, research, and partnership roles.

Key Success Factors in Positioning for Scale:

PROVING DEMAND AND CREDIBILITY: EARLY, INFLUENTIAL PARTNERS. Early on, HCWH began working with two large and influential U.S. health care systems: Kaiser Permanente and Catholic Healthcare West. Both systems were beginning to explore environmental sustainability, and their interests aligned with HCWH's offer of support. The engagement of these two systems was critical in bringing attention to the work and establishing mainstream validation.

CREATING A ROBUST, RESPONSIVE MODEL: FLEXIBLE CAPITAL. HCWH was able to access flexible funding through a few key foundations (including the Jenifer Altman Foundation, the Oak Foundation, and, later, the Skoll Foundation) for its early efforts, which allowed it to invest in the organization as a whole and be responsive to learnings and market changes.

THINKING BIG: A LONG-TERM, SCAFFOLDING APPROACH. At the outset, HCWH recognized that if one of the long-term goals was to move the health sector into an advocacy role on environmental health issues, there were many intermediate steps the sector needed to take, including to get their own house in order. Therefore, over the first decade or two, HCWH's work would build up slowly from more easily addressed (and mainstream) issues, such as waste reduction, mercury elimination, and energy use reduction. From that foundation, HCWH could bring the institutions along with a broader systems approach, which would ultimately position them to influence market and policy changes.

UNDERSTANDING THE ECOSYSTEM: CREATING RESPONSIVE AND SUPPORTIVE PARTNERSHIPS. Without judgement, HCWH has been attuned to the needs and constraints of its health system partners and has focused on clearing obstacles to engagement. To lessen the discomfort of its early hospital partners with HCWH's strong advocacy work, HCWH bifurcated its technical assistance and advocacy work into two related entities in the U.S.: HCWH and a membership organization called Practice Greenhealth. To collaborate productively with hospitals, HCWH presented them with their environmental impact data in a non-blaming, non-threatening way—and then provided step-by-step support to early adopters to model and evaluate changes.

PRIMARY STRATEGIES FOR SCALING IMPACT (2006- PRESENT)

HCWH is driving impact at scale by building a movement and aggregating the movement's collective power for change. It has worked to strategically engage a critical mass of hospitals and health systems to fuel and sustain the movement and continues to evolve based on market, policy, and scientific discovery. To execute upon this work, HCWH has become somewhat of an umbrella organization with semi-autonomous entities operating beneath it, as outlined below:

Health Care Without Harm
U.S., Europe, & S.E. Asia

Nonprofit umbrella organization, also leading research and advocacy

Practice Greenhealth

Nonprofit U.S.-based health care system membership organization

Global Green & Healthy Hospitals

Organizing vehicle for a global health care system membership organization

Greenhealth Exchange

For profit purchasing cooperative (co-owned with nine health care system partners, and managed by an HCWH affiliate organization)

STRATEGY: **WORK DIRECTLY WITH HEALTH CARE FACILITIES TO INCREASE SCOPE OF ENVIRONMENTAL HEALTH ISSUES ADDRESSED.** Support hospitals to deepen impact by addressing more comprehensive range of issues over time.

HCWH has identified a repeatable process to support hospitals in addressing environmental issues within their operations. Through this process, HCWH identifies a sustainability issue, and hospital(s) that are willing to be early adopters support the hospital team (usually the sustainability manager along with interested clinicians) to implement changes and then help to measure the return on investment and develop knowledge sharing materials (including a case study). HCWH can then use those materials to engage and enable other hospitals to replicate the work in their own facilities (as outlined in the next strategy below). Over time, HCWH has repeated this process within its network, enabling hospitals to deepen their impact across multiple sustainability issue areas, such as toxic chemicals, building design, purchasing, climate, water, energy, pharmaceuticals, and food.

WHAT YOU SHOULD KNOW: IMPLICATIONS OF INCREASING SCOPE OF ISSUES ADDRESSED

- **Resource intensive.** Taking on new issue areas with early adopter hospitals is resource intensive and requires HCWH to create teams with niche expertise related to the particular issue.
- **Time intensive.** The timeframe from identifying an issue area, finding an early adopter hospital, and piloting and evaluating a set of solutions could take upwards of one to three years.
- **Engagement of early adopters.** Identifying influential adopters who can not only demonstrate efficacy and the ROI of the environmental innovation but are also willing to promote and scale these solutions is key.
- **Being outside of common siloes.** In some areas of issue expansion, HCWH has had to fit awkwardly into siloes within which funders operate, as an integrated approach to climate, health, and equity is only now being adopted by the philanthropic sector.
- **Network-led innovation.** Through network development, HCWH has been able to surface innovations sponsored and paid for by hospital partners and spread new innovative strategies across the network.

Knowing that it could not work directly with all hospitals in addressing environmental health issues, HCWH created two membership organizations: Practice Greenhealth, in the U.S., and Global Green and Healthy Hospitals, internationally. The membership organizations provide hospitals with the evidence and tools to implement changes, along with a peer network and infrastructure to enable peer consultation and knowledge transfer. The organizations also generate momentum by leveraging the competitive spirit of members through benchmarking and awards. HCWH has leveraged the power of the peer-to-peer networks to spread innovation by doing the following:

- Providing those working on environmental issues within hospitals a way to short-circuit the learning curve (to achieve results more efficiently and effectively) and gain moral support from others in similar situations.
- Creating learning opportunities for more niche entities within the health care system, such as children's hospitals and academic medical centers, through cohort working groups.
- Generating recognition for (and thereby elevating the status of) sustainability staff within the hospital through the network awards program.

Practice Greenhealth

PGH is a membership and networking organization for sustainable health care, delivering environmental solutions to hospitals and health systems across the United States. PGH generates earned revenue from membership fees, consulting fees, and an industry partner program; as of late 2019, has over 1,100 hospitals as paying members.

EVOLUTION OF PRACTICE GREENHEALTH MEMBERSHIP: MISSION ALIGNMENT, STRUCTURE, AND CAPTURING MONETARY VALUE

- **What's the temperature on environmental advocacy?** In its early years, HCWH drew a line to identify PGH as its own entity because of concern from some health systems about being associated with the strong advocacy arm of HCWH. However, given changing attitudes from health systems and acceptance of sustainability initiatives as a more mainstream set of issues, HCWH and PGH have worked to articulate their alignment and synergies and achieve both greater operational efficiency and collective impact.
- **Who are we serving?** PGH initially accepted both hospital and health care supply chain businesses as members but realized that its supply chain members' needs were often not aligned with the hospital members (its core constituency). PGH decided to align its earned revenue (i.e., membership fees) with mission and ended its supply chain membership program. While PGH lost some revenue with this decision, it has worked to create other ways to engage supply chain partners that are more mission-aligned and mutually beneficial.
- **How are we capturing value?** PGH has continued to evolve its thinking about how to capture value from its efforts while continuing to support the network and related programs. In addition to health system membership fees, PGH has developed and launched a set of consulting products (under an Advisory Services offering) to both member and non-member health systems. It has also launched a program offering access to tools and resources for supply chain partners, academic institutions, and nonprofit entities without full 'member' designations.

Global Green and Healthy Hospitals

GGHH works with hospitals, health systems, and health organizations to address and promote greater sustainability and environmental health for the health sector globally. Its staff footprint is smaller than that of PGH, and it has not yet generated revenue from membership given the large percentage of public hospital members (most in LMICs) whose ability to pay network fees can be limited. A key factor of success for GGHH has been deployment of local staff in Asia, Africa, Latin America, and Europe, as well as its network platform which it developed in partnership with Cisco Systems (with support from the Skoll Foundation). The platform allows GGHH to efficiently tap network expertise, share technical knowledge, mobilize members around specific issues, and collect data from its large and growing membership. As of late 2019, GGHH has 1260 institutional members from 72 countries.

WHAT YOU SHOULD KNOW: IMPLICATIONS OF ENABLING OTHERS TO ADOPT PRACTICES

- **Adding new skillsets.** The skills—and therefore professionals—required to support and enable partners through a membership organization are quite different than those required to test and model the hospital-based intervention. PGH requires professionals who are more like account managers (with deep hospital experience) to run the membership model as well as professionals to develop and manage the educational work.
- **Aligning within partners' boundaries.** It is important to find the right kinds of engagement for different players within the ecosystem, understanding both potential competing interests (e.g., supply chain members within PGH) and uncomfortable associations (e.g., separating HCWH advocacy arm from PGH for hospital members' comfort).
- **Monetizing the value created.** Think early about the ways in which you can monetize the value you are creating for your partners; it is more difficult to monetize once programs are in place.
- **Working behind the scene.** Enabling others often means shining the spotlight on their achievements and doing your work behind the scenes. However, being behind the scenes can limit your own name recognition and attributable direct impact and therefore compromise your standing with funders.
- **Refining the value proposition.** Membership alone is not enough of a value proposition for hospitals who generally belong to many different associations. HCWH has realized that the value is in the combination of membership, consulting, data, and advisory services—essentially, helping hospitals solve real problems and supporting them with the bandwidth required for that.

STRATEGY: AGGREGATE COLLECTIVE PURCHASING POWER TO INFLUENCE MARKETS.

Given that the health care system represents 18% of the U.S. economy and 10% of the global economy, one of HCWH's longer-term strategies has been to "aggregate hospital purchasing to move the market toward healthier alternatives." To support both the supply and demand sides of this equation, HCWH works with hospitals and supply chain partners in Market Transformation Groups to set new product standards it then eases access for hospitals to identify and purchase products through the Greenhealth Exchange procurement cooperative and Greenhealth Approved eco-label.

Setting New Product Standards: Market Transformation Groups

Manufacturers and suppliers are eager to anticipate purchasing trends, where to invest their R&D money, and how they can help hospitals solve problems, so PGH created Market Transformation Groups as a collaborative platform. MTGs brings hospitals and health systems together to focus on specific agenda items, such as safer chemicals for furnishings or healthier meat options for food services, and to invite entities along the health care supply chain to participate via meetings, webinars, and more. MTGs works to set new standards for products, and the businesses along the supply chain adapt their practices to be able to attract business from those hospitals.

Setting Global Environmental Standards: UNDP Partnership

"We eliminated mercury from healthcare and won a global treaty phasing out its use, even though it was once considered the gold standard for measuring temperature and blood pressure. We are now mobilizing our network and partnerships … to transform the global supply chain, to transform energy and health policy, to transform consciousness, and build the collective will to save ourselves."

GARY COHEN
CO-FOUNDER AND PRESIDENT, HCWH

Since healthcare is a global marketplace, HCWH teamed up with the United Nations Development Programme to develop globally validated environmental standards for a wide array of products sold into healthcare. In this way, HCWH can leverage its own networks while collaborating with UNDP to implement these standards in multiple markets and shift global production.

Reducing Barriers for Purchasing: Greenhealth Exchange

To reduce time and capital barriers for hospitals to make sustainable, toxic-free purchasing decisions, HCWH and a group of nine health care system partners established Greenhealth Exchange in 2016. GX provides a marketplace through which members can find and procure green products used in the health care setting at competitive prices. GX was created as a B-Corporation cooperative, and HCWH created a for-profit wholly-owned subsidiary (Greenhealth Management) to staff the cooperative—understanding that the talent it would need to run the GX operation was most comfortable operating within a for-profit structure. In addition to creating GX as a strategy to improve the supply of and demand for green products, HCWH believes that the exchange can generate profits to support HCWH's operating costs.

The success of HCWH's efforts to move markets has often led to policy change (e.g., the phase out of and eventual global treaty on mercury) and has appeared to be a more enduring pathway than pursuing policy change alone.

WHAT YOU SHOULD KNOW: IMPLICATIONS OF INFLUENCING MARKETS.

- **Maintaining control of the agenda.** Influencing markets requires collaboration among different groups; for HCWH, the groups are primarily hospitals/health systems and businesses along the health care supply chain. HCWH has noted the ways in which the agenda can be influenced by the businesses in particular so ensures that it maintains control of the agenda when facilitating these collaborations.
- **Creating effective working groups.** Curating and effectively managing working groups are critical components of success, given the goal is to align major procurement contracts across large healthcare entities and stimulate business sector innovation to meet the growing and changing demand.
- **Adding new skillsets.** GX requires professionals with corporate procurement experience. While many NGOs do environmental standard-setting in their respective fields, HCWH and GX require people that can write contracts for specific products so that healthcare procurement staff can simply adopt them.

HCWH has found that softening the market through its purchasing power work can help reduce political barriers and increase momentum for associated policy change. Legislators are often hesitant to clash with the business community, but, if the healthcare systems are already moving in a certain direction, it is safer to codify those changes through policy. HCWH works through its hospital and health system members, as well as on its own as an advocacy department, to pursue this work.

In partnership with PGH, HCWH creates cohorts around key topics (such as climate change, the circular economy, and operating as anchor institutions), allowing its hospital and health systems partners to merge collective knowledge and power that can be used for internal changes and advocacy. HCWH supports these partners in their own advocacy by engaging and providing them with data and talking points. However, this effort has been the accumulation of decades of work and trust-building with the hospitals and health care systems, as HCWH first needed to help them get their own houses in order before expecting them to take on an advocacy role.

HCWH as an organization also works at state, national, and multinational levels to influence climate and health policy and global markets. HCWH developed the Health Care Climate Challenge to engage health systems around the world to make commitments in addressing the climate crisis. The Challenge commits health systems to address both infrastructure and community resilience, reduce their own climate footprint, and engage more broadly in policy and public leadership. By mid 2020, over 300 participating institutions—representing the interests of over 22,000 hospitals and health centers in 34 countries—have committed together to annual reductions of 34 million metric tons of greenhouse gas emissions (the equivalent of closing nine coal-fired power plants).

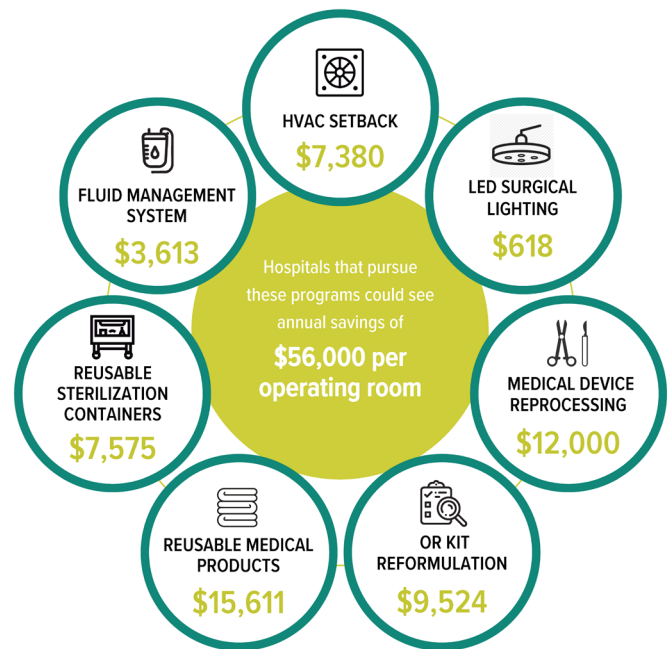## WHAT YOU SHOULD KNOW: IMPLICATIONS OF INFLUENCING POLICY

- **The long game.** Before most institutions are willing to become vocal advocates on an issue, they first want to ensure that they are already living the practices around which they will advocate. Therefore, it can take a significant amount of time to help an institution feel in a secure enough place to become an advocate.
- **Leveraging credibility; avoiding bureaucracy.** HCWH works to leverage the credibility of government and multilateral organizations—without getting tied up in their bureaucracy—by focusing on very specific outcomes, such as internal procurement standards.
- **Boundaries of advocacy work.** HCWH will work with health partners to develop model policies and educate policymakers on their value, but the organization does little direct lobbying on its own. HCWH relies on other partner organizations to run progressive climate policy campaigns and works to bring in healthcare institutions as political and economic powerhouses to support or advocate for such policies

Case in Point: Seeing HCWH's Scaling Strategies Play Out in Greening the OR

HCWH applies multiple scaling strategies to build upon its work in any particular sustainability area, leveraging the resources, knowledge, and momentum of all. See below how it extends the impact of a waste-related project from individual hospitals to manufacturing to policy.

Strategy: Increasing depth of impact by addressing broader range of issues

- **IDENTIFY ISSUE:** HCWH's research shows that the operating room accounts for a significant percentage of all hospital supply costs—in addition to energy use and waste—but is also key revenue driver. Through Practice Greenhealth, HCWH sought to "coalesce and build the body of knowledge around environmental best practices in the OR that can also improve patient safety, worker health and the bottom line."
- **IDENTIFY EARLY ADOPTERS:** Through the PGH network, HCWH sought hospitals interested to tackle the OR challenge. Yale-New Haven Hospital and Cleveland Clinic volunteered to develop, implement, and test strategies.
- **DEVELOP, IMPLEMENT, TEST:** HCWH recognized that key barriers for this endeavor would be perceived cost (including capital investments), uncertain ROI, and concerns about compromising patient safety. HCWH brought together a variety of experts (including those in chemicals, energy, waste, and OR products and procedures) to support the early adopter hospitals in developing revised processes, technologies, and supplies. HCWH supported the creation of case studies, demonstration of ROI, and the development materials to communicate the process and results. This early validation with the initial hospitals took about two years—typical for such a project.

HVAC SETBACK $7,380

LED SURGICAL LIGHTING $618

FLUID MANAGEMENT SYSTEM $3,613

Hospitals that pursue these programs could see annual savings of **$56,000 per operating room**

MEDICAL DEVICE REPROCESSING $12,000

REUSABLE STERILIZATION CONTAINERS $7,575

REUSABLE MEDICAL PRODUCTS $15,611

OR KIT REFORMULATION $9,524

Strategy: Enable others to adopt practices

- **SHARE AND ENABLE:** Through the PGH network, HCWH ran webinars and shared findings to encourage other members to take on the OR effort. As members did, HCWH collected more case studies and data, and began to build out a toolkit of key interventions with detailed guidance and steps for each. As hundreds of hospitals adopted the new practices, HCWH incorporated the strategy into its annual awards program—which happened five years from the start of the Greening the OR effort.

Strategy: Aggregate collective purchasing power to influence markets

- **AGGREGATE POWER OF ADOPTERS:** PGH members used their aggregate purchasing power to influence manufacturers to offer products and services aligned with Greening the OR, such as reprocessing medical devices, reducing waste in OR surgical kits, developing reusable sterilization kits, etc.

Strategy: Influence policy change

- **DRIVE POLICY VIA MARKETS:** Due to HCWH's market transformation efforts across hundreds of U.S. hospitals, medical device manufacturers abandoned policy campaigns to restrict medical reprocessing in multiple states.

Pearls of Scaling Wisdom from Health Care Without Harm

1

PRIORITIZE SELF-CARE AS YOU NAVIGATE THE GRUELING JOURNEY TO IMPACT AT SCALE.
Adapted from HCWH Founder Gary Cohen's July 2019 blog, It's Time for a New Myth of the Social Entrepreneur.

Ambitious organizations have dreams to bring their innovations to more places, impact more people, raise more money, and save the planet. The expectation is to raise your ambition by at least a magnitude of ten. But that pressure to scale our organizations takes a serious toll on our personal lives, reflected in disconnects from our partners and children and in our own health. It is easy to put our needs last and to deeply internalize the enormity of the suffering we are striving to address. But over the past 35 years, I have learned a couple of lessons to help manage this reality:

1.   Value the perspective of time. We are part of a greater movement, and, while we are contributing to an important chapter, there will be more chapters to write by future generations (and, in fact, many chapters upon which we stand). So, try to hold on to the outcomes of your actions lightly, knowing that you exist within the maelstrom of a long-term struggle.
2.   Show up for yourself. If I don't care for myself, then I am not much use to anyone else; I'm only more likely to be impatient, resentful, and burdened by the ten thousand things that need to get done. It serves no one to deny my basic needs so I can devote more time to my organization and the movement. I've learned that meditation, yoga, and exercise are essential to my wellbeing. Eating and sleeping well are also critical, as is pursuing activities that replenish me, like walking in the woods. Self-care—as we try to repair the world--isn't selfish.

2

EMBRACE DIFFERENT CULTURES TO CREATE WIDESPREAD CHANGE; YOU HAVE TO MAKE IT WORK!
Widespread, systems change requires many different players on the field, each performing their distinct role but also working in sync to achieve a greater goal. Through our coalition building work, we have engaged—whether through close partnerships or as part of our team—environmental advocates, research scientists, clinicians and other health system staff and executives, health care product manufacturers and suppliers, purchasing experts, government and multilateral institutions, and more. It has been a constant learning process for us, and we have continued to find the right types of engagement for all of the different players—making pivots along the way to bolster alignment and decrease conflicts of interest. Within our own organization, we have a number of different cultures as well: an advocacy arm, a membership arm, and a procurement arm. While we previously put firewalls between these groups, bringing them together under one umbrella has ensured that we are leveraging each other and aligning toward our common goal but requires constant attention to maintaining a collaborative internal culture.

3

THINK EARLY ABOUT HOW TO CAPTURE THE VALUE YOU ARE CREATING.
We have never believed that creating a monolithic organization was part of our goal; our mission is our goal, and the existence of the organization has always just been a channel to that goal. But as long as we, as an organization, play an important role in enabling impact at scale, we do need to sustain ourselves and capture some of the value we are creating. We have realized that just because we are often in the background, promoting the work through others, we cannot totally forget about self-promotion (to gain credibility with potential funders) or monetizing our work.

4 ALIGN EARNED REVENUE WITH MISSION.

While it's important to capture the value you are creating, you must do so in a way that is aligned with your mission. When we originally grew the Practice Greenhealth membership organization, we invited both supply chain and health care systems as equal members and grew our earned revenue from their membership fees. We soon realized, though, that the supply chain member's Interests in PGH were often in competition with the interests of our hospital and health system members. Moreover, we often found ourselves on opposite sides of the policy debate through HCWH's advocacy work. We thus eliminated supply chain partner memberships and, several years later, created an "industry partner" category better aligned with our mission. Industry partners fall short of full PGH membership but have access to our tools and resources as well as other limited engagement opportunities for a modest fee.

5 ACKNOWLEDGE—AND ADDRESS—THE FUNDING CHALLENGE OF WORKING ACROSS SECTORS.

Health Care Without Harm's work often fell between the cracks when it came to interest from donors. Donors who funded environmental initiatives didn't understand the health aspects of HCWH's work, and donors who funded health didn't understand why the climate crisis was a medical emergency. We had to face the reality of this empty space between the two sectors and embark upon a long-term effort to build literacy in both sectors and the funding community to fill in this space and create an urgency in addressing it.

6 MAKE CHANGE HAPPEN ACROSS BORDERS.

The issues HCWH addresses—climate change, chemical contamination, medical waste, and more—have profoundly local environmental health impacts. At the same time, none of these issues can be solved without a global approach. Almost from its inception, HCWH began working internationally. Its collaborations led to the emergence of a powerful worldwide health care network that helped win the Minamata Convention on Mercury and is now tackling the climate crisis on nearly every continent. Similarly, collaboration with international bodies, such as the World Health Organization, the UN Development Programme, and the World Bank, have been essential to the organization's success around the world.