

W0. Introduction

---

W0.1

---

**(W0.1) Give a general description of and introduction to your organization.**

Mediclinic is an international private healthcare services group, established in South Africa in 1983, with divisions in Switzerland, Southern Africa (South Africa and Namibia) and the United Arab Emirates (UAE).

SWITZERLAND: Hirslanden, the largest private healthcare provider in Switzerland, is recognised for clinical excellence and outstanding client experience. (www.hirslanden.ch).

SOUTH AFRICA AND NAMIBIA: Mediclinic Southern Africa, one of the three largest private healthcare providers in the region, boasts highly specialised acute care infrastructure and has a relentless focus on offering value to all its partners and clients. (www.mediclinic.co.za).

THE UAE: Mediclinic Middle East is established as a leading healthcare provider in the UAE with a trusted brand and strong reputation in this developing region, offering clinical care of internationally recognised standards.(www.mediclinic.ae).

THE UK: Mediclinic has a 29.9% stake in Spire, a leading independent hospital group with 39 hospitals and 8 clinics. (www.spirehealthcare.com).

This CDP response includes the operations of Southern Africa, Middle East and Switzerland. As a minority shareholder, and following the operational control approach to boundary setting, our investment in the Spire Health Care Group is not included in the response.

Mediclinic is focused on providing specialist-orientated, multidisciplinary services across the continuum of care in such a way that the Group will be regarded as the most respected and trusted provider of healthcare services by all stakeholders in each of its markets.

In 2022, Mediclinic International operated 74 hospitals, 5 sub-acute hospitals, 2 mental health facilities, 20-day case clinics and 22 outpatient clinics with 453 theatres and 11,538 beds, employing 34,964 permanent and fixed-term employees.

As an international healthcare services provider, Mediclinic not only strives to create value every day by providing cost effective, quality care and outstanding client experiences, the Company also takes a broader approach to value creation by taking responsibility for its operations beyond its facilities. It acknowledges that climate change poses a material risk to its operations and the environment, and that appropriate action is needed to reduce its impact.

Please note the following acronyms used throughout the document: Mediclinic International (MCI) comprises of Mediclinic Southern Africa (MCSA), Mediclinic Middle East (MCME), Hirslanden (Switzerland) and Mediclinic Innovations and Group Services. When "Mediclinic" is used this refers to the Group.

W0.2

---

**(W0.2) State the start and end date of the year for which you are reporting data.**

	Start date	End date
Reporting year	January 1 2022	December 31 2022

W0.3

---

**(W0.3) Select the countries/areas in which you operate.**

- Namibia
- South Africa
- Switzerland
- United Arab Emirates
- United Kingdom of Great Britain and Northern Ireland

## W0.4

(W0.4) Select the currency used for all financial information disclosed throughout your response.

GBP

## W0.5

(W0.5) Select the option that best describes the reporting boundary for companies, entities, or groups for which water impacts on your business are being reported.

Companies, entities or groups over which operational control is exercised

## W0.6

(W0.6) Within this boundary, are there any geographies, facilities, water aspects, or other exclusions from your disclosure?

Yes

## W0.6a

(W0.6a) Please report the exclusions.

Exclusion	Please explain
Central Regional Office, South Africa (MCSA)	No data available for the reporting period.
Tshwane Regional Office, South Africa (MCSA)	No data available for the reporting period.
WCC Regional Office (Chardonay), South Africa (MCSA)	No data available for the reporting period.
Soweto Renal Services, South Africa (MCSA)	No data available for the reporting period.
Secunda, South Africa (MCSA)	No data available for the reporting period.
Al Barsha Dialysis Centre (MCME)	Opened in May 2021 - no available information as of yet.
Mediclinic Al Tawar Dialysis Centre (MCME)	Opened in December 2021 - no available information as of yet.
Pharmalight store (MCME)	No data available for the reporting period.
The following MCME outpatient facilities were excluded from the reporting boundary: ADIA Clinic Enhance by Mediclinic	No data available for the reporting period.
The following outpatient surgery facilities were excluded from the reporting boundary: Operationszentrum Bellaria St Anna in Bahnhof OPERA Zumikon OPERA St. Gallen	No data available for the reporting period.
Bourn Hall Dubai (MCME)	No data available for the reporting period.
Corporate Office Dubai (MCME)	No data available for the reporting period.
Creek Harbour (MCME)	No data available for the reporting period.
Al Sufouh (MCME)	No data available for the reporting period.

## W0.7

(W0.7) Does your organization have an ISIN code or another unique identifier (e.g., Ticker, CUSIP, etc.)?

Indicate whether you are able to provide a unique identifier for your organization.	Provide your unique identifier
Yes, an ISIN code	GB00B8HX6Z88
Yes, a SEDOL code	B8HX8Z8
Yes, a Ticker symbol	MDC

## W1. Current state

### W1.1

(W1.1) Rate the importance (current and future) of water quality and water quantity to the success of your business.

	Direct use importance rating	Indirect use importance rating	Please explain
Sufficient amounts of good quality freshwater available for use	Vital	Important	<p>Direct:</p> <p>In the healthcare industry, patient care, infection control and the operations of various equipment, is dependent on the supply of good quality freshwater. Without good quality and a sufficient supply of freshwater, the infection control risk increases, patient care quality decreases and various equipment failures can occur. Hence, this is considered of vital importance. As a private hospital group in the healthcare industry, we are focused on service delivery and not manufacturing. We do not see this dependency changing in the future.</p> <p>Indirect:</p> <p>Within our supply chain, freshwater is important. We rely on suppliers for the supply of pharmaceuticals and food. If either of these goods and services cannot be delivered due to water issues, the result can have an impact on our operational ability going forward. We consider this important, as we do not have operational control over our supply chain's access to good quality water. We do not see this dependency changing in the future as our hospitals, clinics and supply chain will always be dependent on sufficient amounts of freshwater. We are not in an industry that can substitute the need for such water and its quality.</p>
Sufficient amounts of recycled, brackish and/or produced water available for use	Vital	Neutral	<p>All water for our hospitals in the United Arab Emirates is desalinated sea water treated to sufficient quality levels for human consumption. The treatment and supply of fresh potable water is undertaken by third party municipal utilities. It is, hence, vital that sufficient amounts of this recycled water is available for the ongoing operations of the hospitals in this area. We do not see this dependency changing in the future as our Middle East hospitals, clinics and supply chain will be dependent on this desalinated water supply for the long-term.</p> <p>Within our South African operations, the only water sources on site that are recycled are for irrigation purposes or, in the case of a limited number of hospitals, in autoclave equipment and some laundry services. This does not impact our ability to perform our services - nor will it do so in the future - hence, we are neutral to its importance. We do not see this dependency changing in the future. We do, however, rely on suppliers for the supply of pharmaceuticals and food. Our knowledge of our supply chain usage of recycled, brackish and/or produced water is limited - hence, we are neutral to its importance. We are not in an industry or geography that can substitute the need for such water and its quality.</p>

W1.2

(W1.2) Across all your operations, what proportion of the following water aspects are regularly measured and monitored?

	% of sites/facilities/operations	Frequency of measurement	Method of measurement	Please explain
Water withdrawals – total volumes	100%	Monthly	Direct and secondary sources.	Water withdrawal at every hospital and clinic is monitored and reported on a monthly basis as part of each hospital's individual water management plan. Measurement in South Africa and Namibia is done via internal water meters or an electronic metering system (SCADA). Measurement in the UAE and Switzerland is done via internal water meter or through the municipal/ local authority water bills. As water is a vital part of our operations, we need to ensure that it is optimally managed and that we are made aware of any changes or deficiencies in supply. We are also able to manage water-related costs through such management.
Water withdrawals – volumes by source	100%	Monthly	Direct and indirect sources.	Water from all sources is measured at all hospitals and clinics on a monthly basis. In addition to municipal sources, there are boreholes at 28 of our hospitals in South Africa, all of which are measured by internal water meters at their point of entry into our facilities. Treated wastewater from the local municipality is used at our Minerton hospital for irrigation. This is also measured. Rain water harvesting has been installed at Midstream and is measured. All our MCME hospitals receive their water from local water utilities who desalinate sea-water. This is measured by the local authorities from whom they draw this water.
Entrained water associated with your metals & mining and/or coal sector activities - total volumes [only metals and mining and coal sectors]	<Not Applicable>	<Not Applicable>	<Not Applicable>	<Not Applicable>
Produced water associated with your oil & gas sector activities - total volumes [only oil and gas sector]	<Not Applicable>	<Not Applicable>	<Not Applicable>	<Not Applicable>
Water withdrawals quality	100%	Monthly	Secondary sources	As a healthcare provider, high quality water is of paramount importance. In South Africa, for example, we rely on municipal water being delivered in accordance to the South African National Standards (SANS) 241 Drinking Water Specification. All other water sources are tested on site by our hospital technical staff to ensure adequate standards of quality. This is measured monthly at all our hospitals and clinics. In our Middle East operations, the Emirates Authority for Standardisation and Authorisation defines tap water in the UAE to be safe for human consumption as long as it complies with the UAE. S GSO 149 code
Water discharges – total volumes	100%	Monthly	Direct and secondary sources	Within our South African operations, we measure the water discharge where possible, otherwise we employ a figure of 89% of water withdrawal as a proxy for discharge. This is based on a detailed water audit at one of our South African hospitals. We rely on municipal discharge sewage systems to monitor the quality of our discharge and alert us if ever these exceed legislated standards. We calculate discharge on a monthly basis. For MCME, water discharge is assumed to be 100% as the cost of effluent water discharge is equal to the cost of water withdrawal. This is similarly applied for Hirslanden (Switzerland).
Water discharges – volumes by destination	100%	Monthly	Secondary sources	Discharges from all our hospitals and clinics is sent to local/municipal wastewater treatment plants who are the agencies responsible for measuring and monitoring our discharge and who report these figures to the individual hospitals across all our geographies.
Water discharges – volumes by treatment method	100%	Monthly	Secondary sources	Discharge from all our hospitals and clinics is sent to local/ municipal wastewater treatment plants. This is measured and monitored by the responsible agency on a monthly basis.
Water discharge quality – by standard effluent parameters	100%	Monthly	Secondary sources	The quality of the effluent discharge from all our hospitals and clinics is tested on a monthly basis by the agencies responsible the local/ municipal wastewater treatment plants to which the discharge is sent.
Water discharge quality – emissions to water (nitrates, phosphates, pesticides, and/or other priority substances)	Not relevant	<Not Applicable>	<Not Applicable>	Natural water sources can only manage a limited pollution load. Before a water services institution across our allowed MCI to connect to its sewerage system, it considered the effect of effluent discharge based on the quantity and the quality of the effluent discharged to understand the total contaminant load. Every organisation that discharges effluent into a water body (river, stream, lake, and reservoir) must have an authorisation to do so from the Department of Water and Sanitation. The authorisation sets out the types and maximum levels of pollutants that the effluent is permitted to contain.  Water Services institutions monitor the effluent discharge by business consumers on a regular basis in order to ensure compliance is maintained on an ongoing basis.  However, the nature of MCI's operations across its geographies within its direct operations does not include the release of nitrates, phosphates, pesticides.
Water discharge quality – temperature	51-75	Monthly	Secondary sources	The temperature of the effluent discharge from all MCSA hospitals and clinics is tested on a monthly basis by the agencies responsible the local/ municipal wastewater treatment plants to which the discharge is sent. Discharge temperature is not measured at our Hirslanden and MCME operations.
Water consumption – total volume	100%	Monthly	Direct and secondary sources	For our South African operations, water withdrawals at all our hospitals and clinics are measured on a monthly basis by internal water meters. Discharge is either measured or a proxy used (being a figure of 89% of withdrawal), which allows us to calculate the total consumption of water at each hospital on a monthly basis. For MCME, water discharge is assumed to be 100% as the cost of effluent water discharge is equal to the cost of water withdrawal. This is similarly applied for Hirslanden (Switzerland).
Water recycled/reused	100%	Monthly	Direct sources	Our operations in the United Arab Emirates consist of 7 hospitals and 20 clinics. These hospitals and clinics use desalinated water for their primary water needs. This water is measured by on-site water meters. The water meters are on-site but the meters are owned by the local authority. This, with the single hospital in South Africa that uses recycled water for irrigation purposes, account for 28 of our 110 facilities worldwide - the volume of which is measured and monitored at all these hospitals on a monthly basis. Autoclave recycled water is not utilised for cleaning the autoclaves; instead, it is recycled back into the autoclaves for their specific processes. This recycling occurs independently from the sterilisation process and is more closely associated with the vacuuming procedure. Additionally, some hospitals also utilise this recycled water in their laundries for various purposes.
The provision of fully-functioning, safely managed WASH services to all workers	100%	Monthly	Direct sources	All our hospitals and clinics are 100% compliant with internal WASH procedures. We have a corporate policy on hand hygiene stating the following: "Good hygiene is the most efficient and cost-effective infection prevention and control measure to assist in reducing the healthcare-associated infections." It is, hence, essential that there is sufficient good quality water to ensure that employees are able to comply with this policy. In South Africa, for example, this means sufficient volumes of good quality water is available to meet employee health standards under the OHS Act 85 of 1993. The implementation of the WASH Policy is measured as part of hospital management procedures on a monthly basis at all hospitals and clinics.

W1.2b

**(W1.2b) What are the total volumes of water withdrawn, discharged, and consumed across all your operations, how do they compare to the previous reporting year, and how are they forecasted to change?**

	Volume (megaliters/year)	Comparison with previous reporting year	Primary reason for comparison with previous reporting year	Five-year forecast	Primary reason for forecast	Please explain
Total withdrawals	1721.16	About the same	Increase/decrease in business activity	Lower	Increase/decrease in efficiency	This figure constitutes a 2.16% increase on the previous year, which we consider "about the same". The reason for this increase is tied to hospitals needing to adhere to COVID19 requirements. A threshold for "much higher" or "much lower" would be anything above a 10% difference, as our water withdrawal and discharge is of paramount importance to our healthcare operations and we closely measure and monitor our withdrawal, discharge and consumption rates. A 10% difference would be considered material to our operations and would be investigated further for underlying reasons. Future trends should see this decrease in water withdrawals as the whole Mediclinic group continues to initiate water-efficiency techniques as part of Mediclinic's Sustainable Development Strategy and Water Roadmap.
Total discharges	1543.24	About the same	Increase/decrease in business activity	Lower	Increase/decrease in efficiency	Difference in discharge is about the same and is directly linked to our water withdrawal. Based on a detailed water audit at one of our South African hospitals, we use an 89% proxy of withdrawal for discharge. Any difference year on year of 10% or more, would be considered material in our closely monitored healthcare environment, and would trigger investigation. As total discharges are estimated using total withdrawal figures, MCI anticipates that the Group's total discharges will decrease in future, in line with anticipated reductions in total withdrawals due to the continued establishment of water-efficiency techniques.
Total consumption	121.82	About the same	Increase/decrease in business activity	Lower	Increase/decrease in efficiency	Using the CDP definition for consumption as "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or a third party over the course of the reporting year." This is about the same as last year and calculated on the "withdrawal minus discharge formula." Consumption is made up of human use, and volumes of water otherwise excluded from discharges from our facilities. As total consumption is calculated using total withdrawal and total discharge figures, the MCI anticipates that the Group's total consumption will decrease in future, in line with anticipated reductions in total withdrawals and total discharges due to the continued establishment of water-efficiency techniques.

**W1.2d**

**(W1.2d) Indicate whether water is withdrawn from areas with water stress, provide the proportion, how it compares with the previous reporting year, and how it is forecasted to change.**

	Withdrawals are from areas with water stress	% withdrawn from areas with water stress	Comparison with previous reporting year	Primary reason for comparison with previous reporting year	Five-year forecast	Primary reason for forecast	Identification tool	Please explain
Row 1	Yes	51-75	About the same	Increase/decrease in business activity	Lower	Increase/decrease in efficiency	WRI Aqueduct	<p>MCI has identified that 79 out of 110 facilities (being hospitals, clinics and a few corporate offices) are located in areas of water stress. Following CDP disclosure guidance, water stressed basins were defined as those which triggered a water stress threshold of equal/greater than 'High' (40-80%) on the WRI Aqueduct tool. This includes water stress as an overall weighted result of baseline water stress; baseline water depletion; interannual variability; seasonal variability; groundwater table decline; riverine flood risk; coastal flood risk; drought risk; untreated connected wastewater; coastal eutrophication potential</p> <p>Data was based on the location of facilities as the exact location of all withdrawal sources are unknown and assumed to be in the same water basin. Assessments of water stress occur on an annual basis as part of our preparation for the CDP Water questionnaire.</p>

**W1.2h**

**(W1.2h) Provide total water withdrawal data by source.**

	Relevance	Volume (megaliters/year)	Comparison with previous reporting year	Primary reason for comparison with previous reporting year	Please explain
Fresh surface water, including rainwater, water from wetlands, rivers, and lakes	Not relevant	<Not Applicable>	<Not Applicable>	<Not Applicable>	We do not draw water directly from any fresh water sources.
Brackish surface water/Seawater	Not relevant	<Not Applicable>	<Not Applicable>	<Not Applicable>	We do not draw water directly from any brackish or seawater sources.
Groundwater – renewable	Relevant	21.74	About the same	Increase/decrease in efficiency	This figure constitutes a 9.60% decrease on the previous year, which we consider "about the same". A threshold for "much higher" or "much lower" would be anything above a 10% difference, as our water withdrawal and discharge is of paramount importance to our healthcare operations and we closely measure and monitor our withdrawal, discharge and consumption rates.  Renewable groundwater is drawn via boreholes at some of our facilities. It is used for irrigation or backup emergency supplies for toilet flushing. All borehole extraction is undertaken within legislative limits. Borehole withdrawal at 28 of our South African hospitals is measured by internal water meters at their point of entry into our facilities. We expect this volume of withdrawal to be the same in the forthcoming year due to its limited usage. At the majority of facilities borehole water is generally not utilised in most cases except for specific purposes like irrigation
Groundwater – non-renewable	Not relevant	<Not Applicable>	<Not Applicable>	<Not Applicable>	We do not directly withdraw from any non-renewable groundwater sources.
Produced/Entrained water	Not relevant	<Not Applicable>	<Not Applicable>	<Not Applicable>	As a healthcare company, we do not withdraw or use any produced or entrained water.
Third party sources	Relevant	1699.42	About the same	Increase/decrease in business activity	This figure constitutes a 2.33% increase on the previous year, which we consider "about the same". A threshold for "much higher" or "much lower" would be anything above a 10% difference. The majority of our water is drawn from municipal or local water authority sources, hence third party. As the primary source of water for our hospitals and clinics, this is highly relevant. Future trends should see this decrease as the whole Mediclinic group continues to initiate water-efficiency techniques as part of Mediclinic's Sustainable Development Strategy and Water Roadmap.

**W1.2i**

**(W1.2i) Provide total water discharge data by destination.**

	Relevance	Volume (megaliters/year)	Comparison with previous reporting year	Primary reason for comparison with previous reporting year	Please explain
Fresh surface water	Not relevant	<Not Applicable>	<Not Applicable>	<Not Applicable>	No water discharged to fresh surface water areas, hence not relevant.
Brackish surface water/seawater	Not relevant	<Not Applicable>	<Not Applicable>	<Not Applicable>	No water discharged to brackish surface water/ seawater, hence not relevant.
Groundwater	Relevant	16.72	This is our first year of measurement	Change in accounting methodology	The majority of our borehole water is used for irrigation and is discharged back into surrounding groundwater systems. One facility uses borehole water for toilet flushing and is therefore accounted for under discharges to third party sources. This is the first year where we have been able to adequately track borehole water used for irrigation and incorporate it into our data.
Third-party destinations	Relevant	1526.97	About the same	Change in accounting methodology	All our water discharge is sent to local/ municipal wastewater treatment plants (third party destinations). This discharge destination is very relevant. As our discharge is consistent and based on our total withdrawal, this volume of discharge is "about the same" as last year's due to the similar levels of water withdrawal between 2021 and 2022. In CY2021 total discharges to third party destinations were 1565.15 MI, in CY2022 total discharges to third party destinations were 1526.97 MI. A change in accounting methodology where groundwater discharge is now considered accounts for this 2% decrease. A threshold for "much higher" or "much lower" would be anything above a 10% difference.

**W1.2j**

**(W1.2) Within your direct operations, indicate the highest level(s) to which you treat your discharge.**

	Relevance of treatment level to discharge	Volume (megaliters/year)	Comparison of treated volume with previous reporting year	Primary reason for comparison with previous reporting year	% of your sites/facilities/operations this volume applies to	Please explain
Tertiary treatment	Not relevant	<Not Applicable>	<Not Applicable>	<Not Applicable>	<Not Applicable>	Discharge from our hospitals, clinics and offices does not undergo any tertiary treatment, hence not relevant.
Secondary treatment	Not relevant	<Not Applicable>	<Not Applicable>	<Not Applicable>	<Not Applicable>	Discharge from our hospitals, clinics and offices does not undergo any secondary treatment, hence not relevant.
Primary treatment only	Not relevant	<Not Applicable>	<Not Applicable>	<Not Applicable>	<Not Applicable>	Discharge from our hospitals, clinics and offices and offices does not undergo any secondary treatment, hence not relevant.
Discharge to the natural environment without treatment	Relevant	16.27	About the same	Change in accounting methodology	1-10	This figure constitutes a 9.61% decrease on the previous year, which we consider "about the same". A threshold for "much higher" or "much lower" would be anything above a 10% difference. We assume that our borehole water is mostly used for irrigation purposes and is, hence discharged into the local natural environment without any form of treatment.
Discharge to a third party without treatment	Relevant	1526.97	About the same	Change in accounting methodology	100%	This figure constitutes a 2% decrease on the previous year, which we consider "about the same". A threshold for "much higher" or "much lower" would be anything above a 10% difference. All discharge from our hospitals and clinics is sent to local/ municipal (third party) wastewater treatment plants without any on-site treatment prior to discharge. This is very relevant to our operations. The level of treatment applied by third party sources is unknown.
Other	Not relevant	<Not Applicable>	<Not Applicable>	<Not Applicable>	<Not Applicable>	

**W1.3**

**(W1.3) Provide a figure for your organization's total water withdrawal efficiency.**

	Revenue	Total water withdrawal volume (megaliters)	Total water withdrawal efficiency	Anticipated forward trend
Row 1	3618000	1721.16	2102.07069650701	We anticipate the efficiency figure to further reduce as water saving techniques and behaviour continue to be introduced and practiced across all our facilities.

**W1.4**

**(W1.4) Do any of your products contain substances classified as hazardous by a regulatory authority?**

	Products contain hazardous substances	Comment
Row 1	No	MCI does not sell products that contain substances classified as hazardous by a regulatory authority.

**W1.5**

**(W1.5) Do you engage with your value chain on water-related issues?**

	Engagement	Primary reason for no engagement	Please explain
Suppliers	Yes	<Not Applicable>	<Not Applicable>
Other value chain partners (e.g., customers)	Yes	<Not Applicable>	<Not Applicable>

**W1.5a**

**(W1.5a) Do you assess your suppliers according to their impact on water security?**

**Row 1**

**Assessment of supplier impact**

No, we do not currently assess the impact of our suppliers, but we plan to do so within the next two years

**Considered in assessment**

<Not Applicable>

**Number of suppliers identified as having a substantive impact**

<Not Applicable>

**% of total suppliers identified as having a substantive impact**

<Not Applicable>

**Please explain**

At this stage, the assessment of supplier impact on water is not deemed as a business priority. This is largely influenced by the concentration of focus on waste management, climate, and plastics. Our largest suppliers, primarily pharmaceutical companies, have already implemented their own measures and protocols to address water-related concerns. Assessments on supplier impact is something which has been planned for action over the next two years with the implementation of 'Water Roadmap'. Each division will roll out its 'Water Roadmap' during the upcoming reporting year, focusing on optimising the efficient use and re-use of water resources throughout various stages of the value chain.

**W1.5b**

**(W1.5b) Do your suppliers have to meet water-related requirements as part of your organization's purchasing process?**

	<b>Suppliers have to meet specific water-related requirements</b>	<b>Comment</b>
Row 1	Yes, suppliers have to meet water-related requirements, but they are not included in our supplier contracts	<Not Applicable>

**W1.5c**

**(W1.5c) Provide details of the water-related requirements that suppliers have to meet as part of your organization's purchasing process, and the compliance measures in place.**

**Water-related requirement**

Reducing total water withdrawal volumes

**% of suppliers with a substantive impact required to comply with this water-related requirement**

<Not Applicable>

**% of suppliers with a substantive impact in compliance with this water-related requirement**

<Not Applicable>

**Mechanisms for monitoring compliance with this water-related requirement**

Certification  
Off-site third-party audit  
On-site third-party audit

**Response to supplier non-compliance with this water-related requirement**

Retain and engage

**Comment**

Engagement on water issues with suppliers largely focuses on building contractors, where past experience informs us that water consumption can increase 100-150% during building projects if no management of water resources is enforced. Due to this significant increase in water withdrawal and consumption, we engage with these suppliers. A Joint Building Contractors Committee document is signed with all building projects which include an environmental clause on the conservation of natural resources, including water.

**W1.5d**



**(W1.5d) Provide details of any other water-related supplier engagement activity.**

**Type of engagement**

Innovation & collaboration

**Details of engagement**

Encourage/incentivize innovation to reduce water impacts in products and services  
Educate suppliers about water stewardship and collaboration

**% of suppliers by number**

100%

**% of suppliers with a substantive impact**

<Not Applicable>

**Rationale for your engagement**

Laundry and catering suppliers are the other large users of water on our premises, and as such we engage with them. Supplier staff is included in our environmental awareness training through our ISO14001 environmental management system. By extending our training efforts to our suppliers, we aim to increase their understanding of the importance of water conservation and water stewardship. This training provides them with the knowledge and tools necessary to adopt responsible practices within their operations. We also send out letters to our suppliers to encourage them to adopt similar processes. By explicitly expressing our expectations and aspirations for responsible water management, we can inspire our suppliers to evaluate and enhance their own practices. This approach promotes a ripple effect, encouraging positive change throughout the supplier network.

Changing human behaviour is a core tenant of our water reduction strategy.

**Impact of the engagement and measures of success**

Water meters are installed at laundry, kitchen and building projects to monitor water usage. Our measures of success of engagement are based on the achievement of annual qualitative and quantitative water reduction targets.

**Comment**

---

**W1.5e**

---

**(W1.5e) Provide details of any water-related engagement activity with customers or other value chain partners.**

**Type of stakeholder**

Customers

**Type of engagement**

Education / information sharing

**Details of engagement**

Run an engagement campaign to educate stakeholders about your water-related performance and strategy

**Rationale for your engagement**

Doctors who use our healthcare facilities and patients (both stakeholders are customers to Mediclinic, as doctors rent or lease their practice spaces from Mediclinic) are constantly engaged on our water efficiency and saving initiatives. The rationale/ motivation for this is cost control and environmental resource use efficiency. Similarly, as a private healthcare service organisation, our reputation is a significant contributor to our brand value. As we continue to introduce off-grid water augmentation measures, such as treated borehole water, it is essential to ensure that water consumption is as efficient as possible. In addition to direct engagement with doctors and patients, we also implement various water-saving communication materials in the hospitals to ensure understanding of our initiatives and the purpose behind the initiatives.

**Impact of the engagement and measures of success**

We ensure that our water management principles are known to customers (doctors and patients) and also the public who visit our facilities on a daily basis. With regards doctors this is done via direct communication and/or visits. Our measures of success of engagement are based on the achievement of its annual qualitative and quantitative water reduction targets.

---

**W2. Business impacts**

---

**W2.1**

---

**(W2.1) Has your organization experienced any detrimental water-related impacts?**

No

**W2.2**

---

**(W2.2) In the reporting year, was your organization subject to any fines, enforcement orders, and/or other penalties for water-related regulatory violations?**

	Water-related regulatory violations	Fines, enforcement orders, and/or other penalties	Comment
Row 1	No	<Not Applicable>	

**W3. Procedures**

---

W3.1

**(W3.1) Does your organization identify and classify potential water pollutants associated with its activities that could have a detrimental impact on water ecosystems or human health?**

	Identification and classification of potential water pollutants	How potential water pollutants are identified and classified	Please explain
Row 1	Yes, we identify and classify our potential water pollutants	Mediclinic conducts site visits and gathers data from its hospitals and clinics to assess their environmental management systems. These evaluations encompass various aspects such as energy consumption, transportation, greenhouse gas emissions, waste and wastewater management, water usage, pollution prevention, and treatment of hazardous substances. This process aligns with the ISO 14001 standard, Mediclinic's Safety, Health and Environmental policy, and the Sustainable Development Strategy policy, and adheres to national legislation, including the National Environmental Management: Waste Act 59 of 2008.	<Not Applicable>

W3.1a

**(W3.1a) Describe how your organization minimizes the adverse impacts of potential water pollutants on water ecosystems or human health associated with your activities.**

**Water pollutant category**

Pathogens

**Description of water pollutant and potential impacts**

Pathogens are microorganisms, such as bacteria, viruses, and parasites, that can cause disease in humans. An example of how pathogens may be released into water ecosystems is through effluent or sewage spills into storm water drains. When released into water bodies, pathogens can have several potential impacts including water contamination, aquatic ecosystem disruption and the transmission of waterborne diseases in humans.

**Value chain stage**

Direct operations  
Product use phase

**Actions and procedures to minimize adverse impacts**

Assessment of critical infrastructure and storage condition (leakages, spillages, pipe erosion etc.) and their resilience  
Resource recovery  
Beyond compliance with regulatory requirements  
Implementation of integrated solid waste management systems  
Industrial and chemical accidents prevention, preparedness, and response  
Provision of best practice instructions on product use  
Water recycling  
Reduction or phase out of hazardous substances  
Requirement for suppliers to comply with regulatory requirements

**Please explain**

Each of the procures detailed, above, are governed and regulated by the ISO 14001 Environmental Management System (EMS). Through consistent monitoring and measurements, it becomes possible to assess whether MCI is successfully attaining the predetermined goals and objectives set within the framework of ISO 14001.

**Water pollutant category**

Other, please specify (Pharmaceutical pollutant /pharmaceutical residue)

**Description of water pollutant and potential impacts**

Pharmaceutical pollutants encompass a wide range of substances, including antibiotics, which are medications used to treat bacterial infections. Within Mediclinic, patient care frequently requires the use of antibiotics. The impacts of antibiotic release into water systems can vary depending on the specific antibiotic, its concentration, exposure duration, and the characteristics of the affected ecosystem. One major concern associated with the release of antibiotics into water water bodies is the development and spread of antibiotic-resistant bacteria. Exposure to low levels of antibiotics in the environment can provide selective pressure for the survival and proliferation of bacteria that have developed resistance mechanisms. These antibiotic-resistant bacteria can pose a significant threat to human and animal health, as they may reduce the effectiveness of antibiotic treatments, making infections more difficult to treat.

**Value chain stage**

Direct operations  
Supply chain

**Actions and procedures to minimize adverse impacts**

Assessment of critical infrastructure and storage condition (leakages, spillages, pipe erosion etc.) and their resilience  
Resource recovery  
Beyond compliance with regulatory requirements  
Implementation of integrated solid waste management systems  
Industrial and chemical accidents prevention, preparedness, and response  
Provision of best practice instructions on product use  
Water recycling  
Reduction or phase out of hazardous substances  
Requirement for suppliers to comply with regulatory requirements

**Please explain**

Each of the procures detailed, above, are governed and regulated by the ISO 14001 Environmental Management System (EMS). Through consistent monitoring and measurements, it becomes possible to assess whether MCI is successfully attaining the predetermined goals and objectives set within the framework of ISO 14001.

W3.3

---

(W3.3) Does your organization undertake a water-related risk assessment?

Yes, water-related risks are assessed

W3.3a

---

(W3.3a) Select the options that best describe your procedures for identifying and assessing water-related risks.

**Value chain stage**

Direct operations

**Coverage**

Full

**Risk assessment procedure**

Water risks are assessed as part of an established enterprise risk management framework

**Frequency of assessment**

Annually

**How far into the future are risks considered?**

3 to 6 years

**Type of tools and methods used**

Tools on the market

Enterprise risk management

International methodologies and standards

Databases

**Tools and methods used**

WRI Aqueduct

Enterprise Risk Management

ISO 14001 Environmental Management Standard

**Contextual issues considered**

Water availability at a basin/catchment level

Water quality at a basin/catchment level

Impact on human health

Water regulatory frameworks

Status of ecosystems and habitats

Access to fully-functioning, safely managed WASH services for all employees

**Stakeholders considered**

Customers

Employees

Investors

Regulators

Water utilities at a local level

**Comment**

---

**Value chain stage**

Direct operations

Supply chain

**Coverage**

Full

**Risk assessment procedure**

Water risks are assessed as part of other company-wide risk assessment system

**Frequency of assessment**

Annually

**How far into the future are risks considered?**

3 to 6 years

**Type of tools and methods used**

Other

**Tools and methods used**

Internal company methods

Scenario analysis

Other, please specify (CURA Enterprise Risk Management Software)

**Contextual issues considered**

Water availability at a basin/catchment level

Water quality at a basin/catchment level

Impact on human health

Water regulatory frameworks

Status of ecosystems and habitats

Access to fully-functioning, safely managed WASH services for all employees

**Stakeholders considered**

Customers

Suppliers

**Comment**

Water risk associated with relevant suppliers, such as building contractors, laundry and catering services are analysed as part of each hospitals own internal risk management systems. This is then fed through to Mediclinic International Group Services Governance Department Environmental Sustainability of the Group, which is ultimately responsible for informing the Group Chief Governance Officer who informs the ESG Committee of the Board and the Audit and Risk Committee of the Board.

---

**(W3.3b) Describe your organization’s process for identifying, assessing, and responding to water-related risks within your direct operations and other stages of your value chain.**

	Rationale for approach to risk assessment	Explanation of contextual issues considered	Explanation of stakeholders considered	Decision-making process for risk response
Row 1	<p>Mediclinic’s Enterprise Risk Management (ERM) framework includes a top-down and bottom-up approach to identify, assess, prioritise, and respond to risks and opportunities at strategic, functional and operational levels. Climate change and related water risks are considered in the scope of our ERM processes and has been identified as a key strategic risk for the business.</p> <p>An environmental risk survey, inclusive of water risk is conducted at each hospital using the CURA enterprise risk management software that identifies the severity and likelihood of water risks to Mediclinic. The exposure component of this survey includes risk evaluation over the next ten years.</p> <p>The WRI Aqueduct Water Risk Atlas is used to highlight river basin-level generic water risk to each Mediclinic hospital. Where possible, we use the WRI Aqueduct tool to evaluate risk at a “minor” river basin level. If that level of information is not available, we evaluate at a “major” river basin level. ISO 14001:2015 EMS is fully functional in our Southern African hospitals. Implementation in Switzerland and the UAE is in progress. The EMS assists management in determining water-related risks and opportunities per facility.</p> <p>MCI has embarked on a climate scenario analysis process (inclusive of water risks) in response to and in line with the Task Force on Climate-related Financial Disclosures (TCFD) recommendations that is based on international standards and methods such as IPCC Climate Change Projections.</p>	<p>Water availability at catchment level: many hospitals and clinics are located in water basins prone to drought, and/or those which are classified as water stressed.</p> <p>Water quality at catchment level: good quality fresh water is vital for hygiene, quality care, and infection prevention and control (IPC) in our hospitals and clinics.</p> <p>Water regulatory frameworks: all water basins in which we have operations are governed by various water regulations. We need to ensure we abide by these regulations in order to avoid penalties in any form.</p> <p>Access to fully-functioning, safely managed WASH services for all employees: it is essential that all our employees and customers employees are able to work in accordance with labour laws of their countries in which they live. Such laws include access to hygienic working conditions, including WASH.</p> <p>Impact on human health: by prioritising water’s impact on human health in their risk assessment, we can safeguard patient safety, maintain high-quality care standards, and mitigate potential risks associated with water-related health hazards.</p> <p>Status of ecosystems and habitats: Mediclinic recognizes that its operations can have potential ecological consequences.</p> <p>Contextual issues considered are informed by our second Water Strategy (published in 2018), as well as our Group Environmental Policy and Safety, Health and Environmental Policy.</p>	<p>Mediclinic considers customers (patients and doctors), employees, and suppliers in their risk assessment. Good quality fresh water is vital for hygiene, quality care, and infection prevention and control (IPC). By including customers (patients and doctors) in their risk assessments, Mediclinic acknowledges that any disruptions or risks associated with water availability, quality, or usage could directly impact the quality of care provided and patient outcomes. Employees’ behaviour and practices influence water consumption and efficiency, and therefore, they are included in the risk assessment process. Suppliers, particularly those operating on-site at hospitals like builders and laundry services, tend to be high water users and therefore need to be included in risk assessments. This comprehensive approach helps Mediclinic proactively manage water risks and maintain high-quality healthcare services.</p>	<p>At Mediclinic, the objective of risk management is to establish an integrated and effective risk management framework within which important risks, including water-related ones, are identified, quantified, prioritised and managed for an optimal risk/reward profile. At Group level, key risks to the business are identified, understood, assessed and prioritised. This process includes water-related and other environmental risks.</p> <p>At asset or operational level, individual hospitals perform an environmental risk assessment and each division completes an online Environmental Risks and Opportunities Aspect Survey to determine its risk profile annually. Based on the survey scores achieved per hospital and per area, high-risk areas and individual risk items are identified. These areas/items have the potential to lead to a financial, operational or reputational impact and will be addressed through each hospital’s EMP with action plans for risk mitigation.</p> <p>The Environmental Management Plan (EMP) includes appointing persons responsible for completing the actions and setting targets, objectives and due dates. The EMP is reviewed at least quarterly by each facility’s top management to ensure its continuing suitability, adequacy, and effectiveness. Progress is documented in the EMP.</p> <p>The Group Executive Committee, supported by the Group General Manager: Risk Services, recommends Mediclinic’s proposed principal risks to the Audit and Risk Committee and, ultimately, the Board for approval.</p>

**W4. Risks and opportunities**

**W4.1**

**(W4.1) Have you identified any inherent water-related risks with the potential to have a substantive financial or strategic impact on your business?**

Yes, both in direct operations and the rest of our value chain

## W4.1a

### (W4.1a) How does your organization define substantive financial or strategic impact on your business?

Substantive impact from water risk includes the impact on hospital operations that will occur without adequate or high quality water supply. It includes both operational and financial consequences.

This includes the depletion of municipal water supply, all back-up water and all back-up water supply from external water suppliers and results in the required implementation of emergency responses.

After 24 hours, arrangements will be made to stop all operations if there is no water supply, and to evacuate the hospital. If this is not done, within the 24 hours, the infection rates can increase exponentially. This will have a direct impact on operations and supply chain, our patients and staff are part of our supply chain.

In 2017 we undertook a study where the combined revenue loss per day at three of our major hospitals with water risk was estimated to be as follows:

1. With 20% water loss, the loss in revenue will be GBP52 000.
2. With 50% water loss, the loss in revenue will be GBP133 500.
3. With 70% water loss, the loss in revenue will be GBP191 500.

We view such eventualities as being both financially and strategically substantive.

## W4.1b

### (W4.1b) What is the total number of facilities exposed to water risks with the potential to have a substantive financial or strategic impact on your business, and what proportion of your company-wide facilities does this represent?

	Total number of facilities exposed to water risk	% company-wide facilities this represents	Comment
Row 1	70	51-75	70 of our facilities lie in major or minor river basins that pose overall high or extremely high water risk, as defined by the WRI Aqueduct Water Risk Atlas. If, as a result of the risks identified by the WRI Aqueduct tool were to materialise, and any of our hospitals were without water as a result, then this would incur a substantive financial and strategic risk. Our total number of facilities across all our operations is 110.

## W4.1c

### (W4.1c) By river basin, what is the number and proportion of facilities exposed to water risks that could have a substantive financial or strategic impact on your business, and what is the potential business impact associated with those facilities?

#### Country/Area & River basin

South Africa	Other, please specify (Grootberg)
--------------	-----------------------------------

#### Number of facilities exposed to water risk

19

#### % company-wide facilities this represents

1-25

#### Production value for the metals & mining activities associated with these facilities

<Not Applicable>

#### % company's annual electricity generation that could be affected by these facilities

<Not Applicable>

#### % company's global oil & gas production volume that could be affected by these facilities

<Not Applicable>

#### % company's total global revenue that could be affected

1-10

#### Comment

As defined by the WRI Aqueduct Water Risk Atlas, 19 facilities located within the Groot Berg river basin and are considered at a high overall water risk. The overall water risk is a weighted aggregation of the following basin-wide water risks, as defined by the WRI Aqueduct: baseline water stress; baseline water depletion; interannual variability; seasonal variability; groundwater table decline; riverine flood risk; coastal flood risk; drought risk; untreated connected wastewater; coastal eutrophication potential; unimproved/no drinking water; unimproved/no sanitation; peak RepRisk country ESG risk index.

Country/Area & River basin

South Africa	Limpopo
--------------	---------

Number of facilities exposed to water risk

3

% company-wide facilities this represents

1-25

Production value for the metals & mining activities associated with these facilities

<Not Applicable>

% company's annual electricity generation that could be affected by these facilities

<Not Applicable>

% company's global oil & gas production volume that could be affected by these facilities

<Not Applicable>

% company's total global revenue that could be affected

1-10

Comment

As defined by the WRI Aqueduct Water Risk Atlas, 3 facilities located within the Limpopo river basin and are considered at an extremely high overall water risk. The overall water risk is a weighted aggregation of the following basin-wide water risks, as defined by the WRI Aqueduct: baseline water stress; baseline water depletion; interannual variability; seasonal variability; groundwater table decline; riverine flood risk; coastal flood risk; drought risk; untreated connected wastewater; coastal eutrophication potential; unimproved/no drinking water; unimproved/no sanitation; peak RepRisk country ESG risk index.

Country/Area & River basin

South Africa	Breede-Gouritz
--------------	----------------

Number of facilities exposed to water risk

1

% company-wide facilities this represents

Less than 1%

Production value for the metals & mining activities associated with these facilities

<Not Applicable>

% company's annual electricity generation that could be affected by these facilities

<Not Applicable>

% company's global oil & gas production volume that could be affected by these facilities

<Not Applicable>

% company's total global revenue that could be affected

Less than 1%

Comment

As defined by the WRI Aqueduct Water Risk Atlas, 1 facility is located within the Breede river basin and is considered at an extremely high overall water risk. The overall water risk is a weighted aggregation of the following basin-wide water risks, as defined by the WRI Aqueduct: baseline water stress; baseline water depletion; interannual variability; seasonal variability; groundwater table decline; riverine flood risk; coastal flood risk; drought risk; untreated connected wastewater; coastal eutrophication potential; unimproved/no drinking water; unimproved/no sanitation; peak RepRisk country ESG risk index.

Country/Area & River basin

Namibia	Other, please specify (Ugab-Huab)
---------	-----------------------------------

Number of facilities exposed to water risk

1

% company-wide facilities this represents

Less than 1%

Production value for the metals & mining activities associated with these facilities

<Not Applicable>

% company's annual electricity generation that could be affected by these facilities

<Not Applicable>

% company's global oil & gas production volume that could be affected by these facilities

<Not Applicable>

% company's total global revenue that could be affected

1-10

Comment

As defined by the WRI Aqueduct Water Risk Atlas, 1 facility is located within the Namibian Ugab river basin and is considered at an extremely high overall water risk. The overall water risk is a weighted aggregation of the following basin-wide water risks, as defined by the WRI Aqueduct: baseline water stress; baseline water depletion; interannual variability; seasonal variability; groundwater table decline; riverine flood risk; coastal flood risk; drought risk; untreated connected wastewater; coastal eutrophication potential; unimproved/no drinking water; unimproved/no sanitation; peak RepRisk country ESG risk index.

### Country/Area & River basin

Namibia	Other, please specify (Omaruru-Swakop)
---------	--

#### Number of facilities exposed to water risk

2

#### % company-wide facilities this represents

1-25

#### Production value for the metals & mining activities associated with these facilities

<Not Applicable>

#### % company's annual electricity generation that could be affected by these facilities

<Not Applicable>

#### % company's global oil & gas production volume that could be affected by these facilities

<Not Applicable>

#### % company's total global revenue that could be affected

1-10

#### Comment

As defined by the WRI Aqueduct Water Risk Atlas, 1 facility is located within the Namibian Omaruru-Swakop river basin and are considered at an extremely high overall water risk. The overall water risk is a weighted aggregation of the following basin-wide water risks, as defined by the WRI Aqueduct: baseline water stress; baseline water depletion; interannual variability; seasonal variability; groundwater table decline; riverine flood risk; coastal flood risk; drought risk; untreated connected wastewater; coastal eutrophication potential; unimproved/no drinking water; unimproved/no sanitation; peak RepRisk country ESG risk index.

### Country/Area & River basin

United Arab Emirates	Other, please specify (United Arab Emirates Coast)
----------------------	--

#### Number of facilities exposed to water risk

12

#### % company-wide facilities this represents

1-25

#### Production value for the metals & mining activities associated with these facilities

<Not Applicable>

#### % company's annual electricity generation that could be affected by these facilities

<Not Applicable>

#### % company's global oil & gas production volume that could be affected by these facilities

<Not Applicable>

#### % company's total global revenue that could be affected

1-10

#### Comment

As defined by the WRI Aqueduct Water Risk Atlas, 12 facilities are located within the United Arab Emirates Coastal river basin and are considered at a high overall water risk. The overall water risk is a weighted aggregation of the following basin-wide water risks, as defined by the WRI Aqueduct: baseline water stress; baseline water depletion; interannual variability; seasonal variability; groundwater table decline; riverine flood risk; coastal flood risk; drought risk; untreated connected wastewater; coastal eutrophication potential; unimproved/no drinking water; unimproved/no sanitation; peak RepRisk country ESG risk index.

### Country/Area & River basin

United Arab Emirates	Other, please specify (Sabkhat as Salamiyah)
----------------------	--

#### Number of facilities exposed to water risk

14

#### % company-wide facilities this represents

1-25

#### Production value for the metals & mining activities associated with these facilities

<Not Applicable>

#### % company's annual electricity generation that could be affected by these facilities

<Not Applicable>

#### % company's global oil & gas production volume that could be affected by these facilities

<Not Applicable>

#### % company's total global revenue that could be affected

1-10

#### Comment

As defined by the WRI Aqueduct Water Risk Atlas, 14 facilities are located within the United Arab Emirates Sabkhat as Salamiyah river basin and are considered at a high overall water risk. The overall water risk is a weighted aggregation of the following basin-wide water risks, as defined by the WRI Aqueduct: baseline water stress; baseline water depletion; interannual variability; seasonal variability; groundwater table decline; riverine flood risk; coastal flood risk; drought risk; untreated connected wastewater; coastal eutrophication potential; unimproved/no drinking water; unimproved/no sanitation; peak RepRisk country ESG risk index.



**Country/Area & River basin**

South Africa	Olifants
--------------	----------

**Number of facilities exposed to water risk**

2

**% company-wide facilities this represents**

1-25

**Production value for the metals & mining activities associated with these facilities**

&lt;Not Applicable&gt;

**% company's annual electricity generation that could be affected by these facilities**

&lt;Not Applicable&gt;

**% company's global oil & gas production volume that could be affected by these facilities**

&lt;Not Applicable&gt;

**% company's total global revenue that could be affected**

1-10

**Comment**

As defined by the WRI Aqueduct Water Risk Atlas, 2 facilities are located within South Africa's Olifants river basin and are considered at a high overall water risk. The overall water risk is a weighted aggregation of the following basin-wide water risks, as defined by the WRI Aqueduct: baseline water stress; baseline water depletion; interannual variability; seasonal variability; groundwater table decline; riverine flood risk; coastal flood risk; drought risk; untreated connected wastewater; coastal eutrophication potential; unimproved/no drinking water; unimproved/no sanitation; peak RepRisk country ESG risk index.

**Country/Area & River basin**

South Africa	Other, please specify (Krokodil)
--------------	----------------------------------

**Number of facilities exposed to water risk**

12

**% company-wide facilities this represents**

1-25

**Production value for the metals & mining activities associated with these facilities**

&lt;Not Applicable&gt;

**% company's annual electricity generation that could be affected by these facilities**

&lt;Not Applicable&gt;

**% company's global oil & gas production volume that could be affected by these facilities**

&lt;Not Applicable&gt;

**% company's total global revenue that could be affected**

1-10

**Comment**

As defined by the WRI Aqueduct Water Risk Atlas, 12 facilities are located within South Africa's Krokodil river basin and are considered at a high overall water risk. The overall water risk is a weighted aggregation of the following basin-wide water risks, as defined by the WRI Aqueduct: baseline water stress; baseline water depletion; interannual variability; seasonal variability; groundwater table decline; riverine flood risk; coastal flood risk; drought risk; untreated connected wastewater; coastal eutrophication potential; unimproved/no drinking water; unimproved/no sanitation; peak RepRisk country ESG risk index.

**Country/Area & River basin**

South Africa	Tugela
--------------	--------

**Number of facilities exposed to water risk**

2

**% company-wide facilities this represents**

1-25

**Production value for the metals & mining activities associated with these facilities**

&lt;Not Applicable&gt;

**% company's annual electricity generation that could be affected by these facilities**

&lt;Not Applicable&gt;

**% company's global oil & gas production volume that could be affected by these facilities**

&lt;Not Applicable&gt;

**% company's total global revenue that could be affected**

1-10

**Comment**

As defined by the WRI Aqueduct Water Risk Atlas, 2 facilities are located within South Africa's Tugela river basin and is considered at an extremely high overall water risk. The overall water risk is a weighted aggregation of the following basin-wide water risks, as defined by the WRI Aqueduct: baseline water stress; baseline water depletion; interannual variability; seasonal variability; groundwater table decline; riverine flood risk; coastal flood risk; drought risk; untreated connected wastewater; coastal eutrophication potential; unimproved/no drinking water; unimproved/no sanitation; peak RepRisk country ESG risk index.

### Country/Area & River basin

South Africa	Vaal
--------------	------

### Number of facilities exposed to water risk

2

### % company-wide facilities this represents

Less than 1%

### Production value for the metals & mining activities associated with these facilities

<Not Applicable>

### % company's annual electricity generation that could be affected by these facilities

<Not Applicable>

### % company's global oil & gas production volume that could be affected by these facilities

<Not Applicable>

### % company's total global revenue that could be affected

Unknown

### Comment

As defined by the WRI Aqueduct Water Risk Atlas, 2 facilities are located within South Africa's Vaal River basin and is considered at an extremely high overall water risk. The overall water risk is a weighted aggregation of the following basin-wide water risks, as defined by the WRI Aqueduct: baseline water stress; baseline water depletion; interannual variability; seasonal variability; groundwater table decline; riverine flood risk; coastal flood risk; drought risk; untreated connected wastewater; coastal eutrophication potential; unimproved/no drinking water; unimproved/no sanitation; peak RepRisk country ESG risk index.

## W4.2

(W4.2) Provide details of identified risks in your direct operations with the potential to have a substantive financial or strategic impact on your business, and your response to those risks.

### Country/Area & River basin

South Africa	Berg-Olifants
--------------	---------------

### Type of risk & Primary risk driver

Acute physical	Flood (coastal, fluvial, pluvial, groundwater)
----------------	--

### Primary potential impact

Increased insurance premiums

### Company-specific description

Acute physical risks such as extreme weather events that include floods, storms, droughts, sandstorms, heat waves etc., have the potential risk impact of partial or complete closure or total loss of impacted facility(ies), dependent on the event intensity and frequency. This has a consequential impact on increased insurance premiums for property damage and loss of income through business interruptions. While the Berg-Olifants basin has been associated with this risk for the purposes of this disclosure, it's important to recognise that similar risks may also manifest in other basins across different geographical regions. To gain better insights into these potential risks, we are actively engaged in the TCFD process, which is expected to provide us with greater clarity going forward.

### Timeframe

More than 6 years

### Magnitude of potential impact

Medium

### Likelihood

Likely

### Are you able to provide a potential financial impact figure?

Yes, a single figure estimate

### Potential financial impact figure (currency)

3509150

### Potential financial impact figure - minimum (currency)

<Not Applicable>

### Potential financial impact figure - maximum (currency)

<Not Applicable>

### Explanation of financial impact

Within the scenario analysis work, it is expected that insurance premiums for MCSA, MCME and Hirslanden (Switzerland) would double from CY2023 expected values up until CY2050 in the long term (see Climate Change disclosure section C3 for further details). The insurance premium cost in CY2023 for MCSA, MCME and Hirslanden (Switzerland) is expected to be GBP 3 509 150, with double this amount totalling GBP 7 018 300. Therefore, the potential financial impact is GBP 3 509 150 i.e., the difference between GBP 7 018 300 and GBP 3 509 150.

### Primary response to risk

Develop drought emergency plans

### Description of response

Key mitigating actions is the effective management of the EMS Major Incident Framework for emergency preparedness.

### Cost of response

0

### Explanation of cost of response

The financial effort to execute the EMS Major Incident Framework is incorporated into the day-to-day operations costs/personnel costs of the business. Therefore, the cost of response to this risk is zero.

---

### Country/Area & River basin

South Africa	Berg-Olifants
--------------	---------------

### Type of risk & Primary risk driver

Acute physical	Drought
----------------	---------

### Primary potential impact

Increased operating costs

### Company-specific description

Drought and associated reduced water availability is a risk to the MCSA. Climate change projections for South Africa, which is a water scarce country, suggest that more frequent and intense drought events would occur in future. Reduced water availability due to drought and potential water supply disruptions pose a significant risk to MCI, posing a threat to patient care, sanitation, medical procedures, emergency response, medical equipment, hydration, and overall hospital operations. This could result in the closure of some of our hospitals under such conditions.

In 2017-18, the Western Cape experienced its worst drought in recorded history, diminishing the carrying volumes of dams and forcing the City of Cape Town to implement water restrictions, raise tariffs and communicate the possibility of "Day Zero" when reticulated water supplies would be stopped and rationed water distributed at key points throughout the city. This historic scenario had a direct impact on our Western Cape hospitals, forcing our hospitals to strategise business continuity plans to ensure that they were operable under such circumstances. While water restrictions have been revised down in CY2022, long-term risk associated with water availability and water cost impacts from drought remains.

### Timeframe

More than 6 years

### Magnitude of potential impact

Medium

### Likelihood

Likely

### Are you able to provide a potential financial impact figure?

Yes, a single figure estimate

### Potential financial impact figure (currency)

2028302

### Potential financial impact figure - minimum (currency)

<Not Applicable>

### Potential financial impact figure - maximum (currency)

<Not Applicable>

### Explanation of financial impact

Within the scenario analysis work, it is expected that water costs for MCSA would have an annualised increase of 4.2% for scenario 2 and 3 (see climate disclosure C3 for more details on the scenarios). Given this expected water cost increase compared to current water costs, there is a financial impact of GBP 2,028,302.

### Primary response to risk

Adopt water efficiency, water reuse, recycling and conservation practices

### Description of response

MCI is working to increase resilience to reduced water availability and options for supplemental water supply. MCSA has implemented water efficiency systems which allow to reduce water usage and consumption. Initiatives implemented in this regard to date include the installation of water-saving instruments in washers, washing machines and autoclaves and recycling of autoclave water at certain facilities. In particular, MCI has turned focus toward its laundry service suppliers who can use can use up to 42kL of water a day, with all the outflow running into the facility's sewerage system. In 2022, Mediclinic Panorama commissioned an investigation into recovery of the laundry's wastewater. A bespoke-wastewater recovery system was proposed. The benefits of the water recovery system are multiple. By treating and recycling wastewater, the hospital saves a precious resource and simultaneously avoids discharging waste. The bottom line benefits as well as the use of municipal water within the laundry is projected to reduce by 85-90%.

### Cost of response

37575.4

### Explanation of cost of response

The above project was approved for a value of R855 881.00/GBP 37 575.40. This includes the installation of the system (inclusive of all hardware) and associated services, as well as an additional Uninterrupted Power Supply (UPS) system to keep the system operational during electricity blackouts (load shedding).

**(W4.2a) Provide details of risks identified within your value chain (beyond direct operations) with the potential to have a substantive financial or strategic impact on your business, and your response to those risks.**

**Country/Area & River basin**

South Africa	Berg-Olifants
--------------	---------------

**Stage of value chain**

Supply chain

**Type of risk & Primary risk driver**

Acute physical	Drought
----------------	---------

**Primary potential impact**

Reduction or disruption in production capacity

**Company-specific description**

In response to water restrictions, increased water tariffs and the need to be seen to be saving water (brand reputation), we have worked directly with our on-site service providers to ensure they adhere to the water saving drive that MCI has implemented in its Western Cape hospitals (and across all facilities in South Africa). This includes such service providers as catering, cleaning, laundry and security services. This engagement is being rolled out to all hospitals throughout the group.

**Timeframe**

Current up to one year

**Magnitude of potential impact**

Medium-low

**Likelihood**

Virtually certain

**Are you able to provide a potential financial impact figure?**

Yes, a single figure estimate

**Potential financial impact figure (currency)**

1947068

**Potential financial impact figure - minimum (currency)**

<Not Applicable>

**Potential financial impact figure - maximum (currency)**

<Not Applicable>

**Explanation of financial impact**

Laundry and kitchen (catering) services in our hospitals account for 24% of water consumption alone. Across all our South African hospitals, total water consumption costs equal GBP1,947,068/ZAR44 497 768. If we assume the Western Cape hospitals account for approximately 35% of this total cost, then cost of laundry and kitchen water consumption in the Western Cape hospitals equates to some GBP 1,947,068/ ZAR 15,125,101 per year.

**Primary response to risk**

Supplier engagement	Develop supplier drought emergency plans
---------------------	--

**Description of response**

Many and various different water-saving initiatives have been developed in conjunction with our service providers, and these differ from hospital to hospital. The initiatives include staff training; changing chemicals used; adjusting water pressures in toilets and cleaning facilities; adopting sanitising cleaning liquids; ensuring off-site laundry services have sufficient water back-up strategies at their own sites; etc. These Western Cape initiatives have been used to inform a nation-wide water resilience strategy developed by MCI over the following two years.

**Cost of response**

0

**Explanation of cost of response**

Costs incorporated into ongoing (recurring) operational costs dedicated to supplier engagement.

**W4.3**

**(W4.3) Have you identified any water-related opportunities with the potential to have a substantive financial or strategic impact on your business?**

Yes, we have identified opportunities, and some/all are being realized

**W4.3a**

**(W4.3a) Provide details of opportunities currently being realized that could have a substantive financial or strategic impact on your business.**

**Type of opportunity**

Efficiency

**Primary water-related opportunity**

Improved water efficiency in operations

#### Company-specific description & strategy to realize opportunity

Water is a valuable resource for our direct operations and is vital for the health of our patients. Reducing water usage and consumption is key to MCI mitigating the risks related to water scarcity and reduced water quality.

Being situated in a water-scarce part of the world, our Southern Africa operations have unlocked many opportunities to reduce and recycle water, ensuring minimal impact on communities and securing the water required to function. This is further enabled by the Corporate Sustainable Water Management Strategy, which was adopted in 2016 and is reviewed annually. Initiatives implemented to realise this opportunity include the installation of water-saving instruments in washers, washing machines and autoclaves and recycling of autoclave water at certain facilities. In particular, MCI has turned focus toward its laundry service suppliers who can use up to 42kL of water a day, with all the outflow running into the facility's sewerage system. In 2022, Mediclinic Panorama commissioned an investigation into recovery of the laundry's wastewater. A bespoke-wastewater recovery system was proposed. The benefits of the water recovery system are multiple. By treating and recycling wastewater, the hospital saves a precious resource and simultaneously avoids discharging waste. The bottom line benefits as well as the use of municipal water within the laundry is projected to reduce by 85–90%. To date Switzerland's operations have seen the installation of water-flow limiters on taps and water-saving valves in toilets. In the Middle East, at Al Jowhara Hospital, condensation water from CSSD autoclaves is used for irrigation, and an additional filtration step has meant the water is now also suitable for use in washbasins. This is strategic for MCI as business continuity and the operation of the hospitals are dependent on a consistent water supply and efficiency measures on water use are a priority for MCI.

#### Estimated timeframe for realization

Current - up to 1 year

#### Magnitude of potential financial impact

Low

#### Are you able to provide a potential financial impact figure?

Yes, an estimated range

#### Potential financial impact figure (currency)

<Not Applicable>

#### Potential financial impact figure – minimum (currency)

52000

#### Potential financial impact figure – maximum (currency)

191500

#### Explanation of financial impact

The opportunity benefit can be directly related to the potential revenue loss should water availability be restricted. The above financial impact figure range has been estimated based on a study which estimated the combined revenue loss at three of our major hospitals in instances of varying degrees of water loss.

---

#### Type of opportunity

Products and services

#### Primary water-related opportunity

Increased sales of existing products/services

#### Company-specific description & strategy to realize opportunity

According to the World Health Organisation, climate change affects human health through the access and quality of clean air, safe drinking water, sufficient food and secure shelter. Between 2030 and 2050, climate change is expected to cause approximately 250 000 additional deaths per year, from malnutrition, malaria (due to rising temperatures, increased rainfall and expanding habitats for mosquitoes), diarrhoea (linked to water-borne disease) and heat stress.

This projected increase and shifting of the disease burden can lead to increase number of admissions for healthcare providers such as MCI and resulted revenue increased from the increased demand of healthcare services.

MCI focuses on creating value that benefits all our stakeholders, inclusive of the healthcare workforce. MCI invests in the healthcare workforce in the context of the continued global shortage of healthcare employees to secure the future of MCI and the modelled increased demand for healthcare services.

The United Nations has developed a set of goals as a blueprint to shape a sustainable future. MCI's purpose and strategic priorities align with a number of Sustainable Development Goals (SDGs). Under goal 3 "good health and wellbeing", MCI's healthcare services enable the goals to reduce maternal mortality (SDG 3.1), end preventable deaths of newborns and children (SDG 3.2), reduce deaths from non-communicable disease (SDG 3.4), grow the health workforce (SDG 3.c) and strengthen the capacity to manage national and global health risks (SDG 3.d).

Therefore, to grow and retain MCI's healthcare workforce to realise this opportunity, we optimise retention by providing opportunities for a diverse workforce to thrive, and by creating an inclusive environment. Our retention strategies include employee wellbeing and investment in career growth and development through implementation of global learning frameworks and systems. For example, in CY2022, Hirslanden (Switzerland) trained 1 185 students in several job functions, 150 predominantly as junior medical practitioners and 1 035 in healthcare professions.

To ensure the proactive and continuous investment in the future health workforce, MCI invested GBP 99 million in CY2022 in capital projects and new equipment to ensure the realisation to be able to provide for increased demand of healthcare services.

#### Estimated timeframe for realization

More than 6 years

#### Magnitude of potential financial impact

Medium

#### Are you able to provide a potential financial impact figure?

Yes, a single figure estimate

#### Potential financial impact figure (currency)

523280000

#### Potential financial impact figure – minimum (currency)

<Not Applicable>

#### Potential financial impact figure – maximum (currency)

<Not Applicable>

**Explanation of financial impact**

Within the scenario analysis work linked to our TCFD disclosures, it is expected that revenue for for the Group would increase by 1.36% in the long term under scenario 2 (see climate disclosure section C3 for more details on the scenarios). The Group revenue in CY2023 is GBP 3 618 million, with the annualised increased to CY2033 totalling 4 141.28 million. Therefore, the potential financial impact is GBP 523.28 i.e., the difference between GBP 3 618 million and GBP 4 141.28 million.

## W5. Facility-level water accounting

### W5.1

(W5.1) For each facility referenced in W4.1c, provide coordinates, water accounting data, and a comparison with the previous reporting year.

**Facility reference number**

Facility 1

**Facility name (optional)**

All operations - Groot Berg River Basin, South Africa

**Country/Area & River basin**

South Africa	Other, please specify (Groot Berg)
--------------	------------------------------------

**Latitude**

-33.875921

**Longitude**

18.577813

**Located in area with water stress**

Yes

**Primary power generation source for your electricity generation at this facility**

&lt;Not Applicable&gt;

**Oil & gas sector business division**

&lt;Not Applicable&gt;

**Total water withdrawals at this facility (megaliters/year)**

245.97

**Comparison of total withdrawals with previous reporting year**

Much higher

**Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Withdrawals from brackish surface water/seawater**

0

**Withdrawals from groundwater - renewable**

12.58

**Withdrawals from groundwater - non-renewable**

0

**Withdrawals from produced/entrained water**

0

**Withdrawals from third party sources**

233.39

**Total water discharges at this facility (megaliters/year)**

219.69

**Comparison of total discharges with previous reporting year**

Much higher

**Discharges to fresh surface water**

0

**Discharges to brackish surface water/seawater**

0

**Discharges to groundwater**

7.11

**Discharges to third party destinations**

212.58

**Total water consumption at this facility (megaliters/year)**

26.27

**Comparison of total consumption with previous reporting year**

Much higher

**Please explain**

The above are aggregate figures of our hospitals located in the Groot Berg river basin in South Africa, which is rated as having an "overall high water risk" by the WRI Aqueduct Water Risk Atlas. The "overall" risk indicator is a weighted grouping of various physical water quantity and quality risks, and regulatory and reputational risks at the specific river basin level. We view any of our hospitals that are located in river basins with either "high" or "extremely high" overall risk as exposed to substantive financial and/or strategic impact. There are 19 facilities (comprising 16 hospitals and clinics and 3 Corporate office) which are located in this water basin. The coordinates are based upon the facility with the largest total withdrawal volumes, being Panorama. Discharge in our South African operations is calculated using our average discharge = 89% of total water withdrawal. Consumption is based on the CDP definition, as being: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or a third party over the course of the reporting year." Comparison of totals are described as per the following: i) "About the Same" = 0-5% variance year on year; ii) "Lower/Higher" = 5-10% variance year on year; iii) "Much higher/Much lower" = 10% or above variance year on year.

**Facility reference number**

Facility 2

**Facility name (optional)**

All operations - Krokodil River Basin, South Africa

**Country/Area & River basin**

South Africa	Other, please specify (Krokodil)
--------------	----------------------------------

**Latitude**

-26.179129

**Longitude**

28.03437

**Located in area with water stress**

Yes

**Primary power generation source for your electricity generation at this facility**

<Not Applicable>

**Oil & gas sector business division**

<Not Applicable>

**Total water withdrawals at this facility (megaliters/year)**

282.06

**Comparison of total withdrawals with previous reporting year**

Lower

**Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Withdrawals from brackish surface water/seawater**

0

**Withdrawals from groundwater - renewable**

4.91

**Withdrawals from groundwater - non-renewable**

0

**Withdrawals from produced/entrained water**

0

**Withdrawals from third party sources**

277.15

**Total water discharges at this facility (megaliters/year)**

251.57

**Comparison of total discharges with previous reporting year**

Lower

**Discharges to fresh surface water**

0

**Discharges to brackish surface water/seawater**

0

**Discharges to groundwater**

4.91

**Discharges to third party destinations**

246.66

**Total water consumption at this facility (megaliters/year)**

30.48

**Comparison of total consumption with previous reporting year**

Lower

**Please explain**

The above are aggregate figures of our hospitals located in the Krokodil river basin in South Africa, which is rated as having an "overall high water risk" by the WRI Aqueduct Water Risk Atlas. The "overall" risk indicator is a weighted grouping of various physical water quantity and quality risks, and regulatory and reputational risks at the specific river basin level. We view any of our hospitals that are located in river basins with either "high" or "extremely high" overall risk as exposed to substantive financial and/or strategic impact. There are 12 facilities (comprising 11 hospitals and clinics and 1 Corporate office) which are located in this water basin. The coordinates

are based upon the facility with the largest total withdrawal volumes, being WITS Donald Gordan. Discharge in our South African operations is calculated using our average discharge = 89% of total water withdrawal. Consumption is based on the CDP definition, as being: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or a third party over the course of the reporting year." Comparison of totals are described as per the following: i) "About the Same" = 0-5% variance year on year; ii) "Lower/Higher" = 5-10% variance year on year; iii) "Much higher/Much lower" = 10% or above variance year on year.

**Facility reference number**

Facility 3

**Facility name (optional)**

Worcester Hospital- Breede River Basin, South Africa

**Country/Area & River basin**

South Africa	Other, please specify (Breede)
--------------	--------------------------------

**Latitude**

-33.644031

**Longitude**

19.450716

**Located in area with water stress**

Yes

**Primary power generation source for your electricity generation at this facility**

<Not Applicable>

**Oil & gas sector business division**

<Not Applicable>

**Total water withdrawals at this facility (megaliters/year)**

20.64

**Comparison of total withdrawals with previous reporting year**

About the same

**Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Withdrawals from brackish surface water/seawater**

0

**Withdrawals from groundwater - renewable**

0

**Withdrawals from groundwater - non-renewable**

0

**Withdrawals from produced/entrained water**

0

**Withdrawals from third party sources**

20.64

**Total water discharges at this facility (megaliters/year)**

18.37

**Comparison of total discharges with previous reporting year**

About the same

**Discharges to fresh surface water**

0

**Discharges to brackish surface water/seawater**

0

**Discharges to groundwater**

0

**Discharges to third party destinations**

18.37

**Total water consumption at this facility (megaliters/year)**

2.27

**Comparison of total consumption with previous reporting year**

About the same

**Please explain**

The above figures relate to our Mediclinic Worcester hospital in the Breede river basin in South Africa, which is rated as having an "overall extremely high water risk" by the WRI Aqueduct Water Risk Atlas. The "overall" risk indicator is a weighted grouping of various physical water quantity and quality risks, and regulatory and reputational risks at the specific river basin level. We view any of our hospitals that are located in river basins with either "high" or "extremely high" overall risk as exposed to substantive financial and/or strategic impact. Discharge in our South African operations is calculated using our average discharge = 89% of total water withdrawal. Consumption is based on the CDP definition, as being: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or a third party over the course of the reporting year." Comparison of totals are described as per the following: i) "About the Same" = 0-5% variance year on year; ii) "Lower/Higher" = 5-10% variance year on year; iii) "Much higher/Much lower" = 10% or above variance year on year.

**Facility reference number**



Facility 4

**Facility name (optional)**

All operations - Olifants River Basin, South Africa

**Country/Area & River basin**

South Africa	Olifants
--------------	----------

**Latitude**

-23.822643

**Longitude**

30.152784

**Located in area with water stress**

Yes

**Primary power generation source for your electricity generation at this facility**

<Not Applicable>

**Oil & gas sector business division**

<Not Applicable>

**Total water withdrawals at this facility (megaliters/year)**

41.11

**Comparison of total withdrawals with previous reporting year**

About the same

**Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Withdrawals from brackish surface water/seawater**

0

**Withdrawals from groundwater - renewable**

0.74

**Withdrawals from groundwater - non-renewable**

0

**Withdrawals from produced/entrained water**

0

**Withdrawals from third party sources**

40.37

**Total water discharges at this facility (megaliters/year)**

36.67

**Comparison of total discharges with previous reporting year**

About the same

**Discharges to fresh surface water**

0

**Discharges to brackish surface water/seawater**

0

**Discharges to groundwater**

0.74

**Discharges to third party destinations**

35.93

**Total water consumption at this facility (megaliters/year)**

4.44

**Comparison of total consumption with previous reporting year**

Lower

**Please explain**

The above are aggregate figures of our hospitals located in the Olifants river basin in South Africa, which is rated as having an "overall high water risk" by the WRI Aqueduct Water Risk Atlas. The overall risk indicator is a weighted grouping of various physical water quantity and quality risks, and regulatory and reputational risks at the specific river basin level. We view any of our hospitals that are located in river basins with either "high" or "extremely high" overall risk as being exposed to potential substantive financial and/or strategic impact. The geolocation coordinates relate to the hospital in the river basin with the highest water withdrawal, in this case Mediclinic Tzaneen. Mediclinic hospitals located in this river basin include: Tzaneen and Highveld. Discharge in our South African operations is calculated using our average discharge = 89% of total water withdrawal. Consumption is based on the CDP definition, as being: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or a third party over the course of the reporting year." Comparison of totals are described as per the following: i) "About the Same" = 0-5% variance year on year; ii) "Lower/Higher" = 5-10% variance year on year; iii) "Much higher/Much lower" = 10% or above variance year on year. Consumption rates decreased by 7% as a result of Borehole water being attributed entirely to irrigation for the first time this year.

**Facility reference number**

Facility 5

**Facility name (optional)**

All operations - Limpopo River Basin, South Africa

**Country/Area & River basin**

South Africa	Limpopo
--------------	---------

**Latitude**

-23.90817

**Longitude**

29.464546

**Located in area with water stress**

Yes

**Primary power generation source for your electricity generation at this facility**

&lt;Not Applicable&gt;

**Oil & gas sector business division**

&lt;Not Applicable&gt;

**Total water withdrawals at this facility (megaliters/year)**

44.98

**Comparison of total withdrawals with previous reporting year**

About the same

**Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Withdrawals from brackish surface water/seawater**

0

**Withdrawals from groundwater - renewable**

0.01

**Withdrawals from groundwater - non-renewable**

0

**Withdrawals from produced/entrained water**

0

**Withdrawals from third party sources**

44.97

**Total water discharges at this facility (megaliters/year)**

40.03

**Comparison of total discharges with previous reporting year**

About the same

**Discharges to fresh surface water**

0

**Discharges to brackish surface water/seawater**

0

**Discharges to groundwater**

0.01

**Discharges to third party destinations**

40.03

**Total water consumption at this facility (megaliters/year)**

4.95

**Comparison of total consumption with previous reporting year**

About the same

**Please explain**

The above are aggregate figures of our hospitals located in the Limpopo river basin in South Africa, which is rated as having an "overall extremely high water risk" by the WRI Aqueduct Water Risk Atlas. The "overall" risk indicator is a weighted grouping of various physical water quantity and quality risks, and regulatory and reputational risks at the specific river basin level. We view any of our hospitals that are located in river basins with either "high" or "extremely high" overall risk as being exposed to potential substantive financial and/or strategic impact. The geolocation coordinates relate to the hospital in the river basin with the highest water withdrawal, in this case Mediclinic Limpopo. The three Mediclinic hospitals located in this river basin include: Lephalale; Limpopo and Limpopo Day Clinic. Discharge in our South African operations is calculated using our average discharge = 89% of total water withdrawal. Consumption is based on the CDP definition, as being: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or a third party over the course of the reporting year." Comparison of totals are described as per the following: i) "About the Same" = 0-5% variance year on year; ii) "Lower/Higher" = 5-10% variance year on year; iii) "Much higher/Much lower" = 10% or above variance year on year.

**Facility reference number**

Facility 6

**Facility name (optional)**

All operations - Tugela River Basin, South Africa

**Country/Area & River basin**

South Africa	Tugela
--------------	--------

**Latitude**

-27.768235

**Longitude**

29.931907

**Located in area with water stress**

Yes

**Primary power generation source for your electricity generation at this facility**

&lt;Not Applicable&gt;

**Oil & gas sector business division**

&lt;Not Applicable&gt;

**Total water withdrawals at this facility (megaliters/year)**

31.71

**Comparison of total withdrawals with previous reporting year**

About the same

**Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Withdrawals from brackish surface water/seawater**

0

**Withdrawals from groundwater - renewable**

0

**Withdrawals from groundwater - non-renewable**

0

**Withdrawals from produced/entrained water**

0

**Withdrawals from third party sources**

31.71

**Total water discharges at this facility (megaliters/year)**

28.22

**Comparison of total discharges with previous reporting year**

About the same

**Discharges to fresh surface water**

0

**Discharges to brackish surface water/seawater**

0

**Discharges to groundwater**

0

**Discharges to third party destinations**

28.22

**Total water consumption at this facility (megaliters/year)**

3.49

**Comparison of total consumption with previous reporting year**

About the same

**Please explain**

The above figures relate to our Mediclinic Newcastle hospital and New Castle Day Clinic in the Tugela river basin in South Africa, which is rated as having an "overall extremely high water risk" by the WRI Aqueduct Water Risk Atlas. The geolocation coordinates relate to the hospital in the river basin with the highest water withdrawal, in this case Mediclinic Newcastle. The "overall" risk indicator is a weighted grouping of various physical water quantity and quality risks, and regulatory and reputational risks at the specific river basin level. We view any of our hospitals that are located in river basins with either "high" or "extremely high" overall risk as exposed to substantive financial and/or strategic impact. Discharge in our South African operations is calculated using our average discharge = 89% of total water withdrawal. Consumption is based on the CDP definition, as being: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or a third party over the course of the reporting year." Comparison of totals are described as per the following: i) "About the Same" = 0-5% variance year on year; ii) "Lower/Higher" = 5-10% variance year on year; iii) "Much higher/Much lower" = 10% or above variance year on year.

**Facility reference number**

Facility 9

**Facility name (optional)**

All operations - Vaal River Basin, South Africa

**Country/Area & River basin**

South Africa	Vaal
--------------	------

**Latitude**

-26.68967

**Longitude**

27.081247

**Located in area with water stress**

Yes

**Primary power generation source for your electricity generation at this facility**

&lt;Not Applicable&gt;

**Oil & gas sector business division**

&lt;Not Applicable&gt;

**Total water withdrawals at this facility (megaliters/year)**

22.98

**Comparison of total withdrawals with previous reporting year**

Much higher

**Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Withdrawals from brackish surface water/seawater**

0

**Withdrawals from groundwater - renewable**

0.05

**Withdrawals from groundwater - non-renewable**

0

**Withdrawals from produced/entrained water**

0

**Withdrawals from third party sources**

22.92

**Total water discharges at this facility (megaliters/year)**

20.45

**Comparison of total discharges with previous reporting year**

Much higher

**Discharges to fresh surface water**

0

**Discharges to brackish surface water/seawater**

0

**Discharges to groundwater**

0.05

**Discharges to third party destinations**

20.4

**Total water consumption at this facility (megaliters/year)**

2.52

**Comparison of total consumption with previous reporting year**

Much higher

**Please explain**

The above figures relate to our Potchefstroom hospital and Potchefstroom Renal Services (two different facilities in the same location) in the Vaal river basin in South Africa, which is rated as having an "overall high water risk" by the WRI Aqueduct Water Risk Atlas. The "overall" risk indicator is a weighted grouping of various physical water quantity and quality risks, and regulatory and reputational risks at the specific river basin level. We view any of our hospitals that are located in river basins with either "high" or "extremely high" overall risk as exposed to substantive financial and/or strategic impact. Discharge in our South African operations is calculated using our average discharge = 89% of total water withdrawal. Consumption is based on the CDP definition, as being: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or a third party over the course of the reporting year." Comparison of totals are described as per the following: i) "About the Same" = 0-5% variance year on year; ii) "Lower/Higher" = 5-10% variance year on year; iii) "Much higher/Much lower" = 10% or above variance year on year.

**Facility reference number**

Facility 10

**Facility name (optional)**

All operations - Omaruru-Swakop River Basin, Namibia

**Country/Area & River basin**

Namibia	Other, please specify (Omaruru-Swakop)
---------	--

**Latitude**

-22.54173

**Longitude**

17.091025

**Located in area with water stress**

Yes

**Primary power generation source for your electricity generation at this facility**

&lt;Not Applicable&gt;

**Oil & gas sector business division**

<Not Applicable>

**Total water withdrawals at this facility (megaliters/year)**

21.54

**Comparison of total withdrawals with previous reporting year**

About the same

**Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Withdrawals from brackish surface water/seawater**

0

**Withdrawals from groundwater - renewable**

0

**Withdrawals from groundwater - non-renewable**

0

**Withdrawals from produced/entrained water**

0

**Withdrawals from third party sources**

21.54

**Total water discharges at this facility (megaliters/year)**

19.17

**Comparison of total discharges with previous reporting year**

About the same

**Discharges to fresh surface water**

0

**Discharges to brackish surface water/seawater**

0

**Discharges to groundwater**

0

**Discharges to third party destinations**

19.17

**Total water consumption at this facility (megaliters/year)**

2.37

**Comparison of total consumption with previous reporting year**

About the same

**Please explain**

The above are aggregate figures of our hospitals located in the Omaruru-Swakop river basin in Namibia, which is rated as having an "overall extremely high water risk" by the WRI

Aqueduct Water Risk Atlas. The "overall" risk indicator is a weighted grouping of various physical water quantity and quality risks, and regulatory and reputational risks at the specific river basin level. We view any of our hospitals that are located in river basins with either "high" or "extremely high" overall risk as exposed to substantive financial and/or strategic impact.

The geolocation coordinates are those belonging to our operation with the highest water withdrawal figure in the river basin, being the Mediclinic Windhoek hospital.

The two Mediclinic hospitals located in this river basin include: Mediclinic Windhoek and Mediclinic Swakopmund.

Comparison of totals are described as the following: "About the Same" = 0-5% variance year on year.

Discharge in our Namibian operations is calculated using our average discharge = 89% of total water withdrawal. Consumption is based on the CDP definition, as being: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or a third party over the course of the reporting year. Comparison of totals are described as the following: Lower/Higher" = 5-10% variance year on year.

---

**Facility reference number**

Facility 11

**Facility name (optional)**

All operations - Ugab River Basin, Namibia

**Country/Area & River basin**

Namibia	Other, please specify (Ugab)
---------	------------------------------

**Latitude**

-20.469473

**Longitude**

16.650944

**Located in area with water stress**

Yes

**Primary power generation source for your electricity generation at this facility**

<Not Applicable>

**Oil & gas sector business division**

<Not Applicable>

**Total water withdrawals at this facility (megaliters/year)**

2.12

**Comparison of total withdrawals with previous reporting year**

Lower

**Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Withdrawals from brackish surface water/seawater**

0

**Withdrawals from groundwater - renewable**

0

**Withdrawals from groundwater - non-renewable**

0

**Withdrawals from produced/entrained water**

0

**Withdrawals from third party sources**

2.12

**Total water discharges at this facility (megaliters/year)**

1.89

**Comparison of total discharges with previous reporting year**

Lower

**Discharges to fresh surface water**

0

**Discharges to brackish surface water/seawater**

0

**Discharges to groundwater**

0

**Discharges to third party destinations**

1.89

**Total water consumption at this facility (megaliters/year)**

0.23

**Comparison of total consumption with previous reporting year**

Lower

**Please explain**

The above figures relate to our Otjiwarongo hospital in the Ugab river basin in Namibia, which is rated as having an "overall extremely high water risk" by the WRI Aqueduct Water Risk Atlas. The "overall" risk indicator is a weighted grouping of various physical water quantity and quality risks, and regulatory and reputational risks at the specific river basin level. We view any of our hospitals that are located in river basins with either "high" or "extremely high" overall risk as exposed to substantive financial and/or strategic impact. Discharge in our Namibian operations is calculated using our average discharge = 89% of total water withdrawal. Consumption is based on the CDP definition, as being: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or a third party over the course of the reporting year." Comparison of totals are described as per the following: i) "About the Same" = 0-5% variance year on year; ii) "Lower/Higher" = 5-10% variance year on year; iii) "Much higher/Much lower" = 10% or above variance year on year.

**Facility reference number**

Facility 12

**Facility name (optional)**

All operations - Sabhkat as Salamiyah River Basin, Arabian Peninsula

**Country/Area & River basin**

United Arab Emirates	Other, please specify (Sabhkat as Salamiyah)
----------------------	--

**Latitude**

24.41748

**Longitude**

54.461919

**Located in area with water stress**

Yes

**Primary power generation source for your electricity generation at this facility**

<Not Applicable>

**Oil & gas sector business division**

<Not Applicable>

**Total water withdrawals at this facility (megaliters/year)**

158.89

**Comparison of total withdrawals with previous reporting year**

Much higher

**Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Withdrawals from brackish surface water/seawater**

0

**Withdrawals from groundwater - renewable**

0

**Withdrawals from groundwater - non-renewable**

0

**Withdrawals from produced/entrained water**

0

**Withdrawals from third party sources**

158.89

**Total water discharges at this facility (megaliters/year)**

158.89

**Comparison of total discharges with previous reporting year**

Much higher

**Discharges to fresh surface water**

0

**Discharges to brackish surface water/seawater**

0

**Discharges to groundwater**

0

**Discharges to third party destinations**

158.89

**Total water consumption at this facility (megaliters/year)**

0

**Comparison of total consumption with previous reporting year**

About the same

**Please explain**

The above are aggregate figures of our hospitals located in the Sabkhat as Salamiyah river basin in Abu Dhabi, which is rated as having an "overall extremely high water risk" by the WRI Aqueduct Water Risk Atlas. The "overall" risk indicator is a weighted grouping of various physical water quantity and quality risks, and regulatory and reputational risks at the specific river basin level. We view any of our hospitals that are located in river basins with either "high" or "extremely high" overall risk as exposed to substantive financial and/or strategic impact. The geolocation coordinates are those belonging to our operation with the highest water withdrawal figure in the river basin, being the Mediclinic Airport Road hospital. The 14 Mediclinic hospitals and clinics located in this river basin include: Airport Road Hospital, Al Ain Hospital, Al Bawadi, Al Jowhara Hospital, Al Madar, Al Mamora, Al Mussafah, Al Noor Hospital, Al Yahar, Baniyas, Khalifa City, Madinat Zayed and Zakher. Also within this basin is Emirates Nuclear Energy Corporation. Discharge in our Abu Dhabi operations is measured according to municipal account records for discharge, which indicate the same figures as those for water withdrawal. Consumption is based on the CDP definition, as being: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or a third party over the course of the reporting year."

**Facility reference number**

Facility 13

**Facility name (optional)**

All operations - United Arab Emirates Coast

**Country/Area & River basin**

United Arab Emirates	Other, please specify (United Arab Emirates Coast, Dubai)
----------------------	---

**Latitude**

25.230421

**Longitude**

55.320433

**Located in area with water stress**

Yes

**Primary power generation source for your electricity generation at this facility**

<Not Applicable>

**Oil & gas sector business division**

<Not Applicable>

**Total water withdrawals at this facility (megaliters/year)**

128.62

**Comparison of total withdrawals with previous reporting year**

About the same

**Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Withdrawals from brackish surface water/seawater**

0

**Withdrawals from groundwater - renewable**

0

**Withdrawals from groundwater - non-renewable**

0

**Withdrawals from produced/entrained water**

0

**Withdrawals from third party sources**

128.62

**Total water discharges at this facility (megaliters/year)**

128.62

**Comparison of total discharges with previous reporting year**

About the same

**Discharges to fresh surface water**

0

**Discharges to brackish surface water/seawater**

0

**Discharges to groundwater**

0

**Discharges to third party destinations**

128.62

**Total water consumption at this facility (megaliters/year)**

0

**Comparison of total consumption with previous reporting year**

About the same

**Please explain**

The above are aggregate figures of our hospitals located on the UAE Coast in Dubai, which is rated as having an "overall extremely high water risk" by the WRI Aqueduct Water Risk Atlas. The "overall" risk indicator is a weighted grouping of various physical water quantity and quality risks, and regulatory and reputational risks at the specific river basin level. We view any of our hospitals that are located in river basins with either "high" or "extremely high" overall risk as exposed to substantive financial and/or strategic impact.

The geolocation coordinates are those belonging to our operation with the highest water withdrawal figure in the river basin, being the Mediclinic City hospital.

The 12 Mediclinic hospitals and clinics located in this river basin include: Al Qusais; Arabian Ranches; City Hospital; Deira; Dubai Mall; Ibn Battuta; Me'aisem Meadows; Mirdif; Parkview Hospital; Springs; Welcare Hospital. Discharge in our Dubai operations is measured according to municipal account records for discharge, which indicate the same figures as those for water withdrawal.

Consumption is based on the CDP definition, as being: "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or a third party over the course of the reporting year."

---

**W5.1a**

---



(W5.1a) For the facilities referenced in W5.1, what proportion of water accounting data has been third party verified?

**Water withdrawals – total volumes**

**% verified**

76-100

**Verification standard used**

ISO 14064-3

**Please explain**

<Not Applicable>

**Water withdrawals – volume by source**

**% verified**

76-100

**Verification standard used**

ISO 14064-3

**Please explain**

<Not Applicable>

**Water withdrawals – quality by standard water quality parameters**

**% verified**

51-75

**Verification standard used**

SANS241:2015 - South African National Standard on Drinking Water Part 1: Microbiological, physical, aesthetic and chemical determinants. Our South African operations account for 64% of our total number of facilities referenced in W.5.

**Please explain**

<Not Applicable>

**Water discharges – total volumes**

**% verified**

Not verified

**Verification standard used**

<Not Applicable>

**Please explain**

**Water discharges – volume by destination**

**% verified**

Not verified

**Verification standard used**

<Not Applicable>

**Please explain**

**Water discharges – volume by final treatment level**

**% verified**

76-100

**Verification standard used**

As per indication from local water authority measurement to all Mediclinic hospitals that discharged water is treated in accordance with municipal wastewater treatment works.

**Please explain**

<Not Applicable>

**Water discharges – quality by standard water quality parameters**

**% verified**

51-75

**Verification standard used**

According to local water authorities in Southern Africa, discharged water is treated in accordance with municipal wastewater treatment works. These authorities are responsible for monthly testing of the effluent quality.

**Please explain**

<Not Applicable>

**Water consumption – total volume**

**% verified**

Not verified

**Verification standard used**

<Not Applicable>

**Please explain**

W6. Governance

W6.1

**(W6.1) Does your organization have a water policy?**

Yes, we have a documented water policy that is publicly available

W6.1a

**(W6.1a) Select the options that best describe the scope and content of your water policy.**

	Scope	Content	Please explain
Row 1	Company-wide	Description of the scope (including value chain stages) covered by the policy Description of business dependency on water Description of business impact on water Commitment to prevent, minimize, and control pollution Commitment to reduce water withdrawal and/or consumption volumes in direct operations Commitment to safely managed Water, Sanitation and Hygiene (WASH) in the workplace Commitment to stakeholder education and capacity building on water security Commitment to water stewardship and/or collective action Commitments beyond regulatory compliance Reference to company water-related targets Recognition of environmental linkages, for example, due to climate change	Water is incorporated within the Mediclinic Safety, Health and Environmental policy, and the Mediclinic Sustainable Development Strategy policy document that was approved during 2020 - sub-goal 3 of the SD Strategy is the "sustainable use and reuse of water resources." These policies are applicable across all our operations and, hence, are company-wide. Within these policies, we aim to: comply with relevant occupational health and safety, and environmental legislation and regulations - including water; define environmental management programmes to achieve continual improvement in our Environmental Management System; create awareness with regards to safety, health and the environment among all employees; set objectives and targets to minimise the impact of our activities on the environment and ensure continuous improvement of our environmental performance; influence our suppliers and service providers to adopt similar programmes, in order to limit our overall impact on the environment; to implement and distribute the present policy to all employees and make it publicly available. group-safety-health-environmental-policy.pdf group-sustainable-development-policy.pdf

W6.2

**(W6.2) Is there board level oversight of water-related issues within your organization?**

Yes

W6.2a

**(W6.2a) Identify the position(s) (do not include any names) of the individual(s) on the board with responsibility for water-related issues.**

Position of individual or committee	Responsibilities for water-related issues
Board Chair	<p>As part of its function to promote Mediclinic’s sustainable success, the Board has oversight of our sustainability and risk management efforts. Climate change, along with interconnected water risks, is a principal risk of the Group. The Board assesses MCI’s emerging and principal risks and reviews effectiveness of risk management and internal control systems. The Board is committed to equipping itself with the understanding and skills necessary for appropriate decision-making on water-related aspects. During 2021, the Board approved the constitution of an ESG Committee to ensure efficient oversight of the Group’s ESG strategy and related practices. Previously, this oversight function formed part of the responsibilities of the Clinical Performance and Sustainability Committee, which now solely focuses on the Group’s clinical performance. The ESG Committee thoroughly assesses opportunities for improving our environmental practices and recommends to the Board, for approval, any material changes proposed by the Group Executive Committee. The ESG Committee is led by the Chair of the Board, who reports all feedback to the Board at regular intervals. Any material concerns are brought to the Board for discussion, together with suitable recommendations for their resolution.</p> <p>In 2022, the ESG committee monitored and provided feedback on the Group’s ESG strategy and progress against its objectives, employee engagement, and progress on diversity and inclusion across the Group.</p>
Chief Executive Officer (CEO)	The CEO is responsible for briefing the Board’s ESG Committee on all issues relating to environmental, social and governance sustainability, including that of the group’s water policies and performance.
Other C-Suite Officer	The Group Chief Governance Officer is the executive responsible for overall environmental management, including water risks and opportunities, of the group and reports directly to the CEO.

**W6.2b**

**(W6.2b) Provide further details on the board’s oversight of water-related issues.**

	Frequency that water-related issues are a scheduled agenda item	Governance mechanisms into which water-related issues are integrated	Please explain
Row 1	Scheduled - some meetings	<ul style="list-style-type: none"> <li>Monitoring implementation and performance</li> <li>Overseeing acquisitions, mergers, and divestitures</li> <li>Overseeing major capital expenditures</li> <li>Providing employee incentives</li> <li>Reviewing and guiding annual budgets</li> <li>Reviewing and guiding corporate responsibility strategy</li> <li>Reviewing and guiding major plans of action</li> <li>Reviewing and guiding risk management policies</li> <li>Reviewing and guiding strategy</li> <li>Reviewing innovation/R&amp;D priorities</li> <li>Setting performance objectives</li> </ul>	<p>As part of its function to promote Mediclinic’s sustainable success, the Board has oversight of our sustainability and risk management efforts. Climate change (and related water-issues) is a principal risk of the Group.</p> <p>The Audit and Risk Committee is responsible for reviewing principal risks and advising the Board on the likelihood, potential impact, management, and mitigation thereof. The Audit and Risk Committee Chair reports all feedback, which includes progress on climate and water-related risks, to the Board at regular intervals.</p> <p>The Board reviews progress on the Group strategic goal to minimise our environmental impact. To support the achievement of the Mediclinic Group Strategy, the risk management process is fully integrated into the strategic planning process.</p> <p>During 2021, the Board approved the constitution of an ESG Committee to ensure efficient oversight of the Group’s ESG strategy and related practices. Previously, this oversight function formed part of the responsibilities of the Clinical Performance and Sustainability Committee, which now solely focuses on the Group’s clinical performance.</p> <p>The ESG Committee thoroughly assesses opportunities for improving our environmental practices and recommends to the Board, for approval, any material changes proposed by the Group Executive Committee.</p> <p>The ESG Committee is led by the Chair of the Board, who reports all feedback to the Board at regular intervals. Any material concerns are brought to the Board for discussion, together with suitable recommendations for their resolution.</p> <p>In 2022, the ESG committee monitored and provided feedback on the Group’s ESG strategy and progress against its objectives, employee engagement, and progress on diversity and inclusion across the Group.</p>

**W6.2d**

**(W6.2d) Does your organization have at least one board member with competence on water-related issues?**

	Board member(s) have competence on water-related issues	Criteria used to assess competence of board member(s) on water-related issues	Primary reason for no board-level competence on water-related issues	Explain why your organization does not have at least one board member with competence on water-related issues and any plans to address board-level competence in the future
Row 1	Yes	<p>There are 7 Board members with ESG skills and experience measured by strong oversight of ESG issues and/or practical experience of sustainability.</p> <p>The Chair of the Board has encouraged all Board members to join Chapter Zero, the UK Chapter of the Climate Governance Initiative. Developed in collaboration with the World Economic Forum, Chapter Zero equips non-executive directors to lead crucial boardroom discussions on the impacts of climate change, which includes water-related impacts.</p>	<Not Applicable>	<Not Applicable>

**W6.3**

**(W6.3) Provide the highest management-level position(s) or committee(s) with responsibility for water-related issues (do not include the names of individuals).**

**Name of the position(s) and/or committee(s)**

Other C-Suite Officer, please specify (Group Chief Governance Officer)

**Water-related responsibilities of this position**

- Assessing future trends in water demand
- Assessing water-related risks and opportunities
- Managing water-related risks and opportunities
- Setting water-related corporate targets
- Monitoring progress against water-related corporate targets
- Integrating water-related issues into business strategy
- Managing annual budgets relating to water security
- Managing major capital and/or operational expenditures related to low water impact products or services (including R&D)

**Frequency of reporting to the board on water-related issues**

Quarterly

**Please explain**

The Group Chief Governance Officer, responsible for environmental management, sits on the Executive of Mediclinic International and reports directly to the Chief Executive Officer (CEO) who, as the highest management position of the company, sits on the Board's ESG Committee and, through this mechanism, reports all water-related issues to the Board. This includes risks, responses, required CAPEX and OPEX. Meetings are held on a quarterly basis. This Committee monitors the sustainable development performance of Mediclinic, inclusive of water-related issues, while the CEO develops and oversees the implementation of Board-approved actions and the strategic direction of Mediclinic. Hence, there is direct communication and direction between the CEO and the Board. It is in the interests then of the Group Chief Governance Officer to report directly to the CEO on water-related issues in order for such issues to be escalated to Board level for consideration.

**W6.4**

**(W6.4) Do you provide incentives to C-suite employees or board members for the management of water-related issues?**

	Provide incentives for management of water-related issues	Comment
Row 1	No, not currently but we plan to introduce them in the next two years	

**W6.5**

**(W6.5) Do you engage in activities that could either directly or indirectly influence public policy on water through any of the following?**

- Yes, direct engagement with policy makers
- Yes, trade associations

**W6.5a**

**(W6.5a) What processes do you have in place to ensure that all of your direct and indirect activities seeking to influence policy are consistent with your water policy/water commitments?**

MCI prioritises engagement with stakeholders and continuously improves its practices. The ESG Committee reviews MCI's sustainability issues and strategy on an annual basis, providing biannual updates on progress. The goal is to ensure that their management initiatives focus on the most significant sustainable development matters that directly impact their ability to create long-term value for important stakeholders. MCI has identified several material sustainability issues, of which water is one, and ranked them based on their importance to the business and stakeholders. The ESG Committee is responsible for monitoring MCI's overall ESG performance. They report to the Board of Directors, which oversees effective stakeholder engagement and alignment with the organisation's long-term sustainable success. Currently, Mediclinic engages with Government, Regulators, Industry Bodies and Business Partners on policy issues impacting the business including water. Mediclinic meets on a regular basis with its various associations and policy-makers to debate and give recommendations on various topics to ensure consistency and sustainability in its business models. Feedback on issues is reported as per Mediclinic's risk management framework. If inconsistency is discovered, this will be escalated to the Group Chief Governance Officer and, through the Chief Executive Officer, taken to the Board's ESG Committee for consideration and action.

**W6.6**

**(W6.6) Did your organization include information about its response to water-related risks in its most recent mainstream financial report?**

Yes (you may attach the report - this is optional)

**W7. Business strategy**

**W7.1**

**(W7.1) Are water-related issues integrated into any aspects of your long-term strategic business plan, and if so how?**

	Are water-related issues integrated?	Long-term time horizon (years)	Please explain
Long-term business objectives	Yes, water-related issues are integrated	> 30	The sustainable use and re-use of water is the third key objective of our Sustainable Development Strategy (published in March 2020), which is aligned to and enhances the Group Business Strategy's response to environmental, social and economic concerns. In addition a detailed water management strategy includes the following initiatives: - Installation of hospital water meters - Implementation of detailed Water Contingency Plans - Water Contamination Plans implemented and updated - Regular water quality testing by national service provider - Leadership support to drive the change of human behaviour - Corporate programme for the sink of boreholes at hospitals - Hospital design to include the implementation of grey and black water systems - Hospital design to increase water backup supply at hospitals - Hospital procurement equipment preference to closed water loop systems. Without access to quality potable water, healthcare services provided by Mediclinic cannot be offered. Hence, the time horizon for such strategy is beyond 30 years in order to maintain the longevity of the organisation. Greenhouse gas emissions related to our water usage is also incorporated in our Scope 3 emissions reduction target as part of our Carbon Neutral by 2030 strategy.
Strategy for achieving long-term objectives	Yes, water-related issues are integrated	> 30	To comply with the long-term sustainable water management strategy of Mediclinic the following long-term goals were set: 1. Ensure a reliable water supply for all hospitals and investigate solutions in drought stricken areas to ensure long-term business continuity; 2. Improve operational efficiency to ultimately reduce water consumption to 544 litres per bed day sold (Mediclinic Southern Africa water target). Through the implementation of ISO 1400: 2015 Environmental Management System, benchmarking was set for Mediclinic Southern Africa. The hospitals in Mediclinic are measured against these benchmarks. This assists each hospital in setting sustainable goals for each financial year to reach the South African target of 544 litres per bed day sold over the next 3 years. The timeframe chosen is aligned to the long-term business continuity embedded in Mediclinic's corporate strategy.
Financial planning	Yes, water-related issues are integrated	11-15	In the short-term, a water strategy was developed during 2018 to provide guidance on financial capital expenditure according to priority of importance. Each hospital was evaluated according to the following weighted criteria: financial impact; drought cycle impact; dam level impact; local authority infrastructure impact; history impact and hospital infrastructure impact. Purchase of new capital equipment with water efficiency technology is required in response to potential water shortages. Water management strategy caters for 100% of all hospitals for the next ten years and beyond. The Strategy includes: - Water meters installed: GBP47,500 - Water Contingency Plans implemented - Water quality testing centralised and managed - Leadership support to drive the change of human behaviour: GBP54,500 - Corporate program for the sinking of boreholes: GBP1.2 million - Hospital design to include the implementation of grey water systems - Hospital design to increase water backup supply: GBP470,000 - Hospital procurement equipment preference to closed water loop systems.

**W7.2**

**(W7.2) What is the trend in your organization's water-related capital expenditure (CAPEX) and operating expenditure (OPEX) for the reporting year, and the anticipated trend for the next reporting year?**

**Row 1**

**Water-related CAPEX (+/- % change)**

0

**Anticipated forward trend for CAPEX (+/- % change)**

10

**Water-related OPEX (+/- % change)**

7

**Anticipated forward trend for OPEX (+/- % change)**

7

**Please explain**

In CY2022, there were no new CAPEX expenditures undertaken. However, we have plans to implement various water-related projects in the upcoming calendar years, which are anticipated to result in increased CAPEX expenditures. It's important to note that the exact cost of these projects is currently unknown, and the percentage represented is an estimate.

Furthermore, OPEX expenditure is also projected to follow a similar forward trend in correlation with the implementation of these water projects. As we move forward with these initiatives, we will continuously monitor and update our estimates to ensure effective financial planning and resource allocation.

**W7.3**

**(W7.3) Does your organization use scenario analysis to inform its business strategy?**

	Use of scenario analysis	Comment
Row 1	Yes	Mediclinic has committed to being carbon neutral by 2030. This process will adopt climate-related scenario analysis planning. We have also used climate-related scenario analysis in our Taskforce for Climate-related Financial Disclosure (TCFD) report for 2022.

**W7.3a**

**(W7.3a) Provide details of the scenario analysis, what water-related outcomes were identified, and how they have influenced your organization's business strategy.**

	Type of scenario analysis used	Parameters, assumptions, analytical choices	Description of possible water-related outcomes	Influence on business strategy
Row 1	Climate-related	<p>We have identified three climate scenarios to gain an understanding of climate-related risks and opportunities, and to assess our business resilience to these risks:</p> <ol style="list-style-type: none"> <li>Scenario 1: 1.5C increase - Paris ambition</li> <li>Scenario 2: 2.0C increase - Policy action but with delayed start</li> <li>Scenario 3: 3.0C increase - Business as usual</li> </ol> <p>To determine the most plausible climate scenarios across our geographies, we used publicly available data and information as well as verified environmental data, in combination with the Intergovernmental Panel for Climate Change ("IPCC") 6th Assessment Report ("AR6") of August 2021, IPCC AR6 Regional Fact Sheet Africa, IPCC AR6 Regional Fact Sheet Europe and IPCC AR6 Regional Fact Sheet Asia. The South African Risk and Vulnerability Atlas (SARVA 3.0, 2020), a central repository for a wide range of climate and environmental data for South Africa, was also used.</p>	<p>All three scenarios indicate that rising temperatures will lead to water shortages that, in turn, will negatively effect water quality. There is likely to be an increase in water costs due to potential water scarcity or water quality being compromised.</p>	<p>Reducing water usage and consumption is a primary opportunity that we have identified in response to potential water shortages as a result of rising temperatures. This is key to Mediclinic mitigating the risks related to water scarcity and reduced water quality. Being situated in a waterscarce part of the world, our Southern Africa operations have unlocked many opportunities to reduce and recycle water, ensuring minimal impact on communities and securing the water required to function. This is further enabled by the Corporate Sustainable Water Management Strategy, which was adopted in 2016 and is reviewed annually. Initiatives undertaken in this regard to-date include, but are not limited to:</p> <ul style="list-style-type: none"> <li>- The installation of bulk water storage facilities (Southern Africa)</li> <li>- Water-saving instruments in washers, washing machines and autoclaves (Southern Africa)</li> <li>- Recycling of autoclave water at certain facilities (Southern Africa)</li> <li>- Water-flow limiters on taps, water-saving valves in toilets (Switzerland)</li> <li>- Sensor taps in units (UAE)</li> </ul> <p>Condensation water from CSSD autoclaves used for irrigation (UAE)</p> <p>The opportunity benefit can be directly related to the potential revenue loss should water availability be restricted, and is long-term in nature.</p>

**W7.4**

**(W7.4) Does your company use an internal price on water?**

Row 1

**Does your company use an internal price on water?**

No, and we do not anticipate doing so within the next two years

**Please explain**

At this stage, Mediclinic does not anticipate setting an internal price on water as our focus is on other interventions e.g. water efficiency target.

**W7.5**

**(W7.5) Do you classify any of your current products and/or services as low water impact?**

	Products and/or services classified as low water impact	Definition used to classify low water impact	Primary reason for not classifying any of your current products and/or services as low water impact	Please explain
Row 1	Yes	Our goal is to be as water efficient as possible and we have set a target within our South African operations of 560 litres per bed-day sold.	<Not Applicable>	This low water impact directly relates to our reputation as a hospital group and the attractiveness to our clients, being doctors and patients.

**W8. Targets**

**W8.1**

**(W8.1) Do you have any water-related targets?**

Yes

**W8.1a**

**(W8.1a) Indicate whether you have targets relating to water pollution, water withdrawals, WASH, or other water-related categories.**

	Target set in this category	Please explain
Water pollution	No, but we plan to within the next two years	Over the next two years, MCI is committed to crafting a comprehensive water pollution reduction roadmap, in line with its Environmental, Social, and Governance (ESG) strategy. Within this roadmap, each division will be dedicated to addressing water pollution challenges effectively. A specific sub-goal will be focused on mitigating and minimizing the impact of water pollution caused by the organization's activities. MCI recognizes the critical importance of safeguarding water quality and environmental health, and as part of this commitment, the development of targeted measures and initiatives to combat water pollution will be investigated.
Water withdrawals	Yes	<Not Applicable>
Water, Sanitation, and Hygiene (WASH) services	No, but we plan to within the next two years	Over the next two years, MCI is dedicated to creating a comprehensive 'Water Roadmap' aligned with its Environmental, Social, and Governance (ESG) strategy. As part of this Roadmap, each division will focus on the efficient utilisation and recycling of water resources. Specifically, the ESG Strategy's sub-goal 3 aims to optimize water management, and within this context, MCI will consider the development of water-related targets, including those related to Water, Sanitation, and Hygiene (WASH) initiatives.
Other	Yes	<Not Applicable>

**W8.1b**

**(W8.1b) Provide details of your water-related targets and the progress made.**

**Target reference number**

Target 1

**Category of target**

Water use efficiency

**Target coverage**

Country/area/region

**Quantitative metric**

Reduction of water withdrawals from municipal supply or other third party sources

**Year target was set**

2015

**Base year**

2015

**Base year figure**

670.79

**Target year**

2022

**Target year figure**

544

**Reporting year figure**

528.32

**% of target achieved relative to base year**

112.366905907406

**Target status in reporting year**

Achieved

**Please explain**

Mediclinic Southern Africa has an annual water-efficiency target based on the water withdrawal per bed-day sold. The target aims to reach 544 liters per bed-day sold by the end of the calendar year, in this instance 31 December 2022. This year we have managed to exceed our target and reduce our water footprint to 528.32 liter per bed-day sold. This as a result of the successful implementation of numerous water saving techniques (for example, using borehole water for flushing ablutions at our Stellenbosch hospital and the installation of water-saving instruments in washers, washing machines and autoclaves) and water-saving awareness and behavioral change campaigns targeted at staff and patients.

**W9. Verification**

**W9.1**

**(W9.1) Do you verify any other water information reported in your CDP disclosure (not already covered by W5.1a)?**

No, but we are actively considering verifying within the next two years

**W10. Plastics**

## W10.1

### (W10.1) Have you mapped where in your value chain plastics are used and/or produced?

	Plastics mapping	Value chain stage	Please explain
Row 1	Yes	Direct operations Supply chain	<p>During the development of our roadmap for achieving the Zero Waste to Landfill target, we conducted a thorough assessment of various waste elements across our value chain, including plastics. While plastics were not the primary focus of the evaluation, it serves as a valuable starting point for understanding their usage and production within our operations. Our intention is to adopt a holistic approach that considers plastics alongside other waste elements, ensuring that our strategies align with our overall goal of achieving zero waste to landfill.</p> <p>During the mapping process, we identified several key areas within our value chain where plastics are used and/or produced. Specifically, we recognised the presence of plastics in the form of water bottles, plastic forks, polystyrene, plastic straws, and plastic packaging from retail pharmacies. These items were highlighted as significant contributors to plastic waste within our operations.</p> <p>It is expected that a more comprehensive plastics mapping exercise will take place in CY2023 for our Southern African and Switzerland operations.</p>

## W10.2

### (W10.2) Across your value chain, have you assessed the potential environmental and human health impacts of your use and/or production of plastics?

	Impact assessment	Value chain stage	Please explain
Row 1	Not assessed – but we plan to within the next two years	<Not Applicable>	<p>During the development of the Zero Waste to Landfill roadmap, our primary focus has been on establishing effective waste management strategies and reducing waste generation throughout our operations. At this stage, our efforts have been directed towards implementing practical solutions and sustainable practices that minimise waste and promote responsible disposal. While specific assessments of the environmental and human health impacts of waste, including plastics, have not been conducted as part of the initial roadmap, we recognise the importance of addressing these factors. To ensure continuous improvement and stay aligned with evolving environmental priorities, our Zero Waste to Landfill roadmap will be reviewed and updated on an annual basis. We anticipate that these updates will encompass a shift in focus, encompassing assessments of the environmental and human health impacts associated with waste, including a more detailed examination of the impacts of plastics.</p>

## W10.3

### (W10.3) Across your value chain, are you exposed to plastics-related risks with the potential to have a substantive financial or strategic impact on your business? If so, provide details.

	Risk exposure	Value chain stage	Type of risk	Please explain
Row 1	Not assessed – but we plan to within the next two years	<Not Applicable>	<Not Applicable>	<p>Risk assessment for the last two reporting periods has been focused on climate-related risks and opportunities in relation to TCFD. The cross-cutting theme of plastics will likely become more evident as the TCFD work progresses in relation to climate change and resource efficiency and availability.</p>

## W10.4

### (W10.4) Do you have plastics-related targets, and if so what type?

	Targets in place	Target type	Target metric	Please explain
Row 1	Yes	Waste management	Increase the proportion of recyclable plastic waste that we collect, sort, and recycle	<p>In order to minimise our contribution towards climate change and appropriately manage its potential impact on our business, we developed a Group ESG strategy, matured the Group Environmental Policy and Group Sustainable Development Policy, and introduced a Group Waste Management Policy. The Group ESG strategy includes the sub-goals of having zero waste to landfill by 2030. This is a company-wide target. To achieve this target active steps will be taken focus efforts to reduce plastic usage in direct operations and in our supply chain.</p> <p>To attain this target MCI has developed a roadmap for zero waste to landfill. The current plan will see us decrease landfilled waste by 71% by 2030. Research to resolve the remainder is ongoing and we envision annual updates to the roadmap.</p>

## W10.5

### (W10.5) Indicate whether your organization engages in the following activities.

	Activity applies	Comment
Production of plastic polymers	No	
Production of durable plastic components	No	
Production / commercialization of durable plastic goods (including mixed materials)	No	
Production / commercialization of plastic packaging	Yes	
Production of goods packaged in plastics	No	
Provision / commercialization of services or goods that use plastic packaging (e.g., retail and food services)	Yes	



W10.8

(W10.8) Provide the total weight of plastic packaging sold and/or used, and indicate the raw material content.

	Total weight of plastic packaging sold / used during the reporting year (Metric tonnes)	Raw material content percentages available to report	% virgin fossil-based content	% virgin renewable content	% post-industrial recycled content	% post-consumer recycled content	Please explain
Plastic packaging sold		None	<Not Applicable>	<Not Applicable>	<Not Applicable>	<Not Applicable>	MCI currently does not have data available for the total weight of plastic packaging sold and/or used, and the raw material content.
Plastic packaging used		None	<Not Applicable>	<Not Applicable>	<Not Applicable>	<Not Applicable>	MCI currently does not have data available for the total weight of plastic packaging sold and/or used, and the raw material content.

W10.8a

(W10.8a) Indicate the circularity potential of the plastic packaging you sold and/or used.

	Percentages available to report for circularity potential	% of plastic packaging that is reusable	% of plastic packaging that is technically recyclable	% of plastic packaging that is recyclable in practice at scale	Please explain
Plastic packaging sold	None	<Not Applicable>	<Not Applicable>	<Not Applicable>	MCI currently does not have data available for the circularity potential of the plastic packaging sold and/or used in disaggregated percentages.
Plastic packaging used	None	<Not Applicable>	<Not Applicable>	<Not Applicable>	MCI currently does not have data available for the circularity potential of the plastic packaging sold and/or used in disaggregated percentages.

W11. Sign off

W-FI

(W-FI) Use this field to provide any additional information or context that you feel is relevant to your organization's response. Please note that this field is optional and is not scored.

W11.1

(W11.1) Provide details for the person that has signed off (approved) your CDP water response.

	Job title	Corresponding job category
Row 1	Group Chief Governance Officer	Other C-Suite Officer

Submit your response

In which language are you submitting your response?

English

Please confirm how your response should be handled by CDP

	I understand that my response will be shared with all requesting stakeholders	Response permission
Please select your submission options	Yes	Public

Please indicate your consent for CDP to share contact details with the Pacific Institute to support content for its Water Action Hub website.

Yes, CDP may share our Main User contact details with the Pacific Institute

Please confirm below

I have read and accept the applicable Terms