MEDICLINIC GROUP LIMITED

2024 CDP Corporate Questionnaire 2024

Important: this export excludes unanswered questions
This document is an export of your organization's CDP questionnaire response. It contains all data points for questions that are answered or in progress. There may be questions or data points that you have been requested to provide, which are missing from this document because they are currently unanswered. Please note that it is your responsibility to verify that your questionnaire response is complete prior to submission. CDP will not be liable for any failure to do so.
Terms of disclosure for corporate questionnaire 2024 - CDP

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04/17/2025, 10:05 am

Contents

C1. Introduction

(1.1) In which language are you submitting your response?

Select from:

☑ English

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

Select from:

☑ GBP

(1.3) Provide an overview and introduction to your organization.

(1.3.2) Organization type

Select from:

☑ Privately owned organization

(1.3.3) Description of organization

Mediclinic Group Limited 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. (www.mediclinic.co.za) THE UAE: Mediclinic Middle East is established as a leading healthcare provider in the UAE, offering clinical care of internationally recognised standards. (www.mediclinic.ae) THE UK: Mediclinic has a 29.7% stake in Spire Healthcare Group, 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 2023, Mediclinic International operated 74 hospitals, 5 sub-acute hospitals, 6 mental health facilities, 21 day case clinics and 26 outpatient clinics with 11 721 beds, employing 37 535 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 Group Limited (Mediclinic)

comprises of Mediclinic Southern Africa (MCSA), Mediclinic Middle East (MCME), Hirslanden (Switzerland). Mediclinic Innovations and Mediclinic Group Services is included within MCSA. When "Mediclinic" is used this refers to the Group.
[Fixed row]

(1.4) State the end date of the year for which you are reporting data. For emissions data, indicate whether you will be providing emissions data for past reporting years.

	End date of reporting year	Alignment of this reporting period with your financial reporting period	Indicate if you are providing emissions data for past reporting years
	12/30/2023	*Select from:* ☑ No	*Select from:* ☑ No

[Fixed row]

(1.4.1) What is your organization’s annual revenue for the reporting period?

3618000000

(1.5) Provide details on your reporting boundary.

	Is your reporting boundary for your CDP disclosure the same as that used in your financial statements?
	Select from: ☑ Yes

[Fixed row]

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

ISIN code - bond

(1.6.1) Does your organization use this unique identifier?

Select from:

☑ No

ISIN code - equity

(1.6.1) Does your organization use this unique identifier?

Select from:

☑ No

CUSIP number

(1.6.1) Does your organization use this unique identifier?

Select from:

☑ No

Ticker symbol

(1.6.1) Does your organization use this unique identifier?

Select from:

☑ No

SEDOL code

(1.6.1) Does your organization use this unique identifier?

Select from:

☑ No

LEI number

(1.6.1) Does your organization use this unique identifier?

Select from:

☑ No

D-U-N-S number

(1.6.1) Does your organization use this unique identifier?

Select from:

☑ Yes

(1.6.2) Provide your unique identifier

218752040

Other unique identifier

(1.6.1) Does your organization use this unique identifier?

Select from:

☑ Yes

(1.6.2) Provide your unique identifier

Company registration number: 08338604
[Add row]

(1.7) Select the countries/areas in which you operate.

Select all that apply

☑ Namibia

☑ South Africa

☑ Switzerland

☑ United Arab Emirates

(1.24) Has your organization mapped its value chain?

(1.24.1) Value chain mapped

Select from:

☑ Yes, we have mapped or are currently in the process of mapping our value chain

(1.24.2) Value chain stages covered in mapping

Select all that apply

☑ Upstream value chain

☑ Downstream value chain

(1.24.3) Highest supplier tier mapped

Select from:

☑ Tier 1 suppliers

(1.24.4) Highest supplier tier known but not mapped

Select from:

☑ All supplier tiers known have been mapped

(1.24.7) Description of mapping process and coverage

The focus area of suppliers is entrenched in building stakeholders' trust under the "Connect" pillar of Mediclinic's sustainability model. We collaborate with suppliers to not only ensure the quality and reliability of products, but to maintain our standards for sustainable sourcing and protecting human rights, ethics and the environment. This is addressed through Supply Chain Management Philosophy. This includes knowledge awareness, identification and engagement of key suppliers and customers within Mediclinic's value chain and the linkages between them and Mediclinic itself. For example, the Group Sustainable Development Strategy recognises the value of circular economies to reduce waste. Our procurement and environmental teams continuously engage with suppliers and other partners to keep products

and materials in circulation. Furthermore, our Supply Chain Risk Management Policy, Procurement Philosophy and Code of Business Conduct and Ethics ('Ethics Code') provide a supplier selection framework that aligns with our purpose and culture while delivering high-quality products and services.
[Fixed row]

(1.24.1) Have you mapped where in your direct operations or elsewhere in your value chain plastics are produced, commercialized, used, and/or disposed of?

	Plastics mapping	Value chain stages covered in mapping
	Select from: ☑ Yes, we have mapped or are currently in the process of mapping plastics in our value chain	*Select all that apply* ☑ Downstream value chain ☑ Other, please specify **:**Direct operations

[Fixed row]

C2. Identification, assessment, and management of dependencies, impacts, risks, and opportunities

(2.1) How does your organization define short-, medium-, and long-term time horizons in relation to the identification, assessment, and management of your environmental dependencies, impacts, risks, and opportunities?

Short-term

(2.1.1) From (years)

0

(2.1.3) To (years)

5

(2.1.4) How this time horizon is linked to strategic and/or financial planning

This horizon aligns with operational and financial planning over a 5 year timeframe.

Medium-term

(2.1.1) From (years)

5

(2.1.3) To (years)

10

(2.1.4) How this time horizon is linked to strategic and/or financial planning

This horizon aligns with strategic and capital planning over a 5-10 year timeframe.

Long-term

(2.1.1) From (years)

10

(2.1.2) Is your long-term time horizon open ended?

Select from:

☑ No

(2.1.3) To (years)

27

(2.1.4) How this time horizon is linked to strategic and/or financial planning

Long-term is from 10 years to 2050. For input purposes the "to" years represents the time between the reporting year of 2023 and 2050 i.e., 27 years. This horizon aligns with long term climate-related impacts
[Fixed row]

(2.2) Does your organization have a process for identifying, assessing, and managing environmental dependencies and/or impacts?

	Process in place	Dependencies and/or impacts evaluated in this process
	Select from: ☑ Yes	*Select from:* ☑ Both dependencies and impacts

[Fixed row]

(2.2.1) Does your organization have a process for identifying, assessing, and managing environmental risks and/or opportunities?

	Process in place	Risks and/or opportunities evaluated in this process	Is this process informed by the dependencies and/or impacts process?
	Select from: ☑ Yes	*Select from:* ☑ Both risks and opportunities	*Select from:* ☑ Yes

[Fixed row]

(2.2.2) Provide details of your organization's process for identifying, assessing, and managing environmental dependencies, impacts, risks, and/or opportunities.

Row 1

(2.2.2.1) Environmental issue

Select all that apply

☑ Climate change

(2.2.2.2) Indicate which of dependencies, impacts, risks, and opportunities are covered by the process for this environmental issue

Select all that apply

☑ Dependencies

☑ Impacts

☑ Risks

☑ Opportunities

(2.2.2.3) Value chain stages covered

Select all that apply

☑ Direct operations

☑ Upstream value chain

☑ Downstream value chain

(2.2.2.4) Coverage

Select from:

☑ Full

(2.2.2.5) Supplier tiers covered

Select all that apply

☑ Tier 1 suppliers

(2.2.2.7) Type of assessment

Select from:

☑ Qualitative and quantitative

(2.2.2.8) Frequency of assessment

Select from:

☑ Annually

(2.2.2.9) Time horizons covered

Select all that apply

☑ Short-term

☑ Medium-term

☑ Long-term

(2.2.2.10) Integration of risk management process

Select from:

☑ Integrated into multi-disciplinary organization-wide risk management process

(2.2.2.11) Location-specificity used

Select all that apply

☑ Site-specific

☑ Local

☑ Sub-national

☑ National

(2.2.2.12) Tools and methods used

Enterprise Risk Management

☑ Enterprise Risk Management

International methodologies and standards

☑ IPCC Climate Change Projections

☑ ISO 14001 Environmental Management Standard

Other

☑ Scenario analysis

(2.2.2.13) Risk types and criteria considered

Acute physical

☑ Drought

☑ Flood (coastal, fluvial, pluvial, ground water)

Chronic physical

☑ Changing precipitation patterns and types (rain, hail, snow/ice)

☑ Changing temperature (air, freshwater, marine water)

Policy

☑ Carbon pricing mechanisms

☑ Changes to international law and bilateral agreements

☑ Changes to national legislation

Market

☑ Uncertainty in the market signals

Reputation

☑ Impact on human health

Technology

☑ Transition to lower emissions technology and products

Liability

☑ Non-compliance with regulations

(2.2.2.14) Partners and stakeholders considered

Select all that apply

☑ Customers

☑ Employees

☑ Investors

☑ Regulators

☑ Suppliers

(2.2.2.15) Has this process changed since the previous reporting year?

Select from:

☑ No

(2.2.2.16) Further details of process

Risk identification: At Mediclinic, the objective of risk management is to establish an integrated and effective risk management framework within which important risks, including climate-related ones, are identified, quantified, prioritised and managed for an optimal risk/reward profile. The Enterprise-wide Risk Management (ERM) Policy defines the risk management objectives, risk appetite and tolerance, methodology, process and responsibilities of the various risk management role players in the Group, and is subject to annual review. Regarding climate-related risks, the ERM takes into consideration the Group's ESG strategy, Sustainable Development

Policy and the Safety, Health, and Environmental Policy, reviewed annually. Our ERM Policy includes the following levels: • Top-down: At Group level, key risks to the business are identified, understood, assessed and prioritised. This process includes climate-related and other environmental risks. • Bottom-up: 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. Fundamentally, the financial impacts of climate change on an organisation are determined by the specific climate-related risks and opportunities to which it is exposed and its strategic decisions on managing these risks – i.e., whether to mitigate, transfer, accept or control – and seizing these opportunities. Risk assessment: Risks are quantified based on impact and likelihood and thereafter risks are prioritised for management and action. Since we own the majority of the buildings in which we operate, it is crucial we understand climate-related risks and the modifications required to render facilities resilient. Therefore, we established an internal working task team representing key stakeholders and business functions across the Group. This enables us to understand how our strategy addresses climate-related risks and opportunities. Identified material risks will be assessed by evaluating their impact and likelihood, and these ratings will be adjusted for the three scenarios (see C0.5). Risk management process: The annual Environmental Risks and Opportunities Aspect Survey identifies risk areas at hospital level and establishes a clear response strategy with action plans to mitigate identified risks and shortcomings in risk management. 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. Second-party EMS gap audits are conducted by the Corporate Office to ensure compliance and assess the environmental performance of action plans set out in the EMP. Risk integration: Results from the Environmental Risks and Opportunities Aspect Survey are used to assess environmental risks within the Group risk register. High risks will be reported on and addressed at Group level.

Row 2

(2.2.2.1) Environmental issue

Select all that apply

☑ Water

(2.2.2.2) Indicate which of dependencies, impacts, risks, and opportunities are covered by the process for this environmental issue

Select all that apply

☑ Dependencies

☑ Impacts

☑ Risks

☑ Opportunities

(2.2.2.3) Value chain stages covered

Select all that apply

☑ Direct operations

☑ Upstream value chain

☑ Downstream value chain

(2.2.2.4) Coverage

Select from:

☑ Full

(2.2.2.5) Supplier tiers covered

Select all that apply

☑ Tier 1 suppliers

(2.2.2.7) Type of assessment

Select from:

☑ Qualitative and quantitative

(2.2.2.8) Frequency of assessment

Select from:

☑ Annually

(2.2.2.9) Time horizons covered

Select all that apply

☑ Short-term

☑ Medium-term

☑ Long-term

(2.2.2.10) Integration of risk management process

Select from:

☑ Integrated into multi-disciplinary organization-wide risk management process

(2.2.2.11) Location-specificity used

Select all that apply

☑ Site-specific

☑ Local

☑ Sub-national

☑ National

(2.2.2.12) Tools and methods used

Commercially/publicly available tools

☑ WRI Aqueduct

Enterprise Risk Management

☑ Enterprise Risk Management

International methodologies and standards

☑ IPCC Climate Change Projections

☑ ISO 14001 Environmental Management Standard

Other

☑ Internal company methods

☑ Other, please specify **:**CURA Enterprise Risk Management Software

(2.2.2.13) Risk types and criteria considered

Acute physical

☑ Drought

☑ Flood (coastal, fluvial, pluvial, ground water)

☑ Heavy precipitation (rain, hail, snow/ice)

☑ Storm (including blizzards, dust, and sandstorms)

Chronic physical

☑ Water stress
☑ Sea level rise
☑ Declining water quality
☑ Rationing of municipal water supply
☑ Water quality at a basin/catchment level
☑ Increased severity of extreme weather events
☑ Water availability at a basin/catchment level
☑ Changing precipitation patterns and types (rain, hail, snow/ice)

Policy

☑ Increased pricing of water

Market

☑ Inadequate access to water, sanitation, and hygiene services (WASH)

Reputation

☑ Impact on human health

Technology

☑ Transition to water efficient and low water intensity technologies and products

(2.2.2.14) Partners and stakeholders considered

Select all that apply

☑ Customers
☑ Employees
☑ Investors
☑ Suppliers
☑ Regulators
☑ Water utilities at a local level

(2.2.2.15) Has this process changed since the previous reporting year?

Select from:

☑ No

(2.2.2.16) Further details of process

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. 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. 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. Mediclinic 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. 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. 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. 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. 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.
[Add row]

(2.2.7) Are the interconnections between environmental dependencies, impacts, risks and/or opportunities assessed?

(2.2.7.1) Interconnections between environmental dependencies, impacts, risks and/or opportunities assessed

Select from:

☑ Yes

(2.2.7.2) Description of how interconnections are assessed

The Enterprise-wide Risk Management Policy that drives the identification of risks and the process of risk management integrates key considerations from a top-down and a bottom-up approach that encompasses an assessment of the interconnections environmental dependencies, impacts, risks and/or opportunities.
[Fixed row]

(2.3) Have you identified priority locations across your value chain?

(2.3.1) Identification of priority locations

Select from:

☑ Yes, we have identified priority locations

(2.3.2) Value chain stages where priority locations have been identified

Select all that apply

☑ Direct operations

(2.3.3) Types of priority locations identified

Sensitive locations

☑ Areas of limited water availability, flooding, and/or poor quality of water

Locations with substantive dependencies, impacts, risks, and/or opportunities

☑ Locations with substantive dependencies, impacts, risks, and/or opportunities relating to water

(2.3.4) Description of process to identify priority locations

Based on our climate scenario analysis, as part of our TCFD work, we were able to identify the key climate-related risks and opportunities, and assess our business resilience to these risks. 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) was also used. This process allowed us to conduct a detailed impact analysis of identified risk and opportunities at a facility level. The outcome of this analysis enabled us to classify a risk or opportunity as low, medium or high, based on the financial impact determined. This allowed us to identify priority locations (facilities) according to their risk rating. In conjunction with the above, Mediclinic also leverages the WRI Aqueduct Water Risk Atlas to assess water-related risks for its hospitals. The tool provides data at both minor and major river basin levels. Where possible, risks are evaluated at the more granular minor river basin level. Locations with water stress levels of 40% or higher (categorized as "High" to "Extremely High" water stress) are flagged as priority locations, as defined by the thresholds on the WRI Aqueduct tool. To determine whether a location's water risk is substantive, we consider the potential operational and financial impacts. Locations with a risk of compromised water supply that could disrupt essential healthcare operations are deemed high priority. Substantive water risks include: Depletion of municipal and all backup water supplies, which would necessitate emergency responses, such as the halting of hospital operations. Operational consequences, where a lack of water would force evacuations within 24 hours due to the increasing risk of infection and service interruptions. As part of our risk assessments, a study conducted in 2017 revealed that revenue losses due to water shortages in high-risk areas could range from GBP 52,000 to GBP 191,500 per

day, depending on the level of water supply depletion. Such potential losses further substantiate the prioritization of these locations. Mediclinic aggregates risk assessments at the river basin level, allowing for a comprehensive understanding of water risks across all hospitals located within a specific basin. Aggregating at the river basin level ensures that we capture both localized and broader water risk trends, especially where specific data at minor basin levels may not be available.

(2.3.5) Will you be disclosing a list/spatial map of priority locations?

Select from:

☑ No, we do not have a list/geospatial map of priority locations

[Fixed row]

(2.4) How does your organization define substantive effects on your organization?

Risks

(2.4.1) Type of definition

Select all that apply

☑ Qualitative

☑ Quantitative

(2.4.2) Indicator used to define substantive effect

Select from:

☑ Other, please specify **:**Financial implication impact

(2.4.3) Change to indicator

Select from:

☑ Absolute increase

(2.4.5) Absolute increase/ decrease figure

9600000

(2.4.6) Metrics considered in definition

Select all that apply

☑ Frequency of effect occurring

☑ Time horizon over which the effect occurs

☑ Likelihood of effect occurring

(2.4.7) Application of definition

An impact, that occurs from a climate-related risk, and that is substantive from a financial perspective is any impact with a financial implication over GBP 9.6 million. This is defined as "significant" by the Mediclinic risk appetite matrix that informs the Mediclinic Financial Risk Register. 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. An impact, that occurs from a water-related risk, and that is substantive from a financial or strategic perspective is any impact with the following financial implications linked to extent of water loss: 1. With 20% water loss, the loss in revenue will be GBP 52 000. 2. With 50% water loss, the loss in revenue will be GBP 133 500. 3. With 70% water loss, the loss in revenue will be GBP 191 500. The above figures are based on a study undertook by Mediclinic in 2017 which combined the revenue loss per day at three of our major hospitals. An impact, that occurs from a climate or water-related risk, and that is substantive from a strategic perspective is any impact that measures high on the Mediclinic risk register. High risks are those with the high likelihood of occurrence, severity as well as the extent of exposure. Impacts with a high rating will be reported on at a Group level and addressed first. Each hospital completes an online Environmental Risk and Opportunities Aspect Survey on the CURA risk management software on an annual basis. Each question is linked to a risk in the Mediclinic risk register and provides insight on high risk areas in relation to specific risks depending on the answer given in the survey. All risks must be addressed in each hospital's environmental management plan with action plans on how to mitigate the risk.

Opportunities

(2.4.1) Type of definition

Select all that apply

☑ Qualitative

☑ Quantitative

(2.4.2) Indicator used to define substantive effect

Select from:

☑ Other, please specify **:**Financial implication impact

(2.4.3) Change to indicator

Select from:

☑ Absolute increase

(2.4.5) Absolute increase/ decrease figure

9600000

(2.4.6) Metrics considered in definition

Select all that apply

☑ Frequency of effect occurring

☑ Time horizon over which the effect occurs

☑ Likelihood of effect occurring

(2.4.7) Application of definition

An impact, that occurs from a climate-related risk, and that is substantive from a financial perspective is any impact with a financial implication over GBP 9.6 million. This is defined as "significant" by the Mediclinic risk appetite matrix that informs the Mediclinic Financial Risk Register. 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. An impact, that occurs from a water-related risk, and that is substantive from a financial or strategic perspective is any impact with the following financial implications linked to extent of water loss: 1. With 20% water loss, the loss in revenue will be GBP 52 000. 2. With 50% water loss, the loss in revenue will be GBP 133 500. 3. With 70% water loss, the loss in revenue will be GBP 191 500. The above figures are based on a study undertook by Mediclinic in 2017 which combined the revenue loss per day at three of our major hospitals. An impact, that occurs from a climate-related or water-related risk, and that is substantive from a strategic perspective is any impact that measures high on the Mediclinic risk register. High risks are those with the high likelihood of occurrence, severity as well as the extent of exposure. Impacts with a high rating will be reported on at a Group level and addressed first. Each hospital completes an online Environmental Risk and Opportunities Aspect Survey on the CURA risk management software on an annual basis. Each question is linked to a risk in the Mediclinic risk register and provides insight on high risk areas in relation to specific risks depending on the answer given in the survey. Risks are closely linked to the opposite side of the coin as opportunities, thus, the similar assessment process is applied. Furthermore, all risks must be addressed in each hospital's environmental management plan with action plans on how to mitigate the risk.
[Add row]

(2.5) 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?

(2.5.1) Identification and classification of potential water pollutants

Select from:

☑ Yes, we identify and classify our potential water pollutants

(2.5.2) How potential water pollutants are identified and classified

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.
[Fixed row]

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

Row 1

(2.5.1.1) Water pollutant category

Select from:

☑ Pathogens

(2.5.1.2) 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.

(2.5.1.3) Value chain stage

Select all that apply

☑ Direct operations

(2.5.1.4) Actions and procedures to minimize adverse impacts

Select all that apply

☑ Water recycling

☑ Resource recovery

☑ Beyond compliance with regulatory requirements

☑ Reduction or phase out of hazardous substances

☑ Provision of best practice instructions on product use

☑ Implementation of integrated solid waste management systems

☑ Requirement for suppliers to comply with regulatory requirements

☑ Industrial and chemical accidents prevention, preparedness, and response

☑ Assessment of critical infrastructure and storage condition (leakages, spillages, pipe erosion etc.) and their resilience

(2.5.1.5) Please explain

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

Row 3

(2.5.1.1) Water pollutant category

Select from:

☑ Other, please specify **:**Pharmaceutical pollutant /pharmaceutical residue

(2.5.1.2) 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.

(2.5.1.3) Value chain stage

Select all that apply

☑ Direct operations

(2.5.1.4) Actions and procedures to minimize adverse impacts

Select all that apply

☑ Water recycling

☑ Resource recovery

☑ Beyond compliance with regulatory requirements

☑ Reduction or phase out of hazardous substances

☑ Provision of best practice instructions on product use

☑ Implementation of integrated solid waste management systems

☑ Requirement for suppliers to comply with regulatory requirements

☑ Industrial and chemical accidents prevention, preparedness, and response

☑ Assessment of critical infrastructure and storage condition (leakages, spillages, pipe erosion etc.) and their resilience

(2.5.1.5) Please explain

Each of the procedures 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 Mediclinic is successfully attaining the predetermined goals and objectives set within the framework of ISO 14001.
[Add row]

C3. Disclosure of risks and opportunities

(3.1) Have you identified any environmental risks which have had a substantive effect on your organization in the reporting year, or are anticipated to have a substantive effect on your organization in the future?

Climate change

(3.1.1) Environmental risks identified

Select from:

☑ Yes, both in direct operations and upstream/downstream value chain

Water

(3.1.1) Environmental risks identified

Select from:

☑ Yes, both in direct operations and upstream/downstream value chain

Plastics

(3.1.1) Environmental risks identified

Select from:

☑ No

(3.1.2) Primary reason why your organization does not consider itself to have environmental risks in your direct operations and/or upstream/downstream value chain

Select from:

☑ Evaluation in progress

(3.1.3) Please explain

The integration of environmental risks into Mediclinic's Enterprise Risk Management (ERM) framework is a work in progress. The risk identification and management process to date up until CY2023 has largely focused on the climate scenario analysis process in line with the Task Force on Climate-related Financial Disclosures (TCFD) recommendations to identify physical and transition risks associated with different climate scenarios aligned with IPCC Climate Change Projections.
[Fixed row]

(3.1.1) Provide details of the environmental risks identified which have had a substantive effect on your organization in the reporting year, or are anticipated to have a substantive effect on your organization in the future.

Climate change

(3.1.1.1) Risk identifier

Select from:

☑ Risk1

(3.1.1.3) Risk types and primary environmental risk driver

Chronic physical

☑ Changing temperature (air, freshwater, marine water)

(3.1.1.4) Value chain stage where the risk occurs

Select from:

☑ Direct operations

(3.1.1.6) Country/area where the risk occurs

Select all that apply

☑ South Africa

☑ Switzerland

☑ United Arab Emirates

(3.1.1.9) Organization-specific description of risk

Electricity consumption accounts for about 45% of Mediclinic's GHG emissions (Scopes 1, 2 and 3). About half of the electricity is consumed by air conditioning units. A change in the mean average temperature will have an impact on the energy consumption and GHG emissions from air conditioning units across all our hospitals as more energy is needed for cooling requirements. This also leads to an increase in operational costs (electricity costs).

(3.1.1.11) Primary financial effect of the risk

Select from:

☑ Increased indirect [operating] costs

(3.1.1.12) Time horizon over which the risk is anticipated to have a substantive effect on the organization

Select all that apply

☑ Medium-term

(3.1.1.13) Likelihood of the risk having an effect within the anticipated time horizon

Select from:

☑ Very likely

(3.1.1.14) Magnitude

Select from:

☑ Medium

(3.1.1.16) Anticipated effect of the risk on the financial position, financial performance and cash flows of the organization in the selected future time horizons

The potential annualised increases in electricity costs could have the below financial effects on Mediclinic: Potential strain on cash flows: With an increase in operational electricity costs, Mediclinic may need to allocate more cash to cover these costs, reducing liquidity for other operational or strategic initiatives. Capital allocation: Increased operational electricity costs may influence how Mediclinic prioritises capital investments in climate resilience and mitigation measures, potentially slowing down other projects. Impact on earnings: Higher operational electricity costs would affect Mediclinic's earnings before interest, tax, depreciation, and amortization (EBITDA) as these would translate into higher operating expenses.

(3.1.1.17) Are you able to quantify the financial effect of the risk?

Select from:

☑ Yes

(3.1.1.21) Anticipated financial effect figure in the medium-term – minimum (currency)

3550826.2

(3.1.1.22) Anticipated financial effect figure in the medium-term – maximum (currency)

3550826.2

(3.1.1.25) Explanation of financial effect figure

Within the scenario analysis work, it is expected that electricity costs for MCSA would have an annualised increase of 3.2% and MCME and Hirslanden (Switzerland) would have an annualised increase of 1.6% in the medium term for scenario 2 and 3 (see section 5 for more details on the scenarios). Given this expected electricity cost increase compared to current electricity costs, there is a financial impact of GBP 3 550 826.20.

(3.1.1.26) Primary response to risk

Compliance, monitoring and targets

☑ Establish organization-wide targets

(3.1.1.27) Cost of response to risk

21883482

(3.1.1.28) Explanation of cost calculation

There is a projected investment in energy efficiency and solar panels of ZAR 353 million in MCSA and Hirslanden (Switzerland) and AED 32 million in MCME by 2030. This totals an investment of GBP 21 883 482 between 2022 and 2030.

(3.1.1.29) Description of response

Energy is a key risk across the group and various energy conservation and cost-efficient initiatives are implemented. To mitigate the risk of changing temperatures, Mediclinic is looking to improve operational efficiency of technical installations, introduce various new energy-efficient and renewable technologies, and change in employee behaviour to reduce energy use. This is in line with MCI's carbon neutrality goal by 2030 and the development and implementation of roadmaps to achieve

this target for each geography (MCSA, MCME and Hirslanden (Switzerland). For example in Southern Africa and the Middle East, where sunshine is ample, we are running an ongoing project to install PV systems for renewable energy. Each system consists of solar panels combined with an inverter to convert generated electricity into usable current. Last year, MCI added six PV installations at hospitals in Southern Africa and one in the Middle East, with another one earmarked for completion in early 2023. A further nine installations are in progress in Southern Africa and seven more planned for the Middle East. Already our hospitals with PV systems have increased the renewable energy generated on site by 66%. In 2023, we will investigate combining solar panels with absorption chillers for more energy-efficient cooling at Airport Road Hospital in Abu Dhabi.

Water

(3.1.1.1) Risk identifier

Select from:

☑ Risk1

(3.1.1.3) Risk types and primary environmental risk driver

Acute physical

☑ Flooding (coastal, fluvial, pluvial, groundwater)

(3.1.1.4) Value chain stage where the risk occurs

Select from:

☑ Direct operations

(3.1.1.6) Country/area where the risk occurs

Select all that apply

☑ South Africa

(3.1.1.7) River basin where the risk occurs

Select all that apply

☑ Vaal

☑ Orange

☑ Limpopo

☑ Breede-Gouritz

☑ Other, please specify **:Groot Berg; Krokodil; Riet**

☑ Incomati

☑ Olifants

(3.1.1.9) Organization-specific description of risk

Flooding is a risk to MCSA. Climate change projections for South Africa suggest increased frequency and intensity of flood and flash flood events. Flood events are becoming more pervasive in South Africa as weather events intensify. Flooding has been identified as holding the potential risk impact of partial or complete closure or total loss of impacted facility(ies), dependent on the event intensity and frequency. In December 2022, excessive rainfall in the Winelands region of the Western Cape led to significant damage at Mediclinic Paarl, where the ICU unit's ceiling was compromised due to water ingress. Similarly, in November 2013, Mediclinic Vergelegen in Somerset West sustained extensive flood damage following severe storms, resulting in costly repairs and operational delays. Thus, beyond direct damage to our infrastructure, flooding can lead to increased insurance premiums due to property damage claims and loss of income stemming from business interruptions. While basin's in which our hospitals and clinics are situated in in South Africa have 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.

(3.1.1.11) Primary financial effect of the risk

Select from:

☑ Increased insurance premiums

(3.1.1.12) Time horizon over which the risk is anticipated to have a substantive effect on the organization

Select all that apply

☑ Long-term

(3.1.1.13) Likelihood of the risk having an effect within the anticipated time horizon

Select from:

☑ Likely

(3.1.1.14) Magnitude

Select from:

☑ Medium

(3.1.1.16) Anticipated effect of the risk on the financial position, financial performance and cash flows of the organization in the selected future time horizons

Under Scenario 1 (1.5C) and Scenario 3 (3C), the increasing insurance premiums due to heightened risks from extreme weather events will have a material financial impact on MCSA's long-term financial health. The expected doubling or quadrupling of insurance premiums will lead to higher operational costs, impacting profitability and cash flow. This significant rise in insurance costs will directly affect MCSA's financial performance by increasing fixed costs associated with property damage and business interruptions, which will consequently reduce operating margins. In both scenarios, the long-term impact on financial performance may also include: Potential strain on cash flows: With a sharp rise in insurance premiums, MCSA may need to allocate more cash to cover these costs, reducing liquidity for other operational or strategic initiatives. Capital allocation: Increased insurance costs may influence how MCSA prioritises capital investments in climate resilience and mitigation measures, potentially slowing down other projects. Impact on earnings: Higher premiums would affect MCSA's earnings before interest, tax, depreciation, and amortization (EBITDA) as these would translate into higher operating expenses.

(3.1.1.17) Are you able to quantify the financial effect of the risk?

Select from:

☑ Yes

(3.1.1.23) Anticipated financial effect figure in the long-term – minimum (currency)

1474158.96

(3.1.1.24) Anticipated financial effect figure in the long-term – maximum (currency)

4422476.88

(3.1.1.25) Explanation of financial effect figure

In the long term, insurance premiums for MCSA are expected to double under Scenario 1 (1.5C) and quadruple under Scenario 3 (3C) compared to the insurance premium costs for CY2023. Given that the insurance premium cost for CY2023 is GBP 1 474 158.96, this results in a minimum financial impact of GBP 1 474 158.96 under Scenario 1, where the total premium would rise to GBP 2 948 317.92. Under Scenario 3, the maximum financial impact would be GBP 4 422 476.88, with the total premium increasing to GBP 5 896 635.84.

(3.1.1.26) Primary response to risk

Policies and plans

☑ Develop drought emergency plans

(3.1.1.27) Cost of response to risk

0

(3.1.1.28) Explanation of cost calculation

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.

(3.1.1.29) Description of response

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

Water

(3.1.1.1) Risk identifier

Select from:

☑ Risk2

(3.1.1.3) Risk types and primary environmental risk driver

Acute physical

☑ Drought

(3.1.1.4) Value chain stage where the risk occurs

Select from:

☑ Direct operations

(3.1.1.6) Country/area where the risk occurs

Select all that apply

☑ South Africa

(3.1.1.7) River basin where the risk occurs

Select all that apply

☑ Other, please specify **:**Groot Berg

(3.1.1.9) Organization-specific description of risk

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 Mediclinic, 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.

(3.1.1.11) Primary financial effect of the risk

Select from:

☑ Increased indirect [operating] costs

(3.1.1.12) Time horizon over which the risk is anticipated to have a substantive effect on the organization

Select all that apply

☑ Medium-term

☑ Long-term

(3.1.1.13) Likelihood of the risk having an effect within the anticipated time horizon

Select from:

☑ Likely

(3.1.1.14) Magnitude

Select from:

☑ Medium

(3.1.1.16) Anticipated effect of the risk on the financial position, financial performance and cash flows of the organization in the selected future time horizons

Reduced water availability due to drought, particularly under Scenario 3 (3C), would lead to significant cost increases for MCSA. In the long term, water costs are expected to increase by 60%, resulting in a potential financial impact of up to ZAR 58 713 088 (GBP 2 565 456.74). This could reduce MCSA's cash flow by increasing operating expenses and negatively affect its overall profitability. Additionally, the company could face challenges in maintaining operational continuity due to potential water shortages, which could also result in reduced service capacity or even the temporary closure of certain hospitals. Furthermore, these cost increases could have a cascading effect on MCSA's financial statements, affecting its operating margins and insurance liabilities, as well as elevating the risk of business interruption. If water scarcity continues to escalate, Mediclinic may need to allocate additional resources to ensure alternative water supply solutions, which would further impact the financial position of the organisation.

(3.1.1.17) Are you able to quantify the financial effect of the risk?

Select from:

☑ Yes

(3.1.1.21) Anticipated financial effect figure in the medium-term – minimum (currency)

1603410.46

(3.1.1.22) Anticipated financial effect figure in the medium-term – maximum (currency)

1940126.44

(3.1.1.23) Anticipated financial effect figure in the long-term – minimum (currency)

1603410.46

(3.1.1.24) Anticipated financial effect figure in the long-term – maximum (currency)

2565456.74

(3.1.1.25) Explanation of financial effect figure

Within the scenario analysis for MCSA, total water costs in the medium term are projected to increase by 0% under Scenario 1 (1.5C) and 21% under Scenario 3 (3C). Given this expected water cost increase compared to CY2023 total water costs, there is a minimum financial impact of ZAR 36 695 680 / GBP 1 603 410.46 under Scenario 1 and a maximum financial impact of ZAR 44 401 772.80 / GBP 1 940 126.44 under Scenario 3. In the long term total water costs are expected to

increase by 0% under Scenario 1 (1.5C) and 60% under Scenario 3 (3C). Given this expected water cost increase compared to CY2023 total water costs, there is a minimum financial impact of ZAR 36 695 680 / GBP 1 603 410.46 under Scenario 1 and a maximum financial impact of ZAR 58 713 088 / GBP 2 565 456.74 under Scenario 3.

(3.1.1.26) Primary response to risk

Infrastructure, technology and spending

☑ Adopt water efficiency, water reuse, recycling and conservation practices

(3.1.1.27) Cost of response to risk

41868.23

(3.1.1.28) Explanation of cost calculation

The project was approved for a value of ZAR 824 881.00 (GBP 36 043.01). An additional UPS was added to compensate for load shedding at a cost of ZAR 31 000 (GBP 1 354.54). Thus, the total project cost is ZAR 855 881.00 (GBP 3 7397.55). In addition ZAR 102 316 (GBP 4 470.68) associated with annual plant maintenance has been included in the cost calculation.

(3.1.1.29) Description of response

Mediclinic 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, Mediclinic 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%.
[Add row]

(3.1.2) Provide the amount and proportion of your financial metrics from the reporting year that are vulnerable to the substantive effects of environmental risks.

Climate change

(3.1.2.1) Financial metric

Select from:

☑ OPEX

(3.1.2.2) Amount of financial metric vulnerable to transition risks for this environmental issue (unit currency as selected in 1.2)

1869303.52

(3.1.2.3) % of total financial metric vulnerable to transition risks for this environmental issue

Select from:

☑ 100%

(3.1.2.4) Amount of financial metric vulnerable to physical risks for this environmental issue (unit currency as selected in 1.2)

1869303.52

(3.1.2.5) % of total financial metric vulnerable to physical risks for this environmental issue

Select from:

☑ 100%

(3.1.2.7) Explanation of financial figures

Looking at the FY2023-FY2050 time horizon, across the Group, on average insurance premiums are increasing 2 times the FY2023 premium until FY2050. This metric is derived from financial modelling from scenario analysis wherein the insurance premium increase has been modelled across the three scenarios set out in section 5. The FY2023 insurance premium figure is GBP 1 869 303.52 and given the potential doubling of this figure, 100% of the insurance metric will be affected.

Water

(3.1.2.1) Financial metric

Select from:

☑ OPEX

(3.1.2.2) Amount of financial metric vulnerable to transition risks for this environmental issue (unit currency as selected in 1.2)

1869303.52

(3.1.2.3) % of total financial metric vulnerable to transition risks for this environmental issue

Select from:

☑ 100%

(3.1.2.4) Amount of financial metric vulnerable to physical risks for this environmental issue (unit currency as selected in 1.2)

1869303.52

(3.1.2.5) % of total financial metric vulnerable to physical risks for this environmental issue

Select from:

☑ 100%

(3.1.2.7) Explanation of financial figures

Looking at the FY2023-FY2050 time horizon, across the Group, on average insurance premiums are increasing 2 times the FY2023 premium until FY2050. This metric is derived from financial modelling from scenario analysis wherein the insurance premium increase has been modelled across the three scenarios set out in section 5. The FY2023 insurance premium figure is GBP 1 869 303.52 and given the potential doubling of this figure, 100% of the insurance metric will be affected. [Add row]

(3.2) Within each river basin, how many facilities are exposed to substantive effects of water-related risks, and what percentage of your total number of facilities does this represent?

Row 1

(3.2.1) Country/Area & River basin

South Africa

☑ Breede-Gouritz

(3.2.2) Value chain stages where facilities at risk have been identified in this river basin

Select all that apply

☑ Direct operations

(3.2.3) Number of facilities within direct operations exposed to water-related risk in this river basin

2

(3.2.4) % of your organization's total facilities within direct operations exposed to water-related risk in this river basin

Select from:

☑ 1-25%

(3.2.10) % organization's total global revenue that could be affected

Select from:

☑ 1-10%

(3.2.11) Please explain

As defined by the WRI Aqueduct Water Risk Atlas, 2 facilities are located within the Breede-Gouritz river basin and are considered as having "extremely high overall water risk". All our hospitals and clinics, including those which fall in this basin, are dependent on good quality fresh water for key services. Water is crucial for hygiene, quality care, and infection prevention and control. Water scarcity or declining water quality poses risks, including potential service disruptions, which can directly impact the quality of care and patient outcomes. The severity of water-related risks in this basin is significant, as it is prone to high levels of water stress, which can affect our ability to provide uninterrupted healthcare services. A lack of reliable water supply can result in service interruptions that may require emergency measures, such as the evacuation of patients or the temporary closure of facilities. These disruptions not only pose serious health risks but can also lead to substantial financial losses.

Row 2

(3.2.1) Country/Area & River basin

South Africa

☑ Olifants

(3.2.2) Value chain stages where facilities at risk have been identified in this river basin

Select all that apply

☑ Direct operations

(3.2.3) Number of facilities within direct operations exposed to water-related risk in this river basin

2

(3.2.4) % of your organization's total facilities within direct operations exposed to water-related risk in this river basin

Select from:

☑ 1-25%

(3.2.10) % organization's total global revenue that could be affected

Select from:

☑ 1-10%

(3.2.11) Please explain

As defined by the WRI Aqueduct Water Risk Atlas, 2 facilities are located within the Olifants river basin and are considered as having "extremely high overall water risk". All our hospitals and clinics, including those which fall in this basin, are dependent on good quality fresh water for key services. Water is crucial for hygiene, quality care, and infection prevention and control. Water scarcity or declining water quality poses risks, including potential service disruptions, which can directly impact the quality of care and patient outcomes. The severity of water-related risks in this basin is significant, as it is prone to high levels of water stress, which can affect our ability to provide uninterrupted healthcare services. A lack of reliable water supply can result in service interruptions that may require emergency measures, such as the evacuation of patients or the temporary closure of facilities. These disruptions not only pose serious health risks but can also lead to substantial financial losses.

Row 3

(3.2.1) Country/Area & River basin

South Africa

☑ Other, please specify **:**Groot Berg

(3.2.2) Value chain stages where facilities at risk have been identified in this river basin

Select all that apply

☑ Direct operations

(3.2.3) Number of facilities within direct operations exposed to water-related risk in this river basin

17

(3.2.4) % of your organization's total facilities within direct operations exposed to water-related risk in this river basin

Select from:

☑ 1-25%

(3.2.10) % organization's total global revenue that could be affected

Select from:

☑ 21-30%

(3.2.11) Please explain

As defined by the WRI Aqueduct Water Risk Atlas, 17 facilities are located within the Groot Berg river basin and are considered as having "extremely high overall water risk". All our hospitals and clinics, including those which fall in this basin, are dependent on good quality fresh water for key services. Water is crucial for hygiene, quality care, and infection prevention and control. Water scarcity or declining water quality poses risks, including potential service disruptions, which can directly impact the quality of care and patient outcomes. The severity of water-related risks in this basin is significant, as it is prone to high levels of water stress, which can affect our ability to provide uninterrupted healthcare services. A lack of reliable water supply can result in service interruptions that may require emergency measures, such as the evacuation of patients or the temporary closure of facilities. These disruptions not only pose serious health risks but can also lead to substantial financial losses.

Row 4

(3.2.1) Country/Area & River basin

Eswatini

☑ Incomati

(3.2.2) Value chain stages where facilities at risk have been identified in this river basin

Select all that apply

☑ Direct operations

(3.2.3) Number of facilities within direct operations exposed to water-related risk in this river basin

2

(3.2.4) % of your organization's total facilities within direct operations exposed to water-related risk in this river basin

Select from:

☑ 1-25%

(3.2.10) % organization's total global revenue that could be affected

Select from:

☑ 1-10%

(3.2.11) Please explain

As defined by the WRI Aqueduct Water Risk Atlas, 2 facilities are located within the Incomati river basin and are considered as having "high overall water risk". All our hospitals and clinics, including those which fall in this basin, are dependent on good quality fresh water for key services. Water is crucial for hygiene, quality care, and infection prevention and control. Water scarcity or declining water quality poses risks, including potential service disruptions, which can directly impact the quality of care and patient outcomes. The severity of water-related risks in this basin is significant, as it is prone to high levels of water stress, which can affect our ability to provide uninterrupted healthcare services. A lack of reliable water supply can result in service interruptions that may require emergency measures, such as the evacuation of patients or the temporary closure of facilities. These disruptions not only pose serious health risks but can also lead to substantial financial losses.

Row 5

(3.2.1) Country/Area & River basin

South Africa

☑ Other, please specify **:**Krokodil

(3.2.2) Value chain stages where facilities at risk have been identified in this river basin

Select all that apply

☑ Direct operations

(3.2.3) Number of facilities within direct operations exposed to water-related risk in this river basin

12

(3.2.4) % of your organization's total facilities within direct operations exposed to water-related risk in this river basin

Select from:

☑ 1-25%

(3.2.10) % organization's total global revenue that could be affected

Select from:

☑ 11-20%

(3.2.11) Please explain

As defined by the WRI Aqueduct Water Risk Atlas, 12 facilities are located within the Krokodil river basin and are considered as having "extremely high overall water risk". All our hospitals and clinics, including those which fall in this basin, are dependent on good quality fresh water for key services. Water is crucial for hygiene, quality care, and infection prevention and control. Water scarcity or declining water quality poses risks, including potential service disruptions, which can directly impact the quality of care and patient outcomes. The severity of water-related risks in this basin is significant, as it is prone to high levels of water stress, which can affect our ability to provide uninterrupted healthcare services. A lack of reliable water supply can result in service interruptions that may require emergency measures, such as the evacuation of patients or the temporary closure of facilities. These disruptions not only pose serious health risks but can also lead to substantial financial losses.

Row 6

(3.2.1) Country/Area & River basin

Botswana

☑ Other, please specify **:**Krom

(3.2.2) Value chain stages where facilities at risk have been identified in this river basin

Select all that apply

☑ Direct operations

(3.2.3) Number of facilities within direct operations exposed to water-related risk in this river basin

3

(3.2.4) % of your organization's total facilities within direct operations exposed to water-related risk in this river basin

Select from:

☑ 1-25%

(3.2.10) % organization's total global revenue that could be affected

Select from:

☑ 1-10%

(3.2.11) Please explain

As defined by the WRI Aqueduct Water Risk Atlas, 3 facilities are located within the Krom river basin and are considered as having "extremely high overall water risk". All our hospitals and clinics, including those which fall in this basin, are dependent on good quality fresh water for key services. Water is crucial for hygiene, quality care, and infection prevention and control. Water scarcity or declining water quality poses risks, including potential service disruptions, which can directly impact the quality of care and patient outcomes. The severity of water-related risks in this basin is significant, as it is prone to high levels of water stress, which can affect our ability to provide uninterrupted healthcare services. A lack of reliable water supply can result in service interruptions that may require emergency measures, such as the evacuation of patients or the temporary closure of facilities. These disruptions not only pose serious health risks but can also lead to substantial financial losses.

Row 7

(3.2.1) Country/Area & River basin

South Africa

☑ Limpopo

(3.2.2) Value chain stages where facilities at risk have been identified in this river basin

Select all that apply

☑ Direct operations

(3.2.3) Number of facilities within direct operations exposed to water-related risk in this river basin

3

(3.2.4) % of your organization's total facilities within direct operations exposed to water-related risk in this river basin

Select from:

☑ 1-25%

(3.2.10) % organization's total global revenue that could be affected

Select from:

☑ 1-10%

(3.2.11) Please explain

As defined by the WRI Aqueduct Water Risk Atlas, 3 facilities are located within the Limpopo river basin and are considered as having "extremely high overall water risk". All our hospitals and clinics, including those which fall in this basin, are dependent on good quality fresh water for key services. Water is crucial for hygiene, quality care, and infection prevention and control. Water scarcity or declining water quality poses risks, including potential service disruptions, which can directly impact the quality of care and patient outcomes. The severity of water-related risks in this basin is significant, as it is prone to high levels of water stress, which can affect our ability to provide uninterrupted healthcare services. A lack of reliable water supply can result in service interruptions that may require emergency measures, such as the evacuation of patients or the temporary closure of facilities. These disruptions not only pose serious health risks but can also lead to substantial financial losses.

Row 8

(3.2.1) Country/Area & River basin

Namibia

☑ Other, please specify **:**Omaru

(3.2.2) Value chain stages where facilities at risk have been identified in this river basin

Select all that apply

☑ Direct operations

(3.2.3) Number of facilities within direct operations exposed to water-related risk in this river basin

1

(3.2.4) % of your organization's total facilities within direct operations exposed to water-related risk in this river basin

Select from:

☑ Less than 1%

(3.2.10) % organization's total global revenue that could be affected

Select from:

☑ Less than 1%

(3.2.11) Please explain

As defined by the WRI Aqueduct Water Risk Atlas, 1 facility is located within the Omaru river basin and are considered as having " extremely high overall water risk". All our hospitals and clinics, including those which fall in this basin, are dependent on good quality fresh water for key services. Water is crucial for hygiene, quality care, and infection prevention and control. Water scarcity or declining water quality poses risks, including potential service disruptions, which can directly impact the quality of care and patient outcomes. The severity of water-related risks in this basin is significant, as it is prone to high levels of water stress, which can affect our ability to provide uninterrupted healthcare services. A lack of reliable water supply can result in service interruptions that may require emergency measures, such as the evacuation of patients or the temporary closure of facilities. These disruptions not only pose serious health risks but can also lead to substantial financial losses.

Row 10

(3.2.1) Country/Area & River basin

South Africa

☑ Orange

(3.2.2) Value chain stages where facilities at risk have been identified in this river basin

Select all that apply

☑ Direct operations

(3.2.3) Number of facilities within direct operations exposed to water-related risk in this river basin

1

(3.2.4) % of your organization's total facilities within direct operations exposed to water-related risk in this river basin

Select from:

☑ Less than 1%

(3.2.10) % organization's total global revenue that could be affected

Select from:

☑ Less than 1%

(3.2.11) Please explain

As defined by the WRI Aqueduct Water Risk Atlas, 1 facility is located within the Orange river basin and are considered as having "extremely high overall water risk". All our hospitals and clinics, including those which fall in this basin, are dependent on good quality fresh water for key services. Water is crucial for hygiene, quality care, and infection prevention and control. Water scarcity or declining water quality poses risks, including potential service disruptions, which can directly impact the quality of care and patient outcomes. The severity of water-related risks in this basin is significant, as it is prone to high levels of water stress, which can affect our ability to provide uninterrupted healthcare services. A lack of reliable water supply can result in service interruptions that may require emergency measures, such as the evacuation of patients or the temporary closure of facilities. These disruptions not only pose serious health risks but can also lead to substantial financial losses.

Row 11

(3.2.1) Country/Area & River basin

South Africa

☑ Other, please specify **:**Riet

(3.2.2) Value chain stages where facilities at risk have been identified in this river basin

Select all that apply

☑ Direct operations

(3.2.3) Number of facilities within direct operations exposed to water-related risk in this river basin

5

(3.2.4) % of your organization's total facilities within direct operations exposed to water-related risk in this river basin

Select from:

☑ 1-25%

(3.2.10) % organization's total global revenue that could be affected

Select from:

☑ 1-10%

(3.2.11) Please explain

As defined by the WRI Aqueduct Water Risk Atlas, 5 facilities are located within the Riet river basin and are considered as having "high/extremely high overall water risk". All our hospitals and clinics, including those which fall in this basin, are dependent on good quality fresh water for key services. Water is crucial for hygiene, quality care, and infection prevention and control. Water scarcity or declining water quality poses risks, including potential service disruptions, which can directly impact the quality of care and patient outcomes. The severity of water-related risks in this basin is significant, as it is prone to high levels of water stress, which can affect our ability to provide uninterrupted healthcare services. A lack of reliable water supply can result in service interruptions that may require emergency measures, such as the evacuation of patients or the temporary closure of facilities. These disruptions not only pose serious health risks but can also lead to substantial financial losses.

Row 12

(3.2.1) Country/Area & River basin

United Arab Emirates

☑ Other, please specify **:**Sabkhat as Salamiyah

(3.2.2) Value chain stages where facilities at risk have been identified in this river basin

Select all that apply

☑ Direct operations

(3.2.3) Number of facilities within direct operations exposed to water-related risk in this river basin

15

(3.2.4) % of your organization’s total facilities within direct operations exposed to water-related risk in this river basin

Select from:

☑ 1-25%

(3.2.10) % organization’s total global revenue that could be affected

Select from:

☑ 1-10%

(3.2.11) Please explain

As defined by the WRI Aqueduct Water Risk Atlas,15 facilities are located within the Sabkhat as Salamiyah river basin and are considered as having "extremely high overall water risk". All our hospitals and clinics, including those which fall in this basin, are dependent on good quality fresh water for key services. Water is crucial for hygiene, quality care, and infection prevention and control. Water scarcity or declining water quality poses risks, including potential service disruptions, which can directly impact the quality of care and patient outcomes. The severity of water-related risks in this basin is significant, as it is prone to high levels of water stress, which can affect our ability to provide uninterrupted healthcare services. A lack of reliable water supply can result in service interruptions that may require emergency measures, such as the evacuation of patients or the temporary closure of facilities. These disruptions not only pose serious health risks but can also lead to substantial financial losses. The % of company's global revenue has been estimated through a consideration of the hospital's size and operational capacity. As well as considerations of how many hospitals/clinics are located within the basin.

Row 13

(3.2.1) Country/Area & River basin

Namibia

☑ Other, please specify **:**Ugab

(3.2.2) Value chain stages where facilities at risk have been identified in this river basin

Select all that apply

☑ Direct operations

(3.2.3) Number of facilities within direct operations exposed to water-related risk in this river basin

1

(3.2.4) % of your organization's total facilities within direct operations exposed to water-related risk in this river basin

Select from:

☑ Less than 1%

(3.2.10) % organization's total global revenue that could be affected

Select from:

☑ Less than 1%

(3.2.11) Please explain

As defined by the WRI Aqueduct Water Risk Atlas,1 facility is located within the Ugab river basin and are considered as having "extremely high overall water risk". All our hospitals and clinics, including those which fall in this basin, are dependent on good quality fresh water for key services. Water is crucial for hygiene, quality care, and infection prevention and control. Water scarcity or declining water quality poses risks, including potential service disruptions, which can directly impact the quality of care and patient outcomes. The severity of water-related risks in this basin is significant, as it is prone to high levels of water stress, which can affect our ability to provide uninterrupted healthcare services. A lack of reliable water supply can result in service interruptions that may require emergency measures, such as the evacuation of patients or the temporary closure of facilities. These disruptions not only pose serious health risks but can also lead to substantial financial losses. The % of company's global revenue has been estimated through a consideration of the hospital's size and operational capacity. As well as considerations of how many hospitals/clinics are located within the basin.

Row 14

(3.2.1) Country/Area & River basin

United Arab Emirates

☑ Other, please specify **:**United Arab Emirates Coast, Arabian Peninsula

(3.2.2) Value chain stages where facilities at risk have been identified in this river basin

Select all that apply

☑ Direct operations

(3.2.3) Number of facilities within direct operations exposed to water-related risk in this river basin

15

(3.2.4) % of your organization’s total facilities within direct operations exposed to water-related risk in this river basin

Select from:

☑ 1-25%

(3.2.10) % organization’s total global revenue that could be affected

Select from:

☑ 1-10%

(3.2.11) Please explain

As defined by the WRI Aqueduct Water Risk Atlas,15 facilities are located within the United Arab Emirates Coast, Arabian Peninsula river basin and are considered as having " extremely high overall water risk". All our hospitals and clinics, including those which fall in this basin, are dependent on good quality fresh water for key services. Water is crucial for hygiene, quality care, and infection prevention and control. Water scarcity or declining water quality poses risks, including potential service disruptions, which can directly impact the quality of care and patient outcomes. The severity of water-related risks in this basin is significant, as it is prone to high levels of water stress, which can affect our ability to provide uninterrupted healthcare services. A lack of reliable water supply can result in service interruptions that may require emergency measures, such as the evacuation of patients or the temporary closure of facilities. These disruptions not only pose serious health risks but can also lead to substantial financial losses. The % of company's global revenue has been estimated through a consideration of the hospital's size and operational capacity. As well as considerations of how many hospitals/clinics are located within the basin.

Row 15

(3.2.1) Country/Area & River basin

South Africa

☑ Vaal

(3.2.2) Value chain stages where facilities at risk have been identified in this river basin

Select all that apply

☑ Direct operations

(3.2.3) Number of facilities within direct operations exposed to water-related risk in this river basin

8

(3.2.4) % of your organization's total facilities within direct operations exposed to water-related risk in this river basin

Select from:

☑ 1-25%

(3.2.10) % organization's total global revenue that could be affected

Select from:

☑ 11-20%

(3.2.11) Please explain

As defined by the WRI Aqueduct Water Risk Atlas, 8 facilities are located within the Vaal river basin and are considered as having "high overall water risk". All our hospitals and clinics, including those which fall in this basin, are dependent on good quality fresh water for key services. Water is crucial for hygiene, quality care, and infection prevention and control. Water scarcity or declining water quality poses risks, including potential service disruptions, which can directly impact the quality of care and patient outcomes. The severity of water-related risks in this basin is significant, as it is prone to high levels of water stress, which can affect our ability to provide uninterrupted healthcare services. A lack of reliable water supply can result in service interruptions that may require emergency measures, such as the evacuation of patients or the temporary closure of facilities. These disruptions not only pose serious health risks but can also lead to substantial financial losses.

Row 16

(3.2.1) Country/Area & River basin

Namibia

☑ Other, please specify **:**Swakop

(3.2.2) Value chain stages where facilities at risk have been identified in this river basin

Select all that apply

☑ Direct operations

(3.2.3) Number of facilities within direct operations exposed to water-related risk in this river basin

1

(3.2.4) % of your organization’s total facilities within direct operations exposed to water-related risk in this river basin

Select from:

☑ Less than 1%

(3.2.10) % organization’s total global revenue that could be affected

Select from:

☑ Less than 1%

(3.2.11) Please explain

As defined by the WRI Aqueduct Water Risk Atlas,1 facility is located within the Swakop river basin and are considered as having "high overall water risk". All our hospitals and clinics, including those which fall in this basin, are dependent on good quality fresh water for key services. Water is crucial for hygiene, quality care, and infection prevention and control. Water scarcity or declining water quality poses risks, including potential service disruptions, which can directly impact the quality of care and patient outcomes. The severity of water-related risks in this basin is significant, as it is prone to high levels of water stress, which can affect our ability to provide uninterrupted healthcare services. A lack of reliable water supply can result in service interruptions that may require emergency measures, such as the evacuation of patients or the temporary closure of facilities. These disruptions not only pose serious health risks but can also lead to substantial financial losses. The % of company's global revenue has been estimated through a consideration of the hospital's size and operational capacity. As well as considerations of how many hospitals/clinics are located within the basin.
[Add row]

(3.3) 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	Comment
	Select from: ☑ No	*N/A*

[Fixed row]

(3.5) Are any of your operations or activities regulated by a carbon pricing system (i.e. ETS, Cap & Trade or Carbon Tax)?

Select from:

☑ Yes

(3.5.1) Select the carbon pricing regulation(s) which impact your operations.

Select all that apply

☑ South Africa carbon tax

(3.5.3) Complete the following table for each of the tax systems you are regulated by.

South Africa carbon tax

(3.5.3.1) Period start date

12/31/2022

(3.5.3.2) Period end date

12/30/2023

(3.5.3.3) % of total Scope 1 emissions covered by tax

21.71

(3.5.3.4) Total cost of tax paid

0

(3.5.3.5) Comment

Mediclinic is liable for carbon tax for diesel use in generators in MCSA South African operations. Given the various tax-free allowances, in the first phase of the South African carbon tax, Mediclinic is liable for ZAR 0 i.e. GBP 0.
[Fixed row]

(3.5.4) What is your strategy for complying with the systems you are regulated by or anticipate being regulated by?

As part of South Africa's ongoing efforts to move towards a zero-carbon economy and to meet South Africa's Nationally Determined Contribution (NDC) targets, the Carbon Tax Act and the Customs and Excise Amendment Act came into effect on 1 June 2019.The tax rate was set at R120 per tonne of CO2e (carbon dioxide equivalent) produced and increases annually by inflation plus 2 percent. The carbon tax rate has increased to R159t/CO2e effective for the reporting period. The carbon fuel levy for 2023 increased by 1c to 10c/l for petrol and 11c/l for diesel. During the first stage, a percentage-based threshold of 60% will apply, below which tax is not payable. There is also the following available allowances: trade exposure (10%), carbon budget (5%), performance benchmark (5%) and offsets (10%). While the first phase was extended from 31 December 2022 to 31 December 2025. The intention is to provide for a tax-free liability threshold of 10 megawatts (MW) thermal capacity. The threshold is high enough to exclude non-industrial activities from the carbon tax, but low enough to make the tax applicable to most high-emitting industries in the country. The South African Greenhouse Gas (GHG) Reporting Regulations require all South African companies that are in control of certain listed activities exceeding a specified threshold to report their GHG emissions to the Department of Forestry, Fisheries and the Environment (DFFE). DFFE will use the GHG emissions reported by companies as basis for carbon tax liability calculations. An entity liable for mandatory reporting was obliged to register each facility on the internet-based National Atmospheric Emission Inventory System (NAEIS). Once registered, liable entities are required to report their aggregated South African facilities' GHG emissions at company level for the preceding calendar year to DFFE by 31 March each year via NAEIS. It is important to keep in mind that those businesses that have identified themselves as not liable for carbon tax during the first phase, will still be required to submit environmental levy accounts regardless of whether any carbon tax payment is due. Mediclinic is therefore complying with the carbon tax legislation by compiling its annual carbon footprint. It has assessed all its facilities to determine whether its associated emission activities qualify for or exceed the 10MW thermal threshold to see if it needs to register with the DFFE, using a specific template of the NAEIS. Mediclinic has therefore registered with the DFFE and is now reporting annually onto the South African Greenhouse Gas Emissions Reporting System (SAGERS).Executive directors and senior executives at MCSA have met with Industry Bodies who lobby government regarding new legislation such as domestic carbon taxes. MCSA is managing the carbon tax risk by providing input and advice to research and studies done by the South African National Treasury on the carbon tax. It provided its comments to the South Africa National Treasury Carbon Tax Policy Paper, as well as, giving input to the Carbon Offsets Paper. There is no risk of non-compliance with the tax.

(3.6) Have you identified any environmental opportunities which have had a substantive effect on your organization in the reporting year, or are anticipated to have a substantive effect on your organization in the future?

	Environmental opportunities identified
Climate change	*Select from:* ☑ Yes, we have identified opportunities, and some/all are being realized
Water	*Select from:* ☑ Yes, we have identified opportunities, and some/all are being realized

[Fixed row]

(3.6.1) Provide details of the environmental opportunities identified which have had a substantive effect on your organization in the reporting year, or are anticipated to have a substantive effect on your organization in the future.

Climate change

(3.6.1.1) Opportunity identifier

Select from:

☑ Opp1

(3.6.1.3) Opportunity type and primary environmental opportunity driver

Energy source

☑ Use of renewable energy sources

(3.6.1.4) Value chain stage where the opportunity occurs

Select from:

☑ Direct operations

(3.6.1.5) Country/area where the opportunity occurs

Select all that apply

☑ South Africa

☑ Switzerland

☑ United Arab Emirates

(3.6.1.8) Organization specific description

Electricity consumption accounts for about 45% of Mediclinic's GHG emissions (Scopes 1, 2 and 3). About half of the electricity is consumed by air conditioning units. A change in the mean average temperature will have an impact on the energy consumption and GHG emissions from air conditioning units across all our hospitals as more energy is needed for cooling requirements. This also leads to an increase in operational costs (electricity costs). Anticipated increases in energy costs or levies are likely to substantially increase operational costs. However, with energy efficiency and GHG emissions savings, Mediclinic can unlock large operational cost savings and benefit from potential tax allowances for energy-efficient equipment and renewable energy technologies (e.g., in South Africa, the 12L Tax incentive, according to Income Tax Act, 1962 Act No. 58 of 1962 provides an allowance for businesses to implement energy efficiency savings). Investing in energy-efficient technology and procuring renewable energy at lower prices is a key opportunity that has been identified by Mediclinic.

(3.6.1.9) Primary financial effect of the opportunity

Select from:

☑ Reduced indirect (operating) costs

(3.6.1.10) Time horizon over which the opportunity is anticipated to have a substantive effect on the organization

Select all that apply

☑ Medium-term

(3.6.1.11) Likelihood of the opportunity having an effect within the anticipated time horizon

Select from:

☑ Very likely (90–100%)

(3.6.1.12) Magnitude

Select from:

☑ Medium

(3.6.1.14) Anticipated effect of the opportunity on the financial position, financial performance and cash flows of the organization in the selected future time horizons

This opportunity could have the below financial effects on Mediclinic: Potential growth of cash flows: With a decrease in operational electricity costs, Mediclinic has additional cash flow, increasing liquidity for other operational or strategic initiatives. Capital allocation: Decreased operational electricity costs may influence how Mediclinic prioritises capital investments in climate resilience and mitigation measures, potentially accelerating other projects. Impact on earnings: Lower operational electricity costs would affect Mediclinic's earnings before interest, tax, depreciation, and amortization (EBITDA) as these would translate into lower operating expenses.

(3.6.1.15) Are you able to quantify the financial effects of the opportunity?

Select from:

☑ Yes

(3.6.1.19) Anticipated financial effect figure in the medium-term - minimum (currency)

3550826.2

(3.6.1.20) Anticipated financial effect figure in the medium-term - maximum (currency)

3550826.2

(3.6.1.23) Explanation of financial effect figures

Within the scenario analysis work, it is expected that electricity costs for MCSA would have an annualised increase of 3.2% and MCME and Hirslanden (Switzerland) would have an annualised increase of 1.6% in the medium term for scenario 2 and 3 (see section 5 for more details on the scenarios). Given this expected electricity cost increase compared to current electricity costs, there is a financial impact of GBP 3 550 826.20. Given this, should this opportunity be realised, financial savings of GBP 3 550 826.20 could be attained.

(3.6.1.24) Cost to realize opportunity

21883482

(3.6.1.25) Explanation of cost calculation

There is a projected investment in energy efficiency and solar panels of ZAR 353 million in MCSA and Hirslanden (Switzerland) and AED 32 million in MCME by 2030. This totals an investment of GBP 21 883 482 by 2030.

(3.6.1.26) Strategy to realize opportunity

Energy is a key risk across the group and various energy conservation and cost-efficient initiatives are implemented. To mitigate the risk of changing temperatures, Mediclinic is looking to improve operational efficiency of technical installations, introduce various new energy-efficient and renewable technologies, and change in employee behaviour to reduce energy use. This is in line with Mediclinic's carbon neutrality goal by 2030 and the development and implementation of roadmaps to achieve this target for each geography (MCSA, MCME and Hirslanden (Switzerland). For example in Southern Africa and the Middle East, where sunshine is ample, we are running an ongoing project to install PV systems for renewable energy. Each system consists of solar panels combined with an inverter to convert generated electricity into usable current. Last year, Mediclinic added six PV installations at hospitals in Southern Africa and one in the Middle East, with another one earmarked for completion in early 2023. A further nine installations are in progress in Southern Africa and seven more planned for the Middle East. Already our hospitals with PV systems have increased the renewable energy generated on site by 66%. In 2023, we will investigate combining solar panels with absorption chillers for more energy-efficient cooling at Airport Road Hospital in Abu Dhabi.

Water

(3.6.1.1) Opportunity identifier

Select from:

☑ Opp1

(3.6.1.3) Opportunity type and primary environmental opportunity driver

Resource efficiency

☑ Reduced water usage and consumption

(3.6.1.4) Value chain stage where the opportunity occurs

Select from:

☑ Direct operations

(3.6.1.5) Country/area where the opportunity occurs

Select all that apply

☑ South Africa

(3.6.1.6) River basin where the opportunity occurs

Select all that apply

☑ Other, please specify **:**Groot Berg

(3.6.1.8) Organization specific description

Water is a critical resource for our direct operations, particularly in ensuring the health and safety of our patients. Reducing water consumption and improving water efficiency are central strategies for Mediclinic as we mitigate risks associated with water scarcity and reduced water quality. Our Southern African operations, located in one of the world's most water-stressed regions, have prioritised water management to both secure operational continuity and minimise our impact on local communities. In the Western Cape, where many of our hospitals are based, the severe drought of 2018—the worst in a century—triggered stringent water restrictions and significant water tariff increases. Despite easing of restrictions in CY2022, the long-term risks of water availability and rising costs remain pressing, with water constituting over 10% of our utility expenditures. In response, we have prioritised water management as a core competency, implementing initiatives such as water-efficient autoclaves and recycling systems. These efforts aim to reduce operating costs and minimise our environmental impact.

(3.6.1.9) Primary financial effect of the opportunity

Select from:

☑ Reduced indirect (operating) costs

(3.6.1.10) Time horizon over which the opportunity is anticipated to have a substantive effect on the organization

Select all that apply

☑ Medium-term

(3.6.1.11) Likelihood of the opportunity having an effect within the anticipated time horizon

Select from:

☑ Likely (66–100%)

(3.6.1.12) Magnitude

Select from:

☑ Medium

(3.6.1.14) Anticipated effect of the opportunity on the financial position, financial performance and cash flows of the organization in the selected future time horizons

This opportunity could have the following financial effects on Mediclinic: Potential growth of cash flows: By reducing water consumption and improving efficiency, Mediclinic can lower operational water costs, especially in water-stressed regions like Southern Africa. This would free up cash flow, enhancing liquidity for other essential initiatives, including patient care, sustainability efforts, or strategic expansions. Capital allocation: The reduction in water costs could shift how Mediclinic prioritises its capital investments. Savings in operational expenses might accelerate climate resilience and water management projects, further bolstering Mediclinic's ability to navigate future water scarcity risks. Impact on earnings: Lower operational water costs would improve Mediclinic's earnings before interest, tax, depreciation, and amortisation (EBITDA). This direct reduction in operating expenses would translate into stronger financial performance, enhancing both short- and long-term profitability.

(3.6.1.15) Are you able to quantify the financial effects of the opportunity?

Select from:

☑ Yes

(3.6.1.19) Anticipated financial effect figure in the medium-term - minimum (currency)

217880.04

(3.6.1.20) Anticipated financial effect figure in the medium-term - maximum (currency)

2178800.4

(3.6.1.23) Explanation of financial effect figures

An internal financial viability assessment based on the Panorama Laundry Water Recycling Plant has been conducted based on the plant's ten-year life cycle. The assessment indicated that the plant will be associated with an average monthly saving of 1 034 kl of water and 1 034 kl of effluent. With a current water tariff cost of ZAR 30.24 (GBP1.32) and an effluent tariff cost of ZAR 27.17 (GBP1.19), a total monthly saving of ZAR 59 362 (GBP 2 593.81) can be realised. This equates to a yearly saving of ZAR 712 344 (GBP 31 125.72). Over the course of the plant's ten-year life cycle, the assessment shows a total saving of ZAR 7 123 440 (GBP 311 257.20). Mediclinic is currently in the process of installing similar laundry water recycling plants across six additional Mediclinic sites in South Africa. Scaling the savings from the Panorama site to the additional six sites, the total yearly savings across all seven sites amounts to ZAR 4 986 408 (GBP 217 880.04), with a projected total savings over 10 years reaching ZAR 49 864 080 (GBP 2 178 800.40). It is assumed in the above calculation that the six additional Mediclinic sites will achieve the same average water savings as the Panorama site (1 034 kl of water and 1 034 kl of effluent per month). No differences in operational conditions, water usage, or location-specific factors are considered for these additional sites, and their performance is assumed to mirror that of the Panorama site. It is assumed that the water tariff (ZAR 30.24/kl) and the effluent tariff (ZAR 27.17/kl) will remain constant over the ten-year period.

(3.6.1.24) Cost to realize opportunity

1507256.28

(3.6.1.25) Explanation of cost calculation

The Panorama project was approved for a value of ZAR 824 881.00 (GBP 3 6043.01). An additional UPS was added to compensate for load shedding at a cost of R31 000 (GBP 1 354.54). In addition ZAR 102 316 (GBP 4 470.68) associated with annual plant maintenance has been included in the cost calculation. Thus, the total project cost is ZAR 5 749 182.00 (GBP 251 209.38). Scaling the total cost of the Panorama project to the six additional sites, brings the total cost to realise the opportunity to ZAR 34 495 092.00 (GBP 1 507 256.28).

(3.6.1.26) Strategy to realize opportunity

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, Mediclinic 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%. Mediclinic is in the process of rolling out and installing similar laundry water recycling plants across an additional six sites across South Africa. [Add row]

(3.6.2) Provide the amount and proportion of your financial metrics in the reporting year that are aligned with the substantive effects of environmental opportunities.

Climate change

(3.6.2.1) Financial metric

Select from:

☑ Revenue

(3.6.2.2) Amount of financial metric aligned with opportunities for this environmental issue (unit currency as selected in 1.2)

8466600

(3.6.2.3) % of total financial metric aligned with opportunities for this environmental issue

Select from:

☑ 1-10%

(3.6.2.4) Explanation of financial figures

Looking at the medium term time horizon, across the Group, on average there is a 1.37% potential increase in revenue linked to the increase burden of disease. This percentage figure is derived from financial modelling from scenario analysis wherein the opportunity of the increased burden of disease has been modelled across the three scenarios set out in section 5. Calculating, 1.37% from a revenue figure of GBP 3 618 000 000, results in GBP 8 466 600.

Water

(3.6.2.1) Financial metric

Select from:

☑ Revenue

(3.6.2.2) Amount of financial metric aligned with opportunities for this environmental issue (unit currency as selected in 1.2)

8466600

(3.6.2.3) % of total financial metric aligned with opportunities for this environmental issue

Select from:

☑ 1-10%

(3.6.2.4) Explanation of financial figures

Looking at the medium term time horizon, across the Group, on average there is a 1.37% potential increase in revenue linked to the increase burden of disease. This percentage figure is derived from financial modelling from scenario analysis wherein the opportunity of the increased burden of disease has been modelled across the three scenarios set out in section 5. Calculating, 1.37% from a revenue figure of GBP 3 618 000 000, results in GBP 8 466 600.
[Add row]

C4. Governance

(4.1) Does your organization have a board of directors or an equivalent governing body?

(4.1.1) Board of directors or equivalent governing body

Select from:

☑ Yes

(4.1.2) Frequency with which the board or equivalent meets

Select from:

☑ Quarterly

(4.1.3) Types of directors your board or equivalent is comprised of

Select all that apply

☑ Executive directors or equivalent

☑ Non-executive directors or equivalent

(4.1.4) Board diversity and inclusion policy

Select from:

☑ Yes, and it is publicly available

(4.1.5) Briefly describe what the policy covers

The Board recognise and value the benefits of a diverse and inclusive culture throughout the organisation. The purpose of this Board Diversity Policy is to ensure the diverse and inclusive composition of the Board, to support the Company's long-term success.

(4.1.6) Attach the policy (optional)

mediclinic-board-diversity-policy.pdf
[Fixed row]

(4.1.1) Is there board-level oversight of environmental issues within your organization?

	Board-level oversight of this environmental issue
Climate change	*Select from:* ☑ Yes
Water	*Select from:* ☑ Yes
Biodiversity	*Select from:* ☑ Yes

[Fixed row]

(4.1.2) Identify the positions (do not include any names) of the individuals or committees on the board with accountability for environmental issues and provide details of the board's oversight of environmental issues.

Climate change

(4.1.2.1) Positions of individuals or committees with accountability for this environmental issue

Select all that apply

☑ Board chair

☑ Other C-Suite Officer

☑ Board-level committee

(4.1.2.2) Positions' accountability for this environmental issue is outlined in policies applicable to the board

Select from:

☑ Yes

(4.1.2.3) Policies which outline the positions' accountability for this environmental issue

Select all that apply

☑ Board Terms of Reference

☑ Board mandate

(4.1.2.4) Frequency with which this environmental issue is a scheduled agenda item

Select from:

☑ Scheduled agenda item in every board meeting (standing agenda item)

(4.1.2.5) Governance mechanisms into which this environmental issue is integrated

Select all that apply

☑ Reviewing and guiding annual budgets

☑ Overseeing and guiding scenario analysis

☑ Overseeing the setting of corporate targets

☑ Monitoring progress towards corporate targets

☑ Approving corporate policies and/or commitments

☑ Monitoring the implementation of a climate transition plan

☑ Overseeing and guiding the development of a business strategy

☑ Monitoring compliance with corporate policies and/or commitments

☑ Overseeing and guiding the development of a climate transition plan

☑ Reviewing and guiding the assessment process for dependencies, impacts, risks, and opportunities

☑ Overseeing and guiding public policy engagement

☑ Reviewing and guiding innovation/R&D priorities

☑ Approving and/or overseeing employee incentives

☑ Overseeing and guiding major capital expenditures

☑ Monitoring the implementation of the business strategy

(4.1.2.7) Please explain

As part of its function to promote Mediclinic's sustainable success, the Board has oversight of our sustainability and risk management efforts. Climate change is a principal risk of the Group. 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. 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. 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. In CY2023, 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.

Water

(4.1.2.1) Positions of individuals or committees with accountability for this environmental issue

Select all that apply

☑ Board chair

☑ Other C-Suite Officer

☑ Board-level committee

(4.1.2.2) Positions' accountability for this environmental issue is outlined in policies applicable to the board

Select from:

☑ Yes

(4.1.2.3) Policies which outline the positions' accountability for this environmental issue

Select all that apply

☑ Board Terms of Reference

☑ Board mandate

(4.1.2.4) Frequency with which this environmental issue is a scheduled agenda item

Select from:

☑ Scheduled agenda item in every board meeting (standing agenda item)

(4.1.2.5) Governance mechanisms into which this environmental issue is integrated

Select all that apply

☑ Reviewing and guiding annual budgets
☑ Overseeing and guiding scenario analysis
☑ Overseeing the setting of corporate targets
☑ Monitoring progress towards corporate targets
☑ Approving corporate policies and/or commitments
☑ Monitoring compliance with corporate policies and/or commitments
☑ Reviewing and guiding the assessment process for dependencies, impacts, risks, and opportunities
☑ Overseeing and guiding public policy engagement
☑ Reviewing and guiding innovation/R&D priorities
☑ Approving and/or overseeing employee incentives
☑ Overseeing and guiding major capital expenditures
☑ Overseeing and guiding the development of a business strategy

(4.1.2.7) Please explain

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. 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. 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. 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. In CY2023, 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.

Biodiversity

(4.1.2.1) Positions of individuals or committees with accountability for this environmental issue

Select all that apply

☑ Board chair
☑ Other C-Suite Officer
☑ Board-level committee

(4.1.2.2) Positions' accountability for this environmental issue is outlined in policies applicable to the board

Select from:

☑ Yes

(4.1.2.3) Policies which outline the positions' accountability for this environmental issue

Select all that apply

☑ Board Terms of Reference

☑ Board mandate

(4.1.2.4) Frequency with which this environmental issue is a scheduled agenda item

Select from:

☑ Sporadic – agenda item as important matters arise

(4.1.2.5) Governance mechanisms into which this environmental issue is integrated

Select all that apply

☑ Reviewing and guiding annual budgets

☑ Overseeing and guiding scenario analysis

☑ Overseeing the setting of corporate targets

☑ Monitoring progress towards corporate targets

☑ Approving corporate policies and/or commitments

☑ Overseeing and guiding the development of a business strategy

☑ Monitoring compliance with corporate policies and/or commitments

☑ Reviewing and guiding the assessment process for dependencies, impacts, risks, and opportunities

☑ Overseeing and guiding public policy engagement

☑ Reviewing and guiding innovation/R&D priorities

☑ Approving and/or overseeing employee incentives

☑ Overseeing and guiding major capital expenditures

☑ Monitoring the implementation of the business strategy

(4.1.2.7) Please explain

As part of its function to promote Mediclinic's sustainable success, the Board has oversight of our sustainability and risk management efforts. Biodiversity is a key sub-issue under material issue 1 of "minimising environmental impact". 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. 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. 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. In CY2023, 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.
[Fixed row]

(4.2) Does your organization's board have competency on environmental issues?

Climate change

(4.2.1) Board-level competency on this environmental issue

Select from:

☑ Yes

(4.2.2) Mechanisms to maintain an environmentally competent board

Select all that apply

☑ Consulting regularly with an internal, permanent, subject-expert working group

☑ Engaging regularly with external stakeholders and experts on environmental issues

☑ Regular training for directors on environmental issues, industry best practice, and standards (e.g., TCFD, SBTi)

Water

(4.2.1) Board-level competency on this environmental issue

Select from:

☑ Yes

(4.2.2) Mechanisms to maintain an environmentally competent board

Select all that apply

☑ Consulting regularly with an internal, permanent, subject-expert working group

☑ Engaging regularly with external stakeholders and experts on environmental issues

☑ Regular training for directors on environmental issues, industry best practice, and standards (e.g., TCFD, SBTi)

[Fixed row]

(4.3) Is there management-level responsibility for environmental issues within your organization?

	Management-level responsibility for this environmental issue
Climate change	*Select from:* ☑ Yes
Water	*Select from:* ☑ Yes
Biodiversity	*Select from:* ☑ Yes

[Fixed row]

(4.3.1) Provide the highest senior management-level positions or committees with responsibility for environmental issues (do not include the names of individuals).

Climate change

(4.3.1.1) Position of individual or committee with responsibility

Executive level

☑ Chief Operating Officer (COO)

(4.3.1.2) Environmental responsibilities of this position

Dependencies, impacts, risks and opportunities

☑ Assessing environmental dependencies, impacts, risks, and opportunities

☑ Assessing future trends in environmental dependencies, impacts, risks, and opportunities

☑ Managing environmental dependencies, impacts, risks, and opportunities

Engagement

☑ Managing engagement in landscapes and/or jurisdictions

☑ Managing public policy engagement related to environmental issues

Policies, commitments, and targets

☑ Monitoring compliance with corporate environmental policies and/or commitments

☑ Measuring progress towards environmental corporate targets

☑ Setting corporate environmental policies and/or commitments

☑ Setting corporate environmental targets

Strategy and financial planning

☑ Developing a climate transition plan

☑ Implementing a climate transition plan

☑ Conducting environmental scenario analysis

☑ Managing annual budgets related to environmental issues

☑ Implementing the business strategy related to environmental issues

☑ Developing a business strategy which considers environmental issues

☑ Managing major capital and/or operational expenditures relating to environmental issues

☑ Managing priorities related to innovation/low-environmental impact products or services (including R&D)

Other

☑ Providing employee incentives related to environmental performance

(4.3.1.4) Reporting line

Select from:

☑ Reports to the Chief Executive Officer (CEO)

(4.3.1.5) Frequency of reporting to the board on environmental issues

Select from:

☑ More frequently than quarterly

(4.3.1.6) Please explain

The Group COO is responsible for sustainable development activities, which includes addressing climate-related risks and opportunities. Divisional environmental data is reported to the Group's Environmental Sustainability department. 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. Principal risks are risks that can materially affect Mediclinic's business model, performance, prospects, solvency, liquidity, or reputation. These are determined through a strategic risk review process where top risks are identified and assessed by divisional executive committees and the Group Executive Committee, with input from non-executive directors. Political, economic, social, technological, environmental, and legal developments that may impact the Group's operations and business model viability in the short, medium or long term are reviewed to identify emerging physical and transition risks such as new climate policy or technological shifts. The Group's Enterprise-wide Risk Management Policy follows the International Committee of Sponsoring Organizations of the Treadway Commission's Internal Control – Integrated Framework and is reviewed annually. The mitigation of climate change is the responsibility of the Group Manager: Environmental Sustainability, who is supported by divisional environmental leads. Material feedback is included in monthly reports to the Group Executive Committee. With the ISO 14001:2015 Environmental Management System (EMS) fully functional in our Southern Africa hospitals, implementation in Switzerland and the Middle East is in progress. The EMS assists management in determining climate change-related risks and opportunities per facility. The Group Executive Committee assesses opportunities for improving our environmental practices and recommends related targets and roadmaps to the ESG Committee.

Water

(4.3.1.1) Position of individual or committee with responsibility

Executive level

☑ Chief Compliance Officer (CCO)

(4.3.1.2) Environmental responsibilities of this position

Dependencies, impacts, risks and opportunities

☑ Assessing environmental dependencies, impacts, risks, and opportunities

☑ Assessing future trends in environmental dependencies, impacts, risks, and opportunities

☑ Managing environmental dependencies, impacts, risks, and opportunities

Policies, commitments, and targets

☑ Measuring progress towards environmental corporate targets

☑ Setting corporate environmental targets

Strategy and financial planning

☑ Conducting environmental scenario analysis

☑ Managing annual budgets related to environmental issues

☑ Managing priorities related to innovation/low-environmental impact products or services (including R&D)

(4.3.1.4) Reporting line

Select from:

☑ Reports to the Chief Executive Officer (CEO)

(4.3.1.5) Frequency of reporting to the board on environmental issues

Select from:

☑ More frequently than quarterly

(4.3.1.6) Please explain

The Group Chief Operating Officer is responsible for sustainable development activities, which includes addressing water-related risks and opportunities. Divisional environmental data is reported to the Group's Environmental Sustainability department. 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. Principal risks are risks that can materially affect Mediclinic's business model, performance, prospects, solvency, liquidity, or reputation. These are determined through a strategic risk review process where top risks are identified and assessed by divisional executive committees and the Group Executive Committee, with input from non-executive directors. Political, economic, social, technological, environmental, and legal developments that may impact the Group's operations and business model viability in the short, medium or long term are reviewed to identify emerging physical and transition risks. 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 Operating Officer to report directly to the CEO on water-related issues in order for such issues to be escalated to Board level for consideration. The Group's Enterprise-wide Risk Management ('ERM') Policy follows the International Committee of Sponsoring Organizations of the Treadway Commission's Internal Control – Integrated Framework and is reviewed annually. The Group Executive Committee assesses opportunities for improving our environmental practices and recommends related targets and roadmaps to the ESG Committee for approval.

Biodiversity

(4.3.1.1) Position of individual or committee with responsibility

Executive level

☑ Chief Operating Officer (COO)

(4.3.1.2) Environmental responsibilities of this position

Dependencies, impacts, risks and opportunities

☑ Assessing environmental dependencies, impacts, risks, and opportunities

☑ Assessing future trends in environmental dependencies, impacts, risks, and opportunities

☑ Managing environmental dependencies, impacts, risks, and opportunities

Engagement

☑ Managing engagement in landscapes and/or jurisdictions

☑ Managing public policy engagement related to environmental issues

Policies, commitments, and targets

☑ Setting corporate environmental policies and/or commitments

Strategy and financial planning

☑ Developing a business strategy which considers environmental issues

☑ Implementing the business strategy related to environmental issues

☑ Managing annual budgets related to environmental issues

☑ Managing major capital and/or operational expenditures relating to environmental issues

☑ Managing priorities related to innovation/low-environmental impact products or services (including R&D)

(4.3.1.4) Reporting line

Select from:

☑ Reports to the Chief Executive Officer (CEO)

(4.3.1.5) Frequency of reporting to the board on environmental issues

Select from:

☑ More frequently than quarterly

(4.3.1.6) Please explain

The Group Chief Operating Officer is responsible for sustainable development activities, which includes addressing biodiversity-related activities. Divisional environmental data is reported to the Group's Environmental Sustainability department. 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. Principal risks are risks that can materially affect Mediclinic's business model, performance, prospects, solvency, liquidity, or reputation. These are determined through a strategic risk review process where top risks are identified and assessed by divisional executive committees and the Group Executive Committee, with input from non-executive directors. Political, economic, social, technological, environmental, and legal developments that may impact the Group's operations and business model viability in the short, medium or long term are reviewed to identify emerging physical and transition risks. This Committee monitors the sustainable development performance of Mediclinic, inclusive of biodiversity-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 Operating Officer to report directly to the CEO on biodiversity-related issues in order for such issues to be escalated to Board level for consideration. The Group's Enterprise-wide Risk Management ('ERM') Policy follows the International Committee of Sponsoring Organizations of the Treadway Commission's Internal Control – Integrated Framework and is reviewed annually. The Group Executive Committee assesses opportunities for improving our environmental practices and recommends related targets and roadmaps to the ESG Committee for approval.
[Add row]

(4.5) Do you provide monetary incentives for the management of environmental issues, including the attainment of targets?

Climate change

(4.5.1) Provision of monetary incentives related to this environmental issue

Select from:

☑ Yes

(4.5.2) % of total C-suite and board-level monetary incentives linked to the management of this environmental issue

10

(4.5.3) Please explain

Annual awards are denominated in a set monetary value with vesting dependent on the achievement of performance conditions normally measured over three-year period. For the Long-Term Incentive Plan (LTI) element of pay which is linked to balance performance pay between achieving financial and strategic performance objectives and delivering sustainable outperformance, the performance measures set by Committee are linked to appropriate mix of capital efficiency, profitable growth, and strategic milestones including ESG targets. In 2021, to ensure focused implementation of objectives related to our environmental sub-goals, the Board has approved the inclusion of carbon emission reductions as a performance target for the LTI scheme. In 2022, carbon emission reductions received a 10% weighting of the 2022 LTI awards over the three financial years to 31 March 2025 (carbon emission reduction measured at the end of the 2024 calendar year).

Water

(4.5.1) Provision of monetary incentives related to this environmental issue

Select from:

☑ No, but we plan to introduce them in the next two years

(4.5.3) Please explain

Significant focus has been placed on aligning carbon emission reductions with our 2030 carbon-neutral goal. As part of this effort, carbon emission reductions have been prioritised as a performance target within the LTI scheme. However, with the implementation of the "Water Roadmap" over the next two years, water-related incentives will likely be introduced.
[Fixed row]

(4.5.1) Provide further details on the monetary incentives provided for the management of environmental issues (do not include the names of individuals).

Climate change

(4.5.1.1) Position entitled to monetary incentive

Board or executive level

☑ Corporate executive team

(4.5.1.2) Incentives

Select all that apply

☑ Bonus – set figure

(4.5.1.3) Performance metrics

Targets

☑ Progress towards environmental targets

☑ Achievement of environmental targets

☑ Reduction in absolute emissions in line with net-zero target

(4.5.1.4) Incentive plan the incentives are linked to

Select from:

☑ Long-Term Incentive Plan, or equivalent, only (e.g. contractual multi-year bonus)

(4.5.1.5) Further details of incentives

Annual awards are denominated in a set monetary value with vesting dependent on the achievement of performance conditions normally measured over three-year period. For the Long-Term Incentive Plan (LTI) element of pay which is linked to balance performance pay between achieving financial and strategic performance objectives and delivering sustainable outperformance, the performance measures set by Committee are linked to appropriate mix of capital efficiency, profitable growth, and strategic milestones including ESG targets. In 2021, to ensure focused implementation of objectives related to our environmental sub-goals, the Board has approved the inclusion of carbon emission reductions as a performance target for the LTI scheme. In 2022, carbon emission reductions received a 10% weighting of the 2022 LTI awards over the three financial years to 31 March 2025 (carbon emission reduction measured at the end of the 2024 calendar year).

(4.5.1.6) How the position's incentives contribute to the achievement of your environmental commitments and/or climate transition plan

The LTI is aligned with achieving Mediclinic's strategic goals. The relevant carbon reduction target within the performance measure includes carbon neutrality by 2030 which focuses on Scope 1 and 2 emission reductions.
[Add row]

(4.6) Does your organization have an environmental policy that addresses environmental issues?

	Does your organization have any environmental policies?
	Select from: ☑ Yes

[Fixed row]

(4.6.1) Provide details of your environmental policies.

Row 1

(4.6.1.1) Environmental issues covered

Select all that apply

☑ Climate change

☑ Water

☑ Biodiversity

(4.6.1.2) Level of coverage

Select from:

☑ Organization-wide

(4.6.1.3) Value chain stages covered

Select all that apply

☑ Direct operations

☑ Upstream value chain

☑ Downstream value chain

(4.6.1.4) Explain the coverage

This policy applies to Mediclinic Group, which is inclusive of its operations and divisions in South Africa, Namibia, Switzerland and the United Arab Emirates.

(4.6.1.5) Environmental policy content

Environmental commitments

☑ Commitment to stakeholder engagement and capacity building on environmental issues

Climate-specific commitments

☑ Other climate-related commitment, please specify **:**Commitment to carbon neutrality by 2030 and commitment to zero waste to landfill by 2030.

Water-specific commitments

☑ Commitment to reduce water consumption volumes

☑ Commitment to reduce water withdrawal volumes

Additional references/Descriptions

☑ Reference to timebound environmental milestones and targets

(4.6.1.6) Indicate whether your environmental policy is in line with global environmental treaties or policy goals

Select all that apply

☑ Yes, in line with the Paris Agreement

☑ Yes, in line with Sustainable Development Goal 6 on Clean Water and Sanitation

☑ Yes, in line with another global environmental treaty or policy goal, please specify **:**Global Reporting Initiative

(4.6.1.7) Public availability

Select from:

☑ Publicly available

(4.6.1.8) Attach the policy

group-sustainable-development-policy.pdf

Row 2

(4.6.1.1) Environmental issues covered

Select all that apply

☑ Climate change

☑ Water

(4.6.1.2) Level of coverage

Select from:

☑ Organization-wide

(4.6.1.3) Value chain stages covered

Select all that apply

☑ Direct operations

☑ Upstream value chain

☑ Downstream value chain

(4.6.1.4) Explain the coverage

This policy applies to Mediclinic Group, which is inclusive of its operations and divisions in South Africa, Namibia, Switzerland and the United Arab Emirates.

(4.6.1.5) Environmental policy content

Environmental commitments

☑ Commitment to comply with regulations and mandatory standards

☑ Commitment to take environmental action beyond regulatory compliance

☑ Commitment to stakeholder engagement and capacity building on environmental issues

Climate-specific commitments

☑ Other climate-related commitment, please specify **:**Commitment to identify and manage all risks relating to its impact on the environment with regards to energy use and conservation, emissions and climate change, and waste management

Water-specific commitments

☑ Commitment to reduce water consumption volumes

☑ Commitment to reduce water withdrawal volumes

(4.6.1.6) Indicate whether your environmental policy is in line with global environmental treaties or policy goals

Select all that apply

☑ Yes, in line with another global environmental treaty or policy goal, please specify **:**ISO 14001:2015

(4.6.1.7) Public availability

Select from:

☑ Publicly available

(4.6.1.8) Attach the policy

group-environmental-policy.pdf
[Add row]

(4.10) Are you a signatory or member of any environmental collaborative frameworks or initiatives?

(4.10.1) Are you a signatory or member of any environmental collaborative frameworks or initiatives?

Select from:

☑ Yes

(4.10.2) Collaborative framework or initiative

Select all that apply

☑ National Business Initiative

☑ Task Force on Climate-related Financial Disclosures (TCFD)

(4.10.3) Describe your organization’s role within each framework or initiative

MCSA is a member of the National Business Initiative (NBI) within the reporting year, as well as, one of the main investors, Remgro. NBI is a voluntary coalition of South African and multinational companies, working towards sustainable growth and development in South Africa and the shaping of a sustainable future through responsible business action. In being a part of the NBI, Mediclinic can leverage collective business influence to contribute toward South Africa's sustainable development agenda.
[Fixed row]

(4.11) In the reporting year, did your organization engage in activities that could directly or indirectly influence policy, law, or regulation that may (positively or negatively) impact the environment?

(4.11.1) External engagement activities that could directly or indirectly influence policy, law, or regulation that may impact the environment

Select all that apply

☑ Yes, we engaged indirectly through, and/or provided financial or in-kind support to a trade association or other intermediary organization or individual whose activities could influence policy, law, or regulation

(4.11.2) Indicate whether your organization has a public commitment or position statement to conduct your engagement activities in line with global environmental treaties or policy goals

Select from:

☑ Yes, we have a public commitment or position statement in line with global environmental treaties or policy goals

(4.11.3) Global environmental treaties or policy goals in line with public commitment or position statement

Select all that apply

☑ Paris Agreement

☑ Sustainable Development Goal 6 on Clean Water and Sanitation

(4.11.4) Attach commitment or position statement

2022_Sustainable_Development_Report.pdf

(4.11.5) Indicate whether your organization is registered on a transparency register

Select from:

☑ No

(4.11.8) Describe the process your organization has in place to ensure that your external engagement activities are consistent with your environmental commitments and/or transition plan

All stakeholders are important to Mediclinic, and engagement is prioritised and improved upon continuously. Our approach to sustainability is grounded on our purpose to enhance the quality of life of our patients through our commit to: • Conserve: we take responsibility for our operations beyond our facilities to mitigate the risks of climate change. • Connect: we partner with our stakeholders and forge long-term relationships to deliver value every day. • Comply: our culture entrenches the values of ethical and responsible behaviour. As a healthcare provider, we commit to doing no harm. Yet, as with any other business, our operations have ESG impacts, affecting people and the planet. Our efforts in responsibly managing and minimising these impacts are interwoven with how we do business. The ESG Committee reviews the Group's material sustainability issues and Group Sustainable Development Strategy annually, with biannual updated on progress. This is done to ensure our management initiatives target the sustainable development matters that are most significant to Mediclinic and directly affect our ability to create long-term value for significant stakeholders. The assessment is informed by the following considerations: relevance, risk, resources, references and requirements. We have mapped our material sustainability issues onto a matrix, indicating how important each is to our business and our stakeholders. Our top priorities are: • Energy efficiency • Reduction of carbon emissions • Waste management • Employee engagement • Employee wellness and safety • Diversity and inclusion • Client value proposition • Protection of information assets These ESG priorities are fundamental to our Group Sustainable Development Strategy. While the other material issues are not considered as pressing, they remain an essential part of our sustainability activities. The ESG Committee monitors the Group's overall ESG performance and reports into the Board of Directors that oversees effective stakeholder engagement and alignment with strategy and long-term sustainable success.
[Fixed row]

(4.11.2) Provide details of your indirect engagement on policy, law, or regulation that may (positively or negatively) impact the environment through trade associations or other intermediary organizations or individuals in the reporting year.

Row 1

(4.11.2.1) Type of indirect engagement

Select from:

☑ Indirect engagement via a trade association

(4.11.2.4) Trade association

Africa

☑ Other trade association in Africa, please specify **:**South African Federation of Healthcare Engineering (SAFHE)

(4.11.2.5) Environmental issues relevant to the policies, laws, or regulations on which the organization or individual has taken a position

Select all that apply

☑ Climate change

☑ Water

(4.11.2.6) Indicate whether your organization's position is consistent with the organization or individual you engage with

Select from:

☑ Consistent

(4.11.2.7) Indicate whether your organization attempted to influence the organization or individual's position in the reporting year

Select from:

☑ Yes, we publicly promoted their current position

(4.11.2.8) Describe how your organization's position is consistent with or differs from the organization or individual's position, and any actions taken to influence their position

South African Federation of Healthcare Engineering (SAFHE) aims to promote more efficient management, planning, operation, maintenance and safety of healthcare facilities. SAFHE also organises and promotes conferences and discussions on climate change, carbon footprint computation, environmental management and its impact on the healthcare industry in South Africa. This is consistent with Mediclinic's view of integrating climate change into business strategy for sustainability. SAFHE formed an Infrastructure Unit Support System to provide benchmarks for the design and management of healthcare facilities, which include emissions, water, waste and energy consumption benchmarks. SAFHE is also actively involved in various committees of Engineering Council of South Africa (ECSA). Mediclinic's Infrastructure Sustainability Manager is the new President of SAFHE. Mediclinic also has representation on all the regional committees. Through this position of leadership, we are directly influencing the position of SAFHE.

(4.11.2.9) Funding figure your organization provided to this organization or individual in the reporting year (currency)

0

(4.11.2.11) Indicate if you have evaluated whether your organization's engagement is aligned with global environmental treaties or policy goals

Select from:

☑ Yes, we have evaluated, and it is aligned

(4.11.2.12) Global environmental treaties or policy goals aligned with your organization's engagement on policy, law or regulation

Select all that apply

☑ Paris Agreement

☑ Sustainable Development Goal 6 on Clean Water and Sanitation

Row 2

(4.11.2.1) Type of indirect engagement

Select from:

☑ Indirect engagement via a trade association

(4.11.2.4) Trade association

Africa

☑ Other trade association in Africa, please specify **:**Infection Control Africa Network (ICAN)

(4.11.2.5) Environmental issues relevant to the policies, laws, or regulations on which the organization or individual has taken a position

Select all that apply

☑ Climate change

☑ Water

(4.11.2.6) Indicate whether your organization's position is consistent with the organization or individual you engage with

Select from:

☑ Consistent

(4.11.2.7) Indicate whether your organization attempted to influence the organization or individual's position in the reporting year

Select from:

☑ Yes, we publicly promoted their current position

(4.11.2.8) Describe how your organization's position is consistent with or differs from the organization or individual's position, and any actions taken to influence their position

Infection Control Africa Network (ICAN) has an important role to play in identify and managing climate and water-related disease outbreaks in Africa. The association supports collective efforts to ensure the resilience of health care systems and ultimately of communities in the face of climate change and cross cutting water issues. The strategy: 1. We are not only in Africa, but we are Africa. 2. All in healthcare, same desired end results, healthy communities. 3. Sharing of knowledge and experience in Africa. (e.g., holding conferences together and forming workgroups.) 4. Collaboration in training abilities and facilities. 5. Sharing of resources. (e.g., PPE during the COVID-19 pandemic) 6. Early warning system with the outbreak of diseases on the continent of Africa. By being part of ICAN, SAFHE and Mediclinic South Africa this forms part of a vast communication structure inside ICAN. The communication structure has a wide sphere of information gathering ability (e.g., via the ICAN communication structure, information was already available on the 13th of December 2019 about a possible SARS virus outbreak in Wuhan, China. The WHO (World Health Organisation) only officially announced the SARS virus outbreak on the 31st of December 2019). This is the strength of the ICAN communication structure. Mediclinic's Group Manager: Environmental Sustainability has been involved with ICAN for the past 7 years and has been a member for the past 7 years. The partnership with ICAN is via SAFHE (South African Federation of Healthcare Engineering) and Mediclinic Southern Africa. Mediclinic shares information and resources and contributes to the collective efforts to manage climate and water-related disease impacts in Africa.

(4.11.2.9) Funding figure your organization provided to this organization or individual in the reporting year (currency)

0

(4.11.2.11) Indicate if you have evaluated whether your organization's engagement is aligned with global environmental treaties or policy goals

Select from:

☑ Yes, we have evaluated, and it is aligned

(4.11.2.12) Global environmental treaties or policy goals aligned with your organization's engagement on policy, law or regulation

Select all that apply

☑ Paris Agreement

☑ Sustainable Development Goal 6 on Clean Water and Sanitation

Row 3

(4.11.2.1) Type of indirect engagement

Select from:

☑ Indirect engagement via a trade association

(4.11.2.4) Trade association

Africa

☑ Other trade association in Africa, please specify **:**International Federation of Healthcare Engineering

(4.11.2.5) Environmental issues relevant to the policies, laws, or regulations on which the organization or individual has taken a position

Select all that apply

☑ Climate change

☑ Water

(4.11.2.6) Indicate whether your organization's position is consistent with the organization or individual you engage with

Select from:

☑ Consistent

(4.11.2.7) Indicate whether your organization attempted to influence the organization or individual's position in the reporting year

Select from:

☑ Yes, we publicly promoted their current position

(4.11.2.8) Describe how your organization's position is consistent with or differs from the organization or individual's position, and any actions taken to influence their position

The International Federation of Healthcare Engineering (IFHE) is a non-profit, non-governmental body established in 1970 to enable national engineering professional organisations to join in a world-wide federation. The purpose of IFHE is to encourage and facilitate exchange of information and experience in the broad field of hospital and healthcare facility design, construction, engineering, commissioning, maintenance, and estate management. This includes the field of environmental sustainability including: • Ensuring that environmental sustainability is given appropriate coverage in IFHE activities; • Develop and promote publications that will draw attention to issues of environmental sustainability and will showcase projects and lessons learnt; • Ensure that the bi-annual IFHE Congress will always have environmental issues and sustainability as subjects for promotion, education and shared learning; • Make and use opportunity for promotions in appropriate public media to encourage an awareness of environmental sustainability in the healthcare sector; • Develop technical and practical recommendations on issues of environmental sustainability in healthcare facilities. MCSA Technical Operations is the newly elected incoming President of the IFHE and, as such, is driving the environmental sustainability agenda of the IFHE. The IFHE 2024 International Conference, hosted by SAFHE, will be held in Cape Town, South Africa from the 15th-17th October 2024. One of the main themes at this conference will be sustainability, with a number of sessions exploring topics such as sustainable energy solutions in healthcare, sustainable hospital infrastructure and addressing environmental challenges in health care.

(4.11.2.9) Funding figure your organization provided to this organization or individual in the reporting year (currency)

0

(4.11.2.11) Indicate if you have evaluated whether your organization's engagement is aligned with global environmental treaties or policy goals

Select from:

☑ Yes, we have evaluated, and it is aligned

(4.11.2.12) Global environmental treaties or policy goals aligned with your organization's engagement on policy, law or regulation

Select all that apply

☑ Paris Agreement

☑ Sustainable Development Goal 6 on Clean Water and Sanitation

[Add row]

(4.12) Have you published information about your organization’s response to environmental issues for this reporting year in places other than your CDP response?

Select from:

☑ Yes

(4.12.1) Provide details on the information published about your organization’s response to environmental issues for this reporting year in places other than your CDP response. Please attach the publication.

Row 1

(4.12.1.1) Publication

Select from:

☑ In mainstream reports, in line with environmental disclosure standards or frameworks

(4.12.1.2) Standard or framework the report is in line with

Select all that apply

☑ GRI

(4.12.1.3) Environmental issues covered in publication

Select all that apply

☑ Climate change

☑ Water

(4.12.1.4) Status of the publication

Select from:

☑ Complete

(4.12.1.5) Content elements

Select all that apply

☑ Governance
☑ Emission targets
☑ Emissions figures
☑ Risks & Opportunities
☑ Dependencies & Impacts
☑ Water accounting figures

(4.12.1.6) Page/section reference

Water accounting figures: Pages 62, 104-105 Emission figures: Pages 62, 104-105 Emission targets: 60, 62 Governance and Dependencies and Impacts: Pages 58-61 Risks and Opportunities: Pages 60-61, 63-64

(4.12.1.7) Attach the relevant publication

_2024 Mediclinic Corporate profile online.pdf

(4.12.1.8) Comment

N/A

Row 2

(4.12.1.1) Publication

Select from:

☑ In mainstream reports, in line with environmental disclosure standards or frameworks

(4.12.1.2) Standard or framework the report is in line with

Select all that apply

☑ GRI

(4.12.1.3) Environmental issues covered in publication

Select all that apply

☑ Climate change

☑ Water

(4.12.1.4) Status of the publication

Select from:

☑ Complete

(4.12.1.5) Content elements

Select all that apply

☑ Risks & Opportunities

☑ Value chain engagement

☑ Emissions figures

☑ Emission targets

(4.12.1.6) Page/section reference

Risks and Opportunities: Pages 31-34 Value chain engagement: Pages 37-39 Emissions figures and emission targets: Pages 41-44

(4.12.1.7) Attach the relevant publication

Signed2023 MCI Annual Report 14_06.pdf

(4.12.1.8) Comment

N/A
[Add row]

C5. Business strategy

(5.1) Does your organization use scenario analysis to identify environmental outcomes?

Climate change

(5.1.1) Use of scenario analysis

Select from:

☑ Yes

(5.1.2) Frequency of analysis

Select from:

☑ Annually

Water

(5.1.1) Use of scenario analysis

Select from:

☑ Yes

(5.1.2) Frequency of analysis

Select from:

☑ Annually

[Fixed row]

(5.1.1) Provide details of the scenarios used in your organization’s scenario analysis.

Climate change

(5.1.1.1) Scenario used

Climate transition scenarios

☑ Customized publicly available climate transition scenario, please specify **:**Customized scenario based on IPCC data and South African specific scenario data.

(5.1.1.3) Approach to scenario

Select from:

☑ Qualitative and quantitative

(5.1.1.4) Scenario coverage

Select from:

☑ Organization-wide

(5.1.1.5) Risk types considered in scenario

Select all that apply

☑ Policy

☑ Market

☑ Reputation

☑ Technology

☑ Liability

(5.1.1.6) Temperature alignment of scenario

Select from:

☑ 1.5°C or lower

(5.1.1.7) Reference year

2022

(5.1.1.8) Timeframes covered

Select all that apply

☑ 2025

☑ 2030

☑ 2040

☑ 2050

(5.1.1.9) Driving forces in scenario

Local ecosystem asset interactions, dependencies and impacts

☑ Changes to the state of nature

☑ Speed of change (to state of nature and/or ecosystem services)

☑ Climate change (one of five drivers of nature change)

Finance and insurance

☑ Cost of capital

Regulators, legal and policy regimes

☑ Global regulation

☑ Level of action (from local to global)

(5.1.1.10) Assumptions, uncertainties and constraints in scenario

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.

(5.1.1.11) Rationale for choice of scenario

Mediclinic has identified three climate scenarios to gain an understanding of climate-related risks and opportunities and to assess our business resilience to these risks: Scenario 1: 1.5C increase - Paris ambition: • World takes immediate action to reduction global emissions; coordinated action taken. • High level of transition risks for this scenario. • Physical risks for this scenario will be limited compared to scenario 3.

Water

(5.1.1.1) Scenario used

Physical climate scenarios

☑ Customized publicly available climate physical scenario, please specify **:**Customized scenario based on IPCC data and South African specific scenario data.

(5.1.1.3) Approach to scenario

Select from:

☑ Qualitative and quantitative

(5.1.1.4) Scenario coverage

Select from:

☑ Organization-wide

(5.1.1.5) Risk types considered in scenario

Select all that apply

☑ Policy

☑ Market

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(5.1.1.6) Temperature alignment of scenario

Select from:

☑ 1.5°C or lower

(5.1.1.7) Reference year

2022

(5.1.1.8) Timeframes covered

Select all that apply

☑ 2025

☑ 2030

☑ 2040

☑ 2050

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(5.1.1.4) Scenario coverage

Select from:

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(5.1.1.5) Risk types considered in scenario

Select all that apply

☑ Acute physical

☑ Chronic physical

(5.1.1.6) Temperature alignment of scenario

Select from:

☑ 1.5°C or lower

(5.1.1.7) Reference year

2022

(5.1.1.8) Timeframes covered

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☑ 2025

☑ 2030

☑ 2040

☑ 2050

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☑ Market

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☑ Liability

(5.1.1.6) Temperature alignment of scenario

Select from:

☑ 1.6ºC - 1.9ºC

(5.1.1.7) Reference year

2022

(5.1.1.8) Timeframes covered

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Select from:

☑ Organization-wide

(5.1.1.5) Risk types considered in scenario

Select all that apply

☑ Acute physical

☑ Chronic physical

(5.1.1.6) Temperature alignment of scenario

Select from:

☑ 1.6ºC - 1.9ºC

(5.1.1.7) Reference year

2022

(5.1.1.8) Timeframes covered

Select all that apply

☑ 2025

☑ 2030

☑ 2040

☑ 2050

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☑ Reputation

☑ Technology

☑ Liability

(5.1.1.6) Temperature alignment of scenario

Select from:

☑ 2.5ºC - 2.9ºC

(5.1.1.7) Reference year

2022

(5.1.1.8) Timeframes covered

Select all that apply

☑ 2025

☑ 2030

☑ 2040

☑ 2050

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Select from:

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(5.1.1.4) Scenario coverage

Select from:

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(5.1.1.5) Risk types considered in scenario

Select all that apply

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☑ Chronic physical

(5.1.1.6) Temperature alignment of scenario

Select from:

☑ 2.5ºC - 2.9ºC

(5.1.1.7) Reference year

2022

(5.1.1.8) Timeframes covered

Select all that apply

☑ 2025

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Water

(5.1.1.1) Scenario used

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(5.1.1.3) Approach to scenario

Select from:

☑ Qualitative and quantitative

(5.1.1.4) Scenario coverage

Select from:

☑ Organization-wide

(5.1.1.5) Risk types considered in scenario

Select all that apply

☑ Acute physical

☑ Chronic physical

(5.1.1.6) Temperature alignment of scenario

Select from:

☑ 1.5°C or lower

(5.1.1.7) Reference year

2022

(5.1.1.8) Timeframes covered

Select all that apply

☑ 2025

☑ 2030

☑ 2040

☑ 2050

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(5.1.1.5) Risk types considered in scenario

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☑ Market

☑ Reputation

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(5.1.1.6) Temperature alignment of scenario

Select from:

☑ 1.6ºC - 1.9ºC

(5.1.1.7) Reference year

2022

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☑ Changes to the state of nature

☑ Speed of change (to state of nature and/or ecosystem services)

☑ Climate change (one of five drivers of nature change)

(5.1.1.10) Assumptions, uncertainties and constraints in scenario

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.

(5.1.1.11) Rationale for choice of scenario

Mediclinic has identified three climate scenarios to gain an understanding of climate-related risks and opportunities and to assess our business resilience to these risks: Scenario 3: 3.0C increase - Business as usual: • No introduction of new policies beyond the policies already known and announced. • Limited transition risks for this scenario. • Physical risks are the highest under this scenario.
[Add row]

(5.1.2) Provide details of the outcomes of your organization's scenario analysis.

Climate change

(5.1.2.1) Business processes influenced by your analysis of the reported scenarios

Select all that apply

☑ Risk and opportunities identification, assessment and management

☑ Strategy and financial planning

☑ Resilience of business model and strategy

☑ Capacity building

☑ Target setting and transition planning

(5.1.2.2) Coverage of analysis

Select from:

☑ Organization-wide

(5.1.2.3) Summarize the outcomes of the scenario analysis and any implications for other environmental issues

Mediclinic has identified three climate scenarios to gain an understanding of climate-related risks and opportunities and to assess our business resilience to these risks, namely: Scenario 1: 1.5C increase – Paris Ambition Scenario 2: 2.0C increase – Policy action but with delayed start Scenario 3: 3.0C increase – Business as usual. Time horizons that were considered included: short term: 1–5 years; medium term: 6–10 years and long term: 11 years–2050. The process has deepened Mediclinic's understanding of the climate-related risks and opportunities most material to its direct operations, and the impact these have on the business. The process has proven to be a critical first step toward strengthening the integration of climate-related risks and opportunities into Group risk management processes, has informed the ESG Strategy and ultimately led to the constitution of ESG committee to ensure efficient oversight of the Group's ESG strategy and related practices. In the reporting year, the key strategic outcome of the process has been the development of finalised roadmaps to become carbon neutral by 2030 in our Southern African and the Middle East operations, and the current development and finalisation of this roadmap for Hirslanden (Switzerland). This is connected to risks and opportunities, strategy and target setting.

Water

(5.1.2.1) Business processes influenced by your analysis of the reported scenarios

Select all that apply

☑ Risk and opportunities identification, assessment and management

☑ Strategy and financial planning

☑ Resilience of business model and strategy

☑ Capacity building

☑ Target setting and transition planning

(5.1.2.2) Coverage of analysis

Select from:

☑ Organization-wide

(5.1.2.3) Summarize the outcomes of the scenario analysis and any implications for other environmental issues

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, namely: Scenario 1: 1.5C increase – Paris Ambition Scenario 2: 2.0C increase – Policy action but with delayed start Scenario 3: 3.0C increase – Business as usual. Time horizons considered included: Short term: 1–5 years; Medium term: 6–10 years and Long term: 11 years – 2050 The process has deepened Mediclinic's understanding of the climate-related risks and opportunities most material to its direct operations, and the impact these have on the business. The process has proven to be a critical first step toward strengthening the integration of climate-related risks and opportunities into Group risk management processes, has informed the ESG Strategy and ultimately led to the constitution of ESG committee to ensure efficient oversight of the Group's ESG strategy and related practices. In the reporting year, a key strategic outcome of the process has been the development of finalised roadmaps to become carbon neutral by 2030 in our Southern African and the Middle East operations, and the current process of finalisation of this roadmap for Hirslanden. Furthermore, the process has informed current process of development of a 'Water Roadmap' for each geographical region. The Water Roadmap will establish a pathway and plan to set and achieve environmental targets linked to water availability, security and quality. And will interrogate adapting to the risks of rising temperatures and recused water availability. The development of this roadmap will consider response measures identified in the scenario analysis process, with reference to Mediclinic's strategy as well as local and international climate and development objectives. This is therefore connected to risks and opportunities, strategy and target setting.
[Fixed row]

(5.2) Does your organization's strategy include a climate transition plan?

(5.2.1) Transition plan

Select from:

☑ Yes, we have a climate transition plan which aligns with a 1.5°C world

(5.2.3) Publicly available climate transition plan

Select from:

☑ No

(5.2.4) Plan explicitly commits to cease all spending on, and revenue generation from, activities that contribute to fossil fuel expansion

Select from:

☑ No, but we plan to add an explicit commitment within the next two years

(5.2.6) Explain why your organization does not explicitly commit to cease all spending on and revenue generation from activities that contribute to fossil fuel expansion

Mediclinic is a private hospital services company and the day-to-day operations and supply chain is not explicitly linked to the fossil fuel industry. However, Mediclinic acknowledges the need to commit to ceasing all spending on and revenue generation from activities that contribute to fossil fuel expansion and will consider this revision in its plans within a 2 year period.

(5.2.7) Mechanism by which feedback is collected from shareholders on your climate transition plan

Select from:

☑ We have a different feedback mechanism in place

(5.2.8) Description of feedback mechanism

Mediclinic's Group Executive Committee ("Group Exco") considers and recommends approval and/or revisions of the suite of roadmaps on carbon neutrality for Southern Africa, Hirslanden and Middle East to the ESG Committee.

(5.2.9) Frequency of feedback collection

Select from:

☑ Annually

(5.2.10) Description of key assumptions and dependencies on which the transition plan relies

The achievement of carbon neutrality by 2030 is dependent upon the availability of renewable energy, approvals from local municipalities on renewable energy infrastructure and wheeling and the availability and price of carbon offsets (carbon credits) in 2030.

(5.2.11) Description of progress against transition plan disclosed in current or previous reporting period

Mediclinic reported a reduction of scope 1 and 2 emissions for the Group between CY2022 and CY2023 due to various emission reduction initiatives and investment in renewable energy across its different geographies.

(5.2.13) Other environmental issues that your climate transition plan considers

Select all that apply

☑ Biodiversity

☑ Other, please specify **:**Waste - zero waste to landfill by 2030

(5.2.14) Explain how the other environmental issues are considered in your climate transition plan

During 2023, the Swiss environmental team developed a biodiversity roadmap to ensure the protection of natural resources within their ambit. This roadmap involves preserving green areas through redesign, enhancing their ecological potential and maintaining them. The goals are to increase CO2 absorption capacity, enlarge the amount of green space and grow the biodiversity index. Mediclinic Southern Africa, Middle East and Hirslanden also have geography-specific roadmaps to zero waste to landfill by 2030.
[Fixed row]

(5.3) Have environmental risks and opportunities affected your strategy and/or financial planning?

(5.3.1) Environmental risks and/or opportunities have affected your strategy and/or financial planning

Select from:

☑ Yes, both strategy and financial planning

(5.3.2) Business areas where environmental risks and/or opportunities have affected your strategy

Select all that apply

☑ Products and services

☑ Upstream/downstream value chain

☑ Investment in R&D

☑ Operations
[Fixed row]

(5.3.1) Describe where and how environmental risks and opportunities have affected your strategy.

Products and services

(5.3.1.1) Effect type

Select all that apply

☑ Risks

☑ Opportunities

(5.3.1.2) Environmental issues relevant to the risks and/or opportunities that have affected your strategy in this area

Select all that apply

☑ Climate change

☑ Water

(5.3.1.3) Describe how environmental risks and/or opportunities have affected your strategy in this area

Mediclinic is committed to being a good corporate citizen and believes that sustainability must be integrated in its business strategy, focusing not only on its financial output, but also on managing and utilising social and environmental resources efficiently to ensure a sustainable business in the long term. This requires strategic thinking on the impacts of climate change and associated water-related challenges, and Mediclinic's response to it. In order to minimise our contribution towards climate change, and the cross-cutting issues of water stress, 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, Corporate Sustainable Water Management Strategy and introduced a Group Waste Management Policy. The Group ESG strategy includes the sub-goals of becoming carbon neutral and having zero waste to landfill by 2030. These sub-goals have been rolled up to the Mediclinic Group Strategy to reinforce their importance and ensure the necessary resources are allocated. Mediclinic believes that strategic advantage can be obtained through using resources responsibly, thereby managing and containing operating costs through reducing water consumption as well as fuel and electricity consumption and associated carbon emissions. Further, it will ensure ongoing access to water and energy supplies. By managing Mediclinic's impact on the environment while providing quality of care and facilities it will be regarded as a respected and trusted provider of hospital services by patients, doctors, and funders of healthcare. A new ESG strategy was approved in 2020, including the influence of climate change on Mediclinic's products and services. Climate transition risks have informed our commitment to achieving carbon-neutral status and zero waste to landfill by 2030 with plans to support the achievement of these targets, and this commitment forms an important part of the new strategy.

Upstream/downstream value chain

(5.3.1.1) Effect type

Select all that apply

☑ Risks

☑ Opportunities

(5.3.1.2) Environmental issues relevant to the risks and/or opportunities that have affected your strategy in this area

Select all that apply

☑ Climate change

☑ Water

(5.3.1.3) Describe how environmental risks and/or opportunities have affected your strategy in this area

Through the TCFD process, the climate change and water-related risks and opportunities affecting our supply chain has been further evaluated and integrated into our ESG strategy. For example, connected to our zero waste to landfill by 2030 target, there is a focus to implement circular economies with key suppliers. The links to the opportunity we have identified to increase the amount of waste that is recycled and recyclable. Shortage of landfill sites, their ever-increasing cost and the associated GHG emissions make this opportunity compelling. An increase in waste recycling mitigates related cost concerns and also helps reduce associated carbon emissions.

Investment in R&D

(5.3.1.1) Effect type

Select all that apply

☑ Risks

☑ Opportunities

(5.3.1.2) Environmental issues relevant to the risks and/or opportunities that have affected your strategy in this area

Select all that apply

☑ Climate change

☑ Water

(5.3.1.3) Describe how environmental risks and/or opportunities have affected your strategy in this area

A key opportunity has been identified through the TCFD process is to invest in energy-efficient technology and procure renewable energy at lower prices and with fewer harmful emissions. The implementation of the Environmental Management System (EMS) at all hospitals across the Group will lead to improved operational efficiency of technical installations, the introduction of various new energy and water efficiencies – including renewable technologies – and positive change in employee behaviour.

Operations

(5.3.1.1) Effect type

Select all that apply

☑ Risks

☑ Opportunities

(5.3.1.2) Environmental issues relevant to the risks and/or opportunities that have affected your strategy in this area

Select all that apply

☑ Climate change

☑ Water

(5.3.1.3) Describe how environmental risks and/or opportunities have affected your strategy in this area

The effect of climate change and associated water-related challenges on the business is a valid concern. Our strategy, therefore, not only focuses on financial output, but also on managing and utilising social and environmental resources efficiently to ensure long-term sustainability. Responsible resource use offers Mediclinic a strategic advantage. We work continuously to reduce water consumption as well fuel and electricity consumption and associated carbon emissions. In this way, we contain operating costs and ensure ongoing access to water and energy supplies. Reducing water usage and consumption, is key to Mediclinic 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. The implementation of similar measures in Switzerland and the Middle East have also begun. The opportunity benefit can be directly related to the potential revenue loss should water availability be restricted.
[Add row]

(5.3.2) Describe where and how environmental risks and opportunities have affected your financial planning.

Row 1

(5.3.2.1) Financial planning elements that have been affected

Select all that apply

☑ Direct costs

☑ Indirect costs

☑ Capital expenditures

(5.3.2.2) Effect type

Select all that apply

☑ Risks

☑ Opportunities

(5.3.2.3) Environmental issues relevant to the risks and/or opportunities that have affected these financial planning elements

Select all that apply

☑ Water

(5.3.2.4) Describe how environmental risks and/or opportunities have affected these financial planning elements

The effect of water stress on the business is a valid concern. Water-related issues such as water availability could significantly disrupt direct operations and as well as our supply chain.Our strategy, therefore, not only focuses on financial output, but also on managing and utilising social and environmental resources efficiently to ensure long-term sustainability. From a water perspective, our strategy is informed by the divisional safety, health and environmental policies, the Group Environmental Policy, the Group Sustainable Development Policy and the Code of Business Conduct and Ethics. The aforementioned policies are reviewed annually by management, with recommendations to the ESG Committee. The Group Safety, Health and Environmental Policy guides the identification and management of risks and opportunities relating to water use and recycling, energy use and conservation, emissions and climate change, and waste management and recycling. Responsible resource use offers Mediclinic a strategic advantage. We work continuously to reduce water consumption and increase usage efficiencies. In this way, we contain operating costs and ensure ongoing access to water supplies. For example, Mediclinic, through its long term sustainable management strategy, set a goal to ensure a reliable water supply for all hospitals and investigate and invest in water efficient technology solutions in drought stricken or water stressed areas to ensure long-term business continuity.. It is the responsibility of each division to budget for the initiatives and programmes associated with environmental goals. Once the divisional executive committees have approved budget requirements, the budgets are presented to the Group Executive Committee and Board for approval. For example, in 2023 there was an approval of a ZAR2.4bn investment to maximise on-site renewable energy generation and storage in Southern Africa. Furthermore, to invest in a better environmental performance the Group has invested USD 5 million in FY2024 and allocated a USD 6 million investment in FY2025. In 2018, a water strategy was development 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.

Row 2

(5.3.2.1) Financial planning elements that have been affected

Select all that apply

☑ Direct costs

☑ Indirect costs

☑ Capital expenditures

(5.3.2.2) Effect type

Select all that apply

☑ Risks

☑ Opportunities

(5.3.2.3) Environmental issues relevant to the risks and/or opportunities that have affected these financial planning elements

Select all that apply

☑ Climate change

(5.3.2.4) Describe how environmental risks and/or opportunities have affected these financial planning elements

The effect of climate change on the business is a valid concern. Our strategy, therefore, not only focuses on financial output, but also on managing and utilising social and environmental resources efficiently to ensure long-term sustainability. From a climate change perspective, our strategy is informed by the divisional safety, health and environmental policies, the Group Environmental Policy, the Group Sustainable Development Policy and the Code of Business Conduct and Ethics. The aforementioned policies are reviewed annually by management, with recommendations to the ESG Committee. The Group Safety, Health and Environmental Policy guides the identification and management of risks and opportunities relating to water use and recycling, energy use and conservation, emissions and climate change, and waste management and recycling. Responsible resource use offers Mediclinic a strategic advantage. We work continuously to reduce fuel and electricity consumption and associated carbon emissions. In this way, we contain operating costs and ensure ongoing access to water and energy supplies. It is the responsibility of each division to budget for the initiatives and programmes associated with environmental goals. Once the divisional executive committees have approved budget requirements, the budgets are presented to the Group Executive Committee and Board for approval. For example, in 2023 there was an approval of a ZAR2.4bn investment to maximise on-site renewable energy generation and storage in Southern Africa. Furthermore, to invest in a better environmental performance the Group has invested 5 million in FY2024 and allocated a 6 million investment in FY2025.
[Add row]

(5.4) In your organization’s financial accounting, do you identify spending/revenue that is aligned with your organization’s climate transition?

	Identification of spending/revenue that is aligned with your organization's climate transition
	Select from: ☑ No, but we plan to in the next two years

[Fixed row]

(5.9) 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?

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

100

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

10

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

9

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

9

(5.9.5) Please explain

In CY2022, there were no new CAPEX expenditures undertaken. In CY2023 a number of expenditures have occurred (accounting for 100% change). These included the installation of water meters at MCME sites and the implementation of water-saving projects a two Hirslanden sites. We have plans to implement various water-related projects in the upcoming calendar years, which are anticipated to result in increased CAPEX expenditures. The exact cost of these projects is currently

unknown, and the percentage represented is an estimate. Once we have developed our Water Roadmap we will have a clearer indication of CAPEX expenditures going forward. OPEX expenditure has increased as a result of standard annual increases in council water costs. Going forward, OPEX expenditure is estimated to follow a similar forward trend in correlation with the implementation of these water projects.
[Fixed row]

(5.10) Does your organization use an internal price on environmental externalities?

	Use of internal pricing of environmental externalities	Environmental externality priced
	Select from: ☑ Yes	*Select all that apply* ☑ Carbon

[Fixed row]

(5.10.1) Provide details of your organization's internal price on carbon.

Row 1

(5.10.1.1) Type of pricing scheme

Select from:

☑ Shadow price

(5.10.1.2) Objectives for implementing internal price

Select all that apply

☑ Drive low-carbon investment

☑ Identify and seize low-carbon opportunities

☑ Navigate regulations

☑ Set a carbon offset budget

(5.10.1.3) Factors considered when determining the price

Select all that apply

☑ Alignment with the price of a carbon tax

(5.10.1.4) Calculation methodology and assumptions made in determining the price

The South African carbon tax (GBP 6.89/tCO2e / ZAR 159/tCO2e in 2023) is considered given its impact on energy prices. This influences procurement decisions for MCSA. For example, solar PV feasibility studies consider the carbon tax both with respect to payback but also as a potential additional revenue source should Mediclinic be able to sell/export electricity in the future.

(5.10.1.5) Scopes covered

Select all that apply

☑ Scope 1

☑ Scope 2

(5.10.1.6) Pricing approach used – spatial variance

Select from:

☑ Uniform

(5.10.1.8) Pricing approach used – temporal variance

Select from:

☑ Static

(5.10.1.10) Minimum actual price used (currency per metric ton CO2e)

6.89

(5.10.1.11) Maximum actual price used (currency per metric ton CO2e)

6.89

(5.10.1.12) Business decision-making processes the internal price is applied to

Select all that apply

☑ Capital expenditure

☑ Procurement

(5.10.1.13) Internal price is mandatory within business decision-making processes

Select from:

☑ Yes, for some decision-making processes, please specify **:**Specific for Southern Africa

(5.10.1.14) % total emissions in the reporting year in selected scopes this internal price covers

81.67

(5.10.1.15) Pricing approach is monitored and evaluated to achieve objectives

Select from:

☑ Yes

(5.10.1.16) Details of how the pricing approach is monitored and evaluated to achieve your objectives

The pricing approach linked with the South African carbon tax is monitored on the same time horizons as procurement decisions are made or on an as needed basis within the Southern African operations.
[Add row]

(5.11) Do you engage with your value chain on environmental issues?

Suppliers

(5.11.1) Engaging with this stakeholder on environmental issues

Select from:

☑ Yes

(5.11.2) Environmental issues covered

Select all that apply

☑ Climate change

☑ Water

Customers

(5.11.1) Engaging with this stakeholder on environmental issues

Select from:

☑ Yes

(5.11.2) Environmental issues covered

Select all that apply

☑ Climate change

☑ Water

Investors and shareholders

(5.11.1) Engaging with this stakeholder on environmental issues

Select from:

☑ No, but we plan to within the next two years

(5.11.3) Primary reason for not engaging with this stakeholder on environmental issues

Select from:

☑ Other, please specify **:**Limited engagement through governance mechanisms.

(5.11.4) Explain why you do not engage with this stakeholder on environmental issues

Investors and shareholders are engaged through standardised governance processes within Mediclinic but a formalised engagement plan on the specific investor network is not explicit.

Other value chain stakeholders

(5.11.1) Engaging with this stakeholder on environmental issues

Select from:

☑ No, but we plan to within the next two years

(5.11.3) Primary reason for not engaging with this stakeholder on environmental issues

Select from:

☑ Not an immediate strategic priority

(5.11.4) Explain why you do not engage with this stakeholder on environmental issues

Suppliers and customers are key strategic engagement focuses for Mediclinic given the sector that it operates in within the hospital services industry.
[Fixed row]

(5.11.1) Does your organization assess and classify suppliers according to their dependencies and/or impacts on the environment?

	Assessment of supplier dependencies and/or impacts on the environment
Climate change	*Select from:* ☑ No, we do not currently assess the dependencies and/or impacts of our suppliers, but we plan to do so within the next two years
Water	*Select from:* ☑ No, we do not currently assess the dependencies and/or impacts of our suppliers, but we plan to do so within the next two years

[Fixed row]

(5.11.2) Does your organization prioritize which suppliers to engage with on environmental issues?

Climate change

(5.11.2.1) Supplier engagement prioritization on this environmental issue

Select from:

☑ No, we do not prioritize which suppliers to engage with on this environmental issue

(5.11.2.3) Primary reason for no supplier prioritization on this environmental issue

Select from:

☑ We engage with all suppliers

(5.11.2.4) Please explain

Mediclinic needs a sustainable, uninterrupted supply chain and ethically sourced products. In terms of Mediclinic's sustainability model and building stakeholders' trust, all suppliers are a key focus area.

Water

(5.11.2.1) Supplier engagement prioritization on this environmental issue

Select from:

☑ No, we do not prioritize which suppliers to engage with on this environmental issue

(5.11.2.3) Primary reason for no supplier prioritization on this environmental issue

Select from:

☑ We engage with all suppliers

(5.11.2.4) Please explain

Mediclinic needs a sustainable, uninterrupted supply chain and ethically sourced products. In terms of Mediclinic's sustainability model and building stakeholders' trust, all suppliers are a key focus area.
[Fixed row]

(5.11.5) Do your suppliers have to meet environmental requirements as part of your organization’s purchasing process?

Climate change

(5.11.5.1) Suppliers have to meet specific environmental requirements related to this environmental issue as part of the purchasing process

Select from:

☑ Yes, suppliers have to meet environmental requirements related to this environmental issue, but they are not included in our supplier contracts

(5.11.5.2) Policy in place for addressing supplier non-compliance

Select from:

☑ No, we do not have a policy in place for addressing non-compliance

(5.11.5.3) Comment

Mediclinic creates value every day by providing cost-effective, quality care while taking responsibility for the impact of our operations beyond our facilities. We are providing care in a world that is being reshaped by evolving client needs, regulatory frameworks and climate forces. This calls for a sustainable approach in our supply chain management. This is captured in Mediclinic's Supply Chain Management Philosophy. Mediclinic collaborates with suppliers to ensure the quality and reliability of products and to importantly maintain standards for sustainable sourcing, human rights, ethics and the environment. The integrity of Mediclinic's supply chain function is paramount, and we commit to: • Creating awareness of responsible sourcing continuously throughout our supply chain. • Prioritising suppliers with clear action plans for reducing their overall impact on the environment, and developing and implementing systems and controls to support these commitments. As part of Mediclinic's supply chain philosophy it is based on the following principle, among others: • We invest in technologies, products and procedures to reduce our carbon footprint and to limit the overall impact Mediclinic has on the environment.

Water

(5.11.5.1) Suppliers have to meet specific environmental requirements related to this environmental issue as part of the purchasing process

Select from:

☑ Yes, suppliers have to meet environmental requirements related to this environmental issue, but they are not included in our supplier contracts

(5.11.5.2) Policy in place for addressing supplier non-compliance

Select from:

☑ No, we do not have a policy in place for addressing non-compliance

(5.11.5.3) Comment

Mediclinic creates value every day by providing cost-effective, quality care while taking responsibility for the impact of our operations beyond our facilities. We are providing care in a world that is being reshaped by evolving client needs, regulatory frameworks and climate forces. This calls for a sustainable approach in our supply chain management. This is captured in Mediclinic's Supply Chain Management Philosophy. Mediclinic collaborates with suppliers to ensure the quality and reliability of products and to importantly maintain standards for sustainable sourcing, human rights, ethics and the environment. The integrity of Mediclinic's supply chain function is paramount, and we commit to: • Creating awareness of responsible sourcing continuously throughout our supply chain. • Prioritising suppliers with clear action plans for reducing their overall impact on the environment, and developing and implementing systems and controls to support these commitments. As part of Mediclinic's supply chain philosophy it is based on the following principle, among others: • We invest in technologies, products and procedures to reduce our carbon footprint and to limit the overall impact Mediclinic has on the environment.
[Fixed row]

(5.11.6) Provide details of the environmental requirements that suppliers have to meet as part of your organization’s purchasing process, and the compliance measures in place.

Climate change

(5.11.6.1) Environmental requirement

Select from:

☑ Implementation of emissions reduction initiatives

(5.11.6.2) Mechanisms for monitoring compliance with this environmental requirement

Select all that apply

☑ Certification

☑ Supplier self-assessment

(5.11.6.3) % tier 1 suppliers by procurement spend required to comply with this environmental requirement

Select from:

☑ 100%

(5.11.6.4) % tier 1 suppliers by procurement spend in compliance with this environmental requirement

Select from:

☑ 100%

(5.11.6.7) % tier 1 supplier-related scope 3 emissions attributable to the suppliers required to comply with this environmental requirement

Select from:

☑ 100%

(5.11.6.8) % tier 1 supplier-related scope 3 emissions attributable to the suppliers in compliance with this environmental requirement

Select from:

☑ 100%

(5.11.6.9) Response to supplier non-compliance with this environmental requirement

Select from:

☑ Retain and engage

(5.11.6.10) % of non-compliant suppliers engaged

Select from:

☑ None

(5.11.6.11) Procedures to engage non-compliant suppliers

Select all that apply

☑ Providing information on appropriate actions that can be taken to address non-compliance

(5.11.6.12) Comment

Mediclinic creates value every day by providing cost-effective, quality care while taking responsibility for the impact of our operations beyond our facilities. We are providing care in a world that is being reshaped by evolving client needs, regulatory frameworks and climate forces. This calls for a sustainable approach in our supply chain management. This is captured in Mediclinic's Supply Chain Management Philosophy. Mediclinic collaborates with suppliers to ensure the quality and reliability of products and to importantly maintain standards for sustainable sourcing, human rights, ethics and the environment. The integrity of Mediclinic's supply chain function is paramount, and we commit to: • Creating awareness of responsible sourcing continuously throughout our supply chain. • Prioritising suppliers with clear action plans for reducing their overall impact on the environment, and developing and implementing systems and controls to support these commitments. As part of Mediclinic's supply chain philosophy it is based on the following principle, among others: • We invest in technologies, products and procedures to reduce our carbon footprint and to limit the overall impact Mediclinic has on the environment.

Water

(5.11.6.1) Environmental requirement

Select from:

☑ Total water withdrawal volumes reduction

(5.11.6.2) Mechanisms for monitoring compliance with this environmental requirement

Select all that apply

☑ Certification

☑ First-party verification

☑ Supplier self-assessment

☑ Other, please specify **:**Desktop research

(5.11.6.3) % tier 1 suppliers by procurement spend required to comply with this environmental requirement

Select from:

☑ 100%

(5.11.6.4) % tier 1 suppliers by procurement spend in compliance with this environmental requirement

Select from:

☑ 100%

(5.11.6.9) Response to supplier non-compliance with this environmental requirement

Select from:

☑ Retain and engage

(5.11.6.10) % of non-compliant suppliers engaged

Select from:

☑ None

(5.11.6.11) Procedures to engage non-compliant suppliers

Select all that apply

☑ Providing information on appropriate actions that can be taken to address non-compliance

(5.11.6.12) Comment

We pride ourselves on our sustainable approach to supply chain management, which is illustrated in our Supply Chain Risk Management Philosophy. Mediclinic collaborates with suppliers to ensure the quality and reliability of products and to importantly maintain standards for sustainable sourcing, human rights, ethics and the environment. The integrity of Mediclinic's supply chain function is paramount, and we commit to: • Creating awareness of responsible sourcing continuously throughout our supply chain. • Prioritising suppliers with clear action plans for reducing their overall impact on the environment, and developing and implementing systems and controls to support these commitments. As part of Mediclinic's supply chain philosophy it is based on the following principle, among others: • We invest in technologies, products and procedures to reduce our carbon footprint and to limit the overall impact Mediclinic has on the environment.
[Add row]

(5.11.7) Provide further details of your organization’s supplier engagement on environmental issues.

Climate change

(5.11.7.2) Action driven by supplier engagement

Select from:

☑ Circular economy

(5.11.7.3) Type and details of engagement

Innovation and collaboration

☑ Collaborate with suppliers on innovations to reduce environmental impacts in products and services

☑ Collaborate with suppliers to develop reuse infrastructure and reuse models

(5.11.7.4) Upstream value chain coverage

Select all that apply

☑ Tier 1 suppliers

(5.11.7.5) % of tier 1 suppliers by procurement spend covered by engagement

Select from:

☑ 100%

(5.11.7.6) % of tier 1 supplier-related scope 3 emissions covered by engagement

Select from:

☑ None

(5.11.7.9) Describe the engagement and explain the effect of your engagement on the selected environmental action

As part of our Sustainable Development Policy, adopted in 2020, we have set a target of Zero Waste to Landfill by 2030 across all our operations, including the materials and services we receive from our supply chain. Our Group Sustainable Development Strategy recognises the value of circular economies to reduce waste. Our procurement and environmental teams continuously engage with suppliers to keep products and materials in circulation. Our Group Waste Management Policy outlines our objectives to refuse, reduce, reuse, recycle and recover. We follow stringent protocols to ensure waste management within the Group complies with all applicable legislation and regulations. Within Switzerland, there are the following actions within CY2023: • Recycling of single-use medical devices at five hospitals • Discarded material and equipment donated • Food waste recovered for biogas production Within Southern Africa, there was a focus on: • Aluminium foils from sterile packaging of single-use medical devices recycled • Decommissioned linen and towels donated • Off-site composting of food waste In the Middle East, the key areas of focus are: • Aluminium foils from sterile packaging of single-use medical devices recycled • Decommissioned uniforms donated • Expired pharmaceuticals returned to suppliers The achievement of this target directly relates to reduced Scope 3 emissions (waste) and, hence, we engage with our suppliers to help us achieve our target. Furthermore, the reduction of waste reduces both the emissions from landfill and the emissions of transportation of waste to landfill. For the reporting of Scope 3 emissions within this reporting year's disclosure, the detailed disclosure of calculated Scope 3 emissions is a work in progress and thus this engagement activity isn't currently reflected within our GHG emissions inventory.

(5.11.7.10) Engagement is helping your tier 1 suppliers meet an environmental requirement related to this environmental issue

Select from:

☑ Yes, please specify the environmental requirement **:**Zero waste to landfill by 2030 target

(5.11.7.11) Engagement is helping your tier 1 suppliers engage with their own suppliers on the selected action

Select from:

☑ Yes

Water

(5.11.7.2) Action driven by supplier engagement

Select from:

☑ Total water withdrawal volumes reduction

(5.11.7.3) Type and details of engagement

Capacity building

☑ Provide training, support and best practices on how to mitigate environmental impact

Innovation and collaboration

☑ Collaborate with suppliers on innovations to reduce environmental impacts in products and services

(5.11.7.4) Upstream value chain coverage

Select all that apply

☑ Tier 1 suppliers

(5.11.7.5) % of tier 1 suppliers by procurement spend covered by engagement

Select from:

☑ 51-75%

(5.11.7.7) % tier 1 suppliers with substantive impacts and/or dependencies related to this environmental issue covered by engagement

Select from:

☑ 100%

(5.11.7.9) Describe the engagement and explain the effect of your engagement on the selected environmental action

We actively engage with our laundry and catering suppliers, as they are significant water users on our premises. Supplier staff are 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. 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.

(5.11.7.10) Engagement is helping your tier 1 suppliers meet an environmental requirement related to this environmental issue

Select from:

☑ Yes, please specify the environmental requirement **:**As part of Mediclinic's supply chain philosophy it is based on the following principle, among others: We invest in technologies, products and procedures to reduce our carbon footprint and to limit the overall impact Mediclinic has on the environment.

(5.11.7.11) Engagement is helping your tier 1 suppliers engage with their own suppliers on the selected action

Select from:

☑ Yes

[Add row]

(5.11.9) Provide details of any environmental engagement activity with other stakeholders in the value chain.

Climate change

(5.11.9.1) Type of stakeholder

Select from:

☑ Customers

(5.11.9.2) Type and details of engagement

Education/Information sharing

☑ Run an engagement campaign to educate stakeholders about the environmental impacts about your products, goods and/or services

Innovation and collaboration

☑ Collaborate with stakeholders on innovations to reduce environmental impacts in products and services

(5.11.9.3) % of stakeholder type engaged

Select from:

☑ 100%

(5.11.9.4) % stakeholder-associated scope 3 emissions

Select from:

☑ 100%

(5.11.9.5) Rationale for engaging these stakeholders and scope of 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 environmental initiatives particularly linked with waste (and by extension GHG emissions). 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. Furthermore, this is linked to Mediclinic's zero waste to landfill target by 2030. There are various waste management, reduction, reuse, recycling and recovering strategies employed at Mediclinic and the users of the hospitals i.e., doctors and patients are engaged to support and use the various projects that have been implemented. For example, in Switzerland, there are: • In-theatre projects to eliminate recyclable waste from healthcare risk waste ('HCRW') where possible • Compactors for recycled paper In Southern Africa, Newster technology has been implemented at one hospital wherein Newster sterilisers use patented frictional heat treatment technology for the sustainable processing of HCRW. Within Middle East, there is improved waste management through a taskforce, waste scales, on-site segregation trials and waste compactors.

(5.11.9.6) Effect of engagement and measures of success

The effect of engagement is a contribution to meeting Mediclinic's zero waste to landfill by 2030 target. The measure of success is the kilograms of waste diverted from landfill.

Water

(5.11.9.1) Type of stakeholder

Select from:

☑ Customers

(5.11.9.2) Type and details of engagement

Education/Information sharing

☑ Run an engagement campaign to educate stakeholders about the environmental impacts about your products, goods and/or services

☑ Share information on environmental initiatives, progress and achievements

(5.11.9.3) % of stakeholder type engaged

Select from:

☑ 76-99%

(5.11.9.5) Rationale for engaging these stakeholders and scope of 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.

(5.11.9.6) Effect of engagement and measures of success

Our measures of success of engagement are based on the achievement of our annual qualitative and quantitative water reduction targets.
[Add row]

C6. Environmental Performance - Consolidation Approach

(6.1) Provide details on your chosen consolidation approach for the calculation of environmental performance data.

Climate change

(6.1.1) Consolidation approach used

Select from:

☑ Operational control

(6.1.2) Provide the rationale for the choice of consolidation approach

The choice of operational control aligns with Mediclinic's financial accounting, previous reporting years' choice of consolidation approach and implementation strategies differentiated between Mediclinic's direct operations and supply chain.

Water

(6.1.1) Consolidation approach used

Select from:

☑ Operational control

(6.1.2) Provide the rationale for the choice of consolidation approach

The choice of operational control aligns with Mediclinic's financial accounting, previous reporting years' choice of consolidation approach and implementation strategies differentiated between Mediclinic's direct operations and supply chain.

Plastics

(6.1.1) Consolidation approach used

Select from:

☑ Operational control

(6.1.2) Provide the rationale for the choice of consolidation approach

The choice of operational control aligns with Mediclinic's financial accounting, previous reporting years' choice of consolidation approach and implementation strategies differentiated between Mediclinic's direct operations and supply chain.

Biodiversity

(6.1.1) Consolidation approach used

Select from:

☑ Operational control

(6.1.2) Provide the rationale for the choice of consolidation approach

The choice of operational control aligns with Mediclinic's financial accounting, previous reporting years' choice of consolidation approach and implementation strategies differentiated between Mediclinic's direct operations and supply chain.
[Fixed row]

C7. Environmental performance - Climate Change

(7.1) Is this your first year of reporting emissions data to CDP?

Select from:

☑ No

(7.1.1) Has your organization undergone any structural changes in the reporting year, or are any previous structural changes being accounted for in this disclosure of emissions data?

(7.1.1.1) Has there been a structural change?

Select all that apply

☑ Yes, other structural change, please specify **:**Change in ownership of Mediclinic

(7.1.1.2) Name of organization(s) acquired, divested from, or merged with

Acquisition of Mediclinic Group Limited by Manta Bidco Limited (Bidco), a newly formed company which is jointly owned by Remgro and MSC Mediterranean Shipping Company SA (MSC).

(7.1.1.3) Details of structural change(s), including completion dates

In June 2023, Manta Bidco Limited (Bidco), a newly formed company which is jointly owned by Remgro and MSC Mediterranean Shipping Company SA (MSC) acquired Mediclinic Group Limited. The structure of Mediclinic Group Limited of its divisions of MCSA, MCME and Hirslanden remain the same as previous reporting years with only the company ownership changing.
[Fixed row]

(7.1.2) Has your emissions accounting methodology, boundary, and/or reporting year definition changed in the reporting year?

(7.1.2.1) Change(s) in methodology, boundary, and/or reporting year definition?

Select all that apply

☑ Yes, a change in methodology

☑ Yes, a change in boundary

(7.1.2.2) Details of methodology, boundary, and/or reporting year definition change(s)

Methodology change: Southern Africa changed from Eskom to Department of Forestry, Fisheries and the Environment (DFFE) factors for electricity and T&D losses. Boundary change: Southern Africa included 1 new facility adding 607 tCO2e – Mediclinic Denmar. UAE included 7 new facilities (Bourn Hall Al Ain; Bourn Hall Abu Dhabi; Bourn Hall Dubai; Mediclinic Creek Harbour; Mediclinic Dubai Hills; Mediclinic Enhance; Mediclinic Reem Hall) – adding 1 192 tCO2e, but excluded 1 that was previously included (no operational control).
[Fixed row]

(7.1.3) Have your organization's base year emissions and past years' emissions been recalculated as a result of any changes or errors reported in 7.1.1 and/or 7.1.2?

	Base year recalculation	Base year emissions recalculation policy, including significance threshold	Past years' recalculation
	Select from: ☑ No, because the impact does not meet our significance threshold	*The impact of new acquisitions does not meet significance threshold of 5% and new methodologies used did not exist in baseline year.*	*Select from:* ☑ No

[Fixed row]

(7.2) Select the name of the standard, protocol, or methodology you have used to collect activity data and calculate emissions.

Select all that apply

☑ The Greenhouse Gas Protocol: A Corporate Accounting and Reporting Standard (Revised Edition)

☑ The Greenhouse Gas Protocol: Scope 2 Guidance

☑ The Greenhouse Gas Protocol: Corporate Value Chain (Scope 3) Standard

(7.3) Describe your organization’s approach to reporting Scope 2 emissions.

(7.3.1) Scope 2, location-based

Select from:

☑ We are reporting a Scope 2, location-based figure

(7.3.2) Scope 2, market-based

Select from:

☑ We are reporting a Scope 2, market-based figure

(7.3.3) Comment

In 2023, Mediclinic has offset 94 848 MWh of grid electricity (783 MWh in MCSA, 48 686 MWh in MCME and 45 379 MWh in Hirslanden) and 2 011 MWh of district cooling was consumed in The UAE through the purchase of renewable energy certificates (RECs). Cancellation Statements were also provided by Switzerland for 47 000 MWh of hydroelectric power, the emissions saving for which accounts for the consumption and transmission and distribution losses from Switzerland’s 45 379 MWh consumed via the national grid. MCSA also purchased RECs 7 400 MWh in Southern Africa.
[Fixed row]

(7.4) Are there any sources (e.g. facilities, specific GHGs, activities, geographies, etc.) of Scope 1, Scope 2 or Scope 3 emissions that are within your selected reporting boundary which are not included in your disclosure?

Select from:

☑ Yes

(7.4.1) Provide details of the sources of Scope 1, Scope 2, or Scope 3 emissions that are within your selected reporting boundary which are not included in your disclosure.

Row 1

(7.4.1.1) Source of excluded emissions

Emissions generated by the following facilities and/or entities are excluded from the reporting boundary due to data not being available (new facilities or no access to data): Southern Africa Mediclinic Crescent Mental Health Services – newly acquired and data not available Soweto Renal Services – data not available The UAE Pharmalight store ADIA Clinic – closed in April 2023 (no data) Ayadi Home Health Care Mediclinic Sales Hub No operational control (medical service only): ENEC Mediclinic Al Barsha Dialysis Centre Mediclinic Al Tawar Dialysis Centre Switzerland6 The following outpatient surgery facilities were excluded from the reporting boundary: Hirslanden Institut de radiologie de l'Ouest lausannois Hirslanden Institut für Radiologie Düdingen Hirslanden Institut für Radiotherapie Aargau Hirslanden OPERA Holding Hirslanden OPERA Zumikon AG Hirslanden OPERA St. Gallen AG Hirslanden ZENLOP OPERA Bern Medical Center Wankdorf Operationszentrum Bellaria St Anna in Bahnhof

(7.4.1.2) Scope(s) or Scope 3 category(ies)

Select all that apply

☑ Scope 1

☑ Scope 2 (location-based)

☑ Scope 2 (market-based)

(7.4.1.3) Relevance of Scope 1 emissions from this source

Select from:

☑ Emissions are relevant but not yet calculated

(7.4.1.4) Relevance of location-based Scope 2 emissions from this source

Select from:

☑ Emissions are relevant but not yet calculated

(7.4.1.5) Relevance of market-based Scope 2 emissions from this source

Select from:

☑ Emissions are relevant but not yet calculated

(7.4.1.10) Explain why this source is excluded

Emissions are currently excluded due to data unavailability.
[Add row]

(7.5) Provide your base year and base year emissions.

Scope 1

(7.5.1) Base year end

12/31/2020

(7.5.2) Base year emissions (metric tons CO2e)

30735.92

(7.5.3) Methodological details

GHG emissions for stationary fuel, fugitive gas, medical gas and mobile fuel for MCSA, MCME and Hirslanden (Switzerland).

Scope 2 (location-based)

(7.5.1) Base year end

12/31/2020

(7.5.2) Base year emissions (metric tons CO2e)

200856.74

(7.5.3) Methodological details

Emissions from purchased grid electricity and district heating and cooling.

Scope 2 (market-based)

(7.5.1) Base year end

12/30/2020

(7.5.2) Base year emissions (metric tons CO2e)

195311.76

(7.5.3) Methodological details

Emissions from purchased grid electricity and district heating and cooling.

Scope 3 category 1: Purchased goods and services

(7.5.1) Base year end

12/31/2020

(7.5.2) Base year emissions (metric tons CO2e)

762.93

(7.5.3) Methodological details

Purchased goods and services are partially reported as emissions from water consumption are only included.

Scope 3 category 3: Fuel-and-energy-related activities (not included in Scope 1 or 2)

(7.5.1) Base year end

12/30/2020

(7.5.2) Base year emissions (metric tons CO2e)

19001.04

(7.5.3) Methodological details

Emissions reported for electricity transmission and distribution losses and district heating and cooling transmission and distribution losses.

Scope 3 category 5: Waste generated in operations

(7.5.1) Base year end

12/31/2020

(7.5.2) Base year emissions (metric tons CO2e)

7519.14

(7.5.3) Methodological details

Emissions reported for treated health care risk waste, health care risk waste residue to landfill, general waste to landfill, recycling and organic waste.

Scope 3 category 6: Business travel

(7.5.1) Base year end

12/31/2020

(7.5.2) Base year emissions (metric tons CO2e)

816.99

(7.5.3) Methodological details

Emission reported for car rental, commercial flights, accommodation, travel allowances, travel claims and transfers.

Scope 3 category 7: Employee commuting

(7.5.1) Base year end

12/31/2020

(7.5.2) Base year emissions (metric tons CO2e)

19535.76

(7.5.3) Methodological details

Emissions reported are based on the outputs of a commuting survey of employees.

Scope 3 category 8: Upstream leased assets

(7.5.1) Base year end

12/31/2020

(7.5.2) Base year emissions (metric tons CO2e)

924.42

(7.5.3) Methodological details

Emissions reported for the ER24 aircraft of MCSA.
[Fixed row]

(7.6) What were your organization’s gross global Scope 1 emissions in metric tons CO2e?

	Gross global Scope 1 emissions (metric tons CO2e)	Methodological details
Reporting year	*42549.08*	*Scope 1 emissions cover the following activities: stationary fuel, fugitive gas, medical gas, mobile fuel, and onsite renewable energy emissions.*

[Fixed row]

(7.7) What were your organization’s gross global Scope 2 emissions in metric tons CO2e?

Reporting year

(7.7.1) Gross global Scope 2, location-based emissions (metric tons CO2e)

174274.26

(7.7.2) Gross global Scope 2, market-based emissions (metric tons CO2e) (if applicable)

140347.91

(7.7.4) Methodological details

In 2023, Mediclinic has offset 94 848 MWh of grid electricity (783 MWh in MCSA,, 48 686 MWh in MCME and 45 379 MWh in Hirslanden) and 2 011 MWh of district cooling was consumed in The UAE through the purchase of renewable energy certificates (RECs). Cancellation Statements were also provided by Switzerland for 47 000 MWh of hydroelectric power, the emissions saving for which accounts for the consumption and transmission and distribution losses from Switzerland's 45 379 MWh consumed via the national grid. MCSA also purchased RECs 7 400 MWh in Southern Africa.
[Fixed row]

(7.8) Account for your organization's gross global Scope 3 emissions, disclosing and explaining any exclusions.

Purchased goods and services

(7.8.1) Evaluation status

Select from:
☑ Relevant, calculated

(7.8.2) Emissions in reporting year (metric tons CO2e)

1091.98

(7.8.3) Emissions calculation methodology

Select all that apply
☑ Average data method

(7.8.4) Percentage of emissions calculated using data obtained from suppliers or value chain partners

100

(7.8.5) Please explain

Scope 3 category 1 currently covers emissions from water supply. Unless otherwise stated, all emission factors are provided by: United Kingdom Department for Environment, Food and Rural Affairs (Defra). 2023. Greenhouse gas reporting: conversion factors 2023. Emission factor for carbon from water supply for Southern Africa only is sourced from Friedrich. E. Pillay 2007. Emissions for selected procurement/spend categories for purchased goods and services have been calculated using Exiobase but this is currently not included within the reported value for CY2023.

Capital goods

(7.8.1) Evaluation status

Select from:

☑ Relevant, not yet calculated

(7.8.5) Please explain

An initial assessment of this scope 3 category has been completed using procurement data but a complete assessment of this category is still to be finalised.

Fuel-and-energy-related activities (not included in Scope 1 or 2)

(7.8.1) Evaluation status

Select from:

☑ Relevant, calculated

(7.8.2) Emissions in reporting year (metric tons CO2e)

60069.59

(7.8.3) Emissions calculation methodology

Select all that apply

☑ Average data method

(7.8.4) Percentage of emissions calculated using data obtained from suppliers or value chain partners

0

(7.8.5) Please explain

Scope 3 category 3 is reported for transmission and distribution (T&D) losses from grid electricity and district heating and cooling, well-to-tank (WtT) emissions of Scope 1 fuels and WtT emissions from grid electricity and T&D losses. Unless otherwise stated, all emission factors are provided by: United Kingdom Department for Environment, Food and Rural Affairs (Defra). 2023. Greenhouse gas reporting: conversion factors 2023. Emission factor for T&D losses for electricity purchased in South Africa is sourced from: Department Of Forestry, Fisheries And The Environment. 2024. South Africa's 2021 Grid Emission Factors Report, Government Gazette (No 50071). Emission factor for T&D losses for electricity purchased in UAE and Switzerland, as well as WtT phase emission factors (except for district heating) are sourced from the IEA 2023 report for the year 2021. This is accessed through a purchased licence and cannot be disclosed.

Upstream transportation and distribution

(7.8.1) Evaluation status

Select from:

☑ Relevant, not yet calculated

(7.8.5) Please explain

An initial assessment of this scope 3 category has been completed using procurement data but a complete assessment of this category is still to be finalised.

Waste generated in operations

(7.8.1) Evaluation status

Select from:

☑ Relevant, calculated

(7.8.2) Emissions in reporting year (metric tons CO2e)

7615.69

(7.8.3) Emissions calculation methodology

Select all that apply

☑ Average data method

(7.8.4) Percentage of emissions calculated using data obtained from suppliers or value chain partners

0

(7.8.5) Please explain

Scope 3 category 5 covers landfill, autoclave and incinerated waste, recycled waste and organic waste. Emissions from incinerated waste assumed to be zero due to lack of available emission factors for all divisions. Residue volumes for incinerated or autoclave waste assumed based on percentage output per waste stream. Unless otherwise stated, all emission factors are provided by: United Kingdom Department for Environment, Food and Rural Affairs (Defra). 2023. Greenhouse gas reporting: conversion factors 2023. Waste to landfill emission factor for Southern Africa is sourced from Friedrich, E., and Trois, C. 2013. Treatment of ash residue has not yet been confirmed for either The UAE or Switzerland and was previously excluded, however 10% residue to landfill has been assumed for both geographies for the first time in CY2023. Emissions for Southern Africa only – assumes 97% (tonnes) residue to landfill for autoclave HCRW and 10% residue to landfill for incinerated HCRW, totalling 4 265 tonnes of residue to landfill. Switzerland only - treatment of ash residue has not yet been confirmed, however 10% residue to landfill has been assumed for the first time in CY2023.

Business travel

(7.8.1) Evaluation status

Select from:

☑ Relevant, calculated

(7.8.2) Emissions in reporting year (metric tons CO2e)

3130.6

(7.8.3) Emissions calculation methodology

Select all that apply

☑ Distance-based method

(7.8.4) Percentage of emissions calculated using data obtained from suppliers or value chain partners

0

(7.8.5) Please explain

Scope 3 category 6 covers car hire and transfers, air travel, accommodation and travel claims reported on a well-to-wheel basis. The UAE: car hire, transfers and travel claims do not apply (personal vehicles not used for business) and majority of accommodation information not available. Switzerland: car hire, transfers and travel claims do not apply (public transport used for which data is not available), and accommodation information not available. Business travel excludes accommodation and public transport (Switzerland only) for The UAE and Switzerland as data is not available. For air travel, an 8% uplift factor is included to consider non-direct routes and delays/circling. The impact of radiative forcing is also included. Unless otherwise stated, all emission factors are provided by: United Kingdom Department for Environment, Food and Rural Affairs (Defra). 2023. Greenhouse gas reporting: conversion factors 2023.

Employee commuting

(7.8.1) Evaluation status

Select from:

☑ Relevant, calculated

(7.8.2) Emissions in reporting year (metric tons CO2e)

43485.65

(7.8.3) Emissions calculation methodology

Select all that apply

☑ Distance-based method

(7.8.4) Percentage of emissions calculated using data obtained from suppliers or value chain partners

0

(7.8.5) Please explain

Based on commuting survey results and avg. carbon/FTE on a well-to-wheel basis. Employee commuting emissions include WtT phase emissions for the first time in CY2023.

Upstream leased assets

(7.8.1) Evaluation status

Select from:

☑ Relevant, calculated

(7.8.2) Emissions in reporting year (metric tons CO2e)

1734.74

(7.8.3) Emissions calculation methodology

Select all that apply

☑ Fuel-based method

(7.8.4) Percentage of emissions calculated using data obtained from suppliers or value chain partners

100

(7.8.5) Please explain

This covers the ER24 aircraft for MCSA. Litres of aviation fuel consumed was provided by the service provider and was used to calculate emissions according to the GHG Protocol using: United Kingdom Department for Environment, Food and Rural Affairs (Defra). 2023. Greenhouse gas reporting: conversion factors 2023. Information on other upstream leased assets was not evaluated.

Downstream transportation and distribution

(7.8.1) Evaluation status

Select from:

☑ Relevant, not yet calculated

(7.8.5) Please explain

The logistics component of Medical Innovations is still to be evaluated for the emissions of goods transported to clients.

Processing of sold products

(7.8.1) Evaluation status

Select from:

☑ Not relevant, explanation provided

(7.8.5) Please explain

As a hospital group, Mediclinic is a service provider and does not manufacture or process products.

Use of sold products

(7.8.1) Evaluation status

Select from:

☑ Relevant, not yet calculated

(7.8.5) Please explain

Data is currently unavailable for the emissions of sold products from Medical Innovations.

End of life treatment of sold products

(7.8.1) Evaluation status

Select from:

☑ Relevant, not yet calculated

(7.8.5) Please explain

Data is currently unavailable for the emissions of the end of life treatment of sold products from Medical Innovations.

Downstream leased assets

(7.8.1) Evaluation status

Select from:

☑ Not relevant, explanation provided

(7.8.5) Please explain

Mediclinic does not own buildings or other assets leased to third parties.

Franchises

(7.8.1) Evaluation status

Select from:

☑ Not relevant, explanation provided

(7.8.5) Please explain

Mediclinic does not own or operate any franchises.

Investments

(7.8.1) Evaluation status

Select from:

☑ Not evaluated

(7.8.5) Please explain

Investments including Spire Healthcare are excluded from the reporting boundary as data is not yet evaluated. Plans are being made to evaluate which, if any, of these investments should be calculated and included in Mediclinic's GHG footprint.

Other (upstream)

(7.8.1) Evaluation status

Select from:

☑ Not relevant, explanation provided

(7.8.5) Please explain

There are no other upstream activities that need to be included in Mediclinic's GHG footprint.

Other (downstream)

(7.8.1) Evaluation status

Select from:

☑ Not relevant, explanation provided

(7.8.5) Please explain

There are no other downstream activities that need to be included in Mediclinic's GHG footprint.
[Fixed row]

(7.9) Indicate the verification/assurance status that applies to your reported emissions.

	Verification/assurance status
Scope 1	*Select from:* ☑ Third-party verification or assurance process in place
Scope 2 (location-based or market-based)	*Select from:* ☑ Third-party verification or assurance process in place
Scope 3	*Select from:* ☑ Third-party verification or assurance process in place

[Fixed row]

(7.9.1) Provide further details of the verification/assurance undertaken for your Scope 1 emissions, and attach the relevant statements.

Row 1

(7.9.1.1) Verification or assurance cycle in place

Select from:

☑ Annual process

(7.9.1.2) Status in the current reporting year

Select from:

☑ Complete

(7.9.1.3) Type of verification or assurance

Select from:

☑ Limited assurance

(7.9.1.4) Attach the statement

Mediclinic CY2023 GHG Verification Opinion - Final.pdf

(7.9.1.5) Page/section reference

Pages 4, 5 and 7

(7.9.1.6) Relevant standard

Select from:

☑ ISO14064-3

(7.9.1.7) Proportion of reported emissions verified (%)

100
[Add row]

(7.9.2) Provide further details of the verification/assurance undertaken for your Scope 2 emissions and attach the relevant statements.

Row 1

(7.9.2.1) Scope 2 approach

Select from:
☑ Scope 2 location-based

(7.9.2.2) Verification or assurance cycle in place

Select from:
☑ Annual process

(7.9.2.3) Status in the current reporting year

Select from:
☑ Complete

(7.9.2.4) Type of verification or assurance

Select from:
☑ Limited assurance

(7.9.2.5) Attach the statement

Mediclinic CY2023 GHG Verification Opinion - Final.pdf

(7.9.2.6) Page/ section reference

Pages 4, 5 and 7

(7.9.2.7) Relevant standard

Select from:

☑ ISO14064-3

(7.9.2.8) Proportion of reported emissions verified (%)

100

Row 2

(7.9.2.1) Scope 2 approach

Select from:

☑ Scope 2 market-based

(7.9.2.2) Verification or assurance cycle in place

Select from:

☑ Annual process

(7.9.2.3) Status in the current reporting year

Select from:

☑ Complete

(7.9.2.4) Type of verification or assurance

Select from:

☑ Limited assurance

(7.9.2.5) Attach the statement

Mediclinic CY2023 GHG Verification Opinion - Final.pdf

(7.9.2.6) Page/ section reference

Pages 4, 5 and 7

(7.9.2.7) Relevant standard

Select from:

☑ ISO14064-3

(7.9.2.8) Proportion of reported emissions verified (%)

100

[Add row]

(7.9.3) Provide further details of the verification/assurance undertaken for your Scope 3 emissions and attach the relevant statements.

Row 1

(7.9.3.1) Scope 3 category

Select all that apply

☑ Scope 3: Business travel

☑ Scope 3: Employee commuting

☑ Scope 3: Upstream leased assets

☑ Scope 3: Purchased goods and services

☑ Scope 3: Waste generated in operations

☑ Scope 3: Fuel and energy-related activities (not included in Scopes 1 or 2)

(7.9.3.2) Verification or assurance cycle in place

Select from:

☑ Annual process

(7.9.3.3) Status in the current reporting year

Select from:

☑ Complete

(7.9.3.4) Type of verification or assurance

Select from:

☑ Limited assurance

(7.9.3.5) Attach the statement

Mediclinic CY2023 GHG Verification Opinion - Final.pdf

(7.9.3.6) Page/section reference

Pages 5 and 7

(7.9.3.7) Relevant standard

Select from:

☑ ISO14064-3

(7.9.3.8) Proportion of reported emissions verified (%)

100
[Add row]

(7.10) How do your gross global emissions (Scope 1 and 2 combined) for the reporting year compare to those of the previous reporting year?

Select from:

☑ Decreased

(7.10.1) Identify the reasons for any change in your gross global emissions (Scope 1 and 2 combined), and for each of them specify how your emissions compare to the previous year.

Change in renewable energy consumption

(7.10.1.1) Change in emissions (metric tons CO2e)

7288.58

(7.10.1.2) Direction of change in emissions

Select from:
☑ Decreased

(7.10.1.3) Emissions value (percentage)

3.55

(7.10.1.4) Please explain calculation

*Purchased renewables from onsite solar totals 7 399 573.77 kwh translating to 7288.58 tCO2e. The percentage change was calculated as follows: 7288.58/205,280.45 * 100. This is based of a comparison of 2022 scope 1 and 2 figures.*

Other emissions reduction activities

(7.10.1.1) Change in emissions (metric tons CO2e)

6314.64

(7.10.1.2) Direction of change in emissions

Select from:
☑ Decreased

(7.10.1.3) Emissions value (percentage)

3.08

(7.10.1.4) Please explain calculation

*Replacement of LED lighting translated to an emissions saving of 6 314.64 tCO2e. The percentage change was calculated as follows: 6314.64/205,280.45 * 100. This is based of a comparison of 2022 scope 1 and 2 figures.*

Change in boundary

(7.10.1.1) Change in emissions (metric tons CO2e)

1799

(7.10.1.2) Direction of change in emissions

Select from:

☑ Increased

(7.10.1.3) Emissions value (percentage)

0.88

(7.10.1.4) Please explain calculation

*Southern Africa included 1 new facility adding 607 tCO2e – Mediclinic Denmar. UAE included 7 new facilities (Bourn Hall Al Ain; Bourn Hall Abu Dhabi; Bourn Hall Dubai; Mediclinic Creek Harbour; Mediclinic Dubai Hills; Mediclinic Enhance; Mediclinic Reem Hall) – adding 1 192 tCO2e, but excluded 1 that was previously included (no operational control). The percentage change was calculated as follows: 1799/205,280.45 * 100. This is based of a comparison of 2022 scope 1 and 2 figures.*
[Fixed row]

(7.10.2) Are your emissions performance calculations in 7.10 and 7.10.1 based on a location-based Scope 2 emissions figure or a market-based Scope 2 emissions figure?

Select from:

☑ Market-based

(7.12) Are carbon dioxide emissions from biogenic carbon relevant to your organization?

Select from:

☑ Yes

(7.12.1) Provide the emissions from biogenic carbon relevant to your organization in metric tons CO2.

(7.12.1.1) CO2 emissions from biogenic carbon (metric tons CO2)

0.33

(7.12.1.2) Comment

Off-road mobile fuel reported by Hirslanden (Switzerland) as used in lawnmowers – since no emission factor is available for Aspen fuel and it is not material, petrol biofuel blend was assumed as per previous reporting years.
[Fixed row]

(7.15) Does your organization break down its Scope 1 emissions by greenhouse gas type?

Select from:

☑ No

(7.16) Break down your total gross global Scope 1 and 2 emissions by country/area.

	Scope 1 emissions (metric tons CO2e)	Scope 2, location-based (metric tons CO2e)	Scope 2, market-based (metric tons CO2e)
Namibia	*0*	*0*	*0*
South Africa	*30587.55*	*126836.7*	*118776.78*
Switzerland	*5867.97*	*2600.22*	*794.13*
United Arab Emirates	*6093.57*	*44837.34*	*20776.99*

[Fixed row]

(7.17) Indicate which gross global Scope 1 emissions breakdowns you are able to provide.

Select all that apply

☑ By business division

☑ By activity

(7.17.1) Break down your total gross global Scope 1 emissions by business division.

	Business division	Scope 1 emissions (metric ton CO2e)
Row 1	*Mediclinic Southern Africa (MCSA)*	*30587.55*
Row 2	*Mediclinic Middle East (MCME)*	*6093.57*
Row 3	*Hirslanden (Switzerland)*	*5867.97*

[Add row]

(7.17.3) Break down your total gross global Scope 1 emissions by business activity.

	Activity	Scope 1 emissions (metric tons CO2e)
Row 1	*On-site renewable energy*	*0*
Row 2	*Fugitive gas*	*4479.63*
Row 3	*Mobile fuels*	*5872.15*
Row 4	*Medical gas*	*16701.71*
Row 5	*Stationary fuel*	*15495.59*

[Add row]

(7.20) Indicate which gross global Scope 2 emissions breakdowns you are able to provide.

Select all that apply

☑ By business division

☑ By activity

(7.20.1) Break down your total gross global Scope 2 emissions by business division.

	Business division	Scope 2, location-based (metric tons CO2e)	Scope 2, market-based (metric tons CO2e)
Row 1	*Hirslanden (Switzerland)*	*2600.22*	*794.13*
Row 2	*Mediclinic Southern Africa (MCSA)*	*126836.7*	*118776.78*
Row 3	*Mediclinic Middle East (MCME)*	*44837.34*	*20776.99*

[Add row]

(7.20.3) Break down your total gross global Scope 2 emissions by business activity.

	Activity	Scope 2, location-based (metric tons CO2e)	Scope 2, market-based (metric tons CO2e)
Row 1	*Purchased renewable electricity*	*7288.58*	*0*
Row 2	*District cooling with instrument*	*954.21*	*0*
Row 3	*Purchased grid electricity with instrument*	*25683.57*	*0*
Row 4	*Purchased grid electricity*	*136729.21*	*136729.21*
Row 5	*District cooling and heating*	*3618.69*	*3618.69*

[Add row]

(7.22) Break down your gross Scope 1 and Scope 2 emissions between your consolidated accounting group and other entities included in your response.

Consolidated accounting group

(7.22.1) Scope 1 emissions (metric tons CO2e)

42549.08

(7.22.2) Scope 2, location-based emissions (metric tons CO2e)

174274.26

(7.22.3) Scope 2, market-based emissions (metric tons CO2e)

140347.91

(7.22.4) Please explain

Mediclinic Southern Africa, Mediclinic Middle East and Hirslanden (Switzerland) are all accounted for in the consolidated group of entities.

All other entities

(7.22.1) Scope 1 emissions (metric tons CO2e)

0

(7.22.2) Scope 2, location-based emissions (metric tons CO2e)

0

(7.22.3) Scope 2, market-based emissions (metric tons CO2e)

0

(7.22.4) Please explain

There are no other entities as Mediclinic Southern Africa, Mediclinic Middle East and Hirslanden (Switzerland) are all accounted for in the consolidated group of entities.
[Fixed row]

(7.23) Is your organization able to break down your emissions data for any of the subsidiaries included in your CDP response?

Select from:

☑ No

(7.29) What percentage of your total operational spend in the reporting year was on energy?

Select from:

☑ More than 10% but less than or equal to 15%

(7.30) Select which energy-related activities your organization has undertaken.

	Indicate whether your organization undertook this energy-related activity in the reporting year
Consumption of fuel (excluding feedstocks)	*Select from:* ☑ Yes
Consumption of purchased or acquired electricity	*Select from:* ☑ Yes
Consumption of purchased or acquired heat	*Select from:* ☑ Yes
Consumption of purchased or acquired steam	*Select from:* ☑ No
Consumption of purchased or acquired cooling	*Select from:* ☑ Yes
Generation of electricity, heat, steam, or cooling	*Select from:* ☑ Yes

[Fixed row]

(7.30.1) Report your organization's energy consumption totals (excluding feedstocks) in MWh.

Consumption of fuel (excluding feedstock)

(7.30.1.1) Heating value

Select from:

☑ HHV (higher heating value)

(7.30.1.2) MWh from renewable sources

1.47

(7.30.1.3) MWh from non-renewable sources

91534.77

(7.30.1.4) Total (renewable and non-renewable) MWh

91536.24

Consumption of purchased or acquired electricity

(7.30.1.1) Heating value

Select from:

☑ HHV (higher heating value)

(7.30.1.2) MWh from renewable sources

97581.54

(7.30.1.3) MWh from non-renewable sources

158412.01

(7.30.1.4) Total (renewable and non-renewable) MWh

255993.55

Consumption of purchased or acquired heat

(7.30.1.1) Heating value

Select from:

☑ HHV (higher heating value)

(7.30.1.2) MWh from renewable sources

0

(7.30.1.3) MWh from non-renewable sources

4421.52

(7.30.1.4) Total (renewable and non-renewable) MWh

4421.52

Consumption of purchased or acquired cooling

(7.30.1.1) Heating value

Select from:
☑ HHV (higher heating value)

(7.30.1.2) MWh from renewable sources

2010.55

(7.30.1.3) MWh from non-renewable sources

5951.56

(7.30.1.4) Total (renewable and non-renewable) MWh

7962.11

Consumption of self-generated non-fuel renewable energy

(7.30.1.1) Heating value

Select from:
☑ HHV (higher heating value)

(7.30.1.2) MWh from renewable sources

2733.78

(7.30.1.4) Total (renewable and non-renewable) MWh

2733.78

Total energy consumption

(7.30.1.1) Heating value

Select from:

☑ HHV (higher heating value)

(7.30.1.2) MWh from renewable sources

102327.34

(7.30.1.3) MWh from non-renewable sources

260319.86

(7.30.1.4) Total (renewable and non-renewable) MWh

362647.2
[Fixed row]

(7.30.6) Select the applications of your organization’s consumption of fuel.

	Indicate whether your organization undertakes this fuel application
Consumption of fuel for the generation of electricity	*Select from:* ☑ Yes
Consumption of fuel for the generation of heat	*Select from:* ☑ Yes
Consumption of fuel for the generation of steam	*Select from:* ☑ No
Consumption of fuel for the generation of cooling	*Select from:* ☑ No
Consumption of fuel for co-generation or tri-generation	*Select from:* ☑ No

[Fixed row]

(7.30.7) State how much fuel in MWh your organization has consumed (excluding feedstocks) by fuel type.

Sustainable biomass

(7.30.7.1) Heating value

Select from:

☑ HHV

(7.30.7.2) Total fuel MWh consumed by the organization

0

(7.30.7.3) MWh fuel consumed for self-generation of electricity

0

(7.30.7.4) MWh fuel consumed for self-generation of heat

0

(7.30.7.8) Comment

Not applicable to Mediclinic.

Other biomass

(7.30.7.1) Heating value

Select from:
☑ HHV

(7.30.7.2) Total fuel MWh consumed by the organization

0

(7.30.7.3) MWh fuel consumed for self-generation of electricity

0

(7.30.7.4) MWh fuel consumed for self-generation of heat

0

(7.30.7.8) Comment

Not applicable to Mediclinic.

Other renewable fuels (e.g. renewable hydrogen)

(7.30.7.1) Heating value

Select from:

☑ HHV

(7.30.7.2) Total fuel MWh consumed by the organization

1.47

(7.30.7.3) MWh fuel consumed for self-generation of electricity

0

(7.30.7.4) MWh fuel consumed for self-generation of heat

1.47

(7.30.7.8) Comment

Biofuel used in mobile combustion.

Coal

(7.30.7.1) Heating value

Select from:

☑ HHV

(7.30.7.2) Total fuel MWh consumed by the organization

0

(7.30.7.3) MWh fuel consumed for self-generation of electricity

0

(7.30.7.4) MWh fuel consumed for self-generation of heat

0

(7.30.7.8) Comment

Not applicable to Mediclinic.

Oil

(7.30.7.1) Heating value

Select from:
☑ HHV

(7.30.7.2) Total fuel MWh consumed by the organization

3668.7

(7.30.7.3) MWh fuel consumed for self-generation of electricity

0

(7.30.7.4) MWh fuel consumed for self-generation of heat

3668.7

(7.30.7.8) Comment

Fuel oil used as stationary fuel.

Gas

(7.30.7.1) Heating value

Select from:
☑ HHV

(7.30.7.2) Total fuel MWh consumed by the organization

22058

(7.30.7.3) MWh fuel consumed for self-generation of electricity

0

(7.30.7.4) MWh fuel consumed for self-generation of heat

22058

(7.30.7.8) Comment

Natural gas used as stationary fuel.

Other non-renewable fuels (e.g. non-renewable hydrogen)

(7.30.7.1) Heating value

Select from:
☑ HHV

(7.30.7.2) Total fuel MWh consumed by the organization

65808.07

(7.30.7.3) MWh fuel consumed for self-generation of electricity

39103.17

(7.30.7.4) MWh fuel consumed for self-generation of heat

26704.91

(7.30.7.8) Comment

Diesel, LNG, LPG and petrol used in stationary fuel and mobile fuel applications.

Total fuel

(7.30.7.1) Heating value

Select from:
☑ HHV

(7.30.7.2) Total fuel MWh consumed by the organization

91536.24

(7.30.7.3) MWh fuel consumed for self-generation of electricity

39103.17

(7.30.7.4) MWh fuel consumed for self-generation of heat

52433.08

(7.30.7.8) Comment

Totals for all fuel applications.
[Fixed row]

(7.30.9) Provide details on the electricity, heat, steam, and cooling your organization has generated and consumed in the reporting year.

Electricity

(7.30.9.1) Total Gross generation (MWh)

2733.78

(7.30.9.2) Generation that is consumed by the organization (MWh)

2733.78

(7.30.9.3) Gross generation from renewable sources (MWh)

2733.78

(7.30.9.4) Generation from renewable sources that is consumed by the organization (MWh)

2733.78

Heat

(7.30.9.1) Total Gross generation (MWh)

0

(7.30.9.2) Generation that is consumed by the organization (MWh)

0

(7.30.9.3) Gross generation from renewable sources (MWh)

0

(7.30.9.4) Generation from renewable sources that is consumed by the organization (MWh)

0

Steam

(7.30.9.1) Total Gross generation (MWh)

0

(7.30.9.2) Generation that is consumed by the organization (MWh)

0

(7.30.9.3) Gross generation from renewable sources (MWh)

0

(7.30.9.4) Generation from renewable sources that is consumed by the organization (MWh)

0

Cooling

(7.30.9.1) Total Gross generation (MWh)

0

(7.30.9.2) Generation that is consumed by the organization (MWh)

0

(7.30.9.3) Gross generation from renewable sources (MWh)

0

(7.30.9.4) Generation from renewable sources that is consumed by the organization (MWh)

0
[Fixed row]

(7.30.14) Provide details on the electricity, heat, steam, and/or cooling amounts that were accounted for at a zero or near-zero emission factor in the market-based Scope 2 figure reported in 7.7.

Row 1

(7.30.14.1) Country/area

Select from:

☑ South Africa

(7.30.14.2) Sourcing method

Select from:

☑ Physical power purchase agreement (physical PPA) with a grid-connected generator

(7.30.14.3) Energy carrier

Select from:

☑ Electricity

(7.30.14.4) Low-carbon technology type

Select from:

☑ Sustainable biomass

(7.30.14.5) Low-carbon energy consumed via selected sourcing method in the reporting year (MWh)

782

(7.30.14.6) Tracking instrument used

Select from:

☑ zaREC

(7.30.14.7) Country/area of origin (generation) of the low-carbon energy or energy attribute

Select from:

☑ South Africa

(7.30.14.8) Are you able to report the commissioning or re-powering year of the energy generation facility?

Select from:

☑ No

(7.30.14.10) Comment

782 MWh purchased from independent power producers via zaREC for Mediclinic Southern Africa.

Row 2

(7.30.14.1) Country/area

Select from:

☑ South Africa

(7.30.14.2) Sourcing method

Select from:

☑ Purchase from an on-site installation owned by a third party (on-site PPA)

(7.30.14.3) Energy carrier

Select from:

☑ Electricity

(7.30.14.4) Low-carbon technology type

Select from:

☑ Solar

(7.30.14.5) Low-carbon energy consumed via selected sourcing method in the reporting year (MWh)

6731

(7.30.14.6) Tracking instrument used

Select from:

☑ Contract

(7.30.14.7) Country/area of origin (generation) of the low-carbon energy or energy attribute

Select from:

☑ South Africa

(7.30.14.8) Are you able to report the commissioning or re-powering year of the energy generation facility?

Select from:

☑ No

(7.30.14.10) Comment

6731 MWh onsite solar PV purchased from third parties for Mediclinic Southern Africa.

Row 3

(7.30.14.1) Country/area

Select from:

☑ United Arab Emirates

(7.30.14.2) Sourcing method

Select from:

☑ Unbundled procurement of energy attribute certificates (EACs)

(7.30.14.3) Energy carrier

Select from:

☑ Electricity

(7.30.14.4) Low-carbon technology type

Select from:

☑ Renewable energy mix, please specify **:**Undisclosed mix of electricity generated from renewable sources

(7.30.14.5) Low-carbon energy consumed via selected sourcing method in the reporting year (MWh)

50700

(7.30.14.6) Tracking instrument used

Select from:

☑ I-REC

(7.30.14.7) Country/area of origin (generation) of the low-carbon energy or energy attribute

Select from:

☑ United Arab Emirates

(7.30.14.8) Are you able to report the commissioning or re-powering year of the energy generation facility?

Select from:

☑ No

(7.30.14.10) Comment

50 700 MWh purchased via The International REC Standard for Mediclinic Middle East.

Row 4

(7.30.14.1) Country/area

Select from:

☑ Switzerland

(7.30.14.2) Sourcing method

Select from:

☑ Unbundled procurement of energy attribute certificates (EACs)

(7.30.14.3) Energy carrier

Select from:

☑ Electricity

(7.30.14.4) Low-carbon technology type

Select from:

☑ Hydropower (capacity unknown)

(7.30.14.5) Low-carbon energy consumed via selected sourcing method in the reporting year (MWh)

47000

(7.30.14.6) Tracking instrument used

Select from:

☑ Contract

(7.30.14.7) Country/area of origin (generation) of the low-carbon energy or energy attribute

Select from:

☑ Switzerland

(7.30.14.8) Are you able to report the commissioning or re-powering year of the energy generation facility?

Select from:

☑ No

(7.30.14.10) Comment

47 000 MWh cancellation statement for Hirslanden (Switzerland).
[Add row]

(7.30.16) Provide a breakdown by country/area of your electricity/heat/steam/cooling consumption in the reporting year.

Namibia

(7.30.16.1) Consumption of purchased electricity (MWh)

0

(7.30.16.2) Consumption of self-generated electricity (MWh)

0

(7.30.16.4) Consumption of purchased heat, steam, and cooling (MWh)

0

(7.30.16.5) Consumption of self-generated heat, steam, and cooling (MWh)

0

(7.30.16.6) Total electricity/heat/steam/cooling energy consumption (MWh)

0.00

South Africa

(7.30.16.1) Consumption of purchased electricity (MWh)

128768.22

(7.30.16.2) Consumption of self-generated electricity (MWh)

2304.89

(7.30.16.4) Consumption of purchased heat, steam, and cooling (MWh)

0

(7.30.16.5) Consumption of self-generated heat, steam, and cooling (MWh)

0

(7.30.16.6) Total electricity/heat/steam/cooling energy consumption (MWh)

131073.11

Switzerland

(7.30.16.1) Consumption of purchased electricity (MWh)

45379.16

(7.30.16.2) Consumption of self-generated electricity (MWh)

428.9

(7.30.16.4) Consumption of purchased heat, steam, and cooling (MWh)

4420.52

(7.30.16.5) Consumption of self-generated heat, steam, and cooling (MWh)

0

(7.30.16.6) Total electricity/heat/steam/cooling energy consumption (MWh)

50228.58

United Arab Emirates

(7.30.16.1) Consumption of purchased electricity (MWh)

94473.96

(7.30.16.2) Consumption of self-generated electricity (MWh)

0

(7.30.16.4) Consumption of purchased heat, steam, and cooling (MWh)

0

(7.30.16.5) Consumption of self-generated heat, steam, and cooling (MWh)

0

(7.30.16.6) Total electricity/heat/steam/cooling energy consumption (MWh)

94473.96
[Fixed row]

(7.45) Describe your gross global combined Scope 1 and 2 emissions for the reporting year in metric tons CO2e per unit currency total revenue and provide any additional intensity metrics that are appropriate to your business operations.

Row 1

(7.45.1) Intensity figure

50.55

(7.45.2) Metric numerator (Gross global combined Scope 1 and 2 emissions, metric tons CO2e)

182896.99

(7.45.3) Metric denominator

Select from:
☑ unit total revenue

(7.45.4) Metric denominator: Unit total

3618

(7.45.5) Scope 2 figure used

Select from:

☑ Market-based

(7.45.6) % change from previous year

10.91

(7.45.7) Direction of change

Select from:

☑ Decreased

(7.45.8) Reasons for change

Select all that apply

☑ Change in renewable energy consumption

☑ Other emissions reduction activities

(7.45.9) Please explain

The Scope 1 and 2 emissions decreased from 205 280.45 tCO2e in 2022 to 182 896.99 tCO2e in 2023. Therefore, the overall intensity figure decreased between 2022 and 2023. Please refer to question C7.55.1 for the emission reduction initiatives that contributed to this reporting year's emissions decrease.

Row 2

(7.45.1) Intensity figure

5

(7.45.2) Metric numerator (Gross global combined Scope 1 and 2 emissions, metric tons CO2e)

182896.99

(7.45.3) Metric denominator

Select from:

☑ full time equivalent (FTE) employee

(7.45.4) Metric denominator: Unit total

36573

(7.45.5) Scope 2 figure used

Select from:

☑ Market-based

(7.45.6) % change from previous year

12.89

(7.45.7) Direction of change

Select from:

☑ Decreased

(7.45.8) Reasons for change

Select all that apply

☑ Change in renewable energy consumption

☑ Other emissions reduction activities

(7.45.9) Please explain

The Scope 1 and 2 emissions decreased from 205 280.45 tCO2e in 2022 to 182 896.99 tCO2e in 2023. and the FTE increased from 35 783 FTE in 2022 to 36 573 FTEs in 2023. Therefore, the overall intensity figure decreased between 2022 and 2023. Please refer to question C7.55.1 for the emission reduction initiatives that contributed to this reporting year's emissions decrease.

[Add row]

(7.52) Provide any additional climate-related metrics relevant to your business.

Row 1

(7.52.1) Description

Select from:

☑ Energy usage

(7.52.2) Metric value

7540.42

(7.52.3) Metric numerator

Purchased elec, district heating/cooling kWh

(7.52.4) Metric denominator (intensity metric only)

FTE

(7.52.5) % change from previous year

4.14

(7.52.6) Direction of change

Select from:

☑ Decreased

(7.52.7) Please explain

Kilowatt hours per FTE includes renewable electricity generated onsite. Renewable electricity generated onsite increased between 2022 and 2023 and FTE increased from 35 783 in 2022 to 36 573 in 2023. Therefore, the overall intensity metric of kWh per FTE decreased.
[Add row]

(7.53) Did you have an emissions target that was active in the reporting year?

Select all that apply

☑ Absolute target

(7.53.1) Provide details of your absolute emissions targets and progress made against those targets.

Row 1

(7.53.1.1) Target reference number

Select from:

☑ Abs 1

(7.53.1.2) Is this a science-based target?

Select from:

☑ No, but we anticipate setting one in the next two years

(7.53.1.5) Date target was set

12/30/2021

(7.53.1.6) Target coverage

Select from:

☑ Business division

(7.53.1.7) Greenhouse gases covered by target

Select all that apply

☑ Methane (CH4)
☑ Nitrous oxide (N2O)
☑ Carbon dioxide (CO2)
☑ Perfluorocarbons (PFCs)
☑ Hydrofluorocarbons (HFCs)
☑ Sulphur hexafluoride (SF6)
☑ Nitrogen trifluoride (NF3)

(7.53.1.8) Scopes

Select all that apply

☑ Scope 1
☑ Scope 2

(7.53.1.9) Scope 2 accounting method

Select from:

☑ Market-based

(7.53.1.11) End date of base year

12/30/2020

(7.53.1.12) Base year Scope 1 emissions covered by target (metric tons CO2e)

22083

(7.53.1.13) Base year Scope 2 emissions covered by target (metric tons CO2e)

151053

(7.53.1.31) Base year total Scope 3 emissions covered by target (metric tons CO2e)

0.000

(7.53.1.32) Total base year emissions covered by target in all selected Scopes (metric tons CO2e)

173136.000

(7.53.1.33) Base year Scope 1 emissions covered by target as % of total base year emissions in Scope 1

100

(7.53.1.34) Base year Scope 2 emissions covered by target as % of total base year emissions in Scope 2

100

(7.53.1.53) Base year emissions covered by target in all selected Scopes as % of total base year emissions in all selected Scopes

100

(7.53.1.54) End date of target

12/30/2030

(7.53.1.55) Targeted reduction from base year (%)

74

(7.53.1.56) Total emissions at end date of target covered by target in all selected Scopes (metric tons CO2e)

45015.360

(7.53.1.57) Scope 1 emissions in reporting year covered by target (metric tons CO2e)

30587.55

(7.53.1.58) Scope 2 emissions in reporting year covered by target (metric tons CO2e)

118776.78

(7.53.1.77) Total emissions in reporting year covered by target in all selected scopes (metric tons CO2e)

149364.330

(7.53.1.78) Land-related emissions covered by target

Select from:

☑ No, it does not cover any land-related emissions (e.g. non-FLAG SBT)

(7.53.1.79) % of target achieved relative to base year

18.55

(7.53.1.80) Target status in reporting year

Select from:

☑ Underway

(7.53.1.82) Explain target coverage and identify any exclusions

The target covers Scope 1 and 2 emissions of MCSA and aims to reduce these emissions 74% between calendar year 2020 and calendar year 2030.

(7.53.1.83) Target objective

Reduce Scope 1 and 2 emissions of MCSA by 74% between CY2020 and CY2030.

(7.53.1.84) Plan for achieving target, and progress made to the end of the reporting year

For Scope 1 emissions, MCSA plans to: • Move to green hydrogen technology for diesel generator fuel. • Install Newster healthcare risk waste (HCRW) technology for diesel incinerator fuel. • Capture and environmentally safe disposal of air conditioning gas refills and fire suppressant gas refills. • Change in human behaviour and capture technology for nitrous oxide and anaesthetic gas • Conversion to green hydrogen and electric vehicles within owned fleet For Scope 2 emissions, MCSA plans to: • Reduce electricity consumption through a change in behaviour and invest in energy efficiency projects. • Increase the use of renewable energy through PV system at all facilities, where possible, and procure renewable energy (wheeling from off-site plants).

(7.53.1.85) Target derived using a sectoral decarbonization approach

Select from:

☑ No

[Add row]

(7.54) Did you have any other climate-related targets that were active in the reporting year?

Select all that apply

☑ Net-zero targets

☑ Other climate-related targets

(7.54.2) Provide details of any other climate-related targets, including methane reduction targets.

Row 1

(7.54.2.1) Target reference number

Select from:

☑ Oth 1

(7.54.2.2) Date target was set

12/30/2021

(7.54.2.3) Target coverage

Select from:

☑ Business division

(7.54.2.4) Target type: absolute or intensity

Select from:

☑ Absolute

(7.54.2.5) Target type: category & Metric (target numerator if reporting an intensity target)

Waste management

☑ metric tons of waste diverted from landfill

(7.54.2.7) End date of base year

12/30/2020

(7.54.2.8) Figure or percentage in base year

7853

(7.54.2.9) End date of target

12/30/2030

(7.54.2.10) Figure or percentage at end of date of target

0

(7.54.2.11) Figure or percentage in reporting year

8372.08

(7.54.2.12) % of target achieved relative to base year

-6.6099579778

(7.54.2.13) Target status in reporting year

Select from:

☑ Underway

(7.54.2.15) Is this target part of an emissions target?

No

(7.54.2.16) Is this target part of an overarching initiative?

Select all that apply

☑ No, it’s not part of an overarching initiative

(7.54.2.18) Please explain target coverage and identify any exclusions

MCSA has a commitment and roadmap to achieve zero waste to landfill by 2030. The majority of Mediclinic's waste is derived from healthcare general waste (HCGW) and healthcare risk waste (HCRW). Total waste reported for CY2023 covers HCRW incineration and autoclave, HCRW residue to landfill and HCGW to landfill.

(7.54.2.19) Target objective

To achieve zero waste to landfill by 2030 for Mediclinic Southern Africa.

(7.54.2.20) Plan for achieving target, and progress made to the end of the reporting year

MCSA has a commitment and roadmap to achieve zero waste to landfill by 2030. The zero waste to landfill strategy and roadmap consists of the following key elements: • Implementation of a unified/standardised waste management tender throughout MCSA, together with the collection of reliable data. • Move waste which is currently classified as HCRW to HCGW (disposal of vials). • Increase percentage of HCGW waste recycled from current 24% to 77%. • Implement a circular economy in co-operation with key suppliers (this initiative has been initiated by the Procurement Department and is still in pilot phase, but it is foreseen that this will become more relevant in future). • Implement a waste reduction strategy that includes considerations of human behaviour change, waste management companies and new technology. Within 2023, MCSA had the following waste-related actions: Companies contracted to address new recycling requirements HCRW transported and treated by licensed companies through autoclave sterilisation or incineration (anatomical waste) Newster technology (Newster sterilisers use patented frictional heat treatment technology for the sustainable processing of HCRW) implemented at one hospital Aluminium foils from sterile packaging of single-use medical devices recycled Decommissioned linen and towels donated Off-site composting of food waste
[Add row]

(7.54.3) Provide details of your net-zero target(s).

Row 1

(7.54.3.1) Target reference number

Select from:
☑ NZ1

(7.54.3.2) Date target was set

(7.54.3.3) Target Coverage

Select from:

☑ Business division

(7.54.3.4) Targets linked to this net zero target

Select all that apply

☑ Abs1

(7.54.3.5) End date of target for achieving net zero

12/30/2030

(7.54.3.6) Is this a science-based target?

Select from:

☑ No, but we anticipate setting one in the next two years

(7.54.3.8) Scopes

Select all that apply

☑ Scope 1

☑ Scope 2

(7.54.3.9) Greenhouse gases covered by target

Select all that apply

☑ Methane (CH4)

☑ Nitrous oxide (N2O)

☑ Carbon dioxide (CO2)

☑ Perfluorocarbons (PFCs)

☑ Hydrofluorocarbons (HFCs)

☑ Sulphur hexafluoride (SF6)

(7.54.3.10) Explain target coverage and identify any exclusions

The target covers Scope 1 and 2 emissions of MCSA and aims to reduce these emissions 74% between calendar year 2020 and calendar year 2030, with the balance of emissions in 2030 to be offset with the purchasing of carbon credits. It is estimated that a total of 46 634 tCO2e will have to be purchased in 2030 to achieve carbon neutral status in MCSA. After 2030, carbon credits will be purchased annually, dependant on the carbon residue.

(7.54.3.11) Target objective

To achieve carbon-neutral status by 2030.

(7.54.3.12) Do you intend to neutralize any residual emissions with permanent carbon removals at the end of the target?

Select from:

☑ Unsure

(7.54.3.13) Do you plan to mitigate emissions beyond your value chain?

Select from:

☑ No, and we do not plan to within the next two years

(7.54.3.17) Target status in reporting year

Select from:

☑ Underway

(7.54.3.19) Process for reviewing target

The carbon neutral roadmap in which this target is entrenched is typically reviewed on an annual basis.
[Add row]

(7.55) Did you have emissions reduction initiatives that were active within the reporting year? Note that this can include those in the planning and/or implementation phases.

Select from:

☑ Yes

(7.55.1) Identify the total number of initiatives at each stage of development, and for those in the implementation stages, the estimated CO2e savings.

	Number of initiatives	Total estimated annual CO2e savings in metric tonnes CO2e (only for rows marked *)
Under investigation	*0*	*`Numeric input*
To be implemented	*0*	*0*
Implementation commenced	*35*	*11.43*
Implemented	*13*	*6314.64*
Not to be implemented	*1*	*`Numeric input*

[Fixed row]

(7.55.2) Provide details on the initiatives implemented in the reporting year in the table below.

Row 1

(7.55.2.1) Initiative category & Initiative type

Energy efficiency in buildings

☑ Lighting

(7.55.2.2) Estimated annual CO2e savings (metric tonnes CO2e)

6314.64

(7.55.2.3) Scope(s) or Scope 3 category(ies) where emissions savings occur

Select all that apply

☑ Scope 1

(7.55.2.4) Voluntary/Mandatory

Select from:

☑ Voluntary

(7.55.2.5) Annual monetary savings (unit currency – as specified in C0.4)

50670

(7.55.2.6) Investment required (unit currency – as specified in C0.4)

65842

(7.55.2.7) Payback period

Select from:

☑ 1-3 years

(7.55.2.8) Estimated lifetime of the initiative

Select from:

☑ 3-5 years

(7.55.2.9) Comment

Replace T5 fluorecent light fittings with LED lights
[Add row]

(7.55.3) What methods do you use to drive investment in emissions reduction activities?

Row 1

(7.55.3.1) Method

Select from:

☑ Financial optimization calculations

(7.55.3.2) Comment

Rising electricity costs have been an incentive to reduce electricity consumption and resultant GHG emissions through investments in energy efficient equipment and alternative renewable energy sources. Carbon tax liability calculations were undertaken within Mediclinic Southern Africa, acting as another incentive to reduce carbon emissions through investment in emission reduction activities.

Row 2

(7.55.3.1) Method

Select from:

☑ Partnering with governments on technology development

(7.55.3.2) Comment

Mediclinic Southern Africa is a listed and registered Energy Services Company (Esco) to implement the Eskom Demand Side Management (DSM) and Energy efficiency programmes at Mediclinic while making use of the available subsidies and rebates to defray capital costs of equipment. It has also partnered with the National Business Initiative's Private Sector Energy Efficiency Project (PSEE) to share knowledge and leverage off the skills of experts.

Row 4

(7.55.3.1) Method

Select from:

☑ Compliance with regulatory requirements/standards

(7.55.3.2) Comment

All new air-conditioning and refrigerant equipment purchased makes use of refrigerants other than Freon or R22, which is being phased out in South Africa and Namibia. Stringent protocols are followed to ensure that waste management within the Group complies with all legislation and regulations of the respective geographies in which we operate.

Row 5

(7.55.3.1) Method

Select from:

☑ Dedicated budget for energy efficiency

(7.55.3.2) Comment

The ESG Committee measures the energy utilisation within the Group to determine where savings can be achieved, and it evaluates various new energy efficiency technologies. The Committee takes various steps to reduce greenhouse gases, such as the implementation of LED lighting and solar photovoltaic energy systems. The division invests in energy efficient equipment and renewable energy sources. Energy efficient projects and the purchase of clean energy are key actions in the roadmap to carbon neutrality by 2030.
[Add row]

(7.74) Do you classify any of your existing goods and/or services as low-carbon products?

Select from:

☑ Yes

(7.74.1) Provide details of your products and/or services that you classify as low-carbon products.

Row 1

(7.74.1.1) Level of aggregation

Select from:

☑ Product or service

(7.74.1.2) Taxonomy used to classify product(s) or service(s) as low-carbon

Select from:

☑ No taxonomy used to classify product(s) or service(s) as low carbon

(7.74.1.3) Type of product(s) or service(s)

Other

☑ Other, please specify **:**Substitution of medical gases with lower carbon alternatives

(7.74.1.4) Description of product(s) or service(s)

In the provision of medical services throughout the hospital network in Mediclinic Southern Africa, Mediclinic Middle East and Hirslanden (Switzerland), medical gases commonly used for anaesthesia are in the process of being substituted with low-carbon alternatives. This allows the provision of a lower carbon medical service alternative compared to other hospital groups. During 2023, our operations in the Middle East reduced the total carbon emissions from anaesthetic agents by 26% compared with the previous year, without any harm to our patients. Moreover, no Desflurane was used at all. In Southern Africa, the use of Desflurane decreased by 14% while total carbon emissions from anaesthetic gases decreased by 12%. Control strategies include elimination, substitution, engineering control, gas capturing technologies (under investigation), ultrasonic leak testing, administrative controls, and education and awareness. Currently, no immediate action is required in Switzerland due to the use of less-harmful gases. In Mediclinic Southern Africa, 57% of care is surgical and in Mediclinic Middle East, the percentage of surgical care is 47%. This proportionality was used to calculate revenue generated from the low-carbon service.

(7.74.1.5) Have you estimated the avoided emissions of this low-carbon product(s) or service(s)

Select from:

☑ No

(7.74.1.13) Revenue generated from low-carbon product(s) or service(s) as % of total revenue in the reporting year

51.85

[Add row]

(7.79) Has your organization canceled any project-based carbon credits within the reporting year?

Select from:

☑ No

C9. Environmental performance - Water security

(9.1) Are there any exclusions from your disclosure of water-related data?

Select from:

☑ Yes

(9.1.1) Provide details on these exclusions.

Row 1

(9.1.1.1) Exclusion

Select from:

☑ Facilities

(9.1.1.2) Description of exclusion

Al Sufouh

(9.1.1.3) Reason for exclusion

Select from:

☑ Data is not available

(9.1.1.4) Primary reason why data is not available

Select from:

☑ Challenges associated with data collection and/or quality

(9.1.1.7) Percentage of water volume the exclusion represents

Select from:

☑ 1-5%

(9.1.1.8) Please explain

This facility has been excluded because it is currently, due to reasons that are not yet clear, unable to supply the necessary water-related data for disclosure. The exclusion percentage refers to water withdrawal volumes.

Row 8

(9.1.1.1) Exclusion

Select from:

☑ Facilities

(9.1.1.2) Description of exclusion

Secunda

(9.1.1.3) Reason for exclusion

Select from:

☑ Data is not available

(9.1.1.4) Primary reason why data is not available

Select from:

☑ Other, please specify **:**No water meter installed

(9.1.1.7) Percentage of water volume the exclusion represents

Select from:

☑ Less than 1%

(9.1.1.8) Please explain

This facility has been excluded because it cannot supply the necessary water-related data for disclosure, as a water meter has not been installed yet. The exclusion percentage refers to water withdrawal volumes.

Row 9

(9.1.1.1) Exclusion

Select from:

☑ Facilities

(9.1.1.2) Description of exclusion

Tshwane Regional Office

(9.1.1.3) Reason for exclusion

Select from:

☑ Data is not available

(9.1.1.4) Primary reason why data is not available

Select from:

☑ Challenges associated with data collection and/or quality

(9.1.1.7) Percentage of water volume the exclusion represents

Select from:

☑ Less than 1%

(9.1.1.8) Please explain

This facility has been excluded because it is currently, due to reasons that are not yet clear, unable to supply the necessary water-related data for disclosure. The exclusion percentage refers to water withdrawal volumes.

Row 10

(9.1.1.1) Exclusion

Select from:

☑ Facilities

(9.1.1.2) Description of exclusion

Soweto Renal Services

(9.1.1.3) Reason for exclusion

Select from:

☑ Data is not available

(9.1.1.4) Primary reason why data is not available

Select from:

☑ Challenges associated with data collection and/or quality

(9.1.1.7) Percentage of water volume the exclusion represents

Select from:

☑ Less than 1%

(9.1.1.8) Please explain

This facility has been excluded because it is currently, due to reasons that are not yet clear, unable to supply the necessary water-related data for disclosure. The exclusion percentage refers to water withdrawal volumes.

Row 11

(9.1.1.1) Exclusion

Select from:

☑ Facilities

(9.1.1.2) Description of exclusion

WCC Regional Office (Chardonay)

(9.1.1.3) Reason for exclusion

Select from:

☑ Data is not available

(9.1.1.4) Primary reason why data is not available

Select from:

☑ Challenges associated with data collection and/or quality

(9.1.1.7) Percentage of water volume the exclusion represents

Select from:

☑ Less than 1%

(9.1.1.8) Please explain

This facility has been excluded because it is currently, due to reasons that are not yet clear, unable to supply the necessary water-related data for disclosure. The exclusion percentage refers to water withdrawal volumes.
[Add row]

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

Water withdrawals – total volumes

(9.2.1) % of sites/facilities/operations

Select from:

☑ 100%

(9.2.2) Frequency of measurement

Select from:

☑ Monthly

(9.2.3) Method of measurement

Direct and secondary sources

(9.2.4) Please explain

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

(9.2.1) % of sites/facilities/operations

Select from:

☑ 100%

(9.2.2) Frequency of measurement

Select from:

☑ Monthly

(9.2.3) Method of measurement

Direct and indirect sources

(9.2.4) Please explain

Water from all sources is measured at all hospitals and clinics on a monthly basis. In addition to municipal sources, there are boreholes at 15 of our hospitals in South Africa within the reporting boundary, all of which are measured by internal water meters at their point of entry into our facilities. 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.

Water withdrawals quality

(9.2.1) % of sites/facilities/operations

Select from:

☑ 100%

(9.2.2) Frequency of measurement

Select from:

☑ Monthly

(9.2.3) Method of measurement

Secondary sources

(9.2.4) Please explain

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 be safe for human consumption as long as it complies with the UAE. S GSO 149 code.

Water discharges – total volumes

(9.2.1) % of sites/facilities/operations

Select from:

☑ 100%

(9.2.2) Frequency of measurement

Select from:

☑ Monthly

(9.2.3) Method of measurement

Direct and secondary sources

(9.2.4) Please explain

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

(9.2.1) % of sites/facilities/operations

Select from:

☑ 100%

(9.2.2) Frequency of measurement

Select from:

☑ Monthly

(9.2.3) Method of measurement

Secondary sources

(9.2.4) Please explain

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

(9.2.1) % of sites/facilities/operations

Select from:

☑ 100%

(9.2.2) Frequency of measurement

Select from:

☑ Monthly

(9.2.3) Method of measurement

Secondary sources

(9.2.4) Please explain

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

(9.2.1) % of sites/facilities/operations

Select from:

☑ 100%

(9.2.2) Frequency of measurement

Select from:

☑ Monthly

(9.2.3) Method of measurement

Secondary sources

(9.2.4) Please explain

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)

(9.2.1) % of sites/facilities/operations

Select from:

☑ Not relevant

(9.2.4) Please explain

Natural water sources can only manage a limited pollution load. Before a water services institution allowed Mediclinic 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 Mediclinic's operations across its geographies within its direct operations does not include the release of nitrates, phosphates, pesticides.

Water discharge quality – temperature

(9.2.1) % of sites/facilities/operations

Select from:

☑ 51-75

(9.2.2) Frequency of measurement

Select from:

☑ Monthly

(9.2.3) Method of measurement

Secondary sources

(9.2.4) Please explain

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

(9.2.1) % of sites/facilities/operations

Select from:

☑ 100%

(9.2.2) Frequency of measurement

Select from:

☑ Monthly

(9.2.3) Method of measurement

Direct and secondary sources

(9.2.4) Please explain

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

(9.2.1) % of sites/facilities/operations

Select from:

☑ 26-50

(9.2.2) Frequency of measurement

Select from:

☑ Monthly

(9.2.3) Method of measurement

Direct sources

(9.2.4) Please explain

Our operations in the United Arab Emirates consist of 7 hospitals and 23 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, accounts for 30 of our 117 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

(9.2.1) % of sites/facilities/operations

Select from:

☑ 100%

(9.2.2) Frequency of measurement

Select from:

☑ Monthly

(9.2.3) Method of measurement

Direct sources

(9.2.4) Please explain

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.
[Fixed row]

(9.2.2) 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?

Total withdrawals

(9.2.2.1) Volume (megaliters/year)

1730.52

(9.2.2.2) Comparison with previous reporting year

Select from:

☑ About the same

(9.2.2.3) Primary reason for comparison with previous reporting year

Select from:

☑ Other, please specify **:**Meter installation at all UAE hospitals

(9.2.2.4) Five-year forecast

Select from:

☑ Lower

(9.2.2.5) Primary reason for forecast

Select from:

☑ Increase/decrease in efficiency

(9.2.2.6) Please explain

This figure constitutes a 0.54% increase on the previous year, which we consider "about the same". The reason for this increase is tied to the installation of water meters at all UAE hospitals in CY23, which has provided more accurate readings. Previously, invoices from landlords or local authorities were used for reporting. 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 a 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

(9.2.2.1) Volume (megaliters/year)

1615.85

(9.2.2.2) Comparison with previous reporting year

Select from:

☑ About the same

(9.2.2.3) Primary reason for comparison with previous reporting year

Select from:

☑ Other, please specify **:**Meter installation at all UAE hospitals

(9.2.2.4) Five-year forecast

Select from:

☑ Lower

(9.2.2.5) Primary reason for forecast

Select from:

☑ Increase/decrease in efficiency

(9.2.2.6) Please explain

Difference in discharge is about the same (0.69% increase) as last year 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, Mediclinic 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

(9.2.2.1) Volume (megaliters/year)

114.67

(9.2.2.2) Comparison with previous reporting year

Select from:

☑ About the same

(9.2.2.3) Primary reason for comparison with previous reporting year

Select from:

☑ Other, please specify **:**Meter installation at all UAE hospitals

(9.2.2.4) Five-year forecast

Select from:

☑ Lower

(9.2.2.5) Primary reason for forecast

Select from:

☑ Increase/decrease in efficiency

(9.2.2.6) Please explain

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 (decrease of 1.45%) 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, Mediclinic 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.
[Fixed row]

(9.2.4) Indicate whether water is withdrawn from areas with water stress, provide the volume, how it compares with the previous reporting year, and how it is forecasted to change.

(9.2.4.1) Withdrawals are from areas with water stress

Select from:

☑ Yes

(9.2.4.2) Volume withdrawn from areas with water stress (megaliters)

1292.44

(9.2.4.3) Comparison with previous reporting year

Select from:

☑ About the same

(9.2.4.4) Primary reason for comparison with previous reporting year

Select from:

☑ Other, please specify **:**Installation of water meters at UAE hospitals

(9.2.4.5) Five-year forecast

Select from:

☑ Lower

(9.2.4.6) Primary reason for forecast

Select from:

☑ Increase/decrease in efficiency

(9.2.4.7) % of total withdrawals that are withdrawn from areas with water stress

74.69

(9.2.4.8) Identification tool

Select all that apply

☑ WRI Aqueduct

(9.2.4.9) Please explain

Mediclinic has identified that 92 out of 116 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 Aquaduct tool. Data is 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.
[Fixed row]

(9.2.7) Provide total water withdrawal data by source.

Fresh surface water, including rainwater, water from wetlands, rivers, and lakes

(9.2.7.1) Relevance

Select from:
☑ Not relevant

(9.2.7.5) Please explain

We do not draw water directly from any fresh water sources.

Brackish surface water/Seawater

(9.2.7.1) Relevance

Select from:
☑ Not relevant

(9.2.7.5) Please explain

We do not draw water directly from any brackish or seawater sources

Groundwater – renewable

(9.2.7.1) Relevance

Select from:

☑ Relevant

(9.2.7.2) Volume (megaliters/year)

19.75

(9.2.7.3) Comparison with previous reporting year

Select from:

☑ About the same

(9.2.7.4) Primary reason for comparison with previous reporting year

Select from:

☑ Increase/decrease in efficiency

(9.2.7.5) Please explain

This figure constitutes a 9.13% 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 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

(9.2.7.1) Relevance

Select from:

☑ Not relevant

(9.2.7.5) Please explain

We do not directly withdraw from any non-renewable groundwater sources.

Produced/Entrained water

(9.2.7.1) Relevance

Select from:

☑ Not relevant

(9.2.7.5) Please explain

As a healthcare company, we do not withdraw or use any produced or entrained water.

Third party sources

(9.2.7.1) Relevance

Select from:

☑ Relevant

(9.2.7.2) Volume (megaliters/year)

1710.77

(9.2.7.3) Comparison with previous reporting year

Select from:

☑ About the same

(9.2.7.4) Primary reason for comparison with previous reporting year

Select from:

☑ Other, please specify **:**Installation of water meters at UAE sites

(9.2.7.5) Please explain

This figure constitutes a 0.67% 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.
[Fixed row]

(9.2.8) Provide total water discharge data by destination.

Fresh surface water

(9.2.8.1) Relevance

Select from:
☑ Not relevant

(9.2.8.5) Please explain

No water discharged to fresh surface water areas, hence not relevant.

Brackish surface water/seawater

(9.2.8.1) Relevance

Select from:
☑ Not relevant

(9.2.8.5) Please explain

No water discharged to brackish surface water/ seawater, hence not relevant.

Groundwater

(9.2.8.1) Relevance

Select from:

☑ Relevant

(9.2.8.2) Volume (megaliters/year)

14.53

(9.2.8.3) Comparison with previous reporting year

Select from:

☑ Much lower

(9.2.8.4) Primary reason for comparison with previous reporting year

Select from:

☑ Increase/decrease in efficiency

(9.2.8.5) Please explain

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 second year where we have been able to adequately track borehole water used for irrigation and incorporate it into our data. The change figure constitutes a “much lower” (11% decrease) on the previous year. The "much lower" reading may be due to the adoption of water-efficient practices, such as reducing the size of gardens and gradually installing water-wise gardens at some of our sites.These changes have reduced the need for watering. A threshold for "much higher" or "much lower" would be anything above a 10% difference. Future trends should see this decrease further as the whole Mediclinic group continues to initiate water-efficiency techniques as part of Mediclinic's Sustainable Development Strategy and Water Roadmap.

Third-party destinations

(9.2.8.1) Relevance

Select from:

☑ Relevant

(9.2.8.2) Volume (megaliters/year)

1601.32

(9.2.8.3) Comparison with previous reporting year

Select from:

☑ About the same

(9.2.8.4) Primary reason for comparison with previous reporting year

Select from:

☑ Other, please specify **:**Installation of water meters at UAE sites

(9.2.8.5) Please explain

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 2022 and 2023. In CY2022 total discharges to third party destinations were 1526.97 Ml, in CY2023 total discharges to third party destinations were 1601.32 Ml. The increase (4.87%) in discharge to third-party destinations this year is likely due to the improved measurement accuracy provided by the newly installed water meters, which has revealed more precise data on water usage and discharge. A threshold for "much higher" or "much lower" would be anything above a 10% difference. [Fixed row]

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

Tertiary treatment

(9.2.9.1) Relevance of treatment level to discharge

Select from:

☑ Not relevant

(9.2.9.6) Please explain

Discharge from our hospitals, clinics and offices does not undergo any tertiary treatment, hence not relevant.

Secondary treatment

(9.2.9.1) Relevance of treatment level to discharge

Select from:

☑ Not relevant

(9.2.9.6) Please explain

Discharge from our hospitals, clinics and offices does not undergo any secondary treatment, hence not relevant.

Primary treatment only

(9.2.9.1) Relevance of treatment level to discharge

Select from:

☑ Not relevant

(9.2.9.6) Please explain

Discharge from our hospitals, clinics and offices and offices does not undergo any primary treatment, hence not relevant.

Discharge to the natural environment without treatment

(9.2.9.1) Relevance of treatment level to discharge

Select from:

☑ Relevant

(9.2.9.2) Volume (megaliters/year)

14.53

(9.2.9.3) Comparison of treated volume with previous reporting year

Select from:

☑ Much lower

(9.2.9.4) Primary reason for comparison with previous reporting year

Select from:

☑ Increase/decrease in efficiency

(9.2.9.5) % of your sites/facilities/operations this volume applies to

Select from:

☑ 1-10

(9.2.9.6) Please explain

This figure constitutes a 10.68% decrease on the previous year, which we consider "much lower". A threshold for "much higher" or "much lower" is 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

(9.2.9.1) Relevance of treatment level to discharge

Select from:

☑ Relevant

(9.2.9.2) Volume (megaliters/year)

1601.32

(9.2.9.3) Comparison of treated volume with previous reporting year

Select from:

☑ About the same

(9.2.9.4) Primary reason for comparison with previous reporting year

Select from:

☑ Increase/decrease in efficiency

(9.2.9.5) % of your sites/facilities/operations this volume applies to

Select from:

☑ 100%

(9.2.9.6) Please explain

This figure constitutes a 4.87% 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. 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. The level of treatment applied by third party sources is unknown. It is anticipated that future trends should see the water discharged to third paties without treatment decrease as the whole Mediclinic group continues to initiate water-efficiency techniques as part of Mediclinic's Sustainable Development Strategy and Water Roadmap.

Other

(9.2.9.1) Relevance of treatment level to discharge

Select from:

☑ Not relevant

(9.2.9.6) Please explain

No other treatment forms are relevant or applicable to our operations.
[Fixed row]

(9.3) In your direct operations and upstream value chain, what is the number of facilities where you have identified substantive water-related dependencies, impacts, risks, and opportunities?

Direct operations

(9.3.1) Identification of facilities in the value chain stage

Select from:

☑ Yes, we have assessed this value chain stage and identified facilities with water-related dependencies, impacts, risks, and opportunities

(9.3.2) Total number of facilities identified

88

(9.3.3) % of facilities in direct operations that this represents

Select from:

☑ 76-99

(9.3.4) Please explain

88 of 116 of our facilities included within our direct operations have been identified as being exposed to substantive water risk. Facilities are defined as our hospitals, clinics and few corporate offices. These facilities are exposed to an overall "high" and "extremely high" water stress, as defined by the WRI Aqueduct Water Risk Atlas, and in accordance with the minor river basin in which they are located. We are dependent on water as it is crucial for hygiene, quality care, and infection prevention and control within our operations, as such if, any of our hospitals or clinics were without water Mediclinic would incur a substantive financial and strategic risk. Our corporate offices, however, are not considered at risk, even if located in water-stressed basins, as the potential for remote work would mitigate any significant risk from a water-related event.

Upstream value chain

(9.3.1) Identification of facilities in the value chain stage

Select from:

☑ No, we have not assessed this value chain stage for facilities with water-related dependencies, impacts, risks, and opportunities, but we are planning to do so in the next 2 years

(9.3.4) Please explain

We have not yet assessed upstream value chain in its entirety as we have prioritised the assessment of substantive water-related dependencies, impacts, risks, and opportunities to facilities within our direct operations (i.e. hospitals and clinics) which rely heavily on water for essential functions like patient care, sanitation, and medical procedures. Any disruption in water supply directly affects operations, patient safety, and overall service delivery. By contrast, upstream operations have a less immediate effect on our core activities. As we advance our TCFD-aligned disclosures and implement our 'Water Roadmap,' we will further examine water-related dependencies, impacts, risks, and opportunities within the upstream value chain.
[Fixed row]

(9.3.1) For each facility referenced in 9.3, provide coordinates, water accounting data, and a comparison with the previous reporting year.

Row 2

(9.3.1.1) Facility reference number

Select from:

☑ Facility 1

(9.3.1.2) Facility name (optional)

Worcester Hospital- Breede River Basin, South Africa

(9.3.1.3) Value chain stage

Select from:

☑ Direct operations

(9.3.1.4) Dependencies, impacts, risks, and/or opportunities identified at this facility

Select all that apply

☑ Dependencies

☑ Impacts

☑ Risks

☑ Opportunities

(9.3.1.5) Withdrawals or discharges in the reporting year

Select from:

☑ Yes, withdrawals and discharges

(9.3.1.7) Country/Area & River basin

South Africa

☑ Other, please specify **:**Breede

(9.3.1.8) Latitude

-33.644031

(9.3.1.9) Longitude

19.450716

(9.3.1.10) Located in area with water stress

Select from:

☑ Yes

(9.3.1.13) Total water withdrawals at this facility (megaliters)

20.86

(9.3.1.14) Comparison of total withdrawals with previous reporting year

Select from:

☑ About the same

(9.3.1.15) Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

(9.3.1.16) Withdrawals from brackish surface water/seawater

0

(9.3.1.17) Withdrawals from groundwater - renewable

0

(9.3.1.18) Withdrawals from groundwater - non-renewable

0

(9.3.1.19) Withdrawals from produced/entrained water

0

(9.3.1.20) Withdrawals from third party sources

20.86

(9.3.1.21) Total water discharges at this facility (megaliters)

18.57

(9.3.1.22) Comparison of total discharges with previous reporting year

Select from:

☑ About the same

(9.3.1.23) Discharges to fresh surface water

0

(9.3.1.24) Discharges to brackish surface water/seawater

0

(9.3.1.25) Discharges to groundwater

0

(9.3.1.26) Discharges to third party destinations

18.57

(9.3.1.27) Total water consumption at this facility (megaliters)

2.3

(9.3.1.28) Comparison of total consumption with previous reporting year

Select from:

☑ About the same

(9.3.1.29) Please explain

For Worcester hospital located in the Breede river basin in South Africa, water withdrawals, water discharge and water consumption values are about the same compared to CY2022 which is likely due to water demand remaining stable throughout the year, the ongoing impact of previously implemented water-saving initiatives, and the introduction of a new initiative during the reporting year, which has started contributing to water efficiency. Mediclinic defines comparison "lower/higher" when there is 5-10%; change, "much lower/much higher" when there is a change which is 10% or above and “about the same” as a change between 0-5%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "about the same”. Our hospitals and clinics are dependent on good quality fresh water for key services. Water is crucial for hygiene, quality care, and infection prevention and control. Water scarcity or declining water quality poses risks, including potential service disruptions, which can directly impact the quality of care and patient outcomes. Municipal water withdrawal is measured either through on-site water meters or municipal bills. For all facilities, water discharge is estimated at 89% of total water withdrawal volumes. Water consumption figures are based on CDP's definition wherein total water discharges are subtracted from total water withdrawals.

Row 3

(9.3.1.1) Facility reference number

Select from:

☑ Facility 2

(9.3.1.2) Facility name (optional)

Hospitals and clinics - Omaruru-Swakop River Basin, Namibia

(9.3.1.3) Value chain stage

Select from:

☑ Direct operations

(9.3.1.4) Dependencies, impacts, risks, and/or opportunities identified at this facility

Select all that apply

☑ Dependencies

☑ Impacts

☑ Risks

☑ Opportunities

(9.3.1.5) Withdrawals or discharges in the reporting year

Select from:

☑ Yes, withdrawals and discharges

(9.3.1.7) Country/Area & River basin

Namibia

☑ Other, please specify **:**Omaruru-Swakop

(9.3.1.8) Latitude

-22.54173

(9.3.1.9) Longitude

17.091025

(9.3.1.10) Located in area with water stress

Select from:

☑ Yes

(9.3.1.13) Total water withdrawals at this facility (megaliters)

21.66

(9.3.1.14) Comparison of total withdrawals with previous reporting year

Select from:

☑ About the same

(9.3.1.15) Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

(9.3.1.16) Withdrawals from brackish surface water/seawater

0

(9.3.1.17) Withdrawals from groundwater - renewable

0

(9.3.1.18) Withdrawals from groundwater - non-renewable

0

(9.3.1.19) Withdrawals from produced/entrained water

0

(9.3.1.20) Withdrawals from third party sources

21.66

(9.3.1.21) Total water discharges at this facility (megaliters)

19.28

(9.3.1.22) Comparison of total discharges with previous reporting year

Select from:

☑ About the same

(9.3.1.23) Discharges to fresh surface water

0

(9.3.1.24) Discharges to brackish surface water/seawater

0

(9.3.1.25) Discharges to groundwater

0

(9.3.1.26) Discharges to third party destinations

19.28

(9.3.1.27) Total water consumption at this facility (megaliters)

2.38

(9.3.1.28) Comparison of total consumption with previous reporting year

Select from:

☑ About the same

(9.3.1.29) Please explain

The above are aggregate figures for two hospitals located in the Omaruru-Swakop river basin in Namibia. Facilities are aggregated based on the river basins in which they are located. Water withdrawals, water discharge and water consumption values are about the same compared to CY2022 which is likely due to water demand remaining stable throughout the year and the impact of implemented water-saving initiatives (e.g. the installation of water-wise indigenous gardens at Mediclinic Swakopmund). Mediclinic defines comparison "lower/higher" when there is 5-10%; change, "much lower/much higher" when there is a change which is 10% or above and “about the same” as a change between 0-5%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "about the same”. Water withdrawal is measured either through on-site water meters or municipal bills. For all facilities, water discharge is estimated at 89% of total water withdrawal volumes. Water discharge is calculated based on a detailed water audit at one of our South African hospitals. Water consumption figures are based on CDP's definition wherein total water discharges are subtracted from total water withdrawals.

Row 5

(9.3.1.1) Facility reference number

Select from:

☑ Facility 3

(9.3.1.2) Facility name (optional)

Otjiwarongo Hospital - Ugab River Basin, Namibia

(9.3.1.3) Value chain stage

Select from:

☑ Direct operations

(9.3.1.4) Dependencies, impacts, risks, and/or opportunities identified at this facility

Select all that apply

☑ Dependencies

☑ Impacts

☑ Risks

☑ Opportunities

(9.3.1.5) Withdrawals or discharges in the reporting year

Select from:

☑ Yes, withdrawals and discharges

(9.3.1.7) Country/Area & River basin

Namibia

☑ Other, please specify **:**Ugab

(9.3.1.8) Latitude

-20.469473

(9.3.1.9) Longitude

16.650944

(9.3.1.10) Located in area with water stress

Select from:

☑ Yes

(9.3.1.13) Total water withdrawals at this facility (megaliters)

2.31

(9.3.1.14) Comparison of total withdrawals with previous reporting year

Select from:

☑ Higher

(9.3.1.15) Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

(9.3.1.16) Withdrawals from brackish surface water/seawater

0

(9.3.1.17) Withdrawals from groundwater - renewable

0

(9.3.1.18) Withdrawals from groundwater - non-renewable

0

(9.3.1.19) Withdrawals from produced/entrained water

0

(9.3.1.20) Withdrawals from third party sources

2.31

(9.3.1.21) Total water discharges at this facility (megaliters)

2.05

(9.3.1.22) Comparison of total discharges with previous reporting year

Select from:

☑ Higher

(9.3.1.23) Discharges to fresh surface water

0

(9.3.1.24) Discharges to brackish surface water/seawater

0

(9.3.1.25) Discharges to groundwater

0

(9.3.1.26) Discharges to third party destinations

2.05

(9.3.1.27) Total water consumption at this facility (megaliters)

0.25

(9.3.1.28) Comparison of total consumption with previous reporting year

Select from:

☑ Higher

(9.3.1.29) Please explain

Otjiwarongo Hospital located in the Ugab river basin in Namibia is the only facility located in this basin. Water withdrawals, water discharge and water consumption values are higher compared to CY2022 which is likely due to higher bed occupancy during the reporting period. As patient numbers rise, so does the demand for water, impacting overall usage. Mediclinic defines comparison "lower/higher" when there is 5-10%; change, "much lower/much higher" when there is a change which is 10% or above and "about the same" as a change between 0-5%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "higher". Our hospitals and clinics are dependent on good quality fresh water for key services. Water is crucial for hygiene, quality care, and infection prevention and control. Water scarcity or declining water quality poses risks, including potential service disruptions, which can directly impact the quality of care and patient outcomes. Water withdrawal is measured either through on-site water meters or municipal bills. For all facilities, water discharge is estimated at 89% of total water withdrawal volumes. Water discharge is calculated based on a detailed water audit at one of our South African hospitals. Water consumption figures are based on CDP's definition wherein total water discharges are subtracted from total water withdrawals.

Row 6

(9.3.1.1) Facility reference number

Select from:

☑ Facility 4

(9.3.1.2) Facility name (optional)

Hospitals and clinics - Olifants River Basin, South Africa

(9.3.1.3) Value chain stage

Select from:

☑ Direct operations

(9.3.1.4) Dependencies, impacts, risks, and/or opportunities identified at this facility

Select all that apply

☑ Dependencies
☑ Impacts
☑ Risks
☑ Opportunities

(9.3.1.5) Withdrawals or discharges in the reporting year

Select from:
☑ Yes, withdrawals and discharges

(9.3.1.7) Country/Area & River basin

South Africa
☑ Olifants

(9.3.1.8) Latitude

-23.822643

(9.3.1.9) Longitude

30.152784

(9.3.1.10) Located in area with water stress

Select from:
☑ Yes

(9.3.1.13) Total water withdrawals at this facility (megaliters)

40.79

(9.3.1.14) Comparison of total withdrawals with previous reporting year

Select from:

☑ About the same

(9.3.1.15) Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

(9.3.1.16) Withdrawals from brackish surface water/seawater

0

(9.3.1.17) Withdrawals from groundwater - renewable

0.93

(9.3.1.18) Withdrawals from groundwater - non-renewable

0

(9.3.1.19) Withdrawals from produced/entrained water

0

(9.3.1.20) Withdrawals from third party sources

40.03

(9.3.1.21) Total water discharges at this facility (megaliters)

36.56

(9.3.1.22) Comparison of total discharges with previous reporting year

Select from:

☑ About the same

(9.3.1.23) Discharges to fresh surface water

0

(9.3.1.24) Discharges to brackish surface water/seawater

0

(9.3.1.25) Discharges to groundwater

0.93

(9.3.1.26) Discharges to third party destinations

35.63

(9.3.1.27) Total water consumption at this facility (megaliters)

4.4

(9.3.1.28) Comparison of total consumption with previous reporting year

Select from:

☑ About the same

(9.3.1.29) Please explain

The above are aggregate figures for two hospitals/clinics located in the Olifants river basin in South Africa. Facilities are aggregated based on the river basins in which they are located. Water withdrawals, water discharge and water consumption values are about the same compared to CY2022 which is likely due to water demand remaining stable throughout the year and the impact of implemented water-saving initiatives (e.g. the use of grey water for toilet flushing and borehole water for irrigation). Mediclinic defines comparison "lower/higher" when there is 5-10%; change, "much lower/much higher" when there is a change which is 10% or above and “about the same” as a change between 0-5%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "about the same”. Water withdrawal is measured either through on-site water meters or municipal bills. Borehole withdrawal is measured via onsite water meters. For all facilities, water discharge is estimated at 89% of total water withdrawal volumes. Water discharge is calculated based on a detailed water audit at one of our South African hospitals. Water consumption figures are based on CDP's definition wherein total water discharges are subtracted from total water withdrawals. The majority of our borehole water is used for irrigation and is discharged back into surrounding groundwater systems.

Row 7

(9.3.1.1) Facility reference number

Select from:

☑ Facility 5

(9.3.1.2) Facility name (optional)

Hospitals and clinics - Vaal 2 River Basin, South Africa

(9.3.1.3) Value chain stage

Select from:

☑ Direct operations

(9.3.1.4) Dependencies, impacts, risks, and/or opportunities identified at this facility

Select all that apply

☑ Dependencies

☑ Impacts

☑ Risks

☑ Opportunities

(9.3.1.5) Withdrawals or discharges in the reporting year

Select from:

☑ Yes, withdrawals and discharges

(9.3.1.7) Country/Area & River basin

South Africa

☑ Other, please specify **:**Vaal 1

(9.3.1.8) Latitude

-27.989137

(9.3.1.9) Longitude

26.73042

(9.3.1.10) Located in area with water stress

Select from:

☑ Yes

(9.3.1.13) Total water withdrawals at this facility (megaliters)

95.89

(9.3.1.14) Comparison of total withdrawals with previous reporting year

Select from:

☑ About the same

(9.3.1.15) Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

(9.3.1.16) Withdrawals from brackish surface water/seawater

0

(9.3.1.17) Withdrawals from groundwater - renewable

0.06

(9.3.1.18) Withdrawals from groundwater - non-renewable

0

(9.3.1.19) Withdrawals from produced/entrained water

0

(9.3.1.20) Withdrawals from third party sources

95.82

(9.3.1.21) Total water discharges at this facility (megaliters)

85.35

(9.3.1.22) Comparison of total discharges with previous reporting year

Select from:

☑ About the same

(9.3.1.23) Discharges to fresh surface water

0

(9.3.1.24) Discharges to brackish surface water/seawater

0

(9.3.1.25) Discharges to groundwater

0.06

(9.3.1.26) Discharges to third party destinations

85.28

(9.3.1.27) Total water consumption at this facility (megaliters)

10.54

(9.3.1.28) Comparison of total consumption with previous reporting year

Select from:

☑ About the same

(9.3.1.29) Please explain

The above are aggregate figures for six hospitals/clinics located in the Vaal 2 river basin in South Africa. Facilities are aggregated based on the river basins in which they are located. Water withdrawals, water discharge and water consumption values are about the same compared to CY2022 which is likely due to water demand remaining stable throughout the year and the impact of implemented water-saving initiatives (e.g. autoclave water recycling). Mediclinic defines comparison "lower/higher" when there is 5-10%; change, "much lower/much higher" when there is a change which is 10% or above and “about the same” as a change between 0-5%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "about the same”. Water withdrawal is measured either through on-site water meters or municipal bills. Borehole withdrawal is measured via onsite water meters. For all facilities, water discharge is estimated at 89% of total water withdrawal volumes. Water discharge is calculated based on a detailed water audit at one of our South African hospitals. Water consumption figures are based on CDP's definition wherein total water discharges are subtracted from total water withdrawals. The majority of our borehole water is used for irrigation and is discharged back into surrounding groundwater systems.

Row 8

(9.3.1.1) Facility reference number

Select from:

☑ Facility 6

(9.3.1.2) Facility name (optional)

Hospitals and clinics - Sabhkat as Salamiyah River Basin, Arabian Peninsula

(9.3.1.3) Value chain stage

Select from:

☑ Direct operations

(9.3.1.4) Dependencies, impacts, risks, and/or opportunities identified at this facility

Select all that apply

☑ Dependencies

☑ Impacts

☑ Risks

☑ Opportunities

(9.3.1.5) Withdrawals or discharges in the reporting year

Select from:

☑ Yes, withdrawals and discharges

(9.3.1.7) Country/Area & River basin

United Arab Emirates

☑ Other, please specify **:**Sabhkat as Salamiyah

(9.3.1.8) Latitude

24.41748

(9.3.1.9) Longitude

54.461919

(9.3.1.10) Located in area with water stress

Select from:

☑ Yes

(9.3.1.13) Total water withdrawals at this facility (megaliters)

175.97

(9.3.1.14) Comparison of total withdrawals with previous reporting year

Select from:

☑ Much higher

(9.3.1.15) Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

(9.3.1.16) Withdrawals from brackish surface water/seawater

0

(9.3.1.17) Withdrawals from groundwater - renewable

0

(9.3.1.18) Withdrawals from groundwater - non-renewable

0

(9.3.1.19) Withdrawals from produced/entrained water

0

(9.3.1.20) Withdrawals from third party sources

175.97

(9.3.1.21) Total water discharges at this facility (megaliters)

175.97

(9.3.1.22) Comparison of total discharges with previous reporting year

Select from:

☑ Much higher

(9.3.1.23) Discharges to fresh surface water

0

(9.3.1.24) Discharges to brackish surface water/seawater

0

(9.3.1.25) Discharges to groundwater

0

(9.3.1.26) Discharges to third party destinations

175.97

(9.3.1.27) Total water consumption at this facility (megaliters)

0

(9.3.1.28) Comparison of total consumption with previous reporting year

Select from:

☑ About the same

(9.3.1.29) Please explain

The above are aggregate figures for 15 hospitals/clinics located in the Sabkhat as Salamiyah river basin in Abu Dhabi. Facilities are aggregated based on the river basins in which they are located. Water withdrawals, water discharge and water consumption values are about the same compared to CY2022 which is likely due to water demand remaining stable throughout the year and the impact of implemented water-saving initiatives. Mediclinic defines comparison "lower/higher" when there is 5-10%; change, "much lower/much higher" when there is a change which is 10% or above and “about the same” as a change between 0-5%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "about the same”. Our hospitals and clinics are dependent on good quality fresh water for key services. Water is crucial for hygiene, quality care, and infection prevention and control. Water scarcity or declining water quality poses risks, including potential service disruptions, which can directly impact the quality of care and patient outcomes. Water withdrawal is measured either through on-site water meters or municipal bills. For all facilities in the Middle East, water discharge is estimated at 100% of total water withdrawal volumes. Water consumption figures are based on CDP's definition wherein total water discharges are subtracted from total water withdrawals.

Row 9

(9.3.1.1) Facility reference number

Select from:

☑ Facility 7

(9.3.1.2) Facility name (optional)

Hospitals and clinics - Groot Berg River Basin, South Africa

(9.3.1.3) Value chain stage

Select from:

☑ Direct operations

(9.3.1.4) Dependencies, impacts, risks, and/or opportunities identified at this facility

Select all that apply

☑ Dependencies

☑ Impacts

☑ Risks

☑ Opportunities

(9.3.1.5) Withdrawals or discharges in the reporting year

Select from:

☑ Yes, withdrawals and discharges

(9.3.1.7) Country/Area & River basin

South Africa

☑ Other, please specify **:**Groot Berg

(9.3.1.8) Latitude

-33.875921

(9.3.1.9) Longitude

18.577813

(9.3.1.10) Located in area with water stress

Select from:

☑ Yes

(9.3.1.13) Total water withdrawals at this facility (megaliters)

238.14

(9.3.1.14) Comparison of total withdrawals with previous reporting year

Select from:

☑ About the same

(9.3.1.15) Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

(9.3.1.16) Withdrawals from brackish surface water/seawater

0

(9.3.1.17) Withdrawals from groundwater - renewable

10.94

(9.3.1.18) Withdrawals from groundwater - non-renewable

0

(9.3.1.19) Withdrawals from produced/entrained water

0

(9.3.1.20) Withdrawals from third party sources

227.2

(9.3.1.21) Total water discharges at this facility (megaliters)

213.15

(9.3.1.22) Comparison of total discharges with previous reporting year

Select from:

☑ About the same

(9.3.1.23) Discharges to fresh surface water

0

(9.3.1.24) Discharges to brackish surface water/seawater

0

(9.3.1.25) Discharges to groundwater

5.72

(9.3.1.26) Discharges to third party destinations

207.42

(9.3.1.27) Total water consumption at this facility (megaliters)

24.99

(9.3.1.28) Comparison of total consumption with previous reporting year

Select from:

☑ About the same

(9.3.1.29) Please explain

The above are aggregate figures for 17 hospitals/clinics located in the Grootberg river basin in South Africa. Facilities are aggregated based on the river basins in which they are located. Water withdrawals, water discharge and water consumption values are about the same compared to CY2022 which is likely due to water demand remaining stable throughout the year and the impact of implemented water-saving initiatives (e.g. laundry water recycling at Panorama and use of borehole water). Mediclinic defines comparison "lower/higher" when there is 5-10%; change, "much lower/much higher" when there is a change which is 10% or above and "about the same" as a change between 0-5%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "about the same". Water scarcity or declining water quality poses risks, including potential service disruptions, which can directly impact the quality of care and patient outcomes. Water withdrawal is measured either through on-site water meters or municipal bills. Borehole withdrawal is measured via onsite water meters. For all facilities, water discharge is estimated at 89% of total water withdrawal volumes. Water consumption figures are based on CDP's definition wherein total water discharges are subtracted from total water withdrawals. The majority of our borehole water is used for irrigation and is discharged back into surrounding groundwater systems.

Row 10

(9.3.1.1) Facility reference number

Select from:

☑ Facility 8

(9.3.1.2) Facility name (optional)

Hospitals and clinics - United Arab Emirates Coast

(9.3.1.3) Value chain stage

Select from:

☑ Direct operations

(9.3.1.4) Dependencies, impacts, risks, and/or opportunities identified at this facility

Select all that apply

☑ Dependencies

☑ Impacts

☑ Risks

☑ Opportunities

(9.3.1.5) Withdrawals or discharges in the reporting year

Select from:

☑ Yes, withdrawals and discharges

(9.3.1.7) Country/Area & River basin

United Arab Emirates

☑ Other, please specify **:**United Arab Emirates Coast, Dubai

(9.3.1.8) Latitude

25.230421

(9.3.1.9) Longitude

55.320433

(9.3.1.10) Located in area with water stress

Select from:

☑ Yes

(9.3.1.13) Total water withdrawals at this facility (megaliters)

131.51

(9.3.1.14) Comparison of total withdrawals with previous reporting year

Select from:

☑ About the same

(9.3.1.15) Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

(9.3.1.16) Withdrawals from brackish surface water/seawater

0

(9.3.1.17) Withdrawals from groundwater - renewable

0

(9.3.1.18) Withdrawals from groundwater - non-renewable

0

(9.3.1.19) Withdrawals from produced/entrained water

0

(9.3.1.20) Withdrawals from third party sources

131.51

(9.3.1.21) Total water discharges at this facility (megaliters)

131.51

(9.3.1.22) Comparison of total discharges with previous reporting year

Select from:

☑ About the same

(9.3.1.23) Discharges to fresh surface water

0

(9.3.1.24) Discharges to brackish surface water/seawater

0

(9.3.1.25) Discharges to groundwater

0

(9.3.1.26) Discharges to third party destinations

131.51

(9.3.1.27) Total water consumption at this facility (megaliters)

0

(9.3.1.28) Comparison of total consumption with previous reporting year

Select from:

☑ About the same

(9.3.1.29) Please explain

The above are aggregate figures for 15 hospitals/clinics located in the United Arab Emirates river basin in Dubai. Facilities are aggregated based on the river basins in which they are located. Water withdrawals, water discharge and water consumption values are about the same compared to CY2022 which is likely due to water demand remaining stable throughout the year and the impact of implemented water-saving initiatives (e.g. use of condensation water from CSSD autoclaves for irrigation). Mediclinic defines comparison "lower/higher" when there is 5-10%; change, "much lower/much higher" when there is a change which is 10% or above and "about the same" as a change between 0-5%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "about the same". Water scarcity or declining water quality poses risks, including potential service disruptions, which can directly impact the quality of care and patient outcomes. Water withdrawal is measured either through on-site water meters or municipal bills. For all facilities in the Middle East, water discharge is estimated at 100% of total water withdrawal volumes as the cost of effluent water discharge is equal to the cost of water withdrawal. Water consumption figures are based on CDP's definition wherein total water discharges are subtracted from total water withdrawals.

Row 11

(9.3.1.1) Facility reference number

Select from:

☑ Facility 9

(9.3.1.2) Facility name (optional)

Hospitals and clinics - Limpopo River Basin, South Africa

(9.3.1.3) Value chain stage

Select from:

☑ Direct operations

(9.3.1.4) Dependencies, impacts, risks, and/or opportunities identified at this facility

Select all that apply

☑ Dependencies

☑ Impacts

☑ Risks

☑ Opportunities

(9.3.1.5) Withdrawals or discharges in the reporting year

Select from:

☑ Yes, withdrawals and discharges

(9.3.1.7) Country/Area & River basin

South Africa

☑ Limpopo

(9.3.1.8) Latitude

-23.90817

(9.3.1.9) Longitude

29.464546

(9.3.1.10) Located in area with water stress

Select from:

☑ Yes

(9.3.1.13) Total water withdrawals at this facility (megaliters)

40.14

(9.3.1.14) Comparison of total withdrawals with previous reporting year

Select from:

☑ Lower

(9.3.1.15) Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

(9.3.1.16) Withdrawals from brackish surface water/seawater

0

(9.3.1.17) Withdrawals from groundwater - renewable

0

(9.3.1.18) Withdrawals from groundwater - non-renewable

0

(9.3.1.19) Withdrawals from produced/entrained water

0

(9.3.1.20) Withdrawals from third party sources

40.14

(9.3.1.21) Total water discharges at this facility (megaliters)

35.73

(9.3.1.22) Comparison of total discharges with previous reporting year

Select from:

☑ Lower

(9.3.1.23) Discharges to fresh surface water

0

(9.3.1.24) Discharges to brackish surface water/seawater

0

(9.3.1.25) Discharges to groundwater

0

(9.3.1.26) Discharges to third party destinations

35.73

(9.3.1.27) Total water consumption at this facility (megaliters)

4.42

(9.3.1.28) Comparison of total consumption with previous reporting year

Select from:

☑ Lower

(9.3.1.29) Please explain

The above are aggregate figures for 3 hospitals/clinics located in the Limpopo river basin in South Africa. Facilities are aggregated based on the river basins in which they are located. Water withdrawals, water discharge and water consumption values are lower compared to CY2022. While the exact reason for this decrease is undetermined, it is likely due to the impact of water-saving initiatives, such as the installation of aerators and the reduction of water flush volumes in toilets. Mediclinic defines comparison "lower/higher" when there is 5-10%; change, "much lower/much higher" when there is a change which is 10% or above and “about the same” as a change between 0-5%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "about the same”. Our hospitals and clinics are dependent on good quality fresh water for key services. Water is crucial for hygiene, quality care, and infection prevention and control. Water scarcity or declining water quality poses risks, including potential service disruptions, which can directly impact the quality of care and patient outcomes. Water withdrawal is measured either through on-site water meters or municipal bills. For all facilities, water discharge is estimated at 89% of total water withdrawal volumes. Water consumption figures arebased on CDP's definition wherein total water discharges are subtracted from total water withdrawals.

Row 12

(9.3.1.1) Facility reference number

Select from:

☑ Facility 10

(9.3.1.2) Facility name (optional)

Hospitals and clinics- Krokodil River Basin, South Africa

(9.3.1.3) Value chain stage

Select from:

☑ Direct operations

(9.3.1.4) Dependencies, impacts, risks, and/or opportunities identified at this facility

Select all that apply

☑ Dependencies

☑ Impacts

☑ Risks

☑ Opportunities

(9.3.1.5) Withdrawals or discharges in the reporting year

Select from:

☑ Yes, withdrawals and discharges

(9.3.1.7) Country/Area & River basin

South Africa

☑ Other, please specify **:**Krokodil

(9.3.1.8) Latitude

-26.179129

(9.3.1.9) Longitude

28.03437

(9.3.1.10) Located in area with water stress

Select from:

☑ Yes

(9.3.1.13) Total water withdrawals at this facility (megaliters)

290.7

(9.3.1.14) Comparison of total withdrawals with previous reporting year

Select from:

☑ About the same

(9.3.1.15) Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

(9.3.1.16) Withdrawals from brackish surface water/seawater

0

(9.3.1.17) Withdrawals from groundwater - renewable

5.19

(9.3.1.18) Withdrawals from groundwater - non-renewable

0

(9.3.1.19) Withdrawals from produced/entrained water

0

(9.3.1.20) Withdrawals from third party sources

285.52

(9.3.1.21) Total water discharges at this facility (megaliters)

259.3

(9.3.1.22) Comparison of total discharges with previous reporting year

Select from:

☑ About the same

(9.3.1.23) Discharges to fresh surface water

0

(9.3.1.24) Discharges to brackish surface water/seawater

0

(9.3.1.25) Discharges to groundwater

5.19

(9.3.1.26) Discharges to third party destinations

254.11

(9.3.1.27) Total water consumption at this facility (megaliters)

31.41

(9.3.1.28) Comparison of total consumption with previous reporting year

Select from:

☑ About the same

(9.3.1.29) Please explain

The above are aggregate figures for 12 hospitals/clinics located in the Krokodil river basin in South Africa. Facilities are aggregated based on the river basins in which they are located. Water withdrawals, water discharge and water consumption values are about the same compared to FY2022 which is likely due to water demand remaining stable throughout the year and the impact of implemented water-saving initiatives. Mediclinic defines comparison "lower/higher" when there is 5-10%; change, "much lower/much higher" when there is a change which is 10% or above. and “about the same” as a change between 0-5%. Our hospitals and clinics are dependent on good quality fresh water for key services. Water is crucial for hygiene, quality care, and infection prevention and control. Water scarcity or declining water quality poses risks, including potential service disruptions, which can directly impact the quality of care and patient outcomes. Water withdrawal is measured either through on-site water meters or municipal bills. Borehole withdrawal is measured via onsite water meters. For all facilities, water discharge is estimated at 89% of total water withdrawal volumes. Water discharge is calculated based on a detailed water audit at one of our South African hospitals. Water consumption figures are based on CDP's definition wherein total water discharges are subtracted from total water withdrawals.

Row 15

(9.3.1.1) Facility reference number

Select from:

☑ Facility 13

(9.3.1.2) Facility name (optional)

Hospitals and clinics - Gourtiz River Basin, South Africa

(9.3.1.3) Value chain stage

Select from:

☑ Direct operations

(9.3.1.4) Dependencies, impacts, risks, and/or opportunities identified at this facility

Select all that apply

☑ Dependencies

☑ Impacts

☑ Risks

☑ Opportunities

(9.3.1.5) Withdrawals or discharges in the reporting year

Select from:

☑ Yes, withdrawals and discharges

(9.3.1.7) Country/Area & River basin

South Africa

☑ Other, please specify **:**Gouritz

(9.3.1.8) Latitude

-33.585405

(9.3.1.9) Longitude

22.178464

(9.3.1.10) Located in area with water stress

Select from:

☑ Yes

(9.3.1.13) Total water withdrawals at this facility (megaliters)

3.42

(9.3.1.14) Comparison of total withdrawals with previous reporting year

Select from:

☑ About the same

(9.3.1.15) Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

(9.3.1.16) Withdrawals from brackish surface water/seawater

0

(9.3.1.17) Withdrawals from groundwater - renewable

0

(9.3.1.18) Withdrawals from groundwater - non-renewable

0

(9.3.1.19) Withdrawals from produced/entrained water

0

(9.3.1.20) Withdrawals from third party sources

3.42

(9.3.1.21) Total water discharges at this facility (megaliters)

3.04

(9.3.1.22) Comparison of total discharges with previous reporting year

Select from:

☑ About the same

(9.3.1.23) Discharges to fresh surface water

0

(9.3.1.24) Discharges to brackish surface water/seawater

0

(9.3.1.25) Discharges to groundwater

0

(9.3.1.26) Discharges to third party destinations

3.04

(9.3.1.27) Total water consumption at this facility (megaliters)

0.38

(9.3.1.28) Comparison of total consumption with previous reporting year

Select from:

☑ About the same

(9.3.1.29) Please explain

For Klein Karoo hospital located in the Gourtiz river basin in South Africa, water withdrawals, water discharge and water consumption values are about the same compared to CY2022 which is likely due to water demand remaining stable throughout the year. Mediclinic defines comparison "lower/higher" when there is 5-10%; change, "much lower/much higher" when there is a change which is 10% or above and “about the same” as a change between 0-5%. As discharge and consumption are calculated based on the water withdrawal figure, year on year comparisons for these activities are also "about the same”. Our hospitals and clinics are dependent on good quality fresh water for key services. Water is crucial for hygiene, quality care, and infection prevention and control. Water scarcity or declining water quality poses risks, including potential service disruptions, which can directly impact the quality of care and patient outcomes. Water withdrawal is measured either through on-site water meters or municipal bills. For all facilities, water discharge is estimated at 89% of total water withdrawal volumes. Water discharge is calculated based on a detailed water audit at one of our South African hospitals. Water consumption figures are based on CDP's definition wherein total water discharges are subtracted from total water withdrawals.

Row 16

(9.3.1.1) Facility reference number

Select from:

☑ Facility 14

(9.3.1.2) Facility name (optional)

Hospitals and clinics - Incomati River Basin, South Africa

(9.3.1.3) Value chain stage

Select from:

☑ Direct operations

(9.3.1.4) Dependencies, impacts, risks, and/or opportunities identified at this facility

Select all that apply

☑ Dependencies

☑ Impacts

☑ Risks

☑ Opportunities

(9.3.1.5) Withdrawals or discharges in the reporting year

Select from:

☑ Yes, withdrawals and discharges

(9.3.1.7) Country/Area & River basin

South Africa

☑ Incomati

(9.3.1.8) Latitude

-25.493515

(9.3.1.9) Longitude

30.961851

(9.3.1.10) Located in area with water stress

Select from:

☑ Yes

(9.3.1.13) Total water withdrawals at this facility (megaliters)

47.29

(9.3.1.14) Comparison of total withdrawals with previous reporting year

Select from:

☑ This is our first year of measurement

(9.3.1.15) Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

(9.3.1.16) Withdrawals from brackish surface water/seawater

0

(9.3.1.17) Withdrawals from groundwater - renewable

0

(9.3.1.18) Withdrawals from groundwater - non-renewable

0

(9.3.1.19) Withdrawals from produced/entrained water

0

(9.3.1.20) Withdrawals from third party sources

47.29

(9.3.1.21) Total water discharges at this facility (megaliters)

42.09

(9.3.1.22) Comparison of total discharges with previous reporting year

Select from:

☑ This is our first year of measurement

(9.3.1.23) Discharges to fresh surface water

0

(9.3.1.24) Discharges to brackish surface water/seawater

0

(9.3.1.25) Discharges to groundwater

0

(9.3.1.26) Discharges to third party destinations

42.09

(9.3.1.27) Total water consumption at this facility (megaliters)

5.2

(9.3.1.28) Comparison of total consumption with previous reporting year

Select from:

☑ This is our first year of measurement

(9.3.1.29) Please explain

The figures above represent two hospitals/clinics located in the Incomati River Basin in South Africa. These facilities are aggregated by the river basin in which they are located. This is the first year we have measured these facilities for CDP disclosure. In August 2023, the WRI Aqueduct Water Risk Atlas underwent an update, which revised the water stress threshold for this basin from "low" to "high." As a result, these facilities have now been categorized as being exposed to substantive water risk. Our hospitals and clinics are dependent on good quality fresh water for key services. Water is crucial for hygiene, quality care, and infection prevention and control. Water scarcity or declining water quality poses risks, including potential service disruptions, which can directly impact the quality of care and patient outcomes. Water withdrawal is measured either through on-site water meters or municipal bills. For all facilities, water discharge is estimated at 89% of total water withdrawal volumes. Water discharge is calculated based on a detailed water audit at one of our South African hospitals. Water consumption figures are based on CDP's definition wherein total water discharges are subtracted from total water withdrawals.

Row 17

(9.3.1.1) Facility reference number

Select from:

☑ Facility 15

(9.3.1.2) Facility name (optional)

Hospitals and clinics - Krom River Basin, South Africa

(9.3.1.3) Value chain stage

Select from:

☑ Direct operations

(9.3.1.4) Dependencies, impacts, risks, and/or opportunities identified at this facility

Select all that apply

☑ Dependencies

☑ Impacts

☑ Risks

☑ Opportunities

(9.3.1.5) Withdrawals or discharges in the reporting year

Select from:

☑ Yes, withdrawals and discharges

(9.3.1.7) Country/Area & River basin

South Africa

☑ Other, please specify **:**Krom

(9.3.1.8) Latitude

-33.956286

(9.3.1.9) Longitude

22.454909

(9.3.1.10) Located in area with water stress

Select from:

☑ Yes

(9.3.1.13) Total water withdrawals at this facility (megaliters)

26.84

(9.3.1.14) Comparison of total withdrawals with previous reporting year

Select from:

☑ This is our first year of measurement

(9.3.1.15) Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

(9.3.1.16) Withdrawals from brackish surface water/seawater

0

(9.3.1.17) Withdrawals from groundwater - renewable

0

(9.3.1.18) Withdrawals from groundwater - non-renewable

0

(9.3.1.19) Withdrawals from produced/entrained water

0

(9.3.1.20) Withdrawals from third party sources

26.84

(9.3.1.21) Total water discharges at this facility (megaliters)

23.89

(9.3.1.22) Comparison of total discharges with previous reporting year

Select from:

☑ This is our first year of measurement

(9.3.1.23) Discharges to fresh surface water

0

(9.3.1.24) Discharges to brackish surface water/seawater

0

(9.3.1.25) Discharges to groundwater

0

(9.3.1.26) Discharges to third party destinations

23.89

(9.3.1.27) Total water consumption at this facility (megaliters)

2.95

(9.3.1.28) Comparison of total consumption with previous reporting year

Select from:

☑ This is our first year of measurement

(9.3.1.29) Please explain

The figures above represent three hospitals/clinics located in the Krom River Basin in South Africa. These facilities are aggregated by the river basin in which they are located. This is the first year we have measured these facilities for CDP disclosure. In August 2023, the WRI Aqueduct Water Risk Atlas underwent an update, which revised the water stress threshold for this basin from "low" to "high." As a result, these facilities have now been categorized as being exposed to substantive water risk. Our hospitals and clinics are dependent on good quality fresh water for key services. Water is crucial for hygiene, quality care, and infection prevention and control. Water scarcity or declining water quality poses risks, including potential service disruptions, which can directly impact the quality of care and patient outcomes. Water withdrawal is measured either through on-site water meters or municipal bills. For all facilities, water discharge is estimated at 89% of total water withdrawal volumes. Water discharge is calculated based on a detailed water audit at one of our South African hospitals. Water consumption figures are based on CDP's definition wherein total water discharges are subtracted from total water withdrawals.

Row 18

(9.3.1.1) Facility reference number

Select from:

☑ Facility 16

(9.3.1.2) Facility name (optional)

Upington Hospital - Orange 3 River Basin, South AfrIca

(9.3.1.3) Value chain stage

Select from:

☑ Direct operations

(9.3.1.4) Dependencies, impacts, risks, and/or opportunities identified at this facility

Select all that apply

☑ Dependencies

☑ Impacts

☑ Risks

☑ Opportunities

(9.3.1.5) Withdrawals or discharges in the reporting year

Select from:

☑ Yes, withdrawals and discharges

(9.3.1.7) Country/Area & River basin

South Africa

☑ Orange

(9.3.1.8) Latitude

-28.439409

(9.3.1.9) Longitude

21.266891

(9.3.1.10) Located in area with water stress

Select from:

☑ Yes

(9.3.1.13) Total water withdrawals at this facility (megaliters)

9.18

(9.3.1.14) Comparison of total withdrawals with previous reporting year

Select from:

☑ This is our first year of measurement

(9.3.1.15) Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

(9.3.1.16) Withdrawals from brackish surface water/seawater

0

(9.3.1.17) Withdrawals from groundwater - renewable

0

(9.3.1.18) Withdrawals from groundwater - non-renewable

0

(9.3.1.19) Withdrawals from produced/entrained water

0

(9.3.1.20) Withdrawals from third party sources

9.18

(9.3.1.21) Total water discharges at this facility (megaliters)

8.17

(9.3.1.22) Comparison of total discharges with previous reporting year

Select from:

☑ This is our first year of measurement

(9.3.1.23) Discharges to fresh surface water

0

(9.3.1.24) Discharges to brackish surface water/seawater

0

(9.3.1.25) Discharges to groundwater

0

(9.3.1.26) Discharges to third party destinations

8.17

(9.3.1.27) Total water consumption at this facility (megaliters)

1.01

(9.3.1.28) Comparison of total consumption with previous reporting year

Select from:

☑ This is our first year of measurement

(9.3.1.29) Please explain

Upington hospital is located in the Orange 3 River Basin in South Africa. This is the first year we have measured this facility for CDP disclosure. In August 2023, the WRI Aqueduct Water Risk Atlas underwent an update, which revised the water stress threshold for this basin from “low” to “high”/”extremely high”. As a result, these facilities have now been categorized as being exposed to substantive water risk. Our hospitals and clinics are dependent on good quality fresh water for key services. Water is crucial for hygiene, quality care, and infection prevention and control. Water scarcity or declining water quality poses risks, including potential service disruptions, which can directly impact the quality of care and patient outcomes. Water withdrawal is measured either through on-site water meters or municipal bills. For all facilities, water discharge is estimated at 89% of total water withdrawal volumes. Water discharge is calculated based on a detailed water audit at one of our South African hospitals. Water consumption figures are based on CDP's definition wherein total water discharges are subtracted from total water withdrawals.

Row 19

(9.3.1.1) Facility reference number

Select from:

☑ Facility 17

(9.3.1.2) Facility name (optional)

Hospitals and Clinics - Riet River Basin, South Africa

(9.3.1.3) Value chain stage

Select from:

☑ Direct operations

(9.3.1.4) Dependencies, impacts, risks, and/or opportunities identified at this facility

Select all that apply

☑ Dependencies

☑ Impacts

☑ Risks

☑ Opportunities

(9.3.1.5) Withdrawals or discharges in the reporting year

Select from:

☑ Yes, withdrawals and discharges

(9.3.1.7) Country/Area & River basin

South Africa

☑ Other, please specify **:**Orange, Riet

(9.3.1.8) Latitude

-29.071423

(9.3.1.9) Longitude

26.199959

(9.3.1.10) Located in area with water stress

Select from:

☑ Yes

(9.3.1.13) Total water withdrawals at this facility (megaliters)

93.92

(9.3.1.14) Comparison of total withdrawals with previous reporting year

Select from:

☑ This is our first year of measurement

(9.3.1.15) Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

(9.3.1.16) Withdrawals from brackish surface water/seawater

0

(9.3.1.17) Withdrawals from groundwater - renewable

1.3

(9.3.1.18) Withdrawals from groundwater - non-renewable

0

(9.3.1.19) Withdrawals from produced/entrained water

0

(9.3.1.20) Withdrawals from third party sources

92.62

(9.3.1.21) Total water discharges at this facility (megaliters)

83.73

(9.3.1.22) Comparison of total discharges with previous reporting year

Select from:

☑ This is our first year of measurement

(9.3.1.23) Discharges to fresh surface water

0

(9.3.1.24) Discharges to brackish surface water/seawater

0

(9.3.1.25) Discharges to groundwater

1.3

(9.3.1.26) Discharges to third party destinations

82.43

(9.3.1.27) Total water consumption at this facility (megaliters)

10.19

(9.3.1.28) Comparison of total consumption with previous reporting year

Select from:

☑ This is our first year of measurement

(9.3.1.29) Please explain

The figures above represent five hospitals/clinics located in the Riet River Basin in South Africa. These facilities are aggregated by the river basin in which they are located. This is the first year we have measured these facilities for CDP disclosure. In August 2023, the WRI Aqueduct Water Risk Atlas underwent an update, which revised the water stress threshold for this basin from "low" to "high"/"extremely high". As a result, these facilities have now been categorized as being exposed to substantive water risk. Our hospitals and clinics are dependent on good quality fresh water for key services. Water is crucial for hygiene, quality care, and infection prevention and control. Water scarcity or declining water quality poses risks, including potential service disruptions, which can directly impact the quality of care and patient outcomes. Water withdrawal is measured either through on-site water meters or municipal bills. For all facilities, water discharge is estimated at 89% of total water withdrawal volumes. Water discharge is calculated based on a detailed water audit at one of our South African hospitals. Water consumption figures are based on CDP's definition wherein total water discharges are subtracted from total water withdrawals.

Row 20

(9.3.1.1) Facility reference number

Select from:

☑ Facility 18

(9.3.1.2) Facility name (optional)

Hospitals and clinics - Vaal 1, South Africa

(9.3.1.3) Value chain stage

Select from:

☑ Direct operations

(9.3.1.4) Dependencies, impacts, risks, and/or opportunities identified at this facility

Select all that apply

☑ Dependencies

☑ Impacts

☑ Risks

☑ Opportunities

(9.3.1.5) Withdrawals or discharges in the reporting year

Select from:

☑ Yes, withdrawals and discharges

(9.3.1.7) Country/Area & River basin

South Africa

☑ Other, please specify **:**Vaal 2

(9.3.1.8) Latitude

-26.669282

(9.3.1.9) Longitude

27.927621

(9.3.1.10) Located in area with water stress

Select from:

☑ Yes

(9.3.1.13) Total water withdrawals at this facility (megaliters)

34.9

(9.3.1.14) Comparison of total withdrawals with previous reporting year

Select from:

☑ This is our first year of measurement

(9.3.1.15) Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes

0

(9.3.1.16) Withdrawals from brackish surface water/seawater

0

(9.3.1.17) Withdrawals from groundwater - renewable

0

(9.3.1.18) Withdrawals from groundwater - non-renewable

0

(9.3.1.19) Withdrawals from produced/entrained water

0

(9.3.1.20) Withdrawals from third party sources

34.9

(9.3.1.21) Total water discharges at this facility (megaliters)

31.06

(9.3.1.22) Comparison of total discharges with previous reporting year

Select from:

☑ This is our first year of measurement

(9.3.1.23) Discharges to fresh surface water

0

(9.3.1.24) Discharges to brackish surface water/seawater

0

(9.3.1.25) Discharges to groundwater

0

(9.3.1.26) Discharges to third party destinations

31.06

(9.3.1.27) Total water consumption at this facility (megaliters)

3.84

(9.3.1.28) Comparison of total consumption with previous reporting year

Select from:

☑ This is our first year of measurement

(9.3.1.29) Please explain

The figures above represent two hospitals/clinics located in the Vaal 1 River Basin in South Africa. These facilities are aggregated by the river basin in which they are located. This is the first year we have measured these facilities for CDP disclosure. In August 2023, the WRI Aqueduct Water Risk Atlas underwent an update, which revised the water stress threshold for this basin from "low" to "high"/"extremely high". As a result, these facilities have now been categorised as being exposed to substantive water risk. Our hospitals and clinics are dependent on good quality fresh water for key services. Water is crucial for hygiene, quality care, and infection prevention and control. Water scarcity or declining water quality poses risks, including potential service disruptions, which can directly impact the quality of care and patient outcomes. Water withdrawal is measured either through on-site water meters or municipal bills. For all facilities, water discharge is estimated at 89% of total water withdrawal volumes. Water discharge is calculated based on a detailed water audit at one of our South African hospitals. Water consumption figures are based on CDP's definition wherein total water discharges are subtracted from total water withdrawals.
[Add row]

(9.3.2) For the facilities in your direct operations referenced in 9.3.1, what proportion of water accounting data has been third party verified?

Water withdrawals – total volumes

(9.3.2.1) % verified

Select from:

☑ 76-100

(9.3.2.2) Verification standard used

ISO 14064-3

Water withdrawals – volume by source

(9.3.2.1) % verified

Select from:

☑ 76-100

(9.3.2.2) Verification standard used

ISO 14064-3

Water withdrawals – quality by standard water quality parameters

(9.3.2.1) % verified

Select from:

☑ 51-75

(9.3.2.2) 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 66% of our total number of facilities referenced in 9.3 and 9.3.1.

Water discharges – total volumes

(9.3.2.1) % verified

Select from:

☑ 76-100

(9.3.2.2) Verification standard used

According to local water authorities, discharged water is treated in accordance with municipal wastewater treatment works.

Water discharges – volume by destination

(9.3.2.1) % verified

Select from:

☑ 76-100

(9.3.2.2) Verification standard used

According to local water authorities, discharged water is treated in accordance with municipal wastewater treatment works.

Water discharges – volume by final treatment level

(9.3.2.1) % verified

Select from:

☑ 76-100

(9.3.2.2) 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.

Water discharges – quality by standard water quality parameters

(9.3.2.1) % verified

Select from:

☑ 51-75

(9.3.2.2) 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.

Water consumption – total volume

(9.3.2.1) % verified

Select from:

☑ 76-100

(9.3.2.2) Verification standard used

ISO 14064-3
[Fixed row]

(9.5) Provide a figure for your organization’s total water withdrawal efficiency.

(9.5.1) Revenue (currency)

3618000000

(9.5.2) Total water withdrawal efficiency

2090701.06

(9.5.3) Anticipated forward trend

We anticipate the efficiency figure to further reduce as water saving techniques and behaviour continue to be introduced and practiced across all our facilities.
[Fixed row]

(9.13) Do any of your products contain substances classified as hazardous by a regulatory authority?

	Products contain hazardous substances	Comment
	Select from: ☑ No	*Mediclinic does not sell products that contain substances classified as hazardous by a regulatory authority.*

[Fixed row]

(9.14) Do you classify any of your current products and/or services as low water impact?

(9.14.1) Products and/or services classified as low water impact

Select from:

☑ No, but we plan to address this within the next two years

(9.14.3) Primary reason for not classifying any of your current products and/or services as low water impact

Select from:

☑ Important but not an immediate business priority

(9.14.4) Please explain

Mediclinic does not classify any of its products as low water impact because our primary focus currently is on initiatives which assist in achieving carbon neutrality by 2030. However, we recognise the importance of water conservation and plan to explore this classification further in alignment with the finalisation and rollout of Mediclinic's 'Water Roadmap.' This roadmap will focus on optimising the efficient use and re-use of water resources throughout various stages of the value chain. [Fixed row]

(9.15) Do you have any water-related targets?

Select from:

☑ Yes

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

Water pollution

(9.15.1.1) Target set in this category

Select from:

☑ No, but we plan to within the next two years

(9.15.1.2) Please explain

Over the next two years, Mediclinic is committed to crafting a comprehensive Water Roadmap, which will include pollution reduction efforts, 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. Mediclinic 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

(9.15.1.1) Target set in this category

Select from:

☑ Yes

Water, Sanitation, and Hygiene (WASH) services

(9.15.1.1) Target set in this category

Select from:

☑ No, but we plan to within the next two years

(9.15.1.2) Please explain

Over the next two years, Mediclinic 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, Mediclinic will consider the development of water-related targets, including those related to Water, Sanitation, and Hygiene (WASH) initiatives.

Other

(9.15.1.1) Target set in this category

Select from:

☑ Yes

[Fixed row]

(9.15.2) Provide details of your water-related targets and the progress made.

Row 1

(9.15.2.1) Target reference number

Select from:

☑ Target 1

(9.15.2.2) Target coverage

Select from:

☑ Country/area/region

(9.15.2.3) Category of target & Quantitative metric

Water consumption

☑ Reduction in total water consumption

(9.15.2.4) Date target was set

12/31/2021

(9.15.2.5) End date of base year

12/30/2022

(9.15.2.6) Base year figure

1070168

(9.15.2.7) End date of target year

12/30/2023

(9.15.2.8) Target year figure

1005354

(9.15.2.9) Reporting year figure

1042435

(9.15.2.10) Target status in reporting year

Select from:

☑ Underway

(9.15.2.11) % of target achieved relative to base year

43

(9.15.2.12) Global environmental treaties/initiatives/ frameworks aligned with or supported by this target

Select all that apply

☑ Sustainable Development Goal 6

(9.15.2.13) Explain target coverage and identify any exclusions

This target excludes operations in MCME and Hirslanden, as South Africa is prioritised due to its significant water stress. In contrast, Switzerland maintains good water quantity and quality, while the UAE benefits from desalination options, mitigating water stress concerns for the time being.

(9.15.2.14) Plan for achieving target, and progress made to the end of the reporting year

MCSA has started investing in water efficient technologies and alternative water solutions. Examples of MSCA's water-efficient technologies include the installation of water-saving instruments in washers, washing machines and autoclaves at various facilities and the installation of a laundry water recycling plant at Mediclinic Panorama. A number of Mediclinic facilities also have bulk water storage facilities and grey water systems. In addition, 15 of our MCSA hospitals have boreholes, which are used as alternative water sources for irrigating gardens and toilet flushing (at our Stellenbosch hospital). Going forward, we will continue to roll out water efficient technologies and initiatives to reduce water consumption. For example, laundry water recycling plants are being investigated for installation at an additional six facilities.

(9.15.2.16) Further details of target

This is a rolling target that the metrics get updated year-on-year. By actively reducing water consumption, we are lessening our dependency on local water supplies. This helps mitigate operational risks related to water availability, such as supply disruptions or increased costs due to droughts and other climate-related events. In addition, this target also present opportunities to invest in more water-efficient technologies and systems, which could reduce long-term operational costs and help Mediclinic get ahead of future regulatory changes related to water use.
[Add row]

C10. Environmental performance - Plastics

(10.1) Do you have plastics-related targets, and if so what type?

(10.1.1) Targets in place

Select from:

☑ Yes

(10.1.2) Target type and metric

End-of-life management

☑ Increase the proportion of recyclable plastic waste that is collected, sorted, and recycled

(10.1.3) Please explain

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. To attain this target Mediclinic 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.
[Fixed row]

(10.2) Indicate whether your organization engages in the following activities.

Production/commercialization of plastic polymers (including plastic converters)

(10.2.1) Activity applies

Select from:

☑ No

(10.2.2) Comment

N/A

Production/commercialization of durable plastic goods and/or components (including mixed materials)

(10.2.1) Activity applies

Select from:

☑ No

(10.2.2) Comment

N/A

Usage of durable plastics goods and/or components (including mixed materials)

(10.2.1) Activity applies

Select from:

☑ No

(10.2.2) Comment

N/A

Production/commercialization of plastic packaging

(10.2.1) Activity applies

Select from:

☑ Yes

(10.2.2) Comment

N/A

Production/commercialization of goods/products packaged in plastics

(10.2.1) Activity applies

Select from:

☑ No

(10.2.2) Comment

N/A

Provision/commercialization of services that use plastic packaging (e.g., food services)

(10.2.1) Activity applies

Select from:

☑ Yes

(10.2.2) Comment

N/A

Provision of waste management and/or water management services

(10.2.1) Activity applies

Select from:

☑ Yes

(10.2.2) Comment

N/A

Provision of financial products and/or services for plastics-related activities

(10.2.1) Activity applies

Select from:

☑ No

(10.2.2) Comment

N/A

Other activities not specified

(10.2.1) Activity applies

Select from:

☑ No

(10.2.2) Comment

N/A
[Fixed row]

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

	Total weight during the reporting year (Metric tons)	Raw material content percentages available to report	Please explain
Plastic packaging sold	*0*	*Select all that apply* ☑ None	*Mediclinic currently does not have data available for the total weight of plastic packaging sold and/or used, and the raw material content.*

	Total weight during the reporting year (Metric tons)	Raw material content percentages available to report	Please explain
Plastic packaging used	*0*	*Select all that apply* ☑ None	*Mediclinic currently does not have data available for the total weight of plastic packaging sold and/or used, and the raw material content.*

[Fixed row]

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

Plastic packaging sold

(10.5.1.1) Percentages available to report for circularity potential

Select all that apply

☑ None

(10.5.1.5) Please explain

Mediclinic currently does not have data available for the circularity potential of the plastic packaging sold and/or used in disaggregated percentages.

Plastic packaging used

(10.5.1.1) Percentages available to report for circularity potential

Select all that apply

☑ None

(10.5.1.5) Please explain

Mediclinic currently does not have data available for the circularity potential of the plastic packaging sold and/or used in disaggregated percentages.
[Fixed row]

C11. Environmental performance - Biodiversity

(11.2) What actions has your organization taken in the reporting year to progress your biodiversity-related commitments?

(11.2.1) Actions taken in the reporting period to progress your biodiversity-related commitments

Select from:

☑ Yes, we are taking actions to progress our biodiversity-related commitments

(11.2.2) Type of action taken to progress biodiversity- related commitments

Select all that apply

☑ Land/water protection

☑ Land/water management

☑ Species management

☑ Law & policy

[Fixed row]

(11.3) Does your organization use biodiversity indicators to monitor performance across its activities?

	Does your organization use indicators to monitor biodiversity performance?
	Select from: ☑ No, we do not use indicators, but plan to within the next two years

[Fixed row]

(11.4) Does your organization have activities located in or near to areas important for biodiversity in the reporting year?

Legally protected areas

(11.4.1) Indicate whether any of your organization's activities are located in or near to this type of area important for biodiversity

Select from:

☑ Not assessed

(11.4.2) Comment

Future work on developing and finalising biodiversity roadmaps for Mediclinic will likely intersect this assessment of proximity of Mediclinic's activities to areas important for biodiversity.

UNESCO World Heritage sites

(11.4.1) Indicate whether any of your organization's activities are located in or near to this type of area important for biodiversity

Select from:

☑ Not assessed

(11.4.2) Comment

Future work on developing and finalising biodiversity roadmaps for Mediclinic will likely intersect this assessment of proximity of Mediclinic's activities to areas important for biodiversity.

UNESCO Man and the Biosphere Reserves

(11.4.1) Indicate whether any of your organization's activities are located in or near to this type of area important for biodiversity

Select from:

☑ Not assessed

(11.4.2) Comment

Future work on developing and finalising biodiversity roadmaps for Mediclinic will likely intersect this assessment of proximity of Mediclinic's activities to areas important for biodiversity.

Ramsar sites

(11.4.1) Indicate whether any of your organization's activities are located in or near to this type of area important for biodiversity

Select from:

☑ Not assessed

(11.4.2) Comment

Future work on developing and finalising biodiversity roadmaps for Mediclinic will likely intersect this assessment of proximity of Mediclinic's activities to areas important for biodiversity.

Key Biodiversity Areas

(11.4.1) Indicate whether any of your organization's activities are located in or near to this type of area important for biodiversity

Select from:

☑ Not assessed

(11.4.2) Comment

Future work on developing and finalising biodiversity roadmaps for Mediclinic will likely intersect this assessment of proximity of Mediclinic's activities to areas important for biodiversity.

Other areas important for biodiversity

(11.4.1) Indicate whether any of your organization's activities are located in or near to this type of area important for biodiversity

Select from:

☑ Not assessed

(11.4.2) Comment

Future work on developing and finalising biodiversity roadmaps for Mediclinic will likely intersect this assessment of proximity of Mediclinic's activities to areas important for biodiversity.
[Fixed row]

C13. Further information & sign off

(13.1) Indicate if any environmental information included in your CDP response (not already reported in 7.9.1/2/3, 8.9.1/2/3/4, and 9.3.2) is verified and/or assured by a third party?

	Other environmental information included in your CDP response is verified and/or assured by a third party
	Select from: ☑ Yes

[Fixed row]

(13.1.1) Which data points within your CDP response are verified and/or assured by a third party, and which standards were used?

Row 1

(13.1.1.1) Environmental issue for which data has been verified and/or assured

Select all that apply

☑ Climate change

(13.1.1.2) Disclosure module and data verified and/or assured

Environmental performance – Climate change

☑ Electricity/Steam/Heat/Cooling consumption

☑ Electricity/Steam/Heat/Cooling generation

☑ Renewable Electricity/Steam/Heat/Cooling generation

☑ Year on year change in absolute emissions (Scope 1 and 2)

☑ Year on year change in absolute emissions (Scope 3)

(13.1.1.3) Verification/assurance standard

Climate change-related standards

☑ ISO 14064-3

(13.1.1.4) Further details of the third-party verification/assurance process

These data points were included in the annual verification process of greenhouse gas emissions for 2023 against the ISO 14064-3:2019 standard. Please refer to page 5 of the attachment.

(13.1.1.5) Attach verification/assurance evidence/report (optional)

Mediclinic CY2023 GHG Verification Opinion - Final.pdf

Row 2

(13.1.1.1) Environmental issue for which data has been verified and/or assured

Select all that apply

☑ Water

(13.1.1.2) Disclosure module and data verified and/or assured

Environmental performance – Water security

☑ Emissions to water in the reporting year

☑ Water withdrawals– total volumes

(13.1.1.3) Verification/assurance standard

General standards

☑ Other general verification standard, please specify **:**ISO 14064-3

(13.1.1.4) Further details of the third-party verification/assurance process

These data points were included in the annual verification process of greenhouse gas emissions for CY2023 against the ISO 14064-3:2019 standard. Please refer to page 5 of the attachment.

(13.1.1.5) Attach verification/assurance evidence/report (optional)

Mediclinic CY2023 GHG Verification Opinion - Final.pdf
[Add row]

(13.3) Provide the following information for the person that has signed off (approved) your CDP response.

(13.3.1) Job title

Group Chief Operating Officer

(13.3.2) Corresponding job category

Select from:

☑ Chief Operating Officer (COO)
[Fixed row]

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

Select from:

☑ Yes, CDP may share our Disclosure Submission Lead contact details with the Pacific Institute