

# Welcome to your CDP Climate Change Questionnaire 2021

## C0. Introduction

### C0.1

#### **(C0.1) Give a general description and introduction to your organization.**

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

SWITZERLAND: Hirslanden, the leading private healthcare provider in Switzerland, is recognised for clinical excellence and outstanding patient experience ([www.hirslanden.ch](http://www.hirslanden.ch)).

SOUTH AFRICA AND NAMIBIA: Mediclinic Southern Africa is one of the three major private healthcare providers in the region with a relentless focus on offering value to all its partners and clients ([www.mediclinic.co.za](http://www.mediclinic.co.za)).

THE UAE: Mediclinic Middle East has established a trusted brand and strong reputation in this developing region by offering clinical care of internationally recognised standards ([www.mediclinic.ae](http://www.mediclinic.ae)).

THE UK: Mediclinic has a 29.9% stake in Spire ([www.spirehealthcare.com](http://www.spirehealthcare.com)).

This CDP response, for the first time, includes the operations of Southern Africa AND Middle East and Hirslanden. 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 2020 Mediclinic International operated 74 hospitals, 5 sub-acute and specialised hospitals, 18 day clinics and 18 outpatient clinics with 11,612 inpatient beds in total, employing 33,141 permanent and fixed-term employees.

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

Please note the following acronyms used throughout the document: Mediclinic International (MCI) comprises of Mediclinic Southern Africa (MCSA), Mediclinic Middle East (MCME),

Hirslanden (Switzerland) and Mediclinic Innovations and Group Services. When "Mediclinic" is used this refers to the Group.

## C0.2

**(C0.2) State the start and end date of the year for which you are reporting data.**

	Start date	End date	Indicate if you are providing emissions data for past reporting years
Reporting year	January 1, 2020	December 31, 2020	No

## C0.3

**(C0.3) Select the countries/areas for which you will be supplying data.**

Namibia  
South Africa  
Switzerland  
United Arab Emirates

## C0.4

**(C0.4) Select the currency used for all financial information disclosed throughout your response.**

GBP

## C0.5

**(C0.5) Select the option that describes the reporting boundary for which climate-related impacts on your business are being reported. Note that this option should align with your chosen approach for consolidating your GHG inventory.**

Operational control

## C1. Governance

### C1.1

**(C1.1) Is there board-level oversight of climate-related issues within your organization?**

Yes

### C1.1a

**(C1.1a) Identify the position(s) (do not include any names) of the individual(s) on the board with responsibility for climate-related issues.**

Position of individual(s)	Please explain
Board Chair	<p>The Chairperson of the Board's Clinical Performance and Sustainability Committee, which has oversight of environmental sustainability issues facing the organisation, reports to the main Board on all climate-related issues and, thus, ultimate responsibility for climate-related issues rests with the Chairperson of the Board. During the reporting year, the Board approved Mediclinic's commitments to achieve carbon-neutral status and zero waste to landfill by 2030 with plans to support the achievement of these targets. Further budget was allocated to achieve these targets including through the installation of solar PV plants at our hospitals. Additionally, given feedback received from stakeholders, the decision was made to report on divisions where the company has operational control in the company's 2021 CDP climate change response. In addition to South Africa and Namibia, this will include Switzerland, the UAE and Mediclinic International. This will not include the UK where Mediclinic has a non-controlling 29.9% stake in Spire.</p>

## C1.1b

### (C1.1b) Provide further details on the board's oversight of climate-related issues.

Frequency with which climate-related issues are a scheduled agenda item	Governance mechanisms into which climate-related issues are integrated	Please explain
Scheduled – all meetings	<ul style="list-style-type: none"> <li>Reviewing and guiding strategy</li> <li>Reviewing and guiding major plans of action</li> <li>Reviewing and guiding risk management policies</li> <li>Reviewing and guiding annual budgets</li> <li>Reviewing and guiding business plans</li> <li>Setting performance objectives</li> <li>Monitoring implementation and performance of objectives</li> <li>Overseeing major capital expenditures,</li> </ul>	<p>The Clinical Performance and Sustainability Committee (CPSC) sit every quarter and assists the Board in ensuring that the Group is, and remains, a good and responsible corporate citizen by monitoring the sustainable development performance of the Group, with oversight and management of the issues indicated. This includes, for example, overseeing major capital expenditures such as the installation of PV solar installations and borehole and water treatment plants at several of our hospitals. During the period under review, the Committee, among other matters, focused on: signed off on a new Group Sustainable Development Strategy developed by management to consolidate the Group's various ESG initiatives and implement a structured, consistent and systematic approach going forward. The Committee tested management on the proposed strategy, its goals and time scales, and recommended it for approval to the Board with minor modifications. The Board and, in particular, the Clinical Performance and Sustainability Committee</p>

	<p>acquisitions and divestitures</p> <p>Monitoring and overseeing progress against goals and targets for addressing climate-related issues</p>	<p>will be monitoring closely the progress and outcomes of this strategy, albeit we recognise that the original timelines may need to be adjusted in the wake of the COVID-19 pandemic.</p>
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## C1.2

**(C1.2) Provide the highest management-level position(s) or committee(s) with responsibility for climate-related issues.**

Name of the position(s) and/or committee(s)	Responsibility	Frequency of reporting to the board on climate-related issues
<p>Other C-Suite Officer, please specify</p> <p>Group Chief Governance Officer</p>	<p>Both assessing and managing climate-related risks and opportunities</p>	<p>Quarterly</p>

## C1.2a

**(C1.2a) Describe where in the organizational structure this/these position(s) and/or committees lie, what their associated responsibilities are, and how climate-related issues are monitored (do not include the names of individuals).**

The Group Chief Governance Officer (GCGO) sits on the Executive of Mediclinic International and reports directly to the Chief Executive Officer (CEO) who, in turn, sits on the Board's Clinical Performance and Sustainability Committee and through this mechanism reports all climate-related issues to the Board.

The Board's Clinical Performance and Sustainability Committee monitors the sustainable development performance of Mediclinic, inclusive of climate-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 GCGO, the CEO and the Board. It is in the interests then of the GCGO to report directly to the CEO on climate-related issues in order for such issues to be escalated to Board level consideration. The GCGO is informed and engaged on all climate-related issues including the Group carbon inventory; carbon taxes; greenhouse gas reporting regulations; energy and water scenarios; supply chain engagement; and, communication with customers.

During the period under review, the Clinical Performance and Sustainability Committee (CPSC) has focused on: development of the new Group Sustainable Development Strategy with a detailed ESG strategy, inclusive of setting new carbon and waste targets; monitoring the results of the Company's participation in various sustainability indices and assessments, notably the Company's inclusion in the FTSE4Good Index, which recognises companies with strong ESG practices; confirming the key sustainability priorities, as recommended by management; and

reviewing and approving the annual Sustainable development overview included in the Annual Report and the 2021 Sustainable Development Report.

## C1.3

**(C1.3) Do you provide incentives for the management of climate-related issues, including the attainment of targets?**

	Provide incentives for the management of climate-related issues	Comment
Row 1	Yes	To neutralise the impact of the Group's activities on the environment and the impact of climate change on its business, Mediclinic committed to achieve carbon-neutral status and zero waste to landfill by 2030 with plans to support the achievement of these targets. The existing incentives linked to achieving our intensity target remain in place and are focused around reducing energy consumption and associated costs. These sustainability-related targets are directly related to operational cost, which has a direct influence on EBITDA on which management incentives are based.

## C1.3a

**(C1.3a) Provide further details on the incentives provided for the management of climate-related issues (do not include the names of individuals).**

Entitled to incentive	Type of incentive	Activity incentivized	Comment
Corporate executive team	Monetary reward	Efficiency target	The Mediclinic Management Incentive Scheme depends on the level of achievement of the EBITDA targets, which in turn is achieved through costs savings. A reduction in fuel and electricity consumption and costs contribute to EBITDA as well as managing natural resources responsibly. Reducing carbon emissions from reduced electricity consumption is therefore a strong incentive for management.
Management group	Monetary reward	Efficiency target	The Mediclinic Management Incentive Scheme depends on the level of achievement of the EBITDA targets, which in turn is achieved through costs savings. A reduction in fuel and electricity consumption and costs contribute to EBITDA as well as managing natural resources responsibly. Reducing carbon emissions from reduced electricity consumption is therefore a strong incentive for management. Electricity and water, for example, make 2% of the operational cost of Mediclinic Southern Africa.

All employees	Monetary reward	Efficiency target	Employee bonuses depend on the level of achievement of the EBITDA targets which in turn is achieved through costs savings. A reduction in fuel and electricity consumption and costs make a substantial contribution to EBITDA as well as managing natural resources responsibly. Reducing carbon emissions from reduced electricity consumption is therefore a strong incentive for all employees. Electricity and water, for example, make 2% of the operational cost of Mediclinic Southern Africa.
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## C2. Risks and opportunities

### C2.1

**(C2.1) Does your organization have a process for identifying, assessing, and responding to climate-related risks and opportunities?**

Yes

#### C2.1a

**(C2.1a) How does your organization define short-, medium- and long-term time horizons?**

	From (years)	To (years)	Comment
Short-term	0	5	
Medium-term	5	10	
Long-term	10	20	

#### C2.1b

**(C2.1b) How does your organization define substantive financial or strategic impact on your business?**

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 GBP9.6m. This is defined as "significant" by the MCI risk appetite matrix that informs the MCI Financial Risk Register. An impact, that occurs from a climate-related risk, and that is substantive from a strategic perspective is any impact that measures high on the MCI risk register. High risks are those with the high likelihood of occurrence, severity as well as the extent of exposure. Impacts with a very 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. Risk ratings are automatically calculated depending on the answer given in the CURA survey. For example, the aspect survey asks, "Is your hospital located in an area where you experience drought/water shortages/water disruptions/water contamination/water infrastructure failure?" In relation to this, data is requested on water use with respect to boreholes, municipal water, grey water, rainwater,

treated waste-water, from dams; as well as data on initiatives for minimising water usage, and on water recycling.

All risks must be addressed in each hospital's environmental management plan with action plans on how to mitigate the risk.

## C2.2

**(C2.2) Describe your process(es) for identifying, assessing and responding to climate-related risks and opportunities.**

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### **Value chain stage(s) covered**

Direct operations

Upstream

Downstream

### **Risk management process**

Integrated into multi-disciplinary company-wide risk management process

### **Frequency of assessment**

More than once a year

### **Time horizon(s) covered**

Short-term

Medium-term

Long-term

### **Description of process**

At the Group level, the objective of risk management is to establish an integrated and effective risk management framework within which important risks are identified, quantified, prioritised and managed in order to achieve an optimal risk/reward profile. This is inclusive of climate-related risks.

An Enterprise-wide Risk Management ("ERM") policy defines the risk management objectives, risk appetite and tolerance, methodology, process and the responsibilities of the various risk management role players in the Group and is subject to annual review. With regards to climate-related risks, the ERM takes into consideration all of the Group Sustainable Development Strategy, Sustainable Development Policy, ESG Strategy, and the Safety, Health and Environmental Policy, and these are also reviewed annually. At asset or operational level (individual hospitals) the Group has a Safety, Health and Environmental Policy to identify aspects of the hospital that could have a significant impact on the environment. All divisions within the Group are required to implement the ISO 14001: 2015 environmental management system and have it certified by an internationally recognised body.

The Group Safety, Health and Environmental Policy requires each operation to:

- Identify and comply with relevant occupational health and safety, and environmental legislation and regulations.

- Identify and manage all risks relating to occupational health and safety with regards to the organisation's work activities as documented in the Hazard Identification Risk Assessment.
- Define environmental management programmes to achieve continual improvement in our Environmental Management System.
- Create awareness with regards to safety, health and the environment among all employees.
- Set objectives and targets to minimise our occupational health and safety incidents and the impact of our activities on the environment and to ensure continuous improvement of our occupational health and safety and environmental performance.
- Encourage reduction, reuse and recycling of general waste.
- Improve the management of hazardous waste including healthcare risk waste.
- Influence our suppliers and service providers to adopt similar programmes, in order to limit our overall impact on the environment.
- Nurture the use of resources.

Each hospital completes an online Environmental Risk and Opportunities Aspect Survey on the CURA risk management software on an annual basis. Risk ratings are automatically calculated depending on the answer given in the CURA survey. High risks identified as having the potential to lead to a "substantive financial, operational and reputation impact" will be flagged when the exception report is drawn. All risks must be addressed in each hospital's environmental management plan with action plans on how to mitigate the risk.

The Environmental Risk and Opportunities Aspect Survey is linked directly to the MCI risk register. Survey feedback is collated after completion and incorporated in the risk register where high risks will be reported on and addressed at Group level.

A condition status is also assigned to each risk, i.e., controlled condition: everyday occurrence or uncontrolled condition: sporadic or emergency situation. The risk or aspect identification is used for the setting of environmental objectives intended to result in meaningful improvements in the organisation's environmental performance.

Environmental risks are elevated to the Clinical Performance and Sustainability Sub-committee of the Board and the Audit and Risk Committee of the Board for due consideration and guidance. The Clinical Performance and Sustainability Committee and the Audit and Risk Committee meet on a quarterly basis.

This process has identified physical and transition climate risks and identified relevant mitigation measures. For example, the process highlighted a carbon tax as a climate transition risk in South Africa, at the point where National Treasury first announced the tax (in a discussion paper in 2010). Since then, Mediclinic has been engaging in the process (through providing comments) and has tracked the evolution of the design of the tax, which has ultimately fed into mitigation efforts. The most notable is the decision to achieve carbon-neutrality across the Group by 2030.

The drought we experienced in the Western Cape in 2018, changed Mediclinic's approach to water. Climate change and other drivers of water availability are now more explicitly tracked with the Mediclinic risk assessment process and ensuring security of water supplies at our hospitals has represented a significant area of capital investment over the last two years.



## C2.2a

### (C2.2a) Which risk types are considered in your organization's climate-related risk assessments?

	Relevance & inclusion	Please explain
Current regulation	Relevant, always included	The Group Safety, Health and Environmental Policy requires each division to identify and comply with all existing and relevant climate legislation and regulations. In South Africa this is dominated by the National Environmental Management Act and its sub-acts, as well as, various provincial and local government by-laws that might affect the consumption of energy, water and the disposal of waste. It is the responsibility of each division to ensure that it is meeting and in compliance with all current legislation, and to report this back to Mediclinic International Group Services. The carbon tax in South Africa, effective June 2019, is an example of current climate-related regulation that is considered in our risk assessments and has informed our strategy and our commitment to achieve carbon-neutral status and zero waste to landfill by 2030 with plans to support the achievement of these targets.
Emerging regulation	Relevant, always included	Emerging climate-related regulation such as the draft South African Climate Change Bill (and associated mechanisms such as the carbon budgets and accompanying mitigation plan requirements); water regulation in response to physical drought or flooding situations; pollution and waste standards, etc. will have an impact on our business operations. It is the responsibility of the Board and executive and individual hospital management to be kept abreast of such emerging regulation in their risk assessment activities. This legislation is addressed at a Group level through Mediclinic International Group Services and is listed on the CURA enterprise risk management system as ongoing risks to be managed.  An example of emerging regulation is the second phase of the South African carbon tax and the finalisation of the Climate Change Bill. The extent to which the second phase of the carbon tax will affect Mediclinic (e.g., through the pass through of the tax in the electricity price) and the relationship between the tax and the measures included in the Bill (e.g. carbon budgets) is being monitored and considered within Mediclinic's risk assessment processes.
Technology	Relevant, sometimes included	Evaluation of current technology and the choice of new technology adopted by Mediclinic considers climate-related risks where relevant. This is particularly relevant in the procurement of new technologies that are evaluated from a climate-risk perspective. Recent examples include the assessments and then adoption and installation of boreholes and water treatment plants in hospitals in the Western

		<p>Cape, South Africa. These technologies will now be rolled out nationally as a preventative initiative in the event of times of drought-enforced water restrictions, municipal water disruptions and/or municipal infrastructure failures due to poor maintenance. The Western Cape drought crisis prompted a group Water Resilience Committee to be implemented at Mediclinic to address all water-related risks, including technologies. This was mandated by the Group Clinical Performance and Sustainability Committee.</p> <p>Mediclinic has also considered climate-related risks that may influence the technologies we use to deliver health care services. This informed our decision to close five of our six operational incinerators in Southern Africa.</p>
Legal	Relevant, sometimes included	<p>Compliance with existing and proposed climate-related legislation is always assessed through the following mechanisms: active industry participation across all operations; company secretarial and/or legal departments support to operational management, monitor regulatory developments and, where necessary, obtain expert legal advice for the effective implementation of compliance initiatives; compliance risks identified and assessed as part of compliance management processes. There is both an executive and board level (Audit and Risk Committee) oversight of these issues. Potential legal ramifications of non-compliance with the South African carbon tax, National Greenhouse Gas Reporting Regulations and the Draft Bill on Climate Change include monetary fines and/or prison sentences for those responsible of such oversight at Mediclinic.</p>
Market	Relevant, always included	<p>Climate change can and will alter consumer behavior and consumers' choice of service provider, according to their determination of being a climate-responsible organisation. Mediclinic could lose market share if it does not respond appropriately to climate change. Similarly, market-share could be lost if any Mediclinic hospital is forced out of commission for a period due to climate-related events such as flooding or water shortages. This risk is assessed via the annual Environmental Risk and Opportunities Aspect Survey.</p>
Reputation	Relevant, always included	<p>Climate change can and will alter consumer behaviour and consumers' choice of service provider, according to their determination of being a climate-responsible organisation. Mediclinic could lose market share if it does not respond appropriately to climate change and be seen as an environmentally responsible organisation. This risk is assessed by the Clinical Performance and Sustainability Committee of the Board and when necessary, such as during the Western Cape water crisis in 2017-18, separate focused management committees are established.</p>
Acute physical	Relevant, always included	<p>In recent years our operations have experienced various acute physical events that make this a relevant risk. Examples include flood storms in South Africa's Gauteng province during 2016, and severe</p>

		drought in the Western Cape Province during 2017 and 2018. In recent times, persistent drought conditions have continued in Namibia and South Africa, with the redeclaration of a national emergency in March 2020. Switzerland experienced heavy rains and flooding from Hurricane Petra and Storm Ciara in February 2020. While in January 2020, record-breaking rain hit Dubai and other areas of the UAE. The risk is assessed by the Clinical Performance and Sustainability Committee of the Board and, where necessary, focussed management committees are established to respond to such events. Each hospital is also required to report risks associated with any acute physical impact through its annual Environmental Risk and Opportunities Aspect Survey.
Chronic physical	Relevant, always included	Chronic physical climate risks are evaluated at a group level by the Clinical Performance and Sustainability Committee (and when necessary, through the establishment of focused management committees) and also an operational level by each hospital's risk management processes. Both are supported and informed by the Mediclinic International Group Services. Part of this risk management is to assess the potential disease burden and change in geographical occurrences as a result of climate change, e.g., occurrences of malaria are expected to increase in the eastern and northern regions of South Africa as a result of increased rainfall and flooding events.

## C2.3

**(C2.3) Have you identified any inherent climate-related risks with the potential to have a substantive financial or strategic impact on your business?**

Yes

### C2.3a

**(C2.3a) Provide details of risks identified with the potential to have a substantive financial or strategic impact on your business.**

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**Identifier**

Risk 1

**Where in the value chain does the risk driver occur?**

Direct operations

**Risk type & Primary climate-related risk driver**

Current regulation

Carbon pricing mechanisms

**Primary potential financial impact**

Increased indirect (operating) costs

### **Company-specific description**

The South African Carbon Tax Act became effective on 1 June 2019. Carbon tax, at a rate of R120/tCO<sub>2</sub>e, must be levied in respect of the sum of the Scope 1 greenhouse gas (GHG) emissions of a taxpayer. The carbon tax rate will increase by the amount of the consumer price inflation (CPI) of the preceding tax period plus two percent until 31 December 2022, thereafter only by CPI of the preceding tax period.

The GHG emissions resulting from fuel combustion, industrial processes and fugitive emissions expressed as a carbon dioxide equivalent (CO<sub>2</sub>e) will be taxable. A person conducting an activity in South Africa resulting in GHG emissions above the thresholds as provided for in Schedule 2 of the Carbon Tax Act will be subject to carbon tax.

The carbon tax affects Mediclinic Southern Africa (MCSA) and is only relevant with respect to fuel combustion (MCSA does not produce process emissions or fugitive emissions as per the definitions in the Act). MCSA does not exceeds the thermal capacity of 10MW per facility, however as data provider for the legal entity Mediclinic (Pty) Ltd, the collective capacity of our diesel generators across South Africa does exceeds the cumulative thermal capacity of 10MW.

During the first phase, MCSA pays an indirect carbon tax on fuel purchases. The carbon tax forms part of the fuel levy system on petrol and diesel emissions. As of 5 June 2019, a rate of 7 cents (ZAR) per litre of petrol and 8 cents (ZAR) per litre of diesel is levied on these purchases.

During the first phase of the carbon tax, National Treasury has indicated that electricity prices are intended to remain unaffected by the Carbon Tax. The position under the second phase (1 January 2023 – onwards) remains unclear.

Further, the carbon tax may prompt an increase in prices generally, leading to reductions in the disposable income of consumers.

### **Time horizon**

Short-term

### **Likelihood**

Virtually certain

### **Magnitude of impact**

Low

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

Yes, an estimated range

### **Potential financial impact figure (currency)**

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

475,930

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

1,189,825

### **Explanation of financial impact figure**

The tax liability has been estimated based on the current and anticipated consumption of diesel and petrol by MCSA operations and assuming full or partial "allowances" which influence the effective tax rate (ranging from GBP2.41/tCO<sub>2</sub>e to GBP6.01/tCO<sub>2</sub>e). This value will increase in line with the proposed escalation schedule, but Mediclinic's liability will decrease in line with to achieve carbon-neutral status and zero waste to landfill by 2030. The indirect passthrough costs associated with purchased goods and services (and particularly the possible pass-through cost on electricity in the second phase) has not been assessed but would result in higher operating costs.

### **Cost of response to risk**

2,224,449

### **Description of response and explanation of cost calculation**

Mediclinic has, in the process of the development of the tax legislation, provided input 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 gave input to the Carbon Offsets Paper.

Mediclinic has been producing and consuming renewable energy onsite at three hospitals since before 2017, and at a further four hospitals in 2018. In 2019, Mediclinic produced and consumed solar energy at five new facilities. Mediclinic closed five of its four operational incinerators due to environmental and financial reasons, hence significantly reducing its Scope 1 emissions.

The cost of GBP2,224,449 / ZAR 44.4 million is the amount budgeted for instalments of solar PV plants and lighting efficiencies at our MCSA hospitals for 2022. There are additional costs incurred as part of MCSA taking steps to reduce electricity consumption intensity through the adoption of the ISO 14001:2015 environmental management system. This will lead to improved operational efficiency of technical installations, the introduction of various new energy efficient, as well as renewable technologies and changes in employee behaviour regarding energy use. These costs are not individually tracked and form part of our operating budgets.

### **Comment**

No direct costs are associated with government liaison other than staff salaries, travel and accommodation expenses.

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### **Identifier**

Risk 2

### **Where in the value chain does the risk driver occur?**

Direct operations

### **Risk type & Primary climate-related risk driver**

Legal

Other, please specify

Enhanced emissions reporting obligations

**Primary potential financial impact**

Increased indirect (operating) costs

**Company-specific description**

The South African Department of Environmental Affairs (now the Department of Environment, Forestry and Fisheries (DEFF)) on 3 April 2017 gazetted regulations for mandatory reporting of greenhouse gas emissions under the National Environmental Management: Air Quality Act, 2004 (Act 39 of 2004). These were amended in September 2020. The purpose of the regulations is to introduce a single national system for annual greenhouse gas emissions reporting. The South African Revenue Service (SARS) will be the main implementing administrative authority on the tax liability assessment while the DEFF will lead the monitoring, reporting and verifying emissions process, which will form the tax base. DEFF will directly collect the process emissions information while the Department of Energy (DOE) will supply the energy combustion data. All information will be reported via the South African Greenhouse Gas Emissions Reporting System (SAGERS) which is a Greenhouse Gas Reporting Module of the National Emissions Inventory System (NAEIS).

This will place a compliance burden on Mediclinic coupled with related additional costs for reporting and verification while non-compliance could be met with penalties.

Furthermore, emission reporting could lead to a more stringent licence to operate criteria, e.g. for inclusion in the FTSE/JSE Responsible Investment Index. This affects MCSA only.

**Time horizon**

Short-term

**Likelihood**

Virtually certain

**Magnitude of impact**

Low

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

Yes, a single figure estimate

**Potential financial impact figure (currency)**

0

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

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

**Explanation of financial impact figure**

It is estimated that penalties for non-compliance to submit GHG inventories and data would be capped at GBP 237,965/ ZAR 5,000,000 for a first offence. However, there is

no potential financial impact for Mediclinic as current resources would be able to cope with the emissions reporting obligation.

Hence the risk is not a financial risk, but a strategic risk.

**Cost of response to risk**

11,900

**Description of response and explanation of cost calculation**

Mediclinic appointed external consultants to determine its organizational carbon footprint. This process is time consuming and spreadsheets and processes to obtain the required data have been refined over the past few years. During CY2020 Mediclinic had its Carbon Footprint Inventory verified by an independent third party to ensure it is free of material misstatements.

In-house development was done for all divisions in the calendar year 2020.

Development for an EBX data capturing system was done to align all metrics and targets across all three divisions of the Group.

**Comment**

Costs of about GBP 19,817/ ZAR 395,540 per annum has been incurred relating to the appointment of external consultants to compile the carbon footprint and disclosure thereof, as well as the external verification of the carbon inventory.

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**Identifier**

Risk 3

**Where in the value chain does the risk driver occur?**

Direct operations

**Risk type & Primary climate-related risk driver**

Acute physical

Increased severity and frequency of extreme weather events such as cyclones and floods

**Primary potential financial impact**

Decreased revenues due to reduced production capacity

**Company-specific description**

Any climate-related impact that affects water supply - such as extreme drought or the disruption of water infrastructure due to flooding - is a risk to Mediclinic. Water plays a critical role in the effective functioning of any hospital - without continuous water supply, hospitals cannot ensure hygiene with an increase in infection control risk. Water shortages or no or limited supply, could cause the shutdown of strategic equipment resulting in limited services in the centralised sterilising services, kitchen and laundry at hospitals in Southern Africa. Without water, there can be no hospital.

Drought presents a direct climate-related risk to our operations, but we also face bulk water infrastructure risks that can be indirectly impacted by climate change (e.g. extreme weather events can damage infrastructure). Some of our South African

hospitals continue to experience municipal water cut-offs due to poor infrastructure maintenance.

**Time horizon**

Medium-term

**Likelihood**

Virtually certain

**Magnitude of impact**

High

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

Yes, an estimated range

**Potential financial impact figure (currency)**

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

52,104

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

191,884

**Explanation of financial impact figure**

In 2017 we undertook a study where the combined revenue loss per day at three of our major hospitals with water risk was estimated to be as follows: With 20% water loss, the loss in revenue will be GBP 52,104 / R1.04 million. With 50% water loss, the loss in revenue will be GBP 133,768 / R2.67 million. With 70% water loss, the loss in revenue will be GBP 191,884 / R3.83 million.

**Cost of response to risk**

1,285,011

**Description of response and explanation of cost calculation**

The severe drought that resulted in extreme water restrictions in South Africa's Western Cape in 2018 is changing water use in Mediclinic as a whole. The water-efficiency initiatives introduced in this region's hospitals are in the process of being rolled out to the rest of the Group's facilities and are close to completion. At the time of the water shortage, leadership responded to the crisis by establishing a water resilience committee, implementing water-saving measures and changing behaviour through the ISO 14001:2015 environmental management system.

Efforts to use and re-use water resources sustainably include: continuous monitoring of water consumption through water meters and SCADA at certain facilities; installation of bulk water storage facilities; boreholes sunk; water-saving instrument washers, washing machines and autoclaves; recycling of autoclave water at certain facilities; reuse of laundry last cycle water at certain facilities and priority focus on detecting and fixing leaks.

During 2019, 24 hospitals implemented water recycling projects, autoclaves installed at



10 hospitals during 2019 (at a cost of GBP 122,080/ ZAR 2,565,081) and additional water contingency and emergency preparedness measures were implemented. In addition, macerators and instrument washers were purchased (at a cost of GBP 228,875/ ZAR 4,808,993).

Over GBP 1,285,011/ ZAR 27 million has been spent in the recent past to implement various water resilient initiatives at our South African hospitals in response to the drought and associated water crisis in the country.

## Comment

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### Identifier

Risk 4

### Where in the value chain does the risk driver occur?

Direct operations

### Risk type & Primary climate-related risk driver

Acute physical

Other, please specify

Increased mean average temperature

### Primary potential financial impact

Increased indirect (operating) costs

### Company-specific description

Electricity consumption accounts for about 68% of Mediclinic's carbon emissions (Scopes 1, 2 and 3). About 55% of electricity is consumed by air conditioning units. A change in the mean average temperature will have an impact on the energy consumption and carbon emissions from air conditioning units across all our hospitals.

### Time horizon

Medium-term

### Likelihood

Very likely

### Magnitude of impact

Medium

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

Yes, an estimated range

### Potential financial impact figure (currency)

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

## Potential financial impact figure – maximum (currency)

### Explanation of financial impact figure

Of the annual electricity bill of approximately GBP 11,469,913, air conditioning accounts for about GBP 6,329,869. In Southern Africa, an increase in temperature resulting in a 2% energy consumption increase could cost MCSA approximately GBP 128501 extra per annum.

### Cost of response to risk

### Description of response and explanation of cost calculation

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 replace and upgrade inefficient air conditioning plants at the group's largest electricity-consuming facilities.

There are additional costs incurred as part of MCSA taking steps to reduce electricity consumption intensity through the adoption of the ISO 14001:2015 environmental management system. This will lead to improved operational efficiency of technical installations, the introduction of various new energy efficient, as well as renewable technologies and changes in employee behaviour regarding energy use. These costs are not individually tracked and form part of our operating budgets.

### Comment

Management costs are currently unknown.

---

### Identifier

Risk 5

### Where in the value chain does the risk driver occur?

Downstream

### Risk type & Primary climate-related risk driver

Reputation

Increased stakeholder concern or negative stakeholder feedback

### Primary potential financial impact

Decreased revenues due to reduced demand for products and services

### Company-specific description

Even though, as a hospital group, we are an essential service to society, if we are seen to be acting in an environmentally insensitive manner (such as needlessly wasting water), we will be viewed in a negative light by all our stakeholders including doctors, employees and customers. This could result in a decreased demand for our hospitals and associated services.

**Time horizon**

Medium-term

**Likelihood**

Unlikely

**Magnitude of impact**

Medium-low

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

Yes, an estimated range

**Potential financial impact figure (currency)**

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

2,330,000

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

4,759,300

**Explanation of financial impact figure**

The potential financial implication of this reputational risk will depend on the environmental incident and the severity of the issue resulting in a loss of stakeholder confidence and support. For example, MCSA's 2020 brand value is estimated at GBP 233 million / ZAR 4.9 billion - according to Brand Finance South Africa. An estimated 1% loss in reputation could result in a loss of brand value of approximately GBP 2.33 million/ ZAR 49 million, together with, the actual loss of revenue.

**Cost of response to risk**

109,464

**Description of response and explanation of cost calculation**

Mediclinic International is committed to ensuring that its environmental management systems and practices are aligned with international best practices to safeguard its reputation and provide assurance about the environmental quality, safety and reliability of Mediclinic's processes and services. The ISO 14001:2015 international standard for Environmental Management Systems encourages good management practices that limit the impact of industry on the environment. The purpose of an environmental management system is to conserve resources, use them effectively and to minimise waste. Categories managed in the environmental management plan are the utilisation of resources and waste management, which include electricity, water, gases, paper, healthcare risk waste, hazardous waste and normal waste. 44 of MCSA's 50 hospitals are ISO 14001 certified by an external assurance provider (British Standards Institute), as accredited by the United Kingdom Accreditation Services. All MCSA's hospitals are ISO 14001 trained, follow the same environmental management practices and are subject to annual internal audits (of the 43 facilities where audits were conducted, an average score of 79% was achieved in the reporting year).

Adhering to the system procedures and processes is expected to reduce the likelihood

and magnitude of the risk.

The ISO 14001:2015 Environmental Management System and certification costs  
Mediclinic Southern Africa approximately GBP 105 210/ ZAR 2.1 million per annum.

**Comment**

The ISO 14001:2015 Environmental Management System and certification costs  
Mediclinic Southern Africa approximately GBP 105 210/ ZAR 2.1 million per annum.

## C2.4

**(C2.4) Have you identified any climate-related opportunities with the potential to have a substantive financial or strategic impact on your business?**

Yes

### C2.4a

**(C2.4a) Provide details of opportunities identified with the potential to have a substantive financial or strategic impact on your business.**

---

**Identifier**

Opp1

**Where in the value chain does the opportunity occur?**

Direct operations

**Opportunity type**

Energy source

**Primary climate-related opportunity driver**

Use of lower-emission sources of energy

**Primary potential financial impact**

Reduced indirect (operating) costs

**Company-specific description**

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).

**Time horizon**

Short-term

**Likelihood**

Very likely

**Magnitude of impact**

Low

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

Yes, a single figure estimate

**Potential financial impact figure (currency)**

71,390

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

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

**Explanation of financial impact figure**

The potential financial implications will emanate from energy cost savings and tax allowances that can be claimed on the equipment. The renewable energy initiatives in South Africa alone produce cost savings of approximately GBP 71,390/ ZAR 1.5 million per annum and reduces carbon emissions by approximately 1,158 tCO<sub>2</sub>e per annum.

**Cost to realize opportunity**

2,224,449

**Strategy to realize opportunity and explanation of cost calculation**

In order to benefit from tax and regulatory opportunities while at the same time combat the above inflation increases experienced in energy tariffs, Mediclinic's divisional Natural Resources and Sustainability Committee measures the energy use within each division to determine where savings can be achieved and evaluates various new energy-efficient and renewable technologies.

During 2020 Mediclinic generated 839,247.8kWh in renewable energy.

The cost of GBP2,224,449 / ZAR 44.4 million is the amount budgeted for instalments of solar PV plants and lighting efficiencies at our MCSA hospitals for 2022. There are additional costs incurred as part of MCSA and Hirslanden taking steps to reduce electricity consumption intensity through the adoption of the ISO 14001:2015 environmental management systems.

**Comment**

This introduction of ISO 14001:2015 environmental management systems will lead to improved operational efficiency of technical installations, the introduction of various new energy efficiencies, as well as renewable technologies and changes in employee behaviour regarding energy use. These costs are not individually tracked and form part of our general operating budgets.

---

**Identifier**

Opp2

**Where in the value chain does the opportunity occur?**

Direct operations

**Opportunity type**

Resource efficiency

**Primary climate-related opportunity driver**

Use of more efficient production and distribution processes

**Primary potential financial impact**

Reduced indirect (operating) costs

**Company-specific description**

Changes in the availability of waste landfill sites, a continued increase in the cost of such sites, and the associated greenhouse gas emissions of landfill sites (scope 3 emissions), as well as the newly set "Zero Waste to Landfill by 2030" group target, has focused Mediclinic's operations on waste management and increased the amount of waste that is recycled or recyclable. This should affect Mediclinic's cost of operation and competitiveness in Southern Africa, as well as reduce our emissions associated with sending waste to landfill sites.

**Time horizon**

Medium-term

**Likelihood**

About as likely as not

**Magnitude of impact**

Low

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

Yes, a single figure estimate

**Potential financial impact figure (currency)**

9,520

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

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

**Explanation of financial impact figure**

The potential financial impact will emanate from reducing the number of third-party waste deliveries to landfill sites while service providers can use recycled materials in their production processes which is cheaper than using virgin materials. Incinerator gas and carbon emissions generated will also be reduced.

During the year Mediclinic received income of approximately GBP 9,520 from recycling activities based on the type of waste material recycled.

**Cost to realize opportunity**

104,705

**Strategy to realize opportunity and explanation of cost calculation**

To neutralise the impact of the Group's activities on the environment and the impact of climate change on its business, we have committed to achieve zero waste to landfill by 2030.

Mediclinic makes use of the ISO 14001:2015 environmental management system to manage and minimise waste that includes all waste streams. Each hospital also has a waste management plan.

In order to achieve zero waste to landfill by 2030 the following has been undertaken: implementation of a ban on polystyrene and plastic straws at Corporate Office; recycling of paper, plastic, cardboard, glass, metal, tin, Tetrapak, fluorescent lights, e-waste, printer cartridges and batteries; redundant furniture and information technology equipment donated; food waste recovered and cooking oil recovered for biodiesel. We make use of three different waste management companies that are used at 18 of our hospitals and cost Mediclinic about GBP 104,705 per annum after taking the recycling income into account. This includes all transportation, employees on site to do the sorting and a management fee. Other hospitals in smaller areas make use of local recyclers, but the recycling is not always done on-site. The bins to recycle medical PVC (e.g. drip bags) are supplied for free by Adcock Ingram.

**Comment**

In South Africa, Mediclinic is part of the Healthcare Waste Reduction Forum of the National Department of Environmental Affairs (now the Department of Environment, Forestry and Fisheries (DEFF)) in South Africa and has also engaged with the Department's Hazardous Waste Management Support, Chemicals and Waste Branch.

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**Identifier**

Opp3

**Where in the value chain does the opportunity occur?**

Direct operations

**Opportunity type**

Resource efficiency

**Primary climate-related opportunity driver**

Reduced water usage and consumption

**Primary potential financial impact**

Reduced indirect (operating) costs

**Company-specific description**

It is envisaged that in South Africa, the amount of safe water at our disposal could drop by up to 40% in the next 15 years if we do not change the way we use water. The Western Cape region experienced its worst drought in recorded history during the 2018-

2019 period. By managing water consumption, as well as, the recycling thereof, the water supply and costs are managed.

In addition, there is the potential for other weather events, such as a weak El Nino weather effect, prone to occurring in Southern Africa, resulting in drought conditions in parts of the region.

Off-grid water collection and treatment plants have been put in place in our hospitals that have been, or are expected to be, affected by potential water shortages. This has resulted in greater resilience and independence of municipal water supplies, thereby ensuring we are not adversely affected by water shortages, cut-offs or tariff increases.

**Time horizon**

Short-term

**Likelihood**

Virtually certain

**Magnitude of impact**

Medium-high

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

Yes, an estimated range

**Potential financial impact figure (currency)**

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

52,104

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

191,884

**Explanation of financial impact figure**

The opportunity benefit can be directly related to the potential loss of revenues should water availability be restricted. In 2017 we undertook a study where the combined revenue loss per day at three of our major hospitals with water risk was estimated to be as follows: With 20% water loss, the loss in revenue will be GBP 52,104 / R1.04 million. With 50% water loss, the loss in revenue will be GBP 133,768 / R2.67 million. With 70% water loss, the loss in revenue will be GBP 191,884 / R3.83 million.

**Cost to realize opportunity**

1,180,800

**Strategy to realize opportunity and explanation of cost calculation**

A Corporate Sustainable Water Management Strategy was adopted in 2016 and is reviewed annually. The strategy includes actions to mitigate and address various water risks, including water augmentation and water efficiency actions, including employee behaviour change. Mediclinic has introduced a group-wide water reduction target of 450 litres/bed-day sold.

Mediclinic established a Water Resilience Committee to manage and monitor the



impacts of the drought on our Western Cape Hospitals in 2018. This included representatives of all affected hospitals, MCSA Engineering and Group Safety, Health and Environment specialists. The MCSA also engaged with the City of Cape Town in addressing the crisis and the future needs should a "Day Zero" scenario materialise. Hospitals installed boreholes and water treatment plants (including reverse osmosis plants) to ensure operational continuity in the event of any disruption of water supplies to the hospitals.

Overall, there was a decrease of 1% in water consumption between 2018 and 2019 with borehole water being reported separately for the first time in 2019.

The cost of borehole installation and water treatment plants in the Western Cape region, in response to the drought and water crisis, totalled GBP 1,150,800/ ZAR 24.18 million.

Furthermore, in response to the drought and water crisis, the cost of boreholes at Mediclinic Bloemfontein totalled GBP 8958/ ZAR 188, 217 and the cost of additional emergency water tanks at Mediclinic Hoogland totalled GBP 21,042/ ZAR 442,130.

## Comment

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### Identifier

Opp4

### Where in the value chain does the opportunity occur?

Downstream

### Opportunity type

Products and services

### Primary climate-related opportunity driver

Shift in consumer preferences

### Primary potential financial impact

Increased revenues resulting from increased demand for products and services

### Company-specific description

The Group provides care in a world that is being reshaped by evolving client needs, regulatory frameworks and climate forces. This calls for a sustainable approach in everything it does, from the way it utilises natural resources and engages with employees to the type of investments it makes and how it conducts business. Mediclinic Southern Africa is committed to managing the resources consumed and the associated environmental impacts and would like to be seen as a leader in environmental issues in the healthcare industry. The reputational benefits of being a sustainable brand and responsible corporate citizen will result in market growth and opportunities for expansion in Southern Africa.

### Time horizon

Medium-term

**Likelihood**

About as likely as not

**Magnitude of impact**

Medium-low

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

Yes, a single figure estimate

**Potential financial impact figure (currency)**

3,426,696

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

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

**Explanation of financial impact figure**

The potential financial implications from being a sustainable brand and responsible corporate citizen will be impacted by an influx of patients due to greater customer confidence and loyalty and reduced operational costs for electricity, water, waste and resources. An estimated 0.5% gain in reputational benefits could result in an increase of revenue of approximately GBP 3,426,696/ ZAR 72 million per annum based on current revenue levels.

**Cost to realize opportunity**

19,817

**Strategy to realize opportunity and explanation of cost calculation**

To enhance Mediclinic's reputation as a sustainable brand and responsible corporate citizen it is annually measuring, assessing and verifying its carbon footprint and is publicly disclosing its practices and performance through CDP. To neutralise the impact of the Group's activities on the environment and the impact of climate change on its business, Mediclinic committed to achieve carbon-neutral status and zero waste to landfill by 2030 with plans to support the achievement of these targets.

During CY2016 Mediclinic expanded the Energy Initiative Committee function to the Natural Resources and Sustainability Committee to include all natural resources.

Mediclinic believes that by managing and containing operating costs and by managing its 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.

Mediclinic spends about GBP 19,817/ ZAR 395,540 per annum to appoint external consultants to compile the carbon footprint and disclosure thereof as well as the external verification of the carbon inventory.

**Comment**

## C3. Business Strategy

### C3.1

**(C3.1) Have climate-related risks and opportunities influenced your organization’s strategy and/or financial planning?**

Yes

### C3.1b

**(C3.1b) Does your organization intend to publish a low-carbon transition plan in the next two years?**

	Intention to publish a low-carbon transition plan	Intention to include the transition plan as a scheduled resolution item at Annual General Meetings (AGMs)	Comment
Row 1	Yes, in the next two years	Yes, we intend to include it as a scheduled AGM resolution item	The MCSA low carbon "roadmap" has been approved by the MCSA Exco, and will go to the Board in September 2021. This will be used as a proxy to develop a similar "roadmap" for MCME. Hirslanden, which is already close to being "carbon neutral", will finalise its "roadmap" in 2022.

### C3.2

**(C3.2) Does your organization use climate-related scenario analysis to inform its strategy?**

No, but we anticipate using qualitative and/or quantitative analysis in the next two years

### C3.2b

**(C3.2b) Why does your organization not use climate-related scenario analysis to inform its strategy?**

Through our use of ISO 14001:2015 Environmental Management System, climate change is one of our aspects where we do a risk assessment based on scenarios and put action plans into place in our environmental management plan. These scenarios are based on financial impact, drought cycle impact, dam levels impact, local authority infrastructure impact, history impact and hospital infrastructure condition.

Mediclinic will consider undertaking a form of climate-scenario analysis as part of the revised ESG strategy (this process forms part of the next reporting period and progress will be reported on in our 2022 CDP climate change response).

### C3.3

**(C3.3) Describe where and how climate-related risks and opportunities have influenced your strategy.**

	Have climate-related risks and opportunities influenced your strategy in this area?	Description of influence
Products and services	Yes	<p>Mediclinic International is committed to be 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 Mediclinic's response to it.</p> <p>From a climate change perspective, the Group's business strategy is informed by the Group Sustainable Development Policy, Group Safety, Health and Environmental Policy and the Code of Business Conduct and Ethics that codify Mediclinic's long-standing commitment to conducting business responsibly. The policies are reviewed annually by management, with recommendations to the Board's Clinical Performance and Sustainability Committee as part of the annual policy review.</p> <p>The Group Safety, Health and Environmental Policy aims to minimise Mediclinic's environmental impacts and guides the identification and management of all risks and opportunities relating to water use and recycling, energy use and conservation, emissions and climate change, and waste management and recycling.</p> <p>Mediclinic believes that strategic advantage can be obtained through using resources responsibly, thereby managing and containing operating costs through reducing 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.</p> <p>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</p>

		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.
Supply chain and/or value chain	Evaluation in progress	There has been a lot more strategic discussion, within the reporting period and subsequently, regarding climate change risks and opportunities in our value chain. In 2019 four Exco meetings considered the impact of climate change on the business directly and via the value chain. There are some examples of where Mediclinic drives our climate objectives through engagements with our value chain. For example, suppliers are encouraged to reuse packaging and transporting containers.
Investment in R&D	Evaluation in progress	A feasibility study to determine the costs and viability of capturing and reusing nitrous oxide and anaesthetic gas consumption (Scope 1) will be completed by 2023.
Operations	Yes	<p>During the year under review, we identified sustainable development as a critical transformation driver to the Mediclinic Group Strategy. A Sustainable Development Strategy which governs ESG activities was developed and approved to ensure the Group improves sustainability - manages resources responsibly and efficiently to the benefit of its stakeholders and environment. The most substantial strategic decision made in the reporting year was our decision to minimise the impact of the Group's activities on the environment and the impact of climate change on its business, by committing to achieve carbon-neutral status and zero waste to landfill by 2030 with plans to support the achievement of these targets.</p> <p>Additionally, Mediclinic has continued to implement the Corporate Sustainable Water Management Strategy and water contingency plans to ensure hospitals can continue operating smoothly, without interruptions and to mediate the low quality of municipal water from ineffective processes at purification plants. Mediclinic also expanded its Energy Initiative Committee function to the Natural Resources Committee to include all natural resources, including energy consumption, waste to landfill, and recycling practices (response to resource-affected realities of climate change).</p>

### C3.4

**(C3.4) Describe where and how climate-related risks and opportunities have influenced your financial planning.**

	Financial planning elements that have been influenced	Description of influence
Row 1	Direct costs Indirect costs Capital expenditures	<p>Increased costs in energy, water and waste disposal services have all impacted the operations costs of Mediclinic. It is anticipated that further costs relating to carbon taxes will affect energy costs going forward. as did increased water costs implemented in South Africa's Western Cape province during 2019 to curb regional water consumption. Viewed as an opportunity, any energy, water or waste efficiency action will result in both total operating cost savings and operating costs per bed-day sold. Impact is currently low but expected to increase to medium.</p> <p>Capital expenditures have been influenced, especially given the new target to achieve carbon neutrality by 2030. Mediclinic continues to invest significantly in solar PV to generate energy that offsets the carbon intensive electricity purchased via the grid. In 2019, Mediclinic produced and consumed solar energy at five new facilities, namely: Mediclinic Hoogland – operation since February 2019; Mediclinic Welkom – operational since May 2019; Mediclinic Sandton – operational since March 2019; Mediclinic Constantiaberg – operational since March 2019 and Mediclinic Panorama – operational since June 2019.</p> <p>Some hospitals have hybrid solar water systems for heating water and heat pumps.</p> <p>Costs and capital expenditures and allocations consider the time horizon associated with the 2030 target, and estimated CAPEX requirements for each division is being analysed. MCSA will have its cost expectations completed by September 2021.</p>

### C3.4a

**(C3.4a) Provide any additional information on how climate-related risks and opportunities have influenced your strategy and financial planning (optional).**

## C4. Targets and performance

### C4.1

**(C4.1) Did you have an emissions target that was active in the reporting year?**

Absolute target

### C4.1a

**(C4.1a) Provide details of your absolute emissions target(s) and progress made against those targets.**

---

**Target reference number**

Abs 1

**Year target was set**

2021

**Target coverage**

Company-wide

**Scope(s) (or Scope 3 category)**

Scope 1+2 (market-based)

**Base year**

2020

**Covered emissions in base year (metric tons CO<sub>2</sub>e)**

220,812.89

**Covered emissions in base year as % of total base year emissions in selected  
Scope(s) (or Scope 3 category)**

94.5

**Target year**

2021

**Targeted reduction from base year (%)**

1.85

**Covered emissions in target year (metric tons CO<sub>2</sub>e) [auto-calculated]**

216,727.851535

**Covered emissions in reporting year (metric tons CO<sub>2</sub>e)**

220,812.89

**% of target achieved [auto-calculated]**

0

**Target status in reporting year**

Underway

**Is this a science-based target?**

No, but we anticipate setting one in the next 2 years

**Target ambition**

**Please explain (including target coverage)**

Numerous targets have been set in Mediclinic South Africa (MCSA) and Mediclinic Middle East (MCME) on activities that translate into carbon emissions, with a particular

focus on electricity and greenhouse gas emitting activities with high global warming potential. These targets are yearly, inclusive of 2020 as the baseline year and 2021 as the target year. When totalled, the combined targets equate to a carbon reduction of 4,342 tonnes CO<sub>2</sub>e. The targets for MCSA include: 2% reduction on electricity consumption; stabilise healthcare waste (HCRW) to landfill to 2019 levels; 10% reduction in general waste to landfill. The targets for MCME include: 1% reduction in electricity consumption; 1% reduction in N<sub>2</sub>O; 1% reduction in anaesthetic gases; 1% reduction in air-conditioning and refrigerant gas refills; 1% reduction in HCRW); 2% reduction in general waste to landfill.

## C4.2

**(C4.2) Did you have any other climate-related targets that were active in the reporting year?**

Net-zero target(s)

Other climate-related target(s)

## C4.2b

**(C4.2b) Provide details of any other climate-related targets, including methane reduction targets.**

---

**Target reference number**

Oth 1

**Year target was set**

2020

**Target coverage**

Business division

**Target type: absolute or intensity**

Absolute

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

Energy consumption or efficiency

kWh

**Target denominator (intensity targets only)**

**Base year**

2020

**Figure or percentage in base year**

154,050,241.53



**Target year**

2021

**Figure or percentage in target year**

150,141,158

**Figure or percentage in reporting year**

154,050,241.53

**% of target achieved [auto-calculated]**

0

**Target status in reporting year**

Underway

**Is this target part of an emissions target?**

Abs1

**Is this target part of an overarching initiative?**

No, it's not part of an overarching initiative

**Please explain (including target coverage)**

This target is specific to Mediclinic Southern Africa and forms part of the longer-term carbon neutrality plan for the group.

---

**Target reference number**

Oth 2

**Year target was set**

2020

**Target coverage**

Business division

**Target type: absolute or intensity**

Absolute

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

Energy consumption or efficiency  
kWh

**Target denominator (intensity targets only)**

**Base year**

2020

**Figure or percentage in base year**

65,904,979.06

**Target year**

2021

**Figure or percentage in target year**

65,245,929.26

**Figure or percentage in reporting year**

65,904,979.06

**% of target achieved [auto-calculated]**

0

**Target status in reporting year**

Underway

**Is this target part of an emissions target?**

Abs1

**Is this target part of an overarching initiative?**

No, it's not part of an overarching initiative

**Please explain (including target coverage)**

This target is specific to Mediclinic Middle East and forms part of the longer-term carbon neutrality plan for the group.

## C4.2c

**(C4.2c) Provide details of your net-zero target(s).**

---

**Target reference number**

NZ1

**Target coverage**

Company-wide

**Absolute/intensity emission target(s) linked to this net-zero target**

Abs1

**Target year for achieving net zero**

2030

**Is this a science-based target?**

No, but we anticipate setting one in the next 2 years

**Please explain (including target coverage)**

To achieve carbon neutrality by 2030, Mediclinic International's carbon reduction pathway includes the following:

1. Implement SCADA system at all hospitals for real-time measurement
2. Behaviour change through the use of daily SCADA reporting to support awareness, the training of technical staff to enhance energy management responsibility and implementing the ISO14001 Environmental Management System
3. Performing audits at all the hospitals
4. Energy efficiency projects
5. Install PV systems at all the hospitals
6. Procurement of renewable energy
7. Implementation of carbon offsets initiatives

### C4.3

**(C4.3) 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.**

Yes

### C4.3a

**(C4.3a) 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	3	
To be implemented*	0	
Implementation commenced*	0	
Implemented*	1	674.33
Not to be implemented	0	

### C4.3b

**(C4.3b) Provide details on the initiatives implemented in the reporting year in the table below.**

**Initiative category & Initiative type**

Energy efficiency in buildings  
Lighting

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

674.33

**Scope(s)**

Scope 2 (location-based)

**Voluntary/Mandatory**

Voluntary

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

45,473

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

104,407

**Payback period**

1-3 years

**Estimated lifetime of the initiative**

6-10 years

**Comment**

**C4.3c**

**(C4.3c) What methods do you use to drive investment in emissions reduction activities?**

Method	Comment
Compliance with regulatory requirements/standards	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.
Dedicated budget for energy efficiency	The Natural Resources and Sustainability 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. Carbon neutral by 2030: Considerations include - Renewable energy through photovoltaic systems; Solar panels for water heating; Supervisory control and data acquisition ('SCADA') systems to monitor electricity consumption; Three verification methods for electricity data; Energy-efficient practices.
Financial optimization calculations	Rising electricity costs have been an incentive to reduce electricity consumption and resultant carbon emissions through investments in energy efficient equipment and alternative renewable energy sources.

	Carbon tax liability calculations were undertaken, acting as another incentive to reduce carbon emissions through investment in emission reduction activities.
Partnering with governments on technology development	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 also partnered with the NBI's Private Sector Energy Efficiency Project (PSEE) to share knowledge and leverage off the skills of experts.

## C4.5

**(C4.5) Do you classify any of your existing goods and/or services as low-carbon products or do they enable a third party to avoid GHG emissions?**

No

## C5. Emissions methodology

### C5.1

**(C5.1) Provide your base year and base year emissions (Scopes 1 and 2).**

#### Scope 1

**Base year start**

January 1, 2020

**Base year end**

December 31, 2020

**Base year emissions (metric tons CO2e)**

30,735.92

**Comment**

The choice of base year for Mediclinic International is 2020 as it is the first year in which Mediclinic International has expanded their corporate GHG inventory to include: Mediclinic Southern Africa (MCSA), Mediclinic Middle East (MCME), Hirslanden (Switzerland) and Mediclinic Innovations and Group Services. The choice of base year may be revised in the future as 2020 is an atypical year for emissions within the healthcare industry.

#### Scope 2 (location-based)

**Base year start**

January 1, 2020

**Base year end**

December 31, 2020

**Base year emissions (metric tons CO2e)**

200,856.74

**Comment**

The choice of base year for Mediclinic International is 2020 as it is the first year in which Mediclinic International has expanded their corporate GHG inventory to include: Mediclinic Southern Africa (MCSA), Mediclinic Middle East (MCME), Hirslanden (Switzerland) and Mediclinic Innovations and Group Services. The choice of base year may be revised in the future as 2020 is an atypical year for emissions within the healthcare industry.

**Scope 2 (market-based)**

---

**Base year start**

January 1, 2020

**Base year end**

December 31, 2020

**Base year emissions (metric tons CO2e)**

195,311.76

**Comment**

The choice of base year for Mediclinic International is 2020 as it is the first year in which Mediclinic International has expanded their corporate GHG inventory to include: Mediclinic Southern Africa (MCSA), Mediclinic Middle East (MCME), Hirslanden (Switzerland) and Mediclinic Innovations and Group Services. The choice of base year may be revised in the future as 2020 is an atypical year for emissions within the healthcare industry.

## C5.2

**(C5.2) Select the name of the standard, protocol, or methodology you have used to collect activity data and calculate emissions.**

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

## C6. Emissions data

### C6.1

**(C6.1) What were your organization's gross global Scope 1 emissions in metric tons CO2e?**

**Reporting year**

---

**Gross global Scope 1 emissions (metric tons CO<sub>2</sub>e)**

30,735.92

**Comment**

In 2020, we increased our reporting boundary to cover Mediclinic International (MCI) comprising of Mediclinic Southern Africa (MCSA), Mediclinic Middle East (MCME), Hirslanden (Switzerland) and Mediclinic Innovations and Group Services. In previous CDP submissions only MCSA was reported.

## C6.2

**(C6.2) Describe your organization's approach to reporting Scope 2 emissions.**

**Row 1**

---

**Scope 2, location-based**

We are reporting a Scope 2, location-based figure

**Scope 2, market-based**

We are reporting a Scope 2, market-based figure

**Comment**

In 2020, low-carbon contractual electricity instruments were purchased for Mediclinic Southern Africa and Hirslanden. Therefore, location-based and market-based scope 2 emissions are reported.

## C6.3

**(C6.3) What were your organization's gross global Scope 2 emissions in metric tons CO<sub>2</sub>e?**

**Reporting year**

---

**Scope 2, location-based**

200,856.74

**Scope 2, market-based (if applicable)**

195,311.76

**Comment**

In 2020, low-carbon contractual electricity instruments were purchased for Mediclinic Southern Africa (4,199,630kWh) and Hirslanden (44,413,856kWh). Therefore, location-based and market-based scope 2 emissions are different.

## C6.4

**(C6.4) Are there any sources (e.g. facilities, specific GHGs, activities, geographies, etc.) of Scope 1 and Scope 2 emissions that are within your selected reporting boundary which are not included in your disclosure?**

Yes

## C6.4a

**(C6.4a) Provide details of the sources of Scope 1 and Scope 2 emissions that are within your selected reporting boundary which are not included in your disclosure.**

---

### Source

We are excluding emissions from Mediclinic Strand (within Mediclinic Southern Africa).

### Relevance of Scope 1 emissions from this source

Emissions are relevant but not yet calculated

### Relevance of location-based Scope 2 emissions from this source

Emissions are relevant but not yet calculated

### Relevance of market-based Scope 2 emissions from this source (if applicable)

Emissions are relevant but not yet calculated

### Explain why this source is excluded

Mediclinic Strand is excluded because it was closed in March 2020 and data is not available for the three months that it was still open in 2020.

---

### Source

We are excluding emissions from Mediclinic Ghayathi (within Mediclinic Middle East).

### Relevance of Scope 1 emissions from this source

Emissions are relevant but not yet calculated

### Relevance of location-based Scope 2 emissions from this source

Emissions are relevant but not yet calculated

### Relevance of market-based Scope 2 emissions from this source (if applicable)

Emissions are relevant but not yet calculated

### Explain why this source is excluded

Mediclinic Ghayathi's last operational day was on February 20 2020, and Mediclinic Ghayathi was closed in March 2020.

---

### Source

We are excluding emissions from Mediclinic Me'aisem (within Mediclinic Middle East).

### Relevance of Scope 1 emissions from this source

Emissions are relevant but not yet calculated



**Relevance of location-based Scope 2 emissions from this source**

Emissions are relevant but not yet calculated

**Relevance of market-based Scope 2 emissions from this source (if applicable)**

Emissions are relevant but not yet calculated

**Explain why this source is excluded**

Mediclinic Me'aisem has been closed temporarily between April 2020 and February 2021 and is excluded from the reporting boundary. It is expected to re-open by the end of 2021.

---

**Source**

We are excluding emissions from Abu Dhabi Police College (within Mediclinic Middle East).

**Relevance of Scope 1 emissions from this source**

Emissions excluded due to recent acquisition

**Relevance of location-based Scope 2 emissions from this source**

Emissions excluded due to recent acquisition

**Relevance of market-based Scope 2 emissions from this source (if applicable)**

Emissions excluded due to recent acquisition

**Explain why this source is excluded**

Abu Dhabi Police College was acquired in November 2019 and opened in June 2020, but it has been excluded as the data was not available due to it being a recent acquisition.

---

**Source**

We are excluding emissions from diesel in generators (stationary fuel) for Northern Regional and Corporate Events Office for Mediclinic Southern Africa.

**Relevance of Scope 1 emissions from this source**

Emissions are not relevant

**Relevance of location-based Scope 2 emissions from this source**

No emissions from this source

**Relevance of market-based Scope 2 emissions from this source (if applicable)**

No emissions from this source

**Explain why this source is excluded**

Diesel in generators (stationary fuel) for Northern Regional and Corporate Events Office is excluded due to it being in leased facilities with no operational control.

**Source**

We are excluding emissions from air-conditioning and refrigeration gas refills for all corporate facilities (except the Corporate Office, Du Toit Str) and 18 hospital facilities for Mediclinic Southern Africa.

**Relevance of Scope 1 emissions from this source**

Emissions are relevant but not yet calculated

**Relevance of location-based Scope 2 emissions from this source**

No emissions from this source

**Relevance of market-based Scope 2 emissions from this source (if applicable)**

No emissions from this source

**Explain why this source is excluded**

Air-conditioning and refrigeration gas refills for all corporate facilities (except the Corporate Office, Du Toit Str) are excluded due to data unavailability, and 18 hospital facilities reported zero consumption for 2020.

---

**Source**

We are excluding emissions from fire suppressant refills for all corporate facilities (except the Corporate Office, Du Toit Str) and 23 hospital facilities for Mediclinic Southern Africa.

**Relevance of Scope 1 emissions from this source**

Emissions are relevant but not yet calculated

**Relevance of location-based Scope 2 emissions from this source**

No emissions from this source

**Relevance of market-based Scope 2 emissions from this source (if applicable)**

No emissions from this source

**Explain why this source is excluded**

Fire suppressant refills for all corporate facilities (except the Corporate Office, Du Toit Str) are excluded due to data unavailability, and 23 hospital facilities reported zero consumption for 2020.

---

**Source**

We are excluding emissions from diesel used for generators in Hirslanden (Switzerland).

**Relevance of Scope 1 emissions from this source**

Emissions are relevant but not yet calculated

**Relevance of location-based Scope 2 emissions from this source**

No emissions from this source

**Relevance of market-based Scope 2 emissions from this source (if applicable)**

No emissions from this source

**Explain why this source is excluded**

Diesel for generators is only used for testing, for which consumption was not reported.

---

**Source**

We are excluding emissions for the mobile fuel for two pool vehicles that are available for the Zurich corporate office in Hirslanden (Switzerland).

**Relevance of Scope 1 emissions from this source**

Emissions are relevant but not yet calculated

**Relevance of location-based Scope 2 emissions from this source**

No emissions from this source

**Relevance of market-based Scope 2 emissions from this source (if applicable)**

No emissions from this source

**Explain why this source is excluded**

We are excluding emissions for the mobile fuel for two pool vehicles that are available for the Zurich corporate office in Hirslanden (Switzerland) as the fuel consumption was not recorded.

---

**Source**

We are excluding the purchased electricity emissions from the Mediclinic Corporate Events Office (within Mediclinic Southern Africa).

**Relevance of Scope 1 emissions from this source**

No emissions excluded

**Relevance of location-based Scope 2 emissions from this source**

Emissions are relevant but not yet calculated

**Relevance of market-based Scope 2 emissions from this source (if applicable)**

Emissions are relevant but not yet calculated

**Explain why this source is excluded**

The purchased electricity emissions from Mediclinic Corporate Events Office is included within the lease agreement.

---

**Source**

We are excluding purchased electricity emissions for ENEC clinic (within Mediclinic Middle East).

**Relevance of Scope 1 emissions from this source**

No emissions excluded

**Relevance of location-based Scope 2 emissions from this source**

Emissions are relevant but not yet calculated

**Relevance of market-based Scope 2 emissions from this source (if applicable)**

Emissions are relevant but not yet calculated

**Explain why this source is excluded**

The purchased electricity emissions for ENEC clinic have been excluded since 2018 due to inaccessibility of the data.

## C6.5

**(C6.5) Account for your organization's gross global Scope 3 emissions, disclosing and explaining any exclusions.**

### **Purchased goods and services**

---

**Evaluation status**

Relevant, calculated

**Metric tonnes CO<sub>2</sub>e**

762.93

**Emissions calculation methodology**

To calculate the metric tonnes of carbon emissions, we used the latest environmental data provided by the manufacturer of office paper (Mondi Rotatrim released October 2020 via private communication) for tonnes of CO<sub>2</sub>e emitted in the manufacturing process of one tonne of paper.

**Percentage of emissions calculated using data obtained from suppliers or value chain partners**

100

**Please explain**

481.39 tonnes of paper was purchased in the reporting year.

### **Capital goods**

---

**Evaluation status**

Relevant, not yet calculated

**Please explain**

A detailed evaluation of emissions associated with capital goods purchased is still to be undertaken.

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

---

**Evaluation status**

Relevant, calculated

**Metric tonnes CO2e**

19,001.04

**Emissions calculation methodology**

254,437,411.71 kWh electricity purchased from off-site electricity utilities. Emission factor for transmission and distribution losses from electricity purchased in South Africa is sourced from Eskom's 2020 Integrated Annual Report. Emission factor for transmission and distribution losses from electricity and district cooling purchased in United Arab Emirates is sourced from the International Energy Agency's 2019 report for the year 2017. This is accessed through a purchased licence and cannot be disclosed.

**Percentage of emissions calculated using data obtained from suppliers or value chain partners**

100

**Please explain**

**Upstream transportation and distribution**

---

**Evaluation status**

Relevant, calculated

**Metric tonnes CO2e**

6,152.91

**Emissions calculation methodology**

Emissions of third-party vehicle fleets used for pharmaceutical deliveries, gas deliveries, waste collection, laundry and housekeeping deliveries and kitchen deliveries are calculated using kilometres and type of vehicles used as provided by the suppliers. Defra (2020) freight emissions factors used accordingly.

**Percentage of emissions calculated using data obtained from suppliers or value chain partners**

100

**Please explain**

Regarding Mediclinic Middle East, pharmaceutical deliveries were excluded due to data unavailability as not all facilities provided data and not all suppliers were able to provide data. Information for Hirslanden (Switzerland) was not evaluated and therefore excluded.

**Waste generated in operations**

---

**Evaluation status**

Relevant, calculated

**Metric tonnes CO2e**

7,519.14

**Emissions calculation methodology**

Waste to landfill and recycled tonnes of wet waste to landfill and tonnes of municipal waste recycled were used to calculate emissions according to the GHG Protocol using Defra's 2020 emission factors for municipal waste and Friedrich and Trois (2013), GHG emission factors developed for the collection, transport and landfilling of municipal waste in South African municipalities. Waste from operations was calculated using the available records from waste service suppliers.

**Percentage of emissions calculated using data obtained from suppliers or value chain partners**

100

**Please explain**

Regarding Mediclinic Southern Africa, organic waste was not recovered by all hospitals. Regarding Mediclinic Middle East and Hirslanden (Switzerland) there may be exclusions for minor waste streams for some facilities.

**Business travel**

---

**Evaluation status**

Relevant, calculated

**Metric tonnes CO2e**

817

**Emissions calculation methodology**

Business travel in rental cars, commercial airlines, hotel accommodation and travel claims. Car rental - kilometres travelled, car engine size and type of fuel used provided by service provider. Defra's 2020 emission factors for business travel - land used. Air travel - flight information provided by service provider, including class of travel, departure dates and destination of each leg. Carbon Calculated determined the distance travelled. Defra's 2020 emission factors for business travel - air used. Hotel accommodation bed nights provided by service provider. Emissions factor sourced from Defra, 2020. Travel claims - kilometres travelled provided by employees. Defra's 2020 emission factors for business travel - land used. Emissions were calculated according to the GHG Protocol. Assumptions: It is assumed that there is one occupant per vehicle rented. All flights are booked through the company therefore there are no privately booked flights that are not accounted for. Hotel accommodation was based on number of nights away on business travel and calculations were based on 1 person occupying a room per night. Emissions from travel claims were calculated using the available records.

**Percentage of emissions calculated using data obtained from suppliers or value chain partners**

100

**Please explain**

Regarding Mediclinic Middle East, no business travel was reported due to the COVID-19 pandemic. On Hirslanden (Switzerland), only flights were included and information on accommodation, car rental and travel claims were not available.

**Employee commuting**

---

**Evaluation status**

Relevant, calculated

**Metric tonnes CO2e**

19,535.76

**Emissions calculation methodology**

Kilometres travelled according to the mode of transport used to calculate emissions according to the GHG Protocol using Defra's 2020 emission factors. Assumptions: A commuting survey was completed for Mediclinic International (MCI) using separate commuting surveys for each entity (Mediclinic Southern Africa (MCSA), Mediclinic Middle East (MCME) and Mediclinic Innovations and Group Services). This excludes 7 433 FTEs for Hirslanden (Switzerland) who did not complete a commuting survey. A total of 4840 surveys were used representing a response rate of 21% of Mediclinic's FTEs and 15 public holidays were included in the calculation, except for nursing staff who work shifts. The emissions per FTE according to the surveys were extrapolated to reflect the number of FTEs for CY2020 (30,157 FTEs). For transport by Uber an 'average car unknown fuel' emission factor was used, and it was assumed the employee was the only person being transported.

**Percentage of emissions calculated using data obtained from suppliers or value chain partners**

100

**Please explain**

Hirslanden (Switzerland) was excluded as information was not available.

**Upstream leased assets**

---

**Evaluation status**

Relevant, calculated

**Metric tonnes CO2e**

924.42

**Emissions calculation methodology**

ER24 aircraft: Litres of aviation fuel consumed provided by service provider was used to calculate emissions according to the GHG Protocol using Defra's 2020 emission factors for fuel. Assumptions: A total of four fixed-wing aircraft were used by ER24. No aircrafts are owned by MCI and are therefore included as scope 3.

**Percentage of emissions calculated using data obtained from suppliers or value chain partners**

100

**Please explain**

Information on other upstream leased assets was not evaluated.

**Downstream transportation and distribution**

---

**Evaluation status**

Not relevant, explanation provided

**Please explain**

As a hospital group, MCI does not provide services or manufacture goods that need to be transported to clients.

**Processing of sold products**

---

**Evaluation status**

Not relevant, explanation provided

**Please explain**

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

**Use of sold products**

---

**Evaluation status**

Not relevant, explanation provided

**Please explain**

As a hospital group, MCI is a service provider and does not manufacture or process products consumed or used by customers.

**End of life treatment of sold products**

---

**Evaluation status**

Not relevant, explanation provided

**Please explain**

As a hospital group, MCI is a service provider and does not manufacture or process products consumed or used by customers that need to be disposed of in any way at end of life.

**Downstream leased assets**

---

**Evaluation status**

Not relevant, explanation provided

**Please explain**

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



## Franchises

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### Evaluation status

Not relevant, explanation provided

### Please explain

MCI does not own or operate any franchises.

## Investments

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### Evaluation status

Relevant, not yet calculated

### 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 MCI's GHG footprint.

## Other (upstream)

---

### Evaluation status

Not relevant, explanation provided

### Please explain

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

## Other (downstream)

---

### Evaluation status

Not relevant, explanation provided

### Please explain

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

## C6.7

**(C6.7) Are carbon dioxide emissions from biogenic carbon relevant to your organization?**

No

## C6.10

**(C6.10) Describe your gross global combined Scope 1 and 2 emissions for the reporting year in metric tons CO<sub>2</sub>e per unit currency total revenue and provide any additional intensity metrics that are appropriate to your business operations.**

---

**Intensity figure**

0.00007332

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

226,047.68

**Metric denominator**

unit total revenue

**Metric denominator: Unit total**

3,083,000,000

**Scope 2 figure used**

Market-based

**% change from previous year**

63.61

**Direction of change**

Decreased

**Reason for change**

In 2020, we changed our reporting boundary from just Mediclinic Southern Africa (MCSA) to cover Mediclinic International (MCI) comprising of MCSA, Mediclinic Middle East (MCME), Hirslanden (Switzerland) and Mediclinic Innovations and Group Services. This increased revenue from 886 million GBP covering Southern Africa to 3,083 million GBP for the group. Therefore, the increase in the denominator of revenue due to the corporate boundary change has resulted in a decreased value in tCO2e/ revenue between 2019 and 2020.

---

**Intensity figure**

0.153

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

226,047.68

**Metric denominator**

square meter

**Metric denominator: Unit total**

1,474,982

**Scope 2 figure used**

Market-based

**% change from previous year**

25.73

**Direction of change**

Decreased

**Reason for change**

In 2020, we changed our reporting boundary from just Mediclinic Southern Africa (MCSA) to cover Mediclinic International (MCI) comprising of MCSA, Mediclinic Middle East (MCME), Hirslanden (Switzerland) and Mediclinic Innovations and Group Services. This increased total square meterage to 1,474,982 comprising of the following: MCSA (894,932 square meters), MCME (268,253 square meters), Hirslanden (308,168 square meters) and Mediclinic Innovations and Group Services (3,629 square meters). Therefore, the increase in the denominator of square meters due to the corporate boundary change has resulted in a decreased value in tCO<sub>2</sub>e/ m<sup>2</sup> between 2019 and 2020.

---

**Intensity figure**

0.093

**Metric numerator (Gross global combined Scope 1 and 2 emissions, metric tons CO<sub>2</sub>e)**

226,047.68

**Metric denominator**

Other, please specify  
Bed days sold

**Metric denominator: Unit total**

2,441,459

**Scope 2 figure used**

Market-based

**% change from previous year**

4.49

**Direction of change**

Increased

**Reason for change**

In 2020, we changed our reporting boundary to cover Mediclinic International (MCI) comprising of Mediclinic Southern Africa (MCSA), Mediclinic Middle East (MCME), Hirslanden (Switzerland) and Mediclinic Innovations and Group Services. This increased bed days sold to 2,441,459. However, to note that due to COVID-19 impacts, there was an overall decline across the group in bed days sold largely because of decreased surgeries and specialised treatments.

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**Intensity figure**

7.496

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

226,047.68

**Metric denominator**

full time equivalent (FTE) employee

**Metric denominator: Unit total**

30,157

**Scope 2 figure used**

Market-based

**% change from previous year**

33.37

**Direction of change**

Decreased

**Reason for change**

In 2020, we changed our reporting boundary to cover Mediclinic International (MCI) comprising of Mediclinic Southern Africa (MCSA), Mediclinic Middle East (MCME), Hirslanden (Switzerland) and Mediclinic Innovations and Group Services. This increased FTEs to 30,157. Therefore, the increase in the denominator of FTEs due to the corporate boundary change has resulted in a decreased value in tCO2e/ FTE between 2019 and 2020.

## C7. Emissions breakdowns

### C7.1

**(C7.1) Does your organization break down its Scope 1 emissions by greenhouse gas type?**

No

### C7.2

**(C7.2) Break down your total gross global Scope 1 emissions by country/region.**

Country/Region	Scope 1 emissions (metric tons CO2e)
South Africa	22,087.29
United Arab Emirates	3,869.05
Switzerland	4,779.57

## C7.3

**(C7.3) Indicate which gross global Scope 1 emissions breakdowns you are able to provide.**

By business division

### C7.3a

**(C7.3a) Break down your total gross global Scope 1 emissions by business division.**

Business division	Scope 1 emissions (metric ton CO2e)
Mediclinic Southern Africa (MCSA)	22,082.98
Mediclinic Middle East (MCME)	3,869.05
Hirslanden (Switzerland)	4,779.57
Mediclinic Innovations and Group Services	4.31

## C7.5

**(C7.5) Break down your total gross global Scope 2 emissions by country/region.**

Country/Region	Scope 2, location-based (metric tons CO2e)	Scope 2, market-based (metric tons CO2e)	Purchased and consumed electricity, heat, steam or cooling (MWh)	Purchased and consumed low-carbon electricity, heat, steam or cooling accounted for in Scope 2 market-based approach (MWh)
South Africa	155,622.18	151,338.56	152,297.29	4,199.63
United Arab Emirates	43,378.66	43,378.66	65,904.98	0
Switzerland	1,855.9	594.55	47,858.3	44,413.86

## C7.6

**(C7.6) Indicate which gross global Scope 2 emissions breakdowns you are able to provide.**

By business division

### C7.6a

**(C7.6a) 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)
Mediclinic Southern Africa (MCSA)	155,337.11	151,053.49

Mediclinic Middle East (MCME)	43,378.66	43,378.66
Hirslanden (Switzerland)	1,855.9	594.55
Mediclinic Innovations and Group Services	285.07	285.07

## C7.9

**(C7.9) How do your gross global emissions (Scope 1 and 2 combined) for the reporting year compare to those of the previous reporting year?**

Increased

### C7.9a

**(C7.9a) 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 emissions (metric tons CO2e)	Direction of change	Emissions value (percentage)	Please explain calculation
Change in renewable energy consumption	37,941.72	Increased	24.11	During 2019 Mediclinic Southern Africa generated 3,240,322 kWh in renewable energy. In 2020, this decreased and Mediclinic International (as a Group) generated 839,247.80 kWh in renewable energy onsite. Furthermore, in 2019, total scope 2 emissions were 157,370.04 tCO2e and in 2020 this increased to 195,311.76 tCO2e. Therefore, the percentage change is 24.11% with the increase in emissions between the years totalling 47,550 tCO2e.
Other emissions reduction activities				
Divestment				
Acquisitions				
Mergers				
Change in output				

Change in methodology				
Change in boundary	47,550	Increased	26.64	In 2020, we increased our reporting boundary to cover Mediclinic International (MCI) comprising of Mediclinic Southern Africa (MCSA), Mediclinic Middle East (MCME), Hirslanden (Switzerland) and Mediclinic Innovations and Group Services. In previous CDP submissions only MCSA was reported. In 2019, total scope 1 and 2 emissions were 178,497 tCO <sub>2</sub> e and in 2020 this increased to 226,048.68 tCO <sub>2</sub> e. Therefore, the percentage change is 26.64% with the increase in emissions between the years totalling 47,550 tCO <sub>2</sub> e.
Change in physical operating conditions				
Unidentified				
Other				

## C7.9b

**(C7.9b) Are your emissions performance calculations in C7.9 and C7.9a based on a location-based Scope 2 emissions figure or a market-based Scope 2 emissions figure?**

Market-based

## C8. Energy

### C8.1

**(C8.1) What percentage of your total operational spend in the reporting year was on energy?**

More than 0% but less than or equal to 5%

### C8.2

**(C8.2) 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)	Yes
Consumption of purchased or acquired electricity	Yes
Consumption of purchased or acquired heat	Yes
Consumption of purchased or acquired steam	No
Consumption of purchased or acquired cooling	Yes
Generation of electricity, heat, steam, or cooling	Yes

## C8.2a

**(C8.2a) Report your organization's energy consumption totals (excluding feedstocks) in MWh.**

	Heating value	MWh from renewable sources	MWh from non-renewable sources	Total (renewable and non-renewable) MWh
Consumption of fuel (excluding feedstock)	LHV (lower heating value)	0	56,375.76	56,375.76
Consumption of purchased or acquired electricity		48,613.49	210,023.56	258,637.05
Consumption of purchased or acquired heat		0	3,444.46	3,444.46
Consumption of purchased or acquired cooling		0	4,252.56	4,252.56
Consumption of self-generated non-fuel renewable energy		839.25		839.25
Total energy consumption		49,452.74	274,096.34	323,549.08



## C8.2b

**(C8.2b) 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	Yes
Consumption of fuel for the generation of heat	Yes
Consumption of fuel for the generation of steam	No
Consumption of fuel for the generation of cooling	No
Consumption of fuel for co-generation or tri-generation	No

## C8.2c

**(C8.2c) State how much fuel in MWh your organization has consumed (excluding feedstocks) by fuel type.**

### Fuels (excluding feedstocks)

Diesel

### Heating value

LHV (lower heating value)

### Total fuel MWh consumed by the organization

18,024.83

### MWh fuel consumed for self-generation of electricity

4,381.7

### MWh fuel consumed for self-generation of heat

13,643.13

### Emission factor

2.68787

### Unit

kg CO2 per liter

### Emissions factor source

UK Department for Environment, Food and Rural Affairs (Defra), 2020. Greenhouse gas reporting: Conversion factors 2020, London.

**Comment**

Diesel used in generators for electricity and in vehicles (heat).

---

**Fuels (excluding feedstocks)**

Petrol

**Heating value**

LHV (lower heating value)

**Total fuel MWh consumed by the organization**

11,481.69

**MWh fuel consumed for self-generation of electricity**

0

**MWh fuel consumed for self-generation of heat**

11,481.69

**Emission factor**

2.31467

**Unit**

kg CO2e per liter

**Emissions factor source**

UK Department for Environment, Food and Rural Affairs (Defra), 2020. Greenhouse gas reporting: Conversion factors 2020, London.

**Comment**

Petrol used in vehicles (heat).

---

**Fuels (excluding feedstocks)**

Liquefied Petroleum Gas (LPG)

**Heating value**

LHV (lower heating value)

**Total fuel MWh consumed by the organization**

2,619.15

**MWh fuel consumed for self-generation of electricity**

0

**MWh fuel consumed for self-generation of heat**

2,619.15

**Emission factor**

1.55537

**Unit**

kg CO2e per liter

**Emissions factor source**

UK Department for Environment, Food and Rural Affairs (Defra), 2020. Greenhouse gas reporting: Conversion factors 2020, London.

**Comment**

LPG used in heating and cooking.

---

**Fuels (excluding feedstocks)**

Liquefied Natural Gas (LNG)

**Heating value**

LHV (lower heating value)

**Total fuel MWh consumed by the organization**

102.23

**MWh fuel consumed for self-generation of electricity**

0

**MWh fuel consumed for self-generation of heat**

102.23

**Emission factor**

1.15041

**Unit**

kg CO2e per liter

**Emissions factor source**

UK Department for Environment, Food and Rural Affairs (Defra), 2020. Greenhouse gas reporting: Conversion factors 2020, London.

**Comment**

---

**Fuels (excluding feedstocks)**

Natural Gas

**Heating value**

LHV (lower heating value)

**Total fuel MWh consumed by the organization**

21,969.69

**MWh fuel consumed for self-generation of electricity**

0

**MWh fuel consumed for self-generation of heat**

21,969.69

**Emission factor**

2.02266

**Unit**

kg CO<sub>2</sub>e per m<sup>3</sup>

**Emissions factor source**

UK Department for Environment, Food and Rural Affairs (Defra), 2020. Greenhouse gas reporting: Conversion factors 2020, London.

**Comment**

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**Fuels (excluding feedstocks)**

Fuel Oil Number 1

**Heating value**

LHV (lower heating value)

**Total fuel MWh consumed by the organization**

2,178.17

**MWh fuel consumed for self-generation of electricity**

0

**MWh fuel consumed for self-generation of heat**

2,178.17

**Emission factor**

3.18317

**Unit**

kg CO<sub>2</sub>e per liter

**Emissions factor source**

UK Department for Environment, Food and Rural Affairs (Defra), 2020. Greenhouse gas reporting: Conversion factors 2020, London.

**Comment**

## C8.2d

**(C8.2d) Provide details on the electricity, heat, steam, and cooling your organization has generated and consumed in the reporting year.**

	Total Gross generation (MWh)	Generation that is consumed by the organization (MWh)	Gross generation from renewable sources (MWh)	Generation from renewable sources that is consumed by the organization (MWh)
Electricity	839.25	839.25	839.25	839.25
Heat	0	0	0	0
Steam	0	0	0	0
Cooling	0	0	0	0

## C8.2e

**(C8.2e) Provide details on the electricity, heat, steam, and/or cooling amounts that were accounted for at a zero emission factor in the market-based Scope 2 figure reported in C6.3.**

---

### Sourcing method

Power purchase agreement (PPA) with on-site/off-site generator owned by a third party with no grid transfers (direct line)

### Low-carbon technology type

Solar

### Country/area of consumption of low-carbon electricity, heat, steam or cooling

South Africa

### MWh consumed accounted for at a zero emission factor

4,199.63

### Comment

---

### Sourcing method

Unbundled energy attribute certificates, Guarantees of Origin

### Low-carbon technology type

Hydropower

### Country/area of consumption of low-carbon electricity, heat, steam or cooling

Switzerland

**MWh consumed accounted for at a zero emission factor**

44,413.86

**Comment**

## C9. Additional metrics

### C9.1

**(C9.1) Provide any additional climate-related metrics relevant to your business.**

---

**Description**

Energy usage

**Metric value**

0.49

**Metric numerator**

Gigajoule

**Metric denominator (intensity metric only)**

Bed-day sold

**% change from previous year**

44.12

**Direction of change**

Increased

**Please explain**

This metric increased from 2019 to 2020 due to the corporate GHG reporting change. 2020 is the first year in which Mediclinic International has expanded their corporate GHG inventory to include: Mediclinic Southern Africa (MCSA), Mediclinic Middle East (MCME), Hirslanden (Switzerland) and Mediclinic Innovations and Group Services. In 2019, the corporate GHG inventory only covered MCSA. Furthermore, energy usage per bed day sold increased due to an overall decline in bed days sold because of the COVID-19 pandemic.

---

**Description**

Other, please specify  
Water consumption

**Metric value**

0.67

**Metric numerator**

Kilolitre

**Metric denominator (intensity metric only)**

Bed-day sold

**% change from previous year**

21.82

**Direction of change**

Increased

**Please explain**

This metric increased from 2019 to 2020 due to the corporate GHG reporting change. 2020 is the first year in which Mediclinic International has expanded their corporate GHG inventory to include: Mediclinic Southern Africa (MCSA), Mediclinic Middle East (MCME), Hirslanden (Switzerland) and Mediclinic Innovations and Group Services. In 2019, the corporate GHG inventory only covered MCSA. Furthermore, water consumption per bed day sold increased due to an overall decline in bed days sold because of the COVID-19 pandemic.

## C10. Verification

### C10.1

**(C10.1) Indicate the verification/assurance status that applies to your reported emissions.**

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

### C10.1a

**(C10.1a) Provide further details of the verification/assurance undertaken for your Scope 1 emissions, and attach the relevant statements.**

**Verification or assurance cycle in place**

Annual process

**Status in the current reporting year**

Complete

**Type of verification or assurance**

Limited assurance

**Attach the statement**

 MCI CY2020 - Verification Statement.pdf

**Page/ section reference**

Pages 1-2

**Relevant standard**

ISO14064-3

**Proportion of reported emissions verified (%)**

100

## C10.1b

**(C10.1b) Provide further details of the verification/assurance undertaken for your Scope 2 emissions and attach the relevant statements.**

---

**Scope 2 approach**

Scope 2 market-based

**Verification or assurance cycle in place**

Annual process

**Status in the current reporting year**

Complete

**Type of verification or assurance**

Limited assurance

**Attach the statement**

 MCI CY2020 - Verification Statement.pdf

**Page/ section reference**

Pages 1-2

**Relevant standard**

ISO14064-3

**Proportion of reported emissions verified (%)**

100

---

**Scope 2 approach**



Scope 2 location-based

**Verification or assurance cycle in place**

Annual process


**Status in the current reporting year**

Complete

**Type of verification or assurance**

Limited assurance

**Attach the statement**

 MCI CY2020 - Verification Statement.pdf

**Page/ section reference**

Pages 1-2

**Relevant standard**

ISO14064-3

**Proportion of reported emissions verified (%)**

100

## C10.1c

**(C10.1c) Provide further details of the verification/assurance undertaken for your Scope 3 emissions and attach the relevant statements.**

---

**Scope 3 category**

Scope 3 (upstream & downstream)

**Verification or assurance cycle in place**

Annual process


**Status in the current reporting year**

Complete

**Type of verification or assurance**

Limited assurance

**Attach the statement**

 MCI CY2020 - Verification Statement.pdf

**Page/section reference**

Pages 1 and 3

**Relevant standard**

ISO14064-3

**Proportion of reported emissions verified (%)**

100

**C10.2**



**(C10.2) Do you verify any climate-related information reported in your CDP disclosure other than the emissions figures reported in C6.1, C6.3, and C6.5?**

Yes

**C10.2a**

**(C10.2a) Which data points within your CDP disclosure have been verified, and which verification standards were used?**

 MCI CY2020 - Verification Statement.pdf

Disclosure module verification relates to	Data verified	Verification standard	Please explain
C6. Emissions data	Year on year change in emissions (Scope 1 and 2)	ISO14064-3	Year-on-year changes in emissions are verified for Mediclinic International (MCI) on an annual basis as tracking year-on-year progress is important to understand change over time within Mediclinic's operations to better inform interventions, initiatives and strategies. Please see the attached report for your reference (page 1 to 3).  1
C6. Emissions data	Year on year change in emissions (Scope 1)	ISO14064-3	Year-on-year changes in emissions are verified for Mediclinic International (MCI) on an annual basis as tracking year-on-year progress is important to understand change over time within Mediclinic's operations to better inform interventions, initiatives and strategies. Please see the attached report for your reference (page 1 to 3).  1
C8. Energy	Year on year change in emissions (Scope 2)	ISO14064-3	Year-on-year changes in emissions are verified for Mediclinic International (MCI) on an annual basis as tracking year-on-year progress is important to understand change over time within Mediclinic's operations to better inform interventions, initiatives and strategies. Please see the attached report for your reference (page 1 to 3).

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📎 1 MCI CY2020 - Verification Statement.pdf

## C11. Carbon pricing

### C11.1

**(C11.1) Are any of your operations or activities regulated by a carbon pricing system (i.e. ETS, Cap & Trade or Carbon Tax)?**

Yes

#### C11.1a

**(C11.1a) Select the carbon pricing regulation(s) which impacts your operations.**

South Africa carbon tax

#### C11.1c

**(C11.1c) Complete the following table for each of the tax systems you are regulated by.**

##### South Africa carbon tax

---

**Period start date**

January 1, 2021

**Period end date**

December 31, 2021

**% of total Scope 1 emissions covered by tax**

26.6

**Total cost of tax paid**

8,359.95

**Comment**

During the first phase of the carbon tax in South Africa, MCSA pays an indirect carbon tax on fuel purchases. The carbon tax forms part of the fuel levy system on petrol and diesel emissions. As of 5 June 2019, a rate of ZAR 7 cents per litre of petrol and ZAR 8 cents per litre of diesel is levied on these purchases.

#### C11.1d

**(C11.1d) What is your strategy for complying with the systems you are regulated by or anticipate being regulated by?**

Executive directors and senior executives at Mediclinic Southern Africa (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.

The carbon tax affects Mediclinic Southern Africa (MCSA) and is only relevant with respect to fuel combustion (MCSA does not produce process emissions or fugitive emissions as per the definitions in the Act). MCSA does not exceeds the thermal capacity of 10MW per facility, however as data provider for the legal entity Mediclinic (Pty) Ltd, the collective capacity of our diesel generators across South Africa does exceeds the cumulative thermal capacity of 10MW. During the first phase, MCSA pays an indirect carbon tax on fuel purchases. The carbon tax forms part of the fuel levy system on petrol and diesel emissions. As of 5 June 2019, a rate of 7 cents (ZAR) per litre of petrol and 8 cents (ZAR) per litre of diesel is levied on these purchases.

During the first phase of the carbon tax, National Treasury has indicated that electricity prices are intended to remain unaffected by the Carbon Tax. The position under the second phase (1 January 2023 – onwards) remains unclear.

There is no risk of non-compliance with the tax.

## C11.2

**(C11.2) Has your organization originated or purchased any project-based carbon credits within the reporting period?**

No

## C11.3

**(C11.3) Does your organization use an internal price on carbon?**

Yes

## C11.3a

**(C11.3a) Provide details of how your organization uses an internal price on carbon.**

---

**Objective for implementing an internal carbon price**

Navigate GHG regulations

**GHG Scope**

Scope 1

Scope 2

**Application**

Mediclinic Southern Africa

**Actual price(s) used (Currency /metric ton)**

6.01

**Variance of price(s) used**

None

**Type of internal carbon price**

Shadow price

**Impact & implication**

The carbon tax (GBP 6.01/tCO<sub>2</sub>e / ZAR 120/tCO<sub>2</sub>e) is considered given its impact on energy prices. This influences procurement decisions. 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 generate offsets in the future.

## C12. Engagement

### C12.1

**(C12.1) Do you engage with your value chain on climate-related issues?**

Yes, our suppliers

### C12.1a

**(C12.1a) Provide details of your climate-related supplier engagement strategy.**

---

**Type of engagement**

Compliance & onboarding

**Details of engagement**

Climate change is integrated into supplier evaluation processes

**% of suppliers by number**

100

**% total procurement spend (direct and indirect)**

100

**% of supplier-related Scope 3 emissions as reported in C6.5**

50

**Rationale for the coverage of your engagement**

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. The achievement of this target directly relates to reduced Scope 3 emissions (waste) and, hence, we engage with all our suppliers to help us achieve our target.

**Impact of engagement, including measures of success**

We are in the process of communicating Group Waste Management Policy to all suppliers - focus on waste management, transportation, packaging and full life cycle of their products. An example of this is our engagement is with the Johnson and Johnson group wide who provide us with essential pharmaceutical and medical devices to reduce their packaging and to ensure the reusability of the packaging.

**Comment**

**C12.3**

**(C12.3) Do you engage in activities that could either directly or indirectly influence public policy on climate-related issues through any of the following?**

- Direct engagement with policy makers
- Trade associations

**C12.3a**

**(C12.3a) On what issues have you been engaging directly with policy makers?**

Focus of legislation	Corporate position	Details of engagement	Proposed legislative solution
Carbon tax	Support	Executive directors and senior executives at Mediclinic Southern Africa (MCSA) meet with the Industry Bodies who lobby the government regarding new legislation such as domestic carbon taxes. MCSA is managing the carbon tax risk as it gave input 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 gave input to the Carbon Offsets Paper.	Mediclinic accepts that under South Africa's international commitment to reduced national greenhouse gas emissions, certain financial and legislative initiatives need to be introduced. As such, MCSA is in support of the Carbon Tax Act. Where possible, Mediclinic will work with policymakers to ensure that such a solution is relevant and appropriate.
Adaptation or resilience	Support	Mediclinic Southern Africa has directly engaged with provincial and metropolitan policymakers and authorities with regard to the Western Cape water crisis of 2017 and 2018. Mediclinic has actively participated in Major Incident Medical Management and Support (MIMMS) program of the Western	Support for and continued engagement in all water saving and management programs devised by the Western Cape government to ensure supply of potable water to Cape Town and to the essential services identified by the Western Cape government, which includes healthcare services.

		Cape government and, also, the Health Services Continuity Disaster plan of the Western Cape government.	
Energy efficiency	Support	Mediclinic Hirslanden engages directly with ENAW, the Energy Agency for the Swiss Private Sector.	Support for and continued engagement with the objectives of ENAW to embed energy management services and cost efficiency measures that reduce energy consumption and carbon emissions in the Swiss private sector.
Adaptation or resilience	Support with minor exceptions	Mediclinic Middle East engages directly with DEWA (Dubai Energy and Water Authority)	Support for and continued engagement with DEWA in the achievement of its water and energy efficiency objectives.

### C12.3b

**(C12.3b) Are you on the board of any trade associations or do you provide funding beyond membership?**

Yes

### C12.3c

**(C12.3c) Enter the details of those trade associations that are likely to take a position on climate change legislation.**

**Trade association**

South African Federation of Healthcare Engineering (SAFHE)

**Is your position on climate change consistent with theirs?**

Consistent

**Please explain the trade association's 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).

**How have you influenced, or are you attempting to influence their position?**

Mediclinic's General Manager: Technical Operations is currently the President of SAFHE and the Mediclinic International Specialist: Environmental Sustainability serves on the National Council as immediate Past President. Mediclinic also has representation on all the regional committees. Through this position of leadership, we are directly influencing the position of SAFHE.

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**Trade association**

Infection Control Africa Network (ICAN)

**Is your position on climate change consistent with theirs?**

Consistent

**Please explain the trade association's position**

Infection Control Africa Network (ICAN) has an important role to play in identify and managing climate-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.

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.

**How have you influenced, or are you attempting to influence their position?**

Mediclinic's International Specialist: Environmental Sustainability has been involved with ICAN for the past 5 years and has been a member for the past 5 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-related disease impacts in Africa.



### **Trade association**

International Federation of Healthcare Engineering

### **Is your position on climate change consistent with theirs?**

Consistent

### **Please explain the trade association's 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.

### **How have you influenced, or are you attempting to influence their position?**

The Mediclinic International Specialist: Environmental Sustainability is a member of the IFHE Council and, as such, is driving the environmental sustainability agenda of the IFHE. The IFHE 2024 Congress will be held in Cape Town, South Africa.

## **C12.3f**

### **(C12.3f) What processes do you have in place to ensure that all of your direct and indirect activities that influence policy are consistent with your overall climate change strategy?**

Our strategic approach ensures our activities are consistent with our overall climate change strategy. The Mediclinic Group Sustainable Development Strategy which governs ESG activities was developed and approved to ensure the Group improves sustainability and manages resources responsibly and efficiently to the benefit of its stakeholders and environment. Of the six strategic goals, Goal number 5 aims to to minimise the impact of the Group's activities on the environment and the impact of climate change on its business, by committing to achieve carbon-neutral status and zero waste to landfill by 2030 with plans to support the achievement of these targets.

The Board participated in discussions regarding critical ESG focus areas and how aligning activities across the divisions would elevate existing initiatives and accelerate momentum. The Group Sustainable Development Strategy and revised material issues were subsequently considered by the Clinical Performance and Sustainability Committee, a committee of the

Board. It approved the strategy and resultant action plans in light of feedback from communities, employees, investors and the media regarding the increasing importance of progress and transparency on ESG matters. The Board and the Clinical Performance and Sustainability Committee will be monitoring closely the progress and outcomes of this strategy, albeit we recognise that the original timelines may need to be adjusted in the wake of the COVID-19 pandemic.

Mediclinic engages with Government, Regulators, Industry Bodies and Business Partners on policy issues impacting the business including climate change. They meet on a regular basis with their associations to debate and give recommendations on various topics to ensure sustainability in their business models. Feedback on issues is reported as per Mediclinic's risk management framework, and where necessary incorporated into our business strategy, risk and opportunity response frameworks.

## C12.4

**(C12.4) Have you published information about your organization's response to climate change and GHG emissions performance for this reporting year in places other than in your CDP response? If so, please attach the publication(s).**

---

### Publication

In voluntary sustainability report

### Status

Complete

### Attach the document

 Mediclinic\_International\_plcs\_2021\_Sustainable\_development\_overview.pdf

### Page/Section reference

p. 26-33 in the section entitled "Conserve" and p. 72-75

### Content elements

Governance  
Strategy  
Risks & opportunities  
Emissions figures  
Emission targets  
Other metrics

### Comment

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### Publication


In mainstream reports

**Status**

Complete

**Attach the document**

 Mediclinic\_International\_plcs\_2021\_Annual\_Report..pdf

 MEDICLINIC\_2020\_Annual\_report\_Strategic\_report.pdf

**Page/Section reference**

p. 51-59

**Content elements**

- Governance
- Strategy
- Risks & opportunities
- Emissions figures
- Emission targets
- Other metrics

**Comment**

## C15. Signoff

### C-FI

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

### C15.1

(C15.1) Provide details for the person that has signed off (approved) your CDP climate change response.

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

## Submit your response

In which language are you submitting your response?

English

**Please confirm how your response should be handled by CDP**

	<b>I am submitting to</b>	<b>Public or Non-Public Submission</b>
I am submitting my response	Investors	Public

**Please confirm below**

I have read and accept the applicable Terms