



Planetary Health Report Card (Health & Rehabilitation Sciences) 2026: *University of Cape Town (UCT)*



2025-2026 Contributing Team:

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Summary of Findings

Overall Grade	C
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Curriculum	C+
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Comments:

The Department of Health & Rehabilitation Sciences (DHRS) curriculum demonstrates strong philosophical alignment with Planetary Health principles. Its grounding in occupational justice, structural determinants of health, advocacy, and holistic, person-centred care provides a robust conceptual foundation for Environmental and Climate Health integration. Environmental and contextual assessment is a well-established component of patient care training, and civic engagement is embedded longitudinally across all years. Preventative, non-pharmacological, and resource-conscious approaches further reflect values consistent with Sustainable Healthcare practice.

Students are also exposed to real-world environmental issues during clinical placements, creating opportunities to recognise environmental determinants of health in practice contexts. Discussions of food and water security, community health, and contextual barriers are substantive, though often framed through access and participation rather than explicit Climate or Planetary Health discourse. Indigenous knowledge and Global South perspectives are emerging areas of engagement, and there is growing institutional momentum toward curriculum renewal and reform.

However, Planetary Health concepts are largely implicit, informal, and lecturer-dependent rather than systematically embedded. The curriculum is best characterised as conceptually aligned but structurally under-integrated. Key areas, such as climate-related cardiovascular-, respiratory-, and infectious disease impacts, environmental toxins and disproportionate burdens, healthcare system carbon footprints, and climate-focused patient communication are minimally covered or absent. Sustainable quality improvement (QI) is not formally integrated, and longitudinal scaffolding across all years is limited. There is currently no designated faculty oversight to coordinate Planetary Health integration.

Overall, the curriculum's strengths lie in its justice-oriented, environment-sensitive philosophy. Its limitations relate to formalisation, explicit environmental framing, structured competency development, and coordinated leadership.

Recommendations:

To build on existing strengths and enhance curricular coherence, the following actions are recommended:

1. **Formalise integration:**

Map Planetary Health competencies across all years to ensure longitudinal scaffolding, progressive learning objectives, and aligned assessment strategies.

2. **Strengthen explicit climate framing:**

Integrate structured teaching on climate-related disease impacts, environmental toxins, and healthcare system sustainability into relevant modules.

3. **Embed systems thinking:**

Introduce teaching on the carbon footprint of healthcare and environmentally responsible service delivery at both departmental and systems levels.

4. Develop communication competencies:
Provide structured training in climate-related patient communication and advocacy.
5. Integrate sustainable QI:
Incorporate sustainability principles into QI teaching and research training.
6. Enhance leadership and oversight:
Appoint a designated faculty lead or working group to coordinate Planetary Health curriculum development.
7. Leverage existing strengths:
Explicitly connect occupational justice, environmental assessment, holistic care, and civic engagement frameworks to Planetary Health discourse.
8. Support curriculum renewal:
Align ongoing reform processes with clearly articulated Planetary Health learning outcomes.

By intentionally consolidating its philosophical strengths and embedding Planetary Health more explicitly and longitudinally, the programme can evolve from implicit alignment to structured leadership in Planetary Health education.

Interdisciplinary Research

D

Comments:

Within the Health & Rehabilitation Sciences context, Planetary Health and Sustainable Healthcare research capacity is present but remains structurally decentralised and insufficiently visible. Faculty members are engaged in research related to Planetary Health, and existing Occupational and Environmental Health structures provide a potential interdisciplinary foundation. There is also emerging postgraduate engagement with community-informed research topics, and prior attempts have been made to initiate interdisciplinary dialogue around Planetary Health research. However, these efforts are not coordinated under a unified or clearly branded institutional structure.

There is no dedicated interdisciplinary Planetary Health institute within the university, nor a centralised website or research repository that aggregates research activity, funding opportunities, leadership, and events. As a result, awareness of conferences, symposia, or institutional memberships related to Planetary Health is limited, and research activities appear fragmented across divisions.

While community-informed research occurs at project level, there is no formalised institutional mechanism through which communities participate in shaping the Planetary Health research agenda. Overall, research efforts are substantively present but remain informally connected rather than strategically integrated across divisions.

Recommendations:

1. Strengthen Structural Coordination:

Establish a more formalised interdisciplinary framework or network to connect Planetary Health research efforts within the divisions and across the broader faculty and university.

2. Enhance Research Visibility:

Develop a centralised platform or repository to showcase Planetary Health research, funding opportunities, collaborations, and events.

3. Formalise Community Engagement Mechanisms:

Introduce structured processes for community participation and advisory input in shaping Planetary Health research priorities.

4. Increase Awareness of Networks and Events:

Improve communication regarding conferences, symposia, and national or international organisational affiliations relevant to Planetary Health.

5. Support Postgraduate and Interdisciplinary Dialogue:

Build on emerging postgraduate engagement and previous dialogue initiatives to foster sustained interdisciplinary collaboration.

By strengthening coordination, increasing visibility, and formalising structured engagement, the Health & Rehabilitation Sciences can consolidate its Planetary Health research activities into a more cohesive, impactful, and strategically aligned programme.

Community Outreach and Advocacy*

C

Comments:

Community outreach and advocacy efforts are well established in relation to general health promotion and community engagement. Longstanding partnerships with community organisations provide a strong foundation for outreach, and student involvement in health promotion initiatives remains active and meaningful. Institutional sustainability initiatives at a broader university level further support this engagement landscape. However, Planetary Health is not yet systematically or explicitly integrated into these outreach activities.

While Environmental Health and climate-related themes are present in selected partnerships, events, and patient materials, they are often embedded within broader health promotion efforts rather than clearly framed as Planetary Health initiatives. Community-facing events specifically dedicated to Planetary Health are inconsistent and frequently driven by motivated individuals or student groups rather than coordinated through a structured institutional strategy.

Institutional communication on Planetary Health is described as sporadic and inconsistently branded. Structured post-graduate professional education in Planetary Health remains limited, and patient-facing educational materials addressing environmental exposures and Climate Change are unevenly available and not standardised across sites.

Overall, outreach and advocacy activities are active and community-oriented, but Planetary Health is not consistently embedded within a coordinated, institution-wide strategy. Existing partnerships, student engagement, and sustainability structures provide a strong platform for advancement, yet greater coherence, visibility, and strategic alignment are needed.

Recommendations:

1. **Develop a Coordinated Planetary Health Outreach Strategy:**

Establish a clearly articulated institutional strategy that explicitly integrates Planetary Health into community partnerships, outreach programming, and advocacy activities.

2. **Strengthen Branding and Communication:**

Improve consistency and visibility of Planetary Health messaging through regular, clearly branded communication streams and dedicated dissemination of outreach initiatives.

3. **Formalise Community-Facing Programming:**

Introduce recurring, institution-supported Planetary Health events or short courses designed specifically for community audiences, building on existing engagement structures.

4. **Expand Professional Education Opportunities:**

Develop structured continuing professional development (CPD) programmes focused on Climate Health and Sustainable Healthcare.

5. **Standardise Patient Education Materials:**

Create and disseminate standardised, evidence-based patient educational resources addressing environmental exposures and the health impacts of Climate Change across affiliated clinical sites.

6. **Leverage Existing Partnerships and Student Engagement:**

Build on strong community partnerships and active student involvement to embed Planetary Health more explicitly into ongoing outreach, ensuring alignment with health equity and environmental sustainability priorities.

By strategically leveraging existing strengths and intentionally embedding Planetary Health within outreach frameworks, the university can improve alignment and visibility, deepen community impact, and strengthen its position as a leader in community-engaged Planetary Health advocacy.

Support for Student-Led Initiatives*

B

Comments:

Student-led Planetary Health engagement at the institution is enthusiastic, active, and values-driven. Students participate in sustainability-focused organisations, community-based initiatives, research activities, and occasional co-curricular events aligned with Planetary Health principles. Supportive faculty mentors and access to academic expertise provide important encouragement and guidance. However, this engagement is largely driven by motivated students and individual faculty champions rather than embedded institutional systems.

Institutional encouragement exists but is mostly informal. Dedicated funding streams, grant mechanisms, and structured research pathways for Planetary Health are limited. While research and project opportunities are available, they are not centrally coordinated, and visibility of initiatives, mentors, and opportunities is inconsistent

across divisions.

Recognised student organisations focused on sustainability are present in some contexts but not consistently across the university, and there is limited clarity regarding formal student representation within institutional decision-making structures. In addition, co-curricular Planetary Health programming remains fragmented and lacks comprehensive coordination at the institutional level.

Overall, student-led Planetary Health activity is vibrant but structurally under-supported. Existing strengths, such as student enthusiasm, mentorship, and emerging platforms, provide a strong foundation, yet greater institutional investment, coordination, and formal support mechanisms are needed to ensure sustainability, equity, and long-term impact.

Recommendations:

1. Establish Dedicated Funding Mechanisms:

Introduce institutional grants or seed funding to support student-led sustainability and Planetary Health initiatives, including resources for transport, materials, and event coordination.

2. Develop Structured Research Pathways:

Create a clearly defined, institution-wide Planetary Health research stream or fellowship for students, with formal mentorship and supervision frameworks.

3. Improve Centralised Visibility:

Develop a centralised, regularly updated platform showcasing student projects, mentors, funding opportunities, and co-curricular initiatives.

4. Strengthen Formal Representation:

Clarify and formalise student representation in relevant institutional committees or decision-making structures related to sustainability and Planetary Health.

5. Coordinate Co-Curricular Programming:

Align and consolidate Planetary Health-related events, volunteer programmes, and educational activities into a more coherent, institution-supported calendar of offerings.

By strengthening financial backing, formal mentorship structures, and central coordination, the university can enhance the sustainability, accessibility, and overall impact of student-led Planetary Health initiatives.

Campus Sustainability*

B-

Comments:

Campus sustainability at the university is strategically ambitious and operationally evolving. A formal Office of Sustainability and governance structures are established, and long-term carbon reduction and sustainability targets are clearly articulated. There is demonstrable progress in several high-impact domains, particularly laboratory sustainability (including Green Lab certification), recycling and composting systems, and the expansion of renewable energy infrastructure. Emerging sustainable procurement, catering, and event policies further reflect

institutional commitment, alongside movement toward fossil fuel divestment.

Waste management and composting systems are comparatively strong, with established recycling infrastructure and organic waste programmes in place. Laboratory sustainability initiatives represent a notable area of innovation and leadership. Renewable energy uptake is expanding, and sustainability standards are increasingly embedded in new construction. However, implementation remains uneven across campuses and operational contexts. Renewable energy still accounts for a limited proportion of total campus energy demand.

Retrofitting of older infrastructure is inconsistent, often constrained by financial and structural limitations. Enforcement of sustainable food, procurement, and event policies varies, and behavioural compliance, particularly in waste management, remains an ongoing challenge. Communication and visibility of sustainability initiatives are uneven across academic and institutional units, contributing to a perceived disconnect between strategic ambition and day-to-day operational execution in some settings.

Overall, campus sustainability initiatives are active and expanding, supported by strong governance and research-driven innovation. Continued effort is required to translate strategic intent into consistent, measurable impact across the full institutional footprint.

Recommendations:

1. **Accelerate Renewable Energy Integration:**

Increase the proportion of campus energy sourced from renewables through expanded infrastructure investment and transparent reporting of progress.

2. **Prioritise Retrofitting of Legacy Infrastructure:**

Develop phased, costed plans to improve the energy and environmental performance of older buildings, including Health Sciences and hospital-linked facilities.

3. **Strengthen Policy Enforcement and Standardisation:**

Ensure consistent application of sustainable procurement, catering, and event guidelines across all divisions, supported by clear accountability mechanisms.

4. **Enhance Communication and Transparency:**

Improve visibility of sustainability initiatives, targets, and progress through regular, accessible reporting and university-wide engagement.

5. **Embed Sustainability in Operational Processes:**

Integrate sustainability criteria into procurement specifications, project planning, and routine operational workflows to shift from policy presence to practice standardisation.

6. **Support Behavioural Change Initiatives:**

Invest in sustained awareness campaigns and training to improve waste sorting compliance and everyday sustainability practices.

7. **Clarify and Communicate Divestment Progress:**

Enhance transparency and institutional credibility by clearly communicating up-to-date information on the

fossil fuel divestment status and associated reinvestment in sustainable or renewable assets.

By building on existing governance frameworks and strengthening operational execution, the university can better translate its ambitious sustainability commitments into consistent, university-wide environmental performance and demonstrable leadership.

** In both UCT's PHRC 2025 Health & Rehabilitation Sciences and Medicine reports, the Community Outreach and Advocacy, Support for Student-Led Planetary Health Initiatives, and Campus Sustainability sections present/contain identical content, as the information was derived from participants based across broader university departments, divisions and institutes, rather than exclusively within the Faculty of Health Sciences (Department of Health & Rehabilitation Sciences/Medicine) and/or discipline-specific units. Participants from multiple institutional contexts were intentionally included to ensure a comprehensive and university-wide perspective on the status of Planetary Health integration and related initiatives.*

Statement of Purpose

Planetary health is human health.

The Planetary Health Alliance describes planetary health as “a solutions-oriented, transdisciplinary field and social movement focused on analysing and addressing the impacts of human disruptions to Earth’s natural systems on human health and all life on Earth.” This definition is intentionally broad, intended to encompass the multitude of ways that the environment can affect health, including water scarcity, changing food systems, urbanisation, biodiversity shifts, natural disasters, climate change, changing land use and land cover, global pollution, and changing biogeochemical flows. The health of humanity is dependent on our environment, and our environment is changing rapidly and in disastrous ways. Although the World Health Organization has called climate change “the greatest threat to global health in the 21st century,” many health professional school’s institutional priorities do not reflect the urgency of this danger to human health.

As future health professionals, we must be prepared to address the impacts of human-caused environmental changes on our patients’ health. This preparation is in the hands of the institutions providing our health professional training. It is imperative that we hold our institutions accountable for educating health professional students about the health impacts of climate change and other anthropogenic environmental changes, generating research to better understand health impacts and solutions, supporting related student initiatives, embracing sustainable practices as much as possible, and engaging with surrounding communities that are most affected by environmental threats. Because climate change and environmental threats disproportionately affect vulnerable populations (for example, communities of colour, older adults sensitive to health threats, and individuals in low-resource settings), these issues are inherently ones of equity and justice.

With the purpose of increasing planetary health awareness and accountability among health professional schools, we have created a Planetary Health Report Card that students internationally can use to grade and compare their institutions on an annual basis. This student-driven initiative aims to compare health professional schools nationally and internationally on the basis of discrete metrics in five main category areas: 1) planetary health curriculum; 2) interdisciplinary research in health and environment; 3) university support for student planetary health initiatives; 4) community outreach centred on environmental health impacts; and 5) school campus sustainability.

Definitions & Other Considerations

Definitions:

- **Anthropogenic:** Created through human activity.
- **Clerkship / Outreach:** This is a term used in the United States of America (USA) to refer to placements that medical students go on e.g. Paediatrics, General Medicine, Psychiatry. In the United Kingdom (UK), these are referred to as rotations, outreach or placements. This is a relatively short (approximately 4-8 weeks) period of study and patient-centred clinical experience that takes place as part of the undergraduate programme. In the Republic of South Africa (RSA), “Practice Learning” or “Service Learning” is the terminology used to describe student placements within clinical and community settings, e.g. acute hospital settings, community health centres, schools, etc. This is a relatively short (approximately 5-8 weeks) period involving patient/client-centred practical experience that takes place as part of the undergraduate programme.
- **Climate Justice:** The idea that certain population groups and geographical locations which are disproportionately more impacted by Climate Change are already economically and socially disadvantaged. This double vulnerability sits alongside pre-existing social justice concerns and should therefore shift policy and practice to mitigate the inequitable effects of the climate crisis.
- **Clinical Rotation:** This is a term used to refer to placements that students go on (e.g., ophthalmology, surgery, cardiology). In the RSA, “Practice Learning” or “Service Learning” is the terminology used to describe student placements within clinical and community settings.
- **Community Organisations:** For most institutions, there are existing groups that are not directly affiliated with the university and exist as a product of what the community the institution exists in cares about or needs. These specific community organisations relevant to this report include those that are focused around some aspect of climate and health preservation. These community organisations can include but are not limited to local mutual aid initiatives, underserved-resource distribution groups, clean-up and nature conservation groups, community gardeners, and other environmental-related organisations. If your institution does not have access to local volunteerships with community groups, please report any community organisations your institution or school has collaborated with.
- **Core Curriculum:** This refers to taught material that is delivered to the entire cohort of students in one year.
- **Education for Sustainable Healthcare (ESH):** is defined as the process of equipping current and future health professionals with the knowledge, attitudes, skills and capacity to provide environmentally sustainable services through health professional education, thus working to decrease the enormous environmental impact of the healthcare industry. Planetary Health Education is an integral part of this education rather than an end in itself. This is because knowledge on Planetary Health is required to be able to fully understand the necessity of sustainable healthcare as well as being part of the broader knowledge needed to fully protect

and promote health. In summary, ESH is covered by the three Priority Learning Outcomes of the Centre of Sustainable Healthcare below, and Planetary Health Education is embraced in the first learning objective and is a fundamental requirement to achieve learning outcomes 2 and 3:

1. Describe how the environment and human health interact at different levels.
 2. Demonstrate the knowledge and skills needed to improve the environmental sustainability of health systems.
 3. Discuss how the duty of a doctor to protect and promote health is shaped by the dependence of human health on the local and global environment.
- **Elective:** The word “elective” refers to an optional course or lecture series that a student can opt to take part in but is not a requirement in the core curriculum. Generally, these elective courses take place in the preclinical curriculum but vary by school. Elective courses are uncommon in South African health and rehabilitation programmes. Electives generally refer to “Practice Learning” placements where students can select a specific site, and is generally shorter (roughly 3 weeks) than the embedded placements.
 - **Extractivism:** The removal of natural resources typically in large quantities. Within anthropology this term is often used in the context of colonialism to refer to the historic seizing of natural resources, a practice which has developed business models tied to ecological degradation and loss of biodiversity.
 - **Global South:** Nations that often have less economic and industrial development and are typically in the southern hemisphere. These nations have been found to be disproportionately impacted by the climate crisis.
 - **Low and Middle-Income Countries (LMIC):** Countries that have lower degrees of economic affluence.
 - **Low Socioeconomic Status (SES):** An individual or geographical area that across a variety of socioeconomic factors (e.g., income, education, race/ethnicity) is considered vulnerable. This vulnerability has been correlated to more adverse health outcomes often as a consequence of encountering more barriers in accessing and receiving healthcare.
 - **Marginalised Communities:** Groups excluded from mainstream economic, educational, social, and/or cultural experiences due to race, gender identity, sexual orientation, age, physical ability, language, and/or immigration status (Sevelius et al., 2020).
 - **Occupational Therapy School/Department* vs. Institution:** Where “occupational therapy school/department/program” is referenced in the report card, this denotes the curriculum and resources offered collectively by the Department of Health and Rehabilitation Sciences (DHRS), as respondents were drawn from multiple DHRS divisions, including occupational therapy, physiotherapy, and related disciplines. In contrast, where “institution” is specified in the report card, we are referring to the university more broadly including all of its campuses. Any resource reasonably accessible by DHRS students, no matter where in the institution the resource comes from or if it is specifically targeted for DHRS students, can meet this metric.

- **Physiotherapy vs Physical Therapy:** For the purposes of this report card these terms are considered interchangeable. However, physiotherapy will be used primarily.
- **Planetary Health:** is described by the Planetary Health Alliance as “the health of human civilisation and the state of the natural systems on which it depends.” For example, topics such as Climate Change, declining biodiversity, shortages of arable land and freshwater, and pollution would all fall under the realm of Planetary Health. Both Planetary Health and traditional ‘Environmental Health’ examine the relationship between human health and the external environment, including extreme temperatures, chemicals, vector-borne diseases, etc. Planetary Health explicitly concerns itself with the potential health harms associated with human-caused perturbations of natural systems. Therefore, the human health focus of Planetary Health makes the field well-adapted for the context of health professional education. Throughout this report card, we use the term Planetary Health to refer to this broad swath of topics, but resources do not need to explicitly include the term “Planetary Health” to satisfy the metric.
- **Sustainable Healthcare:** As defined by the Academy of Royal Colleges, Sustainable Healthcare involves ensuring the ability to provide good quality care for future generations by balancing the economic, environmental, and social constraints and demands within health care settings. A Sustainable Healthcare system maintains population health, reduces disease burden and minimises use of healthcare services.

Scoring Matrix

- Elective coursework (1 point): This score applies to material that is actively selected by the students such as a module choice, or additional lecture series. By implication, only a given proportion of the cohort will receive this taught material.
- Brief coverage in the core curriculum (2 points): This score applies where a topic is covered only briefly in a core curriculum session. This implies that the entire cohort receives the same material. At minimum brief inclusion would qualify as inclusion in a single lecture slide in a single year.
- In depth coverage in the core curriculum (3 points): This score applies where a topic is taught in significant detail or where a topic is repeatedly brought up in different years. This might look like several dedicated lecture slides, or inclusion of the same topic in different lectures and teaching formats.

Other Considerations:

- If there are more than one “tracks” at your institution with two different curricula (for example, Harvard Medical School has a Pathways and HST curriculum track), you can choose to fill out a report card for each track, or fill out just one report card and average the scores received by each track in cases where the scores are different (see the 2021 Harvard or Oxford report cards as examples). Where possible please indicate the proportion of students that are on each track.

Updated in 2025, a complete literature review by metric is available for the 2024/25 Medicine Report Card Template. This largely translates across disciplines although we are hoping to expand this process across all of our covered disciplines. A link to the 2025 literature review by metric is available [here](#).

Noted areas for future improvement of the Occupational Therapy PHRC:

This current template was produced by a team of students from UK universities and from one South African University with additional input from occupational therapy educators from the UK. This approach is limited by the number of individuals and the diversity of opinions used to shape this occupational therapy PHRC template. Going forward collecting the perspectives of occupational therapy students and educators across the globe should enhance this template. Additionally, gaining feedback from Indigenous communities internationally, especially from the Global South, would provide much-needed insight to develop this template.

Planetary Health Curriculum

Section Overview: This section evaluates the integration of relevant Planetary Health topics into the occupational therapy program* curriculum. Today's health professional students will be on the frontlines of tackling the health effects of climate and other environmental changes. Therefore, it is critical that students are trained to understand the health effects of these changes, as well as Planetary Health issues and principles more broadly. Topics like the changing geography of vector-borne diseases, the health consequences of air pollution, Environmental Health inequities, and disaster response principles must be part of every occupational therapy program's* core curriculum.

Curriculum: General

1.1 Did your <u>occupational therapy department</u>* offer elective courses/lectures (student selected modules) to engage students in Education for Sustainable Healthcare (ESH) or Planetary Health in the last year?	
Yes, the occupational therapy school has offered more than one elective whose primary focus is ESH/planetary health in the past year. (3 points)	
Yes, the occupational therapy school has offered one elective whose primary focus is ESH/planetary health in the past year. (2 points)	
The occupational therapy school does not have any electives whose primary focus is ESH/planetary health, but there are one or more electives that include a lecture on planetary health. (1 point)	
No, the occupational therapy school has not offered any electives on planetary health or electives that include ESH/planetary health topics in the past year. (0 points)	
Score Assigned:	0
<i>Score explanation:</i>	
<p>Elective courses specifically focused on Planetary Health or Education for Sustainable Healthcare (ESH) are not offered within the Department of Health & Rehabilitation Sciences (DHRS) curriculum. The programme follows a standardised structure, and respondents reported that elective options are generally not available. Where uncertainty existed, respondents were unaware of any electives dedicated to Planetary Health.</p> <p>While Planetary Health concepts may be present in principle within aspects of the curriculum, there is no formalised or explicitly framed elective pathway through which students can pursue focused study in this domain. As a result, structured elective exposure to Planetary Health or ESH is minimal or absent.</p> <p>Overall, the curriculum does not currently provide dedicated elective opportunities for students to deepen their engagement with Planetary Health, reflecting limited formal integration of ESH within the elective component of programmes.</p>	

Curriculum: Health Effects of Climate Change

1.2. Does your occupational therapy department's* curriculum address the relationship between extreme heat, health risks, and climate change?

This topic was explored **in depth** by the **core** curriculum. (3 points)

This topic was **briefly** covered in the **core** curriculum. (2 points)

This topic was covered in **elective** coursework. (1 point)

This topic was **not** covered. (0 points)

Score Assigned:

2

Score explanation:

Interview responses indicate variable and generally limited coverage of extreme heat and climate-related health risks within the curriculum. Some respondents reported no formal teaching on the direct health impacts of Climate Change, while others described brief, contextual discussions embedded within broader content on geography, environmental determinants of health, or general risk factors.

Where climate-related topics arise, they are typically addressed indirectly and not explicitly framed within a Planetary Health or Climate Change lens. Extreme heat, extreme weather events, and environmental disruption may be discussed in response to current events, such as fires or floods, but this coverage appears ad hoc rather than systematically integrated, documented, or assessed. Teaching on the clinical health impacts of Climate Change is largely absent from DHRS-specific modules. When these topics are covered, they are generally situated within broader health or clinical sciences teaching rather than explicitly incorporated into the DHRS curriculum.

Overall, structured and explicitly framed teaching on extreme heat and climate-related health risks remains minimal and inconsistent. Greater integration and formalisation of Climate Health content within the curriculum would strengthen alignment with Planetary Health education objectives.

1.3. Does your occupational therapy department's* curriculum address the impacts of extreme weather events on individuals' health, occupations and wider healthcare systems?

This topic was explored **in depth** by the **core** curriculum. (3 points)

This topic was **briefly** covered in the **core** curriculum. (2 points)

This topic was covered in **elective** coursework. (1 point)

This topic was **not** covered. (0 points)

Score Assigned:

2

Score explanation:

Extreme weather events and their implications for health systems are addressed only briefly and inconsistently within the curriculum. Respondents described contextual classroom discussions referencing events such as floods, fires, or other environmental disruptions, often linking these to

impacts on occupation, community functioning, and access to health and rehabilitation services. However, this content does not appear to be formally structured, comprehensively documented, or systematically assessed. Teaching on the broader health systems implications of Climate Change, such as service disruption, infrastructure strain, resource scarcity, or population displacement, is not embedded as a defined curricular component.

Coverage of climate-related health impacts is largely absent from DHRS-specific modules. Where such topics arise, they are more likely to be situated within general health or clinical sciences teaching rather than explicitly integrated into DHRS frameworks.

Overall, extreme weather and health systems resilience are acknowledged at a conceptual level but are not consistently incorporated into formal learning objectives or assessments. Strengthening structured, discipline-specific engagement with climate-related health system challenges would enhance curricular alignment with Planetary Health competencies.

1.4. Does your occupational therapy department's* curriculum address the impact of climate change on the changing patterns of infectious diseases?

This topic was explored **in depth** by the **core** curriculum. (3 points)

This topic was **briefly** covered in the **core** curriculum. (2 points)

This topic was covered in **elective** coursework. (1 point)

This topic was **not** covered. (0 points)

Score Assigned:

0

Score explanation:

Climate Change-related shifts in infectious disease patterns are largely not covered within the DHRS curriculum. Respondents generally regarded infectious disease epidemiology as falling within the domain of medical or clinical sciences rather than DHRS-specific teaching.

While broader discussions of environmental disruption may arise in classroom contexts, particularly in response to current events such as floods or other climate-related crises, these conversations are not formally structured around climate-driven changes in infectious disease transmission. There is no systematic documentation, dedicated learning objectives, or assessment component addressing the links between Climate Change and infectious disease patterns.

Where climate-related health impacts, including infectious diseases, are addressed, they are typically situated within medical or foundational clinical sciences teaching rather than explicitly integrated into DHRS frameworks.

Overall, explicit curricular coverage of Climate Change and its influence on infectious disease patterns is minimal or absent within DHRS-specific teaching. Greater interdisciplinary integration could strengthen students' understanding of the broader environmental determinants of health that influence occupational participation and the contexts in which services are delivered.

1.5. Does your occupational therapy department's* curriculum address the effects of climate

change and air pollution on respiratory health and related occupational performance?

This topic was explored **in depth** by the **core** curriculum. (3 points)

This topic was **briefly** covered in the **core** curriculum. (2 points)

This topic was covered in **elective** coursework. (1 point)

This topic was **not** covered. (0 points)

Score Assigned:

2

Score explanation:

Air pollution and its relationship to respiratory health are generally not explicitly covered within the DHRS curriculum. While respiratory health conditions may be addressed in clinical or foundational health sciences teaching, the specific link between air pollution, Climate Change, and respiratory morbidity is typically not made within DHRS-specific modules.

In some instances, environmental contributors to respiratory conditions may arise informally during classroom discussion; however, such content is not systematically embedded in learning objectives, formally documented, or assessed. Climate-related respiratory health impacts are largely absent from DHRS-specific teaching and, where addressed, are more commonly situated within broader health or clinical sciences contexts.

Overall, explicit curricular integration of air pollution and its implications for respiratory health remains limited. Strengthening the connection between environmental exposures and DHRS teaching would enhance alignment with Planetary Health competencies and promote a more holistic understanding of environmental determinants of health.

1.6. Does your occupational therapy department's* curriculum address the effects of climate change, including rising temperatures, on cardiovascular health and related occupational performance?

This topic was explored **in depth** by the **core** curriculum. (3 points)

This topic was **briefly** covered in the **core** curriculum. (2 points)

This topic was covered in **elective** coursework. (1 point)

This topic was **not** covered. (0 points)

Score Assigned:

2

Score explanation:

The relationship between Climate Change and cardiovascular health is generally not explicitly addressed within the DHRS curriculum. Respondents reported that this topic is either not covered or only briefly mentioned without a specific Climate Change framing.

While cardiovascular conditions may be taught within broader clinical or foundational health sciences components, the connection between climate-related factors, such as extreme heat, air

pollution, or environmental stressors, and cardiovascular risk is not systematically integrated into DHRS-specific modules. Where climate-related health impacts are discussed, they tend to arise informally in response to current events rather than as structured, examinable content.

Overall, explicit teaching on Climate Change and cardiovascular health is minimal within the DHRS curriculum. Integrating climate-related cardiovascular risk into discipline-specific teaching would strengthen understanding of environmental determinants of health and their implications for occupational and rehabilitation practice.

1.7. Does your occupational therapy department's* curriculum address the mental health and neuropsychological effects of environmental degradation and climate change?

This topic was explored **in depth** by the **core** curriculum. (3 points)

This topic was **briefly** covered in the **core** curriculum. (2 points)

This topic was covered in **elective** coursework. (1 point)

This topic was **not** covered. (0 points)

Score Assigned:

2

Score explanation:

The relationship between environmental degradation and Mental Health is not systematically embedded within the undergraduate DHRS curriculum. Coverage ranges from not addressed to briefly discussed in isolated contexts. While some postgraduate research activity explores intersections between Environment and Mental Health, this does not appear to translate into structured undergraduate teaching. The Mental Health implications of environmental degradation, such as climate anxiety, displacement-related stress, or trauma linked to environmental events, are not formally incorporated into learning objectives or assessment within undergraduate DHRS training.

Overall, while environmental context is acknowledged within community-oriented teaching, explicit integration of environmental degradation and its Mental Health impacts remains limited. Strengthening this connection would enhance curricular alignment with Planetary Health competencies and support a more comprehensive understanding of environmental influences on psychosocial wellbeing and rehabilitation practice.

1.8. Does your occupational therapy department's* curriculum address the relationships between health, individuals' food and water security, ecosystem health, and climate change?

This topic was explored **in depth** by the **core** curriculum. (3 points)

This topic was **briefly** covered in the **core** curriculum. (2 points)

This topic was covered in **elective** coursework. (1 point)

This topic was **not** covered. (0 points)

Score Assigned:	2
<p>Score explanation:</p> <p>Food and water security, and ecosystem-related issues represent one of the stronger areas of Planetary Health-aligned content within the DHRS curriculum. Several respondents indicated that these topics are addressed within community development modules, contextual health discussions, and teaching focused on occupational engagement in diverse environments.</p> <p>Students are exposed to concepts related to access to food and water, environmental constraints on daily living, and the impact of ecological conditions on health and participation. These themes are particularly evident in community-based teaching, where environmental context is considered in relation to livelihoods, disability, and service access. However, the framing of this content is generally centred on access, participation, social determinants, and occupation rather than explicitly linked to Climate Change, ecosystem degradation, or Planetary Health theory. While environmental context is substantively addressed, it is not consistently articulated within a structured Planetary Health framework.</p> <p>Overall, food and water security and ecosystem health are meaningfully integrated into the curriculum from an occupational and community perspective. Strengthening explicit connections to Climate Change and Planetary Health concepts would enhance theoretical coherence and align existing strengths more directly with Planetary Health competencies.</p>	

<p>1.9. Does your occupational therapy department's* curriculum address how historical abuses of power (e.g. colonialism, extractivism, economic exploitation and marginalisation) are both responsible for the climate crisis and disproportionately impact marginalised populations (e.g. low SES, women, communities of colour, Indigenous communities, children, homeless populations, and older adults)?</p>	
<p>This topic was explored in depth by the core curriculum. (3 points)</p>	
<p>This topic was briefly covered in the core curriculum. (2 points)</p>	
<p>This topic was covered in elective coursework. (1 point)</p>	
<p>This topic was not covered. (0 points)</p>	
Score Assigned:	2
<p>Score explanation:</p> <p>The curriculum places meaningful emphasis on occupational justice, structural inequity, and marginalisation. Teaching addresses historical and ongoing abuses of power, including the impacts of colonialism, systemic inequality, and social exclusion on health and participation. These themes are integrated into discussions of access to services, disability, poverty, and community development. However, while issues of injustice and inequity are substantively addressed, they are not consistently framed within the context of climate crisis causation or climate justice.</p> <p>The unequal impacts of environmental degradation and Climate Change are more commonly explored through occupational justice and social determinants of health frameworks rather than explicitly linked to Planetary Health or Climate Justice discourse. As a result, students are exposed</p>	

to critical perspectives on power and marginalisation, but the connection between historical inequities and contemporary environmental vulnerability is not systematically articulated.

Overall, the curriculum demonstrates strong engagement with justice-oriented principles. Strengthening explicit integration of Climate Justice and the historical drivers of environmental harm would enhance alignment with Planetary Health education and deepen students' understanding of the intersection between environmental change and social inequity.

1.10. Does your occupational therapy department's* curriculum address the unequal regional health impacts of climate change globally and/or climate justice?

This topic was explored **in depth** by the **core** curriculum. (3 points)

This topic was **briefly** covered in the **core** curriculum. (2 points)

This topic was covered in **elective** coursework. (1 point)

This topic was **not** covered. (0 points)

Score Assigned:

2

Score explanation:

Issues related to unequal impacts and justice are addressed within the curriculum, primarily through established teaching on occupational justice, structural inequity, and health disparities. Students engage with concepts of marginalisation, access to services, and the uneven distribution of health burdens across communities and regions. However, these discussions are not consistently or explicitly framed within a Climate Justice lens.

While the curriculum addresses inequities and differential vulnerability, the specific relationship between Climate Change and disproportionate regional or population-level impacts is not systematically articulated. The unequal effects of environmental degradation and Climate Change are more often embedded within broader social determinants or occupational justice frameworks rather than explicitly examined as matters of Climate Justice. As a result, students develop awareness of inequity and marginalisation, but the linkage between global climate dynamics and regionally unequal health outcomes is not consistently highlighted.

Overall, the curriculum provides a strong justice-oriented foundation. Integrating explicit Climate Justice framing, linking environmental change to unequal regional and socio-economic impacts, would strengthen alignment with Planetary Health competencies and deepen critical engagement with global and local inequities.

Curriculum: Environmental Health & the Effects of Anthropogenic Toxins on Human Health

1.11. Does your occupational therapy department's* curriculum address the effects of industry-related environmental toxins on health (e.g. air pollution, pesticides), for example during paediatric or reproductive health curriculum?

This topic was explored **in depth** by the **core** curriculum. (3 points)

This topic was **briefly** covered in the **core** curriculum. (2 points)

This topic was covered in **elective** coursework. (1 point)

This topic was **not** covered. (0 points)

Score Assigned:

2

Score explanation:

Industry-related environmental toxins are generally not systematically addressed within the DHRS curriculum. Respondents commonly described this content area as either not applicable to DHRS-specific teaching or not explicitly covered. Where toxicity is discussed, such as in paediatrics or neurology, it is typically framed within clinical pathology or developmental outcomes rather than situated within an environmental or industrial exposure context.

There is limited structured teaching on the health impacts of environmental toxins, including their disproportionate effects on marginalised or socio-economically vulnerable populations. The broader Environmental Justice implications of industrial pollution and toxic exposures are not consistently embedded within curricular objectives or assessments.

Overall, explicit curricular engagement with industry-related environmental toxins is minimal. Strengthening structured coverage of environmental exposures, particularly within a justice and occupational health framework, would enhance alignment with Planetary Health competencies and broaden students' understanding of environmental determinants of health.

1.12. Does your occupational therapy department's* curriculum address important human-caused environmental threats that are relevant to the university's surrounding community?

This topic was explored **in depth** by the **core** curriculum. (3 points)

This topic was **briefly** covered in the **core** curriculum. (2 points)

This topic was covered in **elective** coursework. (1 point)

This topic was **not** covered. (0 points)

Score Assigned:

2

Score explanation:

Local human-caused environmental threats are not systematically embedded within the DHRS curriculum. Coverage ranges from not addressed to briefly discussed in contextual or event-driven settings. Respondents referenced occasional discussions related to fires, community-level health education, environmental conditions influencing communicable disease transmission, or local environmental disruptions; however, these are typically reactive and linked to current events rather than structured as defined curricular components.

While environmental context may be considered within community-based teaching, the specific framing of local human-caused environmental threats, such as pollution, industrial exposure, or environmental degradation, is limited.

Overall, teaching on local human-caused environmental risks is present in isolated contexts but lacks formal structure and explicit integration within a Planetary Health framework. Strengthening systematic coverage of local environmental determinants of health would enhance contextual relevance and support deeper engagement with community-based occupational practice.

1.13. To what extent does your occupational therapy department* emphasise the importance of knowledge and value systems from Indigenous communities and the Global South as essential components of planetary health solutions?

These knowledge and value systems are **integrated throughout** the occupational therapy school's planetary health education (3 points)

These knowledge and value systems as essential components of planetary health solutions are included **briefly** in the core curriculum. (2 points)

These knowledge and value systems as essential components of planetary health solutions are included in **elective** coursework. (1 point)

This topic was **not** covered. (0 points)

Score Assigned:

2

Score explanation:

Engagement with Indigenous knowledge systems and Global South perspectives is emerging within the curriculum, but remains inconsistent and not yet systematically embedded. Some respondents noted deliberate efforts to foreground culturally embedded practices, local knowledge systems, and contextually relevant health approaches. Respect for community-based knowledge and lived experience is reflected in aspects of teaching, particularly within community development and occupational engagement modules. However, integration of Indigenous and Global South perspectives is often informal or discussion-based rather than explicitly structured within defined learning objectives or assessment frameworks.

While staff awareness of the importance of these perspectives appears to be growing, curricular incorporation remains uneven across modules. In addition, explicit connections between Indigenous knowledge, environmental stewardship, and Planetary Health are not consistently articulated.

Overall, the curriculum demonstrates an emerging commitment to Indigenous and Global South perspectives. Strengthening formal curricular integration and explicitly linking these perspectives to Planetary Health frameworks would enhance contextual relevance, epistemic inclusivity, and alignment with Planetary Health education principles.

1.14. Does your occupational therapy department's* curriculum address the outsized impact of anthropogenic environmental toxins on marginalised populations such as those with low SES, women, communities of colour, children, homeless populations, Indigenous populations, and older adults?

This topic was explored **in depth** by the **core** curriculum. (3 points)

This topic was briefly covered in the core curriculum. (2 points)	
This topic was covered in elective coursework. (1 point)	
This topic was not covered. (0 points)	
Score Assigned:	0
<p>Score explanation:</p> <p>The disproportionate burden of environmental toxins on marginalised populations is generally not explicitly covered within the curriculum. Respondents reported minimal structured teaching addressing how industrial pollution, toxic exposures, or environmental hazards unequally affect socio-economically vulnerable communities.</p> <p>While broader discussions of marginalisation, structural inequity, and occupational justice are present within the curriculum, explicit linkage to environmental toxin exposure and Environmental Injustice is limited. Content addressing environmental determinants of health does not consistently incorporate analysis of how toxic burdens are distributed across different populations; and systematic integration of Environmental Justice themes, particularly those related to toxin exposure, is not yet embedded within formal learning objectives or assessment.</p> <p>Overall, explicit curricular engagement with environmental toxins and their disproportionate impact on marginalised populations remains minimal. Further embedding Environmental Justice principles within the curriculum would improve alignment with Planetary Health competencies and foster a deeper understanding of inequities in Environmental Health risks and their implications for occupational outcomes.</p>	

Curriculum: Sustainability

1.15. Does your <u>occupational therapy department's</u>* curriculum address the environmental and health co-benefits of holistic lifestyle adaptations (e.g. plant-based diets, use of greenspaces and social prescribing)?	
This topic was explored in depth by the core curriculum. (3 points)	
This topic was briefly covered in the core curriculum. (2 points)	
This topic was covered in elective coursework. (1 point)	
This topic was not covered. (0 points)	
Score Assigned:	3
<p>Score explanation:</p> <p>Interview responses to this question were highly variable. Several respondents described holistic practice as a core strength of the DHRs curriculum, highlighting emphasis on lifestyle balance, engagement with meaningful occupation, preventative education, and non-pharmacological approaches to care. Teaching often promotes health through activity, participation, environmental</p>	

modification, and community engagement, rather than relying solely on pharmacological intervention.

Aspects of sustainable practice are embedded in discipline-specific ways. These include preventative health education, judicious use of resources, appropriate prescription of assistive devices, avoidance of unnecessary intervention, and consideration of equipment reuse. Cost-conscious practice and accessibility are frequently discussed, particularly in relation to equitable service provision. Environmental assessment is also a strong feature of DHRS education, with students trained to evaluate home environments, contextual barriers, and environmental supports during patient assessment. However, sustainability-related teaching is uneven and not consistently framed within a Planetary Health context.

Where holistic approaches are emphasised, the focus is typically on individual well-being and occupational participation rather than on environmental co-benefits or healthcare system sustainability. Furthermore, the concept of “environment” within DHRS teaching is generally defined in functional and social terms rather than ecologically or planetarily.

Overall, the curriculum demonstrates strong alignment with principles of holistic, preventative, and non-pharmacological care, which inherently support sustainability. Explicitly linking these established strengths to Planetary Health frameworks and environmental co-benefits would enhance theoretical coherence and align existing practice more clearly with Planetary Health competencies.

1.16. Does your occupational therapy department's* curriculum address the carbon footprint of healthcare systems?

This topic was explored **in depth** by the **core** curriculum. (3 points)

This topic was **briefly** covered in the **core** curriculum. (2 points)

This topic was covered in **elective** coursework. (1 point)

This topic was **not** covered. (0 points)

Score Assigned:	0
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Score explanation:

The carbon footprint of healthcare systems is not explicitly addressed within the curriculum. Respondents reported that systemic discussions on healthcare-related emissions, resource intensity, or environmental impact are absent from formal teaching.

While individual lecturers may occasionally raise sustainability-related concerns, such as the environmental implications of splinting materials, water usage, or disposable equipment, these discussions are informal and not embedded within structured learning objectives or assessment. Broader analysis of healthcare systems’ carbon emissions, supply chains, or environmental performance is not incorporated into curricular content.

Elements of sustainable practice are present within discipline-specific teaching. These include preventative education, non-pharmacological management approaches, judicious resource use, appropriate prescription of assistive devices, and avoidance of unnecessary intervention.

Equipment reuse and cost-conscious practice are discussed, but typically framed in terms of accessibility and affordability rather than environmental impact.

Overall, explicit engagement with the carbon footprint of healthcare systems is absent. Integrating systems-level sustainability content, including environmental impacts of healthcare delivery, would strengthen alignment with Planetary Health competencies and provide students with a more comprehensive understanding of sustainable practice within health systems.

1.17. Does your <u>occupational therapy department's</u> * curriculum cover these components of sustainable clinical practice in the <u>core</u> curriculum? (point for each)	Score
The health and environmental impact of providing information about preventative measures to empower patients to actively mitigate poorer health outcomes. (1 point)	1
The environmental impact of pharmaceuticals and over-prescribing as a cause of climate health harm. Alternatively teaching on deprescribing where possible and its environmental and health co-benefits would fulfil this metric. (1 point)	1
The health and environmental co-benefits of non-pharmaceutical management of conditions where appropriate such as exercise or yoga classes for type 2 diabetes; social group activities such as gardening for mental health conditions; active transport such as bicycle schemes. This is commonly known as social prescribing in the UK. (1 point)	1
Waste production within healthcare clinics and strategies for reducing waste in clinical activities (e.g. single use items in the inpatient or outpatient setting). (1 point)	1
The health and environmental co-benefits of avoiding over-investigation and/or over-treatment . (1 point)	1

Score explanation:

Several components of sustainable clinical practice are inherently embedded within DHRS training, although they are not consistently framed under a Planetary Health or sustainability lens. Core elements of DHRS practice, such as preventative education, non-pharmacological management, avoidance of unnecessary interventions, and resource-conscious care, align strongly with principles of Sustainable Healthcare.

Students are trained to practise judicious resource use, prescribe assistive devices appropriately, and prioritise interventions that maximise function and participation while minimising excess consumption. Equipment reuse and cost-conscious practice are also discussed, particularly in the context of equitable access and affordability. Environmental assessment forms a central component of DHRS education, with emphasis on evaluating home environments, contextual barriers, and environmental supports in patient care. However, coverage remains partial and discipline-bound.

Pharmaceutical environmental impacts, systemic waste strategies, and broader health system sustainability frameworks are largely outside the formal DHRS scope or are only informally discussed. Furthermore, the concept of “environment” within DHRS education is primarily framed in functional and social terms rather than ecological or planetary dimensions.

Overall, the curriculum demonstrates meaningful alignment with sustainable clinical practice principles at a practical level. Explicitly articulating and expanding these components within a

Planetary Health framework would enhance theoretical coherence and strengthen students' understanding of Sustainable Healthcare beyond discipline-specific practice.

1.18. Does your occupational therapy department's* curriculum discuss the benefits and process of how to sustainably manage, recycle and repurpose prescribed equipment?

This topic was explored **in depth** by the **core** curriculum. (3 points)

This topic was **briefly** covered in the **core** curriculum. (2 points)

This topic was covered in **elective** coursework. (1 point)

This topic was **not** covered. (0 points)

Score Assigned:

2

Score explanation:

Sustainable management of equipment is addressed in a limited but identifiable manner within the DHRS curriculum. Discussions include appropriate prescribing of assistive devices, reuse of equipment where feasible, selection of cost-effective materials, and consideration of recycling practices. Students are encouraged to practise judicious resource use and avoid unnecessary intervention, which aligns with principles of Sustainable Healthcare. However, sustainability is not explored in depth or consistently framed within a Planetary Health context.

Teaching on equipment management is typically embedded within discipline-specific practice and is often motivated by considerations of affordability, accessibility, and equitable resource allocation rather than explicit environmental impact. Broader systemic issues, such as the lifecycle analysis of materials, waste streams, or the carbon footprint associated with healthcare equipment, are not formally incorporated into the curriculum.

Overall, elements of sustainable equipment management are present but not systematically integrated or explicitly linked to Planetary Health frameworks. Strengthening theoretical framing and expanding discussion to include environmental impact considerations would enhance curricular coherence and deepen students' understanding of sustainable clinical practice.

1.19. Does your occupational therapy department's* curriculum address sustainability in regard to adaptations and environmental adjustments in the home and in communal spaces?

This topic was explored **in depth** by the **core** curriculum. (3 points)

This topic was **briefly** covered in the **core** curriculum. (2 points)

This topic was covered in **elective** coursework. (1 point)

This topic was **not** covered. (0 points)

Score Assigned:

2

Score explanation:

Home and environmental adaptations are a core component of DHRS education. Students are extensively trained in environmental assessment, modification of home contexts, and adaptation of physical spaces to enhance safety, accessibility, and occupational participation. Consideration of contextual barriers and environmental supports is therefore a strong and well-established element of the curriculum. However, sustainability considerations within home and environmental adaptations are generally secondary to functionality, safety, and cost-effectiveness. The concept of “environment” in teaching is primarily defined in functional and social terms rather than ecological or planetary dimensions.

Overall, the curriculum demonstrates strong competency in environmental and contextual assessment, providing a solid foundation for sustainability integration. Explicitly incorporating ecological and Planetary Health considerations into home and environmental adaptation teaching would strengthen alignment with sustainable practice principles and broaden students’ understanding of environmentally responsible rehabilitation.

Curriculum: Clinical Applications

1.20. In training for patient encounters, does your occupational therapy department’s* curriculum introduce strategies to have conversations with patients about the health effects of climate change?

Yes, there are strategies introduced for having conversations with patients about climate change in the **core** curriculum. (2 points)

Yes, there are strategies introduced for having conversations with patients about climate change in **elective** coursework. (1 point)

No, there are **no** strategies introduced for having conversations with patients about climate change. (0 points)

Score Assigned:

0

Score explanation:

Structured training on discussing Climate Change and its health impacts with patients is not currently embedded within the curriculum. While patient-centred communication is a core competency of DHRS education, respondents consistently reported that students are not formally trained to initiate or guide conversations specifically related to Climate Change, environmental risks, or Planetary Health.

Although students develop strong skills in therapeutic communication, health education, and contextual assessment, these are not explicitly applied to climate-related health discussions. There are no defined learning objectives, teaching sessions, or assessment components focused on engaging patients in conversations about climate risks, environmental exposures, or adaptation strategies.

Overall, explicit preparation for Climate Health communication with patients is absent. Integrating structured training on climate conversations within patient-centred care frameworks would enhance clinical relevance and strengthen alignment with Planetary Health competencies.

1.21. In training for patient encounters, does your occupational therapy department's* curriculum introduce strategies and OT models to take a holistic history of health experiences which consider environmental factors during an initial assessment?

Yes, the **core** curriculum includes strategies for taking an environmental history. (2 points)

Only **elective** coursework includes strategies for taking an environmental history. (1 point)

No, the curriculum does **not** include strategies for taking an environmental history. (0 points)

Score Assigned:

2

Score explanation:

Environmental assessment is a well-established and integral component of DHRS education. Students are consistently trained to consider the patient's home environment, available resources, contextual barriers, and environmental facilitators as part of comprehensive assessment and intervention planning. This includes evaluating physical spaces, social supports, accessibility, and environmental constraints that influence occupational participation. However, the concept of "environment" within this context is generally defined in functional, social, and contextual terms rather than ecological or planetary dimensions. Environmental history-taking does not routinely extend to structured exploration of environmental exposures, climate-related risks, or broader ecological determinants of health.

Overall, environmental assessment represents a clear curricular strength. Expanding the scope of environmental history-taking to include ecological and climate-related factors would further align this established competency with Planetary Health principles and enhance students' ability to integrate environmental determinants into holistic care.

1.22. In training for quality improvement (QI) projects, does your occupational therapy department's* curriculum discuss how planetary health concerns relate to wider healthcare service aims and outline the means to embed sustainability considerations into QI projects?

Yes, sustainable QI teaching and/or project opportunities are incorporated into the **core** curriculum. (2 points)

Yes, sustainable QI teaching and/or project opportunities are available through **elective** modules. (1 point)

No, sustainable QI teaching and/or project opportunities are **not** available to occupational therapy. (0 points)

Score Assigned:

2

Score explanation:

Sustainable quality improvement (QI) teaching is not formally or systematically embedded within the curriculum. While quality improvement principles may be addressed in broader clinical or professional development contexts, respondents reported that QI is only briefly addressed and that students are not explicitly trained to design or implement QI projects. The current curricular focus

is primarily on ensuring competence in core clinical training rather than structured QI methodology, and sustainability-oriented QI is not incorporated as a defined learning outcome. There is no formal framework guiding students to integrate environmental impact, resource stewardship, or carbon reduction principles into service redesign or clinical improvement processes. Sustainable Healthcare systems thinking and environmentally informed QI approaches are therefore not systematically taught.

However, recent developments suggest emerging interest. Third- and fourth-year students complete compulsory research projects, and in the 2025 academic cycle two projects were selected that focused explicitly on Planetary Health topics. These Planetary Health-related research assignments reflect growing awareness and voluntary engagement among students; however, topic selection remains student-driven rather than formally embedded within a structured sustainable QI programme.

Overall, sustainable QI represents an area of opportunity. Formal integration of sustainability principles into QI teaching (linking research skills, systems thinking, and environmental impact assessment) would strengthen alignment with Planetary Health competencies and equip graduates to contribute to environmentally responsible health system improvement.

Curriculum: Administrative Support for Planetary Health

1.23. Is your occupational therapy department* currently in the process of implementing or improving Education for Sustainable Healthcare (ESH)/planetary health education?

Yes, the occupational therapy school is currently in the process of making **major** improvements to ESH/planetary health education. (4 points)

Yes, the occupational school is currently in the process of making **minor** improvements to ESH/planetary health education. (2 point)

No, there are **no** improvements to planetary health education in progress. (0 points)

Score Assigned:	4
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Score explanation:

Respondents reported growing recognition of Planetary Health as an important educational priority. Several respondents described ongoing curriculum renewal processes and internal departmental discussions aimed at strengthening integration of environmental and sustainability-related content. In some areas, these efforts were characterised as significant or transformative, reflecting genuine institutional momentum.

Planetary Health is increasingly present on the departmental agenda, with expressed interest in embedding related competencies more intentionally across teaching platforms. However, current delivery remains largely dependent on individual lecturers, informal discussions, or standalone sessions rather than systematic curricular integration. Content inclusion varies by module and instructor, and implementation is uneven across year levels. While enthusiasm and momentum are evident, sustained progress will likely require clearer leadership, defined learning outcomes, and structured incorporation into curriculum frameworks.

Overall, the trajectory is positive. Planetary Health is moving from peripheral awareness toward strategic consideration, though formalisation and coordinated implementation remain areas for development.

1.24. How well are the aforementioned planetary health/Education for Sustainable Healthcare topics integrated longitudinally into the core curriculum?

Planetary health/ESH topics are **well integrated** into the core occupational therapy school curriculum. (6 points)

Some planetary health/ESH topics are appropriately integrated into the core occupational therapy student curriculum. (4 points)

Planetary health/ESH is not integrated and is primarily addressed in **(a) standalone lecture(s)**. (2 point)

There is **minimal/no** education for sustainable healthcare. (0 points)

Score Assigned:

2

Score explanation:

Planetary Health content is not yet longitudinally integrated across the full duration of the curriculum. Most respondents described coverage as standalone, informal, or dependent on individual lecturers rather than scaffolded progressively across all years of training. Where content is present, it tends to arise through isolated lectures, contextual discussions, or ad hoc inclusion within existing modules, rather than through a structured, sequenced framework with defined learning outcomes at increasing levels of complexity.

There is limited evidence of deliberate vertical integration linking foundational knowledge in earlier years with applied clinical competencies in later years. Assessment strategies do not systematically evaluate Planetary Health competencies across the curriculum, and content is not consistently documented within module guides or programme outcomes.

Encouragingly, Planetary Health is increasingly recognised as a priority within curriculum renewal discussions. There is expressed interest in strengthening integration and embedding content more intentionally. However, implementation remains uneven, and there is currently no designated faculty lead responsible for coordinating longitudinal Planetary Health integration.

Overall, while momentum is building, Planetary Health education remains episodic rather than programmatically embedded. Formalising longitudinal integration, through mapped competencies, progressive learning objectives, and coordinated oversight, would strengthen curricular coherence and ensure sustained competency development across the programme.

1.25. Does your occupational therapy department* employ a member of faculty to specifically oversee and take responsibility for the incorporation of planetary health and sustainable healthcare as a theme throughout the course?

Yes, the **occupational therapy school** has a specific faculty/staff member responsible for overseeing curricular integration of planetary health and sustainable healthcare. (1 point)

No, the occupational therapy school does not have a specific faculty/staff member responsible for overseeing curricular integration of planetary health and sustainable healthcare. (0 points)

Score Assigned:

0

Score explanation:

There is currently no formally appointed faculty member or designated leadership role responsible for overseeing the integration of Planetary Health within the curriculum. Responsibility for content inclusion appears to be interest-driven and informal, relying largely on individual lecturers who choose to incorporate relevant material into their teaching.

While Planetary Health is increasingly recognised as an important priority and is being discussed within ongoing curriculum renewal processes, implementation remains decentralised. Content delivery is primarily lecturer-led, occurring through standalone sessions, contextual discussions, or informal integration rather than through a coordinated, faculty-wide strategy.

The absence of dedicated oversight limits structured curriculum mapping, longitudinal integration, and consistent assessment of Planetary Health competencies. Although momentum and interest are evident, sustained and systematic integration would benefit from clearly defined leadership, formal accountability structures, and designated oversight to guide strategic implementation across the programme.

Overall, Planetary Health integration is emerging but remains dependent on voluntary engagement rather than an institutional mandate. Establishing dedicated faculty oversight would significantly strengthen coordination, continuity, and curricular coherence.

1.26. Does your health professional curriculum include teaching on civic engagement/advocacy to address the environmental and structural determinants of health?

This topic was explored **in depth** by the **core** curriculum. (3 points)

This topic was **briefly** covered in the **core** curriculum. (2 points)

This topic was covered in **elective** coursework. (1 point)

This topic was **not** covered. (0 points)

Score Assigned:

3

Score explanation:

Civic engagement and advocacy represent one of the strongest areas within the curriculum. Across all years of training, students are actively encouraged to engage with structural determinants of health, community-based practice, and issues of occupational justice. Advocacy roles are embedded throughout the programme, with a clear emphasis on social accountability, equity, and responsiveness to community needs. Advocacy is framed as a core professional responsibility, and there is a strong emphasis on the therapist's role in promoting change within communities and systems.

Specific examples include in-depth engagement with determinants of health in the care of the elderly rotation during third year, where active ageing, contextual factors, and systemic influences

on wellbeing are explored in clinical settings. Civic engagement is also embedded in community-based learning blocks, where students interact directly with communities, develop context-sensitive interventions, and reflect on social and environmental influences on participation.

Respondents described advocacy as a strong and consistent theme from first through fourth year. The curriculum emphasises the environment as a key determinant of health and wellbeing, and students are encouraged to view themselves as advocates for equitable access, inclusion, and systemic change. This orientation fosters awareness of social responsibility and professional accountability.

Overall, civic engagement and advocacy are well established and longitudinally embedded within the programme. Although not consistently labelled under Planetary Health terminology, these foundations align closely with Planetary Health principles. The established focus on environment, justice, community engagement, and advocacy provides a robust platform for explicitly integrating climate, environmental sustainability, and ecological determinants of health into existing civic engagement frameworks. Explicitly linking these strengths to Planetary Health discourse would further strengthen curricular alignment and enhance students' capacity to advocate for both human and planetary wellbeing.

Section Total (47 out of 79)

59.49%

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Interviewee Feedback - Planetary Health Curriculum

Interviewee reflections highlighted both the opportunities and tensions inherent in integrating Planetary Health within the current curriculum framework.

Several respondents noted that students are frequently exposed to real-world Environmental and Occupational Health issues during practice learning placements. For example, in industrial settings such as large-scale textile factories, students observe noise pollution, airborne particulates, and hazardous working conditions. They are able to identify these environmental risks and recognise their relevance to health and occupational participation. However, respondents indicated that students are not always equipped with the conceptual frameworks or disciplinary language to situate these observations within Planetary Health discourse or to translate them into structured advocacy or systems-level responses. In this sense, experiential exposure exists, but theoretical integration and applied skill development remain limited.

Respondents also reflected critically on the structure of the PHRC Occupational Therapy assessment tool itself. Some expressed concern that certain questions appear strongly rooted in a medical model and disease-oriented framing, which may not fully capture the strengths of the DHRS. Respondents suggested that the disciplines' emphasis on environment, participation, and contextual determinants of health may align with Planetary Health principles in ways not always reflected in disease-focused metrics.

Additionally, questions were raised regarding the scale at which environmental responsibility is assessed. One respondent queried whether focusing exclusively on the carbon footprint of entire healthcare systems may overlook more immediate and measurable domains of practice, such as the environmental footprint of individual departments (e.g. Occupational Therapy), facilities, or service models. This reflects a broader desire for evaluation frameworks that are adaptable to diverse professional contexts and levels of influence.

Overall, interviewee feedback suggests strong engagement with the topic and growing awareness of Planetary Health relevance within clinical education. However, it also underscores the need for clearer conceptual integration, discipline-sensitive framing, and structured curricular support to translate experiential learning into confident, competent Planetary Health practice.

Interdisciplinary Research

Section Overview: This section evaluates the quality and quantity of interdisciplinary Planetary Health research at the broader institution. Interactions between health and the environment are complex and multifactorial. While Climate Change has been extensively studied from an environmental science perspective, Planetary Health is an emerging field. As leading health institutions with talented researchers and research resources, institutions should fund research studying the health effects of Climate Change and anthropogenic environmental toxins. This obligation is particularly strong because the public and policymakers are more attentive to Climate Change when its implications for human health are emphasised.

2.1. Are there researchers engaged in planetary health research and healthcare sustainability research at your <u>institution</u>?	
Yes, there are faculty members at the institution who have a primary research focus in planetary health or sustainable healthcare/vetcare. (3 points)	
Yes, there are individual faculty members at the institution who are conducting research related to planetary health or healthcare sustainability, OR are part of a national/international sustainability working group, but it is not their primary research focus. (2 points)	
There are sustainability researchers at the institution , but not specifically associated with healthcare/vetcare. (1 point)	
No, there are no planetary health and/or sustainability researchers at the institution at this time. (0 points)	
Score Assigned:	3
<i>Score explanation:</i>	
<p>Researchers engaged in Planetary Health and Sustainable Healthcare research are present within the university. Respondents acknowledged the existence of faculty members whose primary or significant research focus includes Planetary and Climate Health, environmental determinants of health, and healthcare sustainability. This reflects established expertise within the broader institutional research environment.</p> <p>Although detailed knowledge of specific individuals, projects, or research clusters was limited among some respondents, there was a shared perception that Planetary Health research activity is active and expanding. However, Planetary Health research does not appear to be consistently structured or formally branded under a dedicated institutional framework. Visibility of researchers and research outputs varies across divisions, and awareness may depend on proximity to specific research groups. In certain divisions, Planetary Health research is perceived as less visible, despite activity occurring at institutional level.</p> <p>Overall, the institution demonstrates an active and growing body of research expertise in Planetary Health and healthcare sustainability. Strengthening coordination, visibility, and institutional branding of this research would enhance recognition of existing strengths and support further interdisciplinary collaboration.</p>	

2.2. Is there a dedicated department or institute for interdisciplinary planetary health research at your institution?

There is **at least one** dedicated department or institute for interdisciplinary planetary health research. (3 points)

There is **not currently** a department or institute for interdisciplinary planetary health research, but there are **plans** to open one in the next 3 years. (2 points)

There is an **Occupational and Environmental Health department**, but no interdisciplinary department or institute for planetary health research. (1 points)

There is **no** dedicated department or institute. (0 points)

Score Assigned:

1

Score explanation:

Interview responses indicate that there is currently no dedicated, stand-alone interdisciplinary department or institute specifically focused on Planetary Health. While relevant academic structures such as the Centre for Environmental and Occupational Health Research (CEOHR) are active and contribute meaningfully to research in Climate Health, environmental determinants, and sustainability-related domains, they are not formally positioned or branded as interdisciplinary Planetary Health institutes.

Planetary Health-related research appears to be distributed across multiple departments and research groups rather than coordinated under a unified institutional structure. As a result, interdisciplinary collaboration occurs organically or through project-based partnerships rather than through a formally established Planetary Health centre or institute.

Overall, while institutional expertise and research capacity in Planetary Health exist, the absence of a dedicated interdisciplinary structure may limit cohesion, visibility, and strategic alignment. Establishing a formally recognised Planetary Health research hub or network could enhance coordination, attract funding, and strengthen UCT's profile in this emerging field.

Listed below are some of the divisions, units, institutes and groups which contribute to Planetary Health-related research:

- [FaCE \(Department of Family, Community and Emergency Care\)](#)
- [CEOHR \(Centre for Environmental and Occupational Health Research\)](#)
- [ACDI \(African Climate Development Initiative\)](#)
- [CSAG \(Climate System Analysis Group\)](#)
- [ACC \(African Centre for Cities\)](#)
- [OHRU \(One Health Research Unit\)](#)
- [Future Water Institute](#)
- [Environmental Health](#)

2.3. Is there a process by which communities disproportionately impacted by climate change and environmental injustice give input or make decisions about the research agenda at your institution?

Yes, there is a process in which community members impacted by climate and environmental injustice have **decision-making power** in the climate + environmental research agenda. (3 points)

Yes, there is a process in which community members impacted by climate and environmental injustice **advise** the climate + environmental research agenda. (2 points)

No, but there are **current efforts** to establish a process for community members to advise or make decisions on the research agenda. (1 points)

There is **no** process, and **no** efforts to create such a process. (0 points)

Score Assigned:

1

Score explanation:

Interview responses indicate that there is currently no formalised, faculty-wide mechanism through which communities disproportionately affected by Climate Change or Environmental Injustice hold structured decision-making power in shaping the institutional research agenda. Community engagement in research does occur; however, it is largely project-specific rather than embedded within a standardised governance or agenda-setting framework.

There are indications of emerging participatory approaches, particularly within postgraduate research contexts. In some instances, research topics arise from community-identified priorities or are informed by lived experience and locally articulated environmental concerns. These initiatives reflect meaningful engagement and responsiveness at the level of individual projects or supervisors. However, such engagement does not appear to be coordinated through a centralised institutional process that systematically incorporates community representation into strategic research planning. As a result, community input is uneven and dependent on the orientation of specific researchers or programmes.

Overall, while community-informed research is present and evolving, it remains decentralised and not yet institutionalised as a formal component of research governance. Developing structured mechanisms for community participation, particularly for populations disproportionately impacted by climate and environmental risks, would strengthen equity, relevance, and accountability within Planetary Health research efforts.

2.4. Does your institution have a planetary health website that centralises ongoing and past research related to health and the environment?

There is an **easy-to-use, adequately comprehensive** website that **centralises** various campus resources related to health and the environment including all of the following: upcoming events, leaders in planetary health at your institution, and relevant funding opportunities. (3 points)

There is a website that **attempts to centralise** various campus resources related to health and the environment, but it is hard-to-use, not updated, or not adequately comprehensive. (2 points)

The **institution** has an **Office of Sustainability website** that includes **some** resources related to health and the environment. (1 point)

There is **no** website. (0 points)

Score Assigned:

0

Score explanation:

Respondents indicate that there is no known platform that consolidates information on Planetary Health research outputs, ongoing projects, funding opportunities, events, symposia, or institutional leadership in this domain.

The absence of a unified online portal limits the visibility and coordination of Planetary Health research activities. While research expertise and projects exist across departments, information appears dispersed across individual unit webpages or institutional platforms rather than curated within a single, recognisable Planetary Health hub. This fragmentation may contribute to limited awareness of research activity, particularly within certain divisions.

Overall, while Planetary Health research activity is present, the absence of a centralised research website or digital hub constrains visibility, collaboration, and external engagement. Establishing a dedicated, regularly updated platform to showcase research, funding, leadership, and events would strengthen institutional coherence and enhance UCT's profile in Planetary Health scholarship.

2.5. Has your institution recently hosted a conference or symposium on topics related to planetary health?

Yes, the **institution** has hosted at least one conference or symposium on topics related to planetary health in the past year. (4 points)

Yes, the **institution** has hosted at least one conference or symposium on topics related to sustainable healthcare/vetcare in the past year. (3 points)

Yes, the **institution** has hosted a conference on topics related to planetary health / sustainable healthcare/vetcare in the past three years. (2 points)

The **institution** has not hosted any conferences directly, but they have provided financial support for a local planetary health event. (1 point)

No, the **institution** has not hosted a conference on topics related to planetary health in the past three years. (0 points)

Score Assigned:

Score explanation:

Interview responses indicate uncertainty regarding the recent hosting of Planetary Health-focused conferences or symposia by the university. Respondents were not aware of any dedicated Planetary Health conferences or formal symposia held within the recent reporting period, and were unable to confirm whether such events had occurred.

This lack of awareness may reflect either limited recent activity specifically branded under Planetary Health, or insufficient dissemination and visibility of relevant events across academic and institutional units. It is possible that conferences addressing related themes such as Environmental

Health, Climate Change, or sustainability have taken place; however, these do not appear to have been widely recognised as Planetary Health-specific events within the Faculty of Health Sciences.

Overall, there is no clear evidence of regular, centrally coordinated Planetary Health conferences or symposia during the reporting period. Strengthening the hosting, branding, and communication of interdisciplinary Planetary Health events would enhance scholarly exchange, raise institutional visibility, and foster collaboration across divisions.

*** No score was allocated for Question 2.5. Respondents indicated uncertainty as to whether the university had formally hosted a conference or symposium focused on Planetary Health-related topics. In the absence of verifiable information from the respondents, this question was not allocated a score.**

2.6. Is your institution a member of a national or international planetary health or ESH/ESV organisation?

Yes, the institution is a member of a national or international planetary health **or** ESH/ESV organisation. (1 points)

No, the institution is **not** a member of such an organisation. (0 points)

Score Assigned:

--- *

Score explanation:

Interview responses indicate uncertainty regarding the university's formal membership to national or international Planetary Health or Sustainable Healthcare organisations. Respondents were not aware of any explicitly designated institutional memberships in Planetary Health-specific networks within the faculty context.

This uncertainty may reflect either the absence of formal affiliation or limited communication and visibility of such memberships across divisions. While the university may participate in broader sustainability networks or global frameworks, membership in organisations explicitly focused on Planetary Health or Sustainable Healthcare is not widely recognised.

Overall, there is no clearly identified, faculty-level membership in national or international Planetary Health organisations within the reporting period. Enhancing transparency and communication around existing affiliations, or pursuing formal membership in recognised Planetary Health networks, could strengthen institutional visibility, collaboration, and alignment with global sustainability initiatives.

*** No score was allocated for Question 2.6. Respondents indicated uncertainty as to whether the university holds institutional membership to national or international Planetary Health organisations. In the absence of verifiable information from the respondents, this question was not allocated a score.**

Section Total (5 out of 17)

29.41%

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Interviewee Feedback - Interdisciplinary Research

Interviewee feedback suggests that while interest in advancing interdisciplinary Planetary Health research has emerged within the university, sustained coordination and follow-through may be limited. One respondent recalled an initiative within an educational leadership fellowship several years ago in which a researcher expressed interest in developing a Planetary Health-focused sphere of practice and invited participation from multiple disciplines. This effort appeared to signal early momentum toward forming an interdisciplinary research group.

However, the initiative did not appear to progress into a sustained or formally structured collaboration. The respondent indicated that despite initial expressions of interest from faculty members across disciplines, subsequent communication or coordination did not materialise, and the initiative may have lost momentum. The timeframe referenced (approximately 2022 to 2025) suggests that while conversations have begun, consolidation into an enduring interdisciplinary platform has been slow.

This feedback reflects a broader theme within the Interdisciplinary Research section. Planetary Health research expertise exists and interest is present, but formal structures to coordinate, sustain, and communicate interdisciplinary collaboration are limited. Momentum appears dependent on individual champions rather than embedded within institutional systems. Overall, interviewee feedback underscores the need for stronger coordination mechanisms, sustained leadership, and formalised interdisciplinary platforms to translate initial interest into structured, long-term Planetary Health research collaboration.

Community Outreach and Advocacy

Section Overview: This section evaluates a school’s engagement in community outreach and advocacy efforts associated with Planetary Health. Researching and teaching Planetary Health is necessary but not sufficient. It is critical that institutions also directly engage with communities most affected by Environmental Health harms. Although Climate Change is a problem largely created by those with power and resources, its impacts fall disproportionately on under-resourced populations and communities of colour. Institutions should partner with local communities affected by Climate Change and pollution to share information about Environmental Health threats, advocate together for change, and provide opportunities for students to be a part of this work.

3.1. Does your <u>institution</u> partner with community organisations to promote planetary and environmental health?	
Yes, the institution meaningfully partners with multiple community organisations to promote planetary and environmental health. (3 points)	
Yes, the institution meaningfully partners with one community organisation to promote planetary and environmental health. (2 points)	
The institution does not partner with community organisations, but participates in community focused events relating to planetary health. (1 point)	
No, there is no such meaningful community partnership. (0 points)	
Score Assigned:	2
<i>Score explanation:</i>	
<p>The institution demonstrates meaningful engagement with community organisations to promote health and well-being across some clinics and communities. Established partnerships, most notably through the Students’ Health and Welfare Centres Organisation (SHAWCO), play a central role in community-based service delivery, health promotion, and student engagement. Additional collaborations include: (1) Environmental Humanities South (EHS) initiatives; (2) community-engaged research coordinated through FaCE site facilitators, who work closely with communities to identify locally relevant research priorities (including those related to climate and environmental concerns); and (3) institutional-level (corporate/executive) sustainability partnerships focused on reducing the university’s environmental footprint.</p> <p>These partnerships reflect a strong and sustained commitment to community engagement. Respondents noted that partnerships with community organisations are common, particularly in relation to Public Health promotion, disease prevention, and community-based health education. However, they are generally framed around broader Public Health and social responsiveness objectives rather than being explicitly centred on Planetary Health. In many instances, environmental and climate-related themes are incorporated within community activities, but they are not typically the primary focus of institutional-community partnerships.</p> <p>There are emerging examples of more explicit engagement with Planetary Health topics. One respondent described a health promotion initiative in which a dedicated team delivered community talks on Planetary Health and its implications for individual and community well-being. These</p>	

sessions were conducted periodically within selected communities, highlighting the connections between environmental change, health outcomes, and everyday life. While these efforts represent a positive step toward community-based Planetary Health engagement, they currently appear limited in scale and frequency.

Overall, the institution demonstrates meaningful engagement with community organisations around health promotion and community well-being. However, explicit integration of Planetary Health within these partnerships remains limited and somewhat informal. Strengthening the environmental framing of existing outreach activities and expanding Planetary Health-focused engagement across a broader range of communities could further enhance the impact of these collaborations.

Compared to the PHRC 2022–2023, the institution demonstrates incremental progress in embedding environmental and sustainability themes within existing community partnerships. While a gap remains in explicitly branded Planetary Health collaborations, the 2025 report reflects broader and more active engagement with environmental dimensions of health than previously documented.

3.2. Does your institution offer community-facing courses or events regarding planetary health?

The **institution** offers community-facing courses or events at least once every year. (3 points)

The **institution** offers courses or events open to the community at least once per year, but they are not primarily created for a community audience. (2 points)

The **institution** has promoted community-facing courses or events, but was not involved in planning those courses or events. (1 point)

The **institution** has not offered such community-facing courses or events. (0 points)

Score Assigned:

1

Score explanation:

Overall responses indicate that community-facing courses or events specifically dedicated to Planetary Health are inconsistent and not systematically embedded at faculty level. While some institutional initiatives such as the annual [Summer School programme](#) and sustainability-related events incorporate environmental or climate-related content, these are not consistently structured as dedicated Planetary Health outreach programmes. In addition, they are not always explicitly designed for, or targeted toward, underserved or climate-vulnerable communities.

In many instances, the institution’s role is described as promotional or supportive of student-led initiatives rather than as the primary organiser of structured community-facing Planetary Health programming. As a result, engagement in this area appears largely ad hoc or driven by individual champions and student interest, rather than guided by a coordinated, faculty-level strategy. Overall, while community-facing activities that include environmental themes do occur, explicitly branded and consistently delivered Planetary Health outreach initiatives remain limited.

Compared to the PHRC 2022–2023, there has been modest development from a position of no identifiable activity to the presence of occasional community-facing events that include environmental content. Nonetheless, structured, recurring, faculty-coordinated Planetary Health

outreach programming remains underdeveloped, and further consolidation and strategic alignment would be required to demonstrate substantial advancement in this domain.

3.3. Does your institution have regular coverage of issues related to planetary health and/or sustainable healthcare in university update communications?

Yes, all students **regularly** receive communication updates dedicated to planetary health and/or sustainable healthcare. (2 points)

Yes, planetary health and/or sustainable healthcare topics are regularly included in communication updates to **some courses**. (1 point)

Students **do not** receive communications about planetary health or sustainable healthcare. (0 points)

Score Assigned:

1

Score explanation:

Overall responses indicate that institutional communication regarding Planetary Health and Sustainable Healthcare is limited and inconsistent. While Climate Change and Environmental Health topics occasionally appear in university-wide communications, these are not consistently framed or branded under a dedicated “Planetary Health” or “Sustainable Healthcare” banner.

Several respondents acknowledged periodic visibility of environmental or climate-related topics within broader institutional updates; however, others reported limited visibility/awareness of such communication or uncertainty regarding whether regular updates exist or its frequency. There is no clearly identifiable, sustained communication stream that is focused specifically on Planetary Health within the university.

Importantly, feedback highlighted a limitation of the reporting instrument itself. Respondents noted that the available response options do not adequately capture the reality of intermittent or emerging communication efforts. The instrument appears to present a binary choice (i.e., presence or absence of coverage), without accommodating a middle category such as “sporadic” coverage. This creates potential ceiling and floor effects and may limit the ability to reflect incremental progress or small improvements in communication practices over time.

Overall, while environmental and sustainability themes are present in institutional communications at times, coverage is sporadic and lacks consistent branding and visibility. A more structured and recognisable communication strategy would strengthen awareness and engagement around Planetary Health initiatives across academic and institutional units.

Compared to the PHRC 2022–2023, there appears to be modest expansion in the scope of sustainability-related communication, with occasional inclusion of broader Climate and Environmental Health themes. However, the frequency and branding of such communication remain inconsistent. The overall characterisation of communication efforts has therefore shifted from “occasional sustainability messaging” to “sporadic coverage of sustainability and Climate Health topics,” without yet achieving structured, regular, or strategically branded Planetary Health communication.

3.4. Does the institution or main affiliated hospital trust engage in professional education

activities targeting individuals' post-graduation with the aim of ensuring their knowledge and skills in planetary health and sustainable healthcare remain up to date during their professional career?

Yes, the **institution** or **main affiliated hospital trust** offers multiple in-person or online courses relating to planetary health and/or sustainable healthcare for post-graduate providers, including at least one with a primary focus of planetary health. (2 points)

Yes, the **institution** or **main affiliated hospital trust** offers one course relating to planetary health and/or sustainable healthcare for post-graduate providers. (1 point)

There are **no** such accessible courses for post-graduate providers. (0 points)

Score Assigned:

1

Score explanation:

Structured post-graduate professional education programmes specifically focused on Planetary Health or Sustainable Healthcare are limited. Across divisions, most respondents were not aware of formal Continuing Professional Development (CPD) offerings dedicated to Climate Health, Environmental Sustainability in Healthcare, or Planetary Health practice.

While isolated sustainability-related short courses were identified, such as programmes addressing energy efficiency or broader environmental sustainability, these are not consistently healthcare-focused, nor are they clearly positioned as part of a coordinated Planetary Health professional education pathway. Awareness of such offerings is variable, suggesting limited visibility or integration within faculty-level professional development structures.

Overall, post-graduate professional education in Planetary Health appears underdeveloped and inconsistently accessible. There is currently no clearly defined, healthcare-specific Planetary Health CPD framework for graduates or affiliated healthcare providers. Strengthening structured, accredited professional education in this domain would enhance capacity-building and support the translation of Planetary Health principles into clinical and health system practice.

Compared to the PHRC 2022–2023, where structured postgraduate programmes and electives incorporating Planetary Health concepts were clearly documented, the 2025 findings suggest a visibility and framing gap rather than a complete absence of relevant content. While Public Health programmes continue to include Environmental and Climate Health components, these are not consistently recognised institution-wide as part of a coherent Planetary Health professional education strategy.

The shift from clearly articulated postgraduate Environmental Health offerings (2022–2023) to limited cross-divisional awareness in 2025 indicates that Planetary Health education may remain concentrated within specific academic tracks rather than integrated into a broader, faculty-wide professional development framework. Strengthening institutional visibility, branding, and coordination of existing offerings could significantly enhance recognition and impact in this domain.

Listed below are a few of the programmes and courses that include Sustainable Healthcare, and/or Planetary-, Environmental- and Climate Health components:

- [Master of Public Health \(MPH\)](#):

- * Climate Change, Pollution and Health (PPH7097S)
- * Environmental Health Policy (PPH7098F)
- * Children’s Environmental Health (PPH7099S)
- [Masters in Climate Change & Development:](#)
 - * Introduction to Climate Change and Sustainable Development (EGS5031F)
 - * Climate Change Adaptation and Mitigation (EGS5032S)
- [MPhil Degree in Environment, Society and Sustainability \(ESS\)](#)
- [Postgraduate Diploma in Health Economics](#)
- [The Meat of the Matter - Food, Gender, and Planetary Health \(ANS5419FS\)](#)
- [Energy Efficiency and Sustainability](#)

3.5. Does your <u>institution</u> or its <u>affiliated teaching hospitals</u> have accessible educational materials for patients about environmental health exposures?	
Yes, the institution or all affiliated hospitals have accessible educational materials for patients. (2 points)	
Some affiliated hospitals have accessible educational materials for patients. (1 point)	
No affiliated medical centres have accessible educational materials for patients. (0 points)	
Score Assigned:	1
<p>Score explanation:</p> <p>Interview responses indicate variability in the availability and visibility of patient-facing educational materials addressing Environmental Health exposures. While respondents did not always actively search for such materials, there was a general perception that dedicated resources focusing specifically on Environmental Health exposures are limited within routine patient education environments.</p> <p>In some affiliated hospitals and clinic settings, certain seasonal-, context- or condition-specific health promotion materials address environmental exposures indirectly. For example, pamphlets and posters may warn patients about excessive sun/heat exposure, sun protection, and skin cancer risk during summer months, or provide guidance on hydration and heat-related illness. Similarly, respiratory clinics may provide patient education related to air quality and respiratory conditions, and paediatric services, such as those at Red Cross War Memorial Children’s Hospital, may distribute materials on water hygiene and safe water sourcing during diarrhoeal disease seasons. These materials reflect an Environmental Health dimension, though they are typically framed around specific clinical risks rather than broader Planetary Health concepts.</p> <p>Student-led outreach programmes also contribute to patient education in this area. For example, SHAWCO maintains an online repository of health promotion materials, including past educational posters related to Planetary Health. These resources are available through a shared online platform,</p>	

allowing volunteers and community members to access and disseminate materials where needed. In addition, some health promotion initiatives have utilised digital communication platforms, such as WhatsApp groups, to share educational content and updates with community members, including information on Environmental Health and Planetary Health topics discussed during outreach activities.

Despite these examples, respondents noted that Environmental Health-specific educational materials are not consistently distributed and available across all healthcare settings (affiliated hospitals or clinical sites), and that in-person Environmental Health promotion activities appear limited; while others indicated that such content may be embedded within broader health education resources rather than explicitly framed as Environmental Health messaging, and visibility may depend on individual departments or initiatives.

Overall, while patient educational materials addressing environmental exposures are present in certain contexts (often embedded within broader health promotion efforts), provision is uneven and not systematically coordinated across all clinical settings. Expanding and standardising access to such materials across clinical and community settings could strengthen patient awareness and preventive care in this domain.

Compared to the PHRC 2022–2023, there appears to be incremental expansion from predominantly student-led, community-based health promotion to the inclusion of some hospital-based educational materials addressing environmental risk factors. Nevertheless, delivery remains uneven and largely decentralised. Continued reliance on student platforms, combined with limited standardisation across clinical sites, suggests that while progress has been made, a coordinated institutional strategy for Environmental Health patient education is not yet fully established.

3.6. Does your institution or its affiliated teaching hospitals have accessible educational materials for patients about the health impacts of climate change?

Yes, the **institution** or **all affiliated hospitals** have accessible educational materials for patients. (2 points)

Some affiliated hospitals have accessible educational materials for patients. (1 point)

No affiliated hospitals have accessible educational materials for patients. (0 points)

Score Assigned:

1

Score explanation:

While patient-facing educational materials on the health impacts of Climate Change are not uniformly available across all affiliated hospitals and clinical settings, student-led initiatives help supplement outreach by disseminating relevant Climate and Environmental Health resources. Where educational materials are available, they tend to address specific, context-relevant environmental risk factors, and are often incorporated into seasonal campaigns or clinic-based health promotion activities, rather than presenting Climate Change as a broader health systems or population health issue.

Some respondents indicated that educational initiatives have addressed the broader health implications of Climate Change, including its effects on physical well-being and community health. In these instances, educational materials and talks have highlighted how environmental change can influence multiple aspects of health, emphasising the interconnected relationship between

environmental conditions and human well-being. These efforts suggest emerging awareness of the importance of communicating climate-related health risks to communities.

Individuals working more closely with health system management rather than direct patient care indicated uncertainty about whether such materials are routinely distributed to patients. Nevertheless, it was noted that provincial health initiatives, such as provincial health awareness campaigns, often include educational pamphlets and information materials that may address climate-related health issues indirectly. In addition, broader professional and institutional initiatives, including activities linked to environmental sustainability programmes and health conferences (e.g. [Public Health Association of South Africa](#) and [World Congress on Public Health 2026](#) conferences), demonstrate growing engagement with Climate and Environmental Health themes.

Institutional participation in sustainability-focused initiatives (such as “Green Hospital” programmes under the [Global Green and Healthy Hospitals](#) framework) aimed at reducing water and electricity consumption and promoting environmentally responsible healthcare infrastructure, also reflects increasing institutional commitment to climate-related health considerations. While these initiatives primarily target operational sustainability, respondents suggested that they may also be accompanied by educational messaging directed at patients and the broader community.

Overall, patient educational materials on the health impacts of Climate Change appear to exist in some contexts, though they are not consistently visible or systematically integrated across all healthcare facilities. Where they are present, they are often embedded within broader health promotion or environmental awareness initiatives rather than delivered as dedicated Planetary Health educational campaigns. Strengthening the visibility, accessibility, and consistency of Climate Health educational materials across clinical and community outreach settings would further enhance public awareness of the health impacts of Climate Change, and support preventive and adaptive health behaviours.

Compared to the PHRC 2022–2023, there has been incremental advancement from no direct reference to Climate Change in patient materials to the presence of resources addressing specific climate-sensitive health risks. Nonetheless, explicit, consistently branded Climate Health education for patients remains limited. Further development of standardised materials that directly link Climate Change to health outcomes would strengthen institutional alignment with Planetary Health objectives and enhance patient awareness.

Section Total (7 out of 14)	50.00%
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Interviewee Feedback - Community Outreach and Advocacy

Interviewee feedback highlighted important contextual and ethical considerations in advancing Planetary Health within community outreach and clinical practice. Respondents emphasised that in many communities, particularly those facing poverty, food insecurity, water scarcity, disability, or limited access to services, immediate survival needs understandably take precedence over broader Planetary Health messaging. In such contexts, individuals may have limited agency to modify environmental exposures or adopt recommended changes, making Climate Health education alone insufficient.

Respondents noted that meaningful change is more likely to occur through collaborative, community-based engagement rather than one-on-one clinical interactions. When working in community settings, there may be greater opportunity to raise awareness about Climate Change, environmental risks, and adaptive strategies in ways that are locally relevant and participatory. By contrast, in acute hospital settings, where patients are often managing urgent health concerns and may not feel fully understood or supported, introducing broader Climate Health discussions may be less appropriate or impactful.

Respondents also highlighted structural and systemic constraints. For example, rural water shortages may require individuals, particularly those with chronic illness or disability, to carry water long distances, limiting feasible behavioural change. Similarly, pesticide use in agricultural communities reflects economic realities that cannot be altered through individual counselling alone. Respondents underscored that addressing such issues requires coordinated, large-scale interventions at community, institutional, or policy levels rather than relying solely on individual-level education.

At the same time, respondents affirmed the importance of providing patients with relevant information about environmental risks when these pose direct threats to health. However, they cautioned that health promotion efforts must remain sensitive to issues of choice, privilege, and structural limitation.

Overall, interviewee feedback reinforces the need for Planetary Health outreach strategies that are context-sensitive, equity-oriented, and grounded in community collaboration. Effective advocacy and education in this domain require structural approaches that extend beyond individual clinical encounters to broader community and policy-level initiatives.

Support for Student-Led Planetary Health Initiatives

Section Overview: *This section evaluates institutional support for student-led Planetary Health initiatives, such as funding, fellowships, programming, and student groups. Planetary health is a young field and, as young people facing a future deeply shaped by Climate Change, students are often some of the first at an institution to engage with it. Institutions should provide support for students to engage in sustainability quality improvement (QI) initiatives, discover mentors in their area of interest, and receive funding for planetary health projects.*

4.1. Does your **institution** offer support for students interested in enacting a sustainability initiative/QI project?

Yes, the **institution** *either* offers grants for students to enact sustainability initiatives/QI projects *or* sustainability QI projects are part of the core curriculum. (2 points)

The **institution** encourages sustainability QI projects (to fulfil clerkship or longitudinal requirements) and offers resources to help students succeed in these projects, **but** there is no student funding available and there is no requirement to participate. (1 point)

No, the institution does not offer opportunities or support for sustainability initiatives or QI projects. (0 points)

Score Assigned:

1

Score explanation:

Institutional support for student-led sustainability and Planetary Health initiatives is present but largely informal and non-financial. Students interested in sustainability or quality improvement (QI) projects may receive encouragement from faculty members, access to academic mentors, and guidance from experienced staff within Public Health and sustainability-related fields. In some cases, student initiatives are promoted through faculty newsletters, departmental communications, or social media platforms, reflecting goodwill and recognition of student efforts.

However, there is currently no dedicated funding stream, grant mechanism, or formal programme structure specifically supporting student-led Planetary Health or sustainability initiatives; nor is there a curricular requirement that systematically embeds sustainability-focused QI projects within academic programmes. Financial support was consistently identified as limited or absent, and structured institutional backing varies across divisions. Overall, support for student sustainability initiatives appears to depend largely on individual faculty champions and student initiative rather than on formalised, faculty-wide mechanisms. While mentorship and encouragement are available, the absence of dedicated funding and structured programme support limits the scalability and sustainability of student-led Planetary Health engagement. Strengthening institutional investment and formal support pathways would enhance continuity, equity of access, and long-term impact in this domain.

Compared to the PHRC 2022–2023, the 2025 findings reflect continued limited structural support, with a stronger reliance on informal mentorship and student initiative rather than clearly defined curricular electives or programme-linked sustainability pathways. While student engagement remains active, institutional mechanisms to embed and scale sustainability-focused QI initiatives do not appear to have expanded substantially. Strengthening formal curricular integration and

providing dedicated funding would represent a significant advancement beyond both reporting cycles.

4.2. Does your institution offer opportunities for students to do research related to planetary health and/or sustainable healthcare/vetcare?

The **institution** has a **specific** research program or fellowship for students interested in doing planetary health/sustainable healthcare/vetcare research. (2 points)

There are research opportunities for students to perform research related to planetary health/sustainable healthcare, but these **require student initiative** to seek these out and carry them out in their spare time. (1 point)

There are **no opportunities** for students to engage in planetary health/sustainable healthcare research. (0 points)

Score Assigned:

1

Score explanation:

Opportunities for student research related to Planetary Health and Sustainable Healthcare are available, but they are not centrally coordinated and typically require proactive student engagement. Certain academic streams, particularly within Public Health and related disciplines, offer pathways through which students may undertake research projects that intersect with Climate Change, Environmental Health, or sustainability themes.

In addition, student-led platforms such as SHAWCO (and their SLRI initiative) provide avenues for research engagement, including access to community sites, supervision, and mentorship. These initiatives create valuable opportunities for students to explore applied, community-informed research questions related to environmental and social determinants of health.

However, there is no clearly defined, institution-wide Planetary Health research fellowship, structured research track, or formal programme specifically designed to support student researchers in this domain. Research engagement appears to be driven by individual initiative, mentorship availability, and alignment with existing programmes rather than through a coordinated institutional framework. Overall, while meaningful research opportunities exist, the absence of a dedicated, visible Planetary Health research pathway limits coherence and accessibility. Establishing structured research programmes or fellowships could strengthen institutional capacity-building and support sustained student engagement in Planetary Health scholarship.

Compared to the PHRC 2022–2023, there appears to be incremental expansion in the range of informal and programme-based research opportunities, particularly through Public Health and community engagement platforms. Nonetheless, the core structural limitation remains unchanged: Planetary Health research engagement is optional, decentralised, and dependent on student initiative. While research capacity exists, the absence of a formalised, visible institutional pathway continues to constrain scalability and uptake. Establishing a coordinated research track or fellowship would represent a meaningful advancement beyond both reporting cycles.

4.3. Does the institution have a webpage where students can find specific information related to planetary health and/or sustainable healthcare/vetcare activities and mentors within the institution? For example, projects achieved, current initiatives underway at the medical

school and/or contact of information of potential mentors.

The institution has a webpage with specific information related to planetary health or sustainable healthcare/vetcare that includes up-to-date information on relevant initiatives and contact information of potential mentors. (2 points)

There is an institution webpage that features some information on projects and mentors within planetary health and sustainable healthcare within the institution, but it lacks key information. (1 point)

There is **no institution** specific webpage for locating planetary health and/or sustainable healthcare projects or mentors. (0 points)

Score Assigned:

1

Score explanation:

Online resources related to Planetary Health projects and mentorship do exist; however, their visibility, accessibility, and comprehensiveness are variable. Platforms such as the [Planetary Health Report Card](#) (PHRC), [Climate Change and Health](#), and [SHAWCO](#) webpages provide information on ongoing initiatives, student involvement opportunities, or, in some cases, potential mentors. These platforms serve as important entry points for students seeking engagement in Planetary Health activities.

Despite this, respondents raised concerns regarding the ease of navigation, centralisation, and regular updating of content. Information appears dispersed across multiple platforms rather than consolidated within a single, clearly identifiable faculty-level webpage dedicated to Planetary Health projects and mentorship. As a result, access to opportunities may depend on prior exposure through lectures, informal networks, or personal involvement rather than through a consistently accessible institutional portal. Overall, while online platforms and student organisations provide partial visibility of Planetary Health initiatives, there is no comprehensive, centralised, and consistently maintained webpage that aggregates projects, mentors, and engagement pathways. Establishing a dedicated and regularly updated portal would enhance transparency, accessibility, and student participation in Planetary Health research and activities.

Compared to the PHRC 2022–2023, there has been moderate improvement in the presence of online Planetary Health content, particularly through student and programme-based platforms. Nevertheless, the core recommendation remains similar: online resources require consolidation, regular updating, clearer branding, and stronger promotion to ensure equitable access. Establishing a centralised, faculty-level Planetary Health webpage would significantly enhance transparency, coordination, and student engagement.

4.4. Does your institution have registered student groups dedicated towards fostering a culture of planetary health engagement, scholarship, and advocacy on campus, supported by faculty advisors?

Yes, there is a student organisation **with faculty support** at my institution dedicated to planetary health or sustainability in healthcare. (2 points)

Yes, there is a student organisation at my institution dedicated to planetary health or sustainability in healthcare but it **lacks faculty support**. (1 point)

No, there is **not** a student organisation at my institution dedicated to planetary health or sustainability in healthcare. (0 points)

Score Assigned:

2

Score explanation:

Registered student organisations dedicated to Planetary Health and sustainability are active in certain divisions, though presence and visibility vary across the faculty. Examples include groups such as the Planetary Health Report Card (PHRC) team and the [Physicians Association for Nutrition](#) (PAN), which are formally recognised student organisations. These groups reportedly receive standard institutional support afforded to registered societies, including access to venues, communication channels, and faculty mentorship.

Overall, student engagement in Planetary Health is active and driven by motivated individuals and supportive faculty champions. Nevertheless, it remains decentralised rather than guided by a coordinated, faculty-wide strategy. Strengthening cross-divisional visibility and fostering institutional alignment among existing student groups could enhance cohesion, continuity, and broader participation in Planetary Health initiatives.

Compared to the PHRC 2022–2023, there has been clear progress in the development and visibility of faculty-aligned Planetary Health student groups, moving beyond reliance on broader campus initiatives such as the [Green Campus Initiative](#) (GCI). Student engagement is now more directly connected to health sciences contexts and Planetary Health themes. Nevertheless, activity remains decentralised, and sustained cross-divisional coordination would further strengthen continuity and impact across the Faculty.

4.5. Is there a student liaison representing sustainability interests who serves on a department or institutional decision-making council to advocate for curriculum reform and/or sustainability best practices?

Yes, there is a student representative that serves on a department or institutional decision-making council/committee. (1 points)

No, there is no such student representative. (0 points)

Score Assigned:

1

Score explanation:

Interview responses indicate partial recognition of student representation in institutional decision-making structures related to sustainability and Planetary Health. Some respondents reported that student leaders involved in Planetary Health initiatives have opportunities to raise concerns, contribute to discussions, or engage with faculty leadership within certain committees or forums. In these cases, students appear to have informal influence or voice within faculty spaces.

However, it is not consistently clear whether such students hold formally designated positions on institutional councils or committees specifically representing sustainability or Planetary Health interests. Other respondents reported no awareness of a defined sustainability-focused student liaison role within faculty governance structures. Overall, while student engagement in governance is present to some extent, representation related specifically to Planetary Health appears informal and variable rather than embedded within a clearly defined institutional structure. Formalising

sustainability-focused student liaison roles within relevant decision-making councils could enhance transparency, accountability, and continuity of student advocacy in this domain.

Compared to the PHRC 2022–2023, there has been incremental movement from a complete absence of representation to partial, informal student engagement within governance structures. Nonetheless, the lack of a clearly defined and institutionalised sustainability-focused student liaison role indicates that formal representation remains underdeveloped. Establishing a recognised student position dedicated to Planetary Health within relevant councils would represent a significant advancement in institutional accountability and student partnership.

4.6. In the past year, has the <u>institution</u> had one or more co-curricular planetary health programs or initiatives in the following categories? (1 point each)	Score
Projects where students are able to gain experience in organic agriculture and sustainable food systems, such as gardens, farms, community supported agriculture (CSA), fishery programs, or urban agriculture projects.	0
Panels, speaker series, or similar events related to planetary health that have students as an intended audience.	1
Events in which students learn directly from members of a local environmental justice community about the climate and environmental challenges they face, and how health professionals can partner with their community to address these exposures and impacts.	1
Cultural arts events, installations or performances related to planetary health that have students as an intended audience.	0
Local volunteer opportunities related to building community resilience to anthropogenic environmental impacts.	1
Wilderness or outdoors programs (e.g., that organise hiking, backpacking, kayaking, or other outings for students).	1
<p>Score explanation:</p> <p>Variability was identified in the availability and visibility of co-curricular Planetary Health programmes over the past year. In some areas, students have had access to activities such as speaker events and panel discussions on Planetary Health themes, volunteer opportunities through platforms such as SHAWCO that contribute to community resilience, outdoor or wilderness programmes organised by broader university clubs, and educational initiatives [Special Study Module (SSM) projects] involving community engagement and collaboration with traditional healers.</p> <p>These activities demonstrate active student engagement and exposure to Planetary Health-aligned themes beyond the formal curriculum. However, awareness and availability of such initiatives vary, and participation often depends on student interest and informal networks rather than coordinated faculty-wide programming.</p> <p>There was limited evidence of structured or recurring co-curricular initiatives focused specifically on organic agriculture, sustainable food systems, cultural arts programming, or formal Environmental Justice education. Some respondents reported no identifiable co-curricular Planetary Health activities in the past year. Overall, while co-curricular Planetary Health engagement is</p>	

present and includes meaningful opportunities in certain contexts, programming remains decentralised and inconsistent across divisions.

Compared to the PHRC 2022–2023, there has been incremental broadening of co-curricular Planetary Health engagement, moving from primarily outdoor recreational activities to include educational events, volunteerism, and community-oriented initiatives. Nonetheless, programming remains inconsistent and not yet embedded within a coordinated, faculty-wide co-curricular strategy. Continued expansion and formalisation of thematic programming would strengthen sustainability and student participation across the university.

Section Total (10 out of 15)

66.67%

Back to Summary Page [here](#)

Interviewee Feedback – Support for Student-Led Planetary Health Initiatives

Interviewee feedback emphasised the need for greater financial and structural support to strengthen student-led Planetary Health initiatives. A recurrent theme was the importance of dedicated funding. Respondents noted that even relatively modest financial resources, such as grants for transport, printing, venue costs, and refreshments, could significantly increase student participation and sustainability of initiatives. The absence of earmarked funding was identified as a key constraint, particularly for projects that may not be perceived as immediately essential despite their long-term environmental and health value.

Operational sustainability challenges within student-led clinical and outreach activities were also highlighted. Waste management emerged as a priority concern. Respondents described difficulties in ensuring appropriate segregation between medical and general waste, noting that incorrect disposal increases both financial costs and environmental burden, particularly when non-medical items are incinerated unnecessarily. Efforts are underway to improve student awareness and compliance, but high turnover among volunteers presents continuity challenges. In addition, initiatives to reduce waste through the reuse and sanitisation of certain non-consumable equipment (e.g., otoscope covers, urine containers) were discussed. While such practices aim to minimise unnecessary waste generation, implementation is complex in high-volume, volunteer-driven settings where adherence to protocols can be inconsistent.

Transport-related environmental impacts were also identified as an area for reflection. Student outreach programmes often travel to distant community sites to provide valuable services; however, the associated fuel use and carbon footprint raise concerns. Respondents suggested exploring more sustainable travel options or strategically balancing service delivery between distant and closer communities to reduce environmental impact while maintaining community engagement.

Overall, interviewee feedback underscores that while student commitment to Planetary Health is strong, practical constraints, particularly financial resources, waste management systems, and transport logistics, limit the full realisation of sustainability goals. Addressing these operational and funding challenges would enhance both the environmental performance and long-term viability of student-led initiatives.

Campus Sustainability

Section Overview: *This section evaluates the support and engagement in sustainability initiatives by the institution. The healthcare industry is a major contributor to greenhouse gas emissions as well as pollution that harms local, regional, and global ecosystems. While healthcare is, by nature, a resource-intensive endeavour, the healthcare sector is well poised to lead the world to a more sustainable future. This will involve scrutinising every aspect of how our systems operate, from where we source our energy, to how we build our infrastructure, to what companies we invest in. Our institutions, clinics, and hospitals must set the standard for sustainable practices, and show other sectors what is possible when it comes to minimising environmental impact.*

5.1. Does your institution have an Office of Sustainability?

Yes, there is an Office of Sustainability with multiple full-time staff dedicated to campus sustainability. If the Office of Sustainability serves the entire campus, there is **at least one designated staff member** for sustainability at the hospital. (3 points)

There is an Office of Sustainability with one or more full-time staff dedicated to campus sustainability, but **no specific staff member** in charge of hospital sustainability. (2 points)

There are **no salaried sustainability staff**, but there is a sustainability task force or committee. (1 point)

There are **no** staff members **or** task force responsible for overseeing campus sustainability. (0 points)

Score Assigned:

3

Score explanation:

Respondents affirmed that UCT maintains an established Office of Sustainability, led by the [Director of Environmental Sustainability](#), which provides formal governance and strategic oversight of sustainability initiatives. The Office works in collaboration with Properties and Services and engages with academic departments to advance environmental objectives, including carbon reduction planning and broader [institutional sustainability goals](#).

One respondent further noted the ongoing development of small “green” teams and individual champions within their institute [Institute of Infectious Disease and Molecular Medicine (IDM)], aimed at strengthening environmental initiatives, advancing the environmental agenda and reducing the environmental footprint of the institute.

Overall, the institution demonstrates clear structural commitment to sustainability through an established Office and formal governance mechanisms.

5.2. How ambitious is your institution's plan to reduce its own carbon footprint?

The institution has a **written and approved plan** to achieve carbon neutrality by **2030**. (5 points)

The institution has a **written and approved plan** to achieve carbon neutrality by **2040**. (3 points)

The institution has a stated goal of carbon neutrality by **2040** but has **not created a plan** to reach that goal or the **plan is inadequate**. (1 point)

The institution does **not** meet any of the requirements listed above. (0 points)

Score Assigned:

2 *

Score explanation:

The institution has articulated a formal commitment to carbon reduction and long-term carbon neutrality, aligned with broader institutional sustainability strategies. Respondents referenced a written and approved carbon neutrality plan, with timelines aiming for achievement by 2050 or sooner. Some also highlighted more ambitious interim targets (e.g., 2030) and alignment with university-wide frameworks such as the Khusela Ikamva Sustainable Campus Project.

Respondents consistently recognised the presence of a formal sustainability governance structure supporting carbon planning; however, perceptions of implementation and operational activation varied across campuses and divisions. Some respondents observed a disconnect between stated institutional strategy and visible on-the-ground change, particularly within the Faculty of Health Sciences and hospital-linked environments, where infrastructure, service demands, and legacy systems may present additional constraints. Overall, the institution demonstrates clear strategic intent and formal planning toward carbon neutrality. Nevertheless, uneven implementation across sites suggests that further operationalisation, transparent progress reporting, and campus-specific integration, especially within the Faculty of Health Sciences environment, will be critical to achieving stated targets and ensuring consistent institutional impact.

Compared to the PHRC 2022–2023, the institutional carbon neutrality commitment remains firmly established and strategically aligned. Awareness of sustainability governance appears broader in 2025, and carbon planning is recognised as part of formal institutional strategy; however, similar challenges persist regarding operational detail, campus-level integration, particularly within the Faculty of Health Sciences, and translation of long-term goals into clearly visible, measurable progress. Thus, progress can be characterised as strategically stable with incremental gains in visibility, but with continued need for enhanced implementation clarity, transparent reporting, and faculty-level integration to demonstrate tangible advancement toward carbon neutrality.

Listed below are a few of the UCT approved plans and projects that are being implemented in order to achieve the goal of carbon neutrality:

- [UCT Environmental Sustainability Strategy](#)
- [UCT Sustainable Water Management Strategy](#)
- [University Panel for Responsible Investment](#)
- [UPRI Responsible and Sustainable Investment Policy](#)
- [EBE Vision 2050](#)
- [Khusela Ikamva Sustainable Campus Project](#)
- [Sustainable Science at the Institute of Infectious Disease and Molecular Medicine \(IDM\)](#)
- [IDM and My Green Lab certification](#)

- [Green Precinct and Water Treatment Facility](#)
- [UCT Biodiversity Objectives](#)

*** A score of “2” was allocated for Question 5.2., despite no corresponding 2-point response option provided. While the university has established and approved plans to achieve carbon neutrality, implementation timelines and targets are not uniform and vary across academic and institutional units, ranging between 2030 and 2050.**

5.3. Do buildings/infrastructure used by the institution for teaching (not including the hospital) utilise renewable energy?

Yes, institution buildings are **100%** powered by renewable energy. (3 points)

Institution buildings source **>80%** of energy needs from off-site and/or on-site renewable energy. (2 points)

Institution buildings source **>20%** of energy needs from off-site and/or on-site renewable energy. (1 point)

Institution buildings source **<20%** of energy needs from off-site and/or on-site renewable energy. (0 points)

Score Assigned:

0

Score explanation:

Renewable energy adoption across teaching buildings is progressing but remains limited relative to total campus energy demand. Solar photovoltaic (PV) installations have been implemented in several facilities, including rooftop systems and [energy farm initiatives](#), and additional procurement and expansion plans are underway. These [developments](#) reflect institutional investment in diversifying energy sources and reducing reliance on grid electricity.

However, renewable energy currently accounts for a minority proportion of [overall energy consumption](#). While some respondents estimated that renewable contribution may exceed 20% in certain buildings or contexts, it remains far from majority coverage across the campus as a whole. Teaching buildings, in particular, continue to rely predominantly on conventional energy sources. Overall, the institution demonstrates active movement toward renewable energy integration, with [visible infrastructure projects](#) and expansion planning.

Compared to the PHRC 2022–2023, there has been measurable expansion in renewable energy infrastructure and strategic rollout, moving beyond isolated rooftop installations toward broader implementation. Nonetheless, renewable energy adoption remains in an early-to-intermediate, transitional phase. Although progress is evident, significant scaling will be required to meaningfully reduce the carbon footprint of teaching facilities and meet long-term carbon neutrality goals.

5.4. Are sustainable building practices utilised for new and old buildings on the institution’s campus, with design and construction of new buildings and remodelling of old buildings conforming to a published sustainability rating system or building code/guideline?

Yes, sustainable building practices are utilised for new buildings on the institution's campus and the **majority** of old buildings **have been retrofitted** to be more sustainable. (3 points)

Sustainable building practices are utilised for new buildings on the institution's campus, but most old buildings have **not been retrofitted**. (2 points)

Sustainable building practices are **inadequately or incompletely** implemented for new buildings. (1 point)

Sustainability is **not considered** in the construction of new buildings. (0 points)

Score Assigned:

2

Score explanation:

Sustainable building practices are increasingly embedded in [new construction projects](#). Respondents cited examples such as [green building certifications](#), [six-star rated buildings](#), and compliance with standards such as [My Green Lab](#) within certain research environments. These examples reflect the integration of energy efficiency, environmental performance criteria, and sustainability design principles into newer developments.

However, sustainability performance across the broader built environment is uneven. Many older buildings have not undergone comprehensive retrofitting to meet contemporary sustainability standards. Financial constraints, structural limitations, and heritage considerations were identified as key barriers to large-scale upgrades. In addition, some respondents noted that sustainability criteria may not have been applied as consistently in earlier building projects. Overall, while sustainable design is increasingly standard practice for new construction, legacy infrastructure presents ongoing challenges. Continued investment in retrofitting, infrastructure upgrades, and systematic application of sustainability criteria across all capital projects will be essential to ensure consistent environmental performance across the campus.

Compared to the PHRC 2022–2023, there appears to be improved integration of sustainability criteria in new construction projects, with broader recognition of green building standards and enhanced laboratory compliance initiatives. Nonetheless, the longstanding challenge of upgrading older infrastructure, particularly within the Faculty of Health Sciences, remains largely unchanged. Progress can therefore be characterised as advancing in new developments while constrained in legacy infrastructure, underscoring the need for sustained capital investment and strategic retrofitting plans.

5.5. Has the institution implemented strategies to encourage and provide environmentally-friendly transportation options for students and reduce the environmental impact of commuting?

Yes, the institution has implemented strategies to encourage and provide **environmentally-friendly transportation options** such as safe active transport, public transport, or carpooling and these options are well-utilised by students. Alternatively, the campus location is not amenable to unsustainable forms of transportation by default. (2 points)

The institution has implemented **some** strategies to provide environmentally-friendly transportation options, but the options are **unsatisfactorily** accessible or advertised. (1 point)

The institution has **not** implemented strategies to encourage and provide environmentally-friendly transportation options. (0 points)

Score Assigned:

2

Score explanation:

UCT has implemented several sustainable transportation initiatives, though effectiveness and reach vary across campuses. Institutional measures include the [Jammie Shuttle service](#), encouragement of carpooling, and efforts to improve access to public transport. The shuttle service is widely utilised and reflects institutional support for reducing individual vehicle use and associated emissions. There is also increasing recognition of the role that hybrid work models and digital meeting platforms can play in reducing commuting-related carbon emissions. Expanded use of remote participation for academic and administrative activities has the potential to contribute meaningfully to emission reductions.

In addition to these institutional measures, the university is also engaged in research to advance environmentally sustainable transport solutions to the broader community. An upcoming [collaborative research project](#) between the City of Cape Town's Urban Mobility Directorate and UCT will evaluate the operational performance, impact, and feasibility of electric buses (e-buses) ahead of the roll-out of the City's MyCiTi e-fleet bus service in 2027. This initiative reflects the university's role not only in implementing sustainable transport practices, but also in generating evidence to support broader low-carbon mobility transitions.

However, in some contexts, environmentally friendly transport options are constrained by safety considerations, geographic location, and infrastructure limitations. These factors affect the feasibility of cycling, walking, or relying solely on public transport in certain areas, particularly where campuses are dispersed or hospital-linked. Overall, sustainable transportation initiatives are present and expanding, with evidence of institutional investment in [low-emission transport](#) options.

Compared to the PHRC 2022–2023, there has been measurable advancement from planning to partial implementation. The sustainability of transport infrastructure appears to be evolving in line with earlier strategic commitments. Nonetheless, many of the previously identified barriers, such as safety, infrastructure gaps, and behavioural preferences, remain relevant. Continued expansion of infrastructure investment and development, safety enhancements, behavioural incentives, and integration of transport planning into broader sustainability strategies will be essential to achieve substantial transport-related emission reductions.

5.6. Does your institution have an organics recycling program (compost) and a conventional recycling program (aluminium/paper/plastic/glass)?

Yes, the institution has **both** compost **and** recycling programs accessible to students and faculty. (2 points)

The institution has **either** recycling **or** compost programs accessible to students and faculty, but not both. (1 point)

There is **no** compost or recycling program at the institution. (0 points)

Score Assigned:

2

Score explanation:

Recycling and composting are established components of UCT's campus sustainability strategy and represent an area of relative operational strength. [Conventional recycling infrastructure](#) is widely available across campuses and student residences, with clearly designated bins for paper, plastic, glass, and aluminium. Organic waste management systems are also in place, including [eco-composting initiatives](#), landscaping waste recycling, and elements of closed-loop soil health management.

An eco-composting programme runs throughout the year and forms part of a closed-loop green waste system. Landscaping waste from across the institution is collected, processed centrally, and returned to campus for reuse in gardens and landscaping. The composted material is used to improve soil health, mulch flower beds, and support campus grounds maintenance. This circular model and the above initiatives demonstrate institutional commitment to waste reduction while reinvesting processed materials back into the campus environment.

On the Health Sciences campus, recycling stations are positioned both inside buildings and throughout the broader campus footprint, mirroring systems in student residences to ensure accessibility for students and staff. Respondents emphasised that infrastructure alone is insufficient; sustained awareness campaigns and ongoing education are required to maintain effective participation. Raising awareness is described as a continuous process that must be revisited throughout the academic year to reinforce correct waste segregation practices.

However, effectiveness and consistency vary across campuses and institutes. Some respondents noted challenges related to awareness, consistency, behavioural compliance, waste contamination and appropriate waste segregation. In certain areas, composting remains less developed or exploratory, and monitoring of waste practices may not be uniformly applied. Overall, recycling and composting infrastructure is well established and demonstrates institutional commitment to waste reduction. Continued emphasis on education, compliance monitoring, and expansion of composting initiatives will be important to ensure consistent implementation and maximise environmental impact across all campuses.

Compared to the PHRC 2022–2023, there has been notable strengthening and formalisation of recycling and composting systems, particularly in terms of infrastructure distribution, paper segregation systems, and integration into laboratory sustainability standards. While behavioural compliance and contamination remain challenges, as previously reported, the institutional framework appears more mature and structured. The shift from low initial success rates and reliance on offsite sorting toward expanded infrastructure and closed-loop management indicates measurable operational progress, though continued emphasis on education and monitoring remains essential.

5.7. Does the institution apply sustainability criteria when making decisions about the campus food and beverage selections (e.g. local sourcing, reduced meat, decreased plastic packaging)?

Yes, the institution has **adequate** sustainability requirements for food and beverages, including meat-free days or no red-meat, and **is engaged** in efforts to increase food and beverage sustainability. (3 points)

There are sustainability guidelines for food and beverages, but they are **insufficient or optional**. The institution **is engaged** in efforts to increase food and beverage sustainability. (2 points)

There are sustainability guidelines for food and beverages, but they are **insufficient or optional**. The institution is **not** engaged in efforts to increase food and beverage sustainability. (1 point)

There are **no** sustainability guidelines for food and beverages. (0 points)

Score Assigned:

2

Score explanation:

Sustainable food and beverage policies are present at institutional level, with sustainability criteria increasingly incorporated into procurement and catering decisions. Reported measures include the promotion of carbon-conscious catering, local sourcing of produce, expanded vegetarian and plant-based options, use of reusable cups and serviceware, and green vendor screening within procurement processes. In the IDM, strong catering guidelines have been proactively implemented, reflecting alignment with broader institutional sustainability goals. Interviewee feedback highlighted proactive measures implemented within the IDM. For events hosted internally, a transition has been made to “carbon-friendly catering” practices. This includes prioritising vegetarian catering wherever possible, particularly for smaller events, and restricting meat offerings at larger events to non-red meat options that are locally sourced, seasonal, free-range, and sustainably produced. These measures represent deliberate efforts to reduce the carbon footprint associated with institutional events.

Sustainable procurement practices and guidelines are also evolving, with environmental criteria progressively embedded within tenders and purchasing frameworks. This includes consideration of supplier sustainability performance and reduction of single-use materials. Catering vendors are screened according to environmental criteria, with preference given to “green vendors” that minimise single-use plastics. Examples include the provision of water jugs and reusable glasses instead of bottled water, and the use of bamboo- or paper-based cutlery rather than plastic. In some contexts, vegetarian catering has become the default standard for institutional events. These developments demonstrate strategic intent to align food and beverage services with environmental objectives.

Beyond catering, behavioural and material interventions have been introduced to reduce waste in the IDM. For example, reusable coffee mugs (made from recycled bamboo and wheat by-products) have been distributed to staff (approximately 500 units issued), accompanied by encouragement to avoid disposable takeaway cups when purchasing beverages. These efforts aim to reduce single-use waste and promote a culture of reusability within institutional settings.

However, implementation and enforcement appear uneven across campuses and divisions. Some respondents described sustainability guidelines as optional rather than mandatory, particularly where long-standing vendor contracts remain in place. In these contexts, consistency of practice varies, and monitoring mechanisms may not be uniformly applied. Overall, sustainable food and beverage policies are institutionally recognised and increasingly integrated into procurement processes. Nevertheless, variability in enforcement and vendor compliance suggests that continued strengthening of policy application, contract alignment, and accountability mechanisms will be important to ensure consistent and measurable progress across all campuses.

Compared to the PHRC 2022–2023, there has been discernible movement from largely unenforced guidelines toward more structured and procurement-integrated sustainability criteria. While enforcement gaps persist, there is clearer evidence in 2025 of sustainability being embedded within vendor screening and catering decisions. Continued strengthening of compliance mechanisms and consistent application across all vendors will be necessary to translate policy into measurable outcomes.

5.8. Does the institution apply sustainability criteria when making decisions about supply procurement?

Yes, the institution has **adequate** sustainability requirements for supply procurement **and** is **engaged** in efforts to increase sustainability of procurement. (3 points)

There are sustainability guidelines for supply procurement, but they are **insufficient or optional**. The institution is **engaged** in efforts to increase sustainability of procurement. (2 points)

There are sustainability guidelines for supply procurement, but they are **insufficient or optional**. The institution is **not engaged** in efforts to increase sustainability of procurement. (1 point)

There are **no** sustainability guidelines for supply procurement. (0 points)

Score Assigned:

2

Score explanation:

Sustainability considerations are increasingly embedded within institutional procurement processes. Several examples were cited, including IDM requirements for energy-rated equipment that comply with the [My Green Lab ACT database](#), environmental performance criteria within tender documentation, screening and selection of green vendors, and the development of formal procurement guidelines incorporating sustainability principles. These measures reflect a shift toward aligning purchasing decisions with broader environmental and carbon reduction objectives.

Sustainability criteria are reportedly integrated into some tender-based processes, with growing attention to supplier environmental performance and lifecycle considerations. In specific domains, such as food and beverage procurement, criteria such as local sourcing, vegetarian options, reusable materials, and green vendor screening are increasingly applied. This demonstrates a widening scope of sustainable procurement practices across operational areas.

However, university-wide implementation is not yet fully standardised, and interviewee feedback highlights important structural gaps in implementation. Some respondents expressed uncertainty regarding the consistency of application, particularly in relation to long-standing vendor contracts or legacy purchasing systems. While supply chain and procurement units may apply certain checks and balances during vendor selection, respondents emphasised that sustainability control does not primarily reside at the final procurement approval stage. Instead, greater influence lies earlier in the process, at the point of drafting specifications and completing procurement request forms. Currently, sustainability criteria are not systematically embedded into standard request templates or specification documents. Procurement forms remain largely focused on funding source, item description, and compliance requirements, without structured prompts requiring consideration of sustainability metrics.

While procurement reform is advancing, monitoring, enforcement, and cross-campus alignment appear to remain in development. Overall, sustainable procurement is an evolving and strengthening domain within campus sustainability efforts. Institutional intent is evident, and sustainability criteria are progressively embedded in purchasing frameworks. Continued standardisation, transparency, and accountability mechanisms will be essential to ensure consistent application and measurable environmental impact across all campuses.

Compared to the PHRC 2022–2023, there has been incremental strengthening of sustainability language within procurement processes, particularly in tender frameworks and vendor screening. However, the previously identified gap between policy and operationalisation remains partially unresolved. While awareness and strategic alignment appear to have improved, the absence of

embedded sustainability prompts within procurement forms and SOPs continues to limit consistent application. Addressing this structural gap, by embedding mandatory sustainability criteria at the specification and requisition stage, would represent meaningful progression beyond prior assessments.

5.9. Are there sustainability requirements or guidelines for events hosted at the institution?

Every event hosted at the institution **must** abide by sustainability criteria. (2 points)

The institution **strongly recommends or incentivises** sustainability measures, but they are **not required**. (1 point)

There are **no** sustainability guidelines for institution events. (0 points)

Score Assigned:

1

Score explanation:

Sustainability considerations are incorporated into event planning in certain contexts; however, the extent of formalisation and consistency varies across campuses and organising bodies. At institutional level, some larger events are reportedly required to comply with defined sustainability measures. These may include waste management planning, reduced use of single-use plastics, promotion of reusable materials, and alignment with carbon-friendly catering practices. Some respondents have stated that sustainability screening is integrated into internal event approval processes, ensuring that environmental considerations are addressed prior to event implementation.

However, awareness of formalised, university-wide sustainability guidelines for all events is uneven. While large, centrally organised events appear more likely to follow structured sustainability criteria, smaller events or those organised by individual departments or student groups may not be subject to the same level of oversight. As a result, implementation may depend on the scale of the event and the priorities of the organising body rather than on a uniformly applied institutional framework.

Interviewee feedback also highlighted the potential value of adopting simple, principle-based sustainability models to guide decision-making. In research contexts, teams reportedly apply a growing set of “R” principles, such as being responsible and reducing resource use, in order to minimise material consumption and environmental impact during experiments. The emphasis on “reduce” as a guiding principle reflects a practical and accessible framework that shapes both planning and execution. Respondents suggested that similar models could be applied more broadly to event planning and institutional activities, encouraging organisers to consciously reduce waste, resource use, and environmental burden at both the conceptual and implementation stages.

Overall, sustainability guidelines for events are present in certain institutional contexts, particularly for larger and centrally managed functions. Nonetheless, consistency of application across all campus events remains variable. Strengthening standardised event sustainability protocols and enhancing communication of requirements would support more uniform environmental performance across institutional activities.

Compared to the PHRC 2022–2023, there has been substantive advancement from no identifiable event sustainability guidelines to partial, structured implementation in certain contexts. While sustainability criteria are not yet uniformly applied across all events, the presence of defined measures and screening processes represents meaningful progress. Formalising and standardising

these practices across all campus events would consolidate this progress and ensure consistent environmental performance.

5.10. Does your institution have programs and initiatives to assist with making lab spaces more environmentally sustainable?

Yes, the institution has **programs** and **initiatives** to assist with making lab spaces more environmentally sustainable. (2 points)

There are **guidelines** on how to make lab spaces more environmentally sustainable, but not programs or initiatives. (1 point)

There are **no** efforts at the institution to make lab spaces more sustainable. (0 points)

Score Assigned:

2

Score explanation:

Laboratory sustainability initiatives are actively underway, with strong evidence of engagement within specific research environments. The [Green Lab certification process](#), implemented through the [My Green Lab](#) framework, is currently being pursued within 56 laboratories at the IDM, where formal audits and sustainability interventions address areas such as energy efficiency, water use, waste reduction, procurement practices, and freezer management. In some instances, bio-based or lower-impact materials have been piloted as part of their sustainability improvements.

Notably, the [IDM](#) reported that it is the first in Africa to achieve My Green Lab certification, underscoring its pioneering role and leadership in advancing laboratory sustainability standards on the continent. The certification process provides a systematic and evidence-based approach to laboratory sustainability, incorporating measurable standards and continuous improvement mechanisms. This structured framework distinguishes laboratory sustainability initiatives from other broader sustainability efforts that may rely more heavily on informal practices or awareness campaigns.

These initiatives are currently concentrated within a single institute and have not yet been scaled across the broader university; however, plans are underway to roll out this approach across all laboratories, with new laboratories required to comply with the My Green Lab framework as a mandatory standard rather than an optional initiative. This includes retrofitting current laboratories where practicable.

The PHRC 2022–2023 response characterised laboratory sustainability as limited and largely operational, with a small number of sustainability-focused actions (e.g., composting of animal matter, discouraging liquefied petroleum gas use, and integrating energy efficiency during refurbishment). Importantly, it highlighted the absence of formalised, standardised guidelines for sustainable laboratory operations across existing laboratories. In contrast, the 2025 findings indicate clear progression toward more structured and formalised laboratory sustainability efforts. However, despite this advancement, the 2025 response also highlights that these initiatives remain localised and are not yet fully embedded across all laboratory environments within the university.

Overall, sustainable laboratory programmes represent a significant area of progress and institutional strength. Continued expansion of certification processes, alongside integration with broader campus sustainability strategies, will further enhance environmental performance and reinforce UCT’s leadership in research-based sustainability practices.

5.11. Does your institution's endowment portfolio investments include fossil-fuel companies?

The institution is **entirely divested** from fossil fuels **and** has made a **commitment to reinvest divested funds** into renewable energy companies or renewable energy campus initiatives. (4 points)

The institution is **entirely divested** from fossil fuels. (3 points)

The institution has **partially divested** from fossil fuel companies **or** has made a **commitment to fully divest**, but **currently** still has fossil fuel investments. (2 points)

The institution has **not divested** from fossil-fuel companies, but faculty and/or students are **conducting organised advocacy** for divestment. (1 point)

Yes, the institution has investments with fossil-fuel companies and there have been **no efforts** to change that. (0 points)

Score Assigned:

2

Score explanation:

UCT has made formal commitments toward fossil fuel divestment and has undertaken at least partial divestment from fossil fuel-related investments. Several respondents indicated that divestment processes have been initiated at [policy level](#), reflecting alignment with broader institutional sustainability and climate commitments. Respondents also reported that the university does not pursue primary investments in fossil fuel companies and that formal policies discourage direct investment in such entities.

Beyond primary holdings, the divestment process has extended to reviewing indirect or peripheral ties, such as investments in companies with subsidiary or affiliated relationships to fossil fuel activities. This secondary screening has formed part of an active review process managed through institutional investment governance structures, including Properties and Services. Respondents emphasised that divestment has not been a one-time action but rather a phased process, balancing ethical commitments, financial considerations, and contractual constraints.

At the time of reporting, respondents noted that only a small and shrinking percentage of peripheral fossil fuel-linked investments remained, estimated at below 5% of the total investment portfolio, and that efforts to sever these remaining ties were ongoing. In parallel, there has been increasing reinvestment in renewable energy and sustainability-aligned assets, with approximately 2.5% of the total investment portfolio reportedly directed toward renewable energy initiatives. This shift reflects a transition not only away from fossil fuel exposure but also toward proactive investment in climate-positive sectors.

However, perceptions of the current status vary. Some respondents expressed the understanding that the university is fully divested, while others indicated that divestment remains partial or ongoing. While awareness of the full status of divestment varies across respondents, there is clear evidence of policy-level commitment and active portfolio restructuring. Strengthening transparency and regularly communicating progress on divestment milestones and reinvestment strategies would enhance shared understanding across divisions and further demonstrate alignment between institutional financial governance and sustainability objectives.

Overall, there is evidence of institutional intent and movement toward fossil fuel divestment. Strengthening transparency and communication regarding investment policies, timelines, and

progress would enhance shared understanding and accountability, and would further align institutional financial practices with stated sustainability objectives.

Compared to the PHRC 2022–2023, there appears to be continued movement toward the 2030 full divestment target, with decreasing fossil fuel exposure and modest growth in renewable energy investment allocation. The trajectory remains aligned with earlier commitments, though improved transparency and updated portfolio reporting would strengthen institutional accountability and clarity across stakeholders.

Section Total (20 out of 32)

62.50%

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Interviewee Feedback – Campus Sustainability

Interviewee feedback in the Campus Sustainability domain highlighted both substantive institutional progress and important considerations regarding measurement, integration, and future direction.

1. Reflections on Measurement Frameworks and Recognition of Impact

Several respondents noted that structured PHRC scorecard frameworks may not fully capture the depth and scale of ongoing sustainability initiatives. For example, the IDM is taking 56 laboratories through a comprehensive Green Lab certification process while simultaneously conducting an institutional carbon footprint assessment. Respondents emphasised that such large-scale operational transformations may not be adequately reflected in scoring systems that prioritise the presence of guidelines over demonstrated implementation and impact.

There was a suggestion that future reporting frameworks consider incorporating qualitative feedback mechanisms or impact-based indicators, for example, the proportion of laboratories undergoing greening processes, rather than focusing solely on the existence of policies and guidelines. Respondents recognised the difficulty of designing inclusive metrics but encouraged continued refinement to better capture substantive institutional progress.

2. Integration of Sustainability into Laboratory Training and Curriculum

Respondents highlighted the need to embed sustainability principles earlier in academic training, particularly within Honours and laboratory-intensive postgraduate programmes. While sustainability awareness is increasing, it is not yet systematically integrated into all laboratory-based curricula. Respondents drew parallels with biosafety training, which became standard practice once gaps were identified. A similar early-stage integration of sustainability training (covering energy use, water consumption, plastic waste, and responsible research practice) was proposed to ensure that sustainability is embedded as a core professional competency rather than treated as an afterthought.

Respondents noted that laboratory research environments have disproportionately high carbon footprints, including significantly higher energy and water consumption compared to office spaces, and substantial contributions to plastic waste. This recognition has strengthened calls for cultivating a culture of responsibility among researchers, linking human health research with Planetary Health stewardship.

3. Institutional Investment in Sustainability Research and Infrastructure

Respondents highlighted several major institutional initiatives demonstrating strategic commitment to sustainability:

- The establishment of a Sustainable Campus Research Programme that supports interdisciplinary research across themes such as water, wildlife, waste, and energy, fostering coordinated sustainability approaches.
- Development of a Green Precinct on campus, supported in part by Department of Higher Education and Training funding. This initiative includes decentralised wastewater treatment for irrigation and toilet flushing, integration of circular resource recovery systems, and the creation of multifunctional green spaces for teaching, research, and community engagement.
- Expansion of “living labs” across campus, including rooftop and site-specific sustainability projects that integrate research, teaching, and operational innovation.
- Ongoing integration of sustainability themes within selected undergraduate and postgraduate courses.
- Active student engagement through initiatives such as the Green Campus Initiative and the Planetary Health Report Card.
- Participation in global benchmarking and accountability frameworks, including the Times Higher Education Impact Rankings aligned with the Sustainable Development Goals (e.g., SDG 6 on water management) and membership in the International Sustainable Campus Network (ISCN).

These initiatives collectively reflect a maturing sustainability ecosystem that integrates infrastructure, research, governance, and student engagement.

Interviewee feedback underscores that campus sustainability at UCT is evolving from policy-level commitment to increasingly embedded operational and research-based implementation. Significant strides have been made in laboratory sustainability, green infrastructure, interdisciplinary research, and global benchmarking participation. The overall sentiment reflects cautious optimism; substantial progress is underway, yet further structural embedding and cultural normalisation of sustainability practices remain essential for long-term impact.

Grading

Section Overview

This section focuses on the grading of the report card. The institution received a grade for each of the individual sections as well as an overall institutional grade. Section point totals were tallied, divided by the total points available for the section, and converted to a percentage. The overall institutional grade is a weighted average of the section grades, with curriculum receiving a higher weight owing to its larger number of metrics. Letter grades for each section and the institution overall were then assigned according to the table below.

Letter Grade*	Percentage
A	80% - 100%
B	60% - 79%
C	40% - 59%
D	20% - 39%
F	0% - 19%

**Within each grade bracket, a score in the top 5% (_5 to _9%), receives a "+", and a score in the bottom 5% (_0- _4%) receives a "--". For example, a percentage score of 78% would be a B+.*

Planetary Health Grades for the University of Cape Town (UCT) Faculty of Health Sciences (Department of Health & Rehabilitation Sciences). The following table presents the individual section grades and overall institutional grade for the UCT Faculty of Health Sciences (Department of Health & Rehabilitation Sciences) on this Planetary Health Report Card.

Section	Raw Score %	Letter Grade
Planetary Health Curriculum (30%)	$(47/79) \times 100 = 59.49\%$	C+
Interdisciplinary Research (17.5%)	$(5/17) \times 100 = 29.41\%$	D
Community Outreach and Advocacy (17.5%)	$(7/14) \times 100 = 50.00\%$	C
Support for Student-led Planetary Health Initiatives (17.5%)	$(10/15) \times 100 = 66.67\%$	B
Campus Sustainability (17.5%)	$(20/32) \times 100 = 62.50\%$	B-
Institutional Grade	54.35%	C