Planetary Health Report Card (Medicine) 2026:

University of Cape Town (UCT)

2025-2026 Contributing Team:

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Summary of Findings

Overall Grade	B-

Curriculum	B

Comments:

Across departments and training levels, Planetary Health content at UCT is present but inconsistently embedded and variably integrated. Exposure depends significantly on discipline, individual lecturer interest, and whether teaching occurs at undergraduate or postgraduate level. The curriculum is best characterised as fragmented but evolving.

A notable strength is the strong integration of social determinants of health and marginalisation across the core curriculum. Vulnerability, poverty, inequity, and structural determinants are well taught and form a robust philosophical foundation aligned with Planetary Health principles. Infectious disease teaching and respiratory health content frequently include explicit climate linkages in certain departments, and environmental and occupational history-taking is embedded within clinical skills training (though not always explicitly labelled as such).

There is also encouraging institutional momentum. Curriculum reform processes are underway, designated individuals are leading aspects of Planetary Health integration, and postgraduate programmes demonstrate more structured incorporation of sustainability and global health themes.

However, longitudinal integration across undergraduate years remains limited. Planetary Health content is often delivered through stand-alone lectures, thematic insertions, or the hidden curriculum rather than as a cohesive, examinable, scaffolded framework. Coverage varies substantially across departments, resulting in uneven student exposure.

Key content gaps persist. Teaching on cardiovascular impacts of Climate Change, the carbon footprint of healthcare systems, anaesthetic gases, inhaler-related emissions, and plant-based diet co-benefits is minimal or absent at undergraduate level. Translation of environmental theory into clinical application is weak, and structured training in climate-related patient communication is largely lacking.

Overall, the strongest area of the curriculum lies in social determinants and marginalisation. Infectious disease, respiratory health, and environmental history-taking represent moderate strengths where explicit linkages are made. The weakest areas include healthcare carbon footprint, sustainable clinical practice components (e.g., anaesthetic gases), plant-based diet co-benefits, and clinical climate communication. Institutional reform and postgraduate integration represent important emerging developments. The most significant overarching gap remains the absence of longitudinal integration across all undergraduate years.

Recommendations:

1. Establish Longitudinal Integration:

   Develop a vertically integrated Planetary Health framework spanning all undergraduate years, with clearly defined competencies, learning outcomes, and progressive clinical application.

2. Formalise Core Content Areas:

   Systematically embed key underrepresented topics into examinable core teaching, including:

   - Cardiovascular impacts of climate change

- Carbon footprint of healthcare systems
- Anaesthetic gases and inhaler emissions
- Environmental toxin exposure
- Plant-based diet co-benefits

3. Strengthen Clinical Translation:

   Bridge the gap between environmental theory and clinical practice by:

   - Embedding case-based learning in clinical rotations
   - Integrating climate considerations into patient management discussions
   - Including environmental framing in existing modules (e.g., cardiology, obstetrics, pharmacology, surgery)

4. Develop Climate Communication Skills:

   Incorporate structured training in climate-related patient communication within existing communication skills and Family Medicine teaching, ensuring contextual sensitivity to local socioeconomic realities.

5. Leverage Existing Strengths:

   Build explicitly on strong foundations in social determinants, marginalisation, infectious disease, and environmental history-taking by framing these areas within Planetary Health terminology and competencies.

6. Consolidate Leadership and Oversight:

   Formalise faculty-level oversight for undergraduate Planetary Health integration to ensure accountability, continuity, and curriculum-wide coherence.

7. Align Undergraduate and Postgraduate Efforts:

   Translate emerging postgraduate strengths and sustainability initiatives into undergraduate learning opportunities to promote vertical alignment.

In summary, UCT's curriculum demonstrates strong conceptual alignment with Planetary Health principles and growing institutional commitment. With structured longitudinal integration, clearer environmental framing, and strengthened clinical application, the existing foundation provides substantial opportunity for meaningful expansion and consolidation of Planetary Health education.

Interdisciplinary Research	**C**

Comments:

Interdisciplinary Planetary Health and healthcare sustainability research within the Faculty of Health Sciences is substantively active but structurally decentralised. The faculty demonstrates strong scholarly engagement in this domain, supported by dedicated academics, research fellows, and doctoral candidates whose core research portfolios

centre on Planetary Health, Climate Health linkages, Sustainable Healthcare systems, and One Health approaches.

Interdisciplinary linkages exist across primary healthcare, Environmental Health, and broader climate-related initiatives, and there is evidence of engagement in national and international networks and working groups. Climate-related conferences and symposia have occurred at institutional level, further reflecting scholarly activity in this domain. However, these efforts lack cohesive coordination and faculty-level visibility.

There is no clearly identifiable, centralised interdisciplinary Planetary Health institute within the university, nor a dedicated website aggregating research activities, funding opportunities, leadership, and events. As a result, awareness of ongoing research and institutional affiliations varies across faculty members. In addition, while community-engaged research occurs at project level, there is no formalised faculty-wide mechanism through which communities disproportionately affected by Climate Change or Environmental Injustice participate in shaping the Planetary Health research agenda.

Overall, the research landscape can be characterised as robust in expertise and activity but fragmented in structure, branding, and coordination. Strengthening institutional integration and transparency would enhance coherence, collaboration, and impact.

Recommendations:

1. Establish a Coordinated Planetary Health Research Hub:

   Develop a formally recognised interdisciplinary structure or network within the university to consolidate and strategically align Planetary Health research efforts.

2. Create a Centralised Research Platform:

   Launch and maintain a dedicated Planetary Health research website to showcase projects, researchers, funding opportunities, events, and partnerships.

3. Enhance Institutional Visibility and Communication:

   Improve dissemination of research activities, conference participation, and organisational affiliations to strengthen faculty-wide awareness.

4. Formalise Community Partnership Mechanisms:

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

5. Support Interdisciplinary and Student Engagement:

   Expand mentorship frameworks and research pathways for students within Planetary Health, reinforcing interdisciplinary collaboration.

By harnessing existing expertise and strengthening structural coordination, UCT can transform its active Planetary Health research portfolio into a more integrated, visible, and strategically aligned interdisciplinary 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 the 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.

- **Environmental History (Curriculum Section):** This is a series of questions students are taught to ask during medical encounters that elicits patients' exposures and environmental risk factors. Historically, this has included consideration of exposures like pesticides, asbestos, and lead, though in the modern era shaped by Climate Change, it can be expanded to include things like wildfire smoke exposure, air pollution and mould after flooding. Key components include place of residence over the lifecourse, occupational history, food and water sources (e.g. meat from industrial feeding operations, regular fishing in contaminated water, access to clean drinking water), and exposure to air pollution.

- **Extractivisim:** 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).

- **Medical School/Department vs. Institution:** Where "medical school" is specified in the report card, this refers to curriculum and resources offered by the school/department of Medicine and does not include offerings from other parts of the university (e.g. undergraduate departments (USA), other related departments (e.g. Public Health, Population Health

departments). 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 medical students, no matter where in the institution the resource comes from or if it is specifically targeted for medical 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.

Planetary Health Curriculum

***Section Overview*: This section evaluates the integration of relevant Planetary Health topics into the medical school 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 medical school's core curriculum.*

Curriculum: General

1.1. Did your medical school offer elective courses (student selected modules) to engage students in Education for Sustainable Healthcare or Planetary Health in the last year?	
Yes, the medical school has offered **more than one** elective whose primary focus is ESH/planetary health in the past year. (3 points)	
Yes, the medical school has offered **one** elective whose primary focus is ESH/planetary health in the past year. (2 points)	
The medical 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 medical 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:	3

Score explanation:

Interview responses regarding elective offerings were mixed across departments and training levels. Some respondents reported the availability of electives related to Sustainable Healthcare [Special Study Modules (SSM)], quality improvement (QI), and Environmental Health, particularly at postgraduate level. In these contexts, students may engage with sustainability-oriented projects or structured coursework aligned with Education for Sustainable Healthcare (ESH) principles. However, undergraduate access to dedicated Planetary Health electives is uneven. Several departments, including some within clinical disciplines, reported no specific electives or, in certain cases, no elective course codes at all. Where electives do exist, they are not uniformly embedded across the faculty, and awareness of available opportunities appears variable.

Compared to the PHRC 2022–2023, the 2025 report reflects broader but more fragmented elective exposure. Rather than a small, clearly defined set of medical electives, current offerings appear distributed and less standardised across the faculty. Overall, while elective offerings in Planetary Health and Sustainable Healthcare are present in selected postgraduate streams, structured undergraduate elective access remains inconsistent and lacks a unified faculty-wide framework. Expanding structured elective access and improving visibility of existing offerings would strengthen curricular engagement and allow students to pursue focused learning in Planetary Health more systematically.

Curriculum: Health Effects of Climate Change

1.2. Does your medical school 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 moderate but inconsistent coverage of extreme heat and its health risks within the core curriculum. Coverage of extreme heat and climate-related health risks is present across several areas of the curriculum, though depth and clinical integration remain variable.

In Maternal Health teaching, for example, environmental heat is explicitly linked to the stability of oxytocin, a critical medication used to prevent postpartum haemorrhage. Students are taught that oxytocin requires reliable refrigeration and that unstable electricity supply and high ambient temperatures, particularly in tropical and sub-Saharan African contexts, can compromise drug efficacy. This is directly connected to persistent maternal mortality patterns related to obstetric haemorrhage. In this instance, environmental and climatic factors are meaningfully linked to pharmaceutical quality, health system infrastructure, and patient outcomes. Such examples demonstrate clinically relevant integration of environmental determinants of health.

In addition, the MBChB Year 4 Child Health Seminar on the "Impacts of Climate Change and Extreme Heat on Child & Adolescent Health" explicitly addresses the impacts of Climate Change and extreme heat on Child and Adolescent Health, with learning objectives focused on understanding how planetary systems influence human health, identifying mitigation and adaptation strategies, and critically appraising evidence on the effects of extreme heat across maternal, child, and adolescent populations.

However, respondents noted a recurring challenge. Climate Health content introduced in preclinical years may remain conceptually isolated from clinical training. While the effects of Climate Change and extreme heat are addressed within the Year 4 Health in Context (HiC) block and other Public Health modules, theoretical knowledge is not consistently translated into bedside decision-making or clinical assessment frameworks in later years. The result is that coverage may exist, but not always at the depth or applied level required for medical graduates.

At postgraduate level, Planetary Health themes are incorporated into selected programmes, including the MPhil in Emergency Medicine. Within this programme, climate and health topics are embedded as thematic components within broader modules such as Global Health and Healthcare Systems. These are not standalone Planetary Health courses but are integrated into existing structures. Approximately 40–50 MPhil students per cohort are exposed to these themes, suggesting moderate postgraduate reach. Nevertheless, the framing remains thematic rather than constituting a dedicated Planetary Health course.

Overall, extreme heat and Climate Health impacts are addressed in multiple curricular contexts, including Maternal and Child Health, Public Health, infectious diseases, Global Health, and

healthcare systems teaching. There are examples of meaningful clinical linkage, such as drug stability in high-temperature settings, yet integration remains uneven. Content is often thematic, lecture-based, or preclinical, with limited longitudinal scaffolding or systematic clinical application. Strengthening vertical integration and ensuring translation from theory to practice would enhance the depth and competency-based impact of this content.

1.3. Does your medical school curriculum address the impacts of extreme weather events on individual health and/or on 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 within the curriculum, but coverage remains variable, contextual, and often reactive rather than systematically embedded.

At undergraduate level, teaching most commonly occurs within Public Health and Environmental Health modules, where extreme weather is discussed in relation to access to care, infrastructure vulnerability, and environmental exposures. Respondents highlighted practical examples drawn from recent local experiences, such as heavy rainfall and flooding that prevented patients from reaching health facilities. Flood damage has also affected maternity case records, and in informal settlements, home fires used for warmth have resulted in destruction of medical records and displacement of families. These real-world insights are used to illustrate the broader health systems consequences of environmental instability, including disruptions in continuity of care, data loss, and increased vulnerability among affected communities.

However, such discussions are often opportunistic and event-driven rather than formally structured within the curriculum. In some departments, extreme weather events are only discussed when a major storm or disaster occurs, framed as a barrier to access rather than as part of a longitudinal Climate Health framework. Several respondents noted that the topic is not explicitly built into core curricula and may be absent in earlier years (e.g., Years 2-3 in Family Medicine), with possible brief exposure in more senior phases (Years 4-6).

Respondents with postgraduate Public Health training emphasised that extreme weather and health systems resilience are covered in greater depth within Public Health programmes, particularly in Environmental Health coursework. In contrast, within the core medical curriculum, coverage is comparatively brief. Environmental Health modules and Occupational Health teaching may address heat stress and worker vulnerability, but broader systems-level implications, such as infrastructure resilience, disaster preparedness, supply chain stability, and health governance, are not deeply integrated. Competing curricular demands and specialty priorities were cited as constraints limiting more extensive inclusion.

Overall, extreme weather events are acknowledged within teaching, particularly through Public Health and contextual clinical discussions. There are meaningful real-world examples linking environmental events to healthcare access and infrastructure disruption. However, integration remains uneven across years and disciplines, often reactive rather than programmatic. Strengthening structured, longitudinal inclusion, particularly around health systems resilience and climate adaptation, would enhance preparedness and alignment with Planetary Health competencies.

1.4. Does your medical school 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:	3

Score explanation:

Integration of Climate Change and infectious disease patterns demonstrates both areas of strength and variability across the curriculum. In several departments, particularly where infectious diseases and epidemiology are strongly represented, climate linkages are described as clearly articulated. Respondents reported that parallels between changing weather patterns and disease incidence are made explicitly in teaching. For example, malaria transmission trends are discussed in relation to temperature and rainfall shifts, and seasonal spikes in paediatric gastrointestinal and respiratory illnesses are linked to hotter periods of the year. Clinical data from local hospitals, such as recognised "surge seasons" during summer months, are used to illustrate how environmental conditions influence patient volumes and disease patterns.

The faculty's capacity for infectious disease surveillance and trend analysis, including through specialised units that track incidence and prevalence over time, further supports this integration. Students are reportedly exposed to data demonstrating how weather events and temperature changes correlate with shifts in infectious disease burden. From clinical years onward (particularly from fourth year), some respondents indicated that students are taught to recognise how environmental events affect both individual patients and broader patient populations.

In earlier years, infectious disease patterns are also addressed in second-year teaching, including modules led by specialists such as virologists. While climate framing may not always be foregrounded, foundational epidemiological content provides opportunities for environmental linkage. Additionally, some respondents suggested that related discussions may occur within Integrated Health Systems courses, though awareness of the depth of coverage varies among faculty.

Despite these strengths, integration remains inconsistent. Not all departments reported explicit climate framing, and in some areas, coverage may depend on individual lecturers or linked courses rather than structured curriculum mapping. While certain modules demonstrate strong climate–infectious disease linkage, this is not uniformly embedded across all years or disciplines.

Overall, climate-related infectious disease patterns represent one of the more substantively integrated Planetary Health domains within the curriculum. However, variability in awareness and consistency suggests that clearer documentation, coordination, and longitudinal reinforcement would strengthen coherence and ensure equitable exposure for all students.

1.5. Does your medical school curriculum address the respiratory health effects of climate change and air pollution?

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:

Respiratory health and air pollution are among the more consistently addressed climate-related topics within the curriculum, particularly in disciplines where respiratory medicine, Occupational Health, and Family Medicine form core components of training. Within undergraduate teaching, students receive lectures, often through Occupational Health, on the effects of air pollution and particulate matter on respiratory function. These discussions occur in both preclinical and clinical years and are reinforced through asthma and COPD teaching. Air pollution is framed as a significant contributor to respiratory morbidity, particularly in vulnerable populations exposed to industrial emissions, traffic pollution, and poor housing conditions.

Clinical contexts further strengthen this integration. For example, in Maternal Health teaching, asthma in pregnancy is discussed in relation to environmental exposures. Students are encouraged to consider how living in high-pollution areas, often near industrial zones, may exacerbate asthma severity in pregnant women and increase risks for newborns. This expands the discussion beyond individual disease management to intergenerational health impacts. Broader environmental determinants, such as limited access to clean water, are also highlighted in discussions around infant feeding and infection risk, reinforcing the link between environmental conditions and respiratory and infectious outcomes.

In Family Medicine, asthma is addressed as part of the core curriculum, including environmental triggers and management considerations. These examples demonstrate that respiratory health and environmental exposures are meaningfully integrated in certain teaching contexts. However, while air pollution is frequently covered and often in depth within respiratory and Occupational Health modules, explicit framing through Climate Change may not always be consistently applied. Additionally, not all departments reported inclusion, indicating variability in emphasis across the curriculum.

Overall, respiratory health and air pollution represent one of the stronger domains of Planetary Health integration, with clear clinical relevance and repeated exposure across years. Strengthening consistent climate framing and ensuring equitable coverage across departments would further enhance alignment with Planetary Health competencies.

1.6. Does your medical school curriculum address the cardiovascular health effects of climate change, including increased heat?	
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:

Cardiovascular disease is robustly covered within the curriculum from a biomedical and physiological standpoint; however, explicit integration of Climate Change as a cardiovascular determinant remains limited and inconsistent.

Students receive detailed teaching on cardiovascular physiology, including preload, afterload, Starling's Law of the Heart, haemodynamics, and peak performance concepts, particularly in preclinical years. Respondents described a strong physiological orientation during cardiovascular problem-based learning cases, with emphasis on mechanisms of disease and performance physiology. However, this biomedical focus does not consistently extend to examining how environmental factors, such as rising ambient temperatures, chronic heat exposure, dehydration, and air pollution, modify cardiovascular risk.

Specifically, respondents reported that the chronic effects of heat exposure over time and its causal relationship with cardiovascular morbidity were not systematically unpacked. The impact of extreme heat on acute cardiovascular events, nor the interaction between climate stressors and chronic non-communicable disease (NCD) burden, is not consistently addressed in structured teaching. Climate-related cardiovascular risk amplification is therefore rarely framed explicitly within cardiovascular modules, and it is unclear whether such content is covered even within elective coursework.

Some respondents highlighted broader indirect pathways linking Climate Change and cardiovascular health. For example, disruptions in food production due to environmental change may reduce access to affordable, nutritious food, thereby increasing reliance on processed foods. This shift contributes to rising rates of NCDs such as hypertension, heart disease, and other lifestyle-related conditions. While these links may be discussed in Public Health contexts, they are not consistently integrated into cardiovascular disease teaching as climate-mediated risk pathways.

Overall, cardiovascular impacts of Climate Change represent one of the weaker areas of explicit Planetary Health integration. Although foundational cardiovascular science is strong, environmental and climate determinants are not systematically incorporated into disease frameworks. Strengthening integration of heat-related morbidity, food systems disruption, and environmental stressors into cardiovascular teaching would enhance clinical relevance and better prepare students for managing climate-sensitive NCD burdens.

In the PHRC 2022–2023 report, cardiovascular health effects were described as being mentioned briefly within lectures on Climate Change and Health in MBChB Year 3 (Critical Health Humanities) and Year 4 (Health in Context). Coverage was therefore limited to general Climate Health overview sessions rather than integrated into cardiovascular teaching itself. Overall, compared to the PHRC 2022–2023, there is no clear evidence of substantial expansion in structured

cardiovascular-climate integration. Coverage appears to remain largely introductory and context-based rather than longitudinally embedded within cardiovascular training.

1.7. Does your <u>medical school</u> 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:

Mental Health is comprehensively addressed within the curriculum; however, explicit integration of environmental degradation and Climate Change as determinants of Mental Health remains limited and inconsistent.

Within core psychiatric teaching, emphasis is placed on major psychiatric disorders such as schizophrenia, bipolar disorder, depression, and anxiety. While these conditions are extensively covered, they are typically taught within biomedical and psychosocial frameworks rather than through environmental or climate-related lenses. As a result, students may develop strong diagnostic and management competencies without systematically examining how environmental instability contributes to psychological distress.

There are isolated examples where environmental context is incorporated meaningfully. For instance, in Maternal Health teaching, the Mental Health burden on pregnant women affected by floods, fires, or displacement is acknowledged. Environmental stressors are recognised as compounding existing psychosocial pressures, potentially worsening perinatal Mental Health outcomes. These examples demonstrate applied recognition of environmental determinants in specific contexts. However, broader conceptual linkage between Climate Change, environmental degradation, and Mental Health, such as eco-anxiety, climate grief, disaster-related trauma, displacement stress, or the Mental Health effects of food and water insecurity, is not consistently embedded in core teaching.

Respondents noted that although Public Mental Health and environmental determinants are closely intertwined conceptually, this intersection is not systematically translated into undergraduate curricula. The existence of specialised Public Mental Health expertise within the university does not currently translate into structured undergraduate teaching on Environmental Mental Health.

Some respondents suggested that related discussions may occur within interdisciplinary modules such as Critical Health and Humanities, where migration, displacement, and healthcare access are explored. However, awareness of the extent to which climate or environmental framing is incorporated varies among faculty, and such integration appears limited or indirect.

The PHRC 2022–2023 report indicated that Mental Health impacts of Climate Change were not covered in depth and were not well articulated within the curriculum. Coverage was primarily situated within the Critical Health Humanities (CHH) case (“Hope for an unhealthy planet”), which

offered a theoretical perspective and included readings such as ecofeminism and Climate Change to address climate-related grief. Mental Health impacts were also briefly mentioned in Year 3 (CHH) and Year 4 (Health in Context) lectures on Climate Change and Health.

Overall, compared to the PHRC 2022–2023, there is no clear evidence of substantial expansion in formalised teaching on climate-related Mental Health impacts. Coverage is brief, elective-dependent, or context-specific rather than longitudinally embedded into core psychiatric education. Strengthening collaboration with Public Mental Health expertise and incorporating structured teaching on environmental determinants of psychological wellbeing would enhance alignment with Planetary Health competencies and support more comprehensive, context-aware mental healthcare training.

1.8. Does your medical school curriculum address the relationships between health, individual patient 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:	3

Score explanation:

Food security, water security, and ecosystem health are introduced within the early years of the curriculum, primarily through Public Health and Integrated Health Systems teaching. These concepts are addressed in the first two years, where students engage with social determinants of health, sanitation, hygiene, nutrition, and environmental vulnerability.

For example, in Family Medicine (Year 2), the “Childhood Diarrhoea” lesson provides in-depth discussion of the relationship between environment, hygiene, sanitation, and disease burden. Students explore how inadequate water access, poor sanitation infrastructure, and environmental exposure directly contribute to paediatric morbidity. This represents a meaningful applied example of environmental determinants influencing clinical outcomes. However, respondents consistently emphasised that this teaching is largely front-loaded in the preclinical curriculum and not sufficiently reinforced in later clinical years.

While students are introduced to these foundational concepts early in training, they are not systematically revisited within clinical rotations. As a result, learners may perceive food and water security as theoretical or peripheral topics rather than as integral components of clinical decision-making.

Several respondents expressed concern that early exposure without longitudinal reinforcement diminishes perceived importance. In clinical settings, issues such as food insecurity or inadequate water access may be managed through referral to social services rather than integrated into broader clinical strategy. This reflects a broader institutional culture in which environmental and social determinants may not be fully operationalised within routine medical practice. Respondents described this as a structural challenge. Without systemic integration into healthcare delivery models, it becomes difficult to teach applied Planetary Health competencies.

Climate Change is sometimes mentioned in relation to social determinants and vulnerability, but it is not consistently explored in depth. Discussions often focus on how socioeconomically vulnerable populations are disproportionately affected by environmental instability, rather than unpacking ecosystem degradation or climate disruption as independent drivers of food and water insecurity.

Overall, food and water security and ecosystem health are meaningfully introduced in early teaching and linked to social determinants of health. However, integration remains predominantly theoretical and preclinical, with limited longitudinal reinforcement in clinical years. Strengthening vertical integration and embedding applied, systems-oriented approaches within clinical training would enhance students' ability to translate Environmental Health principles into practical patient care and health system leadership.

1.9. Does your medical school curriculum address the outsized impact of climate change on marginalised populations such as those with low SES, women, communities of colour, Indigenous communities, children, homeless 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:	2

Score explanation:

The curriculum demonstrates a strong and consistent emphasis on social determinants of health, poverty, and marginalisation. Across multiple disciplines, students are taught to recognise how socioeconomic status, housing instability, displacement, and systemic inequities shape health outcomes. The relationship between poverty and disease is clearly foregrounded, and vulnerability patterns, such as the intersection of poverty, gender, race, and marginalisation, are explicitly discussed.

For example, in Maternal Health teaching, students engage with conditions such as intrauterine growth restriction in the context of low socioeconomic circumstances, homelessness, and displacement. Respectful maternity care is emphasised irrespective of nationality, socioeconomic status, or living conditions, reinforcing equity-based practice. Students are encouraged to consider how homelessness, sometimes resulting from environmental events such as fires, affects pregnancy outcomes and access to care. These discussions highlight how marginalised groups experience poorer maternal and neonatal outcomes due to structural vulnerability.

Similarly, within broader curriculum messaging, the strong causal link between poverty and disease is consistently reinforced. Social determinants such as inadequate housing, food insecurity, limited access to healthcare, and structural marginalisation are clearly identified as drivers of health inequity. This emphasis is deeply embedded within the core curriculum and reflects a sustained commitment to justice-oriented education.

However, while vulnerability is robustly addressed, the explicit role of Climate Change and environmental degradation as amplifiers of inequity is not consistently foregrounded. In Family Medicine and other disciplines, marginalised populations are discussed in relation to social

determinants, but Climate Change as a specific environmental determinant is rarely explored in depth. In some modules, such as CHH, Climate Justice themes may be introduced briefly, but integration remains limited.

Overall, the curriculum strongly equips students to understand marginalisation and social determinants of health. The principal gap lies in systematically linking these well-established inequity frameworks to Climate Change and environmental drivers. Strengthening explicit Climate Justice integration would build directly upon existing curricular strengths and deepen students' understanding of how environmental change disproportionately burdens already vulnerable populations.

1.10. Does your medical school curriculum address the unequal regional health impacts of climate change globally?	
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:

Coverage of unequal regional impacts of Climate Change is present but uneven, with stronger integration in some disciplines than others. In several teaching contexts, particularly Global Health, Occupational Health, and Public Health, students are introduced to the concept that environmental and climate-related risks are geographically and socioeconomically patterned. Examples frequently draw on local and national contexts. Within the Western Cape, teaching incorporates case material from agricultural settings, including farmworker health and pesticide exposure. Broader provincial and national comparisons are also referenced, including occupational lung diseases such as pneumoconiosis and asbestosis among migrant and mining-exposed populations in Gauteng. These discussions highlight how environmental and occupational hazards intersect with regional disparities in healthcare access and post-exposure support, particularly for individuals returning to under-resourced rural areas.

Urban-rural differences are also acknowledged. Students are exposed to the reality that individuals living and working in rural agricultural regions may face compounded risks from heat exposure, pesticide use, limited infrastructure, and restricted access to healthcare services. Similarly, migrant populations are recognised as particularly vulnerable due to patterns of labour mobility, occupational exposure, and discontinuity of care. This is further reinforced in the MBChB Year 4 Child Health Seminar, which engages with UNICEF's 2021 Children's Climate Risk Index (CCRI) to highlight global and regional disparities in children's vulnerability to climate-related environmental stresses and extreme weather events, emphasising the need to prioritise action for those most at risk.

However, while these regional and occupational inequities are meaningfully discussed, they are often framed within Global Health, Occupational Medicine, or social determinants of health rather than explicitly articulated as Climate Change-driven disparities or Climate Justice concerns. In some departments, explicit discussion of unequal regional climate impacts remains minimal or

absent.

Overall, students are exposed to real-world examples demonstrating that environmental and climate-related risks are not evenly distributed across regions or populations. Nevertheless, more consistent and explicit framing of these disparities through a Planetary Health and Climate Justice lens would strengthen conceptual clarity and reinforce longitudinal integration of unequal regional impacts within the curriculum.

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

1.11. Does your medical school curriculum address the reproductive health effects of industry-related environmental toxins (e.g. air pollution, pesticides, microplastics)?	
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:

Teaching on the reproductive health effects of environmental toxins is limited and primarily situated within obstetrics and gynaecology contexts, with minimal depth at undergraduate level. Respondents reported that infertility, adverse pregnancy outcomes, and endocrine-related conditions are covered within clinical teaching. However, the environmental aetiology of these conditions is rarely explored in detail. Undergraduate exposure typically centres on clinical algorithms for infertility workups and common behavioural risk factors such as smoking and alcohol use. Large-scale environmental exposures, such as pesticides, industrial pollutants, endocrine-disrupting chemicals, or microplastics, are not systematically addressed within core teaching. Review of maternity teaching materials similarly indicates that toxin discussions are largely confined to lifestyle factors, with minimal reference to broader environmental pollutants.

Some respondents noted that deeper engagement with environmental causality, including hormone dysregulators and microplastic exposure, occurs primarily within postgraduate Public Health contexts rather than the undergraduate medical curriculum. As a result, students may graduate with strong clinical competence in managing infertility or adverse reproductive outcomes, but with limited structured understanding of upstream environmental drivers.

Notably, several comments highlighted the presence of a “hidden curriculum.” Individual educators model environmentally conscious behaviours, such as questioning single-use plastic medical devices, encouraging sustainable procurement choices, or raising informal discussions about healthcare material waste. These reflections demonstrate awareness and emerging concern regarding the environmental footprint of reproductive healthcare (e.g., single-use calibrated drapes for postpartum haemorrhage measurement). However, these conversations are informal, educator-driven, and not embedded within formal learning objectives or assessment structures.

Overall, reproductive health is robustly taught from a clinical management perspective, but environmental toxin causality remains under-integrated at undergraduate level. Strengthening

structured content on endocrine-disrupting chemicals, industrial pollutants, and environmental exposures, alongside their disproportionate impact on vulnerable populations, would enhance preventative, systems-oriented understanding and align reproductive health teaching more explicitly with Planetary Health competencies.

1.12. Does your <u>medical school</u> 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:

Coverage of local environmental threats relevant to surrounding communities is present but largely indirect, fragmented, and not systematically embedded at a systems level within the undergraduate curriculum. Respondents noted that certain local environmental risks, such as pesticide exposure in agricultural areas, sanitation challenges in informal settlements, and aspects of industrial pollution, are introduced within Public Health, Paediatrics, Occupational Health, and social history-taking. Students are trained to take a social history that includes housing conditions, access to water and sanitation, electricity, and environmental exposures. In Paediatrics, links between hygiene, sanitation, plumbing, and childhood diarrhoeal disease are explored, particularly in relation to impoverished communities within the Cape. These elements reflect meaningful attention to contextual determinants of health at the household and community level.

However, respondents consistently emphasised that coverage is typically brief and framed at a micro level rather than a macro or systems level. For example, while pesticide use in agricultural communities may be discussed, broader environmental threats, such as industrial pollution affecting surrounding communities, large-scale water contamination, or sewage discharge into coastal areas, are not systematically integrated into undergraduate teaching. Clinical teaching on conditions such as acute gastroenteritis tends to focus on proximate causes (e.g., contaminated food, person-to-person transmission) rather than upstream environmental drivers (e.g., marine sewage outflows or infrastructure failures).

Several respondents highlighted that undergraduate curricula are often guided more by textbook content and biomedical frameworks than by locally rooted environmental realities. Environmental Health and Occupational Health topics, particularly those involving industrial pollutants and long-term exposure risks, are more commonly addressed in postgraduate training. As a result, undergraduate students may develop competence in recognising environmental risk factors during patient encounters but are less frequently encouraged to interrogate structural, infrastructural, and policy-level determinants shaping community-level environmental threats.

Overall, local environmental issues are acknowledged within core teaching, particularly through social determinants of health and clinical case discussions. However, engagement remains brief and not consistently in-depth or systems-oriented. Strengthening explicit integration of locally relevant environmental threats, grounded in lived community contexts and linked to broader ecological and

infrastructural drivers, would enhance applied Planetary Health competencies and better align clinical training with regional environmental realities.

1.13. To what extent does your <u>medical school</u> emphasise the importance of Indigenous knowledge and value systems as essential components of planetary health solutions?

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:

Coverage of Indigenous Knowledge Systems within the Planetary Health curriculum is emerging and developmental, with growing institutional interest but limited structured integration across the programme.

Several respondents described increasing scholarly and institutional engagement with Indigenous knowledge, including recent academic work examining its historical marginalisation within mainstream medical practice. Some educators actively raise questions about how contemporary biomedical systems may operate in ways that are "counter to what nature had intended," implicitly challenging dominant paradigms and opening space for alternative epistemologies. These discussions, however, are often lecturer-driven; and one such example is the Year 3 SSM on "Planetary Health Education and Indigenous Knowledge Systems", which explores the intersections between Planetary Health and indigenous knowledge, particularly the traditional health practices of the Khoi and San, and aims to equip students as active citizens, advocates for indigenous communities, and leaders in environmentally Sustainable Healthcare.

There is evidence of broader faculty momentum aligned with decolonisation efforts and heritage recognition, including emphasis on First Peoples and Khoisan heritage within the Western Cape. Growing interest in plant-based or herbal medicine reflects acknowledgement that many pharmaceutical compounds originate in the natural world and that Indigenous healing systems historically incorporated knowledge of treatment modalities and active ingredients. Respondents noted that while such knowledge may not have been subjected to conventional scientific validation frameworks, it represents longstanding, contextually grounded approaches to health.

Curricular integration remains brief and uneven. Some content is included within first-year teaching and within modules such as Critical Health and Humanities (CHH), where Indigenous knowledge and value systems are explored in more depth. Family Medicine reportedly includes brief engagement across multiple years (Years 2–3 and later clinical years, including rural placements), and aspects are under development in Year 5 Surgery and potentially Internal Medicine. However, these inclusions are not consistently articulated as explicit learning outcomes, nor are they uniformly embedded across departments. In some contexts, Indigenous knowledge is discussed primarily in relation to pain management or Global Health rather than Planetary Health solutions. In others, it is available through elective coursework rather than core curriculum.

Importantly, several respondents emphasised that while there is growing attention to Indigenous

approaches to human health outcomes, the linkage to Planetary Health, particularly ecological stewardship, land-based knowledge, and sustainability principles, is not yet strongly articulated. As a result, integration is best characterised as brief, context-dependent, and evolving rather than comprehensive or longitudinal.

Overall, Indigenous knowledge systems are increasingly recognised and discussed within the curriculum, particularly within decolonisation discourse. However, explicit integration into Planetary Health teaching remains limited. Formalising learning outcomes, strengthening ecological framing, and embedding Indigenous perspectives longitudinally across clinical and preclinical years would enhance curricular coherence and more fully align with Planetary Health competencies.

1.14. Does your medical school 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:	2

Score explanation:

Teaching on environmental toxins and their disproportionate impact on marginalised populations remains variable and largely underdeveloped at undergraduate level, despite strong curricular emphasis on vulnerability and poverty.

Several respondents emphasised that vulnerable populations and diseases of poverty are deeply infused throughout the curriculum. Students are consistently taught to recognise how poverty, marginalisation, and structural inequity influence disease patterns and health outcomes. In this sense, vulnerability is strongly embedded at a conceptual level. Some respondents argued that, because many diseases of poverty are indirectly linked to environmental exposures, students are exposed to these connections at least implicitly. Historical examples of harmful exposures (e.g., thalidomide, endocrine disruption) may be discussed within broader clinical teaching.

However, this engagement tends to occur at a micro, person-to-person clinical level rather than through structured analysis of environmental toxin burdens at a systems or population level. Explicit teaching on how industrial pollutants, pesticide exposure, air contaminants, or other human-generated toxins disproportionately affect marginalised communities is inconsistent. Some departments reported no formal coverage of this topic, noting that while social determinants are emphasised, environmental toxin causality, particularly in relation to industrial pollution or structural Environmental Injustice, is not systematically addressed. Others suggested that limited engagement may occur within CHH modules, though not uniformly across disciplines.

Importantly, respondents highlighted that while vulnerability is foregrounded, environmental toxins as a structural driver of inequity are not consistently unpacked. The health impacts of industrial

pollutants on marginalised communities, for example, are not routinely examined within core clinical teaching. This reflects a broader pattern in which social determinants are well integrated, but Environmental Justice framing remains limited.

The PHRC 2022–2023 report described more clearly articulated examples of environmental toxins being linked to marginalised populations, particularly within the CHH curriculum. Specifically, respiratory case discussions addressed mining-related exposures, ecofeminism, and socio-economic impacts, including premature deaths among mine workers. The curriculum also referenced differential child impacts using WHO statistics on respiratory mortality, indicating an explicit attempt to connect environmental exposures, structural inequity, and health outcomes.

Overall, compared to the PHRC 2022–2023 response, the 2025 findings reflect continued strong emphasis on vulnerable populations and poverty-related disease, but less consistently embedded structured and explicit teaching on environmental toxins as a disproportionate burden borne by marginalised groups. Strengthening integration of Environmental Justice principles, including industrial pollution, toxic exposure pathways, and cumulative environmental risk, would enhance alignment with Planetary Health competencies and deepen students' understanding of inequity in Environmental Health risk and long-term outcomes.

Curriculum: Sustainability

1.15. Does your <u>medical school</u> curriculum address the environmental and health co-benefits of a plant-based diet?	
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 point)	
Score Assigned:	2

Score explanation:

Coverage of plant-based diet co-benefits within the undergraduate curriculum is minimal and largely absent from core teaching. Although nutrition is addressed in multiple clinical contexts, particularly in relation to NCDs, obesity, cardiovascular risk, and diabetes, the environmental dimensions of dietary patterns are not explicitly integrated into undergraduate teaching. Respondents consistently reported that the environmental co-benefits of plant-based diets (e.g., reduced greenhouse gas emissions, lower land and water use, biodiversity protection) are not covered in a structured way.

Several respondents indicated that dietary discussions in the curriculum are framed around moderation, metabolic health, and disease management rather than sustainability. In some cases, benefits of meat-based or high-protein diets were described as part of teaching exposure, and students are not explicitly taught the health or environmental rationale for plant-based dietary patterns. While Mediterranean-style diets may be mentioned in relation to cardiovascular risk reduction, strictly plant-based diets and their environmental implications are not systematically addressed.

Some respondents acknowledged uncertainty about whether earlier preclinical years may touch on nutrition from a broader Public Health perspective. However, in senior clinical years (Years 4-6), teaching is heavily disease-focused, with limited emphasis on prevention or sustainable food systems. Multiple respondents explicitly stated that they had not encountered teaching linking nutrition and environmental sustainability within the core curriculum, including in Family Medicine and postgraduate Public Health contexts.

The PHRC 2022–2023 report described substantially stronger and more explicit curricular integration of plant-based diet co-benefits than was identified in the 2025 findings. In 2022–2023, this topic was reportedly covered in-depth within CHH, including required readings, a dedicated lecture, problem-based learning (PBL) discussions, and an elective assignment exploring Climate Change, meat consumption, and health. The "Meat and Masculinities" lecture further examined sociocultural dimensions of diet, including gendered responses to health-seeking behaviours and the association of masculinity with meat consumption. This reflects not only clinical engagement with cardiovascular risk but also broader socio-environmental framing of food systems and sustainability.

Overall, compared to the PHRC 2022–2023 report, which identified structured, in-depth engagement with diet, Climate Change, and sociocultural dimensions, the 2025 findings indicate reduced visibility or uneven dissemination of this content across departments. While such teaching may still exist within specific modules, it is not consistently recognised by faculty and does not appear to be uniformly embedded within the broader curriculum. Nutrition is primarily framed through clinical disease management rather than environmental sustainability or food systems transformation. Integrating evidence on sustainable dietary patterns and their dual health and environmental benefits would strengthen preventive medicine teaching and more explicitly align nutrition education with Planetary Health competencies. Strengthening coordination, visibility, and longitudinal reinforcement of food systems education would help restore alignment with previously documented strengths.

1.16. Does your <u>medical school</u> 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:	2

Score explanation:

Teaching on the carbon footprint of healthcare systems is largely absent from the undergraduate curriculum, with engagement occurring primarily through elective, postgraduate, or informal channels. Respondents consistently reported that medical students are not formally taught to analyse healthcare delivery through a carbon footprint or systems sustainability lens. Core undergraduate modules do not systematically address emissions associated with healthcare infrastructure, procurement, anaesthetic gases, supply chains, waste streams, or energy-intensive hospital operations. Where sustainability arises, it tends to be implicit, elective, or informal rather

than embedded in structured learning outcomes.

Some examples reflect a "hidden curriculum." Individual educators described modelling environmentally conscious practices, such as requiring electronic rather than printed submissions to reduce paper waste. While such practices demonstrate awareness and leadership, they are not framed within formal teaching on healthcare emissions or climate-resilient systems design.

At hospital level, there is emerging operational interest in reducing the environmental footprint of care. For example, clinical teams have explored re-gassing and reusing equipment (e.g., endoscopic or laparoscopic instruments) to reduce single-use waste. However, regulatory and medico-legal constraints limit implementation. Initiatives such as the Global Green and Healthy Hospitals campaign have been present institutionally, and elective coursework has included sustainability and theatre-based QI projects. There is also interest in developing electives examining carbon considerations in new hospital builds and infrastructure design. Nonetheless, these initiatives have not translated into consistent undergraduate teaching.

Some respondents suggested that Year 4 modules such as HiC may touch on system-level health determinants relevant to sustainability, though detailed integration of healthcare carbon accounting remains uncertain. Overall, sustainability education at undergraduate level focuses more on individual resource stewardship than on structural health system emissions.

In summary, while there is institutional and postgraduate momentum toward healthcare sustainability, formal undergraduate teaching on the carbon footprint of healthcare systems remains minimal. Integrating systems-level sustainability concepts, including emissions reduction, procurement reform, infrastructure design, and sustainable QI, would significantly strengthen Planetary Health competencies and prepare graduates to contribute to climate-resilient healthcare transformation.

1.17. Does your medical school curriculum cover these components of sustainable clinical practice in the core curriculum? (points for each)	**Score**
The health **and** environmental **co-benefits** of **avoiding** over-medicalisation, over-investigation and/or over-treatment (2 points)	2
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. (2 points) .	2
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
Environmental impact of **surgical** healthcare on planetary health and the climate crisis, and how can it be mitigated. (1 point)	1
The impact of **anaesthetic** gases on the healthcare carbon footprint and ways to reduce anaesthesia's environmental impacts, such as total intravenous anaesthesia or choosing less environmentally harmful anaesthetic gas options with reduced greenhouse gas emissions. (1 point)	1
The impact of **inhalers** on the healthcare carbon footprint and the environmental benefit of dry powdered inhalers over metered dose inhalers. (1 point)	0

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

Score explanation:

Elements of sustainable clinical practice are embedded across the curriculum; however, they are primarily framed through patient safety, cost-effectiveness, and clinical quality rather than explicitly through Environmental or Planetary Health imperatives. Students are consistently taught principles of evidence-based medicine, rational prescribing, deprescribing, antibiotic stewardship, and avoidance of over-investigation. Diagnostic stewardship, aimed at reducing unnecessary tests and associated costs, is increasingly emphasised. These approaches inherently reduce resource consumption and waste, aligning with sustainable practice principles. In some settings, explicit examples of environmental impact are introduced, such as discussions around pharmaceutical contamination (e.g., un-metabolised tramadol detected in False Bay), illustrating the downstream ecological consequences of prescribing practices.

Non-pharmacological management is a strong and explicit component of Family Medicine teaching, delivered as a spiral theme across multiple years (Years 2-3, 4, and 6). Lifestyle modification and preventive care are actively promoted, reflecting clear health co-benefits and implicit environmental advantages. However, these co-benefits are not always explicitly framed in environmental terms.

Surgical and anaesthetic contexts show emerging awareness of environmental impact, particularly in postgraduate and specialist domains. Some departments acknowledge the carbon footprint associated with anaesthetic gases, electricity use, consumables, and operating theatre waste. In certain disciplines, spinal or regional anaesthesia is more commonly used than general anaesthesia for clinical reasons, though environmental benefits are not the primary driver of teaching. A minority of educators in anaesthesia report briefly addressing the climate impact of anaesthetic gases, but this is not consistently embedded across the undergraduate curriculum.

Similarly, inhaler use (e.g., metered-dose inhalers) is taught from a clinical accessibility and efficacy perspective rather than with reference to carbon footprint implications. Environmental considerations related to inhaler choice are not routinely discussed in undergraduate asthma teaching. While some faculty acknowledge the gap, it remains largely unaddressed.

Waste management and reduction are operational priorities within hospital systems, including monitoring waste per patient day and promoting responsible disposal practices. These are often reinforced through infection control and needle-stick prevention teaching. However, waste reduction is described as “baked into” hospital systems rather than formally articulated within curriculum outcomes.

The PHRC 2022–2023 report reflected early but explicit engagement with sustainable clinical practice themes, particularly within CHH and selected MBChB modules. For example, Physiotherapy Year 3 group presentations linked climate crisis themes to discipline-specific education and practice, including creative engagement (e.g., student art exhibitions addressing respiratory illness and neoliberalism). MBChB students were offered essay options that included alternative therapies, though environmental co-benefits were not a required analytical component. Additionally, in the Year 2 Becoming a Doctor (BaDr) course, non-pharmaceutical management of low back pain (exercise, stretching, sleep, mental wellness) was taught, albeit with minimal environmental framing.

Compared to the PHRC 2022–2023, the 2025 findings suggest somewhat broader operational awareness at hospital level (e.g., waste monitoring, surgical sustainability discussions, anaesthetic gas considerations in some contexts, pharmaceutical pollution awareness). However, similar to the

earlier report, structured and explicit integration of environmental co-benefits into undergraduate learning outcomes remains inconsistent. Anaesthetic gases, inhaler carbon footprints, and systems-level healthcare emissions continue to be largely absent from core teaching.

Overall, while both reporting cycles indicate strong alignment between clinical QI and sustainable practice principles, neither demonstrates comprehensive or explicit embedding of environmental framing across the undergraduate curriculum. Explicit integration of Planetary Health concepts into discussions of anaesthetic gases, inhalers, pharmaceuticals, surgical consumables, and healthcare emissions would strengthen conceptual coherence and equip students to practise climate-conscious medicine within resource-constrained health systems.

Curriculum: Clinical Applications

1.18. In training for patient encounters, does your medical school'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:

Training in conversations with patients about Climate Change and its health impacts is largely absent from the core undergraduate curriculum. Respondents consistently reported that while communication skills training is robust, particularly within Behavioural Practice (BP), Behavioural Health Promotion (BHP), Becoming a Doctor (BaDr), and Family Medicine, these competencies are not explicitly applied to Climate Health discussions. Students are well trained in behaviour change counselling, motivational interviewing, and patient-centred engagement. However, structured strategies for initiating or guiding conversations about Climate Change, environmental degradation, or climate-related health risks are not embedded within formal learning outcomes.

Health promotion and advocacy are central themes in the curriculum, but these are typically framed around individual-level behaviour change (e.g., diet, exercise, smoking cessation, medication adherence) rather than broader environmental or climate advocacy. Students are not systematically trained to support patients in understanding or responding to climate-related risks, nor are they equipped with specific tools for Climate Health communication.

Several respondents highlighted contextual complexity. In resource-constrained settings, where many patients face extreme poverty and must prioritise immediate survival needs (e.g., food security, transport to clinic), climate conversations may feel abstract or misaligned with lived realities. Educators noted the importance of sensitivity when discussing environmental responsibility in contexts marked by structural inequity and limited agency. This underscores the need for contextually appropriate, justice-oriented climate communication training rather than prescriptive messaging.

In Family Medicine and community-based placements, climate-related concerns may arise organically in patient encounters, for example, when patients describe industrial pollution affecting asthma or environmental exposures near their homes. In such cases, students are encouraged to explore issues raised by patients. However, these conversations are reactive rather than proactively structured, and they are not assessed as explicit curriculum outcomes.

The PHRC 2022–2023 report similarly indicated that there were no structured strategies for training students to conduct Climate Health conversations with patients. Engagement at that time appeared largely limited to role-modelling within CHH, such as Physiotherapy groupwork addressing the climate crisis and the MBChB "eco-warrior" case. There was also limited opportunity for discussion within Primary Health Care (PHC) tutorials in Year 4 clinical settings, though these were not described as structured or assessed competencies.

Compared to the PHRC 2022–2023, the 2025 findings suggest slightly broader awareness of contextual complexity, particularly regarding equity, poverty, and the challenges of initiating climate conversations in resource-constrained settings. There is also recognition that climate-related issues may arise organically in community placements.

Overall, foundational communication skills are strong, and students are capable of engaging in complex patient dialogues. However, explicit preparation for Climate Health conversations is minimal. Developing structured, context-sensitive training in climate-related patient communication, grounded in equity and social determinant, would strengthen Planetary Health competencies and better prepare graduates for climate-responsive, community-informed clinical practice.

1.19. In training for patient encounters, does your <u>medical school's</u> curriculum introduce strategies for taking an environmental history or exposure history?	
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 and exposure history-taking is generally included within the core curriculum, most commonly embedded within social and occupational history components. However, it is not consistently labelled or conceptualised explicitly as "environmental history," and depth and application vary across departments. Students are routinely taught to enquire about living conditions, such as housing type (e.g., brick and mortar vs. informal structures), access to running water and electricity, sanitation, and household resources, as part of standard social history-taking. In occupational history, students are trained to ask about exposure to air pollution, toxins, radiation, and workplace hazards. These components collectively constitute elements of environmental history-taking, even if they are not explicitly identified as such.

However, respondents noted several limitations. First, environmental history is often framed narrowly through occupational exposure rather than broader community-level environmental risk. Second, contextual awareness may depend heavily on the educator's lived experience in specific communities. Some respondents observed that students (and occasionally teachers) may lack

familiarity with local environmental geographies, such as proximity to airports, industrial zones, informal settlements, or high-pollution corridors, limiting depth of exposure assessment. As a result, environmental inquiry may remain generic rather than locally grounded.

Importantly, structured environmental history-taking has, in some cases, been reduced over time. One respondent noted that an explicit Environmental History Questionnaire previously included in asthma teaching was removed due to curriculum congestion and prioritisation of clinical management content. This reflects broader tension between expanding competencies and limited curricular space.

Public Health contexts appear to retain stronger engagement with environmental determinants, and some exposure assessment remains embedded there. However, systematic integration across clinical modules is inconsistent. Environmental history-taking is often present in principle, but not uniformly reinforced, labelled, or assessed as a core competency.

The PHRC 2022–2023 report described environmental history-taking as an explicit learning objective within the BaDr course and indicated that it was also covered in the MBChB Year 4 HiC course, aligned with standard approaches in the literature. This suggests that, at that time, environmental history-taking had formal curricular recognition and identifiable placement within structured teaching.

Overall, compared to the PHRC 2022–2023, where environmental history-taking was explicitly identified in named courses, the 2025 data indicate a shift toward more implicit and variable integration. Strengthening formal recognition and consistent application of environmental history-taking across clinical modules would help restore coherence and reinforce its role as a core Planetary Health competency.

Curriculum: Administrative Support for Planetary Health

1.20. Is your <u>medical school</u> currently in the process of implementing or improving Education for Sustainable Healthcare (ESH)/planetary health education?	
Yes, the medical school is currently in the process of making **major** improvements to ESH/planetary health education. (4 points)	
Yes, the medical school is currently in the process of making **minor** improvements to ESH/planetary health education. (2 points)	
No, there are **no** improvements to planetary health education in progress. (0 points)	
Score Assigned:	4

Score explanation:

There is clear and growing momentum toward strengthening Planetary Health education within the curriculum, although progress remains uneven across departments and levels of training. Several respondents described major planned improvements, including structured curriculum reform processes aimed at threading Planetary Health longitudinally across preclinical and clinical years. Moving from isolated, content-based lectures in early years toward integration within clinical rotations was identified as a significant and necessary shift. Respondents characterised this transition, from minimal prior inclusion to intentional vertical integration, as a major improvement.

At postgraduate level, more structured progress is evident in some areas. One division reported the development of a formal roadmap spanning approximately three years, encompassing both research and educational components across undergraduate and postgraduate programmes. A dedicated faculty member has been appointed to support this work, and a scoping process has been completed to identify curricular gaps and priorities. This suggests a more strategic and coordinated approach emerging in selected contexts.

At institutional level, symbolic commitments, such as inclusion of Environmental Health within the professional oath taken by graduates, reflect acknowledgement of environmental responsibility as a professional value. However, respondents noted that symbolic inclusion has not yet consistently translated into concrete preparation of students for environmentally responsive clinical practice after graduation.

Other departments reported that while a broader curriculum transformation process is imminent, it remains uncertain whether Sustainable Healthcare and Planetary Health integration will be explicitly prioritised within that reform agenda. This uncertainty reflects differences in the extent to which Planetary Health is prioritised and embedded within departmental strategic planning.

Overall, the trajectory is positive, with strong expressed commitment and identifiable reform initiatives underway in several areas. However, implementation remains inconsistent across departments. Consolidating these reform efforts under a coordinated faculty-wide framework, with defined competencies, leadership oversight, and longitudinal integration plans, would help ensure that current momentum translates into sustained, equitable, and measurable curricular transformation.

1.21. How well are the aforementioned planetary health/Education for Sustainable Healthcare topics integrated longitudinally into the <u>core</u> curriculum?	
Planetary health/ESH topics are **well integrated** into the core medical school curriculum. (6 points)	
Some planetary health/ESH topics are appropriately integrated into the core medical student curriculum. (4 points)	
Planetary health/ESH is not integrated and is primarily addressed in **(a) standalone lecture(s).** (2 points)	
There is **minimal/no** education for sustainable healthcare. (0 points)	
Score Assigned:	2

Score explanation:

Longitudinal integration of Planetary Health within the undergraduate curriculum remains limited and fragmented. Several respondents characterised education for Sustainable Healthcare as minimal across the curriculum. Where Planetary Health content is present, it is most commonly delivered as stand-alone lectures or isolated thematic insertions rather than embedded as a core, scaffolded thread across all years of study. Multiple respondents explicitly described the content as "stand-alone," with some noting that it is addressed through one or two discrete sessions rather than integrated into broader curricular structures.

In some instances, Planetary Health concepts are inserted at key points within existing modules, potentially through tutorials, PBL, or small-group discussions rather than formal lectures. However,

regardless of the mode of delivery, respondents consistently indicated that the content is not yet fully integrated into the core curriculum. The emphasis remains episodic rather than longitudinal, with limited reinforcement or progressive deepening of knowledge from preclinical to clinical years.

Early exposure may occur within Public Health, humanities, or introductory modules, but clinical application in later years is inconsistent. As a result, students are unlikely to experience structured competency development in Planetary Health across their training trajectory. Vertical alignment, where foundational concepts introduced in early years are revisited and applied in clinical contexts, is currently weak.

Encouragingly, some departments reported active or planned curriculum reform initiatives, including roadmaps for integration and the appointment of dedicated faculty leadership. Postgraduate programmes appear more advanced in embedding Planetary Health themes within Global Health and healthcare systems teaching. However, this level of integration has not yet translated into consistent undergraduate longitudinal scaffolding.

Overall, Planetary Health education at undergraduate level is best characterised as present but episodic. Transitioning from stand-alone lectures to a cohesive, vertically integrated framework with clearly defined competencies and clinical reinforcement remains a key development priority.

1.22. Does your <u>medical school</u> 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 **medical school** has a specific faculty/staff member responsible for overseeing curricular integration of planetary health and sustainable healthcare. (1 point)

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

Score Assigned:	1

Score explanation:

Dedicated faculty oversight for Planetary Health education is emerging but remains uneven and largely informal, particularly at undergraduate level. Several respondents highlighted the presence of passionate individuals across the faculty who are advancing Planetary Health teaching within their areas of expertise. In some instances, specific staff members have voluntarily assumed leadership roles in promoting Planetary Health themes, despite not being formally appointed for this purpose. At postgraduate level, more structured leadership appears to exist, including individuals employed to support sustainability-related education and research initiatives.

However, formalised oversight for undergraduate integration is not consistently established. Some departments explicitly reported that, although a staff member is employed to support Planetary Health initiatives, this role is primarily focused on postgraduate programmes. Undergraduate integration remains limited, and in certain areas, one respondent indicated that oversight would only become formalised once a dedicated undergraduate course code or module is established.

In addition, while recognised champions of Planetary Health exist within the faculty, their mandates are not always clearly defined in relation to curriculum-wide integration. Leadership is often linked to specific domains (e.g., Primary Health Care), and it is unclear whether

responsibility for comprehensive curricular oversight has been formally delegated.

Overall, Planetary Health leadership within the faculty is currently driven by committed individuals rather than embedded within structured governance mechanisms. While this reflects strong interest and growing capacity, formalising undergraduate oversight, through clearly defined roles, mandates, and accountability structures, would enhance coherence, sustainability, and consistency of curriculum integration.

1.23. 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:	2

Score explanation:

Civic engagement and advocacy are recognised strengths of the curriculum; however, explicit environmental advocacy remains inconsistently embedded. Many respondents affirmed that civic engagement is actively taught, particularly in the early years, where structural determinants of health, social justice, and advocacy are explored in depth. Preclinical teaching frequently integrates advocacy with discussions of environmental and structural determinants of health, and students are introduced to broader frameworks of social accountability. Postgraduate programmes, particularly within Global Health streams, also demonstrate stronger engagement with advocacy themes.

That said, advocacy teaching is typically framed around clinical, social, or structural determinants rather than specifically environmental determinants. Several respondents noted that while civic engagement is addressed, it is “around other things” and not explicitly focused on environmental or climate-related advocacy. In some departments, determinants of health are covered conceptually, but without a structured civic engagement component attached to them.

Importantly, respondents highlighted a translational gap. While students are exposed to advocacy principles, they are not consistently guided on how to operationalise environmental advocacy as future clinicians. Opportunities for engagement, such as participation in professional societies or movements focused on structural and environmental determinants, exist, particularly for interested students, but these are not systematically embedded within the core curriculum. The “last step” of translating awareness into professional action, patient-level conversations, or systems-level engagement is often not formally taught.

Coverage also appears uneven across years. Some described “pockets” of discussion in junior years, but without sustained reinforcement throughout the programme. Within disciplines such as Family Medicine, environmental advocacy is referenced but not explored in depth. In many cases, advocacy remains more strongly aligned with clinical determinants and patient care than with Environmental Health systems or Climate Justice.

Overall, the curriculum provides a strong foundation in advocacy and structural determinants of

health. However, explicit environmental advocacy is not consistently foregrounded, nor is it longitudinally integrated or operationalised within clinical training. Strengthening the practical application of environmental advocacy, particularly in preparing students to engage patients, communities, and health systems around climate-related health risks, represents a key opportunity for further development.

Section Total (55 out of 75)	**73.33%**

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Interviewee Feedback - Planetary Health Curriculum

Interviewee reflections revealed both strong engagement with the importance of Planetary Health and thoughtful consideration of contextual constraints within a resource-limited setting.

Several participants acknowledged that, although these questions are challenging to answer in an under-resourced context, they remain necessary and appropriate. Respondents emphasised that the global urgency of the climate crisis makes it imperative for all institutions, including those operating under significant structural and economic pressures, to engage meaningfully with Planetary Health. While recognising that implementation may be constrained and that ideal responses are not always feasible, respondents affirmed that raising these questions is itself essential to stimulating institutional reflection and improvement.

At the same time, some participants expressed concern that Planetary Health is not sufficiently foregrounded within institutional culture. Despite the presence of sustainability leadership structures, awareness of these initiatives appears limited among faculty. Respondents noted that environmental sustainability should be visibly embedded within institutional strategy, academic discourse, and everyday teaching practices. The perceived absence of prominent institutional messaging may contribute to inconsistent curricular integration, as lecturers prioritise other pressing teaching demands when Planetary Health is not explicitly positioned as a core institutional priority.

Respondents also highlighted the complexity of translating Planetary Health concepts into clinical communication within contexts of extreme socioeconomic hardship. In settings where patients face profound poverty and structural barriers to care, conversations about climate-related behaviour change must be approached with sensitivity. Respondents cautioned against framing Environmental Health in ways that may inadvertently reflect high-income assumptions or overlook lived realities. This underscores the need for contextually appropriate approaches to environmental advocacy and patient engagement that align with principles of equity and social justice.

Overall, interviewee feedback reflects strong recognition of the importance of Planetary Health, coupled with critical awareness of institutional gaps and contextual challenges. There is clear willingness among faculty to engage more deeply, provided that integration is supported structurally, visibly prioritised, and adapted thoughtfully to local realities.

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 institution?	
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

Score explanation:

Interview responses demonstrate clear evidence that Planetary Health and Sustainable Healthcare research are actively conducted within the Faculty of Health Sciences. Several respondents identified specific faculty members, research fellows, and doctoral candidates whose primary research focus includes Planetary Health, Climate Change and Health, Sustainable Healthcare systems, environmental determinants of health, and One Health approaches, with several researchers also providing mentorship and supervision to students in this field.

While awareness of specific individuals and projects varies among respondents, often depending on proximity to particular departments or institutes, there is consistent recognition that Planetary Health research is active, growing, and includes faculty members whose primary academic focus is within this field. Overall, there is a substantive and expanding research presence in Planetary Health and healthcare sustainability, supported by dedicated researchers, postgraduate activity, and participation in interdisciplinary and external collaborations.

Compared to the PHRC 2022–2023, there has been notable growth in both the number and visibility of researchers engaged in Planetary Health and sustainability research. The transition from a single clearly identified academic lead to a broader cohort of faculty members and research fellows indicates maturation of this research domain. Continued efforts to strengthen undergraduate research pathways and formalise interdisciplinary coordination would further consolidate this progress.

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 point)	
There is **no** dedicated department or institute. (0 points)	
Score Assigned:	1

Score explanation:

Some respondents reported that there is no recognised, standalone department or institute within the Faculty of Health Sciences specifically dedicated to interdisciplinary Planetary Health research. Respondents did not identify a formal Planetary Health centre or unit operating under a unified faculty-level structure.

However, several broader institutional entities contribute meaningfully to Planetary Health-related research. These include research divisions such as FaCE, CEOHR, ACDI, CSAG, ACC, OHRU, and the Future Water Institute, as well as Environmental Health collaborations and interdisciplinary climate-focused initiatives. Collectively, these structures engage with core Planetary Health themes, including Climate Change, environmental determinants of health, health systems sustainability, and the interconnected human-animal-environment interface. As a result, interdisciplinary Planetary Health research appears distributed across multiple divisions and research groups rather than anchored within a single, identifiable institutional entity. Collaboration occurs through thematic alignment and project-based partnerships rather than through a dedicated Planetary Health organisational structure.

Compared to the PHRC 2022–2023, the structural landscape appears largely unchanged. Planetary Health research is active and interdisciplinary, but organisationally distributed. Overall, while substantial interdisciplinary research relevant to Planetary Health exists, the absence of a clearly designated Planetary Health department or institute limits cohesion and visibility. Formal recognition or consolidation of these distributed efforts under a unified framework could enhance strategic coordination, branding, and external engagement in this domain.

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 point)

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

Score Assigned:	1

Score explanation:

There is currently no formal, institutionalised mechanism within the Faculty of Health Sciences through which communities disproportionately affected by Climate Change or Environmental Injustice hold structured decision-making power in shaping the research agenda. Respondents did not identify a structured, faculty-level mechanism that systematically integrates the voices of climate-impacted or environmentally marginalised communities into strategic research planning.

Some respondents noted that individual research projects may incorporate community consultation, participatory approaches, or advisory input, particularly in community-based or primary healthcare research contexts. In such cases, research questions may be informed by locally identified needs or environmental concerns. However, these practices appear to be project-specific and dependent on the orientation of individual researchers rather than guided by a coordinated institutional framework.

Compared to the PHRC 2022–2023, there is no clear evidence of expanded institutionalisation of community participation within research governance structures. Overall, while participatory research approaches are emerging within certain projects, institutionalisation of community input into Planetary Health research governance remains underdeveloped. Strengthening formal pathways for community engagement in research agenda-setting would enhance equity, relevance, and accountability within interdisciplinary Planetary Health scholarship.

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:

There is no dedicated, centralised Planetary Health research website within the Faculty of Health Sciences. Respondents were not aware of a comprehensive platform that aggregates information on Planetary Health research activities, funding opportunities, events, institutional leadership, or collaborative networks.

While individual researchers and research groups may maintain their own webpages, information appears fragmented across departments and institutes rather than curated within a unified faculty-level hub. Respondents further noted that this gap may reflect a broader absence of a centralised research repository within the faculty, extending beyond Planetary Health specifically. Overall, while Planetary Health research activity is present and growing, the lack of a centralised digital platform reduces coherence, visibility, and strategic branding.

Compared to the PHRC 2022–2023, the structural landscape remains largely unchanged in relation to centralised visibility. Institutional sustainability initiatives continue, but there is still no unified faculty-level digital platform dedicated to Planetary Health research. Establishing a dedicated, regularly updated Planetary Health research webpage or portal would strengthen internal coordination, enhance external engagement, and showcase institutional leadership in this domain.

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:	3

Score explanation:

Conferences and symposia addressing themes related to Sustainable Healthcare, Climate Change, and Environmental Health have taken place at the institutional level within the past year. Some respondents referenced sustainability-focused sessions embedded within larger disciplinary conferences (e.g., an Emergency Medicine conference incorporating Sustainable Healthcare content), as well as climate-related activities hosted by broader university institutes such as the African Climate & Development Initiative (ACDI). In addition, the university is scheduled to host the 18th International Sustainable Campus Network (ISCN) Conference from 21-23 April 2026, further demonstrating institutional engagement and leadership in global sustainability initiatives.

These examples suggest that Planetary Health-relevant academic events are occurring within the broader university environment; however, such events are not dedicated "Planetary Health" conferences. Awareness among respondents varies, and knowledge of these events appears to depend on disciplinary proximity or individual involvement rather than widespread faculty-level communication. Events addressing sustainability and Climate Health themes appear more commonly integrated into broader academic forums rather than positioned as standalone Planetary Health gatherings.

Compared to the PHRC 2022–2023, there is continued evidence of sustainability- and climate-related academic convenings, but no clear shift toward regular, faculty-hosted, explicitly branded Planetary Health symposia. While the institution remains active in hosting or co-hosting environmentally aligned conferences, dedicated Planetary Health conference infrastructure appears limited. Strengthening branding and coordination of such events could enhance recognition and promote deeper interdisciplinary collaboration and engagement in this field.

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 point)

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

Score Assigned:	1

Score explanation:

Interview responses indicate partial awareness of engagement with national and international Planetary Health-related organisations. Some respondents identified representation within international Climate Health networks (CliMigHealth), Emergency Medicine climate groups [International Federation of Emergency Medicine (IFEM)], and sustainability-oriented professional forums. These affiliations appear to occur primarily through individual academics or specific divisions rather than through a clearly communicated, faculty-wide institutional membership.

Other respondents were uncertain whether the faculty or university holds formal institutional membership in recognised Planetary Health organisations. This variation in awareness suggests that, while engagement exists, it may not be consistently communicated across the university. Overall, there is evidence of participation in national and international Planetary and Climate Health initiatives, largely driven by individual researchers or divisional affiliations; however, knowledge of formal institutional membership remains inconsistent.

Compared to the PHRC 2022–2023, engagement in Planetary Health-related networks appears to have broadened in scope, with references to additional international Climate Health and Emergency Medicine sustainability groups, over and above the interest groups mentioned in the 2022-2023 report [Education for Sustainable Healthcare (ESH) and Special Interest Group of the Southern African Association of Health Educationalists (SAAHE)]. However, the structural model remains similar; participation is largely individual or division-based, and institutional membership is not consistently visible or clearly communicated across the Faculty of Health Sciences. Strengthening clarity around formal memberships, consolidating affiliations under a recognisable faculty identity, and improving communication about these engagements would enhance collective awareness and institutional positioning within Planetary Health networks.

Section Total (9 out of 17)	**52.94%**

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Interviewee Feedback - Interdisciplinary Research

Interviewee feedback reflects a strong sense that Planetary Health and environmental sustainability are not sufficiently visible or mainstreamed within the faculty's daily academic and research culture. One respondent described Planetary Health efforts as largely "invisible", noting that sustainability is not experienced as a prominent, university-wide priority in the way other crises, such as the Day Zero water crisis, were visibly and urgently addressed.

While recognising the value of the Planetary Health Report Card as an evaluative and reflective exercise, the respondent emphasised that its greatest value lies in the qualitative engagement it stimulates. There was a perception that Planetary Health may risk becoming a "box-ticking" exercise unless it is translated into tangible, visible, and sustained institutional action.

A central theme in the feedback was the need for faculty development and capacity-building. The respondent expressed concern about lacking the knowledge and skills necessary to confidently teach Planetary Health content, despite recognising its importance. This highlights a broader structural gap. Without accessible training, guidance, and institutional support, individual educators may struggle to integrate sustainability into teaching and research practice.

The feedback also underscored the importance of making sustainability explicit rather than implicit. Respondents called for more visible environmental practices on campus, such as clearly identifiable recycling infrastructure, encouragement of active transport, plant-based food options, and reduction of single-use materials, as well as deeper curricular engagement with emerging issues such as the environmental footprint of artificial intelligence (AI). The distinction between the "explicit" and "implicit" curriculum was raised, with a strong recommendation that Planetary Health be intentionally embedded and made more prominent across academic and operational domains.

Finally, respondents emphasised the interconnectedness of Planetary Health with food security, water security, and Climate Change, particularly at community level. Sustainability was framed not as an abstract academic concern but as fundamentally linked to lived realities and health equity. Overall, the feedback highlights a desire for Planetary Health to be more visible, explicitly integrated, and institutionally supported within the faculty, both in research and in teaching. Strengthening faculty capacity, enhancing institutional communication, and mainstreaming sustainability principles across operational and curricular spaces were identified as key opportunities for advancement.

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 institution 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

Score explanation:

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.

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.

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

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 institution or its affiliated teaching hospitals 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

Score explanation:

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.

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.

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,

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 <u>institution</u> or its <u>affiliated teaching hospitals</u> have accessible educational materials for patients about the health impacts of climate change?	
Yes, the **institution** or **<u>all</u> 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 <u>institution</u> 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 them 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 <u>institution</u> 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 who serves on a department or institutional decision-making council/committee. (1 point)
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 institution 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

Score explanation:

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.

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.

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

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%**

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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 a**dequate s**ustainability 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 Medicine). The following table presents the individual section grades and overall institutional grade for the UCT Faculty of Health Sciences (Department of Medicine) on this Planetary Health Report Card.

Section	Raw Score %	Letter Grade
Planetary Health Curriculum (30%)	(55/75) x 100 = 73.33%	B
Interdisciplinary Research (17.5%)	(9/17) x 100 = 52.94%	C
Community Outreach and Advocacy (17.5%)	(7/14) x 100 = 50.00%	C
Support for Student-led Planetary Health Initiatives (17.5%)	(10/15) x 100 = 66.67%	B
Campus Sustainability (17.5%)	(20/32) x 100 = 62.50%	B-
Institutional Grade	**62.62%**	**B-**

Report Card Trends

Section Overview
This graph demonstrates trends in overall and section grades for the years in which the University of Cape Town (UCT) has participated in the Planetary Health Report Card initiative.