

# Summary Report

Healthcare Collective Launch Event

Nov 11, 2025



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## Executive Summary

The launch of the Healthcare Collective on 11 November 2025 made one thing unmistakably clear: Switzerland may be a global leader in medical innovation, yet high emissions, linear resource flows, and fragmented structures simultaneously threaten the health of its own system. The discrepancy between medical progress and ecological reality underscores how urgently a shift toward regenerative prosperity is needed for a future-proof healthcare system. This is precisely where the Healthcare Collective comes in.

The PROSPER Compass of the Swiss Impact & Prosperity Initiative provides an inspirational framework for this reorientation. It illustrates that well-being, justice, resilience, and regenerative systems are not isolated concepts but form a shared foundation. Health is thus redefined: not as the result of individual interventions, but as the expression of functioning, sustainable, and just systems. The launch event impressively demonstrated the strong will to work together on solutions.

The four thematic working groups-Cosanum, Johnson & Johnson MedTech, Schulthess Clinic, and ten23 health-demonstrated that although challenges along the healthcare sector are complex, they are solvable when sector boundaries are overcome. The workshops made it clear: whether waste streams, e-waste, supplier management, or Scope-3 emissions-initiatives, insights, and approaches already exist everywhere, but until now they have operated in isolation. The Healthcare Collective creates, for the first time, a framework in which these puzzle pieces can be brought together, scaled, and further developed.

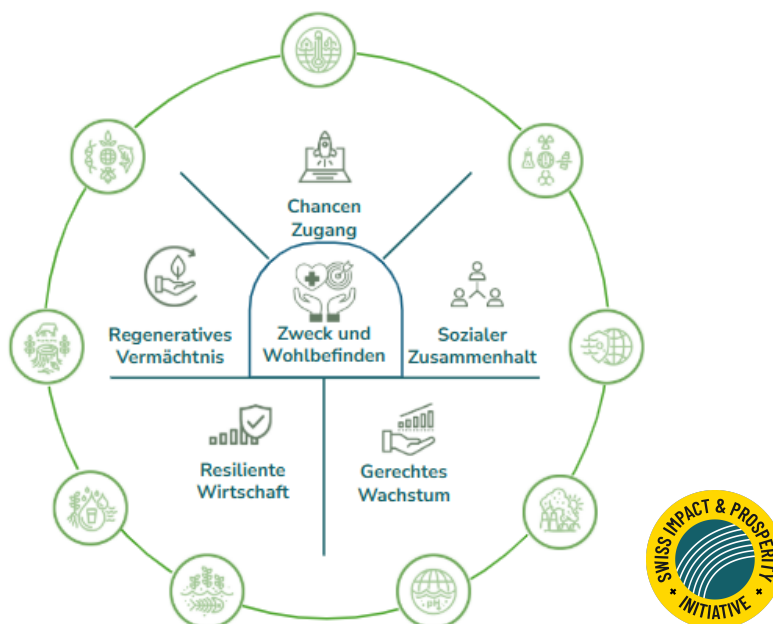
The working groups also outlined clear paths forward: from developing joint circular-economy models to standardizing e-waste processes and sustainable procurement standards, all the way to co-creative innovations along the pharmaceutical value chain. One common thread runs through all groups: real progress can only be achieved through shared standards, shared data, coordinated infrastructures, and systemic thinking.

The launch was therefore not just an event but the starting point of a movement. The Healthcare Collective sees itself as a platform and catalyst connecting networking, learning, and implementation. The next months will be decisive. Joint learning journeys, co-creative formats, regular coordination meetings, and at least three in-depth workshops are planned to translate the energy of the launch into concrete, measurable impact. The structure of the working groups will continue to evolve flexibly, ensuring that topics can be addressed with the necessary depth and effectiveness-always aligned with the framework of the PROSPER Compass.

Transformation can only happen when expertise, experience, and perspectives come together. The Healthcare Collective is the shared space for this. Those who participate actively help shape a healthcare system that not only causes less harm but unfolds regenerative strength-for people, organizations, and the entire system.

## Paradoxical Healthcare System in Switzerland

Health must necessarily be understood more holistically. Although Switzerland is a global leader in medical innovation, a second look reveals a paradox: in the Sustainable Development Index, Switzerland ranks only 26th in 2025; in the Climate Change Performance Index, it ranks only 33rd. Can we really speak of world-class performance when our innovation progress simultaneously endangers our own health? Those who contribute to the climate crisis ultimately impair the well-being of all. We treat diseases that are partly caused by our lifestyle and economic systems. This is why we need a more comprehensive understanding of health—one that places regenerative economic practices at the center.



PROSPER Compass of the Swiss Impact & Prosperity Initiative

Source: <https://www.impact.swiss/>

This is where the PROSPER Compass comes in: it provides a navigation system for regenerative prosperity and shows how organizations can shift their focus from purely efficiency-driven growth to long-term system health. Its seven interconnected pillars—from purpose and well-being to equitable opportunities, regenerative systems, and a resilient economy—illustrate that health is both a foundation and an expression of regenerative prosperity. Thus, it becomes clear: regenerative prosperity and health are not separate goals but closely intertwined and essential for the future viability of our entire system.

## The Healthcare Collective

To truly implement a holistic, regenerative understanding of health, more is required than individual efforts by single institutions-it requires genuine collaboration. The complex challenges of our healthcare system cannot be solved within isolated silos. Clinics, care facilities, pharma, MedTech, logistics, politics, and sustainability actors depend on each other, yet they often act side by side rather than together. The greatest untapped potential lies precisely here: collective action creates impact that no organization can achieve alone.

This is why the Healthcare Collective was created-because “We believe in the power of togetherness” (Thomas Schefer, Headcoach at Cosanum). It is not just another project but a unifying movement. It brings together actors from across the Swiss healthcare system, united by the shared vision of creating a future-proof, sustainable, and more human healthcare system. Its purpose is clear: to connect people and organizations, to learn from one another, to enable inspiration, and to translate knowledge into concrete solutions. Progress emerges through exchange-through sharing successes, challenges, and insights. Supported by four leading founding members, the Collective offers a platform where innovation and sustainability can be advanced and practically developed jointly.

The launch event on 11 November 2025 marked precisely this starting point. It served as a catalyst for four topic-focused working groups that are now working across sectors on concrete sustainability solutions-each supervised by a founding member driving a topic close to its core competencies. The mission is as simple as it is powerful: connect, inspire, share, develop. In doing so, an ecosystem of cooperation emerges that goes beyond declarations of intent-toward measurable impact and real transformation. Or, as Thomas Schefer put it: “Doing is like wanting, just more intense!”

Only through collective action can the Swiss healthcare system move from fragmented initiatives to a regenerative, resilient, and humane system.

## Working Group 1) Hospital waste as a resource: recycling, circularity and scaling

### Thematic Focus and Context

Cosanum is one of Switzerland's leading logistics and supply partners for hospitals, care facilities, and emergency services-and knows the material and waste streams of the healthcare system like hardly any other actor. For exactly this reason, Cosanum is focusing on "**Hospital waste as a resource: recycling, circular economy, and scaling,**" addressing an area with enormous untapped potential.

Over many years-driven by requirements relating to patient safety, process optimization, and efficiency-the Swiss healthcare system has developed a pronounced single-use mentality. Almost all of these products consist of oil-based plastics, and due to regulatory frameworks (MDR), changing the materials used is hardly feasible. The result is a waste system that is neither ecologically nor economically viable for the future.

The numbers speak for themselves:

- 9% of all hazardous waste in Switzerland consists of medical waste-around 170,000 tons per year (FOEN). This corresponds to approximately 10,000 truckloads, i.e., a truck traffic jam from Zurich to Geneva.
- Medical waste causes twice as many CO<sub>2</sub> emissions per kilogram as conventional municipal waste (1,000 kg vs. 500 kg CO<sub>2</sub>).
- The healthcare sector is responsible for 8% of national CO<sub>2</sub> emissions.

Cosanum therefore focuses deliberately on medical products and asks how waste can be understood not as a problem but as a resource. Programs such as cosaRecycling and concepts such as "Hospital Mining" show how valuable raw materials could be recovered and returned to circular systems. Roughly one-third of all waste is theoretically reusable-the challenge now is to design safety, hygiene, and process integration so that this potential can be realized in practice.

With this orientation, Cosanum creates the foundation for one of the Healthcare Collective's central tasks: transforming linear waste streams into true circularity-and thus turning one of the most visible weaknesses of the healthcare system into a measurable opportunity.

### Potential Solutions

The discussion clearly showed that numerous initiatives already exist demonstrating how circular economy principles can be practically implemented in healthcare. Several hospitals-among them Geneva University Hospital, Schulthess Clinic, Hirslanden, and Hôpital de la Côte-are working on projects involving reusable products, precise waste separation, take-back systems, and the integration of sterilization infrastructures. In parallel, innovation partners such as B-Circular/B-Circle, Helbling, and Sense E-Recycling are driving various approaches: from reusing contaminated materials (Sharp Circle) to disassembling MedTech

products (Next Gen Disassemble) to using post-consumer recyclates or developing new reusable designs. Cosanum also contributed a promising approach with its idea for decontaminating medical waste using heating technology to return raw materials to the cycle. Despite individual setbacks-such as failed attempts to implement reusable systems-it became clear that valuable insights already exist and can be used.

Three central project clusters emerged from all contributions:

1. Reuse of single-use materials
2. Development and use of reusable products
3. Cross-cutting system and infrastructure solutions, including:
  - shared collection and decontamination systems,
  - end-of-life models,
  - new financing mechanisms, and
  - targeted technology scouting.

At the same time, it became clear that the transformation will only succeed if additional key actors are involved-particularly policymakers, regulators, manufacturers, waste processors, sustainability organizations, and educational institutions. The goal is coordinated cross-sector collaboration that transforms fragmented individual initiatives into scalable, systemic solutions.

## **Next Steps for the Working Group**

Several central prerequisites were identified for effective participation in future working groups.

Key success factors:

- Clear management buy-in so that initiatives do not fail due to internal barriers.
- Active involvement of legislators and authorities who should not only react but help shape political frameworks.
- Alignment within the industry: instead of isolated individual projects, shared goals, coordinated approaches, and genuine cooperation between hospitals, suppliers, and waste processors. For working groups to generate impact, they must pursue measurable, shared goals and require binding commitment to implementation.
- Central to this is professional stakeholder orchestration, bringing together change management, process management, and the involvement of economic and societal actors.

From this, three direct next steps arise:

1. Consolidation of existing projects into industry-wide initiatives and systematic preparation of best practices.
2. Examination of collective-action approaches to identify which ongoing projects could achieve significantly greater impact through additional partners or coordinated implementation.

3. Definition of a pilot project for shared infrastructure development, particularly in the area of collection and decontamination systems-a decisive lever for achieving true circularity in healthcare.

## Working Group 2) Strengthening the collaboration in ERP for E-Waste

### Thematic Focus and Context

Johnson & Johnson MedTech, one of the world's leading providers of medical technology solutions, together with Swiss MedTech, the central industry association of the Swiss medical technology sector, introduced a topic that is no longer a "nice to have" but an unavoidable necessity: **How can we strengthen collaboration in Extended Producer Responsibility (EPR) for e-waste in Swiss hospitals?**

The background is new regulatory developments-from the EU's Clean Industrial Deal to Swiss regulations such as the Packaging Ordinance and the Ordinance on the Take-Back and Disposal of Electrical and Electronic Equipment. Medical devices are included on FOEN's list of products subject to take-back obligations. Hospitals, dental practices, and other facilities face a clear disposal obligation, while manufacturers will in the future be required to provide take-back and recycling solutions for privately used devices such as hearing aids or breast pumps.

However, the group identified a series of major challenges:

- It is unclear which devices are actually used privately or professionally, and how they must be correctly categorized.
- The extremely broad device portfolio-from single-use fiber optics to MRI systems-requires very different logistics solutions.
- Many actors are not yet aware of upcoming regulations, and the final consultation is still pending.
- How can a nationwide take-back system be established, and who will finance it?
- How to deal with suppliers from Asia who are not subject to the same regulatory requirements?
- Contaminated material whose safe return and treatment impose very high costs. For this reason, many facilities continue to rely on single-use products-due to time constraints, staffing shortages, lack of infrastructure, risk of injury during manual cleaning, and the risk of devices being damaged during decontamination.

### Potential Solutions

Functioning e-waste take-back programs require a broad stakeholder network: hospitals, medical practices, pharmacies, insurers, logistics partners, suppliers, and manufacturers, among others. The solution must be conceived globally-especially with regard to Asian production sites. Many levers already lie in product development: materials must be designed so they can be decontaminated and recycled; R&D teams play a decisive role.

Despite the complexity, opportunities also became apparent. Proven Swiss take-back systems-such as those for solar panels or e-cigarettes-show that functional models already exist and could be transferred to the medical sector. Furthermore, automation, for example through robot-assisted decontamination, offers the possibility of reducing safety risks and significantly relieving time-intensive manual processes.

### **Next Steps for the Working Group**

The group identified the following potential next steps:

- Expanding the network through targeted outreach
- Categorizing device classes
- Clear visualization of future take-back and recycling processes, followed by
- Development of a prototype process including a pilot project

This is intended to support the development of shared standards and a scalable system-an essential step toward making EPR for medical technology feasible in Switzerland.

## **Working Group 3) Effective supplier management-system for sustainable procurement in the CH healthcare industry**

### **Thematic Focus and Context**

The Schulthess Clinic, one of Switzerland's leading orthopedic specialty clinics, introduced a topic that is of central importance to the entire healthcare sector: **How can we build an effective supplier management system for sustainable procurement in the Swiss healthcare system?**

The clinic operates within a demanding starting situation. It works with numerous highly specialized suppliers, must comply with strict regulatory requirements, and currently has only limited structured sustainability criteria in its procurement process. At the same time, the pressure is growing to make sustainability measurable, to hold suppliers more accountable, and to create fair, transparent supply chains. The major challenge lies in finding a balance between quality, cost, innovation, and sustainability.

Additional factors further complicate implementation: the commitment of senior management is not always guaranteed; physicians often prefer certain companies or implants; and the digital infrastructure required for comprehensive supplier evaluation is lacking in many areas. Budget constraints frequently stand in the way of sustainable procurement processes, and internal review processes lead to longer waiting times. Another issue is the handling of smaller suppliers who often cannot provide sustainability documentation. As examples from HUG and the Zürich City Hospital show, the Schulthess Clinic is not alone in facing these challenges. Several

institutions are already working on sustainability criteria, awareness programs, or testing sustainable alternatives. All this makes it clear that sustainable procurement is not an isolated endeavor but a shared learning process across the entire sector-a movement that can only succeed through collective effort.

## **Potential Solutions**

The discussion showed that the topic encompasses two levels: a strategic one and an operational one, both of which must be addressed simultaneously.

At the strategic level, it became clear:

- Clear standards and comprehensible guidelines are required to effectively anchor sustainable procurement. At the core lies the development of transparent criteria, ideally coordinated across cantons, enabling the traceable assessment of suppliers' sustainability performance.
- A willingness is needed to move away from purely routine purchasing decisions, to openly examine product alternatives, and to more strongly align procurement with sustainability criteria.
- The importance of including insurers as key actors, since they shape essential incentive systems.

At the operational level, the group concentrated on how sustainable supply chains can be implemented in practice:

- Balance between cost, quality, innovation, and sustainability can only be achieved if data is centralized and digital solutions are used consistently.
- Transparent, regular communication along the entire supply chain is essential to close information gaps and build trust.
- Synergies must be leveraged, and joint pilot projects must be developed to transfer insights more quickly into practice.
- A cross-cutting traffic-light system that makes standards, expectations, and risks visible could significantly facilitate decision-making and accelerate implementation.

## **Next Steps for the Working Group**

The complexity of the topic makes it clear that two different working groups are necessary: one strategic and one operational.

**At the strategic level:**

- Create a shared understanding by bringing together relevant stakeholders- including industry associations.
- Define interfaces and initiate broader awareness-raising throughout the entire value chain.

- Develop clear and broadly applicable sustainability standards that can serve as a binding orientation framework.

**The operational working group** will work in parallel on concrete implementation:

- Define how standards and evaluation systems can be practically designed, what data structures are necessary, and how supplier information can be updated regularly and transparently.
- Develop pilot projects that demonstrate how sustainable procurement works under real-world conditions and what added value it generates.
- The planned traffic-light system is intended to help simplify decision-making processes and make progress visible.

The Schulthess Clinic shows that sustainable procurement in healthcare can only succeed through structured supplier management, clear standards, and coordinated collaboration. The complexity demonstrates: two working groups are needed to successfully advance both the strategic foundations and the operational implementation.

The discussion at the Schulthess Clinic makes it clear that sustainable procurement can only succeed when strategic clarity and operational feasibility are created simultaneously. Establishing two working groups provides the necessary framework to address this dual task efficiently and systematically-making sustainable procurement in the Swiss healthcare system a reality step by step.

## Working Group 4) Collaboration in the pharma-value creation for emissions reduction in Scope 1,2,3

### Thematic Focus and Context

ten23 health is a globally active Swiss pharmaceutical and biotech services company specializing in the development, manufacturing, and technical consulting for complex medicines. As an actor at the most sensitive interface of the pharmaceutical value chain-from R&D to production and collaboration with suppliers-ten23 health introduced a topic that is pioneering for the entire industry: **How can we enable stronger collaboration between sponsors and suppliers along the pharmaceutical value chain, and how can we avoid losing ourselves in Scope 3? What quick wins instead exist in Scope 1, Scope 2, and the operational areas of Scope 3?**

Climate change will be the greatest challenge of our time and is expected to lead to 250,000 additional deaths per year. Additionally, the healthcare sector itself is part of the problem: around 5% of global greenhouse gas emissions originate from the healthcare sector-more per revenue dollar than in the automotive industry. Pharmaceutical products account for roughly 55% of emissions from national healthcare systems, and around 70% of emissions from the pharmaceutical industry fall under Scope 3. At the same time, around 70% of the later emissions of a medicine are determined during research and product development, demonstrating how crucial sustainable product design is.

An analysis by Booth (2025) further highlights that existing narratives are hindering progress-for example, the assumption that climate protection conflicts with patient well-being or is only acceptable if profitability does not suffer. The reality is different: sustainable action strengthens regulatory positions, competitiveness, resilience, and reputation. Nevertheless, the industry often focuses on reporting rather than emission reduction, on administrative questionnaires instead of real measures, and on shifting responsibility along the supply chain. Most companies are not “on track” to meet their climate goals; the global Scope 3 gap could grow to 7 gigatons CO<sub>2</sub>e by 2030.

This makes it all the more clear: only genuine collaboration along the entire value chain can enable systemic progress. Data must be shared, responsibilities must be jointly carried, and solutions must be co-created-instead of working in isolation or competitive silos.

### Potential Solutions

First, quick wins in Scope 1, Scope 2, and the operational areas of Scope 3 were identified.

- 1) Particularly effective are structural and energy-related measures, as buildings, energy consumption, and material use represent major emission drivers. Examples such as the building renovations at Roche-where demolition materials are directly processed and reused for new construction-show how implementing circular principles in practice can enable substantial CO<sub>2</sub> savings. Likewise, switching to renewable energy, replacing fossil

heating systems, and using natural resources such as lake-water cooling represent some of the most powerful levers in Scope 1 and 2.

- 2) A second key area concerns material use and manufacturing-one of the largest drivers of global emissions. The group emphasized that sustainable product design must begin early in the R&D phase because around 70% of later emissions are determined at this stage. This requires a new mindset in pharmaceutical development, in which materials, packaging, manufacturing processes, and decontamination possibilities are consistently considered under sustainability criteria. Without this approach, there is a risk that products will be structurally irreducible and Scope-3 emissions will remain permanently high.
- 3) The third and perhaps most important lever lies in systemic collaboration along the value chain. Participants agreed that many challenges-particularly around Scope 3-can only be solved collectively. The industry today works with numerous different carbon footprint tools, questionnaires, and measurement methods, leading to high complexity, redundancy, and limited actionable potential. Instead of isolated reporting activities, shared standards, shared data, and coordinated supply-chain development are needed.

Initiatives such as Go Circular in Life Science, Swiss MedTech, or Be Circular show that associations can play a crucial role as neutral platforms. The group emphasized that sustainability should not be instrumentalized as a competitive advantage; instead, companies must share their insights, develop solutions together, and prevent parallel efforts on the same problems. Only collective approaches enable scaling, cost efficiency, and structural emission reductions.

## **Next Steps for the Working Group**

Four immediate next steps emerge from the discussion:

1. Conduct a survey to systematically capture who is undertaking which activities today and where best practices exist.
2. Identify and launch pioneering projects that can generate faster impact through shared resources and synergies.
3. Develop a visualization and mapping platform that transparently displays initiatives, contacts, and progress and invites collaboration.
4. Work on standardizing supplier questionnaires-ideally supported by AI-to reduce administrative burden and create comparable, high-quality data for real emission reduction measures.

## Final Remarks

The launch event impressively demonstrated that the central challenges of our healthcare system can only be addressed through genuine cooperation. No hospital, no company, no authority, and no single initiative can achieve the necessary changes alone. The four working groups showed how closely ecological, social, economic, and systemic factors are interlinked-and how important it is to share knowledge, make obstacles visible, and actively use synergies.

The PROSPER Compass offers important orientation: it reminds us that regenerative prosperity is more than resource-efficient action. It means placing the health of people, organizations, and systems into a stable, future-proof state, and thinking big without losing sight of feasibility. The Healthcare Collective can become a true catalyst here: a space for systemic collaboration, a learning platform, and a place where concrete solutions emerge, rather than mere demands.

In the coming months, we want to continue strengthening the working groups and translate the energy of the launch into continuous collaboration and visible progress. We will not rigidly hold on to four working groups, but dynamically evolve the structure so each group can develop the necessary depth, focus, and effectiveness. The PROSPER Compass serves as a unifying framework that aligns all initiatives toward not just causing less harm but generating active regenerative impact.

To unlock this potential, we rely on a clearly structured future process: Tailored learning journeys, co-creative workshop formats, and at least three in-person workshops next year will form the framework for in-depth content work. They will be complemented by regular coordination meetings every two months, ensuring momentum, commitment, and transparency. This continuous interplay of learning, co-creation, and implementation forms the engine of the next phase.

Now it is your turn. We warmly invite everyone to actively participate in the working groups, with expertise, questions, practical examples, or pilot projects. Only when we act together will we generate the collective strength that makes our healthcare system more resilient, sustainable, and humane.

→ [Join a working group now and help shape the transformation](#)