Interpretation guide
of Race to Zero criteria for the health care sector

Guideline based on the 2022 Race to Zero Expert Peer Review Group Interpretation Guide and Health Care Without Harm resources and strategy

July 2024

Introduction

Race to Zero is a United Nations-backed global initiative that unites non-state actors dedicated to achieving net zero emissions by 2050. Guided by principles such as equity, resilience, and responsible claims, Race to Zero strives to reach net zero emissions by 2050, a critical step to limit global temperature rise and avert severe climate impacts. Health Care Without Harm partnered with Race to Zero to encourage health care institutions worldwide to commit to net zero emissions, and represents the maximum mitigation ambition of the Health Care Climate Challenge. By joining Race to Zero through Health Care Without Harm, institutions also join the Global Green and Healthy Hospitals network, uniting health care leaders at the forefront of climate action. This guide outlines the requirements to participate in Race to Zero following the "5 Ps": pledge, plan, proceed, publish, and persuade. Recognizing the evolving climate crisis and health care's role, this living document ensures inclusive participation and adapts to advancements and emerging strategies on the path to net zero.

1. Pledge

Race to Zero requirements

Pledge at the head-of-organization level to reach net zero greenhouse gases (GHGs) as soon as possible, and by 2050 at the latest, in line with the scientific consensus on the global effort needed to limit warming to 1.5°C with no or limited overshoot.

Set an interim target to achieve in the next decade, which reflects maximum effort toward or beyond a fair share of the 50% global reduction in CO_2 by 2030.

Targets must cover all greenhouse gas emissions, including scopes 1, 2 and 3.

Based on the 2022 Race to Zero Expert Peer Review Group Interpretation Guide

Pledge: Key actions

1. Complete the form available on our website to join Race to Zero. At the end, you will be required to submit an official letter to join Race to Zero from your institution that has been endorsed by leadership.

2. If your institution is not a participant of the Health Care Climate Challenge, you will need to sign the Health Care Climate Challenge pledge on the same form.

Note: By joining Race to Zero, health care institutions receive automatic membership in the Global Green and Healthy Hospitals network of Health Care Without Harm if they are not already members.

2. Plan

> ### Race to Zero requirements
>
> Within 12 months of joining, publicly disclose a plan which outlines how all other Race to Zero criteria will be met, including what actions will be taken within the next 12 months, within two to three years, and by 2030.
>
> Based on the 2022 Race to Zero Expert Peer Review Group Interpretation Guide

Plan: Key actions

1. Establish your baseline scope 1, scope 2 and scope 3 emissions. Race to Zero participants can use a measurement tool of their choice, or Health Care Without Harm provides the Climate Impact Checkup tool for members to estimate their GHG emissions.

2. Submit this data via the Climate Impact Checkup tool or the Greenhouse gas emissions data form of the Health Care Climate Challenge.

3. Submit your institution's targets via the Greenhouse gas reduction targets form of the Health Care Climate Challenge

4. Complete and submit the **Race to Zero - Net zero target addendum form.**

5. Write, submit, and make your net zero action plan publicly available within 12 months of joining Race to Zero. Participants can submit a plan in any format. If your institution already has developed a net zero plan, they can submit it. If not, Health Care Without Harm developed a "Net zero action plan" template for members to fill out (see "Resources").

6. Every five years, review, submit, and make your updated plan publicly available.

3. Proceed

> ### Race to Zero requirements
>
> Take immediate action through all available pathways toward achieving (net) zero, consistent with delivering your interim targets. Where relevant, contribute to sectoral breakthroughs.
>
> Based on the 2022 Race to Zero Expert Peer Review Group Interpretation Guide

Proceed: Key actions

1. Implement actions and interventions to avoid and reduce GHG emissions even before you outline the plan.

2. Implement your plan.

4. Publish

Race to Zero requirements

Report publicly progress against both interim and longer-term targets, as well as the actions being taken, at least annually.

Based on the 2022 Race to Zero Expert Peer Review Group Interpretation Guide

Publish: Key actions

1. Estimate your GHG emissions annually. In the same way as estimating the baseline, Race to Zero participants can use a measurement tool of their choice or Health Care Without Harm's Climate Impact Checkup tool.

2. Report your annual emissions to Race to Zero via Climate Impact Checkup or using the Greenhouse gas emissions data form of the Health Care Climate Challenge.

3. Complete and submit the **Race to Zero Annual decarbonization progress addendum form.**

5. Persuade

Race to Zero requirements

Within 12 months of joining, align external policy and engagement, including membership in associations, to the goal of halving emissions by 2030 and reaching global (net) zero by 2050.

Based on the 2022 Race to Zero Expert Peer Review Group Interpretation Guide

Race to Zero in the health care sector overview

Race to Zero is a global initiative backed by the United Nations that brings together non-state actors[1] committed to achieving net zero emissions by 2050. Race to Zero participants should follow a set of principles that include scientific integrity, equity and fair share, resilience and adaptation, and responsible claims. The main goal of Race to Zero is reaching net zero emissions by mid-century, as this is the main way to limit the global average temperature increase of 1.5°C by the end of the century and avoid the worst of the climate catastrophe.

Health Care Without Harm is the health sector partner of Race to Zero, engaging with and supporting health care institutions worldwide to commit to achieving net zero emissions. In 2015, Health Care Without Harm launched the Health Care Climate Challenge, which encourages and equips health care institutions to commit to effective climate action while building collective impact around the world. Committing to net zero and joining Race to Zero is the highest level commitment that health care institutions can make in the Health Care Climate Challenge. By joining Race to Zero through Health Care Without Harm, participants also become members of Global Green and Healthy Hospitals (GGHH), the Health Care Without Harm network that brings together health care institutions committed to climate action and sustainability worldwide.

The Race to Zero health care cohort is composed of hospitals and health systems on the cutting edge of health care climate action that can provide leadership and a positive example for the rest of the sector. As members of Race to Zero, health care institutions are part of a global movement that is leading the way in decarbonization, driving innovation, and working for a better future. This growing community provides an opportunity to collaborate along the challenging but vital path toward a low-carbon, sustainable, and healthier world.

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[1] Non-state actors are organizations, institutions, and/or individuals not affiliated with, controlled, or supported by the government.

Benefits of joining Race to Zero:

1. Association with and recognition from the United Nations Framework Convention on Climate Change (UNFCCC) high-level climate champions.

2. Association with and the chance to learn from leading-edge companies and subnational governments committed to net zero.

3. Membership in the Global Green and Healthy Hospitals (GGHH) network (for institutions that are not already members).

4. Access to guidance, tools, resources, and support provided by Health Care Without Harm.

5. Access to a community of practice hosted in the GGHH network, alongside other health care institutions participating in the initiative.

6. Participation in the Health Care Climate Challenge, a global program of Health Care Without Harm that recognizes and celebrates health care institutions worldwide for their progress and commitments.

7. Recognition from Health Care Without Harm and our global network for climate leadership.

As of November 2023, more than 75 health care institutions representing the interests of more than 14,000 hospitals and health centers in 28 countries have joined Race to Zero through Health Care Without Harm.

This guide defines the requirements and key actions health care institutions must take to participate in Race to Zero. It is organized following the Race to Zero criteria, known as the **"5 Ps"**: *pledge, plan, proceed, publish,* and *persuade*. Health Care Without Harm has adapted each section for the health care sector and taken into account the diverse circumstances of health care institutions worldwide, as well as current knowledge gaps and limitations. As the dynamics of the climate crisis unfold, climate ambition increases, and more information on the health care sector's contribution to GHG emissions and effective decarbonization strategies becomes available, Race to Zero requirements may change. As a result, this is a living document that outlines inclusive and equitable criteria to participate, but it is likely to evolve as the health care sector advances in its path to net zero.

1. Pledge

When a health care institution joins the Race to Zero, it commits to achieving net zero emissions by 2050 and setting interim targets in line with global efforts to limit warming to 1.5 °C. According to the Race to Zero Lexicon, net zero is when *"an actor reduces its emissions following science-based pathways, with any remaining GHG emissions attributable to that actor being fully neutralized by like-for-like removals[2] (e.g. permanent removals for fossil carbon emissions) exclusively claimed by that actor, either within the value chain or through purchase of valid offset credits."* It is a trajectory goal that requires an entity to set distinct emission reduction targets in line with limiting warming to 1.5°C before considering the use of neutralization measures.

Race to Zero states net zero targets shall cover on average 90% of GHG emissions, including scope 3 sources. Members do not need to have data on all emission sources **at the beginning,** but they must be committed to including all GHG emissions in their net zero target for 2050.

Regarding the interim target, Race to Zero states that it should represent a "maximum effort toward or beyond a fair share of the 50% global reduction in CO_2 by 2030." The "fair share" principle allows for variations in targets across high and low-emitting countries, taking into account inequalities worldwide and the need to strengthen the health sector for current and upcoming challenges. As a result, while institutions in high-emitting countries should set interim targets that represent at least a 50% GHG reduction by 2030, institutions from countries with health care emissions per capita lower than average are expected to make ambitious interim targets, but do not need to include a specific percentage **at this stage.** Health care emissions per capita for countries and territories can be found in the Global road map for health care decarbonization developed by Health Care Without Harm and ARUP (annex II).

Interim targets should include scope 1, scope 2, and scope 3 emissions. Additionally, targets should include all GHGs (including non-CO_2 gases such as anesthetics, HFCs, and methane) to accelerate the transition to a decarbonization trajectory aligned with the 1.5°C goal. Because data for some sources,

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[2] The Race to Zero Lexicon defines neutralization as "*GHG removals that balance residual emissions*", and like for like "*when a source of emissions and an emissions sink correspond in terms of their warming impact, and in terms of the timescale and durability of carbon storage*".

especially scope 3, may be challenging to obtain, it is necessary to acknowledge emissions not included in the targets despite best efforts, strive to improve data collection, and include additional sources as measuring tools and data become available.

While working toward net zero, some emissions will be easier and more feasible to reduce. However, it is likely that a portion of GHG emissions will prove challenging to completely eliminate due to technological or economic constraints. These are known as "residual emissions" and need to be neutralized by like-for-like removals to meet Race to Zero criteria. For more information on these emissions, see "Residual emissions".

In addition to pledging to achieve net zero by 2050 and setting interim targets, Race to Zero members must commit to report annually. This reporting includes annual GHG emissions, actions and interventions implemented, progress against short, mid and long-term targets, and updates to plans, if necessary. All data reported is private and confidential, and will not be shared with other members. Health Care Without Harm will only share information related to targets and annual progress on the UNFCCC Global Climate Action Portal. For more information on annual reporting, see the "Publish" section of this document.

Pledge: Key actions

1. Complete the form available on our website to join Race to Zero. At the end, you will be required to submit an official letter to join Race to Zero from your institution that has been endorsed by leadership.

2. If your institution is not a participant of the Health Care Climate Challenge, you will need to sign the Health Care Climate Challenge pledge on the same form.

Note: By joining Race to Zero, health care institutions receive automatic membership in the Global Green and Healthy Hospitals network of Health Care Without Harm if they are not already members.

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2. Plan

Race to Zero requirements

Within 12 months of joining, publicly disclose a plan which outlines how all other Race to Zero criteria will be met, including what actions will be taken within the next 12 months, within two to three years, and by 2030.

Based on the 2022 Race to Zero Expert Peer Review Group Interpretation Guide

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A plan should be presented within 12 months of joining Race to Zero that describes how the institution will meet the Race to Zero pledge (including interim targets) and what actions will be taken in the next 12 months, two to three years, and by 2030.
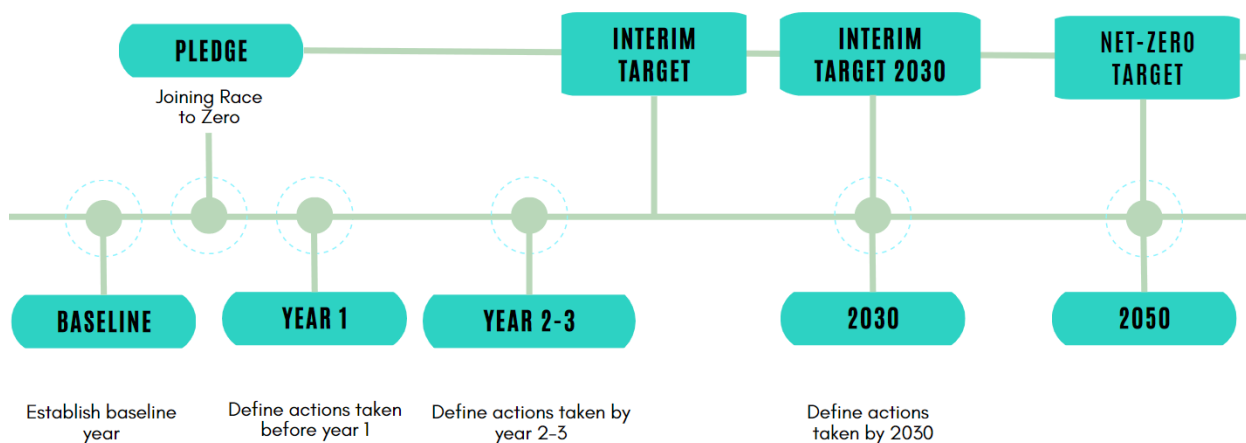
Figure 1: Timeline for meeting Race to Zero criteria

2.1 Content

Race to Zero requirements

Plans should specify at least:
a. The amount and nature of planned GHG reductions;
b. Governance arrangements around these actions, including who is responsible for deciding and implementing on the different elements of the plan, if applicable;
c. How the activities will be financed, if applicable;
d. How the proposed activities depart from Business as Usual, and how and when the plan will be updated.

Based on the 2022 Race to Zero Expert Peer Review Group Interpretation Guide

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The plan should include the GHG emissions for the base year selected, the short, mid and long-term targets, and the actions that will be implemented at each stage to reduce GHG emissions. It should be specific on the amount, sources, and types of GHG emissions that will be reduced.

Plans should also describe governance arrangements, as well as the human and financial resources required for implementation. Ideally, plans should also describe how implementation differs from business as usual. Finally, the plan should state the frequency of updates and provide a clear outline of the process involved.

While there are countless formats for presenting a plan, Race to Zero suggests including information on:

- **Foundations** (ambition and strategy including feasibility)
- **Processes** (what actions are taken and how decisions are made to reduce emissions)
- **Metrics and targets** (clear timeline, plans for measuring and monitoring progress)
- **Accountability** (clear governance structures, disclosure, performance incentives, etc.)

Additionally, plans from the health care sector may also describe actions to **build resilience and strategies regarding disaster preparedness**. For more information on climate-smart health care, see the Global road map for health care decarbonization.

Finally, plans could also address **public policies** that facilitate or hinder the institution's progress and consider **engagement** with different stakeholders, including collaboration with other sectors or subnational government departments, financing mechanisms, and internal and community advocacy.

2.2 Timelines

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Race to Zero requirements

a. Members are expected to **specify a base year** for their emissions reduction targets.

b. Include in your plan a **timeframe within which actions will be taken** (especially in the next 12 months, two to three years and by 2030), and outline efforts for any plans to remove carbon from the atmosphere. **Update your plan on a regular basis**, demonstrating progress made and updated ambition where relevant.

c. Clarify whether scope coverage in target setting relates separately to interim and long term targets.

d. Specify action to phase out non-CO_2 gases (other than methane) with both 2030 and 2050 targets.

e. Continue reviewing and updating your ambition: **Review your pledge on a five-year cycle**, in line with the Paris Agreement.

Based on the 2022 Race to Zero Expert Peer Review Group Interpretation Guide

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2.2.1. Baselining and setting targets

> ### Race to Zero requirements
>
> Baselines and targets should include scope 1, scope 2, and scope 3 emissions.

Baselining

Establishing a robust baseline of GHG emissions allows institutions to have a foundational measurement of the quantity and type of GHGs emitted. This information can be used to identify high-emitting activities and sectors, define goals, set targets, and track progress. The steps to develop a baseline are as follows:

a. Setting an organizational boundary

Health care institutions must determine what will be included in their baseline estimation and which emissions correspond to third parties. For example, if an institution joins as a health system, it is required to report data from all the facilities managed by that health system.

For some institutions, particularly those comprising several facilities, it may be challenging to have all the necessary information at the outset. In these cases, it is important for members to acknowledge any gaps and commit to acquiring missing data as they progress towards net zero. A plan and timeline for obtaining this information should also be provided. Another option for health systems lacking complete data for all of their facilities is to have each insititution that has the necessary information join Race to Zero individually.

Finally, it is important to document any changes to the institution's boundary, such as the addition of new buildings. This information should be included in the annual report alongside new baseline GHG emissions.

b. Selecting your baseline year

Health Care Without Harm suggests choosing the earliest year for which a health care institution has all necessary information to report the selected GHG emission categories. This baseline year will probably remain the same unless there are important changes in the institution such as a new operational building, the calculation method changes, or additional emission sources are included.

c. Estimating your baseline emissions

Many tools have been developed to measure GHG emissions. However, those not specifically intended for health care can be hard to navigate due to the sector's unique sources and emissions like anesthetic gasses. To ensure accurate and comprehensive measurements, it is advisable for health care institutions to use tools designed specifically for the sector.

Establishing an exhaustive and robust baseline should be a priority. However, it is a challenging and many times iterative process that adds emission sources as data becomes available. The baseline, as well as the targets and plan, should describe any gaps in available data, specify the sources that are missing, and outline plans for obtaining the necessary information. By acknowledging these gaps, health care institutions can develop more realistic targets and strategies for reducing GHG emissions while also ensuring transparency and accountability in their reporting.

Greenhouse gas emission calculation tools developed by Health Care Without Harm

Climate Impact Checkup tool (global health care focus)

Health Care Without Harm developed the Climate Impact Checkup tool to help health care institutions estimate their carbon footprint, establish a baseline, and monitor their GHG emissions.

The tool is an online form that GGHH member institutions fill out with data from a range of emission sources. It estimates their emissions and presents the results in a simple way, informing the amount and share of emissions by scope and category. These results enable institutions to identify their main GHG sources as well as the highest-emitting activities. It also allows them to test scenarios and estimate the emissions reduction that different interventions can achieve.

It is important to mention that the tool collects information at the facility level. Members that represent more than one facility may report for each one separately. However, the tool does not add the results. Institutions that represent up to 30 facilities may use the downloadable spreadsheet version for each facility, which can then be combined using the system-specific tool into a single document that provides aggregated results.

As a member of the GGHH network, you can find the Climate Impact Checkup tool in Connect, alongside the tool's guidelines. For further understanding and training, you may pursue the Climate Impact Checkup online course[3].

Health Care Emissions Impact Calculator (U.S. health care focus)

The Health Care Emissions Impact Calculator is an accounting tool specifically designed to help health care organizations in the United States measure their GHG emissions. The calculator utilizes US emission factors and enables the development of a comprehensive GHG inventory at both the facility and system levels, encompassing Scope 1, 2, and 3 emissions.

The tool is open access and publicly available for personal use. It is based on a spreadsheet, so no data is being collected.

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[3] Members of the **Global Green and Healthy Hospitals** have access to both online and downloadable spreadsheet versions of the Climate Impact Checkup tool. **ATACH community of practice** can access the downloadable spreadsheet, while health care and sustainability professionals who enroll in the **online course** receive both the downloadable spreadsheet and a limited online tool version for six months after registration.

Setting targets

The Race to Zero pledge consists of reaching "net zero GHG emissions as soon as possible, and by 2050 at the latest" and setting interim targets at 12 months and two to three years to achieve maximum reduction of carbon emissions by 2030.

As mentioned above, the "maximum effort toward or beyond a fair share of the 50% global reduction in CO_2 by 2030" means 50% reduction for high-emitting countries, but not for low-emitting ones. However, these targets will still need to be aligned with the goal of meeting net zero by 2050. Additionally, if members cannot halve emissions by 2030, they should report in what year they expect to meet the 50% reduction target.

As a reference, Health Care Without Harm proposes following the country-based trajectories outlined for the health care sector in the Global road map for health care decarbonization developed by Health Care Without Harm and ARUP (annex III). This document classifies countries in groups that must reduce emissions rapidly and immediately and those that could follow a slower trajectory. Regardless of the pathway, all countries should meet net zero emissions by 2050 to stay aligned with the ambition of the Paris Agreement.

The institution's goal should be to reduce and avoid GHG emissions, and minimize residual emissions and neutralization actions required for net zero.

2.2.2 Developing a plan

Defining actions and interventions

After estimating the baseline, health care institutions will be able to identify the main sources of emissions and high-emission sectors and activities. The results should inform the plan by helping to prioritize interventions and detect the most cost-efficient measures. A framework to assess mitigation opportunities is described in the Health care decarbonisation toolkit: Experiences from the Mediterranean region developed by Health Care Without Harm Europe (annex IV).

On the way to net zero, institutions should follow a mitigation hierarchy that prioritizes avoiding emissions, followed by reducing emissions over any compensation or neutralization measures.
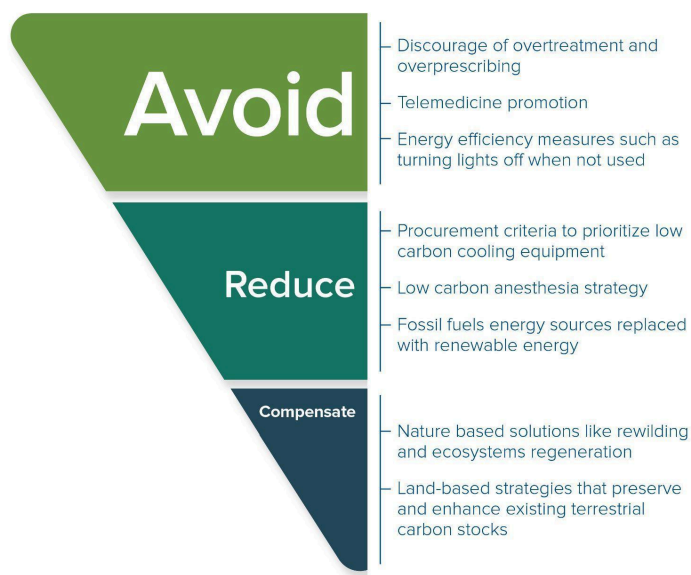
Figure 3: Mitigation hierarchy in GHG emissions mitigation (Health Care Without Harm)

Health Care Without Harm has created a number of resources to assist institutions in their efforts to decarbonize, including possible pathways and interventions to reduce emissions. Describing mitigating actions in health care exceeds the purpose of this document, but many examples can be found in the documents listed under "Interventions" in the Resources section.

Residual emissions

Requirements
Members should establish and list their residual emissions in the plan as well as the annual reporting addendum to the extent they are known.
Members should provide information about the actions and initiatives they are implementing or plan to implement to neutralize residual emissions, if any.

Residual emissions are emissions that are generally recognized by the sector as particularly difficult or expensive to remove despite targeted interventions, investment, and focus. These may vary for health care institutions from different countries and settings, so each member should identify what their residual emissions are.

Neutralization of GHG residual emissions might be required to meet net zero targets. According to the Race to Zero Lexicon, neutralization refers to "*GHG removals[4] outside an actor's emissions inventory that balance residual GHG emissions such that an actor's net contribution to global emissions is reduced or eliminated.*"

While neutralization is a valid approach to meet Race to Zero criteria, reducing and eliminating emissions should be prioritized throughout the journey to net zero. Neutralization measures should not delay or replace emissions reduction efforts. Instead, they should only be considered after establishing a clear pathway to net zero to compensate for emissions that are extremely difficult to eliminate or reduce, and should be systematically minimized and periodically assessed.

To meet Race to Zero criteria, members are asked to report residual emissions, their sources, and the neutralization actions they are using, if any. In the fast-evolving context of climate solutions, residual emissions are expected to decrease over time as other sectors innovate and decarbonize and the health care sector uses its purchasing power to transform markets and promote innovation. Therefore, residual emissions identified and reported should be reviewed periodically.

Monitoring progress

By monitoring the actions implemented, institutions may identify barriers and facilitators of the interventions, as well as detect any disruptions early to introduce timely changes. Monitoring results is also useful for reporting, reviewing, and adjusting the plan.

2.2.3 Reviewing the plan

Institutions participating in Race to Zero must reevaluate their targets every five years in line with the Paris Agreement. Additionally, plans should be reviewed, evaluated, and improved periodically. As a result, it is advisable to synchronize both processes to ensure consistency and alignment, facilitating effective progress toward net zero.

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[4] Race to Zero Lexicon: removals are "actions that remove GHGs from the atmosphere relative to baseline. Examples include: Afforestation and reforestation, soil carbon enhancement, bioenergy with carbon capture and storage (BECCS), direct air capture, mineralization, or enhanced weathering." See main definition in Annex I
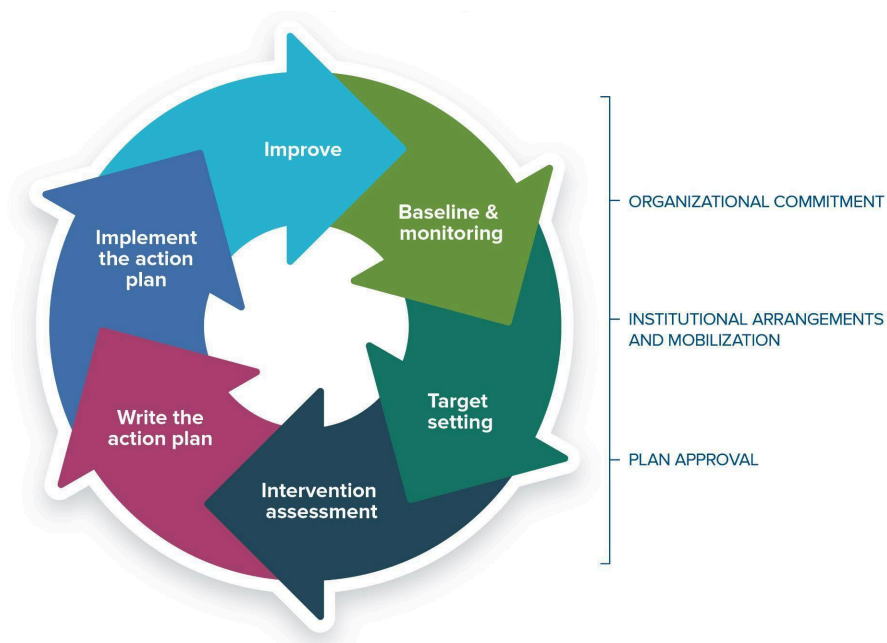
Figure 4: Continuous process of plans (Health Care Without Harm).

The plan should be regularly reviewed due to the likelihood of:
- New evidence on mitigation strategies.
- New technologies and products that may have a lower carbon footprint than current ones.
- Improved data in the organization.
- Growth in infrastructure, complexity, operation, or other aspects of the institution.
- New definition of residual emissions as some sources become possible to mitigate.
- More ambitious targets.
- Modification of the percentage of emissions neutralized.

Tips

1. Evaluate if you met your targets.
2. Evaluate the results of your interventions.
3. Evaluate your resources, new findings, new technologies, and other factors to identify opportunities to reduce more sources of emissions.
4. Set new targets.
5. Adjust and improve your plan.

Plan: Key actions

1. Establish your baseline scope 1, scope 2 and scope 3 emissions. Race to Zero participants can use a measurement tool of their choice, or Health Care Without Harm provides the Climate Impact Checkup tool for members to estimate their GHG emissions.

2. Submit this data via the Climate Impact Checkup tool or the Greenhouse gas emissions data form of the Health Care Climate Challenge.

3. Submit your institution's targets via the Greenhouse gas reduction targets form of the Health Care Climate Challenge.

4. Complete and submit the **Race to Zero - Net zero target addendum form**.

5. Write, submit, and make your net zero action plan publicly available within 12 months of joining Race to Zero. Participants can submit a plan in any format. If your institution already has developed a net zero plan, they can submit it. If not, Health Care Without Harm developed an "Net zero action plan template" for members to fill out (see "Resources").

6. Every five years, review, submit, and make your updated plan publicly available.

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3. Proceed

Race to Zero requirements

Take immediate action through all available pathways toward achieving (net) zero, consistent with delivering your interim targets. Where relevant, contribute to sectoral breakthroughs.

Based on the 2022 Race to Zero Expert Peer Review Group Interpretation Guide

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Actions should be put into practice as soon as possible. Although creating a plan may take time, some actions can be implemented as it is developed or even before. Interventions carried out prior to joining Race to Zero or developing the plan can be included as complementary information.

Actions should aim to reduce and eliminate emissions of a range of activities within the institution. Outcomes should be quantifiable and aligned with the institution's interim and end targets. Examples of immediate actions include:

- Setting up the governance mechanisms to carry out the plan and evaluate its progress
- Procurement and installation of energy-efficient technology
- Training and raising awareness among staff and patients
- Promoting behavior change

> ## Proceed: Key actions
>
> 1. Implement actions and interventions to avoid and reduce GHG emissions even before you outline the plan.
>
> 2. Implement your plan.

4. Publish

> ## Race to Zero requirements
>
> Report publicly progress against both interim and longer-term targets, as well as the actions being taken, at least annually.
>
> Based on the [2022 Race to Zero Expert Peer Review Group Interpretation Guide](#)

Race to Zero members should report their progress annually against their short and long-term targets. As institutions are also participating in the Health Care Climate Challenge, the reporting period timelines are aligned. This means participants should submit the Health Care Climate Challenge forms from January to September, and the addenda forms shortly after. By doing this, institutions can utilize the data collected for the HCCC to complete the addenda and reflect on the additional aspects they cover such as challenges, opportunities, and resources needed. Once completed, the addenda forms will contain valuable insights for institutions to plan and adjust their actions for the following year.

In the Annual decarbonization progress addendum form, institutions should include:

- Information on annual emissions and GHG reduction with scope of emissions reduced
- Interventions implemented
- Challenges and opportunities encountered over the last 12 months
- Plans and strategies to achieve targets
- Updated targets if necessary

Because transparency is one of the main principles of annual reporting, institutions should acknowledge GHG sources excluded from the plan and the annual report, as well as missing data in targets or monitoring. Moreover, plans on how to include the missing sources and improve data collection in subsequent years should be described.

Reports should be exhaustive and include at least the emission sources included in the plan and previous years' reports. If data from additional sources becomes available, their GHG emissions will be compared against the first year they were reported. The new source category, the amount and type of its GHG emissions, the interim target reduction percentage, and the actions outlined to meet it should be included in subsequent annual reports.

If the institution is implementing neutralization measures to manage residual emissions, it should also include these in its annual report.

Information and data reported by institutions is private and confidential. It will not be shared with other members. The data is securely stored and analyzed by Health Care Without Harm. As agreed by each member in their letter of intent to join Race to Zero, Health Care Without Harm will share information related to your target and annual progress on the UNFCCC Global Climate Action Portal.

Additionally, we encourage health institutions to publish their experiences and share learnings to inspire others who are beginning their journey toward net zero emissions. Health Care Without Harm will help publicize and disseminate advances of Race to Zero participants in events and webinars, through its communication channels, and within the GGHH network.

Health Care Without Harm resources

To monitor and report progress you may use the *Climate Impact Checkup* tool. You will be able to compare your results against your baseline and previous years. Additionally, you may evaluate your performance by comparing your estimations with other similar health care institutions.

Health Care Without Harm has also developed a case study template to share your experience on the path to net zero, and help and inspire other health care institutions around the world.

Publish: Key actions

4. Estimate your GHG emissions annually. In the same way as estimating the baseline, Race to Zero participants can use a measurement tool of their choice or Health Care Without Harm's **Climate Impact Checkup** tool.

5. Report your annual emissions to Race to Zero via Climate Impact Checkup or using the **Greenhouse gas emissions data form** of the Health Care Climate Challenge.

6. Complete and submit the **Race to Zero Annual decarbonization progress addendum form.**

5. Persuade

Besides working within the health care facilities' walls, members should engage with the broader community to promote climate action, including local community, members of their supply chain and policy-makers, and support public policies aligned with Race to Zero criteria.

Collaborative and collective efforts are paramount in achieving the goal of net zero emissions, and the health care sector plays a vital role in ensuring that the necessary transformation to keep aligned with the Paris Agreement ambition takes place on a systemic level.

Annexes

Annex I

Definitions (based on Race to Zero Lexicon)

Absolute zero	When no greenhouse gas emissions are attributable to an actor's activities across all scopes.
GHG neutrality	Where GHG emissions attributable to an actor are fully compensated by GHG reductions or removals exclusively claimed by the actor, such that the actor's net contribution to global GHG emissions is zero, irrespective of the time period or the relative magnitude of emissions and removals involved.
GHG removals	Actions that remove GHGs from the atmosphere relative to baseline. Examples include: Afforestation and reforestation, soil carbon enhancement, bioenergy with carbon capture and storage (BECCS), direct air capture, mineralization, or enhanced weathering.
Like-for-like	When a source of emissions and an emissions sink correspond in terms of their warming impact and in terms of the timescale and durability of carbon storage.
Net zero	When anthropogenic emissions of greenhouse gasses to the atmosphere are balanced by anthropogenic removals over a specified period. An actor reduces its emissions following science-based pathways, with any remaining GHG emissions attributable to that actor being fully neutralized by like-for-like removals.
Neutralization	GHG removals outside an actor's emissions inventory that balance residual GHG emissions such that an actor's net contribution to global emissions is reduced or eliminated. Neutralization claims are only valid under a rigorous set of conditions, including that the reductions/removals involved are additional, not over-estimated, exclusively claimed, and like-for-like.

Annex II

Top emitters: (over 1t per capita)	Major emitters: (between the 0.50t and 1t per capita)	Higher than average emitters: (between global average 0.28t and 0.50t per capita)	Lower than average emitters	Unknown
Australia Canada Switzerland United States	Austria Belgium Denmark Estonia Finland Germany Ireland Japan Korea Luxembourg Netherlands Norway Russia Taiwan United Kingdom	Bulgaria Cyprus Czech Republic France Greece Italy Malta Poland Portugal Slovenia Spain Sweden European Union	Brazil China Croatia Hungary India Indonesia Latvia Lithuania Mexico Romania Slovak Republic Turkey	Rest of World
Additional nations				
Singapore	Iran Israel New Zealand Uruguay	Argentina Chile Kazakhstan Kuwait Mauritius North Macedonia South Africa	Colombia Ecuador Georgia Kenya Kyrgyzstan Malaysia Paraguay Peru Philippines Thailand Ukraine Uzbekistan Vietnam	

Table 1: Health care emissions per capita by country.

For more information about this categorization, see the Global road map for health care decarbonization.

Annex III

Steep decrease	Steady decrease	Early peak	Late peak
Australia	Cyprus	Brazil	India
Austria	Czech Republic	Bulgaria	Indonesia
Belgium	Estonia	China	*Georgia*
Canada	Greece	Croatia	*Kenya*
Denmark	Korea	Hungary	*Kyrgyzstan*
Finland	Latvia	Mexico	*Philippines*
France	Lithuania	Poland	*Ukraine*
Germany	Malta	Romania	*Uzbekistan*
Ireland	Portugal	Russia	*Vietnam*
Italy	Slovak Republic	Turkey	*Rest-of-World*
Japan	Slovenia	*Argentina*	
Luxembourg	Spain	*Chile*	
Netherlands	Taiwan	*Colombia*	
Norway	*Israel*	*Ecuador*	
Sweden		*Iran*	
Switzerland		*Kazakhstan*	
United Kingdom		*Malaysia*	
United States		*Mauritius*	
Kuwait		*North Macedonia*	
New Zealand		*Paraguay*	
Singapore		*Peru*	
		South Africa	
		Thailand	
		Uruguay	

Table 2: Allocation of nations to the four trajectories

For more information about this categorization, see the Global road map for health care decarbonization.

Annex IV

The [Healthcare decarbonisation toolkit: Experiences from the Mediterranean region](#) proposes the following steps to assess opportunities to reduce emissions:

1. Capture activities and/or projects that have already been implemented by your organization.
2. Create a list of other potential actions to reduce emissions in key areas.
3. Estimate the cost of implementing the actions identified, as well as the cost and carbon savings potential.
4. Build a business case for GHG reduction for each measure identified by:
   - Estimating the cost savings for each activity.
   - Estimating the emissions savings for each activity.
   - Calculating the payback/return on investment.
   - Considering any additional or ancillary benefits, such as climate crisis preparedness (for example, moving to onsite renewable energy can not only reduce GHG emissions and generate cost savings, but can allow a hospital to operate longer in extreme weather events if local utilities are interrupted).

5. Identify priorities and develop a final list of emissions reduction projects and activities in the form of a projects register to be incorporated into your plan, taking into account the business case, ease of implementation, total emissions saving potential, and any other factors relevant to decision-making.

6. Ensure all actions are assigned to named individuals so it is clear who is responsible for delivering them.

For more information about the toolkit, see the [Healthcare decarbonisation toolkit: Experiences from the Mediterranean region.](#)

Resources for Race to Zero participants

Advocacy

- Health care's climate footprint
- Just Transition for healthy people on a healthy planet
- Liderazgo de la salud por el clima (Health care climate action leadership) (HCWH Latin America)
- Mastering media interviews to promote climate and health (HCWH Europe)
- Reclaiming health activism in the age of climate crisis

Carbon footprint calculation tools

Climate Impact Checkup (global health care focus)
- Climate Impact Checkup online tool (for GGHH members)
- Climate Impact Checkup downloadable spreadsheet (for health care facilities and health systems)
- Climate Impact Checkup tool guide (for GGHH members)
- Climate Impact Checkup online course (available in 2023)

Health Care Emissions Impact Calculator (US health care focus)
- Health Care Emissions Impact Calculator (HCWH US & Canada)

Carbon management plan

- Healthcare decarbonisation toolkit: Experiences from the Mediterranean region (for GGHH members) (HCWH Europe)

Interventions

- Buildings Guidance Document (for GGHH members)
- Designing a net zero roadmap for healthcare
- Energy Guidance Documents (for GGHH members)
- Guidance for immunization waste management
- Global road map for health care decarbonization
- Waste Guidance Document (for GGHH members)

Procurement
- [Healthy food resources](#) (HCWH US & Canada)
- [Reducing the carbon footprint of health care through sustainable procurement](#) (HCWH Europe)
- [Sustainable procurement in health care guide](#) (for GGHH members)
- [Sustainable Procurement Index for Health](#)
- [Sustainable procurement criteria for examination and surgical gloves guide](#) and [toolkit](#)

Case studies
- [Case studies from GGHH members](#) (for GGHH members)
- [Case studies on sustainable procurement](#)
- [Climate Action: A Playbook for Hospitals](#) (HCWH US & Canada)

Templates and tools

- Action plan template (offline form for Race to Zero members)
- Annual decarbonization progress addendum form (offline form for Race to Zero members)
- [Carbon management plan template](#) from the [Healthcare decarbonisation toolkit: Experiences from the Mediterranean region](#) (for GGHH members)
- Case study template (offline form for Race to Zero members)
- Net zero action plan template (offline form for Race to Zero members)
- Net zero target addendum form (offline form for Race to Zero members)
- Race to Zero Checklist (offline document for Race to Zero members)

Contact

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