Race to Zero **for Healthcare**

Frequently Asked Questions

1. What is Race to Zero for Healthcare?

Race to Zero for Healthcare is Health Care Without Harm's highest ambition global decarbonization pathway for health institutions committed to achieving net zero greenhouse gas emissions by 2050.

Building on the leadership, methodology, and momentum established through the original Race to Zero campaign, Race to Zero for Healthcare now continues under full Health Care Without Harm stewardship as the dedicated pathway for health-sector net-zero transformation.

It supports hospitals, health systems, and healthcare facilities to:

- Set science-aligned net zero targets
- Develop implementation plans
- Report progress annually
- Share leadership and influence the sector

2. Why would a healthcare institution want to join the Race to Zero for Healthcare?

A healthcare institution should consider joining this initiative to:

- Join Health Care Without Harm's highest ambition global decarbonization pathway for healthcare, and establish themselves as a leader in healthcare climate action
- Meet their obligation to "first, do no harm"
- Set a science-aligned greenhouse gas reduction target
- Build a structured pathway to net zero by 2050
- Participate in a Community of Practice that brings together leading healthcare institutions worldwide, with access to tools, guidance, and peer learning
- Contribute to aggregated health-sector emissions reductions and sector transformation

3. How does Health Care Without Harm define net-zero and residual emissions?

Health Care Without Harm defines net zero as a trajectory goal requiring institutions to reduce emissions in line with limiting warming to 1.5°C before considering neutralization of residual emissions. The goal must include emission reductions across all scopes, and a separate approach to manage the remaining percentage of residual emissions to promote equity and community resilience. Given this is a trajectory goal, there will need to be:

- Interim targets, in line with global efforts to limit warming to 1.5 °C, including 50% greenhouse gas reduction by 2030 for high-emitting countries, as highlighted in the Annex.
- Inclusion of additional emissions across all scopes as measuring tools and data become available.
- Recognition that the management of residual emissions may need to include solutions from future innovation and research.

Residual emissions are emissions that are generally recognized by the sector as particularly difficult or expensive to remove despite targeted interventions, investment, and focus. Residual emissions are expected to decrease over time as other sectors innovate and decarbonize, and the healthcare sector uses its purchasing power to move markets and promote innovation.

4. Who can join Race to Zero for Healthcare?

The Race to Zero for Healthcare is open to all healthcare institutions, including hospitals, healthcare systems, and healthcare facilities.

Institutions must demonstrate readiness to pursue the highest level of mitigation ambition, including annual reporting and a pathway toward Scope 3 inclusion.

5. How do I join?

Health Care Without Harm invites healthcare institutions to join the Race to Zero for Healthcare. To become part of the movement, institutions need to submit a letter stating a commitment to reaching net-zero emissions by 2050, setting interim targets by 2030, and reporting annually on progress towards these goals. We invite you to use and customize the letter of intent template available in the Race to Zero for Healthcare sign-up form.

By joining Race to Zero for Healthcare, institutions receive a membership in the Health Care Climate Challenge and Global Green and Healthy Hospitals (if your institution is not already a member). These networks provide access to a suite of tools and resources to assist healthcare institutions in reducing their carbon footprint, implementing successful sustainability projects and programs, and achieving the ambition of Race to Zero for Healthcare.

6. What are the required commitments for Race to Zero for Healthcare?

All participants must commit to the following:

Pledge

- 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. Organizations from countries with high levels of emissions are expected to commit to reducing quantifiable emissions by at least 50% by 2030. A list of countries considered to have high emissions levels is included in the Annex to this document.

Plan

- Share a plan outlining how Race to Zero for Healthcare criteria will be met, including what actions will be taken within the next 12 months, within two to three years, and by 2030.
- In the transition to net-zero, prioritize reducing emissions, limiting any residual emissions to those that are not feasible to eliminate. Any neutralization of residual emissions must transition to permanent removals by the time net-zero status is achieved.

Proceed

Take immediate action through all available pathways toward achieving net-zero, while delivering your interim targets.

Publish

At least once a year, report progress against both interim and longer-term targets, as well as the actions being taken.

Persuade

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. For example:

- Share case studies
- Contribute to communities of practice
- Align external engagement and procurement influence
- Support policy and sector leadership.

You may find a more detailed overview of the requirements for Race to Zero for Healthcare on our website.

7. Can we include offsets?

Offsets can be included for emissions that are particularly hard to reduce but should be systematically minimized. Offsets can only be explored after developing a pathway to zero and are only considered for residual emissions that cannot be technically or economically mitigated.

Institutions joining the Race to Zero for Healthcare are asked to describe any offsets they are using to demonstrate how their reduction pathways can meet the 50% measurable reductions by 2030, and how they plan to continuously minimize residual emissions over time. Health Care Without Harm is developing further guidance about the management of residual emissions and the use of offsets.

8. What are the reporting requirements?

Race to Zero for Healthcare members report annually through GGHH, typically between February and June.

9. How will our data be used and/or shared?

All information and data collection is confidential to Health Care Without Harm.

Aggregated and anonymized data may be used by Health Care Without Harm for Monitoring, Evaluation, and Learning (MEL), leadership communications, funder reporting, and public evidence of sector-wide decarbonization progress.

10. How will participation in Race to Zero for Healthcare be recognized?

Your institution will be recognized as a Race to Zero for Healthcare member on:

- GGHH website
- GGHH global climate initiatives
- Health Care Without Harm global channels
- Race to Zero for Healthcare leadership features
- Case studies library
- Climate global events

11. Are there measurement and tracking tools we can use?

Health Care Without Harm developed a series of global climate footprint measurement and reporting tools for healthcare institutions:

- GGHH reporting form
- Climate Impact Checkup: The tool is available via the Hippocrates Data Center @ Global Green and Health Hospitals, and to U.S. members through Practice Greenhealth. For members located in the U.S., Health Care Without Harm also developed the Health Care Emissions Impact Calculator.
- Net zero action plan template

12. How is Race to Zero for Healthcare different from the former Race to Zero campaign?

Race to Zero for Healthcare builds on the original Race to Zero methodology and member commitments, but is now fully led by Health Care Without Harm and integrated into GGHH. For members, the ambition, reporting expectations, and support remain largely the same, with stronger alignment to GGHH systems, peer learning, and leadership recognition.

Annex

Country categories utilized by Health Care Without Harm

(based on the Global road map for healthcare decarbonization)

Steep decrease	Steady decrease curve	Early peak curve	Late peak curve
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	
USA		Mauritius	
Kuwait		North Macedonia	
New Zealand		Paraguay	
Singapore		Peru	
		South Africa	
		Thailand	
		Uruguay	