A Just Transition from Fossil Fuels for the Health Care Sector

Submission by

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regarding

COP30 Presidency Roadmap for Transitioning Away from Fossil Fuels in a Just, Orderly and Equitable Manner (paragraph 28.d/GST1)

This submission argues that the COP30 Presidency Roadmap should include a pathway for the health sector to reduce its significant contribution to net global greenhouse gas emissions of between 4.2% and 4.4%, by transitioning away from fossil fuels across its supply chain and operations. This transition will also increase health security around the world by limiting the sector's dependence in many countries on imported fossil fuels.

Introduction

This submission focuses on the need for both mitigation and adaptation strategies in the health sector to be oriented around transitioning from fossil fuels while increasing both health equity and climate justice, taking into account the principle of common but differentiated responsibilities and respective capabilities.

Health systems from high income countries have the largest greenhouse gas emissions and need to lead in the transition from fossil fuels. At the same time, the health impacts of climate change disproportionately affect vulnerable populations, who, in turn, often have the least access to health services. Together, these challenges reinforce the argument for making both health care decarbonization and achieving Universal Health Coverage core interconnected components of a just transition from fossil fuels.

A society-wide transition from fossil fuels will of course, not only help decarbonize the health care sector, but it will also protect population health across the world. While recognizing this, our submission does not delve into these important areas which are well covered by submissions from other health sector stakeholders that articulate the impacts on human health of fossil fuel exploration, extraction, transport and combustion. These other complimentary submissions articulate the need for a just, orderly and equitable transition in other sectors to clean, healthy, renewable energy, transportation, agricultural practices and more in order to protect public health from the climate crisis. This submission focuses on the health care sector itself and its supply chain.

For the purposes of brevity we have chosen to respond to points a), c), and d). Answers to point b) can be found therein, particularly in the italicized portions of the responses to point a).

(a) What are the most critical barriers — whether physical, economic, financial, institutional, technological or social— preventing a transition away from fossil fuels?

Barrier 1: The health care sector is highly dependent on fossil fuels across its operations and supply chain to both provide for patient care and to produce critical health products including vaccines, pharmaceuticals and medical devices. This makes it a major greenhouse gas emitter

Overall, the health care sector is responsible for between 4.4% (Pichler et al., 2019) and 4.2% (Romanello et. al. 2025) of net global greenhouse gas emissions. If it were a country it would be the fifth largest climate polluter on the planet.(Karliner et al., 2019).

The combustion of coal, oil and gas accounts for 84% of health care's climate emissions. (Karliner et. al. 2021) This figure does not take into account fossil fuel dependence related to patient transport, which, if calculated, would increase the percentage.

Health care's dependence on fossil fuels also leaves the sector vulnerable to geopolitical, climate and health emergency disruptions that constrain the flow of fossil fuels around the globe. When supply becomes unstable, hospitals struggle to operate and provide life-saving care, medicines become more expensive, and patients are put at risk.

Health Care Without Harm supports substantial innovation and transformational change in health care services and delivery, as well as product design, manufacturing, production, procurement, transportation and logistics in order to help facilitate a just transition from fossil fuels.

Barrier 2: Investment in a fossil fuel transition for health care is insufficient. Health systems are often under-resourced and need investment to transition. Transitioning to clean, renewable energy across health care delivery and supply chain requires the re-allocation of existing health investment, as well as new and additional resources for health care infrastructure, transport, goods and services.

Health Care Without Harm supports a shift in traditional national, multilateral and private health finance and investment to prioritize climate resilient health systems that are both adaptive and low carbon. Achieving a just transition from fossil fuels will also require the development of innovative financial mechanisms and creative strategies that merge health equity and climate finance goals.

Barrier 3: Despite its emissions profile, the health sector is not adequately taken into account by the Paris Agreement. The right to health appears in the preamble to the Paris Agreement where it asserts that parties should "respect, promote and consider their respective obligations" on the right to health, among other social factors when "taking action to consider climate change." Climate resilient health services are identified as a priority in the Global

Stocktake, and in the Global Goal on Adaptation (The IPCC defines climate resilient development as "a process of implementing greenhouse gas mitigation and adaptation options to support sustainable development for all.") (IPCC 2022, Chapter 18). Last year the COP30 Presidency made important progress by establishing a Health Activation Group as part of the Action Agenda. Otherwise, health, and health care, despite its significant climate emissions and role in the world economy is not taken into account in the global climate regime.

Health Care Without Harm supports more fully integrating climate resilient health systems into the UNFCCC processes, as well as the Action Agenda, including via the Fossil Fuel Roadmap in order to help facilitate a just transition from fossil fuels.

Barrier 4: The UNFCCC process cannot implement a just transition from fossil fuels alone. Given the significant political barriers that exist based on the UNFCCC process requirement for consensus to move forward, there is a need for a dedicated international legal instrument on fossil fuel phase-out that complements COP30 roadmap, national roadmaps and the Paris Agreement by addressing climate change at its root source. Such an instrument should codify and clarify existing obligations, and provide the institutional architecture needed for governance. Such an instrument could fulfil the two-track multilateralism vision of the COP30 Presidency by operating alongside existing frameworks — not in competition with them — and could be designed as a high-ambition coalition open to all willing states, with the normative effect of stigmatising continued fossil fuel expansion even for non-parties. The proposed Fossil Fuel Treaty - currently supported by 18 nation states - and being discussed at a conference being organized by Colombia and the Netherlands (Colombia and the Netherlands n/d) would meet the international cooperation needs outlined above.

In order to help facilitate a just transition, Health Care Without Harm supports the establishment of a treaty to phase-out fossil fuel production that complements the UNFCCC, the COP30 roadmap and the international climate negotiations.

(c) What country, regional or sector roadmap experiences, best practices, and lessons learned can be shared?

In 2021 Health Care Without Harm produced the Global Road Map for Health Care Decarbonization: A navigational tool for achieving zero emissions with climate resilience and health equity.(Karliner et al. 2021).

At least two important, very different lessons emerged from this effort:

CBDR is essential: The health care roadmap developed differentiated pathways for countries of different income levels, based on the principle of common but with differentiated responsibilities and respective capabilities. For instance, it charted a course where high-income countries, whose health systems are most responsible for global health care emissions (per capita and historically), need to act most quickly and take the greatest responsibility for addressing the climate crisis; middle-income countries must invest in health system development that takes them on a pathway to zero emissions and avoids replicating the carbon-intensive health delivery model of wealthier countries; and low-income countries need to deploy low-carbon and zero emissions technology that enhances their ability to develop their health systems and provide

health access and services to all. Ultimately, however, the Roadmap established trajectories whereby all health systems were closing in on zero emissions by 2050.

A Roadmap should be actionable: The health care roadmap formed a basis of the establishment of the COP26 Health Programme whereby 52 national health ministries committed to low-carbon (and some net zero) health systems, together with climate adaptation and resilience. This then led to the formation of the Alliance for Transformative Action on Climate and Health, with 104 governments now committed. (ATACH n/d). While these governments are not following the Road Map per se, it contributed to the development of a sectoral Action Agenda initiative that is parallel to its recommended trajectory.

(d) How can a just, orderly and equitable transition best reflect the diverse realities of countries at different stages of development and with different degrees of dependence on fossil fuels?

Health systems around the world are increasingly committed to transitioning to a climate resilient model of health care delivery that is both low-carbon and climate adaptive (ATACH, n.d.; Brazil, 2025; World Health Organization, 2024; G20, 2023; G20, 2024; World Health Organization, 2023a). This commitment to adapt and decarbonize the health sector– moving it away from fossil fuel dependence– can reinforce existing inequalities in health care services and delivery, or it can be part of a just transition if efforts to achieve greater climate resilience are

anchored in achieving global health goals such as health equity and UHC. What's more, investments in low carbon, climate resilient solutions can help expand access to care while meeting a series of interlinked health, equity, and climate priorities. (Karliner et al. 2025a)

These can include improving the access to and quality of care patients receive, and providing climate training for the health care workforce (Narayan, 2022) and providing health care energy security to meet population health needs.

A Just Transition Within Countries: While many wealthier, often-private or philanthropic hospitals and health systems around the world are taking steps to build resilience through decarbonization and adaptation measures, governments must also invest (and a growing number are) in climate resilient health systems that protect vulnerable populations. For instance, a just transition in health care provision should include investment in climate-resilient primary health care systems that protect vulnerable populations from climate shocks by ensuring continuity of essential services during extreme events. This can be achieved, by for instance, installing renewable energy systems, and responding to climate-exacerbated disease burdens. Indeed, strengthening governance, workforce capacity, infrastructure, and surveillance systems enhances preparedness and protects high-risk populations. Improving quality of, and access to care while moving toward low- or net zero emissions can be central to a just transition in the health sector. (WHO 2023b)

A Just Transition for the Global Supply Chain: The health sector's supply chain is both a critical enabler of global health and a significant contributor to climate change, accounting for over 70% of the sector's greenhouse gas emissions. The COVID19 pandemic, recent climate

disasters and the current war in the Middle East have all exposed the fragility of these global supply chains. The transition to a climate-resilient health care supply chain that is decarbonized and climate adapted should be designed and implemented with consideration of the livelihoods of workers in health care product manufacturing, logistics and disposal, as well as the local communities where supply chain production occurs. It should also reduce rather than deepen health and social inequality within and between countries, by for instance, diversifying and localizing production of vaccines, pharmaceuticals and medical devices, thereby safeguarding access to essential supplies during extreme events. (Karliner et al., 2025)

The Belém Health Action Plan and A Just Transition: The Belém Health Action Plan, launched under the COP30 Action Agenda, is based on the cross-cutting principles of health equity and climate justice, as well as governance with social participation. It bridges a gap existing in climate governance, by addressing just transition considerations within the health sector adaptation, through a set of proposed measures to be implemented by endorsing countries. It calls for incorporating energy transition measures that "address the unequal health impacts experienced by populations in situations of vulnerability."(3.3.1). And it calls for enhanced "community involvement in assessing the potential health impacts of energy transition projects on local populations," while "co-developing strategies to ensure that interventions are culturally appropriate, inclusive, and sustainable." (Brazil, 2025). All of these recommendations can and should be applied to health care facilities.

It further promotes sectoral policies that can support a just transition by integrating health co-benefits, "including those linked to equitable access to decent work, clean energy, and healthy environments, among others." Particularly, the Plan includes a measure dedicated to "Protect and

Promote Workers' Health in the Context of Climate Change," seeking to strengthen multisectoral engagement and coordination among public sector entities, the private sector, and civil society organizations to safeguard workers' health through climate adaptation policies aligned with just transition frameworks and strategies (Brazil, 2025). This measure explicitly recognizes that the energy transition must protect those most vulnerable to its potential negative health impacts, including on the health and health care supply chain workers involved in its implementation.

Centrality of Health to a Just Transition: Ultimately, a transition from fossil fuels that fails to safeguard health will not command enduring public trust. By contrast, a transition designed to deliver cleaner air, safer work, resilient health systems, and reduced inequities can unify climate ambition with human development.

REFERENCES

ATACH – Alliance for Transformative Action on Climate and Health (n.d.) *COP26 health programme*. Geneva: World Health Organization. Available at: https://www.who.int/initiatives/alliance-for-transformative-action-on-climate-and-health/cop26-health-programme (Accessed: 25 February 2026).

Brazil (2025) *Belém health action plan*. Brasília: Government of Brazil. Available at: https://cdn.who.int/media/docs/default-source/climate-change/en---belem-action-plan.pdf (Accessed: 25 February 2026).

Colombia–The Netherlands (n.d.) *First conference on transitioning away from fossil fuels*. Available at: https://transitionawayconference.com/ (Accessed: 25 February 2026).

G20 (2023) *G20 New Delhi leaders' declaration*. Available at: https://www.consilium.europa.eu/en/press/press-releases/2023/09/09/g20-new-delhi-leaders-declaration/ (Accessed: 25 February 2026).

G20 (2024) *G20 health ministerial declaration on climate change, health and equity, and on one health*. Rio de Janeiro, 31 October. Available at: https://g7g20-documents.org/database/document/2024-g20-brazil-sherpa-track-health-ministers-ministers-language-241031-hwg-ministerial-declaration-on-climate-change-health-and-equity-and-on-one-health-eng (Accessed: 25 February 2026).

Intergovernmental Panel on Climate Change (IPCC) (2022) *Climate change 2022: impacts, adaptation and vulnerability*. Available at: https://www.ipcc.ch/report/ar6/wg2/ (Accessed: 25 February 2026).

Karliner, J., Slotterback, S., Boyd, R., Ashby, B. and Steel, K. (2019) *Health care's climate footprint: how the health sector contributes to the global climate crisis and opportunities for action*. Reston, VA: Health Care Without Harm and ARUP. https://global.noharm.org/sites/default/files/documents-files/5961/HealthCaresClimateFootprint_092319.pdf (Accessed: 23 March 2026)

Karliner J., Roschnik S., et. al. (2021), *Global Roadmap for Health Care Decarbonization: A navigational tool for achieving zero emissions with climate resilience and health equity*, Health Care Without Harm, 2021, https://healthcareclimateaction.org/roadmap (Accessed: 23 March 2026)

Karliner, J., Pouille, J., Bretin, V, et. al.. (2025) *Low-carbon, climate-resilient health care supply chains*. Manila: Asian Development Bank and Unitaid. https://www.adb.org/publications/health-care-supply-chains (Accessed: 23 March 2026)

Narayan, S. (2022) *Just transitions for healthy people on a healthy planet*. Reston, VA: Health Care Without Harm.

Pichler, P.-P., Jaccard, I.S., Weisz, U. and Weisz, H. (2019) 'International comparison of health care carbon footprints', *Environmental Research Letters*, 14(6), p. 064004.

Romanello, M. et al. (2025) 'The 2025 report of the Lancet Countdown on health and climate change: climate change action offers a lifeline', *The Lancet*, 406(10521).

World Health Organization (WHO) (2023a) *COP28 UAE declaration on climate and health*. Geneva: WHO.

World Health Organization (WHO) (2023b) *Building climate-resilient and environmentally sustainable health systems*. Geneva: WHO.

World Health Organization (WHO) (2024) *Climate change and health (WHA77.14)*. Geneva: WHO.