Brazil
HEALTH SECTOR EMISSIONS FACT SHEET

Global Road Map for Health Care Decarbonization

Key facts (2014)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage or Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care spending as % of GDP:</td>
<td>10.8%</td>
</tr>
<tr>
<td>Health care gross emissions (MMtCO₂e):</td>
<td>43.8</td>
</tr>
<tr>
<td>Rank among 68 nations in study, gross emissions:</td>
<td>6</td>
</tr>
<tr>
<td>Proportion of emissions from domestic economy:</td>
<td>70.6%</td>
</tr>
<tr>
<td>Health care emissions as % of national total:</td>
<td>4.4%</td>
</tr>
<tr>
<td>Health care per capita emissions:</td>
<td>0.21</td>
</tr>
<tr>
<td>Rank among 68 nations in study, per capita emissions:</td>
<td>50</td>
</tr>
</tbody>
</table>

Topography: Brazil’s health care climate footprint

![Graph showing per capita emissions per capita (kgCO₂e)](image)

**Figure 1.** The health sector footprint in 2014, showing Scope 1 (onsite), Scope 2 (purchased energy), and Scope 3 emissions (broken down by supply-chain category).

Trajectories: Common but differentiated responsibilities and respective capabilities

The Road Map establishes trajectories that require a steep or steady decline in emissions from the wealthiest and biggest polluting health care sectors, while allowing room for an increase in emissions that peak between now and the end of the present decade in low- and middle-income countries.

Despite the differences, achieving any one of these trajectories will require immediate action by all health systems to change course toward zero emissions.

Brazil is assigned to the early peak trajectory, which requires immediate action to change course and begin implementing decarbonization strategies together with green UHC.

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1 National footprint data is based on modelling performed by HCWH and Arup, using the WIOD input-output database and national health expenditure data for 2014. For more information on this study please see the Road Map report, Annexes, and fact sheet guides available online: healthcareclimateaction.org/roadmap
Charting a course: Decarbonizing Brazil’s health care sector

Acting on emissions: Seven high-impact actions for health care decarbonization

Driving change: Recommendations for achieving zero emissions health care

The following are four high-level recommendations for all nations that can serve as a basis for health care decarbonization.* In addition, each country will need to develop a customized approach that is tailored to its own situation.

1. Commit to zero emissions health care: Make a public commitment to achieve net zero, climate resilient health care by 2050 or sooner. Include health care decarbonization in the Nationally Determined Contribution to the Paris Agreement. Establish a baseline, create a national roadmap, develop a detailed action plan, and invest in implementation.

2. Link zero emissions with health equity and climate resilience: Align cost-effective, climate-smart health care with achieving the Sustainable Development Goals as well as COVID-19 response and recovery. Implement green UHC, decarbonization, and resilience strategies, like powering health care with onsite renewable energy, in order to improve access to health care delivery while fostering facility, system, and community resilience.

3. Promote cross-sectoral climate and health action: Engage with the health care supply chain to foster zero emissions energy, buildings, transport, pharmaceuticals, agriculture, and industry. Incentivize innovation and a circular economy approach. Support the implementation of climate commitments and policies in the wider economy and society that reduce air pollution, protect public health from climate change, and foster health care decarbonization.

4. Communicate and activate: Lead by example. Train health professionals as climate leaders and implementers. Mobilize the sector’s ethical, economic, and political clout to influence and accelerate climate action in other sectors of society.

* For a full set of recommendations and specific actions see Chapters 6 and 7 of the Road Map as well as Appendix 3.