Public

Nurturing a Healthier Society

Nurturing a Healthier Society

Our Material Matters

TACKLING GLOBAL HEALTH ISSUES

- Antimicrobial Stewardship
- Reducing Disease Burden
- Emergency Preparedness

CORPORATE RESPONSIBILITY

Widen access to and provide quality healthcare to underserved communities through free or subsidised healthcare services, and other social impact activities

Why Nurturing a Healthier Society Matters

The sustainability of healthcare is defined by its ability to address the most pervasive threats to human life. We prioritise our impact where the need is greatest through:

- **Antimicrobial stewardship** to preserve the efficacy of life-saving antimicrobial treatments
- Initiatives to reduce **disease burden, focusing on cancer and cardiovascular diseases**
- Comprehensive **emergency preparedness** to maintain continuity of care during crises

These priorities represent our collective responsibility to address the chronic health challenges of today while safeguarding our operational readiness for the unknowns of tomorrow.

Our Public Pillar Achievements in 2025

TARGETS ACHIEVED 2025

First private hospital network in Asia to implement antimicrobial resistance (AMR) interventions in line with CDC guidelines

The World Health Organization has dubbed AMR as a "silent pandemic" – one of the top 10 global public health threats to humanity and to planetary health in the 21st century[1]

Free treatments and screenings

1,149

patients in Malaysia received free cancer treatment through the Life Renewed programme since 2022

>13,800

free cancer screenings conducted in high-need geographies across our Fortis network in India

>4.2m

health and cancer screenings for breast, cervical, and colorectal cancers since 2022

Cancer and cardiovascular diseases are among the leading causes of death globally, according to the World Health Organization[2]

Why This Matters

AMR: Effectively tackling AMR ensures that hospital treatments remain safe, recovery times stay short, and the medications patients rely on actually work when they are needed most.

Free treatments and screenings: Such programmes ensure that life-saving cancer screenings and treatments are accessible to underserved communities.

Health screening: Regular health and cancer screenings help catch problems early, often before symptoms show up when treatment is simpler, cheaper, and more effective.

1 Global antimicrobial resistance forum launched to help tackle common threat to planetary health. World Health Organization. Published April 24, 2023. Accessed January 15, 2026. https://www.who.int/news-room/articles-detail/global-antimicrobial-resistance-forum-launched-to-help-tackle-common-threat-to-planetary-health.

2 The top 10 causes of death. World Health Organization. Published August 7, 2024. Accessed January 15, 2026. https://www.who.int/news-room/fact-sheets/detail/the-top-10-causes-of-death.

Our Approach and Progress

TACKLING GLOBAL HEALTH ISSUES

- **Antimicrobial Stewardship**
- Reducing Disease Burden
- Emergency Preparedness

Inappropriate and overuse of antimicrobials have led to growing resistance to antimicrobials, which are an essential part of today's healthcare system. Through our Antimicrobial Stewardship (AMS) programme, we promote the responsible use of antimicrobials (e.g. antibiotics) to reduce microbial resistance, decrease the spread of infections caused by drug-resistant superbugs, and improve patient outcomes.

What Is Antimicrobial Resistance (AMR)?

Antimicrobials, such as antibiotics, antivirals, antifungals, and antiparasitics, are essential in modern medicine to treat, prevent, and control the spread of infectious diseases. However, as microbes adapt and develop resistance, these treatments lose their effectiveness, leading to the growing challenge of AMR.

Why Is It Important?

According to the World Health Organization, AMR is now a top 10 global public health threat associated with close to five million deaths annually[2]. Climate change is also intimately linked to AMR, because higher temperatures mean increased bacterial growth rates.

Antimicrobial resistance (AMR) is a growing global health threat, worsened by the overuse and misuse of antibiotics. With limited new antibiotics in development, effective Antimicrobial Stewardship Programmes (ASPs) are vital to ensure appropriate antibiotic use, improve patient outcomes, and prevent resistant infections.

As such, we have implemented a comprehensive ASP aligned with global best practices, including US Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO) guidelines, while allowing for local adaptability.

Our structured approach includes:

- **Optimising antimicrobial use** by ensuring antibiotics are given at the right time, in the right dose, and for the right duration. This is supported by a deeper understanding of the bacterial profiles in our hospitals and their resistance patterns.
- **Strengthening AMS protocols across our network** by empowering each hospital to implement robust stewardship practices while maintaining consistency. We follow the U.S. Centers for Disease Control and Prevention (CDC) guidance, including the Core Elements of Antibiotic Stewardship, which provide a strong foundation for safe and effective antibiotic use.
- **Meeting regulatory expectations** by ensuring full compliance with requirements set by local health authorities.
- **Raising awareness** through education campaigns for healthcare professionals, patients, and the wider public on appropriate antibiotic selection, correct dosing, and optimal treatment strategies.

To ensure smooth execution of our Antimicrobial Stewardship strategy, we have developed a 3-phase implementation roadmap to guide us in reaching our targets:

TARGETS ACHIEVED 2025

Target: To have 100% of hospitals implement antimicrobial resistance interventions in line with CDC, WHO, and national guidelines by 2025

Phase	Implementation Target	Status
Pre-implementation (2022)	**Create Antimicrobial Stewardship Programme (ASP) Framework** – Including implementation timelines for all markets	✓
1 (2023)	**Set Up Country ASP Committee** – A leader to be appointed to coordinate the programme	✓
	Guideline Adoption – All facilities to be provided with evidence-based guidelines for common infections and procedures	
	Continuous AMR Education – For patients and healthcare workers	
2 (2024)	**Guideline Monitoring** – Compliance monitoring through audits on antimicrobial use	✓
	Post-prescription Feedback – Regular evaluation and sharing of antimicrobial use	
	Antibiogram[3] – Regularly update aggregate antibiogram	
	Infection Monitoring – Of key resistance organisms and hospital acquired infections	
	Therapy Optimisation – Making sure antibiotics are used in the most appropriate way	
	Continuous AMR Education – For patients and healthcare workers	
3 (2025)	**Implementation of Pre-authorisation Requirement** – For certain antimicrobials	✓
	Infection-based Interventions – For infections such as community acquired pneumonia, urinary tract infection, etc	
	Antimicrobial Timeout – Review of antimicrobials within 48-72 hours to ascertain appropriateness of therapy	
	Continuous AMR Education – For patients and healthcare workers	

✓ Completed

1 Altaf IUK, Khan A, Mahboob A. Antimicrobial resistance and a diminishing pool of reserved antibiotics. Sao Paulo Med J. 2019;137(4):384-385.Published 2019 Sep 23. doi:10.1590/1516-3180.2019.0368120619.
2 Antimicrobial resistance. World Health Organization. Published November 21, 2023. https://www.who.int/news-room/fact-sheets/detail/antimicrobial-resistance.
3 A chart or table that shows which antibiotics are effective against specific bacteria or pathogens. It provides information on the susceptibility of bacteria to various antibiotics, helping healthcare professionals choose the most appropriate and effective treatment for infections.

Our Approach and Progress

TACKLING GLOBAL HEALTH ISSUES

- Antimicrobial Stewardship
- **Reducing Disease Burden**
- **Emergency Preparedness**

To **reduce disease burden**, we adopt a holistic approach that emphasises early detection and increased public education about the leading causes of death: cancer and cardiovascular diseases (CVDs). Our focus on **emergency preparedness** enables us to ensure continuous care, protect patients and staff, manage surges, and maintain critical infrastructure during crises.

Early Screening Saves Lives

Regular screening is vital for early detection, saving lives, and reducing treatment costs.

WHO predicts over 35 million new cancer cases in 2050, a 77% increase from the estimated 20 million cases in 2022[1].

Mammograms: Every year, roughly 2.3 million women are diagnosed with **breast cancer** globally, making it the world's most prevalent cancer.

https://www.who.int/news-room/fact-sheets/detail/breast-cancer

Fecal Occult Blood Tests: Accounting for approximately 10% of all cancer cases, **colorectal cancer** is the third most common cancer worldwide.

https://www.who.int/news-room/fact-sheets/detail/colorectal-cancer

Pap Smears/HPV Tests: Globally, **cervical cancer** is the fourth most common cancer in women. In 2022 alone, 660,000 new cases were discovered.

https://www.who.int/news-room/fact-sheets/detail/cervical-cancer

Blood Pressure Checks: Monitoring blood pressure regularly helps assess overall cardiovascular risk and identify potential areas for improvement through lifestyle changes like diet and exercise.

[1] Global cancer burden growing, amidst mounting need for services. World Health Organization. Accessed January 24, 2026. https://www.who.int/news/item/01-02-2024-global-cancer-burdengrowing--amidst-mounting-need-for-services.

Reducing Disease Burden

We tackle the burden of disease by prioritising the leading causes of death: cancer and cardiovascular diseases (CVDs). Our approach centres on early detection and stronger public awareness, supported by regular health screenings and engaging campaigns across digital and on-ground platforms that promote healthier lifestyles.

Believing that everyone should be empowered to take charge of their health, we also focus on equipping the public with clear, actionable knowledge about the risk factors for cancer and CVDs. By strengthening awareness, we encourage individuals to make informed choices and adopt preventive habits that can significantly reduce their risk.

We also invest and partner with innovative startups for better disease detection and diagnosis. Through our S$5 million Research Grant & Innovation Sandbox programme, we are also accelerating clinical research across a range of therapeutic areas, including cancer and cardiovascular diseases.

Refer to Patients chapter on page 30.

Emergency Preparedness

We update our *Clinical Operations Business Continuity Plan* regularly to enable our healthcare facilities to effectively respond to and manage pandemics or other significant disruptions. This refers to a comprehensive strategy to ensure the uninterrupted delivery of clinical services during times of crisis, particularly amidst potential future pandemics. This plan encompasses a framework outlining procedures, protocols, and resources necessary to sustain essential clinical operations, including patient care, medical services, and support functions.

The primary objective of our business continuity plan is to mitigate risks, maintain operational continuity, and safeguard the well-being of patients, staff, and stakeholders throughout challenging circumstances.

Refer to the Climate Resilience section on pages 76 to 80 for more information.

Responding to Emerging Health Threats

We recognise that climate change is influencing patterns of heat-related illnesses and vector-borne diseases and we are closely monitoring these trends across all our markets. While outbreak management is led by national health authorities, IHH takes a proactive approach to ensure readiness and resilience.

Our hospitals maintain robust infection-prevention practices and have established comprehensive preparedness measures, including:

- Tracking three key **pandemic preparedness indicators** – (i) updated outbreak response plans with scheduled pandemic drills across hospitals, (ii) staff training in infection prevention, and (iii)maintaining sufficient personal protective equipment (PPE) and emergency medicines in line with national health authority guidelines.
- Updating clinical operations **business continuity plan** to ensure uninterrupted delivery of essential clinical services during crises, safeguarding patients, staff, and stakeholders.
- Actively **monitoring global disease alerts**, including WHO Disease Outbreak News, to anticipate and assess potential impacts on our markets.

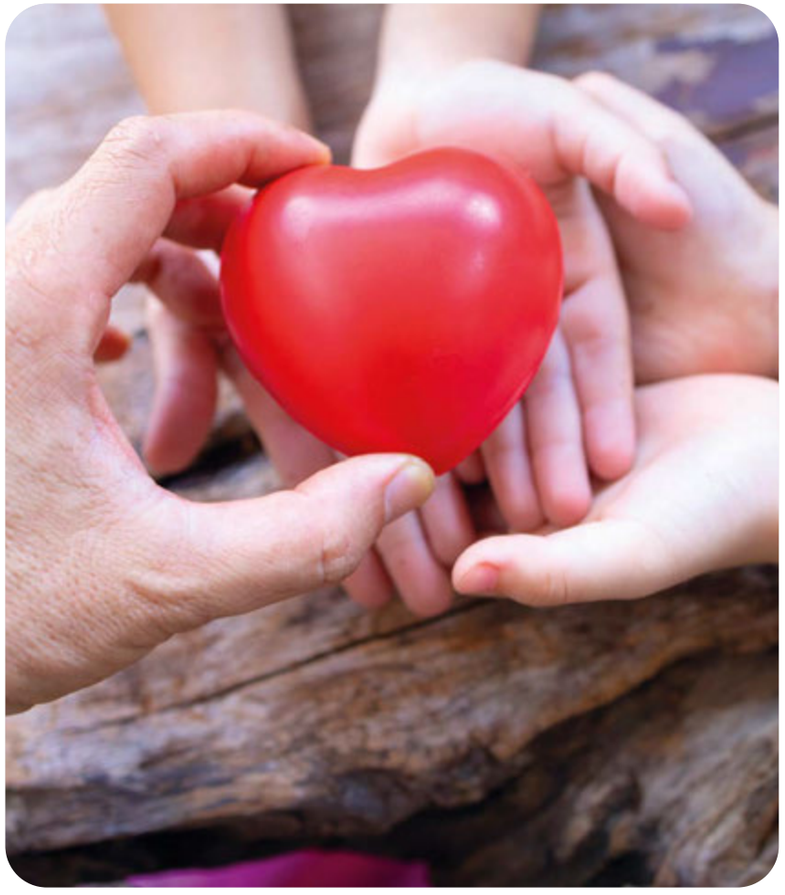
These measures enable us to respond swiftly and effectively to emerging health threats, ensuring high-quality care and supporting public health efforts when needed.

Our Approach and Progress

CORPORATE RESPONSIBILITY

Widen access to and provide quality healthcare to underserved communities through free or subsidised healthcare services, and other social impact activities

Working hand in hand with our aim to reduce disease burden, our corporate responsibility initiatives support underserved communities across our markets. Beyond disease burden reduction, we also work closely with the public sector and civil societies to address common challenges and create positive change.



Our Corporate Responsibility Approach is Anchored on Three Main Areas of Impact

1. Reducing Disease Burden by Focusing Primarily on Cancer

Launched in 2012, our flagship Life Renewed corporate responsibility programme focuses on availing quality healthcare to underserved communities.

Since 2022, with our focus on reducing disease burden, the programme expanded to include the provision of complimentary cancer treatments through a Memorandum of Understanding signed with the Malaysian Ministry of Health in September 2022, and renewed in February 2025.

From Singapore, we have initiated cancer patient-centric programmes both locally and regionally through Parkway Cancer Centre and CanHope to provide counselling and support services. We further partner with NGOs and charities such as Singapore Cancer Society to support cancer-related initiatives ranging from raising awareness, to promoting early detection and cancer management.

In India, Fortis Healthcare enables early-stage cancer detection at scale by conducting community based cancer screenings across high need geographies and vulnerable populations.

In Türkiye, Acıbadem aims to increase health literacy through cancer awareness campaigns that educate patients and communities about the importance of prevention, early detection, and timely diagnosis.

2. Stepping Up in Times of Need

As one of the largest private healthcare networks in the world, our size and scale enable us to play a vital role during times of crisis.

This ranges from short-term disaster relief through monetary donations to deployment of emergency medical teams and supplying essential medications and equipment, to long-term recovery efforts including rebuilding healthcare infrastructure and ensuring sustained medical care.

3. Grassroots-driven Initiatives

Complementing the previous two top-down approaches, we also support a wide range of ground-up corporate responsibility initiatives that address individual market needs.

Refer to pages 63 to 66 to learn more about the different ways we're caring for our communities.

Our Approach and Progress | Tackling Global Health Issues | Corporate Responsibility

Antimicrobial Stewardship:

We completed Phase 3 of our Antimicrobial Stewardship Programme across our business units in 2025. This milestone highlights our commitment to patient safety, optimising antimicrobial use, and combating resistance.Key achievements include:

TARGETS ACHIEVED 2025

Phase 3 AMR Targets Achieved in 2025

Implemented Pre-authorisation Requirement for Certain Antimicrobials

- Establishes clearly documented guidelines for when pre-authorisation is required
- Puts in place requirement for individual or team to approve pre-authorisation requests
- Provides education and training sessions to healthcare providers on the pre-authorisation process
- Automated reminders for compliance
- Tracks each stage from request to approval
- Regular audits to ensure compliance and to identify areas for improvement

Implemented Infection-based Intervention Protocols

- Establishes treatment protocols for dealing with common infections (e.g., community acquired pneumonia and urinary tract infection) based on culture results
- Considers local AMR patterns to reduce antibiotic misuse
- Recommends initial treatment and subsequent modification based on empirical data
- Provides training sessions and education materials on the use of infection-based intervention protocols
- Tracks adherence to protocols using chart reviews, electronic medical record audits, and quality improvement initiatives

Established Antimicrobial Timeout Protocols

- Review of antimicrobials within 48-72 hours of therapy initiation
- Standardises who conducts the review, what information is to be evaluated, and how decisions are documented
- Sets out criteria for determining if antimicrobial therapy should be continued, stopped, or modified
- Establishes a schedule for periodic review and analysis of antimicrobial timeout data by stakeholders

These efforts reinforce our leadership in antimicrobial stewardship, improving clinical outcomes and aligning with global best practices.

Reducing Disease Burden

We continued to facilitate regular cancer tests and health screenings in 2025.

>325,000
Cancer screenings

>102,000
Mammograms

>91,000
Fecal Occult Blood Tests

>131,000
Pap Smears/HPV Tests

>574,000
Health screenings (with blood pressure checks)

S$5m
Research Grant & Innovation Sandbox Programme launched in 2025 to accelerate clinical research and and innovation across our global network. Shortlisted research grant projects include a lung cancer study in India and a chronic disease study in Malaysia.

Refer to Patients chapter pages 30 and 33 for more details.

Emergency Preparedness

IHH has established comprehensive emergency response plans and procedures to manage a wide range of crises. In 2025, we further strengthened our preparedness by reviewing related risks and controls, ensuring that robust measures are in place to protect our patients, staff, and operations.

Corporate Responsibility

Reducing disease burden by focusing primarily on cancer

IHH Malaysia extended its Life Renewed partnership with the Ministry of Health in July 2025, sponsoring radiotherapy and radiosurgery for 500 additional patients. Since 2022, this initiative has touched 1,149 lives, bridging the gap in accessible cancer care for underserved communities. In India, Fortis conducted over 13,800 community-based cancer screenings enabling early identification and referral across vulnerable populations and upskilled over 300 healthcare professionals (medical officers, nurses, auxiliary nurse midwives), strengthening the nation's preventive healthcare foundation.

See pages 63 to 65 to learn more.

Stepping up in times of need

Our disaster response remains equally steadfast. Following a RM1 million flood relief pledge in Malaysia, Premier Integrated Labs provided RM12,000 in financial aid to 100 families. In Türkiye, we launched "The Sisterhood Village" in February 2025, providing 24 fully equipped homes for women battling cancer post-earthquake. These units offer the stability and dignity essential for uninterrupted life-saving treatment.

See page 66 to learn more.

Our Approach and Progress | Tackling Global Health Issues | Corporate Responsibility

Targets and Metrics*

Targets	Metrics		2023	2024	2025
Antimicrobial Stewardship					
To have 100% of hospitals enhance AMR interventions in line with CDC, WHO, and national guidelines by 2025	Percentage of hospitals enhancing AMR interventions in line with CDC, WHO, and national guidelines		100% of our hospitals established ASP committees and developed country-specific guidelines, covering common infections and common procedures	Completed Phase 2 of our Antimicrobial Stewardship Programme (ASP) roadmap[1]	Target achieved with the completion of Phase 3 of our ASP roadmap[1]
Reducing Disease Burden					
To touch five million lives[2] for healthier communities by 2025	Number of lives touched[2]	Annual	1,451,211	1,081,152	960,516
		Cumulative	2,376,634	3,457,786	4,418,302
Corporate Responsibility					
	Total amount invested in the community where the target beneficiaries are external to the listed issuer		35,635,131 MYR	10,356,235 MYR	6,394,367 MYR
	Total number of beneficiaries of the investment in communities		328,661	28,858	60,005

Our community investment figures reflect the nature of our giving, which includes a significant disaster relief component that responds to need as it arises. The higher figures in prior years were largely driven by emergency contributions, including support for the Türkiye-Syria earthquake in 2023 and Malaysia flood relief efforts in 2024. In the absence of comparable events impacting our markets in 2025, overall investment figures are lower, though our commitment to community giving remains unchanged.

* Excludes sustainability data from Fortis Healthcare in India, and Bayindir Healthcare Group, in which Acıbadem Healthcare Group acquired an 80% stake in August 2025.

1 Refer to full roadmap on page 58.

2 Number of lives touched includes cumulative number of patients utilising IHH services targeted at reducing antimicrobial resistance and disease burden, and number of beneficiaries reached through our public corporate responsibility programmes.

Our Public Targets for 2030

Building on the foundations laid from 2022 to 2025, we have set new 2030 Public targets aimed at nurturing a healthier society.

Achieve compliance with the antimicrobial stewardship (ASP) implementation protocols

Provide free or subsidised cancer treatments or health screenings annually to underserved communities in our markets

Our Highlights

World AMR Awareness Week 2025

Celebrated from 18 to 24 November every year, the World AMR Awareness Week (WAAW) is a global campaign to raise awareness and understanding of AMR and promote best practices among stakeholders to reduce the emergence and spread of drug-resistant infections.

At IHH Healthcare, we are proud to take a leading role in this fight. Across our 89 hospitals in 10 countries, we are implementing the Centers for Disease Control and Prevention (CDC) guidelines through our Antimicrobial Stewardship Programme (ASP). These initiatives, aligned with the World Health Organization's recommendations, aim to optimise antibiotic use, prevent infections, and enhance patient safety – all while tackling the root causes of AMR.

Hospital teams across our core markets celebrated WAAW through various initiatives such as roadshows, interactive games, and quizzes to raise awareness and educate the public on the ill effects of antibiotic resistance.

Together, we can prevent infections, champion the effective use of antibiotics, and safeguard the health of communities worldwide.

Malaysia Life Renewed – Our Flagship Corporate Responsibility Programme

Our collaboration with the Ministry of Health is a testament to what we can achieve when the public and private sectors unite for the common good. We are proud to renew this commitment, leveraging our advanced medical expertise to ease the burden of cancer on the national healthcare system and bring world-class cancer care to underserved communities in Malaysia.

Dr Kamal Amzan
Chief Executive Officer
IHH Healthcare Malaysia

Reducing cancer burden in Malaysia

In July 2025, we announced the third extension of our joint effort with the Ministry of Health Malaysia to provide free, life-saving cancer treatments. Through this renewed partnership, IHH Healthcare Malaysia is sponsoring an additional 500 patients, offering them a fighting chance through world-class technology.

Why this matters:

- **Precision care:** We utilise advanced Gamma Knife and linear accelerator (LINAC) technologies to target tumors with pinpoint accuracy, reducing recovery times.
- **Accessibility:** We bridge the gap for patients in public hospitals, bringing private-sector innovation to the public sphere.
- **Proven impact:** Since September 2022, 1,149 beneficiaries from underserved communities have benefited from this initiative.

Our Highlights

Raising Cancer Awareness and Promoting Healthy Living

Parkway Radiology Launches MammoXpress Bus to Bring Preventive Care Closer to Women

In support of Singapore's commitment to preventive health and early cancer detection, MammoXpress brings breast screening beyond traditional hospital settings by reaching communities where people live, work, and gather. By removing logistical barriers and expanding outreach, the service encourages more women to take proactive steps toward their health.

Equipped with an AI-enhanced mammography system, MammoXpress provides accurate and reliable results within days, giving patients greater clarity and peace of mind. Since its soft launch in April and first major roadshow in July, more than 200 women have undergone screening aboard the Mammobus. The service is open to all Singapore citizens, permanent residents, and foreigners.

The success of MammoXpress was made possible through close collaboration with Fujifilm and ST Engineering, whose partnership helped integrate advanced imaging technology and mobility solutions into the service.

MammoXpress has since made appearances at corporate locations such as Fusionopolis, International Business Park, and Ocean Financial Centre, continuing its mission to promote preventive care and raise awareness of early breast cancer detection.

Through this initiative, Parkway Radiology reinforces its dedication to empowering women to prioritise their health, one community visit at a time.

> **It's vital that we break traditional boundaries by bringing healthcare directly into communities, including workplaces. Health screening is important as we work together towards preventive health as part of our commitment to Care. For Good.**
>
> **Dr Peter Chow**
> CEO of IHH Healthcare Singapore

Gleneagles JPMC Partners Ministry of Health Brunei in Nation-wide Fight Against Non-communicable Diseases

On 8 September 2025, Ministry of Health Brunei announced a collaboration with Jerudong Park Medical Centre and Gleneagles JPMC.

In a nationwide effort to tackle one of the country's most pressing health challenges, Brunei Darussalam hosted its first International Non-communicable Disease (NCD) Exhibition and Conference from 8 to 12 October at the International Convention Centre, Berakas.

NCDs, which includes cardiovascular diseases, cancers, diabetes and chronic respiratory illnesses, account for around 75 per cent of total mortality in the country. Over 70 per cent of cases are linked to preventable risk factors such as smoking, unhealthy diet, physical inactivity, obesity, and hypertension.

As the only world-class tertiary Cardiac Centre in the country, Gleneagles JPMC's participation in the event enabled it to showcase the hospital's state-of-the-art technology and excellent cardiac care services.

The event brought together policymakers, researchers, healthcare professionals, community organisations, and international partners.

Fortis Hospital Gurugram Celebrates Resilience During Childhood Cancer Awareness Month

In a heartfelt celebration of resilience and hope, the Department of Paediatric Haematology, Oncology & Bone Marrow Transplant at Fortis Hospital Gurugram hosted "Under the Umbrella of Smiles". Held in conjunction with Childhood Cancer Awareness Month, the event honoured the incredible strength of paediatric cancer patients and their families.

Acclaimed Bollywood actors Naseer Abdullah and Lokesh Mittal joined as guests of honour, lending their support and encouragement to the cause.

The gathering united over 250 international partners, clinicians, and the hospital's senior management in a powerful show of global solidarity for paediatric cancer care. Taking centre stage were the brave young warriors and their families, who shared inspiring journeys and lit up the evening with special performances, an engaging quiz, and a soulful musical show.

Through initiatives like these, Fortis Hospital Gurugram reaffirms its commitment to standing alongside these courageous children and their families, bringing smiles to their faces and strengthening the collective fight against cancer.

Our Highlights

Hand Hygiene and Clean Drinking Water at Public Schools in India

According to Annual Status of Education Report (ASER), in 2024, nearly 21% of India's rural government schools lacked usable toilets, and over 22% lacked clean drinking water, creating significant barriers to education and health. Recognising this issue, Fortis Healthcare Anandapur, installed toilets and tube-wells to promote hygiene, improve public health and ensure access to clean drinking water in seven government schools. This was done under the guidance of the West Bengal Pollution Control Board.

Using the PDSA (Plan-Do-Study-Act) cycle, we moved beyond simple infrastructure to create a sustainable ecosystem of health:

- **Plan & Do:** We identified seven high-need schools and installed gender-segregated toilets and high-capacity tube-wells. To ensure longevity, we complemented construction with hygiene awareness training for students and maintenance workshops for staff.
- **Study & Act:** Six months of monitoring revealed a profound shift in school dynamics. By ensuring 100% access to clean water, we saw a 40% reduction in absenteeism, particularly among adolescent girls who previously faced significant hurdles in attending school during their periods.

By documenting these successes, we are now engaging with local authorities to replicate this model, ensuring that sanitation remains a cornerstone of future school improvement plans.

Programme impact:

40% reduction in school absenteeism

100% access to drinkable water in targeted areas

80% community participation in hygiene awareness

Fortifying Community Health in India

Fortis Healthcare adopted a holistic approach to community health by focusing on capacity building, expanding access to education, and strengthening public health infrastructure through the following initiatives:

- **Capacity building of frontline healthcare workforce:** Trained 300 healthcare personnel (Medical Officers, Nurses, Auxiliary Nurse Midwives) to strengthen cancer screening and referral through public health systems.
- **Education access through whole-school transformation:** Reached 27 government schools and 19,091 students through integrated school upgrades, including solar-powered energy solutions in 17 schools, digital learning support, and enabling infrastructure like playgrounds, mid-day meal shades, and handwashing stations on need basis.
- **Youth employability and higher education support:** Enabled 2,900 youth to access on-the-job learning through apprenticeship programmes and supported 194 MBBS students with merit- and need-based medical scholarships (INR ₹50,000–₹1,00,000 per student).
- **Strengthening public health infrastructure at the grassroots:** Upgraded 46 public healthcare institutions (Primary Healthcare Centers, Sub-Centers and Health and Wellness Centers), providing critical medical equipment, furniture, and other relevant utilities. 14 facilities were solar-enabled. The aim was to enable the facilities to reach the Government-set National Quality Assurance Standards.

Our Highlights

IHH Healthcare Steps Up in Times of Need

Post-earthquake assistance: "The Sisterhood Village" Project

The Sisterhood Village is a post-disaster social support initiative launched to address the urgent housing and healthcare needs of women with cancer following the February 2023 earthquakes in Türkiye. Implemented in Yaylıca, Hatay, the project provides a safe and health-oriented living environment close to medical services for oncology patients and their families.

Officially inaugurated in February 2025 by Acıbadem Healthcare Group, the village consists of 24 fully equipped container homes and shared social facilities, enabling continuity of cancer treatment and psychosocial support under dignified conditions. Developed through donations and volunteer contributions, the initiative represents a scalable model for integrated health and social care for vulnerable groups in disaster-affected regions.

True healthcare extends beyond hospital walls. By integrating safe, fully equipped housing with specialised care, we are removing the barriers to recovery for cancer patients displaced by the 2023 Türkiye earthquakes. This initiative builds on our immediate relief efforts following the disaster, as we continue to ensure that affected communities receive essential treatments without interruption.

Uğur Genç
CEO of Acıbadem Healthcare Group

Premier Integrated Labs Stands with Flood-hit Employees and Communities in Malaysia

Premier Integrated Labs spearheaded a flood relief initiative on 6 January 2025 to help affected communities and employees in times of need.

Supporting communities in Tumpat, Kelantan
Focusing on one of the hardest-hit flood areas, the team from Kota Bharu branch worked tirelessly to ensure that essential food and supplies funded by a contribution of RM12,000 reached about 100 families who needed it the most.

Extending support to affected employees
In addition to supporting the community, Premier Integrated Labs also provided financial assistance to employees impacted by the floods, reinforcing its role as a compassionate and supportive employer.

A unified effort for a stronger future
The flood relief efforts by Premier Integrated Labs mirrors IHH's approach to care for our communities and people while addressing the challenges brought about by natural disasters. This follows on from IHH Healthcare's contribution of RM1 million to aid relief efforts led by the Malaysian Red Crescent Society (MRCS) and MERCY Malaysia across Malaysia in December 2024. These contributions provided vital support, including emergency meals, medical aid, hygiene kits, and psychosocial assistance for flood victims.

IHH Singapore Honoured for Corporate Giving Excellence

Presented by National Volunteer and Philanthropy Centre in 2025, these awards are among Singapore's highest accolades for corporate philanthropy, celebrating IHH Singapore's commitment to Care. For Good. and its exceptional impact across five key areas: people, society, governance, environment, and the economy.

Champion of Good: IHH Singapore

The IHH Singapore team collectively achieved outstanding results in 2024, including:

- **S$2.3 million** in cash and in-kind contributions, representing a 50% increase from the previous year;
- **37.5%** employee volunteerism, with more than one in three staff participating in volunteer activities;
- Engagement of over **6,000** vendors in sustainability initiatives, extending environmental stewardship across its network of partners and businesses.

IHH Singapore was also nominated for the President's Volunteerism and Philanthropy Awards – the pinnacle award conferred by the President of the Republic of Singapore representing the highest honour for giving to the community.

Champion of Good: Mount Elizabeth Hospital

Mount Elizabeth Hospital was also independently honoured for its achievements in 2024:

- Over 445 staff involved in impact-driven initiatives
- More than 2,110 volunteer hours
- Multi-year contracts with social enterprises such as Yellow Ribbon Industries, Foreword Coffee, and Autism Resource Centre's Employability & Employment Programme
- Over 100 furniture items donated to 12 nursing homes
- Ongoing support for public education efforts including the Live On Festival by the National Organ Transplant Unit
- Heritage preservation through digitalisation, upcycling, and community storytelling

The hospital aspires to sustain at least 1% of its annual turnover towards social good – through direct contracting, donations, volunteerism, and dedicated spaces for inclusive initiatives on its premises.

Company of Good: Quadruple Wins

Not to be overlooked, Mount Elizabeth Novena Hospital, Gleneagles Hospital, Parkway East Hospital, and Parkway Shenton each earned the accolade of Company of Good for their respective efforts to creating positive impact, not only for patients and the broader community, but also for our people and the planet.

Such achivements fuel us further in our aspiration to build a healthier, more sustainable future for all.

Looking Ahead

Tackling Global Health Issues

Antimicrobial Stewardship

With the completion of our Phase 3 Antimicrobial Stewardship Programme (ASP) in 2025, our aim moving forward is to measure and track the compliance rate of our hospitals with the ASP protocols.

Measuring and improving compliance provides a clear, standardised way to reduce unnecessary antibiotic exposure and contribute to lowering AMR, while safeguarding patient safety and clinical outcomes.

Reduce Disease Burden

We will continue to raise public awareness of cancer and cardiovascular diseases by leveraging key calendar events such as World Heart Day and Breast Cancer Awareness Month, and by coming up with initiatives that empower the public to take charge of their own health and well-being. Our S$5 million Research Grant & Innovation Sandbox Programme will also enable clinicians to improve care, drive operational excellence, and create better outcomes for patients.

Emergency Preparedness

We will continue maintaining our current level of emergency preparedness through ongoing review and improvement, ensuring our hospitals remain resilient against evolving risks and challenges.

Corporate Responsibility

We will continue to focus on market-driven initiatives that widen access for and make available quality healthcare to patients in underserved communities in 2026:

- **IHH Malaysia** will continue its commitment to reducing disease burden associated with cancer by renewing its partnership with the Ministry of Health. This is set to benefit an additional 500 patients.
- **IHH Singapore** will focus its efforts on broadening community knowledge of cancer, including the mental health aspects of the patient journey, and ensuring that breast cancer screenings become more accessible to those we serve.
- **Fortis Healthcare** will launch the the flagship “Access to Treatment” programme aimed at impacting the entire value chain of cancer care continuum in India. The programme aims to screen over 26,000 people across underserved geographies, focusing on oral, breast, and cervical cancers – the three most prevalent yet preventable forms in India.
- **Gleneagles Hospital Hong Kong** will be partnering the Hong Kong Society of Digestive Oncology to provide 1,000 complimentary faecal occult blood tests.
- **Acıbadem Healthcare Group** will increase HPV vaccination awareness and embark on cancer awareness campaigns, as well as provide complimentary cancer treatment to beneficiaries of the ”Sisterhood Project”.

Our Public Targets for 2030

Building on the foundations laid from 2022 to 2025, we have set new 2030 Public targets aimed at nurturing a healthier society.

Achieve compliance with the antimicrobial stewardship (ASP) implementation protocols

Provide free or subsidised cancer treatments or health screenings annually to underserved communities in our markets

Public Scorecard

Targets	Metrics		2023	2024	2025
Antimicrobial Stewardship					
To have 100% of hospitals enhance AMR interventions in line with CDC, WHO, and national guidelines by 2025	Percentage of hospitals enhancing AMR interventions in line with CDC, WHO, and national guidelines		100% of our hospitals established ASP committees and developed country-specific guidelines, covering common infections and common procedures	Completed Phase 2 of our Antimicrobial Stewardship Programme (ASP) roadmap[1]	Target achieved with the completion of Phase 3 of our ASP roadmap[1]
Reducing Disease Burden					
To touch five million lives[2] for healthier communities by 2025	Number of lives touched[1]	Annual	1,451,211	1,081,152	960,516
		Cumulative	2,376,634	3,457,786	4,418,302
Corporate Responsibility					
To touch five million lives[2] for healthier communities by 2025	Total amount invested in the community where the target beneficiaries are external to the listed issuer		35,635,131 MYR	10,356,235 MYR	6,394,367 MYR[3]
	Total number of beneficiaries of the investment in communities		328,661	28,858	60,005

Note: Excludes sustainability data from Fortis Healthcare, and Bayindir Healthcare Group, in which Acıbadem Healthcare Group acquired an 80% stake in August 2025.

1 Refer to full roadmap on page 58.
2 Number of lives touched includes cumulative number of patients utilising IHH services targeted at reducing antimicrobial resistance and disease burden, and number of beneficiaries reached through our public corporate responsibility programmes.
3 Our community investment figures reflect the nature of our giving, which includes a significant disaster relief component that responds to need as it arises. The higher figures in prior years were largely driven by emergency contributions, including support for the Türkiye-Syria earthquake in 2023 and Malaysia flood relief efforts in 2024. In the absence of comparable events impacting our markets in 2025, overall investment figures are lower, though our commitment to community giving remains unchanged.

Planet

Protecting Our Planet's Health

Why Protecting Our Planet's Health Matters

Protecting the Planet to Preserve Human Health

Human health is deeply tied to the health of the planet. We see this connection more clearly every day as our climate changes. Rising temperatures, air pollution, and extreme weather events contribute to higher rates of heat-related illness, cardiorespiratory disease, infectious outbreaks, and mental health stress[1]. These impacts affect us all, especially those most at risk like our children, the elderly, and those already managing long-term illnesses.

For healthcare systems, this reality brings a clear responsibility. Protecting health today means preparing for how climate and environmental pressures shape disease patterns, service demand, and system resilience so that we are ready for what may come as front-liners in crisis situations.

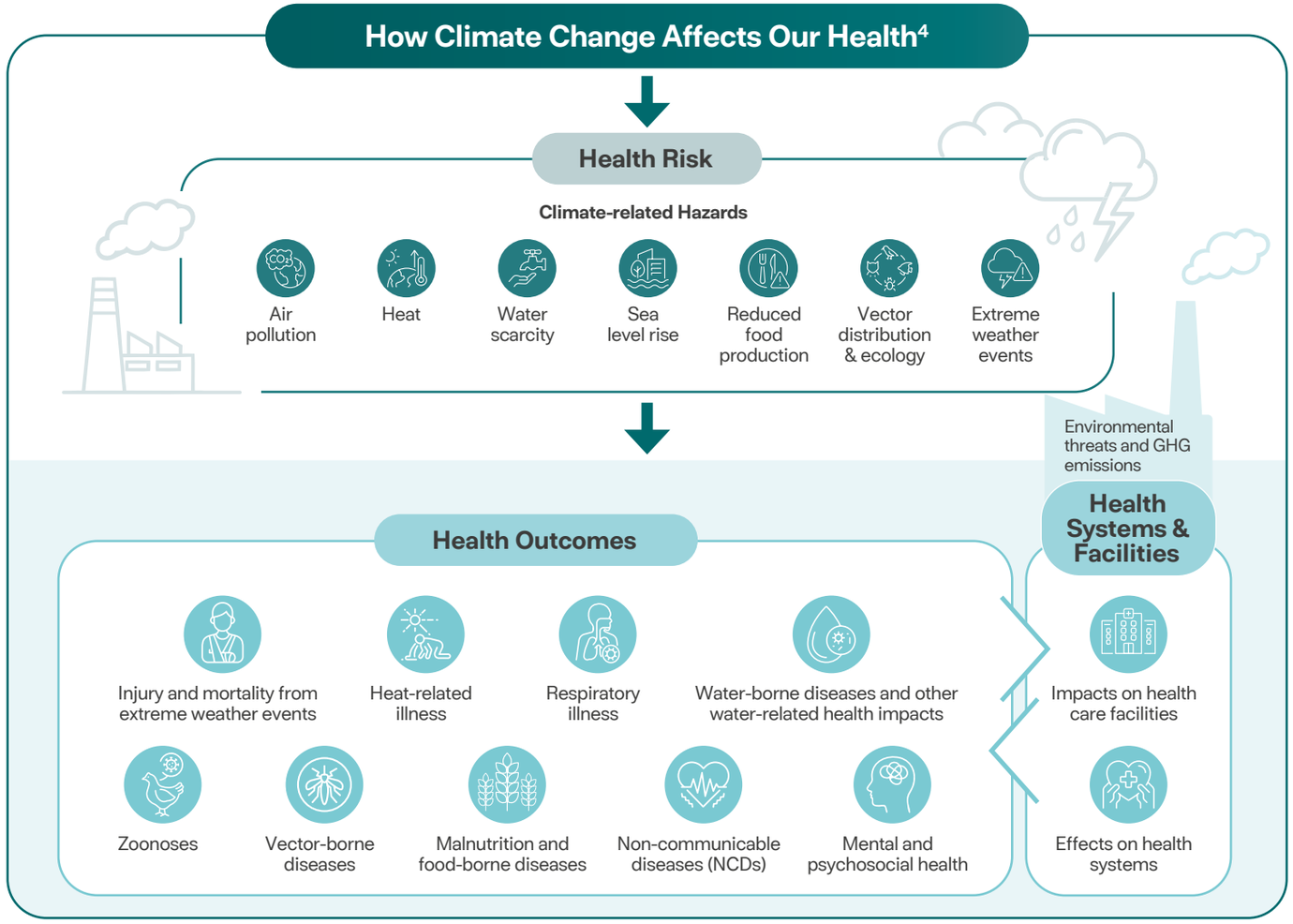
At IHH Healthcare, these realities also shape how we think about our role as a healthcare provider. Climate and environmental pressures can make it harder for us to provide reliable care. Extreme weather events can lead to more patient admissions, which can put a heavy strain on our facilities and critical infrastructure such as energy, water, and supply chain. Such extreme events may also block roads or disrupt transport, preventing patients from reaching our hospitals when they need us most.

We also need to face the undeniable fact that delivering healthcare itself leaves a sizable carbon footprint[2]. Globally, healthcare is responsible for about 5% of global greenhouse gas emissions – more than the aviation and shipping industries[3]. Running hospitals requires a lot of energy, complex supplies, and essential medicinal materials that generate emissions and waste.

Tackling this challenge requires a two-fold solution:

- **Taking proactive environmental action** by improving the way we manage our emissions, energy, waste, and water resources.
- **Building a more climate-resilient healthcare network** so that we can continue to deliver quality care amid extreme weather or supply chain disruptions.

By improving how we operate, how we source, and how we embed climate resilience within our operations, we can safeguard both human health and planet health. We want to provide world-class care today while ensuring a healthy and thriving planet for the generations that follow.



1 Climate change. World Health Organization. Accessed December 5, 2025. https://www.who.int/health-topics/climate-change#tab=tab_1.
2 Health care climate footprint report. Health Care Without Harm. Published December 3, 2019. Accessed December 5, 2025. https://global.noharm.org/resources/health-care-climate-footprint-report.
3 Healthcare's Climate footprint. ARUP. Published September 2019. Accessed December 5, 2025. https://www.arup.com/insights/healthcares-climate-footprint/.
4 Figure adapted from the World Health Organization's Climate Change fact sheet. Accessed January 8, 2026. https://cdn.who.int/media/images/default-source/health-and-climate-change/risk-pathways-climate-health.jpg?sfvrsn=3ba050b0_6.

Protecting Our Planet's Health

Our Material Matters

ENVIRONMENTAL IMPACT & ACTIONS
- Emissions & Energy Management
- Waste & Water Management

CLIMATE RESILIENCE
- Climate Risks and Opportunities
- Responsible Sourcing

Environmental Impact & Actions

If healthcare industry was a country, it will be the 5th largest emitter[1]. It is imperative that we not only do our part but lead the charge in driving positive environmental action. In 2022, we set our inaugural environmental goals, focused on our emissions and waste management. Having met these initial goals, we now have a deeper understanding of our emissions, waste, and water consumption, along with important insights to inform our next steps.

As part of our commitment to achieving net zero by 2050, we have set new 2030 emissions reduction targets informed by climate science and publicly available decarbonisation pathways, alongside continued efforts in waste reduction and water efficiency.

Climate Resilience

Climate resilience underpins our ability to deliver quality healthcare as climate risks intensify. Physical and transition risks such as floods, heatwaves, droughts, carbon pricing, and regulatory change have implications for our operations and the communities we serve.

Through scenario analysis and risk assessments, we strengthen preparedness and guide actions to improve resilience. Working with partners across our value chain, we seek to advance our environmental goals while maintaining patient safety and care quality.

ACHIEVED 2025 PLANET GOALS

See page 75 for more details

Our Planet Pillar Achievements in 2025

Emissions

Why this matters: Energy and anaesthetic use are large and controllable sources of emissions in healthcare operations. Capping Scope 1 and 2 emissions, even as demand grows, demonstrates that growth and decarbonisation can progress together and shows our commitment to be responsible stewards.

Commenced operations of our 62MW solar plant, which is expected to power up to 80% of our annual energy needs in Türkiye

-8.2%
in Scope 1 and 2 GHG emissions intensity[3] compared to 2024 levels

44%
reduction in Desflurane[2] use compared to 2023 levels

Waste

Why this matters: Healthcare generates significant waste, much of which is single use. Much of the single-use waste will go into landfills or be incinerated which can further worsen the environmental impact. We first focused on non-clinical areas to reinforce responsible consumption practices before we looked further into clinical areas.

↓>90%
in single-use plastics for Malaysia, Singapore, Türkiye, and Hong Kong

12%
increase in landfill diversion compared to 2024

1 Health Care Without Harm at COP28. Health Care Without Harm. Accessed January 22, 2026. https://healthcareclimateaction.org/cop28.
2 Desflurane is an anaesthetic gas used during surgery. It has a much higher climate impact than most other gases, with a warming effect around 2,500 times stronger than carbon dioxide.
3 2024 and 2025 Scope 1 and 2 GHG intensity was 141 kg/patient-bed-day and 129.4 kg/patient-bed-day respectively. Scope 2 GHG emissions are market-based figures.

Our Roadmap to Net Zero by 2050

LAYING FOUNDATIONS

2022–2023

We began by building a clear sustainability direction with the right structures in place. This period was about raising awareness and aligning our organisation around long term climate goals.

- Announced "Care. For Good." aspiration and inaugural sustainability goals
- Over 90% completion in group-wide sustainability awareness training
- Published first standalone sustainability report in 2022
- First healthcare provider to join the World Wide Fund for Nature Plastic ACTion (WWF PACT) partnership
- Introduced sustainability KPIs to company's Balanced Scorecard, linking them to management's performance and remuneration
- Revised IHH Group Sustainability Policy
- Started reporting on two Scope 3 emissions categories

SCALING UP ACTION

2024–2025

With the foundations in place, we shifted our focus on turning plans into measurable progress, supported by better data, clearer targets, and broader participation.

ACHIEVED 2025 PLANET GOALS

- Achieved 2025 environmental goals
  - Capped our Scope 1 and 2 GHG emissions and reduced emissions intensity through desflurane reduction, renewable energy deployment, purchase of renewable energy certificates, and energy efficiency measures
  - Reported on four of seven material Scope 3 emissions categories
  - Reduced over 90% of single-use plastic in non-clinical areas across Malaysia, Singapore, Türkiye, and Hong Kong. Initiatives have also started in clinical areas
- Published Global Responsible Sourcing Policy
- Reported on water use in water-stressed regions
- Started operationalisation of large scale solar in Türkiye
- Established quantifiable 2030 goals on emissions (Scope 1, 2, and 3), waste, and water

DELIVERING ON OUR NEW AMBITIONS

2026–2030

Our priority is to further low carbon actions as the new normal. As we focus on our 2030 goals, we will strengthen our resilience and adaptations across operations.

OUR 2030 GOALS

1. 42% reduction in Scope 1 and 2 GHG emissions
2. 10% reduction water intensity
3. 30% in non-hazardous waste recycling/landfill diversion
4. Engage 70% of suppliers by spend[1] to encourage reporting and goal-setting

How we plan to achieve these goals:

1. Increase in renewable energy adoption
   - 2026: Full operations of 62 MW large scale solar farm in Türkiye
   - 2027-2028: Increase renewable energy usage in India
   - 2029-2030: Consider using large scale renewable in Malaysia and Singapore, depending on electricity market maturity
   - Reduce reliance on environmentally-harmful medical gases
2. Reduce water intensity by adopting smarter technology and improving process efficiency
3. Reduce unnecessary single-use supplies
   - Improve non-hazardous waste reduction, segregation, and recycling
4. Engage and influence key suppliers to adopt sustainable practices

ACHIEVE NET ZERO

2050

Achieving net zero in healthcare is challenging, and some emissions will be difficult to fully eliminate in healthcare operations.

We are committed to reducing emissions where feasible, apply the latest research and solutions, and collaborate across the healthcare value chain as the industry advances decarbonisation.

NET ZERO

[1] For suppliers by spend in Scope 3 Category 1: Purchased Goods & Services and Category 2: Capital Goods.

Our Approach and Progress

ENVIRONMENTAL IMPACT & ACTIONS

- **Emissions & Energy Management**
- Waste & Water Management

At IHH Healthcare, we believe that all healthcare providers must champion loudly and unequivocally the reality that human health and planetary health are intertwined. Delivering quality healthcare sustainably means decarbonising how we operate. We integrate climate considerations in our operations by improving energy efficiency, considering potential alternatives in our anaesthetic and fuel use, and expanding renewable energy use where viable.

Since setting our first group-wide emissions targets in 2022, we have made significant progress towards understanding how our operations impact the environment. We have also refined our emissions measurement approach, monitoring systems, and controls over time. Through our cloud-based environmental data platform, facility-level reporting now provides more accurate and timely insights across all regions.

We have also embedded environmental related performance indicators into Group Balanced Scorecard (BSC), directly linking progress to management and executive remuneration. All these efforts have improved data quality, accountability, and visibility of performance across our network.

Our progress positions us well for the next phase. We have set **new 2030 environmental goals** that reflect our growing ambition to do more. Our 2030 targets are to:

- **Reduce Scope 1 and 2 greenhouse gas (GHG) emissions by 42%** from a 2025 baseline; and
- **Engage suppliers representing 70% of spend**[1] to encourage emissions reporting and target setting.

Refer to page 80 for details on how we will engage our suppliers.

Our long-term Net Zero goal was developed with reference to science-based decarbonisation pathways consistent with a 1.5°C global warming outcome, aligned with the Paris Agreement and national decarbonisation commitments.

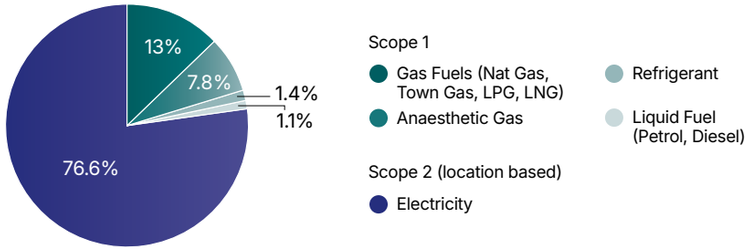
GHG emissions were measured based on the methodology in *GHG Protocol: A Corporate Accounting and Reporting Standard (2004)*. Emissions factors are sourced from the *IPCC Sixth Assessment Report* and local sources where available. Grid emission factors are referenced from local emissions regulatory bodies or Carbon Data Intelligence[2] if no updated local data is available. See Planet Scorecard for further elaboration on Scope 3 estimation approaches for the various categories.

No major methodological changes in Scope 1 and 2 emissions accounting were made from FY2024. Reporting boundary includes all hospitals, clinics, offices, and key laboratories from Singapore and Malaysia. For 2025 data, we are including Scope 1 and 2 emissions from Fortis Healthcare. Emissions and energy related data from associates, joint ventures, and our latest acquisition from Bayindir Group (under Acıbadem) are excluded. Fortis Healthcare, which is separately listed, has completed reasonable assurance for their Scope 1 and 2 GHG emissions for their April 2024 to March 2025 data. We aim to complete **group-wide assurance of our Scope 1 and 2 emissions in FY2027**.

Our 2025 Emissions Profile as a Healthcare Provider

Scope 1	Scope 2*	Scope 3**
7%	23%	70%

2025 Scope 1 and Scope 2 GHG Emissions#



Including Fortis.

* Scope 2 emissions in this chart presented based on location-based approach. Market-based Scope 2 emissions are disclosed in the Planet Scorecard.

** Scope 3 Estimated based on Healthcare Without Harm and Arup. Health Care's Climate Footprint. Published September 23, 2019. Accessed March 1, 2024. https://noharm-global.org.

1 For suppliers by spend in Scope 3 Category 1: Purchased Goods & Services and Category 2: Capital Goods.

2 Carbon Data Intelligence is an emissions database provided by Carbon Footprint Ltd. https://www.carbondi.com/.

Direct Emissions

Scope 1

Our scope 1 emissions, accounting for 23% of our Scope 1 and 2 (location-based) emissions is primarily from natural gas usage, and anaesthetic gases. Liquid fuel (petrol, diesel) use and refrigerants fugitive emissions are low.

Indirect Emissions

Scope 2

Scope 2 (location-based) emissions, at 77% of our Scope 1 and 2 emissions, arise primarily from electricity consumption in our facilities and, where applicable, district heating. Hospitals have significant electricity requirements due to the need for cooling, ventilation, medical equipment use, and support services.

Indirect Emissions (Value Chain)

Scope 3

Scope 3 emissions likely represent about 70 to 80% of our overall emission footprint. In 2025, we are including waste related emissions (Cat 5). The following Categories are material to our operations and Cat 1 and 2 are likely the majority of the Group's total emissions footprint:

- ○ Purchased goods and services (Cat 1);
- ○ Capital goods (Cat 2);
- ✓ Fuel- and energy-related activities (Cat 3);
- ✓ Waste (Cat 5);
- ✓ Business travel (Cat 6);
- ✓ Employee commuting (Cat 7); and
- ○ Investments (Cat 15).

✓ Reported categories

Our Approach and Progress

ENVIRONMENTAL IMPACT & ACTIONS

- Emissions & Energy Management
- **Waste & Water Management**

Responsible resource management is integral to delivering quality healthcare sustainably. Our hospitals generate different waste streams and rely on steady water supply for operations, cleaning, and patient care. Managing these resources efficiently reduces both environmental impact and operational risk, particularly in regions facing water scarcity or waste management challenges.

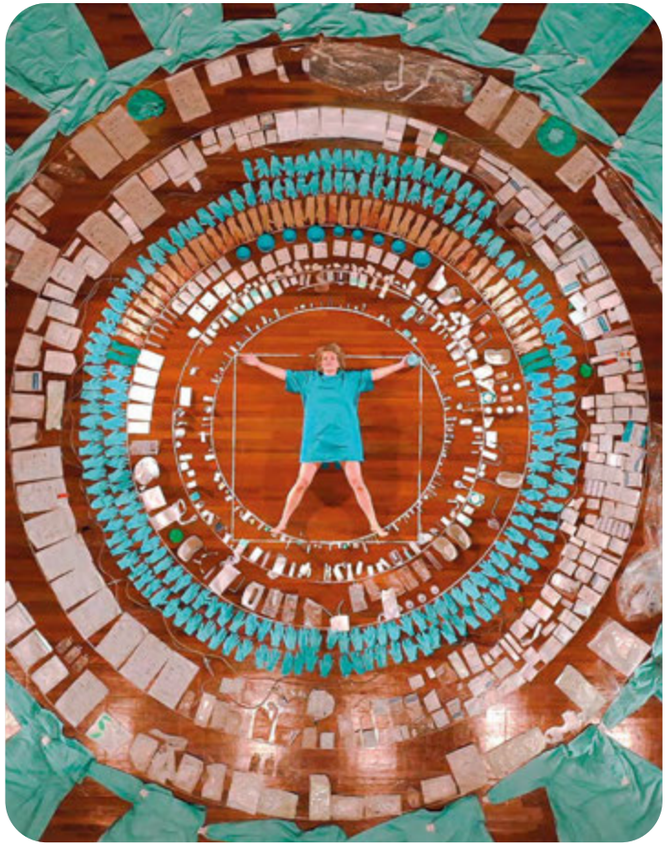


Photo by Maria Koijck featuring all the waste generated by her breast reconstruction surgery in 2019.

Waste Management

The volume of waste generated in healthcare can be substantial, as illustrated by the image on the left, which captures the materials required for a single breast reconstruction surgery. While many of these disposable items are essential for patient safety, waste management remains a critical challenge for hospitals.

As we continue to meet stringent regulatory and clinical requirements, we will also focus on improving waste segregation and recovery to reduce our overall footprint.

Here is our focus on managing waste:

- **Single-use items:** Our initial efforts since 2022 were focused on reducing single-use plastics in non-clinical areas, starting in Malaysia and Singapore, as we sought to better understand our baselines and build awareness across facilities. In 2023 and 2024, we expanded the goal for our operations in Türkiye, and Hong Kong, achieving at least 90% reduction across these four markets.
- **Operating theatre waste:** We have begun targeted initiatives to reduce unnecessary single use consumables and packaging through standardisation, right-sizing of procedure kits, and improved segregation practices. These efforts focus on reducing waste at source while maintaining clinical quality and patient safety, and represent an important next phase in our waste reduction journey.
- **Waste audits:** In 2025, many of our hospitals across our business units completed waste audits. Understanding the "where and what" in our waste streams is the foundation for effective waste reduction.
- **Ground-up initiatives:** Our hospitals also lead ground-up initiatives focused on improving waste segregation, reducing food waste, and digitalising processes to cut paper use. Successful initiatives are shared across the Group to promote best practices and operational innovation.
- **Metrics and goals:** We have established a group-wide target to **achieve a 30% recycling/landfill diversion rate for non-hazardous waste by 2030**.

See page 84 for highlights on waste reduction.

Water Management

Reliable water access is essential to our operations, supporting infection control, cooling, sanitation, and patient care. As we strengthened our environmental management since 2022, we improved our understanding of water use patterns and established baselines for ongoing monitoring.

Building on this, our 2025 efforts focused on improving efficiency and strengthening readiness for periods of water stress. Our scenario analysis efforts across all our sites helped identify hospitals that were more exposed to droughts or heatwaves. Identified sites at higher risk were guided to review the adequacy of cooling tower performance and backup water availability. These measures support our broader contingency planning to ensure that critical operations can continue safely during potential disruptions. In 2025, we had no recorded incidents of non-compliance with water quality or quantity permits, standards, or regulations.

Across all our hospitals and facilities, we continue to promote water-saving initiatives, including awareness efforts, technology upgrades, and process improvements.

Looking ahead, we have set a new group-wide target to **improve water efficiency by 10% by 2030 compared to 2025 baseline.** This goal reflects our commitment to responsible water stewardship and to building a more resilient and efficient healthcare system.

Our Approach and Progress | Environment Impact & Actions: Waste & Water Management

Where We Are Currently

We strengthened our environmental performance in 2025 by deepening our decarbonisation efforts and expanding our reporting coverage to include Fortis Healthcare's Scope 1 and 2 emissions.

Scope 1 and 2 emissions (market-based) were 271,888 tCO_2e in FY2025, below our 2022 baseline of 277,628 tCO_2e, meeting our goal to cap emissions at baseline levels inclusive of growth.

Scope 1 and 2 emissions intensity (market-based) decreased by 8.2% year-on-year, reflecting renewable energy procurement. Scope 1 and 2 emissions intensity (location-based) increased by 3.4% due to expanded operations in Türkiye and the inclusion of Island Hospital.

Against our milestone to be SBTi-ready by 2025, the Group has established a 42% Scope 1 and 2 reduction by 2030 target developed with reference to the SBTi 1.5°C pathway, identified all material Scope 3 categories with estimation methodologies in place. In 2025, we have increased reporting from three to four categories, and established a Scope 3 related goal to engage 70% of our suppliers by spend. This milestone has been achieved.

We have further expanded our reporting coverage to include Fortis Healthcare's Scope 1 and 2 emissions from FY2025, and will begin our supplier engagement journey in 2026.

TARGETS ACHIEVED 2025

Targets and Metrics*

Targets	Metrics	2023	2024	2025
To cap Scope 1 and 2 GHG emissions at 2022 baseline level by 2025, inclusive of IHH's growth	metric tonnes CO_2e	291,347 (market-based)	289,468 (market-based)	271,888 (market-based)[3]
To reduce year-on-year Scope 1 and 2 GHG emissions intensity	kilogram CO_2e per patient-bed-day	145.6 (market-based)	141.0 (market-based)	129.4 (market-based)
Long-Term Target: To achieve Net-Zero emissions by 2050	To be SBTi ready by 2025[1]	Reported 2 of 7 relevant Scope 3 categories[2]	Reported 3 of 7 relevant Scope 3 categories[2]	Established new quantitative emissions reduction goals Reported 4 of 7 relevant Scope 3 categories[2]
Reduce single-use virgin plastic by 90% in non-clinical areas in IHH Malaysia and Singapore by 2023	Percentage reduction of single-use plastic in non-clinical areas	Malaysia: 79% Singapore: 99%	**Target Achieved Earlier** Expanded to: Türkiye: 99% Hong Kong: 94%	Focused on clinical areas – plastic and waste initiatives Established new non-hazardous waste goal

*Excludes Fortis hospitals.

1 This metric is an interim milestone for our journey towards Net-Zero by 2050, as science-based targets require a complete baseline of Scope 1, 2, and 3 emissions. As we had partial data available initially, this step-wise approach ensures we collect the necessary insights to formalise evidence-based targets.

2 The seven relevant categories were identified through a Scope 3 materiality screening conducted in 2023. These categories represent the significant value-chain emissions for a healthcare provider. Current reported categories are: Fuel- and energy-related activities (Cat 3), Waste (Cat 5), Business travel (Cat 6), and Employee Commuting (Cat 7).

3 Market-based Scope 2 emissions are included from FY2025 reporting onward, applying supplier-specific or contract-specific emission factors (EF) where the Group holds contractual instruments such as renewable energy certificates (RECs) or power purchase agreements. Where no such instruments are in place, market-based figures are equivalent to location-based figures (i.e FY2023 and FY2024). Location based Scope 2 figures are covered in the Planet Scorecard.

4 For suppliers by spend in Scope 3 Category 1: Purchased Goods & Services and Category 2: Capital Goods.

Our Planet Targets for 2030

Building on the foundations laid from 2022 to 2025, we have set new 2030 environmental targets for the company in our next phase in our journey towards our Net-Zero by 2050. For our GHG targets, we used publicly available Science Based Targets initiative's 1.5°C emissions reduction guidance as a technical benchmark.

Reduce 42% **Scope 1 and 2 emissions** from 2025 baseline

Engage 70% **of suppliers by spend[4]** to encourage emissions reporting and target setting

Achieve a 30% **recycling/landfill-diversion rate for non-hazardous waste**

Improve 10% **water efficiency** from 2025 baseline

To achieve our absolute Scope 1 and 2 GHG emissions reduction goal, we will accelerate renewable energy adoption, further improve energy efficiency, and reduce reliance on environmentally harmful medical gases. In parallel, we will work with suppliers to encourage emissions reporting, target setting, and more sustainable practices, strengthening the Scope 3 data quality over time.

To reduce our waste and improve recycling rates, we plan to focus on cutting unnecessary single-use supplies especially in operating theatres, strengthen waste reduction, and improve segregation. Water intensity can be reduced through smarter technologies, water recycling, and improved process efficiency, particularly in water-stressed regions.

Our Approach and Progress

CLIMATE RESILIENCE

- **Climate Risks and Opportunities**
- Responsible Sourcing

Climate change presents both physical and transition risks to our operations, while also creating opportunities to improve efficiency and resilience. In 2025, we assessed a wide range of potential impacts, identifying floods, droughts, and heatwaves as the most material physical risks, and carbon pricing and energy market shifts, and growing regulations as key transition risks.

Understanding where climate-related risks may affect our operations is a critical part of ensuring continuity of care across our network.

Building onto our previous commitments, in 2025, we completed a comprehensive assessment of climate-related risks and opportunities (CRROs) across our operations. For physical risks, we conducted climate-related scenario analysis that covered all our hospitals[1] and major non-hospital laboratories in Singapore, Malaysia, and India. Transition risks were assessed through desk-based research, with emphasis on potential carbon pricing policies and emerging regulatory requirements most relevant to healthcare operations.

The insights gained have improved visibility into sites with relatively higher exposure to flooding, droughts, and heat stress, and have informed how we prioritise further review and action. These findings are now being integrated into operational and business continuity planning, supporting more targeted adaptation measures and strengthening our overall climate resilience.

Refer to page 79 for more details on the scenario analysis.

Physical Risks

Based on the analysis, the top climate-related physical risks of concern were flooding (fluvial, pluvial, and storm surge), droughts, and heatwaves. Climate-related physical hazards such as windstorms and hail were analysed but were not of material concern to our operations. Climate-related physical risks are more relevant for our hospitals in Malaysia, India, and Türkiye. Overall, the estimated group-level financial impact from climate-related physical risks is not significant because our geographically diverse footprint reduces the likelihood of multiple affected sites being disrupted within a year. Our past experience also shows that affected hospitals can return to full operations within a reasonable period, and we maintain insurance coverage that helps cushion potential losses.

Floods: Floods may disrupt staff and resource access which may impact patient care if prolonged. Approximately 0.37% of our revenue is at risk in the near to long term due to hospitals exposed to higher flood risks, under the highest warming (SSP5) scenario. Main exposed areas include parts of Malaysia, India, and Türkiye.

Droughts: Droughts can strain water availability and quality over prolonged periods, thereby impacting our facilities' operations. Exposed areas include arid areas such as inland regions of India and Türkiye. Droughts are expected to generally worsen over time starting in 2030 under the SSP5 scenario.

Heatwaves: Heatwaves are expected to impose additional cooling requirements on our existing facilities thereby increasing operating expenditure due to greater electricity and water usage. Exposed areas include India, parts of Türkiye, and Malaysia. Heatwave days are expected to increase over time starting in 2030 under the SSP5 scenario.

Transition Risks

Carbon tax: As we use a significant amount of electricity in our hospital operations, carbon taxes on the energy sector can pose a cost risk as it passes through to us. In 2025, electricity use in 18%[3] of our sites (i.e. Singapore) was exposed, and we paid ~S$0.5M of carbon tax.

Under high-regulation scenarios, higher carbon prices and broader application may apply to other operational regions (i.e. Malaysia and Türkiye), which can increase operating costs. However, it is not expected to have significant cost impact on us as we work towards more energy efficiency efforts and embark on switching to sustainable electricity sources.

Regulatory pressures: While we continue to stay ahead in meeting our regulatory reporting obligations, we are expecting increased reporting requirements on climate, water, and waste over time. In parallel, healthcare operations are closely tied on single-use plastics for safety and hygiene considerations. With limited immediate alternatives, we are piloting reductions in both clinical and non-clinical areas while we monitor regulatory developments closely.

Emerging Risks

We also monitor emerging climate-related risks that may affect healthcare demand and service delivery over time. These include shifts in disease patterns and health outcomes associated with rising temperatures, air quality, and extreme weather events, which may increase demand for care related to heat stress, cardiorespiratory conditions, infectious diseases, and mental health impacts.

We will continue to maintain close partnerships with the public health sector in the countries we operate and also consider the potential changes into our capacity planning, and resilience assessments to ensure our hospitals remain prepared to meet evolving patient needs.

Refer to pages 77 and 78 for how our hospitals prepare themselves for emerging health threats.

1 Does not include our recent major acquisition of Bayındır Group.
2 By full year 2025 revenue share and calculated from the unlikely worst case scenario where all higher flood risk hospitals were flooded within the same year and non-operational for up to a month.
3 By full year 2025 revenue share. We are paying for carbon tax in our Singapore operations where carbon tax (S$45/$tCO_2e$ for 2026) is imposed on electricity use and passed through to us from the electricity provider.

Our Approach and Progress | Climate Resilience: Climate Risks and Opportunities

Climate-related Risks

This table summarises the climate-related risks identified, the potential financial impacts they may have over different time horizons, and the steps we are taking to manage them. It shows how we are preparing for and responding to these risks as part of our broader resilience and sustainability approach. Due to the geographical diversity and proactive mitigation actions that we are taking, we do not expect climate-related risks to have a material impact on our company's financial position. No significant risk of material adjustment on the carrying amounts of assets and liabilities are expected within the next annual reporting period as well. Work is underway to strengthen data and methodologies to support future assessment of combined financial effects, as aggregation across differing time horizons, geographies, and mitigation measures is not yet decision-useful.

Risk Types & Description	Potential Financial Impact				Risk Mitigation
	Areas of Concern	Short Term	Medium Term	Long Term	
Floods: Expected to be more frequent and worsen. Can occur due to extreme precipitation, rising sea levels with strong winds, and overflown rivers. Can disrupt hospital access (patients, staff, supply chain) and damage critical infrastructure.	• Revenue impact from service disruption due to floods[1] • Capital expenditure for adaptation measures		Low Risk RM96M 0.37% Revenue	RM96M 0.37% Revenue	Ongoing facility-level flood preparedness reviews for at-risk sites, including adaptation adequacy, critical hardware protection, and site response protocols. Building insurance coverage.
Droughts: Expected to occur more frequently or worsen. Can cause water shortages which can impact drinking water quality and our cooling needs.	• Capital expenditure for system upgrades • Increased operating costs from increased energy and water use		Low Risk		Affected regions will review feasibility for more water recycling, backup storage, and water efficiency.
Heatwaves: Expected to occur more frequently or worsen. Cooling systems for hospitals may not meet increase cooling load from a higher temperature baseline and potentially higher visitation. Can increase operational costs over time and impact staff productivity.	• Capital expenditure for system upgrades • Increased operating costs from increased energy and water use		Low Risk		Affected regions will review the need for HVAC/cooling upgrades.
Carbon Tax: Commonly implemented against high-emissions sectors like power generation. Cost is passed through to us as a high electricity user for our hospitals and ambulatory centres.	• Operating costs increase due to increasing cost of carbon from energy use • Singapore: increase carbon tax in 2026 to S$45/$tCO_2e$ and 2030 to S$50 to S$80/tCO_2e (Assumed price for estimates) • Malaysia: introduce carbon tax in 2026 at RM15/tCO_2e (Assumed price for estimates) • Türkiye: Emissions Trading System (ETS)	RM5M	Low Risk RM5-7M	RM8M+	Larger scale sustainable energy procurement where practicable. Improve emissions efficiency through system retrofits and reduction initiatives across high emissions areas. Shadow carbon pricing based on these rates is applied when evaluating energy efficiency capital expenditure.
Regulatory Pressures: Expanding disclosure requirements and potential plastics regulations increase compliance costs, with limited immediate substitution options in healthcare.	• Operating costs related to meeting compliance requirements with increasing requirements on reporting scope and waste management		Low Risk		Strengthen reporting systems, supplier engagement, plastics reduction pilots.

Short Term: Up to 2027 **Medium Term:** Up to 2030 **Long Term:** Beyond 2035

Low Risk: <5% EBITDA or Revenue impact | **Medium Risk:** 5 to 15% EBITDA or 5 to 10% Revenue impact | **High Risk:** >15% EBITDA or >10% Revenue impact

[1] FY2025 revenue used as reference. Calculated from the extremely unlikely worst case scenario where all higher flood risk hospitals were flooded and non-operational for up to a month.

Where We Are Currently

To build up flood preparedness, we have identified risk sites and also begun quantifying the potential financial exposure from these risks. The process is supported by closer collaboration between our Sustainability, Risk Management, and Finance teams to integrate climate risk considerations into business planning, insurance, and due-diligence processes where the time horizons are aligned to our planning horizon for strategic decision-making.

Several facilities have also advanced local adaptation initiatives. For example, Gleneagles Hospital Chennai, where its lobby was flooded in 2023, has completed its flood related adaptation upgrades to enhance preparedness for acute weather events. Based on the findings from our climate-related scenario analysis and further discussions with our business units, similar site-specific resilience reviews are underway across Malaysia, Türkiye, and India to safeguard patient care and operational continuity.

Together, these efforts mark an important step toward embedding climate resilience into our group's risk management framework, ensuring that our hospitals remain safe, reliable, and ready to serve communities in a changing climate.

> **Our responsibility as a healthcare group is to anticipate risks before they disrupt care. Our experience from events such as the floods in Chennai has strengthened how we assess vulnerabilities and prioritise adaptation across our hospitals, shaping preparedness for increasing flood and extreme weather risks across our markets.**

Dr Prem Kumar Nair
Group CEO, IHH Healthcare

Our Approach and Progress | Climate Resilience: Climate Risks and Opportunities

Climate-related Opportunities

Alongside risks, we also see opportunities to reduce costs and environmental impact through energy efficiency, renewable energy adoption, and improved waste management and circularity. At the same time, we aim to strengthen climate resilience by retrofitting our facilities and preparing to respond to climate-related change in healthcare demand such as heat-related illnesses, respiratory conditions, vector-borne diseases, and mental health impacts. Many of these opportunities are done and embedded within the Group's hospital assets, including significant investments in large-scale renewable energy. Group-wide quantification of aligned assets is still being developed due to differences in asset types and project maturity across markets, with work underway to strengthen asset mapping and tracking.

Refer to WHO chart on page 70.

Opportunity Area	Description/Rationale	Time Horizon	Potential Impact	Examples/Enablers
Cost Reductions	**Resource efficiency:** Improve operational efficiency in resource-intensive hospital environments to reduce operating costs while lowering emissions exposure. Lower waste disposal costs by reducing waste generation and improving waste segregation, particularly for non-hazardous and selected clinical waste streams. Support near-term financial performance and long-term resilience against rising prices and carbon costs.	Short-Medium	Reduced operational costs and emissions footprint	• AI-enabled energy optimisation • Smart HVAC systems and automation • Predictive maintenance for critical equipment • Supplier capability building • Public-private partnerships to enable recycling infrastructure
	Renewable energy: Reduce reliance on grid electricity and exposure to future carbon pricing by increasing the share of clean energy use. Renewable energy adoption also supports long-term cost stability in markets with volatile energy prices.	Medium-Long	Reduced carbon tax exposure and fuel price volatility exposure	• Onsite solar installations • Large-scale power purchase agreements • Green tariffs where available
	Green finance: Access to sustainability-linked financiang with prefential terms linked to Group's climate and sustainability performance. Supports long-term cost of capital stability.	Short-Medium	Reduced cost of capital	• Sustainability-linked loan facilities totalling S$300M secured in 2025. Interest rate linked to sustainability and climate-related performance
Climate-resilient Infrastructure and Services	**Resilient facilities and operations:** Strengthen operational continuity and protect care delivery by adapting facilities and services to withstand physical climate risks such as floods, heat stress, and energy disruptions. This reduces downtime, insurance exposure, and service interruptions.	Medium-Long	Improved operational continuity, lower insurance risk	• Climate modelling and scenario analysis • Facility retrofits and adaptation works • Telehealth and distributed care models
	Adaptive care models: Prepare healthcare systems for changing disease patterns and demand driven by climate and environmental pressures. Proactive, flexible care models can improve community health outcomes while reducing pressure on hospital capacity.	Long	Improved community health and continuous support	• Telehealth and remote monitoring • Centres of excellence for climate-sensitive conditions • Community-based and preventative care programmes

In 2025, the Group acted on the green finance opportunity by securing its first sustainability-linked loan facilities totalling S$300 million (equivalent to RM956 million).

As at 31 December 2025, S$35 million (equivalent to RM112 million) was drawn down, making up 0.8% of the Group's total loans and borrowings. The interest rates under these facilities are linked to the Group's sustainability and climate-related performance.

Our Approach and Progress | Climate Resilience: Climate Risks and Opportunities

How We Approach Climate-related Scenario Analysis

We have assessed our operations against climate scenarios aligned with IPCC's recommended Shared Socioeconomic Pathways (see below), representing a 1.8°C to 4.4°C warming range by 2100. Scenario analysis served as a first-level screening to identify assets potentially at risk. Assets flagged through this process were subsequently reviewed using site-specific information, including existing flood protection measures, surrounding land-use and urbanisation developments, and recent weather patterns, to refine the assessment of risk and adaptation needs. While some hospitals might be more exposed to flooding, droughts, and heatwaves, IHH Healthcare remains resilient due to our geographical diversification and our ability to reallocate resources regionally.

As we grow, we also conduct climate-related scenario analysis to consider potential climate-related risks for new acquisitions.

Key transition uncertainties include the speed and scale of carbon pricing and the pace of regulatory changes. Our ability to direct capital towards climate mitigation and adaptation such as cooling system upgrades, water recycling, flood protection, and renewable energy procurement demonstrates the resilience we have as a forward-thinking healthcare network.

Importantly, climate resilience for a healthcare provider also means preparing for the health consequences that may arise due to climate change. Rising demand for care related to heat stress, cardiovascular disease, respiratory illness, and infectious diseases remains of concern to us. By integrating these considerations into our business strategy and capital planning, we ensure that climate risks are not only managed operationally, but patient care continuity is accounted for.

Shared Socioeconomic Pathways (SSP)

Future greenhouse gas emissions and the extent of global warming depend on how our climate policies, societies, and economies evolve. To capture these possibilities, scientists use SSP, which consider factors like economic progress, environmental action, and population trends.

SSP Scenarios	Global Warming* (estimated °C Increase by 2100)		Scenario Description
	Average	Very Likely Ranges	
SSP1-2.6	1.8°C	1.3°C to 2.4°C	**Greener world:** Strong reductions in emission, focus on clean energy transition, and in alignment with the Paris Agreement** (2015) to limit global warming well below 2°C. Emissions declining to net zero by 2070.
SSP2-4.5	2.7°C	2.1°C to 3.5°C	**Middle-of-the-road:** Some emission mitigation efforts but still reliance on a mix of fossil fuels and renewables for economic growth. Emissions continue at around current levels until the middle of the century.
SSP5-8.5	4.4°C	3.3°C to 5.7°C	**Hot house:** Extreme fossil fuel use, no climate action. A world where climate policies are ignored, economic growth is prioritised over the environment and carbon emissions skyrocket.

* Global Warming: The rise in Earth's average temperature in relation to its pre-industrial baseline (1850-1900). Average degree warming are best estimates, and very likely ranges show the uncertainty in these projections according to the IPPC 6th assessment report.

** Paris Agreement: A global deal made in 2015 where countries agreed to work together to fight climate change. The goal is to keep global warming well below 2°C and try to limit it to 1.5°C by cutting greenhouse gas emissions and moving towards cleaner energy, to protect the planet for future generations.

Our Approach and Progress

CLIMATE RESILIENCE

- Climate Risks and Opportunities
- **Responsible Sourcing**

A resilient healthcare system depends on a supply chain that can adapt to climate and resource pressures. In 2025, we continued improving visibility into our value chain impacts and preparing for structured supplier engagement. Our 2030 Scope 3 goal marks the next step in encouraging suppliers to report emissions and explore lower-carbon options with us.

Value Chain Impacts and Responsible Sourcing

Rising carbon prices may affect energy costs and be passed on to goods and services we procure. The healthcare sector's reliance on single-use plastics for sterility and patient safety creates exposure to evolving regulations across the supply chain. Adverse climate events may also cause unexpected supply chain bottlenecks that may impact operations. These risks underscore the importance of engaging suppliers early while actively searching for low carbon options to further improve our business resilience. More than just business continuity, responsible sourcing also plays an important part in providing uninterrupted care and safeguarding the safety of our patients.

From an environmental perspective, our plan is to embed climate resilience into our supply chain management. To meet our 2030 Scope 3 greenhouse gas emissions goal, we will engage strategically with key suppliers to encourage emissions reporting and the setting of emissions reduction targets informed by climate science and recognised decarbonisation pathways, while supporting the adoption of more sustainable practices across our value chain.

This approach complements our existing commitments mentioned in our *Global Responsible Sourcing Policy*, where we aim to work more closely with vendors who share our sustainability commitments, drive transparency in emissions reporting, and pilot initiatives to reduce plastics and packaging waste. From a social standpoint, we endeavour to work with local suppliers, wherever and whenever possible. This helps us to mitigate against supply chain disruptions, while at the same time contribute to the local economy.

Responsible sourcing also means ensuring worker welfare and fair labour practices are adhered to. Our stand is that employee safety should never be compromised for the sake of business.

Our Performance

	2023	2024	2025
Proportion of spending on local suppliers*	98.7%	99.6%	99.8%

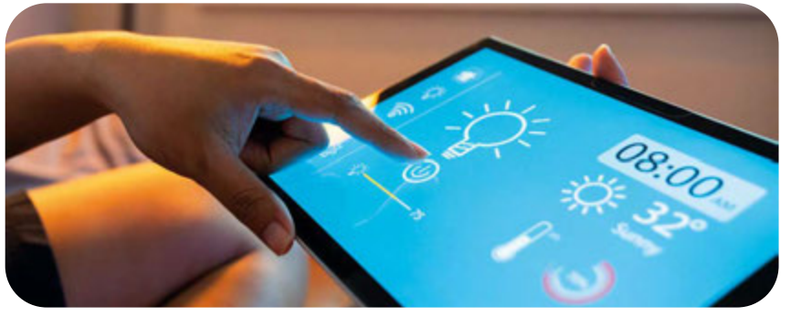
* Local suppliers refer to companies or persons that provide products or services to IHH Healthcare, and that is based in the same geographic market as IHH Healthcare (that is, no transnational payments are made to a local supplier).

Working With Suppliers to Build a Resilient, Low-carbon Healthcare System

A resilient healthcare system depends not only on how hospitals operate, but also on the strength and sustainability of the value chains that support care delivery. For healthcare, a significant share of environmental impact sits beyond our direct operations, particularly in purchased goods, medical supplies, pharmaceuticals, equipment, and capital investments. Addressing these impacts is therefore central to both our climate ambitions and long-term operational resilience.

- **New 2030 supplier engagement goal:** Recognising this, we have established a new group-wide Scope 3 goal to engage suppliers representing 70% of our spend across Purchased Goods and Services and Capital Goods categories. Our focus is to encourage greater transparency in emissions reporting and support suppliers in progressing towards science-based emissions reduction targets over time. This reflects our view that decarbonisation is a shared responsibility that requires collaboration across the healthcare ecosystem.
- **Supplier resilience:** Responsible sourcing is also about building resilience. Rising carbon prices, evolving regulations, and climate-related disruptions can affect supply availability, costs, and continuity. By working more closely with suppliers to improve visibility on environmental risks and emissions hotspots, we aim to strengthen supply chain preparedness while identifying opportunities for efficiency, innovation, and waste reduction.
- **Global Responsible Sourcing Policy:** Our approach builds further from our Global Responsible Sourcing Policy, which sets expectations on ethical, environmental, and social practices. As our capabilities mature, we will continue to refine how sustainability considerations are integrated into procurement processes, supplier engagement, and performance discussions. Early efforts will focus on data quality, shared learning, and practical pilots that reflect the operational realities of healthcare delivery.

Looking ahead, we see our suppliers as critical partners in the transition towards lower-carbon, more resilient healthcare. By taking a structured and collaborative approach, we aim to support progress across our value chain while safeguarding the quality, safety, and reliability of care for the communities we serve.



Our Highlights

Furthering Our Actions in Greening Operating Theatres

As a group, we always have a systematic and practical approach to how we prioritise which environmental initiatives to focus on. We ask ourselves where are most of our emissions coming from, where can we make the biggest environmental impact while ideally saving cost and improving operational efficiency too. Therefore, with operating theatres being the most resource-intensive areas in hospitals, we strengthened our commitment to reduce our environmental impact in our operating theatres through a series of initiatives across our network.

Lowering Desflurane use by 44% since starting initiative in 2023

Every clinical decision has an environmental footprint. As an anaesthesiologist, choosing lower-emission agents, using low-flow techniques, and avoiding unnecessary anaesthetic wastage are small changes that add up to meaningful impact.

Dr Ip Kam Yuen
Director of Perioperative Care and Consultant in Anaesthesiologist, Gleneagles Hong Kong

Over the past few years, IHH Healthcare has deepened its understanding of the environmental impact of anaesthetic gases and taken practical steps to address it. Desflurane, for example, has a significantly higher global warming potential (GWP) at 2,590 compared to its alternative, sevoflurane at 195. Rather than pursuing blanket restrictions on Desflurane, our approach prioritises clinician autonomy, evidence-based practice, and operational readiness. Our efforts have led to a 44% reduction as a group in desflurane related emissions compared to 2023. This is equivalent to an avoidance of 4,000 tCO_2e, equivalent to the estimated emissions from electricity use in 850 households per year.

- In **Türkiye**, our Acıbadem hospitals lowered desflurane use by 41% since 2023. Acıbadem Altunizade hospital has stopped its nitrous oxide pipelines since Feb 2025 as it was no longer used actively clinically but gas losses were occurring due to leaks from the older pipes. This has enabled an estimated cost savings of RM45,000 every year for them.
- In **Malaysia**, our hospitals lowered desflurane use by 63% since 2023.
- Gleneagles Hospital **Hong Kong** introduced low-flow anaesthesia machines and adopted internationally recognised green anaesthesia guidelines. They also implemented electroencephaogram-guided personalised anaesthesia and automated low-flow programmes in anaesthetic machines, reducing gas wastage while maintaining clinical precision.

While desflurane remains available in our hospitals, many anaesthetists have voluntarily transitioned to lower-impact alternatives. This is supported by clear medical evidence showing comparable patient outcomes. These shifts underscore our clinicians' leadership in balancing patient safety, efficiency, and environmental stewardship.

Harmonising Procedure Kits to Lower Waste and Enhance Value

Procedure variation in operating theatres often drive unnecessary material use, packaging waste, and cost. Standardising how procedures are performed and how kits are assembled is therefore a powerful lever to reduce waste, improve efficiency, and enhance value without compromising clinical quality or patient safety. In Singapore, our procurement and operations teams led two major initiatives to reduce packaging waste in operating theatres. Together, these efforts demonstrate how we are embedding sustainability into clinical and operational practices, creating value for patients, staff, and the environment.

Right-sizing gastroscopy and colonoscopy procedures and kits: This initiative was implemented across all four of our Singapore hospitals, following a detailed review of procedure requirements and material usage patterns. By eliminating redundant items and aligning kit contents more closely with actual clinical needs, we were able to significantly reduce unnecessary materials and packaging waste. The redesigned kits **lowered kit costs by 29%, with all savings fully passed on to patients**. Starting 2026, this harmonisation will optimise resources, minimise redundant materials and packaging, and reduce an estimated 736kg of CO_2 annually, highlighting our commitment to operational efficiency and sustainability.

Improved surgical efficiency & waste reduction: Some surgical procedures previously required individually sourced consumables, which increased preparation time and placed a higher burden on inventory management, packaging waste, and the risk of overstocking. This was addressed through a multi-year initiative to implement 12 customised ProcedurePaks for common operations. The initiative successfully streamlined surgical workflows, achieving an average **87% reduction in the number of packs used per procedure, a 66% reduction in process time, and a 71% reduction in waste per procedure**. As a result, workflow efficiency for operating theatre staff improved, inventory pressures were reduced, and supply chain waste was significantly minimised.

Surgery categories where streamlined ProcedurePaks were introduced	
General Surgery	Cardiovascular
Gynaecology	Neurology
Orthopaedics	Ophthalmic

Our Highlights

Expanding Renewable Energy Use and Improving Energy Efficiency

Hospitals are energy-intensive facilities as they run 24/7 and require many machines, cooling, and ventilation. With Scope 2 accounting for 77% of IHH Healthcare's total Scope 1 and 2 emissions, expanding the use of renewable energy, upgrading systems, and adopting smarter building control are crucial steps our emissions footprint. Through such focused efforts, we become more energy efficient, strengthen resilience, and advance our transition toward a lower carbon healthcare system.

Our first large-scale solar project started partial operations and is expected to supply up to 80% of Acıbadem's annual energy needs in Türkiye.

So what have we done to reduce our Scope 2 emissions?

Scaling clean energy adoption across markets:

- In **Türkiye**, our first large scale solar projected started operations which is expected to supply up to 80% of Acıbadem's annual energy needs in Türkiye.
- In **India**, Gleneagles HealthCity Chennai and Gleneagles BGS Hospital Kengeri used 12,000 MWh of wind energy through open access arrangements, meeting 96% of their combined electricity needs in 2025.
- In **Malaysia,** 13 of our 18 hospitals already have rooftop solar, which generated 3,800 MWh of renewable energy, equivalent to the annual electricity consumption of more than 300 households.[1]
- Gleneagles Hospital **Hong Kong**'s rooftop solar system generated 259 MWh of renewable energy in 2025, where the emissions avoided was equivalent to the carbon sequestered by more than 24,000 tree seedlings grown for 10 years.[1]
- In **Singapore**, Mount Elizabeth Orchard (MEH) installed rooftop solar as part of their renovation project.

See page 83 to learn more about MEH's efforts in creating greener spaces to enhance patient care.

We will continue to actively explore ways to increase renewable energy use in our markets where viable.

Operational optimisation through targeted upgrades:

- In **Singapore**, Gleneagles Hospital implemented upgrades to improve patient comfort and energy performance. The hospital had installed magnetic chiller which improved chilled water plant efficiency by 17%. Together with energy savings measures such as chiller temperature optimisation, the hospital had achieved more than 10% reduction in annual electricity consumption compared to previous year. They also tested the use of retrofitted double glazed windows, which improved heat insulation for patients and lowered condensation-related damages.
- In **Türkiye**, Acıbadem Altunizade Hospital replaced the heat exchanger sub-system in its co-generator, leading to a **39% efficiency increase.**
- In **India**, Fortis Hospital Mulund installed a new smart IoT-based energy management system to monitor and control power use across key systems. This initiative achieved **8.9% energy savings with a 14-month payback period**, providing real-time data that helps facilities teams identify optimisation opportunities and avoid unnecessary consumption.

  Gleneagles Hospital, Chennai implemented initiatives including high-efficiency chiller replacement, installation of variable frequency drives, optimisation of chilled water set points, and enhanced automation of air handling systems. The hospital achieved a **22.3% reduction in energy consumption and a emissions reduction of 1,915 tCO_2e from 2023 to 2025,** which is equivalent to the the carbon sequestered by more than 31,000 tree seedlings grown for 10 years.[1]

[1] Equivalence calculations based on the United States Environmental Protection Agency's Greenhouse Gas Equivalences Calculator (https://www.epa.gov/energy/greenhouse-gas-equivalencies-calculator).

Our Highlights

Greener Hospital Renovation at Mount Elizabeth Orchard in Singapore

In Singapore, Mount Elizabeth Hospital (MEH)'s renovation reflects our ongoing commitment to creating an environment where patients receive care that is safe, seamless, and supported by modern facilities. While renewing essential infrastructure across the campus to ensure the hospital continues to meet the needs of patients, clinicians, and caregivers in a changing healthcare landscape, we took a deliberate approach to reducing environmental impact and improving resource efficiency. Here are some of the energy related enhancements which we estimate will contribute to 1.5 million kWh of energy saved per year. This is equivalent to the annual energy use of 210 homes.

Renewing essential infrastructure:

- Systems such as chillers and medical gas infrastructure were replaced to improve reliability and operational performance, helping to ensure that care delivery remains uninterrupted even as demand and clinical complexity increase.

Integrated facilities monitoring and control:

- This integrated approach enables facilities teams to monitor building systems more closely, identify issues such as water leaks earlier, and respond more efficiently to operational needs, strengthening the hospital's overall readiness and resilience.

Onsite rooftop solar:

- 381 rooftop solar panels have been installed, generating enough energy to power the common area lighting for up to six hours daily.

Operational enhancements to support daily care:

- Improvements such as energy-efficient lighting, automated HVAC controls in administrative spaces, and ambient temperature setbacks to 25°C were incorporated into the hospital environment. Wards were also upgraded with hot and cold in-room water dispensers in each room for patient use, reducing the need for manual water preparations by 80%, resulting in an estimated annual saving of over 525,000 litres of pre-dispensed water.

In recognition of its integrated approach towards environmental stewardship, well-being-focused design and strong governance, in 2025, the hospital was awarded the provisional Green Mark Platinum with Health & Wellbeing award. By investing thoughtfully in its infrastructure, the hospital is better prepared to serve patients today and adapt responsibly to the needs of tomorrow.

1.5 million kWh

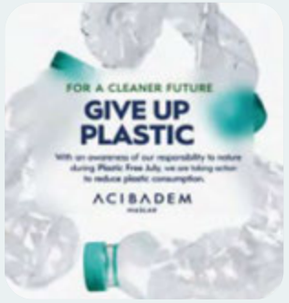
of energy saved per year. This is equivalent to the annual energy use of 210 homes.

New features in MEH. Above left: Renovated lobby; Above right: Integrated Building Management Centre; Top right: Rooftop solar installation.

Our Highlights

Driving Waste Reduction and Circular Initiatives Across Our Network

Hospitals generate diverse waste streams due to stringent infection-control and safety requirements. Across our network, we continue to advance waste segregation, recycling, and reuse efforts while supporting creative, ground-up initiatives that strengthen environmental responsibility. These efforts reflect IHH's ongoing journey towards the **2030 target of a 30% recycling rate for non-hazardous waste**, while fostering operational efficiency, environmental stewardship, and staff engagement across all markets.



Türkiye

- **Medical waste reduction:** Staff awareness training and on-site audits have improved segregation practices, helping reduce medical waste **per patient by 8% within one year**. This achievement lowers hazardous waste volumes and emissions from treatment and transport.
- **Upcycling coffee grounds:** Three hospitals piloted a circular waste initiative to repurpose spent coffee grounds. Between June and November 2025, the hospitals **diverted 729 kg of coffee grounds** from landfill, converting them into 1.7 tonnes of alternative raw material.
- **Daily actions to lower plastic use:** As part of Plastic Free July, Maslak Hospital introduced a **Plastic Free Monday** and an awareness campaign on daily actions everyone can take to reduce plastic use, report water leaks, and promote environmental awareness.

Malaysia

- Pantai Hospital Kuala Lumpur began repurposing condemned bedsheets into reusable pillowcases, reducing textile waste and procurement costs.
- Pantai Hospital Sungai Petani **recycled over 34 tonnes of non-hazardous waste** and received the Waste Reduction & Circular Economy Leadership Award from the Waste Management Association of Malaysia.
- Pantai Hospital Ampang's "Plant 10 for a Greener Tomorrow" initiative converted unused hospital land into green spaces, engaging staff and reusing kitchen eggshells as natural fertiliser.

Compared to 2024, Gleneagles Hospital Chennai:

- **↓ 7%** in **biomedical waste**
- **↓ 23%** in **food waste**
- **↓ 19%** in **general waste**
- **40 tonnes** **less waste to landfill**

India

Gleneagles Hospital, Chennai enhanced its solid waste management practices to reduce waste generation, lower landfill disposal, and strengthen responsible handling.

Key measures included improved waste segregation at source, optimised kitchen practices to reduce food waste, and expanded general waste recycling.

In 2025, biomedical waste decreased by 7%, food waste fell by 23%, and general waste declined by 19% compared to 2024. Nearly 40 tonnes less waste was sent to landfill, reflecting meaningful environmental and operational benefits.

Singapore

Gleneagles Hospital started new waste streams for recycling. E-waste bins were installed to collect items such as laptops and batteries. HDPE plastics collection were introduced in wards to recover saline, handwash, and disinfectant containers, improving upstream waste segregation.

Mount Elizabeth Hospital (MEH) has conducted awareness training and introduced practices to embed sustainable practices in daily operations.

MNH upcycled curtains and blankets, reducing textible waste for table cushions and tablecloths.

Our Highlights

Using Water More Wisely Across Our Network

Reliable water access underpins every aspect of hospital operations. As climate pressures increase the risk of water stress and supply volatility, healthcare providers must ensure water systems remain efficient, resilient, and fit for purpose. Across IHH Healthcare, we prioritised initiatives to reduce freshwater demand, improve monitoring and reuse, and strengthen preparedness for periods of water scarcity, particularly in water-stressed regions such as India and Türkiye.

Reduced consumption by 3 Olympic-sized pools each year

- **Reducing freshwater dependence through water recycling:** In India, Fortis Raheja and Fortis Mulund recycled treated water from their sewage treatment plants for use in cooling towers, reducing freshwater consumption by approximately **6.7 million litres per year**, equivalent to about three Olympic-sized pools. This lowered reliance on municipal supply and improved resilience during periods of water scarcity.

- **Strengthening water efficiency through system upgrades:** At Gleneagles Hospital, Mumbai, a comprehensive water sustainability project reduced reliance on private water tankers and associated emissions. A new MBR-based sewage treatment plant produced high-quality recycled water for non-potable uses such as cooling and landscaping, while aerators installed across hospital taps further improved efficiency. These measures reduced operating costs, and the hospital was recognised as National Winner – Green Hospital of the Year.

National Winner - Green Hospital of the Year by Economic Times Healthcare Award 2025

13% reduction in YoY water consumption

- **Operational improvements to reduce water consumption:** In Türkiye, Adana Acıbadem Hospital implemented cooling system upgrades, faucets, and widespread use of aerators, supported by staff training and awareness initiatives. Together, these actions reduced water consumption by **13%** compared to the prior nine-month average.

Fostering Environmental Stewardship Across Our Communities

Beyond hospital operations, our sustainability efforts extend to engaging our people and communities in protecting the environment and promoting health of the planet. In 2025, teams across Malaysia and Singapore demonstrated leadership through practical, inclusive initiatives that reflect our belief that environmental stewardship starts within our hospitals and reaches into the communities we serve.

- **Malaysia:** Pantai Hospital Kuala Lumpur (PHKL) strengthened community partnerships to raise sustainability awareness. The hospital shared its sustainable healthcare journey at Universiti Putra Malaysia's World Environment Day event, inspiring future healthcare professionals to integrate sustainability into care delivery. PHKL also participated in KLCC's Sustainable September, supporting Kuala Lumpur City Hall's urban sustainability goals, and worked with facility partners to upcycle plastic containers from reverse vending machines into community garden projects.
- **Singapore:** Colleagues marked World Environment Day through staff-led activities that encouraged awareness and participation. The "Chill Out Goes Green" nature walk promoted wellness and connection with nature, while the Upcycling Challenge showcased how everyday materials can be creatively repurposed. Sustainability events featuring partners and suppliers further deepened staff and public understanding of responsible food and waste practices and their role in building a more sustainable healthcare system.

PHKL X Garden Maker Garden Planting @ Krista Bangsar.

Our Highlights

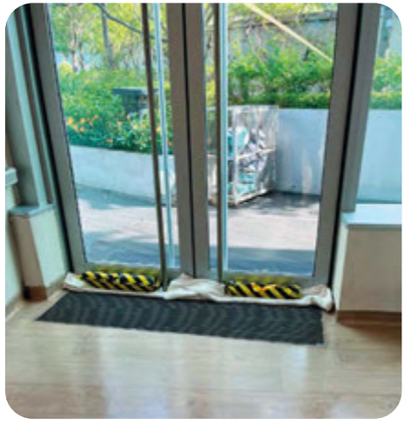
Building Flood Resilience Through Infrastructure Upgrades

Following significant flooding around Gleneagles Hospital, LB Nagar in 2020, the hospital conducted a comprehensive root-cause analysis to identify flood pathways and operational vulnerabilities that could impact critical services. Based on this assessment, a series of structural, drainage, and operational measures were implemented over subsequent years to strengthen flood resilience and protect hospital operations.

- **Strengthening physical and drainage infrastructure:** Key interventions focused on preventing floodwater entry across multiple points. Entry gates were modified, including the construction of a brick wall ahead of the monsoon season and elevation of the secondary gate through a raised ramp to reduce water ingress. A boundary wall that had previously failed was strengthened and secured to prevent future breaches. External drainage chambers were elevated and fitted with non-return valves, while ground-floor toilets prone to reverse flow were permanently closed.
- **Protecting high-risk and critical areas:** Additional protections were introduced for high-risk zones such as the ground floor and radiology wing. Flood barriers were installed at identified entry points, and any floodwater breaching these barriers is now diverted to a designated collection tank. Heavy-duty pumps have been deployed to enable rapid dewatering and minimise operational disruption.
- **Embedding preparedness and response measures:** Flood resilience is supported by annual preparedness measures, including routine inspections of flood gates, placement of sandbags, standby power arrangements, staff training and mock drills, and the strategic positioning of pumps across the campus to ensure readiness during extreme weather events.

As a result of these coordinated actions, the hospital has not been affected by flooding since 2022. Together, these measures demonstrate a strengthened approach to climate resilience, helping ensure continuity of patient care and essential services during extreme weather events.

Preparing for Typhoon Ragasa in Hong Kong



Ahead of Typhoon Ragasa in September 2025, Gleneagles Hospital Hong Kong proactively activated its Emergency Operations Centre to coordinate preparedness measures across clinical, facilities, and support teams. The focus was on early decision-making to safeguard patient safety, maintain essential services, and minimise disruption as weather conditions deteriorated.

- **Protecting patients and maintaining essential services:** Preventive actions included ensuring adequate blood bank supplies, planning for early patient admissions where clinically appropriate, and rescheduling selected non-urgent outpatient appointments to reduce risk and congestion. These measures helped manage patient flow while prioritising safety and continuity of care.
- **Ensuring workforce readiness and continuity of care:** Essential staff coverage was secured in advance, with overnight accommodation arranged to support staff availability during anticipated transport disruptions. This ensured that critical services could continue uninterrupted throughout the extreme weather event.
- **Post-event review and continuous improvement:** Following the typhoon, the hospital conducted a structured review of its response and incorporated lessons learned into ongoing emergency preparedness planning. These improvements further strengthened the hospital's readiness for future extreme weather events and reinforced its approach to climate resilience.

Looking Ahead

With our new 2030 goals in place, we enter the next phase of our sustainability journey with a clearer sense of direction and responsibility. We recognise that achieving meaningful progress requires steady action, strong collaboration, and continuous improvement. Over the next two years, our focus will be on driving tangible results that strengthen both our environmental performance and our climate readiness.

Through these efforts, and with our renewed ambition, we remain committed to delivering healthcare sustainably, reducing our environmental footprint, and ensuring our hospitals and communities remain resilient in a changing climate.

Environmental Impact & Actions

Reduce 42%	**Scope 1 and 2 emissions** from 2025 baseline	Fully operationalise Türkiye's large scale solar plant Explore reduction in nitrous oxide usage where relevant Continue to improve energy efficiency measures
Engage 70%	**of suppliers by spend**[1] to encourage emissions reporting and target setting	Engage with key suppliers in major markets
Achieve a 30%	**recycling/landfill diversion rate for non-hazardous waste**	Explore more initiatives to reduce unnecessary single-use supplies, especially in relation to our operating theatres
Improve 10%	**water efficiency** from 2025 baseline	Engage markets operating in water-stressed regions more closely on initiatives to reduce water intensity

Climate Change Resilience

Climate-related Physical Risks

- Prioritising adaptation works and strengthening business continuity planning at hospitals located in areas with higher flood risk.
- Deepen our preparedness for drought and heat risks, which are expected to intensify over time, particularly beyond 2030.
- Climate-related physical risks are also looked at part of our due diligence and decision-making processes for potential acquisitions, to ensure long-term resilience of our expanded footprint.

Climate-related Transition Risks

Beyond further improving on climate-related financial risk quantification, our teams across sustainability, risk, and finance will continue to integrate climate considerations into capital planning, business continuity, and long-term operational decisions.

We have planned capital expenditure on energy efficiency and renewable energy, especially in markets that are ready for further development in these areas.

[1] For suppliers by spend in Scope 3 Category 1: Purchased Goods & Services and Category 2: Capital Goods.

Planet Scorecard

Energy Use and GHG Emissions

Energy Use	FY2023	FY2024	FY2025	FY2025 (Including Fortis)[1]
Total energy consumed (Gigajoules)	**2,227,572**	**2,282,592**	**2,444,383**	**2,823,403**
Grid electricity	57.9%	63.2%	61.7%	63.8%
Natural gas, town gas, liquefied petroleum gas	38.1%	34.6%	34.1%	30.7%
Petrol & diesel	2.0%	1.4%	1.8%	2.0%
Renewable energy (rooftop solar, off-site renewables)	2.0%	0.8%	2.4%	3.5%
Energy consumption intensity (Megajoules/patient-bed-day)	1,113	1,113	1,163	849
GHG Emissions				
Scope 1 & 2 emissions (Market-based) (tCO_2e)[2]	**291,347**	**289,468**	**271,888**	**335,122**
Scope 1 & 2 emissions (Location-based) (tCO_2e)	**291,347**	**289,468**	**306,819**	**377,293**
Scope 1 emissions	81,236	71,914	75,990	88,194
– Gas fuels (natural gas, town gas, LPG, LNG)	48,460	44,615	47,049	48,992
– Anaesthetic gases (desflurane, sevoflurane, isoflurane, N_2O)	24,605	20,427	22,441	29,580
– Refrigerant	4,995	4,446	3,302	5,455
– Liquid fuels (diesel, petrol)	3,175	2,426	3,198	4,168
Scope 2 emissions (Market-based)	210,111	217,554	195,898	246,928
Scope 2 emissions (Location-based)	210,111	217,554	230,829	289,099
Scope 1 & 2 emissions intensity (Market-based) ($kgCO_2e$/patient-bed-day)	**145.6**	**141.0**	**129.4**	**100.7**
Scope 1 & 2 emissions intensity (Location-based) ($kgCO_2e$/patient-bed-day)	**145.6**	**141.0**	**146.0**	**113.4**
Scope 3 emissions (tCO_2e)	**23,348**	**101,329**	**122,407**	**165,777**
Category 3: Fuel- & energy-related activities not included in Scope 1 or Scope 2[3]	NR	76,074	75,276	113,022
Category 5: Waste generated from operations[4]	NR	NR	22,140	23,454
Category 6: Business travel[5]	7,249	8,466	7,246	9,708
Category 7: Employee commuting[6]	16,099	16,789	17,746	19,594

Comparing 0ur 2025 Energy Use and GHG Emissions
Data reported excludes Fortis hospitals (except last column), Agilus laboratories, GJPMC (Brunei), and our latest acquisition in Türkiye. Below explanation is for year 2025 (excluding Fortis) as compared to FY2024.

Energy Use

1) **Total energy use has increased in 2025 by 7.1% compared to 2024**, with the increase mainly attributable to increased natural gas and electricity usage from our Türkiye operations in Izmir (expansion) and the inclusion of energy use data from new hospitals such as Kartal Hospital in Türkiye and Island Hospital in Malaysia.

2) **Renewable energy usage has increased from 0.8% to 2.4% of our energy mix in 2025**, mainly attributable to wind energy use for Gleneagles HealthCity Chennai and Gleneagles BGS Hospital Kengeri, which covers 96% of their combined annual electricity needs.

In 2026, we expect renewable energy mix to further increase when more solar energy from the Türkiye large-scale solar project is being used.

GHG Emissions

1) **Scope 1 emissions** have increased in 2025 by 5.7% (+4,076 tCO_2e) compared to 2024.

   a) **Gaseous fuels** (piped natural gas, LPG, LNG) related emissions increased by 5.5% (+2,434 tCO_2e) and were mainly attributable to increased usage in Türkiye, with minor increases across all markets except Hong Kong where usage declined by 2%. We expect gaseous fuel related emissions to stabilise or decrease in 2026 as the large-scale solar project in Türkiye becomes fully operational, enabling greater use of renewable electricity in place of grid and co-generation supply.

   b) **Anaesthetic:** (Desflurane, sevoflurane, isoflurane, N_2O) usage related emissions increased by 9.9% (+2,014 tCO_2e) in 2025. Desflurane and Isoflurane use continue to decline, where their related emissions reduced by 44% compared to 2023. N_2O usage has increased by 23% in 2025 compared to 2024. The increase in N_2O is mainly attributable to increased usage in Malaysia and Gleneagles India. In 2026, we will review the N_2O usage in hospitals to explore potential reduction efforts while we continue efforts to reduce Desflurane usage where medically advisable.

   c) **Liquid fuel** (petrol and diesel) related emissions increased by 32% (+772 tCO_2e) mainly due to increased fuel usage in Türkiye and the inclusion of data from Island Hospital.

   d) **Refrigerant** related emissions decreased by 26% (-1,144 tCO_2e) for 2025 compared to 2024.

2) **Scope 2 emissions (market-based) declined by 10% (-21,656 tCO_2e) in 2025**, reflecting the redemption of 60,000 MWh of renewable energy certificates for our Türkiye operations and the procurement of wind energy through open access arrangements in India, applied in accordance with the GHG Protocol Scope 2 Guidance. Scope 2 emissions (location-based) increased by 6.1% (+13,275 tCO_2e), mainly due to increased electricity use in Türkiye and the inclusion of Island Hospital data. In 2026, we expect our Scope 2 emissions (market-based) to further decrease with the full commissioning of the Türkiye solar project and continued energy efficiency efforts.

1 Fortis Healthcare's data is subject to ongoing verification.
2 Market-based Scope 2 emissions are from applying supplier-specific or contract-specific emission factors (EF) where the Group holds contractual instruments such as renewable energy certificates (RECs) or power purchase agreements. Where no such instruments are in place, market-based figures are equivalent to location-based figures (i.e FY2023 and FY2024).
3 Fuel related Well-to-Tank (WTT) EF from DEFRA 2025, electricity use WTT EF from CarbonDI's tool.
4 General waste composition based on IPCC 2019 Refinement to 2006 Guidelines for National Greenhouse Gas Inventories Volume 5. EF were then referenced from Healthcare Without Harm's Climate Checkup Tool v3.3.
5 Spend-based estimate using passenger-services revenue per available seat-km, applying country-specific airline data where available and an average proxy otherwise. Prior-year figures have been restated for consistency.
6 Activity-based estimate using employee figures, coupled with estimated travel distance and mode.

Planet Scorecard

Waste and Water

Waste	FY2023[1]	FY2024[1]	FY2025	FY2025 (Including Fortis)[2]
Total waste (metric tonnes)	**21,183**	**21,093**	**26,256**	**31,013**
Total hazardous waste[3] (metric tonnes)	6,958	6,851	7,503	9,780
Total non-hazardous waste (metric tonnes)	14,225	14,242	18,753	21,232
– Recycled or diverted from landfill	1,985 (14%)	1,955 (14%)	2,194 (12%)	4,673 (22%)
– Incinerated	4,572 (32%)	3,658 (26%)	3,115 (17%)	3,115 (15%)
– Landfill	7,668 (54%)	8,629 (61%)	13,444 (72%)	13,444 (63%)
Water				
Total amount of water used (megalitres)	**3,553**	**3,378**	**3,809**	**5,224**
– Municipal potable water/third party water	NR	NR	3,750	4,263
– Groundwater	NR	NR	59	945
– Surface water	NR	NR	0	15
Water usage intensity (litres/patient-bed-day)	1,776	1,646	1,812	1,570
Number of hospitals operating in water-stressed regions[4]	27	26	26	42
Amount of water used in water stressed regions (megalitres)	NR	1,075	1,176	2,085

Comparing Our 2025 Waste and Water Use
Data reported excludes Fortis hospitals (except last column), Agilus laboratories, GJPMC (Brunei), and our latest acquisition in Türkiye. Below explanation is for FY2025 (excluding Fortis) as compared to FY2024.

Waste

1) **Total waste increased by 24% in 2025 compared to 2024 figures, driven primarily by the first-time comprehensive inclusion of non-hazardous waste data from our Türkiye operations.**

2) **Non-hazardous waste (NHW)** increased by 32%, with the increase largely attributable to expanded data coverage rather than a change in waste generation patterns. Non-hazardous waste in our established markets of Singapore and India declined by 14% and 16% respectively, reflecting continued waste reduction and segregation efforts.

   a) **NHW recycled/diverted from landfill** increased by 12% in absolute terms (from 1,955 to 2,194 metric tonnes).

   b) **NHW sent to landfill** proportion increased from 61% to 72%, reflecting the disposal profile of our Türkiye operations where landfill remains the predominant method. We are working with our major markets to improve waste segregation practices and increase diversion rates toward our 2030 target of 30% non-hazardous waste recycling and landfill diversion.

3) **Hazardous waste** increased by 9.5% compared to 2024 figures, consistent with operational growth across our markets. The increase is mainly attributable to improved data completeness in Europe, inclusion of Island Hospital in Malaysia and at Kartal hospital in Türkiye.

Water

Total water used increased by 13% (+431 megalitres) in 2025. The increase was driven by expanded reporting coverage and operational growth across several markets. In Malaysia, water use increased with the inclusion of Island Hospital and improved data completeness at several facilities. In Türkiye, increased activity at Kartal hospital and inclusion of data from Acıbadem Clinics, Samandira Logistics, contributed to higher volume reported. Our European operations reported water data comprehensively for the first time in 2025, adding to the increase. Water use in Singapore and India recorded reductions. Water usage intensity increased from 1,646 to 1,812 litres per patient-bed-day, largely reflecting the inclusion of facilities and the addition of non-hospital operations whose water use is not proportional to patient-bed-days.

From FY2025 on, water withdrawal includes reporting by water source: municipal potable water and third-party supply, groundwater, and surface water. The number of hospitals operating in water-stressed regions remained at 26, with water use in these regions increasing from 1,075 to 1,176 megalitres.

NR: Not Reported

1 FY2023 and FY2024 waste data has been restated to correct classification errors and data gaps at our European operations. The restatements is due to reclassification of approximately 2,050 metric tonnes of non-hazardous waste that was previously reported as hazardous waste from our Europe operations, and the correction of incomplete non-hazardous waste data at certain facilities. These corrections do not affect total waste figures materially but change the split between hazardous and non-hazardous categories.

2 Fortis Healthcare's data is subject to ongoing verification. Data from Fortis does not include landfill non-hazardous waste as this data is not yet collected by Fortis.

3 All hazardous waste are managed according to local regulatory requirements and are considered as diverted to disposal either as incinerated or treated before landfill. Medical waste comprises >95% of our hazardous waste footprint.

4 Defined as High and Extremely High on the Water Stress levels in the World Resources Institute's tool – Aqueduct Water Risk Atlas.

IFRS S2 Content Index

Reference	Description	Page
GOVERNANCE		
Para 5(a)(i)	Board oversight of CROs	17–19 (Annual Report: 123; 124)
Para 5(a)(ii)	Skills and competencies of governance body	17–19 (Annual Report: 123; 124)
Para 5(a)(iii)	How and how often the Board is informed	17–19 (Annual Report: 123; 124)
Para 5(a)(iv)	How CROs are considered in strategy and major transactions	17–19 (Annual Report: 123; 125)
Para 5(a)(v)	How the Board oversees climate-related targets	17–19 (Annual Report: 123; 124)
Para 5(b)	Management's role in governance of CROs	18 (Annual Report: 124)
Para 6	Remuneration linked to CROs	18 (Annual Report: 124)
STRATEGY		
Para 8–9	CROs reasonably expected to affect prospects	76–78 (Annual Report: 128–130)
Para 10(a)	Description of CROs	76–78 (Annual Report: 128–130)
Para 10(b)	Time horizon over which effects could be expected	76–78 (Annual Report: 130)
Para 10(c)	How time horizons are defined	77 (Annual Report: 122)
Para 12	Concentration of CROs in the entity	76 (Annual Report: 127; 128)
Para 13(a)	Current and anticipated effects of CROs on business model and value chain	77–78 (Annual Report: 128–130)
Para 14(a)	How entity has responded to CROs in strategy	77–79 (Annual Report: 125–132)
Para 14(b)	Planned response to CROs	79; 87 (Annual Report: 126; 127)
Para 14(c)	Transition plan and progress	72 (Annual Report: 126)
Para 15–16	Current financial effects of CROs	76; 77 (Annual Report: 128; 129)
Para 17–18	Anticipated financial effects of CROs	76; 77 (Annual Report: 128; 129)
Para 19–20	Qualitative disclosure where financial effects not separately identifiable	76–78 (Annual Report: 122; 128; 129)
Para 21	Connected information to financial statements	76; 77 (Annual Report: 128–130)
Para 22(a)	Climate scenario analysis	79 (Annual Report: 126; 127)
Para 22(b)	Resilience of strategy under scenarios	79 (Annual Report: 125; 127)
RISK MANAGEMENT		
Para 25(a)	Process to identify and assess CROs	76; 79 (Annual Report: 131)
Para 25(b)	Process to prioritise CROs	79 (Annual Report: 126; 127; 131)
Para 26(a)	Process to monitor CROs	79 (Annual Report: 126; 127; 131)
Para 26(b)	Integration with overall risk management	77 (Annual Report: 132)

IFRS S2 Content Index

Reference	Description	Page
METRICS AND TARGETS		
Para 28	Industry-based disclosure requirements	76 (Annual Report: 135; 136)
Para 29(a)(i)	Scope 1 GHG emissions	88 (Annual Report: 133)
Para 29(a)(ii)	Scope 2 GHG emissions (location and market-based)	88 (Annual Report: 133)
Para 29(a)(iii)	Scope 3 GHG emissions	88 (Annual Report: 133)
Para 29(a)(iv)	Total GHG emissions	88 (Annual Report: 133)
Para 29(a)(vi)	Measurement approach, inputs, and assumptions	73; 88 (Annual Report: 134)
Para 29(b)	Climate-related transition risk metrics	77 (Annual Report: 129; 134)
Para 29(c)	Climate-related physical risk metrics	77 (Annual Report: 128; 134)
Para 29(d)	Climate-related opportunity metrics	78 (Annual Report: 130; 134)
Para 29(e)	Capital deployment	78 (Annual Report: 134)
Para 29(f)	Internal carbon pricing	77 (Annual Report: 134)
Para 29(g)(i)	Remuneration linked to climate performance	18 (Annual Report: 124)
Para 29(g)(ii)	GHG emissions intensity	75; 88 (Annual Report: 134)
Para 33	Climate-related targets	72; 75 (Annual Report: 135)
Para 34	Target metric, time horizon, and base period	75 (Annual Report: 135)
Para 35	Whether target is informed by scientific consensus	75 (Annual Report: 134)
Para 36	Progress against targets	75 (Annual Report: 126; 133; 135; 136)
Para 37	Consideration for Cross-industry metrics and industry-based metrics	88; 89 (Annual Report: 135; 136)
SUSTAINABILITY DISCLOSURE TOPICS & METRICS		
HC-DY-130a.1	Energy metrics	88 Annual Report: 135
HC-DY-150a.1	Waste metrics	89 Annual Report: 135
HC-DY-150a.2		
HC-DY-450a.1	Climate resilience policies and practices	59; 76; 79 Annual Report: 126
ACTIVITY METRICS		
HC-DY-000.A	Number of (1) facilities and (2) beds, by type	Annual Report: 136
HC-DY-000.B	Number of (1) inpatient admissions and (2) outpatient visits	Annual Report: 136

GRI Content Index

Statement of use: IHH Healthcare Berhad has reported with reference to the GRI Standards for the period 1 January 2025 to 31 December 2025
GRI 1 Used: GRI 1: Foundation 2021
Applicable GRI Sector Standard(s): None

GRI Standard	Disclosure Number	Disclosure Title	Page Reference
GENERAL DISCLOSURES			
GRI 2: General Disclosures 2021	2-1	Organisational details	4
	2-2	Entities included in the organisation's sustainability reporting	3
	2-3	Reporting period, frequency and contact point	2–3
	2-4	Restatements of information	89
	2-5	External assurance	3
	2-6	Activities, value chain and other business relationships	Annual Report: 38–41
	2-7	Employees	54; 55
	2-9	Governance structure and composition	Annual Report: 79
	2-10	Nomination and selection of the highest governance body	Annual Report: 96–101
	2-11	Chair of the highest governance body	Annual Report: 80; 81
	2-12	Role of the highest governance body in overseeing the management of impacts	17–19
	2-13	Delegation of responsibility for managing impacts	17–19
	2-14	Role of the highest governance body in sustainability reporting	17–19
	2-15	Conflicts of interest	Annual Report: 70–77
	2-16	Communication of critical concerns	14; 15
	2-17	Collective knowledge of the highest governance body	19
	2-18	Evaluation of the performance of the highest governance body	Annual Report: 78–101
	2-19	Remuneration policies	Annual Report: 78–101
	2-20	Process to determine remuneration	Annual Report: 78–101
	2-21	Annual total compensation ratio	Annual Report: 78–101
	2-22	Statement on sustainable development strategy	6
	2-23	Policy commitments	IHH website – Corporate governance policy disclosures: https://www.ihhhealthcare.com/investors/corporate-governance/corporate-governance-policy-disclosures
	2-24	Embedding policy commitments	Annual Report: 78–95
	2-25	Processes to remediate negative impacts	Annual Report: 107–114

GRI Content Index

GRI Standard	Disclosure Number	Disclosure Title	Page Reference
GENERAL DISCLOSURES			
GRI 2: General Disclosures 2021	2-26	Mechanisms for seeking advice and raising concerns	Annual Report: 107–114
		Membership associations	4
	2-29	Approach to stakeholder engagement	14; 15
MATERIAL TOPICS			
GRI 3: Material Topics 2021	3-1	Process to determine material topics	11
	3-2	List of material topics	12; 13
Patients			
TRANSPARENCY (QUALITY OF CARE AND PATIENT STEWARDSHIP)			
GRI 205: Anti-corruption	205-1	Operations assessed for risks related to corruption	20
	205-2	Communication and training about anti-corruption policies and procedures	20
	205-3	Confirmed incidents of corruption and actions taken	20
DATA PRIVACY AND SECURITY			
GRI 3: Material Topics 2021	3-3	Management of material topics	27; 30
GRI 418: Customer Privacy 2016	418-1	Substantiated complaints concerning breaches of customer privacy and losses of customer data	30
People			
EMPLOYEE SAFETY AND TOTAL WELL-BEING			
GRI 3: Material Topics 2021	3-3	Management of material topics	41; 44
GRI 403: Occupational Health and Safety 2018	401-1	New employee hires and employee turnover	54
	401-3	Parental leave	55
	403-5	Worker training on occupational health and safety	41; 44; 53
	403-9	Work-related injuries	53
PEOPLE ENGAGEMENT AND TALENT DEVELOPMENT			
GRI 3: Material Topics 2021	3-3	Management of material topics	42; 45; 46
GRI 404: Training and Education 2016	404-2	Programmes for upgrading employee skills and transition assistance programmes	49; 50; 51

GRI Content Index

GRI Standard	Disclosure Number	Disclosure Title	Page Reference
People			
DIVERSITY AND INCLUSION			
GRI 3: Material Topics 2021	3-3	Management of material topics	43; 47
GRI 405: Diversity and Equal Opportunity 2016	405-1	Diversity of governance bodies and employees	53; 54
Public			
COMMUNITY INVESTMENT			
GRI 3: Material Topics 2021	3-3	Management of material topics	60
GRI 201: Economic Performance 2016	201-1	Direct economic value generated and distributed	68
Planet			
EMISSIONS MANAGEMENT			
GRI 3: Material Topics 2021	3-3	Management of material topics	73
GRI 302: Energy 2016	302-1	Energy consumption within the organisation	88
	302-3	Energy intensity	88
GRI 305: Emissions 2016	305-1	Direct (Scope 1) GHG emissions	88
	305-2	Energy indirect (Scope 2) GHG emissions	88
	305-3	Other indirect (Scope 3) GHG emissions	88
	305-4	GHG emissions intensity	88
WASTE AND WATER MANAGEMENT			
GRI 3: Material Topics 2021	3-3	Management of material topics	74; 75
GRI 303: Water and effluents 2018	303-5	Water consumption	89
GRI 306: Waste 2020	306-1	Waste generation and significant waste-related impacts	89
	306-2	Management of significant waste-related impacts	74; 75; 81; 84
	306-3	Waste generated	89
	306-4	Waste diverted from disposal	89
	306-5	Waste directed to disposal	89

IHH HEALTHCARE BERHAD
201001018208 (901914-V)

Level 35, Mercu Aspire, 3 Jalan Bangsar,
KL Eco City, 59200 Kuala Lumpur, Malaysia
Tel: 603 2201 0138