
Concept Note for a **WHO Civil Society Working Group¹ to Advance Action on Climate Change and Health**

The World Health Organization and the civil society groups working on climate change and health have a strong history of collaboration. Since 2011, when civil society groups working in the climate change space came together to found the Global Climate and Health Alliance, GCHA and WHO have collaborated to mount an annual Global Climate and Health Summit each year alongside COP, and have maintained ongoing dialogue, with the goal of together strengthening global health sector efforts to address the impacts and opportunities of climate change. In addition, WHO maintains longstanding relationships with several GCHA member organizations as well as close partners and counts some of these groups among non-State actors in official relations with, while GCHA has experience convening and coordinating health civil society groups engaged on the issue of climate change.

In November 2017, WHO Director-General, Dr. Tedros met with representatives of several health NGOs that have been leaders on climate and health to explore establishing a more formal collaboration on the issue. In that meeting, Dr. Tedros requested that a formal Working Group be established bringing together WHO with representatives of leading health NGOs active in this area.

In light of the increased focus on addressing climate change, announced by WHO Director-General Dr. Tedros, and at his invitation, these Terms of Reference formalize that collaboration to establish a formal WHO-Civil Society Working Group to advance action on climate change and health.

1. The Civil Society Working Group for Climate Change and Health will be convened by the WHO Director-General to advise him on bold and at the same time practical recommendations on how to mobilize civil society in a meaningful manner to significantly strengthen national and international commitments and implementation to address climate change, and increased focus on health in climate change action.
2. The Working Group will consist of 13 eminent civil society representatives, including representatives of NGOs² and their coalitions, with the appropriate geographical and gender balance. The members will represent their civil society organizations. Each year one half of the NGOs represented on the Working Group will rotate off and new NGOs will be invited to

¹ For the purpose of this concept note and TORs, civil society refers to nongovernmental organizations, philanthropic foundations and academic institutions.

² In accordance with the definition of NGOs provided in paragraph 9 of the WHO Framework of engagement with non-State actors (http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R10-en.pdf)

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3. serve. NGOs may be re-invited to join in future rotations. The membership of the Working Group will include one youth NGO.
 4. The Working Group will engage and consult widely with relevant constituencies at national, regional and global levels.
 5. The Co-Chairs of the Working Group, the WHO Assistant Director-General for Healthier Populations, assisted by the WHO Partnerships focal point for Climate Change and Health, and the Executive Director, Global Climate and Health Alliance, will be members of the Working Group and report regularly to the WHO Director-General.
 6. The outputs of the Working Group will include:
 - a. More health sector civil society organizations mobilized to engage in a meaningful way in significantly strengthening national and international responses to climate change, and the focus on health in these responses.
 - b. Strategic communications plan developed to make health professional and health sector engagement on climate the norm, and to make health a central focus in responses to climate change.
 - c. Session organized on climate change co-benefits and engagement, advocacy, and outreach, at the WHO relevant climate change and air pollution conferences, as appropriate.
 - d. Advice provided to WHO on important areas for establishing authoritative and evidence-based policy guidance that can underpin NGO advocacy and action on climate and health, particularly on climate mitigation.
 - e. Support, as appropriate, the annual Global Climate and Health Summit alongside the UNFCCC Conference of Parties, with a focus on placing health at the center of action on climate change, and increasing engagement and mobilization of health sector stakeholders as advocates for climate action.
 - f. An annual report on the Working Group's activities delivered to the WHO Director General.
 7. The Working Group will convene bi-month by teleconference call. Face-to-face meetings will take place in May during the World Health Assembly (WHA) and November/December) and alongside COP.
 8. The Working Group will be coordinated through the WHO Partnerships focal point for Climate Change and Health.
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Terms of Reference of the **WHO Civil Society Working Group to Advance Action on Climate Change and Health**

1. WHO will request the Executive Director of the Global Climate and Health Alliance, in her capacity as Co-Chair, to propose the composition of the Working Group. The final decision on the composition of the Working Group rests with WHO.
2. The following criteria will be used to guide the composition of the Working Group:
 - a. The civil society organization³ are nongovernmental organizations, philanthropic foundations or academic institutions⁴ in accordance with the provisions of the WHO Framework for Engagement with non-State actors;⁵
 - b. The civil society organization is a respected player in the health civil society community at the international level;
 - c. The civil society organization is active in advocacy on climate change, has the capacity to support global and national advocacy, and has prioritized addressing climate change in its organizational plans;
 - d. The civil society organization demonstrates a clear added value for the cause of climate change and health in terms of mobilizing civil society, knowledge and resources, and creating synergy, in order to increase support for strong actions at the national and international level;
 - e. The civil society organization has a unique field of influence and a network of civil society organizations that will contribute significantly to strengthening global focus on health in climate response;
 - f. The representative of the civil society organization can commit to volunteer the appropriate time and effort for the timeframe of the Working Group, including joining regular conference calls;
 - g. The civil society organization does not engage with the fossil fuel, tobacco or arms industries or with non-State actors that work to further the interests of these industries.
3. Membership of the Working Group is non-transferable. Members are represented by their most senior level official. In case the most senior level official of a member cannot attend a meeting,

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⁴ As defined in the Framework of engagements with non-State actors (respectively paragraphs 9,11 and 12)

⁵ WHO Framework of engagement with non-State actors resolution WHA69.10 available at

http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R10-en.pdf

a designated senior level staff member from the member organization may participate in the Working Group with the explicit authorization from the Co-Chairs. Acceptance of membership implies organizational commitment for communicating to organizations and networks within their constituency as widely as possible, and their region and country wherever possible.

4. WHO's name and emblem are recognized by the public as symbols of integrity and quality assurance. WHO's name, acronym and emblem shall not, therefore, be used for, or in conjunction with, commercial, promotional marketing and advertisement purposes. Any use of the name or emblem of WHO needs an explicit written authorization by WHO. Working group members may not make public statements on behalf of WHO.
5. The co-Chairs of the Working Group will be (a) the WHO Assistant Director-General for Healthier Populations, assisted by the WHO Partnerships focal point for Climate Change and Health, and (b) the Executive Director, Global Climate and Health Alliance. The co-Chairs will be members of the Working Group and will report regularly to the WHO Director-General.
6. The outputs of the Working Group are:
 - a. More health sector civil society organizations mobilized to engage in a meaningful way in significantly strengthening national and international responses to climate change, and the focus on health in these responses.
 - b. Strategic communications plan developed to make health professional and health sector engagement on climate the norm, and to make health a central focus in responses to climate change.
 - c. Session organized on climate change co-benefits and engagement, advocacy, and outreach, at the WHO relevant climate change and air pollution conferences, as appropriate.
 - d. Advice provided to WHO on important areas for establishing authoritative and evidence-based policy guidance that can underpin NGO advocacy and action on climate and health, particularly on climate mitigation.
 - e. Support, as appropriate, the annual Global Climate and Health Summit the UNFCCC Conference of Parties, with a focus on placing health at the center of action on climate change, and increasing engagement and mobilization of health sector stakeholders as advocates for climate action.
 - f. An annual report on the WHO Working Group's activities delivered to the WHO Director General.
7. The Working Group will convene bi-monthly by teleconference call. Face-to-face meetings will take place in May during WHA and November/December alongside the UNFCCC COP.

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8. Subject to the availability of sufficient human and financial resources, as well as the applicable WHO rules, regulations and policies, Working Group activities will be coordinated through the Partnerships focal point for Climate Change and Health in WHO.
 9. Each Member shall be responsible for covering all costs and expenses relating to its participation in Working Group activities including, but not limited to, travel and subsistence expenses in connection with attendance at meetings, and are expected to attend in person at least one of the two in-person meetings per year.