

**TERMS OF REFERENCE**  
**OF**  
**THE HEALTH AND ENERGY PLATFORM OF ACTION**  
**February 2021**

**Mission**

The purpose of the Health and Energy Platform of Action (HEPA, or “the Platform”), a multistakeholder platform hosted by the World Health Organization, is to contribute to good health and empowerment through the promotion of access to clean and sustainable energy.

**Preamble**

Energy is inextricably linked with public health. Lack of access to clean fuels and technologies for cooking currently has negative effects on the health of 3 billion people, and related household air pollution is a cause of some 4 million deaths from noncommunicable diseases (including heart disease, stroke and cancer), as well as childhood pneumonia. Inefficient household energy use is a health and livelihood risk for women, children and infants. The use of traditional biomass for cooking also contributes to approximately 1 gigaton of CO<sub>2</sub> per year (approx. 2 per cent of global emissions), which is also a large source of black carbon and is relevant to climate adaptation.

In urban areas, air pollution (largely generated from the inefficient use of energy in homes, and in the transport, industry and building sectors) is putting over 90 per cent of the world’s urban populations at increased risk of heart, brain and respiratory disease.

An assessment of recent trends and policies indicates that, without additional efforts, 2.3 billion people will still be without access to clean cooking fuels and technologies in 2030. Urgent action is needed to scale up access to modern energy solutions for cooking, through awareness-raising, policies, financing, innovative delivery models and technology development; without this action, the world will fail to achieve Sustainable Development Goals (SDGs) 3 and 7 and several other related SDGs.

Access to electricity plays a critical role in the functionality of health-care facilities and the quality, accessibility and reliability of health services delivered to rural communities. Electricity is necessary for the operation of critically needed medical devices, such as vaccine refrigeration and surgical emergency, laboratory and diagnostic equipment, as well as for the operation of basic amenities such as lighting, cooling, ventilation and communications.

An estimated 1 billion people globally are served by health facilities without electricity.<sup>1</sup> In a recent study analysing over 121 000 facilities, almost 60 per cent of health-care facilities in 46 low- and middle-income countries were thought to lack reliable electricity;<sup>2</sup> in particular, around 25 per cent of health-care facilities in 11 sub-Saharan African countries have no access to electricity. While most large hospitals have access to electricity, access rates drop dramatically for rural clinics.<sup>3</sup>

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<sup>1</sup> Poor people’s energy outlook 2013. In: Practical Action [website]. Rugby, United Kingdom: Practical Action; 2013 (<https://practicalaction.org/poor-peoples-energy-outlook/>, accessed 20 October 2020).

<sup>2</sup> Cronk R, Bartram J. Environmental conditions in health care facilities in low- and middle-income countries: coverage and inequalities. *Int J Hyg Environ Health*. 2018;221(3):409-22. doi: 10.1016/j.ijheh.2018.01.004. Epub 2018 Jan 11.

<sup>3</sup> World Health Organization and World Bank. Access to modern energy services for health facilities in resource-constrained settings. Geneva: World Health Organization; 2014 (<https://apps.who.int/iris/handle/10665/156847>, accessed 20 October 2020).

In 2015, the World Health Assembly adopted a resolution<sup>1</sup> addressing the health impacts of air pollution – the world’s largest single environmental health risk. The resolution requests WHO to strengthen its technical capacities to support Member States in taking action on air pollution.

In July 2018, the Ministerial Declaration of the United Nations High-level Political Forum on Sustainable Development called upon governments and all stakeholders to make clean cooking solutions a priority and to close the electricity access gap.

In November 2018, during the First WHO Global Conference on Air Pollution and Health (Geneva, 30 October–1 November 2018), Dr Tedros Adhanom Ghebreyesus, Director-General of WHO, reiterated the need to build a “health and energy platform of action” to enhance multisectoral collaboration between the health and energy sectors and build the political and financial commitments required to ensure universal access to reliable electricity for health-care facilities and universal access to clean cooking.

In May 2019, WHO, the United Nations Department of Economic and Social Affairs (UN DESA), the United Nations Development Programme (UNDP) and the World Bank, and the strong support of the International Renewable Energy Agency (IRENA) and other key stakeholders launched HEPA.<sup>2</sup> The two initial priority areas of HEPA are clean cooking and electrification of health-care facilities with sustainable energy solutions. Sustainable energy and health solutions will contribute to several of the Agenda 2030 SDGs, from eradication of poverty (SDG 1) through advancements in health (SDG 3), education (SDG 4), clean water (SDG 6), energy (SDG 7), gender equality (SDG 5) and jobs (SDG 8), to combating climate change (SDG 13).

## 1. Vision and goal

The vision for HEPA is a world in which the health and well-being of the poorest billions are improved through access to clean and sustainable energy.

The goal of the Platform is the strengthening of political and technical cooperation between the health and energy sectors to accelerate the transition to clean energy, with an initial focus on clean cooking and electrification of health-care facilities, in line with the initial priority areas described below.

## 2. Objectives of the Platform

As a platform for advocacy, dialogue and coordination, and in line with WHO rules and policies, HEPA will advocate for, facilitate and assist efforts to:

- **mobilize political commitment**, support and resources, and **find ways of encouraging new public and private commitment** from the energy and health sectors, climate change action and other arenas;
- **promote development of global or country implementation road maps** for the priority areas of action;
- **demonstrate leadership** by identifying significant actions and initiatives with relevant stakeholders, with the overall objective of generating action and maximizing impact on the ground;
- **conduct advocacy and outreach** at high-level international engagements related to the SDGs, especially those on health, energy, environment, gender and climate change; and
- **promote an interdisciplinary approach**, engaging stakeholders at the global, regional and national level and building on existing initiatives, while avoiding duplication of effort, fostering alignment and creating strong synergies.

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<sup>1</sup> Resolution WHA68.8, Health and the environment: addressing the health impact of air pollution.

<sup>2</sup> The key elements of HEPA are described in the publication Accelerating SDG 7 achievement - SDG 7 policy briefs in support of the High-level Political Forum 2019. New York: UN DESA; 2019 ([https://sustainabledevelopment.un.org/content/documents/22877UN\\_FINAL\\_ONLINE\\_20190523.pdf](https://sustainabledevelopment.un.org/content/documents/22877UN_FINAL_ONLINE_20190523.pdf), accessed 20 October 2020).

### **3. Nature of the Platform, Secretariat and structure**

The Platform is a network mechanism, hosted by WHO, to facilitate and promote progress towards clean and sustainable energy for cooking and for powering health-care facilities to improve the health and well-being of the poorest. It acts as a mechanism for strengthening political and technical cooperation among health and energy actors.

HEPA is a voluntary network, not a distinct legal entity.

Becoming a member of HEPA is not a legal undertaking and does not imply any legally binding agreement by any participant under national or international law.

Subject to the availability of sufficient human and financial resources, WHO will serve as the Secretariat of the Platform. On this basis the operations of the platform shall in all respects be administered in accordance with the WHO Constitution and General Programme of Work, WHO's Financial and Staff Regulations and Rules, WHO's manual provisions, and applicable WHO rules, policies, procedures and practices.

### **4. Membership structure**

Membership in the Platform is open to:

- governments
- intergovernmental organizations
- nongovernmental organizations
- private-sector entities, represented through international business associations
- philanthropic foundations
- academic institutions.

Applications from non-State actors for Platform membership will be considered by the Secretariat, using the following criteria:

- the applicant must be a legally established entity and not an individual;
- the applicant works actively in the field of health and energy and aligns itself with the objectives, vision and goal of the Platform;
- the applicant commits to actively engaging in the work of the Platform;
- the applicant provides required information on its organization and signs the WHO Tobacco/Arms Disclosure Statement without alteration;
- the applicant complies with WHO's rules, norms and policies, including the Framework of Engagement with Non-State actors (FENSA<sup>1</sup>).
- The entity should not be a for-profit organization and/or commercial in nature, purpose and/or its activities.
- The entity, if a membership organization, should have the authority to speak for its members and have a representative structure.

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<sup>1</sup> Framework of engagement with non-State actors (FENSA), resolution WHA69/10.

In addition, the Secretariat will apply the following technical criteria when considering an application. The applicant should demonstrate proven expertise in the field of health and energy, in specific one or both HEPA aims: clean and sustainable energy for cooking and for powering health-care facilities.

Membership request and application process:

- All requests for membership are to be sent to the Secretariat by way of an official written communication;
- For applications from governments, the Secretariat confirms membership and informs members accordingly;
- For all applications from non-State actors, the Secretariat undertakes an assessment against the membership criteria and in line with relevant WHO policies, including FENSA. The Secretariat then seeks the consent of HEPA Government representatives. If there is no objection from governments, then the Secretariat confirms membership with the entity and informs HEPA members accordingly. If there are any objections, the Steering Committee will be engaged to reach a resolution;
- In the case of non-State actor applicants, HEPA membership is contingent upon the completion of the application process and subject to the outcomes of a due diligence process. The entity is required to provide the following information and documents: name, objectives and mission of the entity, copy of the legal status (such as bylaws, constitution), governance structure, names and affiliations of the members of main decision-making bodies (such as Board, Executive Board), the assets, annual income and funding sources (list of donors and sponsors), main relevant affiliations and website address. The entity will also sign the tobacco-arms disclosure statement without alteration; and
- Non-State actors will be granted membership for an initial duration of three years, which may be extended by the Secretariat in consultation with the Steering Committee as considered appropriate.

Membership categories:

<b>HEPA convening agencies</b>	<p>Convener and host: WHO</p> <p>Co-conveners: UN DESA, UNDP and the World Bank</p> <p>These UN agencies cooperatively establish the Platform.</p>
<b>High-Level Coalition members</b>	<p>High-level government representatives, with established or envisioned cooperation between their Ministry of Health and Ministry of Energy, champions and heads of selected organizations/institutions.</p> <p>Coalition members are an integral part of the Platform. Their roles and responsibilities are outlined in the High Level Coalition on Health and Energy Terms of Reference (refer to the following <a href="#">link</a> for the documentation).</p> <p>The High-Level Coalition provides strategic leadership for HEPA, conducts advocacy and political outreach to increase national commitment, facilitates synergies with public/private finance mechanisms and communicates key messages and narratives to decision-makers.</p>

<b>HEPA members</b>	Governments, intergovernmental organizations, nongovernmental organizations, the private sector represented through international business associations, philanthropic foundations and academic institutions that support the fulfilment of the HEPA strategic political and technical objectives.
<b>HEPA associates</b>	Invited organizations that are not HEPA members but demonstrate a willingness to support HEPA efforts by sharing their expertise to enhance the capacity of members at global, regional or country level. Such entities may be invited by the Secretariat in consultation with Steering Committee to participate in selected HEPA meetings or contribute to HEPA objectives on a <b>temporary</b> basis.

## 5. Responsibilities of members

On joining HEPA, members undertake to:

- Adhere to these Terms of Reference
- promote the work, vision, goals and objectives of the Platform;
- actively initiate and/or participate in Platform activities, discussions and deliberations;
- participate, as appropriate, in the Platform's Membership Assembly;
- participate, as appropriate, in Platform working groups;
- cooperate with other members in the Platform priority areas; and
- share knowledge and information (lessons learned, case studies, programme results, etc.) with other HEPA members as appropriate.

## 6. Membership Assembly

In principle, the Platform will hold its Membership Assembly every two years.

The functions of the Membership Assembly are to:

- review the workplan and the report of the Steering Committee
- serve as a platform for exchange of views and consultation among members
- deliberate on issues proposed by the Steering Committee that promote the objectives of the Platform.

With agreement of the Secretariat, the Platform may also hold additional ad hoc meetings, as necessary and as appropriate.

To the extent possible and appropriate, meetings of the Platform may be combined with meetings of other relevant bodies or events.

## 7. Steering Committee

The Steering Committee (SC) will consist of the Platform convening agencies and IRENA as permanent members.

The Steering Committee will also include rotating representatives of governments, and of non-State actors (i.e. nongovernmental organizations, and academic institutions) to be selected by the convening agencies through an application process. Both governments and non-state actors may serve a fixed term of 3 years, and with no limitations on renewal of terms.

- For applications from governments, a call for expression of interests for governments to participate will be circulated and the Secretariat confirms membership based on input from convening agencies;
- For all applications from non-state actors, the Secretariat undertakes an assessment through an application process to be facilitated by the Secretariat and based on input from convening agencies.

The process for nomination and rotation within the Steering Committee, and process for chairmanship of the Steering Committee are to be agreed upon by the convening agencies.

The responsibilities of the Steering Committee are to:

- provide the overall strategic direction, in consultation with WHO, for the operative work of the Platform;
- review membership applications;
- organize the Membership Assembly and its agenda;
- establish working groups and develop and approve their terms of reference; and
- endorse the Platform workplan.

## **8. Working groups**

Working groups may be established by the Secretariat at the request of HEPA members to exchange information and collaborate on agreed specific tasks/projects in line with the Platform's objectives, vision and goal. Working Groups are accountable to the Steering Committee and through the Steering Committee to the Secretariat. The Terms of Reference for all Working Groups are approved by the Secretariat. Any subsequent change to the Terms of Reference will also be subject to the approval of the Secretariat.

## **9. Secretariat**

WHO serves as the Secretariat of HEPA (the "Secretariat"). The role of the the Secretariat is to:

- Oversee and conduct the day-to-day administrative business of the Platform, in cooperation with HEPA conveners and in consultation with the Steering Committee, and coordinate the development, review and implementation of its workplan;
- coordinate the organization of the Membership Assembly;
- conduct assessment and due diligence for membership applications from non-State actors, correspond with members and confirm admission of new members;
- maintain the Platform website;
- facilitate engagement of all members and the development of the Platform strategy in the interests of effective collaborative work;
- coordinate periodic reviews of the role, functioning and impact of the Platform and initiate or consider amendments to the present Terms of Reference, as appropriate, with a view to improving the functioning of the Platform;
- coordinate the preparation and distribution of documentation for the Membership Assembly (e.g. agenda, meeting reports, list of publications); and
- facilitate a central repository of information and documents relevant to the Platform.

## **10. Modus operandi**

The Platform is not a decision-making body and will aim to reach consensus on the issues it discusses.

The Secretariat reserves the right not to implement any recommendation or activity which, in its opinion, gives rise to undue financial, legal or reputational liability or is contrary to WHO policies, regulations and procedures.

Any communication in the name of the Platform will take place through the Secretariat.

Members shall not make public statements about Platform activities on behalf of the Secretariat without the latter's prior consent.

## **11. Visual identifier**

The Platform will have a visual identity provided by WHO, in consultation with HEPA conveners. Use of the visual identifier by members will be subject to case-by-case approval by the Secretariat, taking into account its policies, regulations and procedures. The Visual identifier will be accompanied by the statement "WHO hosted Network".

Members shall not use the name, acronym or logo of any member organization of HEPA without explicit written authorization. This provision includes display of the WHO logo and name on any premises, equipment, communication and/or training materials, training certificates, social media tools or publications.

## **12. Publications**

Any publications reporting on HEPA activities or using HEPA branding or logo will be subject to WHO's oversight and consistent with its publication policies, including editorial review, inclusion of appropriate disclaimers, copyright and attribution of authorship. HEPA members may not use the logo of other HEPA members without the latter's knowledge and approval in advance.

## **13. Platform website**

It is intended that the Platform will have a website, and that it will be initially hosted within the WHO domain in order to achieve an online presence more quickly, and as such subject to applicable WHO policies, rules and regulations. It is anticipated that further investment will be made in the website in order to present HEPA activities in detail, subject to applicable Secretariat policies, rules and regulations.

## **14. Financing and fundraising for the activities of the Platform**

Each member will be responsible for meeting its own expenses in relation to the Platform (including, but not limited to, travel and subsistence for attendance at Platform meetings, working group meetings and country-focused initiatives), unless agreed otherwise on a case-by-case basis by the Secretariat

Secretariat support and related day-to-day operations of the Platform will be financed by voluntary contributions from the members. The Secretariat may also raise funds from other sources, as appropriate, to support the work of the Platform, in accordance with WHO rules and procedures. All Secretariat funds will be administered in accordance with WHO policies, including the WHO Financial Regulations and Financial Rules and associated practices. Any financial support for the Secretariat provided by HEPA members will be in accordance with their own regulations and procedures. However, grant applications made by HEPA members for raising funds in the name of the platform require consultation with and endorsement by the Secretariat. The Secretariat reserves the right to require that the HEPA name not be used in such funding applications

Contributions by members, including donations (in cash or in kind), will be acknowledged by the Secretariat in accordance with its applicable rules, policies and practices. Contributors will be listed on the Platform website.

#### **15. Termination and withdrawal**

Each member has the right to withdraw from participation in the platform at any time, subject to providing the Secretariat with three (3) months' prior written notice and to the orderly conclusion of any ongoing activities.

WHO has the right to withdraw from administration of the platform at any time, subject to providing members with at least six (6) months' prior written notice and to the orderly conclusion of any ongoing activities.

The Secretariat also has the right to terminate the membership of any member at any time, upon providing written notice thereof to such member. Without limiting the foregoing, the participation of any member shall terminate if and when such member: (a) no longer subscribes or adheres to the goals, objectives and/or guiding principles of the platform, as described in these Terms of Reference; and/or (b) ceases to meet the membership criteria, as set forth in these Terms of Reference.

#### **16. Amendments**

These Terms of Reference may be amended from time to time by the Secretariat in consultation with the Steering Committee.

#### **17. Confidentiality**

All participants in the platform must declare potential conflicts of interest before participating in meeting discussions. Depending on the agenda item being discussed, each participant may be required to abide by confidentiality obligation and sign a standard confidentiality undertaking using the form provided by WHO for this purpose.

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