



REGIONAL COMMITTEE

Provisional Agenda item 6.2

*Sixty-sixth Session
SEARO, New Delhi, India
10–13 September 2013*

SEA/RC66/22

22 July 2013

Special programmes:

**UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of
Research, Development and Research Training in Human Reproduction:
Policy and Coordination Committee (PCC) – Report on attendance at
PCC in 2013 and nomination of a member in place of Bhutan whose
term expires on 31 December 2013**

The Policy and Coordination Committee (PCC) acts as the governing body of the Special Programme of Research, Development and Research Training in Human Reproduction (HRP). The last PCC Meeting was held from 20 to 21 June 2013 in Geneva, Switzerland. Its report was presented to the High-Level Preparatory (HLP) Meeting.

At present, there are three Member States from the WHO South-East Asia Region (Bangladesh, Bhutan and Maldives) that are members of the PCC Category 2, while India continues to be a member of the PCC Category 1. Nepal is a member of the PCC Category 3. Since the term of office of Bhutan ends on 31 December 2013, representatives of the HLP meeting were requested to consider electing one of the Member States of the Region to serve on the PCC for a three-year term of office from 1 January 2014.

The attached working paper and report of the PCC were submitted to the HLP Meeting who made the following recommendation:

Action by Member States

- (1) To recommend to the Sixty-sixth Regional Committee the nomination of Timor-Leste from the South-East Asia Region as a member of the PCC in place of Bhutan, whose term expires on 31 December 2013.

The Sixty-sixth Session of the Regional Committee is requested to consider and note the report of the PCC Meeting and to make a decision on the recommendation of the HLP Meeting.

Background

1. The Policy and Coordination Committee (PCC) of the Special Programme of Research, Development and Research Training in Human Reproduction (HRP) acts as the governing body of the Special Programme and is responsible for its overall policy and strategy. For the purpose of coordinating the interests and responsibilities of the parties cooperating in the Special Programme, it:

- reviews and decides upon the planning and execution of the Special Programme;
- reviews and approves the plan of action and budget for the coming financial period prepared by the Executing Agency and reviewed by the Scientific and Technical Advisory Group (STAG) and the Standing Committee;
- reviews the proposals of the Standing Committee and approves arrangements for the financing of the Special Programme;
- reviews the proposed longer-term plans of action and their financial implications;
- reviews the annual financial statements submitted by the Executing Agency, and the audit report thereon, submitted by the External Auditor of the Executing Agency;
- reviews periodic reports that will evaluate the progress of the Special Programme towards the achievement of its objectives;
- reviews and endorses the selection of members of STAG by the Executing Agency in consultation with the Standing Committee;
- considers such other matters relating to the Special Programme as may be referred to it by any Cooperating Party.

Composition

2. The PCC consists of members from among the Cooperating Parties as follows (Annex 1):
- (1) Largest financial contributors (Category 1): 11 government representatives from countries that are the largest financial contributors to the Special Programme, including India.
 - (2) Countries elected by WHO regional committees: 14 Member States elected by the WHO regional committees for three-year terms according to population distribution and regional needs. The three countries representing the South-East Asia Region under this category (Category 2) are Bangladesh, Bhutan and Maldives. In its election, due account is taken of a country's financial and/or technical support to the Special Programme, as well as its interest in the fields of family planning, and research and development in human reproduction and fertility regulation, as demonstrated by national policies and programmes.
 - (3) Other interested Cooperating Parties (Category 3): two members elected by PCC for three-year terms from the remaining Cooperating Parties. Nepal is a member in this category for the term 1 January 2012 to 31 December 2014.

- (4) Permanent members: the cosponsors of the Special Programme viz., UNDP, UNFPA, WHO, the World Bank, and the International Planned Parenthood Federation (IPPF). At the Twenty-fifth PCC Meeting in June 2012, the Standing Committee reported to the PCC that there was expression of interest of UNICEF to become a cosponsor of HRP, and this was enthusiastically accepted by the PCC. The Twenty-fifth PCC Meeting also accepted the recommendation of the Standing Committee for UNAIDS to become a permanent member of PCC. The Twenty-sixth PCC Meeting in June 2013, was attended by these agencies accordingly.
- (5) Observers: other Cooperating Parties may be represented as observers upon approval of the Executing Agency, which is the World Health Organization, after consultation with the Standing Committee. Observers may attend sessions of PCC at their own expense.
3. Members of PCC in Categories 2 and 3 may be re-elected.

Action to be taken by the Regional Committee

Report on the PCC session

4. The Regional Committee, at its earlier session, recommended that the PCC members elected by it should report to the Regional Committee giving a summary of the deliberation of the last PCC session attended by them. The report of the PCC meeting held from 20 to 21 June 2013 in Geneva, Switzerland was presented to the HLP meeting for noting.

Membership from the South-East Asia Region under Category 2

5. The following table depicts the membership of PCC from the South-East Asia Region over the past few years.

Country	Period	Elected by	Paragraph of the Memorandum on the administrative structure under which elected
Bangladesh	1987–1989	Regional Committee	2.2.2
	1990–1992	Regional Committee	2.2.2
	2000–2002	Regional Committee	2.2.2
	2006–2008	Regional Committee	2.2.2
	2012–2014	Regional Committee	2.2.2
Bhutan	2011–2013	Regional Committee	2.2.2

Country	Period	Elected by	Paragraph of the Memorandum on the administrative structure under which elected
India	1988–1989	PCC	2.2.1
	1990–1991	PCC	2.2.1
	1993–1995	Regional Committee	2.2.2
	1996–1998	Regional Committee	2.2.2
	1999–2001	Regional Committee	2.2.2
	2002–2004	Regional Committee	2.2.2
Indonesia	1992–1994	Regional Committee	2.2.2
	1995–1997	Regional Committee	2.2.2
	1998–2000	Regional Committee	2.2.2
	2001–2003	Regional Committee	2.2.2
	2008–2010	Regional Committee	2.2.2
Maldives	2013–2015	Regional Committee	2.2.2
Myanmar	2007–2009	Regional Committee	2.2.2
Nepal	1989–1991	Regional Committee	2.2.2
	2000–2002	PCC	2.2.3
	2005–2007	Regional Committee	2.2.2
Sri Lanka	1988–1990	Regional Committee	2.2.2
	1994–1996	Regional Committee	2.2.2
	2004–2006	Regional Committee	2.2.2
	2009–2011	Regional Committee	2.2.2
Thailand	1988–1990	PCC	2.2.3
	1991–1993	Regional Committee	2.2.2
	1997–1999	Regional Committee	2.2.2
	2003–2005	Regional Committee	2.2.2
	2010–2012	Regional Committee	2.2.2

6. At present, the three Member States from the South-East Asia Region that are members of the PCC are Bangladesh, Bhutan and Maldives. **Since the term of office of Bhutan ends on 31 December 2013, the HLP meeting recommended Timor-Leste to serve on the PCC for a three-year term of office from 1 January 2014.** The recommendation of the HLP meeting will be submitted to the Sixty-sixth Session of the Regional Committee for its consideration.

7. In selecting a Member State, the Regional Committee may keep in view that due account should be taken of the country's financial and/or technical support to the Special Programme, as well as its interest in the fields of family planning, and research and development in human reproduction and fertility regulation, as demonstrated by the national policies and programmes.

Category 1 – Largest financial contributors in the previous biennium

China
Flemish Government, Belgium
France
India
Italy
Netherlands
Norway
Spain
Sweden
Switzerland
United Kingdom

Category 2 – Countries elected by the WHO Regional Committees

Bangladesh
Bhutan
Germany
Guatemala
Guinea-Bissau
Kenya
Lesotho
Liberia
Malaysia
Maldives
Paraguay
Philippines
Tunisia

Category 3 – Other interested Cooperating Parties

Nepal
Turkey

Category 4 – Permanent members

UNAIDS
UNDP)
UNFPA)
UNICEF)
WHO) Cosponsors
The World Bank)
IPPF

Annex 2

REPORT OF THE TWENTY-SIXTH POLICY AND COORDINATION COMMITTEE (PCC) MEETING UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction, WHO, Geneva, 20–21 June 2013

The following attended from the South-East Asia Region:

Mr M Alimuzzaman (Bangladesh)
Mr Tandin Dorji (Bhutan)
Dr Malabika Roy (India)
Dr Jumailath Beygum (Maldives)
Dr Dipendra Raman Singh (Nepal); and
Ms Jareerat Chootrakul, Dr Kittipong Sae-Jeng, Dr Bunyarit Sukrat, and Ms Sirimon Wilairat as observers from Thailand.

The Twenty-sixth Meeting of the PCC adopted the report of the Twenty-fifth PCC and considered the reports of the Standing Committee, the Director of the WHO Department of Reproductive Health and Research (RHR), the External Evaluation team, the Scientific and Technical Advisory Group (STAG) and the Gender and Rights Advisory Panel (GAP). New directions of HRP and RHR were also presented by the RHR Director and technical presentations were made on the WHO Multicountry Survey on Maternal and Newborn Health, and violence against women. Case-studies on research, policy and action were presented in a panel discussion. The PCC considered the current financial situation and the report, and approved the proposed programme of work and budget for 2014–2015. The donors present in the meeting also indicated their pledges for 2013 and subsequent years. The main conclusions and recommendations were as follows.

Remarks by Assistant Director-General, Family, Women's and Children's Health Cluster

- While appreciating the increase in the WHO budget for reproductive, maternal, newborn, child and adolescent health, concern was expressed that the broad budgeting approved through the recent WHO reform process may make it harder to monitor specific contributions to sexual and reproductive health and rights within the larger budget category.

Report of the Standing Committee

- Noted the Report of the Standing Committee and recommended that the cosponsors further support the dissemination, implementation and monitoring of HRP products and that they contribute to the HRP budget.

Progress on Special Programme activities

- Suggested that the products of HRP be more closely monitored in terms of impact at country level.

Report of the HRP External Evaluation 2008–2012

- Endorsed the evaluation's recommendation to reduce duplicative efforts related to ethical review processes and recommended including thematic areas related to the International Conference on Population and Development (ICPD) post-2014 and post-2015 development goals within HRP's research agenda.

- Underscored the importance of gender and human rights issues and the risks of “mainstreaming” and agreed to consider with caution the proposal on merging GAP with STAG, following further exploration.

Scientific and Technical Advisory Group Report of the 2012 Meeting

- Congratulated STAG on the report and recommendations, and endorsed the reappointments of STAG members for the second term as well as the appointment of the two new members.

Gender and Rights Advisory Panel

- Noted with much appreciation the report from the GAP and strongly recommended that HRP’s and the Department’s human resource capacity on human rights be retained as a critical function of the Programme for ensuring a human rights approach to sexual and reproductive health.

New directions of HRP/RHR

- Congratulated the Director on the reorganization and focus of HRP in providing knowledge and evidence required for policy engagement.
- Welcomed HRP’s focus on sexual and reproductive health and rights and suggested that HRP consider taking innovative approaches to this issue. Also commended HRP for its prioritization of access to contraception.
- Encouraged HRP to continue prioritization of adolescent sexual and reproductive health and rights, and involve youth groups in setting of priorities in this area.
- Recommended that HRP strengthen its focus on sexual health promotion, in addition to disease prevention.
- Recommended that HRP strengthen partnerships with the European network of research groups and would welcome the inclusion of European countries in the multicountry research.
- Encouraged HRP to strengthen collaboration with in-country research institutions to support capacity to conduct policy and programme relevant research.

Financial and budget matters

- Requested further assurance that the amount mentioned in the WHO programme budget for HRP not be considered as the ceiling for such funding, since it is the exclusive prerogative of the PCC to set the ceiling.
- Approved the proposed programme of work and budget for 2014–2015.
- Approved staffing level ceiling of 41% in the understanding that during the following biennium it will be set at 40%.

Technical presentations: selected HRP achievements in 2012

- Congratulated staff and the research groups for the impressive Multicountry Survey on Maternal and Newborn Health and the work and the launch of two publications on violence against women.
- Suggested additional emphasis on scaling-up both maternal death surveillance and response (MDSR) and the maternal near-miss approach.
- Recommended sensitizing legislative and judiciary bodies about violence against women by bringing the two reports to their attention.

Panel discussion: From research to policy and action – case-studies

- Congratulated the presenters and HRP for the excellent work and presentations on translating Kesho Bora study findings on preventing mother-to-child transmission of HIV through breastfeeding into policy and practice (South Africa), formulating laws and policies on preventing violence against women (Maldives), and improving the quality and expanding the coverage of adolescent-friendly health services provision (United Republic of Tanzania). Recommended that HRP continue to systematically work with countries to conduct research and gather local data in order to make compelling recommendations for policy and practice in order to improve health services.

It was agreed to hold the Twenty-sixth Meeting of the PCC from 26 to 27 June 2014 in Geneva.