

REGIONAL COMMITTEE

Provisional Agenda item 13.2

*Fifty-seventh Session  
Kurumba, Maldives  
7-9 September 2004*

SEA/RC57/5

9 July 2004

**WHO SPECIAL PROGRAMME FOR RESEARCH, DEVELOPMENT  
AND RESEARCH TRAINING IN HUMAN REPRODUCTION: POLICY  
AND COORDINATION COMMITTEE (PCC) – REPORT ON  
ATTENDANCE AT 2004 PCC AND NOMINATION OF A MEMBER IN  
PLACE OF INDIA WHOSE TERM EXPIRES ON 31 DECEMBER 2004**

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## 1. BACKGROUND

The Policy and Coordination Committee (PCC) of the Special Programme of Research, Development and Research Training in Human Reproduction 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, the Committee:

- 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, and
- Considers such other matters relating to the Special Programme as may be referred to it by any Cooperating Party.

## 2. COMPOSITION

The PCC consists of 30 members from among the Cooperating Parties as follows (Annex):

- (1) *Largest financial contributors*: Eleven government representatives from the countries, which were the largest financial contributors to the Special Programme in the last biennium: 2002-2003.
- (2) *Member States elected by WHO Regional Committees*: Fourteen Member States elected by the WHO Regional Committees for three-year terms according to population distribution and regional needs. Three countries represent the South-East Asia Region under this category.  
  
In their 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, research and development in human reproduction and fertility regulation as demonstrated by national policies and programmes.
- (3) *Other interested Cooperating Parties*: Two members elected by PCC for three-year terms from the remaining Cooperating Parties.
- (4) *Permanent members*: The co-sponsors of the Special Programme viz., UNDP, UNFPA, WHO, The World Bank and the International Planned Parenthood Federation (IPPF).

- (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.

Members of PCC in Categories 2 and 3 may be re-elected.

### 3. ACTION TO BE TAKEN BY THE REGIONAL COMMITTEE

#### 3.1 Noting of the Report on PCC Session

The Regional Committee, at an earlier session, recommended that the PCC members elected by it should report to the Consultative Committee for Programme Development and Management (CCPDM) giving a summary of the deliberations of the last PCC session attended by them. As such, the delegates from India, Sri Lanka and Thailand are expected to report on the deliberations of the 17<sup>th</sup> session of PCC to be held from 30 June – 1 July 2004 in Geneva, to the 41<sup>st</sup> CCPDM, to be held from 19-21 July 2004.

#### 3.2 Membership from the South-East Asia Region under Category 2

The current membership of PCC from the South-East Asia Region is as follows:

Member State	Period	Elected by	Paragraph of the Memorandum on the Administrative Structure under which elected
<b>Bangladesh</b>	1987-1989	Regional Committee	2.2.2
	1990-1992	Regional Committee	2.2.2
	2000-2002	Regional Committee	2.2.2
<b>India</b>	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
	<b>2002-2004</b>	<b>Regional Committee</b>	<b>2.2.2</b>
<b>Indonesia</b>	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
<b>Nepal</b>	1989-1991	Regional Committee	2.2.2
	2000-2002	PCC	2.2.3
<b>Sri Lanka</b>	1988-1990	Regional Committee	2.2.2
	1994-1996	Regional Committee	2.2.2
	<b>2004-2006</b>	<b>Regional Committee</b>	<b>2.2.2</b>
<b>Thailand</b>	1988-1990	PCC	2.2.3
	1991-1993	Regional Committee	2.2.2
	1997-1999	Regional Committee	2.2.2
	<b>2003-2005</b>	<b>Regional Committee</b>	<b>2.2.2</b>

At present, the three Member Countries from the South-East Asia Region that are members of PCC are India, Sri Lanka and Thailand. **Since the term of office of India ends on 31 December 2004, the Regional Committee may consider electing, in this session, one of its Member States to serve on PCC for a three-year term of office from 1 January 2005.** In this connection, it should be noted that Thailand and Sri Lanka have been elected under Category 2 to serve until December 2005 and 2006 respectively; Bangladesh and Indonesia have just ended their membership in 2002 and 2003 respectively; Myanmar has never been a member under Category 2 and is also conducting research activities funded by WHO, and Nepal was a member of Category 2 more than ten years ago. Therefore, Myanmar and Nepal may be considered for election.

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

## Annex

### COMPOSITION OF PCC

#### Category 1 – Largest Financial Contributors in the previous biennium<sup>1</sup>

- (1) Belgium
- (2) Canada
- (3) China
- (4) Germany
- (5) Mexico
- (6) Netherlands
- (7) Norway
- (8) Spain
- (9) Sweden
- (10) Switzerland
- (11) United Kingdom

#### Category 2 – Countries elected by the WHO Regional Committees

- (1) Cape Verde
- (2) Central African Republic
- (3) Colombia
- (4) Comoros
- (5) Congo
- (6) Ecuador
- (7) Fiji
- (8) India<sup>2</sup>
- (9) Jordan
- (10) Lao People's Democratic Republic
- (11) Slovenia
- (12) Sri Lanka
- (13) Thailand<sup>2</sup>
- (14) Viet Nam

#### Category 3 – Other interested cooperating parties

- (1) Kazakhstan
- (2) Sudan

#### Category 4 – Permanent members

- |                    |   |             |
|--------------------|---|-------------|
| (1) UNDP           | } |             |
| (2) UNFPA          | } | Co-sponsors |
| (3) WHO            | } |             |
| (4) The World Bank | } |             |

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<sup>1</sup> At its 16<sup>th</sup> meeting in June 2003, PCC endorsed the interpretation of section 2.2.1 of the Memorandum on the Administrative Structure of the Special programme to mean that Category 1 membership should consist of representatives of the 11 largest donors not otherwise represented on the PCC under another category.

<sup>2</sup> India and Thailand qualified for membership in Category 1 and 2, and they have indicated that they wish to be members of PCC in Category 2. India's current membership is from 2002-2004 and Thailand's from 2003-2005.

(5) IPPF