Special Programmes:

**UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP): Policy and Coordination Committee (PCC) –**

*Report on attendance at PCC in 2021 and nomination of a Member in place of Nepal whose term expires on 31 December 2021*

The Policy and Coordination Committee (PCC) acts as the Governing Body of the Special Programme of Research, Development and Research Training in Human Reproduction.

At present, there are three Member States from the WHO South-East Asia Region (Bangladesh, Nepal and Maldives) that are Members of PCC in Category 2, while India and Thailand continue to be Members of PCC in Category 1. Since the term of office of Nepal ends on 31 December 2021, the High-Level Preparatory Meeting is requested to consider electing one of the Member States of the SEA Region to serve on the PCC for a three-year term of office starting 1 January 2022.

The HLP Meeting recommended that Indonesia serve on the PCC for a three-year term commencing 1 January 2022 in place of Nepal, whose term ends on 31 December 2021. The recommendations made by the HLP Meeting for consideration by the Seventy-fourth Session of the WHO Regional Committee for South-East Asia are as follows:

**Actions by WHO**

1. Document the nomination of Indonesia based on the recommendations made at the HLP Meeting for inclusion in the Working Paper on this Agenda item for the Seventy-fourth Session of the Regional Committee and update the Department of Reproductive Health and Research (RHR) at WHO headquarters after the Regional Committee Session.

2. Share the final report of the 34th Meeting (virtual) of the PCC held on 24–25 March 2021, as and when finalized, with the Regional Committee in September.

This Working Paper and the HLP Meeting recommendations are submitted to the Seventy-fourth Session of the WHO Regional Committee for South-East Asia for its consideration and decision.
Introduction

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

Composition

2. The Policy and Coordination Committee consists of members from among the Cooperating Parties as follows (Annex 1):

(1) Largest financial contributors (Category 1): Eleven government representatives from countries that are the largest financial contributors to the Special Programme, including India and Thailand from the Region.

(2) Countries 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. The three countries currently representing the South-East Asia Region under this category (Category 2) are: Bangladesh, Nepal 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 its national policies and programmes.
(3) Other interested Cooperating Parties (Category 3): Two members elected by the PCC for three-year terms from the remaining Cooperating Parties. None of the countries from the South-East Asia Region falls within this category currently. Nepal was the member in this category for the term 1 January 2012–31 December 2014.


(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 the PCC at their own expense.

3. Members of the PCC in Categories 2 (2.2.2) and 3 (2.2.3) may be re-elected.

Action to be taken by the Regional Committee

Report on the PCC session

4. The Regional Committee at its Sixty-eighth session recommended that the PCC members elected by it should report to the next Session of the Regional Committee, giving a summary of the deliberations of the last PCC session attended by them. The executive summary of the Thirty-fourth Meeting (virtual) of the Policy and Coordination Committee (PCC) held on 24–25 March 2021 in Geneva, Switzerland is attached to this Working Paper as Annex 2 and the final report will be attached, when available.

Membership from the South-East Asia Region under Category 1 and 2

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

<table>
<thead>
<tr>
<th>Country</th>
<th>Period</th>
<th>Elected by</th>
<th>Paragraph of the Memorandum on the administrative structure under which elected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>1987–1989</td>
<td>Regional Committee</td>
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<td>1990–1992</td>
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<td>2006–2008</td>
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<td></td>
<td>2012–2014</td>
<td>Regional Committee</td>
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</tr>
<tr>
<td></td>
<td>2021–2023</td>
<td>Regional Committee</td>
<td>2.2.2</td>
</tr>
<tr>
<td>Bhutan</td>
<td>2011–2013</td>
<td>Regional Committee</td>
<td>2.2.2</td>
</tr>
<tr>
<td></td>
<td>2018–2020</td>
<td>Regional Committee</td>
<td>2.2.2</td>
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</tbody>
</table>
Country | Period | Elected by | Paragraph of the Memorandum on the administrative structure under which elected
---|---|---|---
India | 2005 onwards | PCC | Category 1
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
| 2015–2017 | Regional Committee | 2.2.2
Maldives | 2013–2015 | Regional Committee | 2.2.2
| 2020–2022 | Regional Committee | 2.2.2
Myanmar | 2007–2009 | Regional Committee | 2.2.2
| 2016–2018 | 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
| 2012–2014 | PCC | 2.2.3
| 2019–2021 | 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
| 2017–2019 | Regional Committee | 2.2.2
Thailand | 2016 onwards | PCC | Category 1
Timor-Leste | 2014–2016 | Regional Committee | 2.2.2

6. At present, the three Member States from the South-East Asia Region that are members of PCC under Category 2 are Bangladesh, Nepal and Maldives. Since the term of office of Nepal ends on 31 December 2021, the HLP Meeting is requested to consider recommending another Member State to serve on the Policy and Coordination Committee in Category 2 for a three-year term commencing from 1 January 2022 to 31 December 2024.

7. The recommendation of the HLP Meeting will be submitted to the Seventy-fourth Session of the WHO Regional Committee for South-East Asia for its consideration.

8. In selecting a Member State, the HLP Meeting may consider 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 its national policies and programmes.
Annex 1

Category 1: Largest financial contributors in the previous biennium (2018–2019)

People’s Republic of China
Flemish Government, Belgium
France
India
Netherlands
Norway
Sweden
Switzerland
Thailand
United Kingdom of Great Britain and Northern Ireland
United States of America

Category 2: Countries elected by WHO regional committees

<table>
<thead>
<tr>
<th>Country</th>
<th>Terms</th>
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<tbody>
<tr>
<td>Argentina</td>
<td>2019–2021</td>
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<td>Bangladesh</td>
<td>2019–2023</td>
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<tr>
<td>Czech Republic</td>
<td>2018–2021</td>
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<tr>
<td>Japan</td>
<td>2020–2022</td>
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<tr>
<td>Malaysia</td>
<td>2021–2023</td>
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<tr>
<td>Maldives</td>
<td>2020–2023</td>
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<tr>
<td>Nepal</td>
<td>2019–2021</td>
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<tr>
<td>Niger</td>
<td>2019–2021</td>
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<tr>
<td>Nigeria</td>
<td>2019–2021</td>
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<tr>
<td>Qatar</td>
<td>2021–2023</td>
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<tr>
<td>Rwanda</td>
<td>2021–2023</td>
</tr>
<tr>
<td>Sao Tome and Principe</td>
<td>2021–2023</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>2019–2021</td>
</tr>
<tr>
<td>Trinidad and Tobago</td>
<td>2019–2021</td>
</tr>
</tbody>
</table>

Category 3: Other interested Cooperating Parties

Burkina Faso         2018–2021
Uruguay              2018–2021

Category 4: Permanent members

UNDP                
UNFPA               
UNICEF              ) Co-sponsors
WHO                 
The World Bank       
IPPF                
UNAIDS              

EXECUTIVE SUMMARY

At its Thirty-fourth Meeting, held virtually, the Policy and Coordination Committee (PCC) of the UNDP – UNFPA – UNICEF – WHO – World Bank Special Programme of Research, Development and Research Training in Human Reproduction (the "Programme") took the following actions:

Agenda item 1. Welcome, adoption of the agenda and election of presiding officers

1. ELECTED Dr Mahendra Shrestha of Nepal as vice-Chair.
2. ELECTED Dr Ini Huijts of the Netherlands as rapporteur.
3. ADOPTED the agenda.
Agenda item 2. Remarks by the WHO Chief Scientist

1. NOTED and THANKED the WHO Chief Scientist for her report on WHO’s efforts to strengthen the role of evidence in normative guidance, its use of expert advisory bodies, its strengthening of digital health and innovations, and measuring impact of guidelines, translating them into policy at country level.

CONSIDERING the announcement of the upcoming retirement of the SRH Director, Dr Ian Askew, PCC:

2. COMMENDED Dr Ian Askew for his outstanding performance as Director during his entire tenure.

3. RECOMMENDED an expeditious, transparent and inclusive, but also broad and careful process, including with strong participation of the PCC and the Standing Committee throughout, to select the next Director and UNDERLINED the importance for the new Director to have not only strong technical skills and a profile well aligned to the specificities of HRP as a Research Programme focused on delivering sexual and reproductive health, wellbeing and rights for all, but also political leverage, strong international standing and leadership.

4. RECALLED that in all previous selection processes, PCC Chair and a Standing Committee representative participated in the WHO selection processes.

5. REQUESTED that the Chair of PCC, Dr Teresa Soop, represent PCC on the selection panel for new Director HRP.

6. URGED HRP and WHO to allow Dr Ian Askew to continue exercising his full function of Director of HRP remotely up until the new Director is in place, while also allowing for an overlapping period for a successful and smooth transfer of management.
Agenda item 4. Adoption of the report of PCC(33), review of implementation of recommendations and remarks by PCC Chair

1. ADOPTED the report of the 33rd meeting of the PCC and NOTED the follow-up actions in response to PCC recommendations.

2. REFERRING to the functions attributed to it under section 2.1, points 2.1.1-2.1.8, of the ‘Memorandum on the Administrative structure of HRP’ and RECALLING recommendation 17 of the 2013-17 external evaluation of HRP, urging HRP to take steps to increase the meaningful strategy discussions between the Programme and its PCC, RECOGNIZES the fact that the timely distribution by the Secretariat of HRP of all strategic documentation to the PCC as well as to the Standing Committee, STAG and GAP constitutes an essential prerequisite for enabling PCC, as well as the aforementioned steering and advisory boards of HRP, to fulfil their respective governance and advisory functions to the best of their competence and abilities.

Towards that aim the PCC, DECIDED that from the 35th PCC onwards, any document laid down for formal review, approval, endorsement or consideration by the PCC, Standing Committee, GAP and STAG should be available to all members of the respective committees at least 14 calendar days in advance of the formal starting date of the meeting to allow in depth review and/or formal approval.

3. REQUESTED that the executing agency explore and discuss options with the PCC sub-committee in case documentation is not ready in accordance with the above decision, including the legal implications of postponing parts of the PCC or decisions.

4. REQUESTED the PCC sub-committee to continue to work with the Secretariat with a view to strengthen governance issues.
5. EXPRESSED APPRECIATION of the critical role HRP has played in support of WHO’s Office of Health Emergency Preparedness and Response, particularly related to the impact of coronavirus infections on pregnant women and access to essential sexual and reproductive health services; and promoting WHO-wide attention to human rights and gender equality in all aspects of WHO’s national pandemic responses, among many other contributions. Further, PCC RECOGNIZED the importance of WHO’s endorsement of HRP’s work on comprehensive abortion care to reduce maternal mortality and morbidity globally within universal health coverage.

6. RECOMMENDED that HRP should reflect on how its portfolio can align better with the external evaluation findings which highlighted that HRP has a “unique and critical niche as a global authority for evidence on priority but also often neglected issues of human reproduction, sexual health and sexual rights in low- and middle-income countries” and STRESSED the importance of the work done on unsafe abortion as well as on gender in its broadest sense and reproductive and sexual rights for all.

7. RECOMMENDED that HRP ensure the new products proposed for the 2022-23 biennium addressing the issues of sexual orientation and gender identity and expression, also explicitly address the needs of sexual and gender minorities regarding sexual identity and wellbeing, as well as sexual functioning specifically.

Agenda item 5.  Invited speaker: Dr Michael Ryan, Executive Director, WHO Health Emergencies Programme

1. THANKED Dr Michael Ryan, Executive Director, WHO Health Emergencies Programme, for his insightful remarks on sexual and reproductive health and rights in emergencies, including Zika, Ebola, and now in the COVID-19 pandemic, and the
importance of integrating research, research capacity building, and evidence and robust data collection and analysis on sexual and reproductive health and rights in the Health Clusters and humanitarian activities more broadly.

2. UNDERSCORED the importance of conducting and applying research and carrying out research capacity strengthening at a national level in health emergencies, including in the design of research both local research capacity as well as the persons living in the health emergency.

Agenda item 6. Director’s Annual Report 2020

1. NOTED the report of the Director, greatly appreciating the new format and quality of the annual report as well as the performance report.

2. NOTED important progress in many areas, including an appreciable growth in results by the HRP Alliance.

3. UNDERSCORED the importance of continued accelerated staffing of HRP, to fill the many still remaining vacancies.

Agenda item 7. Reports of the committees

Sub-item 7.1 Standing Committee

1. NOTED the report of the Standing Committee.

2. RECOMMENDED that HRP secretariat and cosponsors continue their efforts to strengthen engagement, and APPRECIATES the transparency provided through performance reports on co-sponsor engagement to PCC.
Sub-item 7.2 Scientific and Technical Advisory Group (STAG)

1. EXPRESSED THANKS to the STAG Chair for the report on the excellent work of the Group.
2. ENDORSED the recommendations by the STAG, highlighted during the chair’s presentation, including that the secretariat revisit the typology for research proposed and discussed at the previous STAG meeting, and map the current portfolio of research and inform discussions on research balance and priorities.

Sub-item 7.3 Gender and Rights Advisory Panel (GAP)

1. APPRECIATED the reflections of GAP and STAG with respect to integrating perspectives about gender, power, and intersectionality including in highlighting discrimination on the basis of sexual orientation and gender identity and ENDORSED the report of the GAP.
2. ENDORSED the appointment of four new members, Ms Kate Gilmore (Australia), Mr Brian Mutebi (Uganda), Professor Marion Stevens (South Africa), and Professor Imani Ama-Tafari (Jamaica), for three-year terms starting on 1 January 2022.

Sub-item 7.4 HRP Alliance Advisory Board

1. RECOMMENDED sustained support of research capacity strengthening activities delivered through the HRP Alliance, and particularly the nurturing of early-career researchers through mentorship by senior investigators.
2. RECOMMENDED the continued and intentional integration of gender transformative approaches and power equity perspectives to the development and execution of HRP Alliance activities.

Agenda item 8. Update on election of category 3 members

1. APPOINTED Burkina Faso and Uruguay as category 3 members for one additional year, subject to government approval.

Agenda item 9. Financial reports

1. NOTED the financial reports.

2. EXPRESSED CONCERN on the overall low financial implementation of the budget in 2020, and specifically the low financial implementation against the budget ceilings for the thematic areas of contraception, fertility care, prevention of unsafe abortion, and for the maternal mortality project.

3. REQUESTED that the programme accelerate financial implementation towards achieving the budget ceiling in 2021 in order to reduce the fund balance on 31 December 2021.

4. REQUESTED that the programme report back to PCC on the staff cost expenditure against the ceiling as set by PCC, including in below mentioned interim reports.
5. REQUESTED that the programme provide two interim reports, including a risk analysis and its mitigation, on the HRP financial implementation in mid and late 2021, taking into account the evolution of expenditure and funding in the context of the continued risks, including to HRP budget implementation rates, of the COVID-19 pandemic.

**Agenda item 10. Technical discussion Preventing unsafe abortion**

1. RECOMMENDED that HRP maintain a *strong voice and continued leadership* in addressing comprehensive abortion care as a health as well as a rights issue through generation of evidence, production of normative guidance and technical support to countries.

2. RECOMMENDED that HRP increase the visibility and accessibility of evidence and normative guidance developed by HRP on safe abortion and engage proactively with a wide range of partners and stakeholders (Member States, professional bodies, civil society etc.) to facilitate its use and ensure documentation of the application of such evidence and guidelines. NOTED the importance for PCC members to actively support these efforts.
**Agenda item 11. Management response to the HRP external evaluation 2013-2017**

1. REVIEWED and NOTED the important progress in the updated management response to HRP external evaluation recommendations (2013-2017), and looks forward to continued updates in future years.

2. REQUESTED that before the next PCC meeting, the secretariat prepare a timeline and process proposal for the next independent external evaluation that will look at implementation during the period of 2018 – 2022.

3. APPROVED the management response on recommendations directed towards PCC and ENCOURAGED PCC members to catalyze the use of HRP products at country level, as well as the increased collaboration amongst HRP partners.

4. APPRECIATED the fact that HRP is recognized by the Chief Scientist as a strong catalyst for creating top notch scientific knowledge and guidance on SRHR-related issues within WHO. However, PCC stressed the need for continued scientific and governance autonomy of the Special Programme within the broader environment of WHO as its executing agency.

**Agenda item 12. Technical discussion Universal health coverage**

1. RECOMMENDED to pay special attention to strengthening the evidence base on the implications for equity and reaching marginalized groups in its work on sexual and reproductive health and universal health coverage.
2. RECOMMENDED highlighting the role of communities, women’s organizations, marginalized and key populations engagement in policy and priority setting processes related to universal health coverage.

3. RECOMMENDED HRP, through its cosponsors and other partners, support the strengthening of country capacity towards implementation of guidance, norms and tools.

**Agenda item 13. HRP Proposed Programme Budget 2022-2023**

1. APPROVED the HRP Proposed programme budget for 2022-2023.

2. APPROVED a temporary increase in the staff cost from 40% to 43% of the budget level.

3. REQUESTED that the HRP theory of change be more comprehensively integrated into future programme budget proposals and the secretariat propose a stronger typology in future programme budget proposals to facilitate discussions on research balance and priorities.

4. REQUESTED that the secretariat provide more information and justification on changes proposed in specific thematic areas for future programme budget proposals, and relate these changes to implementation data detailed in the HRP Performance Report.
5. REQUESTED that PCC Chair liaise with TDR Chair, to write to the Director-General of the executing agency to EXPRESS CONCERN if the new WHO organization-wide mobility policy should apply to staff in special partnerships such as HRP, and REQUEST that the executing agency exempt staff of the special programmes from these measures.

6. REQUESTED that HRP continues its work in health emergencies such as COVID-19, and REQUESTED a stronger linkage between HRP and the Health Clusters on research in emergency settings and crisis.

7. REQUESTED better clarity on HRP’s programme of research on gender equality, sexual orientation, gender identity and expression (SOGIE), and other inequalities, including in future budgets.

**Agenda item 14. Pledging for 2021 and subsequent years**

1. NOTED and THANKED all donors for their generous contributions.

**Agenda item 15. Date and venue of the 2022 meeting and tentative date for 2023**

1. AGREED to hold PCC(35) on 27 and 28 April 2022 in Geneva and proposed 19 and 20 April 2023 as tentative dates for PCC(36).

2. URGED the secretariat to identify alternative approaches to PCC Membership elections, including but not limited to elections by traditional mail.
Agenda item 16. Review and approval of the draft report of the meeting

1. APPROVED the draft summary report of the meeting.
Draft list of participants *(as at 23 March)*

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**Argentina**

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Technical Coordinator, National Ministry of Health, Sexual and Reproductive Health Department, National Plan for the Prevention of Adolescent Unwanted Pregnancy, Buenos Aires

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Rafael Aguirre
Ministerio de Salud Pública de Uruguay

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<th>Position/Role</th>
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<td>Zsuzsanna Jakab</td>
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</tr>
</tbody>
</table>

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<td>Lily Atutornu</td>
<td>Assistant to Director</td>
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#### Addressing needs of Vulnerable Populations (AVP)

<table>
<thead>
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<th>Name</th>
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<tbody>
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<td>Claudia Garcia Moreno</td>
<td>Unit Head</td>
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#### Contraception and Fertility Care (CFC)

<table>
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<tbody>
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#### Maternal and Perinatal Health (MPH)

<table>
<thead>
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<tbody>
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