

REGIONAL COMMITTEE

Provisional Agenda item 12.2

*Seventy-fifth Session
Paro, Bhutan
5–9 September 2022*

SEA/RC75/21

28 July 2022

**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 2022 and nomination of a Member in place of
Maldives whose term expires on 31 December 2022**

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

At present, there are three Member States from the WHO South-East Asia Region (Bangladesh, Indonesia and Maldives) that are Members of PCC in Category 2. Since the term of office of Maldives ends on 31 December 2022, the High-Level Preparatory Meeting was requested to consider electing one of the Member States of the SE Asia Region to serve on the PCC for a three-year term of office starting 1 January 2023.

The High-Level Preparatory Meeting recommended that Timor-Leste serve on the PCC for a three-year term starting 1 January 2023, in place of Maldives. The recommendations made by the HLP Meeting for consideration by the Seventy-fifth Session of the WHO Regional Committee for South-East Asia are as follows:

Action by WHO

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

The attached Working Paper and the HLP Meeting recommendations are submitted to the Seventy-fifth 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, India and Thailand were represented this group till 2021.
- (2) Countries elected by WHO regional committees (Category 2): Fourteen Member States are 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 are Bangladesh, Indonesia 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.
 - (4) Permanent members: The cosponsors of the Special Programme, namely, UNAIDS, UNDP, UNFPA, UNICEF, WHO, World Bank and the International Planned Parenthood Federation (IPPF) are designated as permanent members.
 - (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 of attendance at the last 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-fifth Meeting (virtual) of the Policy and Coordination Committee (PCC) held on 27–28 April 2022 in Geneva, Switzerland is being presented to the Seventy-fifth Session of the Regional Committee for South-East Asia for noting (*attached herewith as Annex 2*).

5. The following table summarizes PCC membership from the South-East Asia Region under categories 1 (2.2.1), 2 (2.2.2) and 3 (2.2.3) over the past 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
	2021–2023	Regional Committee	2.2.2
Bhutan	2011–2013	Regional Committee	2.2.2
	2018–2020	Regional Committee	2.2.2
India	2005–2021	PCC	2.2.1

Country	Period	Elected by	Paragraph of the Memorandum on the administrative structure under which elected
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
	2022–2024	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	2016–2021	PCC	2.2.1
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, Indonesia, and Maldives. Since the term of office of Maldives ends on 31 December 2022, the HLP Meeting was requested to consider recommending another Member State to serve on the Policy and Coordination Committee in Category 2 for a three-year term from 1 January 2023 to 31 December 2025.

7. While selecting a Member State, the HLP Meeting considered 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.

8. The delegates at the HLP Meeting, by consensus, recommended Timor-Leste to be a member of the PCC under Category 2 from 1 January 2023 for a term of three years, replacing Maldives whose term expires on 31 December 2022. This nomination is presented to the Seventy-fifth Session of the Regional Committee for South-East Asia for its consideration and decision.

Annex 1

Category 1: Largest financial contributors in the previous biennium (2020–2021)

Canada
Flemish Government, Belgium
France
Germany
Netherlands
Norway
Russian Federation
Sweden
Switzerland
United Kingdom of Great Britain and Northern Ireland
United States of America

Category 2: Countries elected by WHO regional committees

Bangladesh	2021–2023
Indonesia	2022–2024
Italy	2022–2024
Japan	2020–2022
Malaysia	2021–2023
Maldives	2020–2022
Nicaragua	2022–2024
Qatar	2021–2023
Rwanda	2021–2023
Sao Tome and Principe	2021–2023
Senegal	2022–2024
Seychelles	2022–2024
Tonga	2022–2024
Uruguay†	2022–2024

At its 16th 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

†In 2021 Uruguay was elected by the Regional Committee for the Americas to serve as a member of PCC in category 2 for a three-year term

Category 3: Other interested Cooperating Parties

Burkina Faso	2018–2022
Uruguay	2018–2022

Category 4: Permanent members

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



Policy and Coordination Committee (PCC)
35th Meeting
27-28 April 2022

EXECUTIVE SUMMARY

At its Thirty-fifth 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. RE-ELECTED Teresa Soop of Sweden as Chair for another two-year term.
2. ELECTED Sander Spanoghe of Belgium as rapporteur.
3. ADOPTED the agenda.
4. ACKNOWLEDGED the 50th Anniversary of HRP and INVITED the Programme to organize activities with the motive to celebrate the anniversary and to promote the visibility of its results and accomplishments.

Agenda item 2. Remarks by the Deputy Director-General, (Acting) Executive Director, Universal Health Coverage / Life Course

1. NOTED and THANKED the WHO Deputy Director-General, Dr Jakab, for her strong support and recognition by WHO's leadership of HRP's added value in global landscape in sexual and reproductive health and rights.
2. APPRECIATED the full commitment of the WHO leadership to further strengthening WHO as a purely evidence driven global health leader, strengthening the position of its Science Division and for acknowledging HRP's specific contributions to these efforts in research, innovation and digital health areas.

Agenda item 3. Adoption of the report of PCC(34), review of implementation of recommendations and remarks by PCC Chair

1. ADOPTED the report of the 34th meeting of the PCC and NOTED the follow-up actions in response to PCC recommendations.
2. REQUESTED that the PCC Chair send a letter to the WHO Director-General after his re-election, recognizing his championship of SRH and the important institutional reforms of WHO during his first tenure, highlighting PCC expectations for a sustained commitment to sexual and reproductive health and rights (SRHR), a strong commitment towards the further promotion and safeguarding of HRP, full commitment to further strengthening WHO as a purely evidence-driven global health leader, and strengthening the position of its Science Division, including its strong institutional linkage with HRP and the broader efforts to contribute to universal health coverage.

3. REITERATED recommendation 13.5¹ from PCC34 for the HRP Chair to liaise with the TDR Chair to write to the Director-General on the mobility scheme in view of the specialized nature of HRP staff.
4. MUCH APPRECIATED the enhanced governance delivered by intersessional meetings of the PCC, REQUESTED to continue this new practice and ENCOURAGED the entire membership of PCC and, where applicable, its observers, to participate in these meetings.

Agenda item 5. Director's Annual Report 2021

1. NOTED important progress in many areas, in particular in the face of the COVID-19 pandemic.
2. NOTED the report of the Director, greatly appreciating the new reporting formats available, including the interactive dashboard that allows for increased transparency and analysis.
3. THANKED and APPRECIATED Mr Craig Lissner for taking on the role as Acting Director.
4. UNDERSCORED the importance of harnessing lessons learned from capacity building activities in the Latin American Region to continue to build capacity in other regions, especially the African region.
5. REQUESTED that the independent qualitative assessments to be carried out by the HRP Alliance and GAP are presented at the next PCC.

¹ Recommendation 13.5 from PCC34 "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. RECOMMENDED an overview of historical power imbalances all along the entire research process.
7. RECOMMENDED the development of short thematic analyses to compliment the data on financial implementation in the interactive dashboard.

Agenda item 6. Reports of the committees

Sub-item 6.1 Standing Committee

1. NOTED the report of the Standing Committee.
2. APPRECIATED the portfolio of work of the HRP and the improvement in communication and dissemination of HRP products for implementation by cosponsors, and RECOMMENDED continued joint efforts to drive the process of bringing research to guideline development to inform health policy.
3. NOTED the increase in number of collaborations between cosponsors and HRP, and RECOMMENDED continuing to explore opportunities to strengthen engagement between cosponsors and HRP.

Sub-item 6.2 Scientific and Technical Advisory Group (STAG)

1. ENDORSED the recommendations of the 39th meeting of the Scientific and Technical Advisory Group (STAG).

2. RECOMMENDED that HRP: (1) develops a consultative process including representation from the Standing Committee, GAP, STAG, PCC, and the HRP Alliance Advisory Board, as well as relevant external groups, in implementing the STAG recommendation on aligning research priorities to a mapping of the current HRP portfolio of activities to HRP's Theory of change; and (2) assist the incoming Director in a comprehensive portfolio review exercise.
3. RECOMMENDED engaging other relevant WHO Departments in the implementation of the STAG recommendation on preparation of an internal position paper on the decolonization of global SRH agenda.²
4. ENDORSED the reappointment of Professor Silke Dyer (South Africa), Professor Caroline Homer (Australia) and Dr Dorothy Shaw (Canada) for a second three-year term starting 1 January 2023.
5. ENDORSED the appointment of three new members, who attended the STAG meeting in February 2022 as temporary advisers, starting 1 January 2023, Dr Alison Edelman (United States of America), Dr Fatu Forna (United States of America) and Professor Elin Larsson (Sweden).
6. ENDORSED the appointment of Dr Asha George (South Africa) as Chair of STAG in 2023.

² STAG recommendation 7.3 from STAG39 "RECOMMENDS that HRP develop an internal position paper for further discussion at next year's STAG meeting outlining its understanding of, and approach to, the decolonization of global sexual and reproductive health agenda, covering all aspects of its work and reflecting on existing practices within the Department, with recommendations."

Sub-item 6.3 Gender and Rights Advisory Panel (GAP)

1. NOTED and THANKED the GAP co-Chair for the report of the Gender and Rights Advisory Panel, and EMPHASIZED the particular significance of their recommendations related to social listening within communication strategies and to implementation research on how to effectively serve gender diverse populations.

Sub-item 6.4 HRP Alliance Advisory Board

1. RECOMMENDED sustained support of research capacity strengthening activities delivered through the HRP Alliance, and particularly in integrating these efforts into HRP research.
2. RECOMMENDED the continued and intentional work towards addressing power inequity and inequality with the support of other governing bodies such as STAG and GAP.

Sub-item 7. External Evaluation 2018-2022

1. NOTED the management response to the previous evaluation covering the period 2013-2017.
2. RECOMMENDED that the PCC Sub-Committee continue to work on the draft terms of reference for the forthcoming evaluation, covering the period 2018-2022, including representation of STAG, GAP, the Standing Committee, the HRP Alliance Advisory Board and HRP Secretariat, noting that finalization will take place after the new Director is in the post.

3. NOTED the importance of past evaluations for PCC Members and REQUESTED that the evaluation terms of reference include reflection on: (1) the Maternal Mortality Reduction Project; (2) how HRP products have been used in countries.

Agenda item 8. Technical discussion: COVID-19 and sexual and reproductive health and research Agenda item

1. RECOMMENDED strengthening HRP's role to address SRHR research preparedness of WHO between and during pandemic/health emergencies, including for addressing well-being and mental health of diverse populations and those in vulnerable situations (e.g., adolescents, women who have been subjected to violence, persons in humanitarian settings), and for the development of generic research protocols and strengthening research capacity at country level.

Agenda item 9. Technical discussion: Stepping up engagement for gender equality and human rights in sexual and reproductive health

1. WELCOMED HRP's increased attention to unequal power as a determinant of SRHR and RECOMMENDED strengthening research on power in relation to policy development, service delivery and access, through engagement with communities, as well as strengthening efforts to decolonize sexual and reproductive health (SRH) research practices and procedures.

Agenda item 10. Election of PCC category 3 members

1. APPROVED the proposed exceptional voting by post for the election of two new category 3 members to PCC.

Agenda item 11. Financial reports

1. NOTED the financial reports.
2. REQUESTED that the Programme continue work to further reduce the carry-over fund balance at the end of year to keep a reasonable level required for the subsequent year.
3. REQUESTED that the Programme continue to provide an interim report on the HRP financial implementation and outlook during the intersessional meeting in 2022.
4. EXPRESSED CONCERN on the low implementation in the thematic areas for contraception and fertility care, prevention of unsafe abortion and SRH integration in health systems and REQUESTED that the Programme provide an analysis of trends in the financial implementation by budget sections, and take action to address longer-term low implementation.
5. REQUESTED that the Programme provide an assessment of best practices and lessons learned from the Maternal Mortality project.
6. EXPRESSED CONCERN about the large number of vacant positions and REQUESTED that the executing agency urgently accelerate recruitment of staff.
7. REQUESTED the Programme to develop a resource mobilization strategy to increase core funding.

Agenda item 12. Technical discussion: Health system innovations to advance sexual and reproductive health and research within primary health care

1. RECOMMENDED HRP maintain its emphasis on the people-centred rights and gender-based approaches to take stock of research, policy and implementation on self-care and digital health interventions for SRHR, and conduct implementation research to inform the essential steps to advance primary health care (PHC).
2. RECOMMENDED that HRP conduct research across diverse communities, regions and settings on self-care and digital health interventions for SRHR, with a particular focus on identifying and addressing patterns of exclusion or harm, to inform implementation within a wider package of health services, so that no one is left behind.
3. NOTED that the WHO guideline on self-care interventions and efforts on digital health have been received as innovations that started in HRP and continue to spread rapidly and successfully throughout WHO and across countries.
4. SUPPORTED continued collaboration on universal health coverage with other relevant departments within WHO and the facilitation of exchanges of lessons/information across countries in these areas.

Agenda item 13. Pledging for 2022 and subsequent years

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

Agenda item 14. Date and venue of the 2023 meeting and tentative date for 2024

1. AGREED to hold PCC(36) on at least 26 and 27 April 2023 in Geneva and proposed 17 and 18 April 2024 as tentative dates for PCC(37).

Agenda item 15. Review and approval of the draft recommendations of the meeting

1. APPROVED the draft summary report of the meeting.