REGIONAL COMMITTEE

Sixty-eighth Session
Dili, Timor-Leste
7–11 September 2015

Special Programmes:


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, three Member States from the WHO South-East Asia Region (Indonesia, Maldives and Timor-Leste) are members of PCC Category 2, while India continues to be a member of PCC Category 1. Representatives of the HLP meeting held from 29 June – 2 July 2015 unanimously nominated Myanmar to serve as a member of the Policy and Coordination Committee in Category 2 for a three-year term, from 1 January 2016 to 31 December 2018, after the term of office of Maldives ends on 31 December 2015.

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

Action by Member States

(1) The nomination of Myanmar from SEA Region as a member of the PCC for a three-year term 1 January 2016–31 December 2018 in place of Maldives, whose term expires on 31 December 2015, is recommended for consideration of the Sixty-eighth Regional Committee.

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

Composition

2. 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** (Category 2): 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 are: Indonesia, Maldives and Timor-Leste. 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. None of the countries from
the South-East Asia Region is in this category. 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 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 Sixty-seventh Session, recommended that the PCC members elected by it should report to the Sixty-eighth Session of the Regional Committee, giving a summary of the deliberations of the last PCC session attended by them. The report of the PCC meeting held during 25–26 June 2015 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 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>
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<td>Bangladesh</td>
<td>1987–1989</td>
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<td>1990–1992</td>
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<td>2012–2014</td>
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<td>Bhutan</td>
<td>2011–2013</td>
<td>Regional Committee</td>
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<td>India</td>
<td>1988–1989</td>
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<td>1990–1991</td>
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<td>Country</td>
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<td>Indonesia</td>
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<td>2015–2017</td>
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<td>Maldives</td>
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<td>Thailand</td>
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<td>2010–2012</td>
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<td>Timor-Leste</td>
<td>2014–2016</td>
<td>Regional Committee</td>
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6. At present, Indonesia, Maldives and Timor-Leste are members of PCC from the South-East Asia Region. Since the term of office of Maldives ends on 31 December 2015, the HLP meeting recommended Myanmar to serve as a member of the Policy and Coordination Committee in Category 2 for the three-year term 1 January 2016–31 December 2018. The recommendation of the HLP meeting is submitted to the Sixty-eighth Session of the Regional Committee for its consideration.

7. In selecting a Member State, the HLP meeting took into account 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.
Annex 1

Category 1 – Largest financial contributors in the previous biennium

China
Flemish Government, Belgium
India
Italy
Japan
Netherlands
Norway
Sweden
Switzerland
United Kingdom
United States of America

Category 2 – Countries elected by the WHO regional committees

Afghanistan 2015–2017
Brunei Darussalam 2014–2016
Ecuador 2013–2015
El Salvador 2013–2015
Indonesia 2015–2017
Lao PDR 2013–2015
Madagascar 2014–2016
Malawi 2013–2015
Maldives 2013–2015
Mali 2015–2017
Mauritania 2015–2017
Republic of Korea 2015–2017
Spain 2015–2017
Timor-Leste 2014–2016

Category 3 – Other interested Cooperating Parties

Brazil 2015–2017
Mongolia 2015–2017

Category 4 – Permanent members

UNDP
UNFPA
UNICEF Cosponsors
WHO
The World Bank
IPPF
UNAIDS
Annex 2

Report of the Twenty-eighth Policy and Coordination Committee (PCC) Meeting
(Highlights)

The twenty-eighth Meeting of the PCC adopted the report of the twenty-seventh meeting of the PCC and considered the reports of the Standing Committee, Scientific and Technical Advisory Group (STAG) and Gender and Rights Advisory Panel (GAP). The following technical presentations were made: An integrative rights-based approach to reproduction and sexual health research, policy and programmes; The impact of medical abortion on women’s health; Evidence on interventions/programmes in improving adolescent sexual and reproductive health.

In regard to the financial matters, PCC considered the current financial situation and expressed concern that the budget of the Programme of Research Development and Research Training in Human Reproduction remains flat and recommended that the Programme consider making work on infertility a greater priority in staff planning, given the number of STAG recommendations and presentations and discussions in this year’s meeting. It was recommended that the proposed budget be approved for integration into WHO budget systems and controls for 2016–2017 and requested that the Programme provides more detail about future budgets, linked to the work streams.

The main conclusions and recommendations were as follows.

- Strongly requested that based on last year’s PCC recommendation and on this year’s STAG, HRP prepare a comprehensive report for the 29th meeting of PCC on how it plans to further expand its work on at-risk populations, especially lesbian, gay, bisexual, transgender and intersex individuals and commercial sex workers.
- Recommended continued engagement in the discussions on the UN Global Strategy on Women’s, Children’s and Adolescents’ Health and the negotiations related to the SDG indicators and convening a sub-group composed of HRP and PCC members, whereby opportunities and challenges faced during the discussions on the SDG indicators are followed for potential intervention.

Director’s Annual Report 2014

Noted with appreciation the Director's brief on the EWEC initiative (the UN Secretary-General's Every Woman, Every Child Movement) and HRPs work on the renewed Global Strategy for Women's, Children's and Adolescents' health, and emphasized the importance of including adolescents and work on preventing unsafe abortion in these initiatives.
• Noted with appreciation HRP’s work on addressing violence against women and girls, in particular the development of the global action plan on strengthening the health systems' response to address violence, in fulfillment of World Health Assembly resolution WHA 67.15 on Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children.

• Noted with appreciation HRP’s work on the Sustainable Development Goals and the post-2015 agenda and encouraged the Department to ensure that the indicators of the Sustainable Development Goals include explicit reference to sexual and reproductive health and rights.

• Endorsed the Department’s efforts to align GAP and STAG, while maintaining them as separate bodies that provide distinct and complementary inputs to RHR’s work.

Research capacity strengthening and the HRP Alliance

• Noted the Report of the Standing Committee and thanked it for its work.

• Recommended that cosponsors develop a document to be presented to PCC in 2016 that articulates strategies and activities that will strengthen cosponsors’ engagement with HRP.

• Recommended that the cosponsors’ engagement in HRP as well as HRP’s outputs be recognized by their respective agencies at the highest level, including by their governing bodies.

Scientific and Technical Advisory Group

• Welcomed the report of STAG and appreciated its assessment of the high quality of the research carried out by the Department. Warmly thanked the Chair and members of STAG for their work.

• Strongly recommended that the Department optimize the effectiveness of the Group by ensuring gender balance and representation of appropriate technical expertise on the Panel.

• Noted the current membership of STAG and endorsed the reappointment of Professor Gamal Serour (Egypt), and the appointment of two new members, namely: Dr David Grimes (USA) and Dr Ulysses Panisset (Brazil).

Gender and Rights Advisory Panel

• Endorsed the changes to the terms of reference of GAP to strengthen it as an important and independent panel in guiding the work of the Department.

• Noted the current composition of GAP and endorsed the appointment of Professor Pascale Allotey (Ghana), Ms Sheena Hadi (Pakistan) and Professor Kaye Wellings (United Kingdom).
Financial matters

- Noted the HRP financial report, the projections and current financial situation, and the leveraged funding for 2014.
- Requested PCC members to review their various grant reporting requirements, in order to harmonize reporting and reduce the administrative burden on the Programme. Requested the Secretariat to provide a list of reporting requirements.
- Requested more detail about the finances with projections and implementation rates to be presented by work stream in the future.

Global strategies

**Every Woman Every Child (EWEC)**

- Recommended that HRP, in the context of EWEC, call for investments in existing accountability mechanisms, rather than creating a new accountability body for the renewed Global Strategy.
- Noted the importance of responding to inequities and inequalities within countries as well as across countries in the renewed Global Strategy.

**Global action plan on violence**

- Recommended that in the next draft of the global plan of action, the Department reflect the full spectrum of sexual and reproductive health and rights as part of the health services offered to women subjected to violence (including emergency contraception, mental health services and safe abortion) and retain the term intimate partner violence in order to ensure all partnerships where women are at risk of violence are included.
- Recommended that in revising the draft of the global plan of action, the Department reflect how the health sector will work with other sectors (e.g. police, education) and with professional associations (e.g. ICN, FIGO) in preventing and responding to violence against women and girls and against children.

**Global strategy for the prevention and control of sexually transmitted infections**

- Recommended greater attention be given to antimicrobial resistance in STIs, particularly gonococcal antimicrobial resistance.
- Recommended increased emphasis on addressing issues of stigma and discrimination to improve health-seeking behaviour.
- It was agreed to hold the twenty-ninth meeting of PCC on 23–24 June 2016 in Geneva and proposed 22–23 June 2017 as tentative dates for the thirtieth meeting.