



REGIONAL COMMITTEE

Provisional Agenda item 12.2

*Seventy-second Session
New Delhi
2–6 September 2019*

SEA/RC72/20

15 July 2019

**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 the attendance at PCC in 2019 and
nomination of a Member in place of Sri Lanka
whose term expires on 31 December 2019**

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 (Bhutan, Nepal and Sri Lanka) 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 Sri Lanka ends on 31 December 2019, representatives at the High-Level Preparatory Meeting were requested to consider proposing one Member State from the WHO SEA Region to serve on the PCC for a three-year term of office starting 1 January 2020.

The HLP Meeting recommended that Maldives serve on the PCC for a three-year term starting 1 January 2020 in place of Sri Lanka whose term ends on 31 December 2019. The recommendations made by the HLP Meeting for consideration by the Seventy-second Session of the Regional Committee are as follows:

Actions by WHO

- (1) Document the nomination of Maldives based on the recommendations made at the HLP Meeting for inclusion in the Working Paper for the Seventy-second Session of the Regional Committee and update the HRP department at WHO headquarters after the Regional Committee session.
- (2) Share the final report of the PCC meeting held on 20–21 March 2019 in Geneva as and when available.

This Working Paper and the HLP Meeting recommendations are submitted to the Seventy-second 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): 11 government representatives from countries that are the largest financial contributors to the Special Programme, including India and Thailand.
- (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: Bhutan, Nepal and Sri Lanka. 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. Nepal was a member in this category for the term 1 January 2012–31 December 2014.
 - (4) Permanent members: The co-sponsors of the Special Programme, namely, UNAIDS, UNDP, UNFPA, UNICEF, 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 the PCC at their own expense.
3. Members of the 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-eighth session in Dili, Timor-Leste, in 2015 had 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 report of the PCC meeting held on 20–21 March 2019 in Geneva, Switzerland, was received from WHO headquarters on 11 June 2019 and is attached (Annex 2) for the information of the Seventy-second Session of the Regional Committee.

Membership from the South-East Asia Region under Category 2

5. The following table depicts PCC membership from the South-East Asia Region 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
Bhutan	2011–2013	Regional Committee	2.2.2
	2018-2020	Regional Committee	2.2.2
India	2006 onwards	PCC	Category 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
Maldives	2013–2015	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, three Member States from the South-East Asia Region are members of the PCC: Bhutan, Nepal and Sri Lanka. Since the term of office of Sri Lanka ends on 31 December 2019, the HLP Meeting recommended that Maldives serve on the Policy and Coordination Committee in Category 2 for a three-year term from 1 January 2020 to 31 December 2022.

7. While selecting Maldives for the membership of the Committee, the HLP Meeting took into account the country's financial and/or technical support to the Special Programme, 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. It also considered the country's track record as a member of the PCC in the past under Category 2 during 2013–2015.

8. The recommendation of the HLP Meeting is being submitted to the Seventy-second Session of the Regional Committee for its consideration.

Annex 1

Category 1: Largest financial contributors in the previous biennium (2016–2017)

People's Republic of China
Flemish Government, Belgium
Germany
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

Argentina	2019–2021
Bhutan	2018–2020
Czech Republic	2018–2020
Fiji	2017–2019
Iran (Islamic Republic of)	2018–2020
Mozambique	2018–2020
Namibia	2018–2020
Nepal	2019–2021
Niger	2019–2021
Nigeria	2019–2021
Philippines	2018–2020
Solomon Islands	2019–2021
Sri Lanka	2017–2019
Trinidad and Tobago	2019–2021

Category 3: Other interested Cooperating Parties

Burkina Faso 2018–2020
Uruguay 2018–2020

Category 4: Permanent members

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



**Policy and Coordination Committee (PCC)
32nd Meeting**

20-21 March 2019, Geneva, Switzerland

EXECUTIVE SUMMARY

At its Thirty-second Meeting, held in Geneva on 20-21 March 2019, 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. APPOINTED Dr Dirk Mueller, United Kingdom of Great Britain and Northern Ireland, as rapporteur of PCC.
2. ADOPTED the agenda.

Agenda item 2 Remarks of Dr Zsuzsanna Jakab, WHO Deputy Director-General

1. APPRECIATED WHO seeking a new structure of the organization and CONGRATULATED the Deputy Director-General on her appointment.

2. APPRECIATED the appointment of the Chief Scientist, Dr Soumya Swaminathan, and RECOMMENDED that the new structure be used to enhance collaboration between the three research partnerships: HRP, the Special Programme for Research and Training in Tropical Diseases (TDR) and the Alliance for Health Policy and Systems Research (AHPSR).
3. REITERATED the crucial role and achievements of HRP in producing high quality research and normative guidance.
4. RECOMMENDED that WHO's reorganization respect and support the special nature of HRP as a cosponsored research programme in the full integrity of its work and funding.
5. RECOMMENDED that WHO's reorganization ensure and support the existing linkage between HRP and PDRH and promote an increased linkage also between HRP and PMNCH.
6. RECOMMENDED that WHO's reorganization ensure efficient mechanisms for translating research produced by HRP into practice and implementation at the country level.
7. REITERATED the importance of WHO's reorganization in ensuring continued efficient and effective collaboration with other WHO departments, regional and country office and cosponsors of HRP.
8. RECOMMENDED that WHO continue to use evidence in engaging countries in resource allocation for, and the importance of, sexual and reproductive health and rights (SRHR).
9. WILL RESPOND to the request to provide WHO leadership with advice for the finalization of the WHO organigram with a view to protecting and strengthening the role and impact of HRP.

10. STRESSED, in view of the WHO transformation, the importance of HRP continuing to rapidly and efficiently translate its research findings into normative documents so as to inform policy and programme discussions as soon as feasible at the country level and consequently improve people's health.

Agenda item 3 Adoption of the report of PCC(31), review of implementation of recommendations and remarks by PCC Chair

1. ADOPTED the report of the 31st meeting of the PCC and NOTED the follow-up actions in response to PCC recommendations.
2. REITERATED its previous recommendation that HRP develop an internal policy on how to systematically include communities and end-users in different types of research and innovations.
3. RECOMMENDED that HRP showcase viable approaches to relevant stakeholders, where applicable, to deal effectively with intellectual property barriers that are replicable for a wider group of products.

Agenda item 4 Annual Director's Report 2018

1. CONGRATULATED HRP on its extensive work portfolio and achievements and NOTED that the HRP annual report was a compilation of highly important and impactful results and a good communication tool on HRP's programme of work.
2. STRONGLY RECOMMENDED that, during the reorganization of WHO structures, the work on guidelines in SRHR areas should remain in RHR/HRP.

3. EMPHASIZED that, in preparation for the forthcoming trial results on evidence for contraceptive options and HIV outcomes (ECHO) in mid-2019 and resulting development of communication and guidance material, HRP needs to work closely, and in a timely manner, with partners and Member States.
4. RECOMMENDED that HRP should encourage Member States to strategically address not only the cervical cancer screening but also treatment, including updating guidelines and building capacity for treatment.
5. RECOMMENDED that HRP continue to strengthen its evidence building on masculinities and SRHR within the context of its work on gender equality.
6. RECOMMENDED that HRP continue its work on digital innovations in health care.
7. RECOMMENDED that HRP more comprehensively identify, quantify and demonstrate its impact on policy development and uptake in countries.
8. RECOMMENDED that the HRP annual report include efforts on how HRP informs global, regional and country policy discussions, including related achievements and challenges.

Agenda item 5 Financial reports

1. NOTED the financial reports.
2. CONGRATULATED the Programme on its report of leveraged funding.
3. EXPRESSED CONCERN on the low financial implementation in 2018, especially the HRP Alliance, and the high carry-over.
4. REQUESTED that HRP take action to ensure increased implementation, and lower carry-over before the end of the biennium.

Agenda item 6 Report of the External Evaluation of HRP 2013-2017

1. WELCOMED the report of the external evaluation and EXPRESSED SUPPORT for the recommendations.
2. RECOMMENDED that the PCC chair establish an ad hoc subcommittee, reflecting voices from various membership categories, through an open call to PCC members, to review and suggest interventions to HRP and/or PCC. This subcommittee would follow-up on the recommendations from the evaluation, including recommendation 17¹ on governance of HRP by PCC.
3. REQUESTED a management response, revisiting on an ongoing basis, with specific reporting at future PCC meetings, taking into consideration the organizational restructuring of WHO.
4. REQUESTED revision and further elaboration and articulation of the HRP results framework to monitor the impact of HRP globally and at country level. The results framework would be informed inter alia by the ad hoc subcommittee mentioned under point 2.
5. HIGHLIGHTED the special role of HRP as a special programme hosted by WHO in generating evidence on a wide range of SRHR issues and RECOMMENDED that HRP maintain its leadership in SRHR research.
6. ENCOURAGED HRP to increase its visibility and branding, including through the HRP Alliance and normative guidance that is informed by evidence produced by HRP.

¹ External Evaluation of the UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) 2013-2017: Evaluation Report Volume 1 March 2019

7. RECOMMENDED that the HRP Alliance develop and disseminate a comprehensive strategy and implementation plan for research capacity strengthening activities (e.g. on implementation research methods), informed by experiences and collaboration with other partners, including TDR.

Agenda item 7. Reports of the committees

Sub-item 7.1 Standing Committee

1. RECOMMENDED that HRP support the joint implementation research initiatives with the cosponsors which can inform efficient scale up of these projects, including collaborations at country level, providing capacity strengthening whenever needed.
2. CONGRATULATED the Standing Committee on its increased level of engagement and SUGGESTED that the minutes of the various meetings of the Standing Committee capture the more substantive discussions and recommendations.
3. APPRECIATED the active engagement of all cosponsors and RECOMMENDED that HRP increase its collaboration with its cosponsors and other partners at country level to support the implementation of guidance, norms and tools.

Sub-item 7.2 Scientific and Technical Advisory Group (STAG)

1. EXPRESSED THANKS to the STAG Chair for the excellent, concise and well-focused report.

2. NOTED the importance of STAG recommendation 10.2² on the need for the HRP Alliance to include a long-term plan to measure both institutional and individual research strengthening resulting from activities implemented by the hubs.
3. NOTED the importance of STAG recommendation 8.1³ on need for the Programme to develop case studies on SRHR and Universal Health Coverage (UHC), including the recommendation to include “tracer services”, specific populations, and a range of service-providers in case studies.
4. ENDORSED the reappointments for second terms of Dr Rehana Ahmed (Pakistan), Professor Sir Sabaratnam Arulkumaran (United Kingdom of Great Britain and Northern Ireland), Professor Rachel Jewkes (Republic of South Africa), and Professor Rob Stephenson (United States of America), for three-year terms starting on 1 January 2020.

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

1. WELCOMED and NOTED the GAP report and HIGHLIGHTED the importance of a timely follow up on recommendation 2.5⁴ related to the ICPD + 25 process.

² 10.2 RECOMMENDED that the HRP Alliance include a long-term plan to measure both institutional and individual research strengthening resulting from activities implemented by the hubs.

³ 8.1 RECOGNIZING the complex interlinkages between SRHR and UHC, ENDORSED the directions presented by HRP for this work, including the proposal to develop case studies on SRHR and UHC, and RECOMMENDED inclusion of “tracer services” (e.g. safe abortion, sexually transmitted infections, cervical cancer, gender-based violence), specific populations (e.g. adolescents, refugees, transgender people), and a range of service providers in the case studies.

⁴ 2.5 NOTING that ICPD + 25 is an opportunity to advance SRHR and that one of the greatest challenges is related to increasing backlash, RECOMMENDED that HRP engage with other partners and cosponsors in shaping the ICPD + 25 commemorative activities.

2. ENDORSED the reappointment of Dr Carmen Barroso (Brazil), Dr Junice Melgar (Philippines) and Dr Gita Sen (India) for second three-year terms and the appointment of two new members, Dr Anuj Kapilashrami (India) Ms Mindy Roseman (United States of America), for three-year terms starting on 1 January 2020.

Sub-item 7.4 HRP Alliance Advisory Board

1. RECOMMENDED that a clear and concise strategy for the HRP Alliance be made readily available.
2. RECOMMENDED that HRP strengthens and accelerates the work of the HRP Alliance, including through additional human resources.
3. RECOMMENDED that the HRP Alliance follow-up and keep track with alumni of HRP courses and graduate programmes.
4. RECOMMENDED that the HRP Alliance strengthen implementation through enhanced collaboration with cosponsors.

Agenda item 8. Universal health coverage

1. EXPRESSED APPRECIATION to the panellists for their presentations and UNDERSCORED the importance of work on SRHR in UHC.
2. RECOMMENDED that HRP update the PCC on SRHR in UHC in future meetings, commencing at the next PCC.
3. RECOMMENDED that HRP undertake implementation research to identify and address continuing barriers and identify best practices to accessing SRHR services in countries implementing UHC.

4. RECOMMENDED that HRP develop a repository of case studies documenting countries' experiences in implementing SRHR in UHC.
5. RECOMMENDED that HRP provide technical guidance on defining and implementing SRHR into UHC.
6. RECOMMENDED that HRP strengthen its collaboration with other parts of WHO who conduct research and normative work on UHC, including the AHPSR, in a joint effort to provide evidence, guidance and technical support to countries in their societal dialogues to identify the range of SRHR services in UHC and the appropriate pathway towards UHC in their context.

Agenda item 9. Reducing maternal mortality in the 21st century, what are the emerging priorities?

1. EXPRESSED APPRECIATION to the panellists for their presentations and UNDERSCORED the importance of work on reducing maternal mortality and morbidity, with a focus on quality of care.
2. RECOMMENDED that HRP focuses on tackling the alarming increase in unnecessary caesarean sections globally through advocacy, implementation research and knowledge translation for improved policy and programming.
3. EMPHASIZED that strategies for reducing maternal mortality should include: strengthened inter-professional collaboration among skilled health personnel providing care during pregnancy and childbirth; increased attention for (hidden) sepsis, and for the impact of NCDs, novel approaches to prevent and manage obstetric haemorrhage, with a human-rights based approach; and emerging issues around migration and humanitarian settings.

Agenda item 10. Proposed programme budget 2020-2021

1. APPROVED the amendment to the programme budget for 2018-2019 to accommodate the increase in US\$ 25 million for the new initiative on “reducing maternal mortality through a health systems approach”.
2. RECALLED PCC-approved guidelines on designated funds and UNDERLINED that safeguards must be in place to ensure separate reporting, monitoring and staffing while ensuring adequate linkages to the overall HRP work.
3. RECOMMENDED that particular attention should be exercised by the HRP secretariat to follow the observations and recommendations for ensuring additional human resources where needed, and as highlighted by the external evaluation, to accommodate the breadth of the work of HRP.
4. REQUESTED that the secretariat ensure consistent, timely implementation of the approved biennium budget to ensure effective use of provided resources and limiting unnecessary carry-over of resources into the next biennium.
5. APPROVED the proposed programme budget for 2020-2021.
6. REQUESTED that HRP submit to the 33rd PCC a revised budget in light of recommendations from the external evaluation, the WHO reorganization or the revised theory of change and results framework, where applicable.

Agenda item 11. Pledging for 2019 and subsequent years

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

Agenda item 12. Date and venue of the 2020 meeting and tentative date for 2021

1. AGREED to hold PCC(33) on at least 24 and 25 March 2020 in Geneva and proposed 25 and 26 March 2021 as tentative dates for PCC(34). The PCC chair was tasked to review with PCC-members the feasibility, relevance and modalities of an eventual prolongation of the PCC, taking into account the relevant recommendations made by the external evaluation on PCC reform.

Agenda item 13. Review and approval of the draft report of the meeting

1. APPROVED the draft summary report of the meeting.