Special Programmes:
– Report on the attendance at PCC in 2016 and nomination of a Member in place of Timor-Leste whose term expires on 31 December 2016

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 (Indonesia, Myanmar and Timor-Leste) that are Members of PCC in Category 2, while India continues to be a Member of PCC in Category 1. Since the term of office of Timor-Leste ends on 31 December 2016, representatives of the High-Level Preparatory (HLP) Meeting were 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 from 1 January 2017.

The attached working paper was presented to the HLP Meeting which recommended that, since the term of office of Timor-Leste ends on 31 December 2016, Sri Lanka serve on the PCC for a three-year term of office from 1 January 2017. The recommendations made by the HLP Meeting for consideration by the Sixty-ninth Session of the Regional Committee are:

**Action by WHO:**

1. Document the nomination of Sri Lanka based on the recommendations made at the HLP Meeting for inclusion in the working paper for the Sixty-ninth Session of the Regional Committee and update the HRP Department at WHO headquarters after the Regional Committee Session.

2. Share the finalized report of the PCC held during 23–24 June 2016 in Geneva as and when available.

This Working Paper and the HLP Meeting recommendations are submitted to the Sixty-ninth 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 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. 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.

   (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: Indonesia, Myanmar 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 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 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 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 recommended that the PCC members elected by it should report to the Sixty-ninth 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 23–24 June 2016 in Geneva, Switzerland, is being finalized by WHO HQ and was not presented during the HLP Meeting for noting. The recommendations of the PCC meeting are attached (Annex 2).

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 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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<tbody>
<tr>
<td>Bangladesh</td>
<td>1987–1989</td>
<td>Regional Committee</td>
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<td>1990–1992</td>
<td>Regional Committee</td>
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<td>2000–2002</td>
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<td>2006–2008</td>
<td>Regional Committee</td>
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<td>2012–2014</td>
<td>Regional Committee</td>
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<tr>
<td>Bhutan</td>
<td>2011–2013</td>
<td>Regional Committee</td>
<td>2.2.2</td>
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<tr>
<td>India</td>
<td>2005 onwards</td>
<td>PCC</td>
<td>Category 1</td>
</tr>
<tr>
<td>Indonesia</td>
<td>1992–1994</td>
<td>Regional Committee</td>
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<td>1995–1997</td>
<td>Regional Committee</td>
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<td>1998–2000</td>
<td>Regional Committee</td>
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<td>2001–2003</td>
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<td>2008–2010</td>
<td>Regional Committee</td>
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<td>2015–2017</td>
<td>Regional Committee</td>
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<tr>
<td>Maldives</td>
<td>2013–2015</td>
<td>Regional Committee</td>
<td>2.2.2</td>
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<td>Myanmar</td>
<td>2007–2009</td>
<td>Regional Committee</td>
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<td></td>
<td>2016–2018</td>
<td>Regional Committee</td>
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<tr>
<td>Nepal</td>
<td>1989–1991</td>
<td>Regional Committee</td>
<td>2.2.2</td>
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<td>2000–2002</td>
<td>PCC</td>
<td>2.2.3</td>
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<tr>
<td></td>
<td>2005–2007</td>
<td>Regional Committee</td>
<td>2.2.2</td>
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<tr>
<td></td>
<td>2012–2014</td>
<td>PCC</td>
<td>2.2.3</td>
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<tr>
<td>Sri Lanka</td>
<td>1988–1990</td>
<td>Regional Committee</td>
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<td>1994–1996</td>
<td>Regional Committee</td>
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<td>2004–2006</td>
<td>Regional Committee</td>
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<td>2009–2011</td>
<td>Regional Committee</td>
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<tr>
<td>Thailand</td>
<td>2016–2017</td>
<td>PCC</td>
<td>Category 1</td>
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<tr>
<td>Timor-Leste</td>
<td>2014–2016</td>
<td>Regional Committee</td>
<td>2.2.2</td>
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</table>
6. At present, the three Member States from the South-East Asia Region that are members of PCC are: Indonesia, Myanmar and Timor-Leste. Since the term of office of Timor-Leste ends on 31 December 2016, the HLP Meeting recommended that Sri Lanka serve on the Policy and Coordination Committee in Category 2 for a three-year term from 1 January 2017 to 31 December 2019.

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 its national policies and programmes.

8. The recommendation of the HLP Meeting is being submitted to the Sixty-ninth Session of the Regional Committee for its consideration.
Annex 1

**Category 1: Largest financial contributors in the previous biennium (2014–2015)**

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

**Category 2: Countries elected by WHO regional committees**

Afghanistan 2015–2017
Brunei Darussalam 2014–2016
**Indonesia** 2015–2017
Madagascar 2014–2016
Mali 2015–2017
Mauritania 2015–2017
Mauritius 2016–2018
**Myanmar** 2016–2018
Papua New Guinea 2016–2018
Republic of Korea 2015–2017
Peru 2016–2018
Spain 2015–2017
**Timor-Leste** 2014–2016
Venezuela (Bolivarian Republic of) 2016–2018

**Category 3: Other interested Cooperating Parties**

Brazil 2015–2017
Mongolia 2015–2017

**Category 4: Permanent members**

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

At its Twenty-ninth Meeting, held in Geneva on 23-24 June 2016, 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. WELCOMED all participants, including PCC members, and in particular new PCC members, Chairs of GAP and STAG, observers and Dr Flavia Bustreo, Assistant Director-General, Family, Women’s and Children’s Health Cluster. Welcomed new PCC members: Mauritius, Myanmar, Papua New Guinea (no representative), Peru, the Russian Federation, Thailand and the Bolivarian Republic of Venezuela.

2. APPOINTED Mrs Iona Melanie Oree, Mauritius, as Vice-Chair of PCC.

3. APPOINTED Ms Shawn Malarcher, United States of America, as rapporteur.

**Agenda item 2: Adoption of the report of PCC (28), review of implementation of recommendations and remarks by PCC Chair**

1. ADOPTED the report of the 28th meeting of the PCC, and NOTED the follow-up actions in response to PCC recommendations.

**Agenda item 3: Remarks of Assistant Director-General, Family, Women's and Children's Health Cluster**

1. CONGRATULATED the HRP Director and staff for their impressive work and achievements in 2016, with a particular focus on the WHA resolutions on the Operational Framework of the Global Strategy for Women’s, Children’s and Adolescents’ Health, the Global Plan of Action to strengthen the role of the health system in addressing interpersonal violence, in particular against women and girls and against children, and the Global Health Sector Strategy on STIs.

2. EXPRESSED CONCERN on the WHO rotation policy and the effects it would have on the stability and workplan of the HRP programme as a special research entity, and REQUESTED that the ADG get a clear response from Human Resources about the criteria to be used to identify posts exempt from the policy and REQUESTED that the Director, HRP be involved in the discussions on exempting HRP positions.
Agenda item 4: Annual Director’s Report 2015

(1) CONGRATULATED Dr Ian Askew on his appointment as the new Director of HRP and noted with appreciation his vast experience in the area of sexual and reproductive health and rights and research.

(2) OBSERVED WITH APPRECIATION the advancements being made with regard to different areas of sexual and reproductive health and rights (SRHR) by HRP and its focus on critical areas such as LGBTI, sexual health, humanitarian settings and on integration of gender equality and human rights issues across different portfolios.

(3) EXPRESSED CONCERN with regard to low financial implementation rates related to work on safe abortion and RECOMMENDED that HRP should continue its leadership role and further prioritise its work on safe abortion.

(4) RECOMMENDED that HRP prioritize implementation research, outreach and translation of HRP products to ensure adoption at country level.

(5) REQUESTED that the Secretariat support an independent external evaluation of HRP covering the period 2013-2017 under the direction of the PCC Chair and report to STAG and PCC on this in 2018.

(6) REQUESTED PCC involvement in the development of TORs and selection of evaluators for the upcoming external evaluation of the HRP.

(7) EMPHASIZED the importance of addressing issues related to contraception and safe abortion in WHO’s response to Zika.

(8) EXPRESSED concern regarding SRHR in humanitarian settings and RECOMMENDED that HRP develop further research and guidance for SRHR in humanitarian settings, including contraception, safe abortion, violence against women and maternal health.

(9) WELCOMED the publication of the guideline ‘Management of health complications from female genital mutilation’.

Agenda item 5: Report of the committees

Agenda item 5.1: Standing Committee

(1) NOTED the Report of the Standing Committee and THANKED it for its work.

(2) WELCOMED the Standing Committee’s efforts to strengthen cosponsors’ engagement with HRP, and RECOMMENDED to continue discussion on how to ensure greater engagement of cosponsors.

(3) NOTED the initial draft of actions by cosponsors but EXPRESSED CONCERN about the lack of a comprehensive plan on engagement of cosponsors, including financial implications, and REQUESTED a presentation of a strategic plan as part of a larger agenda item on this issue at the 30th PCC in 2017.

(4) EXPRESSED CONCERN about the lack of visibility of HRP work in cosponsor activities and joint efforts on implementation research.

(5) RECOMMENDED that Director HRP present the work of HRP, and its cosponsor engagement, at meetings of the governing bodies of cosponsoring agencies.

Agenda item 5.2: Scientific and Technical Advisory Group

(1) CONGRATULATED the Chair and the members of STAG for the excellent report from 2016 STAG meeting and the high quality of work of the group.
(2) THANKED and LAUDED Dr Skegg for his excellent service as the Chair of STAG.

(3) APPROVED the appointment of the new Chair of STAG, Dr Gamal Serour of Egypt.

(4) ENDORSED AND APPROVED the appointments of five new members of STAG – Professor Richard Adanu (Ghana), Dr Rehana Ahmed (Pakistan), Sir Sabaratnam Arulkumaran (United Kingdom of Great Britain and Northern Ireland), Dr Rachel Jewkes (South Africa) and Professor Robert Stephenson (United States of America).

(5) ENDORSED the recommendation from STAG that HRP define its research priority setting criteria and review its current research portfolio in view of these criteria and ADVISED that the consultative process include representation of PCC, Standing Committee, STAG and GAP as well as external groups in this process and ENDORSED the timing of this process recommended by STAG in order to inform planning for the next biennium.

(6) EXPRESSED CONCERN regarding the proposal to draw upon the opportunity of the ECHO trial by including additional ancillary studies and RECOMMENDED that these should not dilute the ability of the trial to address the research priorities of the initial proposal.

**Agenda item 5.3: Gender and Rights Advisory Panel**

(1) CONGRATULATED GAP for the depth of their review and recommendations on gender and rights considerations in HRP’s work.

(2) APPROVED the nominations of Dr Gita Sen (India), Dr Carmen Barroso (Brazil) and Dr Junice Demeterio Melgar (Philippines) to GAP.

(3) COMMENDED the continued cross-representation of GAP and STAG members in both advisory bodies.

(4) RECOMMENDED that gender and human rights be included in the planned research portfolio review.

(5) RECOMMENDED collaborating with local organizations for HRP’s SRHR work in humanitarian settings.

(6) ENDORSED the recommendations of GAP on HRP’s work related to gender norms and young boys and girls, as well as the use of community engagement strategies in dissemination and uptake activities.

**Agenda item 5.4: Research Capacity Strengthening and HRP Alliance**

(1) THANKED Dr Gülmezoglu for the presentation.

(2) EXPRESSED CONCERN about the slow implementation of the HRP Alliance activities and RECOMMENDED that the HRP Alliance look for inspiration in comparable programmes, and ENDORSED establishing stronger ties with the Special Programme for Tropical Disease Research, country level institutions and draw on existing networks of WHO Collaborating Centres.

**Agenda item 6: Programme management and annual financial statements**


(2) EXPRESSED APPRECIATION to the WHO Office of Internal Oversight services for its audit of HRP collaborating institutions in 2015.

(3) EXPRESSED CONCERN about the HRP carry-over balance on 31 December 2015.
EXPRESSED CONCERN about the variation in financial implementation among budget sections in 2014-2015.


Agenda item 7: Global strategies

Sub-item 7.1: HRP’s role in implementing the Operational Framework for the Global Strategy for Women’s, Children’s and Adolescent's Health

THANKED the Director for the work and involvement of RHR/HRP in the development of the UN Secretary-General’s Global Strategy for Women’s, Children’s, and Adolescents’ Health and its operational framework.

WELCOMED the explicit inclusion of adolescents in the Global Strategy and the emphasis on evidenced-based policies for issues related to SRHR, specifically access to comprehensive sexuality education (CSE) and safe abortion.

SUGGESTED an EXPANDED role of HRP in the Global Financial Facility (GFF), the second (financial) pillar of the Global Strategy.

Sub-item 7.2: Global Plan of Action to Strengthen the Role of the Health System to Address Interpersonal Violence

RECOMMENDED that HRP continue to play a leadership role in the follow-up and implementation of the Global plan of action on violence.

RECOMMENDED that HRP strengthen the collaboration with implementing agencies and NGOs in order to support the implementation of the Global plan of action on violence, particularly in the context of weak health systems.

Sub-item 7.3: Global Health Sector Strategy on Sexually Transmitted Infections

ENCOURAGED HRP to address the challenges posed by the ambitious targets of the Global Health Sector Strategy on STIs by embracing innovative approaches and new technologies.

STRONGLY RECOMMENDED that HRP ensure timely and ongoing updates of the STI treatment and other guidelines.

Agenda item 8: Zika and associated complications from an SRHR perspective

Sub-item 8.1: Overview of WHO’s response to the Public Health Emergency of International Concern

WELCOMED the commendation of Dr Aylward on the contribution of HRP to the WHO response to the recent Ebola and Zika outbreaks and his recognition of the valuable contribution of HRP in embedding research into WHO emergency responses.

CONGRATULATED the staff of HRP for their contribution to the research around the Ebola and Zika outbreaks.

RECOGNIZED the critical role of HRP in making the case for the importance of access to safe abortion within the WHO Zika response, and RECOMMENDED its continued work on this issue, including by supporting a comprehensive, evidence- and rights-based approach to safe abortion in mitigating women’s physical and mental health risks.

RECOGNIZED the additional requests from WHO to HRP during the recent Ebola and Zika outbreaks and REQUESTED WHO to explore strategies to support HRP in responding to emergencies while ensuring continued operations of HRP.
Agenda item 9: Understanding the rights and needs of at-risk populations

Sub-item 9.1: Sexual and reproductive health of special populations

(1) CONGRATULATED HRP on its ongoing work with LGBTI individuals and ENCOURAGED HRP to continue its efforts in this regard.

(2) RECOMMENDED that HRP address intersectionality between LGBTI and adolescent populations.

(3) ENCOURAGED HRP to pay careful attention to terminology in this area to reflect evolving understandings of gender and sexuality within affected populations.

Sub-item 9.2: People living in humanitarian settings

(1) RECOGNIZED the disproportionate effects of humanitarian crises on women, girls and adolescents and COMMENDED HRP’s engagement and leadership on addressing the SRHR needs of populations affected by humanitarian crises.

(2) RECOMMENDED HRP identify evidence gaps in responding to the SRHR needs of populations affected by humanitarian crises and to develop evidence-based responses especially in relation to contraception, safe abortion and data collection on SRHR issues in these settings.

(3) RECOMMENDED that the issue of sexual and other forms of gender-based violence (SGBV) be closely integrated into HRP’s work on humanitarian response.

(4) RECOMMENDED that WHO ensure HRP research is integrated into the WHO R&D blueprint for research emergencies.

Sub-item 9.3: Adolescents

(1) CONGRATULATED HRP for the important work on adolescents and young people and ENCOURAGED HRP to continue to provide leadership to ensure inter-linkages with areas that affect them, such as gender-based violence (GBV), humanitarian settings, and LGBTI.

(2) RECOMMENDED that HRP continue to generate, examine, translate and disseminate evidence about the effectiveness and the impact of comprehensive sexuality education (CSE) programmes.

(3) RECOMMENDED that HRP continue to advocate for disaggregation of data describing adolescent sexual and reproductive health and rights (SRHR).

(4) RECOMMENDED that HRP continue to generate, examine, translate and disseminate the evidence of what works to prevent child, early and forced marriage.

Agenda item 10: Strengthening our engagement with countries: a multi-pronged approach

(1) CONGRATULATED HRP on the enhanced attention to translate normative documents into national policies and practice and REQUESTED HRP to continue to strengthen work in this area.

(2) CONGRATULATED HRP on the enhanced attention to using implementation research and REQUESTED HRP to continue to strengthen work in this area.

(3) ENCOURAGED HRP to strengthen its work in scaling up proven innovations to improve sexual and reproductive health throughout national health systems.

(4) WELCOMED HRP’s interest in involving communities and REQUESTED information on how HRP will strategically engage communities to advance its objectives.
Sub-items 10.1 and 2

Translating normative guidance into national policies and practices: implementation tools

Scaling-up innovations: what role for HRP?

(1) RECOMMENDED the development and use of evidence-based implementation methods of guidelines and tools by national programmes and to continue the use of digital media and social networks in their dissemination and promotion.

(2) RECOMMENDED that HRP continues to use various mechanisms and partners for facilitating the implementation of its guidelines and research-based evidence such as cosponsors, donors, civil society, media, and communities of practice, and that it develop innovative and simplified derivative products that are relevant and easy to use by the different audiences and end-users.

(3) ENCOURAGED further capacity building of regional and national institutions and training of national experts as resources of expertise for the dissemination and implementation of guidelines and tools.

Sub-item 10.3: Using capacity building to translate global evidence for national situations

(1) RECOMMENDED that research capacity strengthening is fully integrated within the planning and implementation of all of HRP’s research activities.

Sub-item 10.4: Implementation science: What is it and how can WHO use it more effectively?

(1) THANKED Dr Peterson for his eloquent and inspiring presentation.

Sub-item 10.5: Using implementation research to enhance the utility of HRP’s evidence

(1) THANKED Dr Askew for the presentation and ACKNOWLEDGED HRP’s important work on implementation research.

(2) RECOMMENDED that HRP continue to build its work, partnerships and capacity in the area of implementation research, and EXPLORE strategies to prioritize, develop and conduct implementation research activities.

(3) RECOMMENDED HRP organize a consultation to identify priorities and mechanisms for work on implementation science.

Agenda item 11: Pledging for 2016 and subsequent years

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

Agenda item 12: Date and venue of the 2017 meeting and tentative date for 2018

(2) AGREED to hold PCC(30) on 22 and 23 June 2017 in Geneva and proposed 21 and 22 June 2018 as tentative dates for PCC(31).

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

(1) APPROVED the draft summary report of the meeting.