

directing council



**PAN AMERICAN
HEALTH
ORGANIZATION**

XXXVI Meeting



Washington, D.C.
September 1992

regional committee

**WORLD
HEALTH
ORGANIZATION**

XLIV Meeting



Provisional Agenda Item 2.6

CD36/3, Corrig. (Eng.)
17 September 1992
ENGLISH AND SPANISH

SELECTION OF ONE MEMBER GOVERNMENT FROM THE REGION OF THE AMERICAS TO THE POLICY AND COORDINATION COMMITTEE OF THE SPECIAL PROGRAM OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION

Corrigendum

1. Reference in Document CD36/3 to Venezuela as one of the financial contributors from the Region of the Americas to the Special Program of Research, Development and Research Training in Human Reproduction, and to the Rockefeller Foundation as one of the permanent members of Category D of the PCC, are erroneous.
2. On page 10, the third paragraph should read:

"Following recommendations to strengthen collaboration with countries of the non-Latin Caribbean region, a short-term consultant from one of the Program's collaborating centers in the Americas Region was appointed to follow up closely on these activities. Based on this, a subregional workshop is planned for October 1992 in Barbados."

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Washington, D.C.
September 1992

Provisional Agenda Item 2.6

CD36/3 (Eng.)
28 July 1992
ORIGINAL: ENGLISH

SELECTION OF ONE MEMBER GOVERNMENT FROM THE REGION OF THE AMERICAS TO THE POLICY AND COORDINATION COMMITTEE OF THE SPECIAL PROGRAM OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION

In 1992 the Special Program of Research, Development and Research Training in Human Reproduction (HRP) is celebrating its 20th Anniversary of working for the improvement of reproductive health of people throughout the world.

The HRP Policy and Coordination Committee (PCC) is the governing body of the Special Program and makes decisions on matters related to its policies, strategies, finances, organization, and management, and assesses its impact. The PCC has 32 members and due consideration is given to a regional distribution, keeping in mind the relative importance ascribed to research in fertility regulation in different parts of the world.

There are four categories of Committee members, as follows: Category A is composed of the 11 largest financial contributors to the Program in the previous year. Although Argentina, Cuba, Mexico, and Venezuela are financial contributors for the 1992-1993 period, none of these countries is a member of this group. Category B is composed of 14 member countries selected by WHO Regional Committees for three-year terms, with one third of the 14 rotating off each year. The American Region is entitled to have two representatives. In selecting members, the Regional Committees are asked to take into account financial and/or technical support to the Program as well as interest in human reproduction, as demonstrated by national policies. The term of the United States of America ends on 31 December 1992 and that of Panama on 31 December 1994. Category C is composed of two members selected by the PCC from other interested countries and nongovernmental agencies for three-year terms. Category D, permanent members, is composed, at the present time, of the following organizations: United Nations Development Program (UNDP), United Nations Population Fund (UNFPA), World Bank, World Health Organization (WHO), International Planned Parenthood Federation (IPPF), and The Rockefeller Foundation.

At this time, the Directing Council, as Regional Committee for the Americas, is requested to select one Member Country to serve, upon the expiration of the term of the United States of America, for the period commencing January 1993 and ending December 1995.

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**SELECTION OF ONE MEMBER FROM THE REGION OF THE AMERICAS
TO THE POLICY COORDINATION COMMITTEE OF THE SPECIAL PROGRAM
OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN
HUMAN REPRODUCTION¹**

I. BACKGROUND INFORMATION

1.1 PROGRAM STATEMENT

The Special Program of Research Development and Research Training in Human Reproduction (HRP) is structured on the basis of co-sponsorship by the United Nations Development Program, the United Nations Population Fund, the World Health Organization, and the International Bank for Reconstruction and Development (World Bank), and operates within a broad framework of intergovernmental and interagency cooperation and participation. The Executing Agency is WHO.

The Special Program is a global program of international technical cooperation initiated by WHO to promote, coordinate, support, conduct, and evaluate research in human reproduction with particular reference to the needs of developing countries, by:

- promoting and supporting research aimed at finding and developing safe and effective methods of fertility regulation as well as identifying and eliminating obstacles to such research and development;
- identifying and evaluating health and safety problems associated with fertility regulation technology, analyzing the behavioral and social determinants of fertility regulation, and testing cost-effective interventions to develop improved approaches to fertility regulation within the context of reproductive health services;
- strengthening the training and research capability of developing countries to conduct research in the field of human reproduction; and
- establishing a basis for collaboration with other programs engaged in research and development in human reproduction, including the identification of priorities across the field and the coordination of activities in light of such priorities.

¹ This document uses extensive data and material developed by WHO's HRP and PAHO's Maternal and Child Health (HPM) Programs.

The HRP cooperating parties are:

- Governments contributing to Special Program resources; governments providing technical and/or scientific support to the Special Program; and governments with policies designed to address the needs for fertility regulation and family planning for their populations in the context of their overall plans for health care and social and economic development.
- Intergovernmental and other non-profitmaking organizations contributing to Special Program resources or providing technical and scientific support to the Special Program.

1.2 PROGRAM STRUCTURE

1.2.1 Technical

The Program is organized in four distinct but closely related technical areas:

1.2.1.1 Research and Development

The activities carried out by this area are done by means of unique multinational and multidisciplinary collaborating mechanisms, the task forces. Each task force is composed of scientists from different countries working on research under the auspices of the HRP. In the 1992-1993 budget proposal, 47.1 % of the resources will be invested in this area.

Activities are conducted along three main lines:

- a) Research on existing methods of fertility regulation: Carried out by two task forces, one on safety and efficiency of fertility regulating methods and the other on behavioral and social determinants of fertility regulation.
- b) Development of new and improved methods: Six task forces deal with the following aspects of fertility regulation: systemic agents; post-ovulatory methods; vaccines; male methods; plants and natural methods.
- c) The prevention and management of infertility: One task force deals with this area with emphasis on prevention of infertility and in particular its relationship to sexually transmitted diseases and the implementation of a standardized methodology for study of infertility.

1.2.1.2 Resources for Research

This area is organized into regional programs for Africa, China, Asia (except China), and Latin America. It also includes the program for Standards and Quality Control of Laboratory Procedures. Support includes grants for institutional strengthening, training, and maintenance of a network of collaborating institutions. This area has had, in the last years, an impressive development in the Americas because of its potential for developing countries' capacities in human research, as described in point 2 of this document. In the 1992-1993 biennium, 23 % of the resources are vested in this area.

1.2.1.3 Statistics and Analysis

This area provides statistical and data processing support for research projects under the responsibilities of the program task forces, collaborating centers, and international and national institutions. Around 7.1 % of the 1992-1993 budget is devoted to the development of this project.

1.2.1.4 Program Management

This area is responsible for the provision of managerial and administrative support to all program activities. Only 7.3 % of the 1992-1993 budget are earmarked for program management.

HRP's activities are carried out by means of a unique multinational and multidisciplinary collaborating mechanism of task forces and a global network of collaborating research centers in developing and developed countries.

The results of the studies supported by the Special Program have been described in more than 7,000 publications, and those by scientists from developing countries have gradually risen from approximately a third of the total in the period 1972-1977 to half in the 1990-1991 period.

In its capacity as the main instrument of WHO and of the entire United Nations system for conducting, promoting, evaluating, and coordinating research on human reproduction, the Special Program collaborates closely with the ministries of health of all Member States. It also collaborates and coordinates its activities with a large number of intergovernmental and nongovernmental agencies, and with national and private agencies active in research in human reproduction and related fields.

With respect to its coordinating functions, the Special Program also regularly convenes general coordination meetings with other agencies working in the field; these frequently promote the participation of scientists actively involved in ongoing research activities.

Among the Program's special responsibilities, mention should be made of its advisory function on ethical issues, patents, drug regulatory issues, and the dissemination of information.

1.2.2 Administrative

The Forty-first World Health Assembly at its session on 11 May 1988 adopted Resolution WHA41.9 in which co-sponsorship of the program by the United Nations Development Program, the United Nations Population Fund, and the World Bank, with the World Health Organization as sponsor and executing agency, was approved. A number of advantages has accrued to the Special Program as a result of the co-sponsorship, among them the benefits derived from the expertise of the other co-sponsoring agencies and their interaction with Member States, and from having a more secure basis of funding.

As stated in the memorandum which outlines the administrative structure of the Program, there are three Committees: a) Policy and Coordination Committee; b) Standing Committee; and c) Scientific and Technical Advisory Group (STAG). In this document only the Policy and Coordination Committee organization is addressed.

1.2.2.1 Policy and Coordination Committee

The terms of reference for the Policy and Coordination Committee (PCC), the governing body of the Special Program, are as follows:

Functions

The PCC shall, for the purpose of coordinating the interests and responsibilities of the parties cooperating in the Special Program, have the following functions:

- To review and decide upon the planning and execution of the Special Program. For this purpose it will keep itself informed of all aspects of the development of the Special Program and consider reports and recommendations submitted to it by the Standing Committee, the Executing Agency, and the Scientific and Technical Advisory Group.

- To review and approve the plan of action and budget for the coming financial period prepared by the Executing Agency and reviewed by STAG and the Standing Committee.
- To review the proposals of the Standing Committee and approve arrangements for the financing of the Special Program.
- To review the annual financial statements submitted by the Executing Agency, as well as the audit report thereon submitted by the External Auditor of the Executing Agency.
- To review periodic reports which evaluate the progress of the Special Program towards the achievement of its objectives.
- To review and endorse the selection of members of STAG by the Executing Agency in consultation with the Standing Committee.
- To consider such other matters relating to the Special Program as may be referred to it by any Cooperating Party.

Membership

The PCC shall consist of 32 members (Table 1) from among the Cooperating Parties, as follows:

Largest Financial Contributors (Category A): The 11 government representatives from the countries which were the largest financial contributors to the Special Program in the previous biennium. Although Argentina, Cuba, Mexico, and Venezuela are financial contributors, none of them belong in this category. Chile has pledged its support to the Program in the future.

Countries Elected by WHO Regional Committees (Category B): The 14 member countries elected by the WHO Regional Committees for three-year terms according to population distribution and regional needs:

Africa	4
Americas	2
Eastern Mediterranean	1
Europe	1
South-East Asia	3
Western Pacific	3

In these elections due account should be taken of a country's financial and/or technical support to the Special Program as well as its interest in the fields of family planning, research and development in human reproduction and fertility regulation as demonstrated by national policies and programs.

Other interested cooperating parties (Category C): Two members elected by the PCC for three-year terms from the remaining Cooperating Parties. The American Region members are Panama through December 1993 and the United States of America through December 1992.

Permanent members (Category D): The co-sponsors of the Special Program and IPPF. Members of the PCC in Categories B and C may be re-elected.

Observers

Other Cooperating Parties may be represented as observers upon approval of the Executing Agency, after consultation with the Standing Committee. Observers attend sessions of the PCC at their own expense. Argentina, Canada and Mexico participated as observers in the Fourth Meeting of the Policy and Coordination Committee in June 1991.

Operation

The PCC meets at least once a year and in extraordinary sessions if required, subject to the agreement of the majority of its members. The Executing Agency shall provide the Secretariat.

The PCC shall elect each year, from among its members, a Chairperson, a Vice Chairperson, and a Rapporteur.

The Chairperson shall:

- convene and preside over meetings of the PCC; and
- undertake such additional duties as may be assigned to him or her by the PCC. Subject to other special arrangements as may be decided upon by the PCC, members of the PCC shall make their own arrangements to cover the expenses incurred in attending sessions of the PCC.

Procedures

The PCC shall, in its proceedings, be guided by the Rules of Procedure of the World Health Assembly, adjusted as necessary.

In consultation with the Chairperson, the Secretariat shall prepare an annotated provisional agenda for the meeting.

A report, prepared by the Rapporteur, with the assistance of the Secretariat, shall be circulated as soon as possible after the conclusion of the session for the subsequent approval of participants.

1.3 Finances

The Special Program resources are the financial resources made available to it by governments and organizations through the WHO Voluntary Fund for Health Promotion.

For the most part, the Program is funded from extrabudgetary resources. Although in the early 1980s there was a decrease in the level of funding, since 1985 the Program's income has stabilized at approximately at US\$46.3 million for the 1992-1993 biennium (Table 2).

Unfortunately, resources are not increasing as expected and the shortfall of the HRP budget is greater each biennium. The shortfall was approximately \$5 million in 1990-1991 and it is estimated at \$12 million in 1992-1993.

Around one third of the budget of the program is spent on the expansion and improvement of the resources for research in developing countries. There are many indications that support provided to developing countries has resulted in a greater commitment of the countries to health research and a progressive growth in their capacity to carry out research in the field of human reproduction in general and in relation to their own family planning programs in particular.

II. **ACTIVITIES OF HRP IN THE AMERICAN REGION AND PROGRAM HIGHLIGHTS**

The HRP work plan in the American Region is developed and implemented in a very close and fruitful participation and coordination with the Pan American Health Organization. The Maternal and Child Health Regional Program is the focal point for planning and monitoring HRP activities in the Region. Also, other programs, such as

Health Policies, as well as Women, Health and Development, actively participate. Decentralization of resources for research subcommittees have proved to be an efficient way to boost the Program's performance and the interest of the countries in it.

The Special Program on Research, Development and Research Training in Human Reproduction (HRP) has supported activities in the Region of the Americas since 1973.

The strategy of the 1990-1993 program for the Americas involves the accomplishment of two main objectives: a) the preparation of regional and national strategic plans (with priorities identified) for research in reproductive health: and b) the active promotion of interregional research and training cooperation.

Preparation of Regional and National Strategic Plans

In 1990 a workshop was organized in Havana, Cuba, to establish methodologies for developing a national strategic plan for reproductive health research. The guidelines produced were published. The Program also helped Colombia, Costa Rica, Guatemala, the Province of Santa Fe in Argentina, and Chile to evaluate the status of reproductive health of their populations, and based on that, to determine national research priorities. Similar activities have taken or will take place in 1992 in Brazil, Peru, and the Caribbean subregion. In certain countries, for example in Colombia and the Santa Fe Province of Argentina, the Program has already provided support to help develop research protocols for the topics identified as national priorities.

Intraregional Research and Training

For the strengthening of regional and national research networks, the Program provided initial support for the establishment of the Latin American Program for Cooperation and Research in Human Reproduction (PLACIRH) under the auspices of the Latin American Association for Research in Human Reproduction (ALIRH). During the past years, PLACIRH was supported in carrying out a survey, published in 1991, of the research and training resources in human reproduction currently available in the Region. During the biennium, PLACIRH approved 16 research projects and 14 fellowships for training within Latin America.

Interaction between Program-supported institutions increased during 1991 with the initiation of three "twinning" programs between centers in Argentina and Guatemala, in Mexico and Venezuela, and between the University of Torreón, México, and the University of Edinburgh, Scotland. Three multicenter research programs, comprising institutions from nine countries of the Region, were approved for execution in 1992 under the WHO-HRP/Rockefeller Program.

Strengthening Research Skills in Reproductive Epidemiology

Several activities resulted from the regional workshop conducted in Lima, Peru, in 1989. Four epidemiological research protocols prepared at that meeting are being carried out in Argentina and Chile.

Activities are under way for the implementation of reproductive epidemiological research and training programs in five centers in Argentina, Chile, Cuba, Guatemala, and Mexico. The organization of a regional network for epidemiological research in reproductive health was achieved, and will interact with two centers in Brazil and Colombia. Scientists from this network have assisted researchers from Cuba, Panama, and Peru in the development of epidemiological protocols relevant to their reproductive health priorities. Centers in Argentina, Colombia, and Venezuela have also started collaborative activities with the National Perinatal Epidemiological Unit at Oxford, England, in a "South-to-North" collaboration process, which also includes interaction with the WHO Safe Motherhood Initiative. A master's degree course in reproductive epidemiology started its activities in March 1991 in Mexico, with participants from Argentina, Mexico, Panama and Peru.

Increasing Regional Self-reliance in the Use and Supply of Hormonal Assay Reagents

The Cuba-Mexico Regional Reagent Program, is now producing reagent kits for the radioimmunoassay of hormones relevant to research in human reproduction. These kits will be distributed through the WHO/PAHO Country Representatives who are to facilitate transportation of reagents between the countries of the Region. This experience is being shared with scientists from Argentina and Chile who are involved in the development, with the support of Cuba and Mexico, of a similar program for South America.

Promotion of Interregional Training

The Region of the Americas has several centers and research groups which are sufficiently competent to offer local training at an equivalent scientific level but at considerably lower costs than institutions in developed countries. Therefore, systematic efforts have been made to coordinate most of the training within the Region. This training is focused on master's degree courses and post-residency training. For example, master's degree programs, offered by the program-supported institutions in Brazil, Chile, Cuba, and Mexico, were attended by research training grantees of the Program. Two Ph.D. students will be selected from these programs to complete their training in developed countries during 1992. With support from the Program, PLACIRH has increased its support of interregional activities and will provide research training grants

for short-term interregional training of researchers from Program-supported institutions. Regional training in biostatistics is being organized, and during 1992 an M.Sc. program will be offered in Argentina with special emphasis on reproductive health issues. Finally, the WHO Collaborating Center in Havana, Cuba, is planning to launch in 1992 an M.Sc. course in population and social science research in reproductive health.

Increasing Skills in Specific Areas.

During 1991 the Program supported two workshops on scientific writing in Santiago, Chile. The participants included researchers from Argentina, Brazil, Chile, Dominican Republic, and Peru. Two similar workshops are planned for 1992 in Argentina and Venezuela.

Implementing Collaborative Activities in the Caribbean Subregion

Following recommendations to strengthen collaboration with countries of the non-Latin Caribbean region, a short-term consultant from one of the Program's collaborating centers in the Americas Region was appointed to follow up closely on these activities. During a site visit to the Region in September 1991, a baseline diagnosis of the reproductive health status in some of these countries was prepared. This baseline diagnosis was used in a regional workshop held in May 1992 in Trinidad and Tobago for needs assessment and priority setting. The research program resulting from this exercise constitutes a new basis for future support and collaboration between the Program and the subregion.

Country Activities

At the national level, the Program collaborated during the biennium with 36 institutions from 14 countries of the Region, awarding 61 grants to assist at different stages in the centers' development. LID Grants (of up to ten years) were provided to centers in Argentina, Chile, Mexico, Panama, Peru, and Venezuela, and represent about 60% of all funds. These centers conducted 50 research projects, mostly in the area of reproductive biology. Of the 37 researchers who started their research training during the biennium, 21 had returned to their institutions after completing training abroad, and 15 had submitted protocols for re-entry grants. There is strong emphasis on promoting the development of leading centers focused on research methodologies and research training in several areas of reproductive health in Argentina, Brazil, and Mexico.

Other grants were provided to centers that are not being actively supported by the Program but which required specific equipment or needed to expand their building facilities in order to continue with the implementation of research projects within the context of existing research networks. Institutions in Argentina and Cuba were awarded

capital grants to expand their research capacity in reproductive epidemiology and sexually transmitted diseases associated with infertility. Finally, resources for equipment maintenance, small equipment, and books and journals were provided to 16 centers in Argentina, Bolivia, Brazil, Chile, Cuba, Mexico, and Venezuela in the form of resource maintenance grants or small grants.

In 1992 the HRP Program is celebrating its 20th anniversary and its special biannual report for 1990-1991, called "Reproductive Health: a Key to a Brighter Future," includes relevant information about its achievements.

Three milestones mark the Program's International Cooperation in Human Reproduction Research:

- The establishment of the WHO Special Program of Research, Development and Research Training in Human Reproduction, with support from voluntary contributions by WHO Member States (1971-1972).
- The World Health Assembly approval for co-sponsorship of the Program by the United Nations Development Program, the United Nations Population Fund, the World Health Organization, and the World Bank (1988).
- The Independent External Evaluation that highlights the impact of the Program particularly in developing countries and "firmly recommends that the sponsoring agencies and donors increase the financial resources in order that the Program may continue to develop the research capability and coordinated activities to meet the challenges of protecting and improving reproductive health and well-being in the 21st century." (1989).

Between 1972 and 1991 the Program awarded contracts for research and grants for institutional development amounting to some US\$180 million to institutions in 60 developing countries and 29 developed countries. The percentage of funds made available to developing countries has steadily increased since 1972 and reached 62% in the biennium 1990-1991. Around 28% of the total funds disbursed by the Program benefitted the Americas.

During the past 20 years the Program has coordinated 173 multicenter trials and 1,750 single centre research projects, out of which 575 (33%) were done in this Region. Some 1,250 principal investigators from 925 institutions/departments have participated in research projects funded by HRP and at least 30% are located in developing countries, 298 (32%) in the Americas.

Women's participation has been an objective of the Program. Eighty four women have participated in scientific committees, 107 have received research training, and 36% of the 1,490 grants to scientists were to women.

In 1974, the Program initiated research to develop an antifertility vaccine. In 1988, the Program successfully completed a Phase I clinical trial of a novel anti-hCG vaccine and in 1990 initiated preclinical studies with an improved version of this vaccine.

Between 1975 and 1990, the Program supported the development of a new contraceptive in the form of a hormone-releasing vaginal ring that affords protection against pregnancy for three months. This is the first long-acting contraceptive method that is completely under the control of the user. The product is currently under consideration for registration in a developed country and an agreement has been concluded with a pharmaceutical company for its manufacture and distribution. It will be made available to the public sector in developing countries at reduced prices.

Since 1975 the Program has supported comparative clinical trials of different types of intrauterine devices (IUD). On the basis of these experience, the United States Food and Drug Administration extended the duration of effectiveness of new copper devices from four to six years in 1989, and then from six to eight years in 1991.

In 1991 the Program undertook a review of 12 studies, involving 23,000 IUD users, to examine the risk of pelvic inflammatory disease (PID) associated with this method. The results indicated that PID risk is minimal in women who are at a low risk for sexually transmitted diseases and that PID risk does not increase with long-term IUD use.

In an effort to standardize laboratory procedures in hormonal assays, the Program initiated, in 1976, an international collaborative program for matched reagents and quality control. More than 150 institutions in over 40 countries participated in this program. In 1987, the Program initiated support to developing countries for the establishment of regional collaborative programs for matched reagents.

In 1982, the Program issued a statement under the title "Facts About Injectable Contraceptives" as a memorandum from a WHO meeting. The objective of this paper was to provide correct scientific information on injectable hormonal methods to allay public fears about them.

Research supported by the Program between 1977 and 1988 has led to the development of two once-a-month injectable contraceptives. Currently these methods are in the introductory trial phase in several countries. Both will be made available to the

public sector in developing countries at reduced prices. One of them, Cyclofem, is the first contraceptive method to be manufactured in a developing country.

In 1978, the Program initiated a major collaborative study involving 13 centers in 11 countries (including eight developing countries) to study the relationship between oral contraceptives and neoplasia. The study, which took ten years to complete, provided assurance regarding the safety of oral contraceptives. In 1991 the Program reviewed all available data, including information from a large WHO study on oral contraceptives and the risk of cancer, confirming the safety of the pill in this regard.

Between 1979 and 1988 the Program developed a methodology for the standardized investigation of infertile couples and initiated a collaborative study in 25 developing and developed countries to determine the causes of infertility worldwide. The study demonstrated that many cases of infertility were preventable, because pelvic infections, including sexually transmitted diseases, played a significant role in the causation of this condition, particularly in developing countries.

In 1983, the Program started research on the antiprogestogen mifepristone, which had been proposed as a medical (non-surgical) method of terminating early pregnancy. This research showed that to achieve an acceptable level of effectiveness mifepristone needed to be supplemented with a prostaglandin analogue. The combination proposed by the Program has become the standard recommended treatment.

Between 1980 and 1990, the Program supported studies on the use of paramedical personnel for the delivery of family planning services, which have helped countries to expand family planning services.

In 1985, when Norplant became available, the Program issued a statement entitled "Facts about an Implantable Contraceptive."

To define the duration of lactational amenorrhoea in relation to breast-feeding practices in different populations, the Program started, in 1989, the largest ever study of its kind in seven countries. This study, which involves the follow-up of 3,850 mothers and infants, is currently underway and is expected to yield detailed information on such subjects as breast-feeding practices, patterns of diet supplementation, and infant growth.

In 1991, in response to concerns about the health implications of induced abortion, the Program supported studies in 19 developing countries on the behavioral and social factors behind why women resort to induced abortion even when it is performed under unsafe conditions.

In response to requests from several countries for information on medically assisted conception, the Program reviewed the available information on this subject and published a report in 1992.

To standardize semen analysis, the Program published, in 1979, the first edition of the WHO Laboratory Manual for the Examination of Human Semen and Semen-Cervical Mucus Interaction. A second edition of the book was published in 1987. It was translated into seven languages and became the most quoted WHO publication ever. A third edition is in press. The use of this manual is to become mandatory for all in vitro fertilization clinics throughout North America.

In most of the activities highlighted in this section, the American Region institutions and scientists related to the Program have been participating enthusiastically together with colleagues from other parts of the world, and are highly committed to improving reproductive health.

Six eminent independent experts who evaluated the program in 1990 have concluded that the program has had a major global impact, and certain aspects of its work are indeed unique. They also found the entire mode of operation of the program to be instrumental in making an impact, particularly in developing countries (Report of the External Impact Evaluation, HRP/Eval/1990).

III. ACTION REQUESTED

The Policy and Coordination Committee has recommended that the Regional Committees should be responsible for the selection of the 14 member countries constituting category B for three-year terms of office. The Americas is entitled to elect two members. Panama's term continues through 31 December 1994. Since the term of the United States of America is ending its elected period in 1992, the Directing Council, in its capacity as the Regional Committee of WHO for the Americas, is being asked to elect one member country for category B of the Policy Coordination Committee from among the Member Countries of the Region. Election should take into account a country's financial and/or technical support to the Special Program as well as its interest in the field of population/family planning, as demonstrated by national policies and programs. Tenure for the elected country will be from 1 January 1993 through 31 December 1995. The elected members will have the responsibility to ensure full participation of the American Region in the decision-making process and promoting a major role for the Region in the programs.

The attention of the Directing Council is drawn to the fact that governments and organizations which have not been selected for membership in the PCC may, subject to its prior approval, attend its meetings as observers at their own expense. The Regional Director will be pleased to communicate the name of any such government or organization to the PCC.

Table 1

PROGRAM COORDINATION AND ADVISORY COMMITTEE

1992

A)	<u>Financial Sponsors*</u>	
	Australia	
	China	
	Denmark	
	Finland	
	Germany, Federal Republic of	
	India	
	Netherlands	
	Norway	
	Sweden	
	Switzerland	
	United Kingdom	
		<u>Total 11</u>
B)	<u>Elected Member Countries</u>	
	Bangladesh	
	Panamá	
	Iran	
	Indonesia	
	Papua New Guinea	
	Senegal	
	Sierra Leone	
	Singapore	
	Swaziland	
	Thailand	
	Togo	
	Turkey	
	Viet Nam	
	United States of America	
		<u>Total 14</u>
C)	<u>Interested Governments and Agencies</u>	
	France	
	Zimbabwe	
		<u>Total 2</u>
D)	<u>Permanent Members</u>	
	UNDP	
	UNFPA	
	World Bank	
	IPPF	
	WHO	
	Rockefeller	
		<u>Total 5</u>
		<u>Grand Total 32</u>

* Argentina, Cuba, Mexico, and Venezuela are collaborating financially with the program, but they are not members in Category A. Chile has pledged its future contribution.

** Elected by WHO Regional Committee for three-year terms.

Table 2

HRP: PROJECTED INCOME FOR 1992-1993
(In US \$1,000s)

Source of Funds	1992	1993	Total 1992-1993
1. <u>Unobligated balance, 1 January 1992</u>	(241.0)		(241.0)
2. <u>Special account for medical research</u>			
Argentina	40.0	40.0	80.0
Australia	223.4*	223.4	446.8
China	50.0	50.0	100.0
Cuba	2.0*	2.0	4.0
Denmark	2,236.4	2,236.4	4,472.8
Finland	229.9*	229.9	459.8
Germany	1,262.6*	1,262.6	2,525.2
India	35.0*	35.0	70.0
Mexico	6.0	6.0	12.0
Netherlands	405.4	405.4	810.8
Norway	2,250.0*	2,250.0	4,500.0
Russian Federation (in kind)	25.0*	2,737.3*	25.0
Sweden	2,727.3*	302.0	5,454.6
Switzerland	302.0	7.5	604.0
Thailand	7.5*	4,824.6	15.0
United Kingdom	4,824.6*	350.0	9,649.2
Rockefeller Foundation	350.0*	400.0	700.0
UNDP	400.0	3,500.0	800.0
UNFPA	3,500.0*	2,500.0	7,000.0
World Bank	2,500.0*		5,000.0
Sub-total	21,136.1	21,352.1	42,488.2
3. <u>WHO Regular Budget</u>	562.0*	562.0*	1,124.0
4. <u>UNFPA (project activities)</u>	750.0*	750.0	1,500.0
5. <u>Interest and charge for reagents and miscellaneous</u>	600.0	600.0	1,200.0
Grand Total	23,048.1	23,264.1	46,312.2
1992-1993 PCC Approved Budget**			58,243.0
Budgetary Shortfall			(11,930.8)

* Indicates pledges and/or contributions already received. Otherwise, 1991 level (in currency of pledge) assumed.

** Adjusted for decrease in UNFPA project funds.

Table 3

WHO Special Program in Human Reproduction

EXPENDITURE BREAKDOWN BY YEAR

(ALL FIGURES EXPRESSED IN US\$)

AS OF MARCH 1991

REGION: AMRO

	1973-1987	1988	1989	1990	1991	TOTAL
TASK FORCE	5,060,519	804,441	1,286,358	801,080	1,067,389	9,019,787
COLLABORATING CENTERS	6,455,131	25,000	193,270	56,900	473,050	7,203,351
OTHER CENTERS	529,300	330,300	744,000	14,550	1,998,952	3,617,102
RESEARCH TRAINING	2,247,975	231,696	196,715	217,774	404,800	3,298,960
SMALL SUPPLIES	110,340	-	-	-	-	110,340
GRAND TOTAL	14,403,265	1,391,437	2,420,343	1,090,304	3,944,191	23,249,550

Source HRP/IMS List 42 as of 18 March 1992

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