

directing council

PAN AMERICAN
HEALTH
ORGANIZATION

XXXIII Meeting

Washington, D.C.
September-October 1988

regional committee

WORLD
HEALTH
ORGANIZATION

XL Meeting



INDEXED

Provisional Agenda Item 2.6

CD33/11, Corrig. (Eng.)
13 September 1988
ORIGINAL: ENGLISH

SELECTION OF ONE MEMBER TO THE POLICY AND COORDINATION COMMITTEE OF THE SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION

Corrigendum

Please substitute the attached Table 1 for that appearing on page 8 of Document CD33/11.

Annex

Table 1

POLICY AND COORDINATION COMMITTEE (PCC)

Members of PCC in 1988

a) Financial Sponsors

Australia
China
Denmark
Finland
Germany, Federal Republic of
India
Netherlands
Norway
Sweden
Switzerland
United Kingdom

Total 11

b) Elected by WHO Regional Committees

Gabon*
Kenya
Rwanda
Cameroon
Argentina*
United States of America
Morocco
Spain
Indonesia*
Bangladesh
Sri Lanka
Singapore*
Viet Nam
Philippines

Total 14

c) Interested Governments and Agencies, elected by PCC

Egypt
Thailand

Total 2

d) Permanent Members

UNDP
UNFPA
World Bank
IPPF
WHO

Total 5

Grand Total 32

*These countries will complete their terms of office in 1988.

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SELECTION OF ONE MEMBER TO THE POLICY COORDINATION COMMITTEE OF THE SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION

The Policy and Coordination Committee (PCC) of the Special Program of Research, Development and Research Training in Human Reproduction acts as the Governing body of the Special Program and makes decisions on matters related to the policies, strategies, financing, overall organization, management and impact of the Special Program. Its membership will not exceed 32 and due consideration will be 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. The countries in this category are not eligible for selection by the Regional Committees. However, because none of these countries are from the Region of the Americas, this restriction does not affect the election of a member country under category b) by the Regional Committee for the Americas. 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 extends through December 31, 1989. The term of Argentina expires on December 31, 1988. 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, United Nations Population Activities Fund, World Bank, World Health Organization and International Planned Parenthood Federation.

At this time, the Regional Committee for the Americas is requested to select one member for the period commencing January 1989 and ending December 1991, upon the expiration of the term of Argentina.

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ANNEX I

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

1. BACKGROUND INFORMATION

1.1 Program Statement

The Special Program of Research, Development and Research Training in Human Reproduction (HRP) 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;
- 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 the light of such priorities.

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:

Research and Development

The activities are carried out in this area by means of unique multinational and multidisciplinary collaborating mechanism, the task forces. Each task force is composed of scientists from different countries working on research under the auspices of the HRP.

Activities are conducted along three main lines:

- a) Research on existing methods of fertility regulation: It is 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.

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.

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.

Program Management

This area is responsible for the provision of managerial and administrative support to all program activities.

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 6,000 publications and those by scientists from developing countries have gradually risen from approximately one third of the total in the period 1972-1977 to half in the 1978-1987 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 adopted Resolution WHA41.9 in which co-sponsorship of the program by the United Nations Development Program, the United Nations Population Fund and by the World Bank, with the World Health Organization as sponsor and Executing Agency, was approved (Annex I, point 4). A number of advantages would accrue to the Special Program as a result of the co-sponsorship, among them the benefits to be derived from the expertise of the other co-sponsoring agencies and their interaction with Member States, and from having a more secure base of funding.

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

Policy and Coordination Committee

The revised terms of reference for the Policy and Coordination Committee (PCC) are as follows:

The PCC is the governing body of the Special Program.

Functions

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

- 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.
- 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.
- Review the proposals of the Standing Committee and approve arrangements for the financing of the Special Program.
- 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.
- Review periodic reports which evaluate the progress of the Special Program towards the achievement of its objectives.
- Review and endorse the selection of members of STAG by the Executing Agency in consultation with the Standing Committee.
- Consider such other matters relating to the Special Program as may be referred to it by any Cooperating Party.

Membership

The PCC consists of 32 members from among the Cooperating Parties, as follows:

Largest financial contributors: (Category a)--11 government representatives from the countries which were the largest financial contributors to the Special Program in the previous biennium.

Countries elected by WHO Regional Committees: (Category b)--14 Member Countries elected by the WHO Regional Committees for three-year terms according to the 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.

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.

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 elects each year from among its members, a Chairman, a Vice Chairman and a Rapporteur.

The Chairman:

- convenes and presides over meetings of the PCC;
- undertakes such additional duties as may be assigned to him by the PCC.

Subject to such other special arrangements as may be decided upon by the PCC, members of the PCC make their own arrangements to cover the expenses incurred in attending sessions of the PCC.

Procedures

The PCC, in its proceedings, is guided by a practical application of the Rules of Procedure of the World Health Assembly.

In consultation with the Chairman, the Secretariat prepares an annotated provisional agenda for the meeting.

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

Table 1 lists the countries and agencies which are members of PCC by category of membership.

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 non-regular resources in terms of the WHO Program Budget. Although in the early 1980s there was a decrease in the level of funding, since 1985 the Program's income has increased, reaching approximately US\$21 million in 1987.

The financial contributors during the biennium 1986-1987 were Australia, China, Cuba, Denmark, Finland, France, Federal Republic of Germany, India, Malaysia, Mexico, Netherlands, Nigeria, Norway, Sweden, Thailand, Union of Soviet Socialist Republics (contribution in kind), United Kingdom of Great Britain and Northern Ireland, United States of America (contribution in kind), the Canadian International Development Research Centre, the Rockefeller Foundation, UNFPA, the World Bank, and WHO.

The Special Program also acts as Executing Agency for some of the research projects financed by UNFPA.

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.

2. ACTIVITIES OF HRP IN THE AMERICAN REGION

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

The most active countries in the Americas over the past three years have been Argentina, Brazil, Chile, Cuba, Mexico, Peru and the United States of America. Tables 2 and 3 show the funds spent and activities per country; these could be taken as an indicator of country's interest in participating in the Special Program's activities.

Argentina, Cuba, and Mexico have pledged support to the Special Program for 1988 and the United States of America is supporting the Program with in-kind contributions. However, none of the American countries is participating in Category a) (major donor) of the PCC.

Of 152 scientists participating in the program committees, 35 are from the American Region. In the last 15 years, 175 fellowships for research have been awarded and 165 institutions and universities are working with the program in the Americas. Five of the 25 Collaborating Centers in Human Reproduction are located in the American Region. The contribution from the Special Program to the Americas has been increasing, and in 1987 approximately US\$2.8 million was spent among task forces, collaborating centers, other centers, through grants for research training and for the purchase of limited amounts of supplies.

3. ACTION REQUESTED

The Policy and Coordination Committee (PCC) has recommended that the Regional Committees should be responsible for the selection of fourteen (14) Member Countries constituting category 2 for three-year terms of office. Since Argentina is ending its elected period in 1988, 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 2 of the Policy Coordination Committee (PCC) 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 1989 through 31 December 1991.

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. 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 (PCC)

Countries/Agencies Invited, 1986-1987

a) Financial Sponsors

Australia
China
Denmark
Finland
Germany, Federal Republic of
India
Netherlands
Norway
Sweden
Switzerland
United Kingdom

Total 11

b) Elected by WHO Regional Committees

Gabon
Kenya
Rwanda
Cameroon
Argentina
United States of America
Morocco
Spain
Indonesia
Bangladesh
Sri Lanka
Singapore
Viet Nam
Philippines

Total 14

c) Interested Governments and Agencies, elected by PCC

Egypt
Thailand

Total 2

d) Permanent Members

UNDP
UNFPA
World Bank
IPPF
WHO

Total 5

Grand Total 32

Table 2

SPECIAL PROGRAM OF RESEARCH, DEVELOPMENT AND
RESEARCH TRAINING IN HUMAN REPRODUCTION

CONTRIBUTION TO THE COUNTRIES OF THE REGION OF THE AMERICAS

COUNTRY	1973-1981	1984	1985	1986	1987	TOTAL
Argentina	2,050,487	-	-	86,500	203,550	2,340,537
Brazil	1,345,338	69,779	64,508	44,630	30,490	1,554,745
Canada	1,330,309	58,000	58,000	29,000	-	1,475,309
Chile	2,386,513	185,717	162,264	252,101	353,644	3,340,239
Colombia	825,270	44,239	49,559	-	60,036	979,104
Cuba	1,383,277	137,841	110,382	207,977	238,422	2,077,899
Dominican Republic	-	-	-	9,489	-	9489
Ecuador	12,900	-	-	-	-	12,900
El Salvador	30,500	-	-	-	-	30,500
Guatemala	35,300	-	-	3,100	-	38,400
Haiti	1,500	-	-	-	-	1,500
Jamaica	43,738	-	-	-	25,050	68,788
Mexico	1,978,110	351,525	278,578	228,008	241,071	3,077,292
Panama	34,900	3,000	-	13,000	94,630	145,530
Paraguay	109,607	2,000	-	-	-	111,607
Peru	228,887	70,500	40,860	91,760	131,602	563,609
USA	14,850,328	845,940	1,003,982	1,254,619	1,497,582	19,452,451
Uruguay	122,025	2,000	2,000	-	-	126,025
Venezuela	40,250	-	-	-	-	40,250
TOTAL	26,809,239	1,770,541	1,770,133	2,220,184	2,876,077	35,446,174

Source: WHO/HRP/IMS, List 42

Table 3

WHO SPECIAL PROGRAM IN HUMAN REPRODUCTION
REGION OF THE AMERICAS

EXPENDITURE BREAKDOWN BY YEAR
(All figures expressed in US\$)

	1973-1983	1984	1985	1986	1987	TOTAL
TASK FORCES	18,876,775	1,268,837	1,250,931	1,605,086	2,225,905	25,227,534
COLLABORATING CENTERS	4,997,977	261,289	253,502	113,500	173,500	5,799,768
OTHER CENTERS	1,156,830	117,373	119,275	278,500	312,800	1,984,778
RESEARCH TRAINING	1,649,290	115,042	140,425	223,098	163,872	2,291,727
SMALL SUPPLIES	128,367	8,000	6,000	-	-	142,367
GRAND TOTAL	26,809,239	1,770,541	1,770,133	2,220,184	2,876,077	35,446,174

FORTY-FIRST WORLD HEALTH ASSEMBLYResolution WHA41.911 May, 1988Agenda Item 21SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT
AND RESEARCH TRAINING IN HUMAN REPRODUCTION

The Forty-first World Health Assembly,

Having considered the Director-General's progress report on the Special Program of Research, Development and Research training in Human Reproduction;

1. ENDORSES the policy guidelines outlined by the Director-General, with particular attention to the role of the Program in:
 - (a) the continued assessment of existing technologies and the acceleration of the development of new technologies in fertility regulation;
 - (b) the building-up of national self-reliance in research on all aspects of human reproduction in developing countries to meet their specific needs in primary health care;
 - (c) promoting scientific and technical cooperation between developed and developing countries, and between developing countries;
 - (d) coordination of the global research effort in the field of reproductive health;
 - (e) promoting ethical practices in the field of human reproduction research to protect the health and rights of individuals in different social and cultural settings;
2. REAFFIRMS the close relationship between family planning, health and development, and the necessity to integrate family planning activities with those of maternal and child health;
3. EMPHASIZES the importance of ensuring the rapid and widespread application of the results of research supported by the Program in countries' national health strategies and programs;
4. APPROVES the co-sponsorship of the Program by the World Bank, the United Nations Development Program and the United Nations Population Fund, as outlined in the report of the Director-General;
5. URGES Member States to contribute, or to increase their contributions to the Program in order to accelerate the achievement of its objectives at the approved level.