

56th DIRECTING COUNCIL

70th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

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Provisional Agenda Item 6.1

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**SELECTION OF TWO MEMBER STATES
FROM THE REGION OF THE AMERICAS ENTITLED TO DESIGNATE
A PERSON TO SERVE ON THE POLICY AND COORDINATION
COMMITTEE OF THE UNDP/UNFPA/UNICEF/WHO/WORLD BANK
SPECIAL PROGRAM OF RESEARCH, DEVELOPMENT
AND RESEARCH TRAINING IN HUMAN REPRODUCTION (HRP)**

Background

1. Established in 1972 by the World Health Organization (WHO), the Special Program of Research, Development, and Research Training in Human Reproduction (HRP) has been structured since 1988 on the basis of cosponsorship by the United Nations Development Program (UNDP), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the World Health Organization, and the World Bank, and operates within a broad framework of intergovernmental and interagency cooperation and participation. The Executing Agency is WHO.
2. The Special Program is a global program of international technical cooperation established to promote, coordinate, support, conduct, and evaluate research in human reproduction with particular reference to the needs of developing countries.
3. The Forty-first World Health Assembly adopted Resolution WHA41.9 (1988) by which cosponsorship of the Special Program was approved. A number of advantages have accrued to the Special Program as a result of the cosponsorship, among them the benefits derived from the expertise of the other cosponsoring agencies and their interaction with Member States, and from having a more secure funding base.

* Republished to accurately reflect the name of the Special Program.

4. As stated in the memorandum which outlines the administrative structure of the Special Program, there are three committees: the Policy and Coordination Committee (PCC); the Standing Committee; and the Scientific and Technical Advisory Group (STAG). At the moment, STAG is composed of 15 members. In this document only the Policy and Coordination Committee is addressed.

5. PCC is the governing body of the Special Program. The terms of reference for PCC are as follows:

Functions

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

- a) 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.
- b) 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.
- c) To review the proposals of the Standing Committee and approve arrangements for the financing of the Special Program.
- d) To review the annual financial statements submitted by the Executing Agency and the audit report thereon submitted by the External Auditor of the Executing Agency.
- e) To review periodic reports that will evaluate the progress of the Special Program toward the achievement of its objectives.
- f) To review and endorse the selection of members of STAG by the Executing Agency in consultation with the Standing Committee.
- g) To consider such other matters relating to the Special Program as may be referred to it by any Cooperating Party.

Membership

7. PCC shall consist of 34¹ members (Table 1) from among the Cooperating Parties as follows:

¹ HRP/WHO reported that, some years ago, the Africa Region (AFRO) did not nominate a Member State to replace the outgoing member of the PCC. As a result, 33 members are shown in Table 1. HRP/WHO expects that this will be corrected in 2018.

- a) *Largest financial contributors* (Category 1): 11 government representatives from the countries that were the largest financial contributors to the Special Program in the previous biennium. The three PAHO Participating States (France, the Netherlands, and the United Kingdom) are the only contributors related to the Region of the Americas.
- b) *Countries elected by WHO regional committees* (Category 2): 14 government representatives from Member States elected by the WHO regional committees for three-year terms according to population distribution and regional needs, distributed as follows:

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

8. In the elections for Category 2, due account should be taken of a country's financial and/or technical support to the Special Program and its interest in the fields of family planning, research and development, and in human reproduction and fertility regulation, as demonstrated by national policies and programs.

- a) *Other interested Cooperating Parties* (Category 3): two members elected by PCC for three-year terms from the remaining Cooperating Parties. Burkina Faso and Uruguay are currently in office.
- b) *Permanent Members* (Category 4): cosponsors of the Special Program and the International Planned Parenthood Federation (IPPF).

9. Members of PCC in Categories 2 and 3 may be re-elected.

10. Table 2 shows the Member States of the Region of the Americas that were part of PCC in previous years.

Table 1. Policy and Coordination Committee Membership (2018)²

<i>Category 1. Largest financial contributors in the previous biennium (countries)</i>	
China	
Flemish Government (Belgium)	
Germany	
India	
Netherlands	
Norway	
Sweden	
Switzerland	
Thailand	
United Kingdom of Great Britain and Northern Ireland	
United States of America	
<i>Category 2. Countries elected by each Regional Committee of WHO</i>	
Bhutan	
Czech Republic	
Fiji	
Iran (Islamic Republic of)	
Mauritius	
Mozambique	
Myanmar	
Namibia	
Papua New Guinea	
Peru	
Philippines	
Sri Lanka	
Venezuela (Bolivarian Republic of)	
<i>Category 3. Other Interested Cooperating Parties</i>	
Burkina Faso	
Uruguay	
<i>Category 4. Permanent Members</i>	
International Planned Parenthood Federation (IPPF)	} Cosponsors
Joint United Nations Program on HIV/AIDS (UNAIDS)	
United Nations Children's Fund (UNICEF)	
United Nations Development Program (UNDP)	
United Nations Population Fund (UNFPA)	
The World Bank	
World Health Organization (WHO)	

² According to the report of the June 2017 Meeting of the Policy and Coordination Committee.

Table 2. Former and current members of the Policy and Coordination Committee of the HRP that belong to the Region of the Americas

Members of PCC/HRP (December 1998–December 2018)		
Country	Category 1 *	Category 2 **
Argentina	-	2007–2009
Canada	1998–2009	-
Chile	-	2001–2003
Colombia	-	2004–2006
Costa Rica	-	1998–2000
Ecuador	-	2004-2006 2013-2015
El Salvador	-	2013-2015
France	2009–2011	-
Guatemala	-	2010–2012
Jamaica	-	1998–2000
Mexico	2004	2007–2009
Netherlands	1998–2011	-
Panama	-	2001–2003
Paraguay	-	2010–2012
Peru		2016-2017
Spain	2000–2011	
United Kingdom	1998–2011	-
United States of America	1998–2003 2016-2017	
Venezuela		2016-2017

* **Category 1:** Eleven governmental representatives from the countries that contributed the most funding to the Special Program in the previous biennium.

** **Category 2:** Thirteen countries selected by each WHO Regional Committee to have mandates of three years taking into account population distribution and regional needs (under this category the Region of the Americas is represented by two countries).

Observers

11. Other Cooperating Parties may be represented as observers with approval of the Executing Agency after consultation with the Standing Committee. Observers attend sessions of PCC at their own expense.

Operation

12. 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 acts as the secretariat.

13. PCC elects each year from among its members a chair, a vice-chair, and a rapporteur. The chair convenes and presides over meetings of PCC and undertakes such additional duties as may be assigned by PCC.

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

Action by the Directing Council

15. The PCC has recommended that the Regional Committees be responsible for the election of 13 members constituting Category 2 for three-year terms of office. The Region of the Americas is entitled to elect two governments. Peru and Venezuela are ending their terms of office under Category 2, effective 31 December 2018. In view of the above, the 56th Directing Council, in its capacity as the Regional Committee of WHO for the Americas, is requested to elect two Member States from the Region for Category 2 of PCC from among the Member States of the Region for terms of office extending from 1 January 2019 to 31 December 2021. The elected members will be responsible for ensuring the full participation of the Region of the Americas in the decision-making process and for promoting a major role for the Region in the Special Program.

16. Governments and organizations which have not been elected members of PCC may, subject to prior approval, attend its meetings as observers at their own expense. The Director will be pleased to communicate the name of any such government or organization to PCC.
