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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

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. It 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 biennium. Although Argentina, Cuba, Mexico and Venezuela are financial contributors for the 1990-1991 period, none of these countries is member on 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 Cuba on 31 December 1991. 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 Fund (UNFPA), World Bank, World Health Organization, and International Planned Parenthood Federation (IPPF).

At this time, the Directing Council, as Regional Committee for the Americas, is requested to select one member to succeed Cuba for the period commencing January 1992 and ending December 1994.

CONTENTS

	<u>Page</u>
1. BACKGROUND INFORMATION	1
1.1 Program Statement	1
1.2 Program Structure	2
1.2.1 Technical	2
1.2.2 Administrative	3
1.3 Finances	6
2. ACTIVITIES OF HRP IN THE AMERICAN REGION	6
3. ACTION REQUESTED	8
Table 1	9
Table 2	10
Table 3	11

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 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, analysing the behavioural 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 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 carried out by this area are done by means of a 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.

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.

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 at its session of 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 have 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) 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 shall, for the purpose of coordinating the interests and responsibilities of the parties cooperating in the Special Program, have 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 the 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 shall consist of 32 members 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.

Countries elected by WHO Regional Committees (Category B): The 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 (Table 1).

Other interested Cooperating Parties (Category C): The 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 C and D 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 will meet at least once a year, and in extraordinary session 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 Chairman, a Vice Chairman and a Rapporteur.

The Chairman shall:

- convene and preside over meetings of the PCC; and
- undertake 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 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 mutatis mutandis by the Rules of Procedure of the World Health Assembly.

In consultation with the Chairman, 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.

Table 1 lists the countries and agencies which are members of the 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 extrabudgetary resources. 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\$46.3 million for the 1990-1991 biennium (Table 2).

The financial contributors during the biennium 1990-1991 are Argentina, Australia, China, Cuba, Denmark, Finland, Germany, India, Mexico, Netherlands, Norway, Sweden, Switzerland, 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, the Ford Foundation, UNFPA, the World Bank, and WHO.

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

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.

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.

Argentina, Cuba, Mexico and Venezuela have pledged support to the Special Program for 1990-1991 and the United States of America is supporting the Program with in-kind contributions. However, none of the American countries is a participating member in Category A, (major donor) in the PCC.

The Program in 1989-1990 collaborated with scientists and institutions of 14 countries in the Region, awarding 19 institutional grants to assist them at different steps in their development. Most of the collaboration occurred in Argentina, Brazil, Chile, Cuba, Mexico,

Panama and Peru, and to a lesser degree in Bolivia, Colombia and Costa Rica. Developmental activities are being initiated in Guatemala and Venezuela. As part of the institutional development, a total of 12 researchers from the Region started their research training during 1989-1990. Ten trainees returned to their home institutions after completing their research training abroad, and have submitted protocols to be considered for support under the Re-entry Grant mechanism.

Following 1989 recommendations of the Scientific and Technical Advisory Group (STAG), activities were initiated to increase intra-regional training and network research, to continue with the implementation of the reproductive health approach, and to include the Caribbean subregion in future activities. Among the significant developmental outcomes of these activities were: a) the complete development of a non-human primate facility for research in reproduction in Chile that is already implementing research projects and assisting the development of a similar center in Brazil; b) the completion of the Cuba-Mexico reagent program for the measurement of reproductive hormones, in which the mechanism for distribution of the kits will be fully operational in 1991, supported by WHO/PAHO country representatives; c) the initiation of the Argentina-Chile reagent program; d) the development of a regional network for research and training in reproductive epidemiology, including centers from six countries; and e) the organization of three "twinning" programs between institutions of the Region and outside it.

Colombia, Costa Rica, Guatemala and the Province of Santa Fe in Argentina have completed the evaluation of their reproductive health status and have established their reproductive health research priorities. Supported by the Program, Colombia is already involved in research activities following up on this exercise. During 1991, Chile, Peru and the Caribbean subregion will conduct assessments to determine their respective research priorities, on which future support will be based. Finally, a regional workshop was conducted in 1990 with the participation of researchers and health authorities of all Program-supported countries in the Region to discuss standard methodology for the evaluation of reproductive health and the establishment of research priorities. A final version of the documentation from the workshop will be ready in 1991 for use as background material for similar activities in other Regions. In 1991, the HRP decentralization process to the Regions continued and for the first time the Americas Subcommittee for Resources for Research met in Mexico prior to the global committee meeting. The breakdown of expenditures for the Americas by year and subject is shown in Table 3.

Six eminent independent experts who evaluated the Program have said 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 the impact, particularly in developing countries (Report of the External Impact Evaluation HRP/Eval/1990).

3. ACTION REQUESTED

The Policy and Coordination Committee (PCC) has recommended that the Regional Committees be responsible for the selection of 14 Member Countries constituting Category B for three-year terms of office. Since Cuba is ending its elected period in 1991, 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 (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 1992 through 31 December 1994.

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 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

Countries/Agencies Invited, 1990-1991

A)	<u>Financial Sponsors*</u> Australia China Denmark Finland Germany India Netherlands Norway Sweden Switzerland United Kingdom	<u>Total 11</u>
B)	<u>Selected Member Countries**</u> Bangladesh Cuba Gambia Iran Nepal Papua New Guinea Senegal Sierra Leone Singapore Swaziland Thailand Tonga Turkey 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	<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 of Category A.

** Selected by WHO Regional Committees for three-year terms.

Table 2

HRP: ESTIMATED FUNDS AVAILABLE FOR THE 1990-1991 BIENNIUM
(in US\$1,000, as of 30 June 1991)

<u>SOURCE OF FUNDS</u>	<u>GRAND TOTAL</u> <u>1990-1991</u>
1. <u>Unobligated Balance</u> 1 January 1990	14.0
2. <u>Special Account for Medical Research</u>	
Argentina	45.0
Australia	427.8
China	100.0
Cuba	4.0
Denmark	4,466.3
Finland	675.7
Germany	4,119.2
India	70.0
Mexico	12.0
Netherlands	776.1
Norway	4,354.7
Sweden	4,801.5
Switzerland	964.6
Thailand	15.0
United Kingdom	8,315.6
USSR	46.6
Ford Foundation	45.0
IDRC (Canada)	199.1
Rockefeller Foundation	717.9
UNDP	452.0
UNFPA	7,000.0
World Bank	4,125.0
Subtotal 1 + 2	41,747.1
3. <u>WHO Regular Budget and Special Account</u> <u>for Servicing Costs</u>	1,260.2
4. <u>UNFPA (project activities)</u>	2,000.0
5. <u>Interest and Charge for Reagents</u> <u>and Miscellaneous</u>	1,373.4
Grand Total	46,380.7
1990-1991 Approved Budget	51,342.0
Budgetary Shortfall	(4,961.3)

Table 3

WHO SPECIAL PROGRAM IN HUMAN REPRODUCTION

Expenditure Breakdown by Year

(all figures expressed in US\$
as of March 1991)

REGION: AMRO

	1973-1986	1987	1988	1989	1990	1991	TOTAL
Task Force	4,362,429	698,090	804,441	1,286,358	820,923	-	7,972,241
Collaborating Centers	6,231,631	223,500	25,000	193,270	24,050	-	6,697,451
Other Centers	266,500	262,800	330,300	744,000	-	-	1,603,600
Research Training	2,114,777	133,198	231,696	196,715	206,304	75,730	2,958,500
Small Supplies	142,367	-	-	-	-	-	142,367
Grand Total:	13,117,704	1,317,588	1,391,437	2,420,343	1,051,357	75,730	19,374,159