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ELECTION OF TWO MEMBER STATES FROM THE REGION OF THE AMERICAS TO MEMBERSHIP ON THE POLICY AND COORDINATION COMMITTEE OF THE SPECIAL PROGRAM OF RESEARCH, DEVELOPMENT, AND RESEARCH TRAINING IN HUMAN REPRODUCTION

In 1997, the Special Program of Research, Development, and Research Training in Human Reproduction (HRP) celebrates its twenty-fifth anniversary of working for the improvement of reproductive health of the population 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 1 is composed of the 11 largest financial contributors to the Special Program in the previous year. Canada and the United States of America became major financial contributors to the Special Program, qualifying for membership under category 1.

Category 2 is composed of 14 Member States elected by WHO Regional Committees for three-year terms, with one-third of the 14 rotating off each year. The Americas Region is entitled to two places. Because the terms of office of Argentina and Cuba expire on 31 December 1997, the Regional Committee must elect two countries for the period 1 January 1998-31 December 2000. In electing members, the Regional Committees are requested to take into account financial and/or technical support to the Program as well as interest in reproductive health and human reproduction, as demonstrated by national policies.

Category 3 is composed of two members elected by the PCC from other interested cooperating parties (countries and nongovernmental agencies) for three-year terms. China and Egypt are currently in office.

Category 4, 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), and International Planned Parenthood Federation (IPPF).

The XL Directing Council, as Regional Committee of WHO for the Americas, is requested to elect two Members for category 2 for the period 1 January 1998-31 December 2000, to replace Argentina and Cuba.

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EXECUTIVE SUMMARY

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.

WHO and other cosponsors, together with major financial contributors and other interested parties, make up the Special Program's governing body, the Policy and Coordination Committee (PCC), which sets policy, assesses progress, and reviews and approves the budget. Since late 1995, the Special Program has functioned within WHO's reproductive health program, which was created by bringing together relevant WHO divisions and units, including the Special Program, under the new WHO program area of Family and Reproductive Health.

The Special Program functions through the following strategic components:

- context, needs, and perspectives;
- technology development and assessment;
- technology introduction and transfer;
- surveillance and evaluation;
- national reproductive health research;
- women's perspectives and gender issues;
- communication and dissemination of information;
- clinical trials and information support;
- standardization and quality control of laboratory procedures.

The terms of reference for the PCC are fully explained in the document. Canada and the United States of America are members of PCC under category 1. The PCC has recommended that the Regional Committees be responsible for the election of 14 Member States constituting category 2, with three-year terms of office. The Americas Region is entitled to elect two governments. Argentina and Cuba are ending their terms of office effective 31 December 1997. The XL Directing Council, in its capacity as the Regional Committee of WHO for the Americas, is being requested to elect two Member States from the Region for category 2 of the Policy Coordination Committee for terms of office extending from 1 January 1998 to 31 December 2000. The elected members will have the responsibility to ensure full participation of the Americas Region in decision-making processes and in promoting a major role for the Region in the Special Program.

1. Background Information

1.1 Statement of the Special Program

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 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.

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 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 coordination of activities in the light of such priorities.

The HRP cooperating parties are:

- governments contributing to Special Program resources, governments providing technical and 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-profit-making organizations contributing to Special Program resources or providing technical and scientific support to the Special Program.

1.2 Structure of the Special Program

1.2.1 Technical

WHO and other cosponsors, together with major financial contributors and other interested parties, make up the Special Program's governing body, the Policy and Coordination Committee (PCC), which sets policy, assesses progress, and reviews and approves the budget. Broad strategic advice on the Special Program's work is provided by the Scientific and Technical Advisory Group. The Scientific and Ethical Review Group Panel reviews all projects involving human subjects and research in animals and contributes to ethical debate on matters relating to reproductive health. The Toxicology Panel is a complementary review body to the Scientific and Ethical Review Group Panel and provides expertise in the evaluation of pharmacokinetic, metabolic, endocrinological, toxicological, teratogenicity, carcinogenicity, and mutagenicity studies of drugs, procedures, or devices developed or studied by the Special Program or referred to it for advice. In addition, the Special Program has several scientific committees that advise on detailed research strategies.

Since late 1995, the Special Program has functioned within WHO's reproductive health program, which was created by bringing together relevant WHO divisions and units, including the Special Program, under the new WHO program area of Family and Reproductive Health. The Special Program's partners in WHO's reproductive health program are the Division of Reproductive Health (technical support) and the Units of Women's Health and Adolescent Health and Development. All work together to provide a unifying framework for addressing the reproductive health needs of individuals, families, and communities. With the coming together of these divisions and units, the Special Program is now ready to take on a bigger role in research in reproductive health, beyond its traditional focus on fertility regulation.

One of the major challenges facing WHO's reproductive health program is to develop a research agenda that reflects global needs and priorities. In September 1996, the various partners within WHO's reproductive health program, under the leadership of the Special Program, began a process of internal and external consultation to define the priority research areas. These discussions focused on the reproductive health challenges presented by the overall aim and goals of WHO's reproductive health program. Several hundred researchable topics were identified and grouped into a number of categories of major issues that require urgent attention by agencies concerned with reproductive health. These issues are: planning and programming of reproductive health in countries; sexual development, maturation, and health; fertility regulation; maternal health; perinatal health; unsafe abortion; infertility; reproductive tract infections, including sexually transmitted diseases and cervical cancer; violence and its consequences for sexual and reproductive health; and female genital mutilation and other harmful practices.

These major issues were then carefully reviewed to arrive at a priority research agenda for WHO's reproductive health program. The priorities have been based on the criteria of impact, the reproductive health program's strengths in research and technical support, and the work of others active in reproductive health research. In deciding on the research priorities,

account was taken of the likely costs and the time required for completion of research, as well as the practicality of the research in terms of the availability of the necessary skills, facilities, and research methodologies. A document entitled *Sexual and Reproductive Health Research Priorities for WHO for the Period 1998-2003*, containing the priority research agenda, was prepared and presented to the 10th meeting of the PCC in June 1997. After analyzing the document, a special working group was established to further refine priorities and costing.

The Special Program functions through the following strategic components:

Context, Needs, and Perspectives: This component collects scientifically sound, policy-relevant information on sociocultural and service-related factors that affect reproductive health in developing countries. It also conducts research on people's reproductive health needs and perspectives with a view to designing appropriate interventions. Research activities include:

- perspectives on reproductive health;
- abortion and sterilization;
- gender, sexuality, and reproduction;
- role of men in reproductive health;
- reproductive health of adolescents:
 - adolescent sexuality;
 - gender roles;
 - relationship between knowledge and behavior;
 - consequences of adolescent sexuality;
- acceptability of fertility-regulating methods;
- operations research;
- prevention of STDs.

Technology Development and Assessment: This strategic component has the responsibility of expanding contraceptive choices for women and men by developing and assessing new and improved methods of fertility regulation. The component also seeks to prevent infertility by improving the diagnosis and treatment of reproductive tract infections.

On a high-priority level, research is being conducted on the following:

- antiprogestogen only daily pill;
- antiprogestogen only weekly pill;

- a trimonthly injectable method (levonorgestrel butanoate);
- antiprogestogen only emergency contraception (mifepristone);
- antiprogestogen only emergency contraception (levonorgestrel);
- oral abortion regimen (mifepristone plus misoprostol);
- a trimonthly injectable contraceptive for men (levonorgestrel butanoate plus testosterone buciclate);
- nonsurgical vasocclusion (silicone plug).

Technology Introduction and Transfer: A new strategic approach for broadening contraceptive choice, which was developed by the Special Program, is being applied in a group of countries in the Americas: Bolivia, Brazil, and Chile. It involves: assessing user needs and existing delivery capability (Stage I); health systems research that addresses the policy, organizational, and managerial contexts of quality of life and identifies the changes needed to introduce a chosen method or methods (Stage II); and using research findings to formulate the policy and development of mechanisms to expand the use of the methods (Stage III).

Surveillance and Evaluation: This strategic component conducts epidemiological research on reproductive health issues, especially the safety and effectiveness of fertility regulation methods.

National Reproductive Health Research: This strategic component seeks to develop national research institutions and individuals in the reproductive health field, looking forward to broader participation on the part of developing nations in international collaborative research, as well as in building regional and country self-reliance.

Women's Perspectives and Gender Issues: This element ensures that women's perspectives and gender issues are properly addressed throughout the Special Program. It develops a set of dialogues and meetings that bring together the nongovernmental organization (NGO) community, especially women's and health groups, researchers, service providers, and decision-makers in reproductive health. The women's desk works closely with the scientific and ethical review group, the units of the family and reproductive health program area, and UNAIDS to elaborate a strategy for work on the concept of *Adual protection.*@ There is close collaboration with the WHO unit on women's health, as well as with women's groups in different parts of the world.

Communication and Dissemination of Information: This area is responsible for the production and distribution of a variety of material, reporting the outcome of its research and technical activity, including progress in human reproduction, the annual technical report, and fact sheets about the different areas of the Special Program.

Clinical Trials and Information Support: This team provides statistical and data processing support for all multi-center and some single-center research projects undertaken by the Special Program. It also gives technical advice on the design, management, analysis, and interpretation of research projects. The team also provides support to strengthening research capability in the formulation, execution, and review of institutional strengthening policies in the areas of biostatistics and data processing. In addition, the unit is responsible for providing information support to the administration and management of the Special Program.

Standardization and Quality Control of Laboratory Procedures: This includes the supply of well-characterized reagents for the immunoassay of reproductive hormones to 31 laboratories in 21 countries collaborating with the Special Program; Argentina, Chile, Cuba, Mexico, Peru, and Venezuela have participated and benefited. In addition, the Special Program monitors the performance of participating laboratories by means of an external quality assessment.

A budget summary by program component is included in Table 1. An executive summary and in-depth report on the activities and developments pursued and achieved

Table 1. Budget Summary by Program Component

Program Component	Approved Budget 1996-1997 __US\$	Revised Budget 1996-1997 __US\$	Proposed Budget 1998-1999 __US\$	Increase Decrease (Col. 3-2) __US\$
1. Context, Needs, and Perspectives	3,825	2,690	3,650	+960
<i>Percent of Total</i>	<i>9.6%</i>	<i>7.2%</i>	<i>9.0%</i>	
2. Technology Development and Assessment	9,185	8,830	9,950	+1,120
<i>Percent of Total</i>	<i>22.9%</i>	<i>23.7%</i>	<i>24.5%</i>	
3. Technology Introduction and Transfer	2,890	2,770	3,310	+540
<i>Percent of Total</i>	<i>7.2%</i>	<i>7.4%</i>	<i>8.1%</i>	
4. Surveillance and Evaluation	4,605	3,425	4,350	+925
<i>Percent of Total</i>	<i>11.5%</i>	<i>9.2%</i>	<i>10.7%</i>	
5. National Reproductive Health Research	11,075	11,030	10,200	-830

<i>Percent of Total</i>	27.7%	29.7%	25.1%	
6. General Activities	3,062	3,055	3,500	+445
<i>Percent of Total</i>	7.6%	8.2%	8.6%	
7. Management and General Administration	5,400	5,400	5,700	+300
<i>Percent of Total</i>	13.5%	14.5%	14.0%	
Total	40,042	37,200	40,660	+3,460

by the Special Program are addressed in the 1996 Annual Technical Report (WHOHRP96-97), published in 1997; they are also presented in the report of the Committee of Resources for Research from the Regional Subcommittee for the Americas, held in Cuernavaca, Mexico on 21-25 October 1996. These documents are available on request to WHOHRP or PAHO's Family Health and Population Program.

1.2.2 *Administrative*

The Forty-first World Health Assembly (1988) adopted Resolution WHA41.9 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.

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, the STAG group is composed of 15 members. In this document only the PCC is addressed.

The Policy and Coordination Committee is the governing body of the Special Program. The terms of reference for the PCC are as follows:

(a) *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 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 election 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.

(b) *Membership:* The PCC shall consist of 32 members (Table 2) from among the Cooperating Parties as follows:

- Largest financial contributors (category 1): eleven government representatives from the countries which were the largest financial contributors to the Special Program in the previous biennium. The only members from the Americas are Canada and the United States of America. Although Argentina, Cuba, Mexico, and Venezuela are financial contributors and Chile has pledged its support, none of them belong in this category.

- Countries elected by WHO Regional Committees (category 2): fourteen member countries elected by the WHO Regional Committees for three-year terms according to the population distribution and regional needs. Distribution is as follows:

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 2. Policy and Coordination Committee Membership
as of June 1997**

Total

Category 1.	Financial Sponsors:	11
	Australia	
	Canada	
	Denmark	
	Germany	
	Italy	
	Netherlands	
	Norway	
	Sweden	
	Switzerland	
	United Kingdom	
	United States of America	
Category 2.	Elected Member States	14
	Algeria	
	Angola	
	Argentina*1	
	Cuba *	
	India	
	Indonesia	
	Japan	
	New Zealand	
	Pakistan	
	Singapore	
	Thailand	
	The Former Yugoslav Republic of Macedonia	
	Zambia	
	Zimbabwe	
Category 3	.Other Interested Cooperating Parties	2
	China	
	Egypt	
Category 4.	Permanent Members	5
	UNDP	
	UNFPA	
	WHO	
	World Bank	
	IPPF	

- Other interested cooperating parties (category 3): two members elected by the PCC for three-year terms from the remaining Cooperating Parties. China and Egypt currently are in office.

- Permanent members (category 4): the cosponsors of the Special Program and the International Planned Parenthood Federation.

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

(c) *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, Chile, and Mexico participated as observers in the sixth meeting of the Policy and Coordination Committee in June 1993.

(d) *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 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.

(e) *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 Special Program is funded from extrabudgetary resources. Although in the early 1980s there was a decrease in the level of funding, since 1985 the Special Program's income has stabilized at approximately US\$ 40 million per biennium. For the biennium 1996-1997, \$40.042 million was approved by the PCC.

The requested budget for 1997-1998 is \$40.6 million, which is \$3.4 million over the 1996-1997 revised budget; most of these funds are expected to be raised from external sources. The current estimated income for this period is \$37.2 million, which leaves a \$2.8 million shortfall (Tables 1 and 3).

About one-third of the budget of the Special 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. Action Requested

The Policy and Coordination Committee (PCC) has recommended that the Regional Committees should be responsible for the election of 14 Member States constituting category 2 for three-year terms of office. The Region of the Americas is entitled to elect two governments. Canada and the United States of America are members of PCC under category 1. Argentina and Cuba are ending their terms of office effective 31 December 1997. The XL Directing Council, in its capacity as the Regional Committee of WHO for the Americas, is being requested to elect two Member Governments for category 2 of the Policy Coordination Committee from among the Member States of the Region for terms of office extending from 1 January 1998 to 31 December 2000. The elected members will have the responsibility to ensure full participation of the Americas Region in the decision-making process and promoting a major role for the Region in the Special Program.

The attention of the Pan American Health Organization's XL Directing Council is drawn to the fact that governments and organizations which have not been elected to membership in the 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 the PCC.

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* Term of office ends 31 December 1997