



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



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SELECTION OF TWO MEMBER STATES FROM THE REGION OF THE AMERICAS ENTITLED TO DESIGNATE A REPRESENTATIVE TO THE POLICY AND COORDINATION COMMITTEE OF THE UNDP/UNFPA/WORLD BANK SPECIAL PROGRAM OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION ON THE EXPIRATION OF THE PERIODS OF OFFICE OF CHILE AND PANAMA

In 1997, the Special Program of Research, Development, and Research Training in Human Reproduction (HRP) celebrated 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. Of interest to the Directing Council is Category 2, 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 Chile and Panama expire on 31 December 2003, the Regional Committee must elect two Members for the period 1 January 2004-31 December 2006. 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.

Background Information

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 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 (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.

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

5. 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 1) from among the Cooperating Parties as follows:

- 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 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): 14 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

6. 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 3): two members elected by the PCC for three-year terms from the remaining Cooperating Parties. Egypt and Nepal are currently in office.
- Permanent members (Category 4): the cosponsors of the Special Program and the International Planned Parenthood Federation (IPPF).

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

Table 1. Policy and Coordination Committee Membership

Category 1. Largest financial contributors in the previous biennium (countries)	
Canada	China
Finland	Germany
Netherlands	Norway
Sweden	Switzerland
Thailand	United Kingdom
United States of America	
Category 2. Countries elected by the WHO Regional Committees	
Bangladesh	Benin
Botswana	Burkina Faso
Burundi	China
Chile	India
Indonesia	Panama
Libyan Arab Jamahiriya	Malaysia
Republic of Korea	Uzbekistan
Category 3. Other Interested Cooperating Parties	
Egypt	Nepal
Category 4. Permanent Members	
IPPF	UNDP
UNFPA	WHO
World Bank	

(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. Costa Rica and Mexico participated as observers in the sixteenth meeting of the Policy and Coordination Committee in June 2003.

(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 provides the Secretariat.

8. The PCC elects each year, from among its members, a Chairperson, a Vice Chairperson, and a Rapporteur. The Chairperson convenes and presides over meetings of the PCC and undertakes such additional duties as may be assigned to him or her by the PCC.

9. 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.

Action by the Directing Council

10. The PCC has recommended that the Regional Committees should be responsible for the election of 14 Members 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. Chile and Panama are ending their terms of office under Category 2 effective 31 December 2003. The 44th Directing Council, in its capacity as the Regional Committee of WHO for the Americas, is requested to elect two governments for Category 2 of the PCC from among the Member States of the Region for terms of office extending from 1 January 2004 to 31 December 2006. 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.

11. 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.