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Special Programme of Research, Development  
and Research Training in Human Reproduction**

**Tenth Meeting of the  
Policy and Coordination Committee  
(PCC)**

**Geneva, 18–20 June 1997**

**REPORT**



**WORLD HEALTH ORGANIZATION**

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## ANNEXES

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4. Report of a PCC Subcommittee to establish the terms of reference,  
membership and time-schedule of an ad hoc Working Group to review  
priorities for the Programme's future research activities

## EXECUTIVE SUMMARY

At its June 1997 meeting the Policy and Coordination Committee (PCC) took the following action :

### *Agenda item 1 - Opening of the meeting, adoption of the agenda and appointment of a Rapporteur*

1. **ADOPTED** the draft agenda.
2. **CONFIRMED** the appointment of Dr Yasuhiro Suzuki as Chairman and **ELECTED** Dr Dean Phiri as Vice-Chairman and Ms Renilde Weiffenbach-Steeghs as Rapporteur.

### *Agenda item 2 - Adoption of the report of PCC(9)*

**ADOPTED** the report of the June 1996 meeting of PCC(9).

### *Agenda item 3 - Family and Reproductive Health programme area : Report of the Executive Director*

1. **WELCOMED** the report provided on the new and strengthened linkages developed between the Programme and the other components in the WHO reproductive health programme.
2. **PAID TRIBUTE** to Dr Giuseppe Benagiano for his leadership during his four years as Director of the Programme.

### *Agenda item 4 - Report of the HRP Programme Director*

1. **NOTED** the Director's report.
2. **NOTED** further that, notwithstanding the extensive efforts devoted to preparation of the report requested by PCC(9) on research priorities in reproductive health, the Programme had continued effectively to implement its research agenda in accordance with its agreed mandate and focus.

### *Agenda item 5 - Report of the Standing Committee*

**NOTED** the report of the Standing Committee.

*Agenda item 6 - Report on Programme activities*

*Agenda item 6.1 - 1996 Annual Technical Report*

1. **NOTED** that some of the activities outlined in the Programme's 1996 Annual Technical Report would be the subject of the technical presentation to be given later in the meeting.
2. **WELCOMED** the initiative, jointly supported by the Programme and the Division of Reproductive Health (Technical Support), to develop a reproductive health library.

*Agenda item 6.2 - Technical presentation : Improving reproductive health : Does research matter?*

1. **CONGRATULATED** the Programme on its technical presentation showing the breadth of its activities in fertility regulation and selected high priority work in other areas of reproductive health.
2. **NOTED** the important role that the Programme played in sensitive areas of research.
3. **WELCOMED** the health benefits derived from this research which provided tangible examples of the impact of the Programme's activities at global and country levels.

*Agenda item 7 - Scientific and Technical Advisory Group (STAG)*

*Agenda item 7.1 - Report of the February 1997 meeting*

1. **NOTED** the report of the February 1997 meeting of the Scientific and Technical Advisory Group.
2. **ENDORSED** the proposal that the Strategic Programme Component on Context, Needs and Perspectives should be renamed Strategic Programme Component on Social Science Research on Reproductive Health.
3. **ENDORSED** further the proposal that the Gender Advisory Panel gradually exert a wider role as an advisory body for the whole reproductive health programme.
4. **REQUESTED** that a specific item on the Gender Advisory Panel be included in the agendas of future PCC meetings and that a presentation be given to PCC by the Chairman of the Gender Advisory Panel on its activities.

*Agenda item 7.2 - Criteria for membership and procedures for the selection of new STAG members*

**ENDORSED** the proposed Criteria for Membership and Procedures for the Selection of new STAG Members.

*Agenda item 7.3 - Membership*

*Agenda item 7.3.1 - Proposed reappointments*

**ENDORSED** the proposed reappointments to STAG of Dr Britt-Ingjerd Nesheim and Dr Mannencheril Rajalakshmi for three-year terms.

*Agenda item 7.3.2 - Proposals for new members*

1. **ENDORSED** the appointment of the five proposed new members to STAG.
2. **REQUESTED** that the future membership of STAG should reflect an appropriate balance in age and gender. In addition, among the STAG members and any temporary advisers recruited to participate, there should be expertise in areas such as social and behavioural sciences and public health to permit STAG to exert its wider role as an advisory body to the WHO reproductive health programme as a whole.
3. **ACCEPTED** the proposal that one of the two seats allocated on STAG to the Gender Advisory Panel should be allocated instead to the Chairman of the Scientific and Ethical Review Group.

*Agenda item 7.4 - Regional Advisory Panels*

*Agenda item 7.4.1 - Criteria for membership and terms of reference*

**ENDORSED** the Criteria for Membership and Terms of Reference of the Regional Advisory Panels.

*Agenda item 7.4.2 - Review of the Programme's Collaborating Centres*

1. **NOTED** the report on the Programme's Collaborating Centres.
2. **ENDORSED** the future plans for the Programme's Collaborating Centres which would be implemented in the context of the overall review of Collaborating Centres being undertaken by WHO.
3. **RECOMMENDED** that institutions in less developed countries should be supported to attain a level where they would be eligible for designation as Collaborating Centres.
4. **REQUESTED** that future designation of Collaborating Centres be carried out in collaboration with the Division of Reproductive Health (Technical Support).
5. **EMPHASIZED** the importance of promoting high ethical standards in the Collaborating Centres and of clearly specifying targets to be achieved.

6. **RECOMMENDED** that the Collaborating Centres should be encouraged to participate in research supported by other WHO programmes and other agencies and organizations.
7. **EMPHASIZED** that collaboration need not be restricted to research as long as the activities were in support of research or dissemination of the results.
8. **RECOMMENDED** that the network of Collaborating Centres should be continually monitored and that reports should be presented to PCC on a regular basis.

*Agenda item 8 - Reports of the October 1996 and April 1997 Meetings of the Scientific and Ethical Review Group*

1. **COMMENDED** the activities of the Scientific and Ethical Review Group.
2. **SUPPORTED** the initiative of the Group in convening regional workshops on ethical issues in research in reproductive health and **APPROVED** the role of the Group in fostering and facilitating the convening of workshops on this topic at the national level.
3. **WELCOMED** and **ENDORSED** the important work on human cloning undertaken by the Group at the request of WHO and **NOTED** the proposed future activities of the Group in this area.

*Agenda item 9 - Sexual and reproductive health research priorities for WHO for the period 1998-2003*

1. **COMMENDED** the Secretariat on the paper "Sexual and Reproductive Health Research Priorities for WHO for the Period 1998-2003" and the extensive peer review process undertaken in its preparation.
2. **NOTED** that, taking into account the suggestions put forward by PCC and other interested parties, further work was required to finalize the paper and, in particular, to sharpen and justify more clearly the priorities outlined, basing them on well-defined and explicit criteria.
3. **RECOMMENDED** that the additional work proposed should be undertaken in consultation with an ad hoc Working Group composed of the cosponsors, financial contributors and other interested parties.
4. **RECOMMENDED** further that the ad hoc Working Group, when considering priority areas for research, should take into account the restricted financial situation prevailing both in the Programme and in WHO, and pay due attention to those areas in which the Programme had a comparative advantage so as to ensure maximum benefit to developing countries and optimal use of resources.

5. **REQUESTED** that proposed terms of reference, membership and time schedule for the work of this ad hoc Working Group be drawn up by a Subcommittee which would meet during the course of PCC(10) and which would report back to PCC prior to the closure of the meeting.
6. **ESTABLISHED** that the first priority of the ad hoc Working Group was to establish criteria on which the prioritization of research and decisions about budget allocations were to be based; the second priority would be to review options for the organizational implications involved.
7. **ENDORSED** the report of the Subcommittee which had met during PCC(10) to decide on the terms of reference, membership and time schedule of the ad hoc Working Group.

*Agenda item 10 - 1996-1997 financial and budgetary matters*

*Agenda item 10.1 - 1996 financial report*

**NOTED** the 1996 Interim Financial Report.

*Agenda item 10.2 - Designated funding*

*Agenda item 10.2.1 - Report on the advantages and disadvantages of designated funding*

1. **NOTED** the report on designated funding.
2. **ENDORSED** the inclusion of designated funding as a permanent activity in the Programme subject to annual reports being reviewed and approved by PCC.
3. **RECOMMENDED** that the Conditions for Acceptance of Designated Contributions should be reviewed again in 1998 taking into account the results of the external review on designated funding to be carried out by the Special Programme for Research and Training in Tropical Diseases.

*Agenda item 10.3 - Current funding situation*

**NOTED** the current funding situation and the report on resource mobilization, and **ENCOURAGED** the development of a coherent fund-raising strategy for the Programme.

*Agenda item 10.4 - 1996-1997 budgetary revisions*

**APPROVED** the proposed revisions to the 1996-1997 budget.

*Agenda item 11 - Proposed Programme Budget 1998-1999*

1. **APPROVED** the Proposed Programme Budget for 1998-1999.

2. **NOTED** that the recommendations resulting from the PCC ad hoc Working Group on research priorities might necessitate revisions to the budget. Any budgetary revisions would be reviewed by PCC in 1998.

*Agenda item 12 - Pledging for 1997 and subsequent years*

**NOTED** the pledges to the Programme.

*Agenda item 13 - Election of a Chairman and of a Vice-Chairman for PCC(11)*

**ELECTED** Dr Yasuhiro Suzuki as Chairman and Dr Dean Phiri as Vice-Chairman for the following year.

*Agenda item 14 - Dates of the 1998 meeting and tentative dates for 1999*

1. **AGREED** that, in order to facilitate the functioning of the Meeting of Interested Parties, subsequent meetings of PCC would be held for two days rather than the two-and-a-half days during which it had usually been held in the past.
2. **AGREED** on the dates of 18-19 June 1998 for PCC(11) and tentatively proposed those of 17-18 June 1999 for PCC(12).

*Agenda item 15 - Review and approval of the recommendations of the meeting*

**REVIEWED** and **AGREED UPON** the draft Executive Summary of the meeting.

### **1. *Opening of the meeting, adoption of the agenda and appointment of a Rapporteur***

The meeting was opened by Dr Fernando Antezana, WHO Deputy Director-General *ad interim*, on behalf of Dr Hiroshi Nakajima, Director-General. A summary of his address to PCC(10) is contained in Annex 1.

The draft agenda was approved and adopted after some restructuring. The Agenda and List of Participants are provided in Annexes 2 and 3, respectively.

Since Mrs Adarsh Misra, who had been appointed Chairman by PCC(9), was unable to attend, Dr Yasuhiro Suzuki, the Vice-Chairman, was confirmed as Chairman in her stead. Dr Dean Phiri was elected Vice-Chairman and Ms Renilde Weiffenbach-Steeghs was elected Rapporteur.

PCC :

1. **ADOPTED** the draft agenda.
2. **CONFIRMED** the appointment of Dr Yasuhiro Suzuki as Chairman and **ELECTED** Dr Dean Phiri as Vice-Chairman and Ms Renilde Weiffenbach-Steeghs as Rapporteur.

### **2. *Adoption of the report of PCC(9)***

The draft report of the June 1996 meeting of PCC(9) had been circulated to participants for comments; the final version [document HRP/PCC(9)/1996] incorporated the comments received.

PCC :

**ADOPTED** the report of the June 1996 meeting of PCC(9).

### **3. *Family and Reproductive Health programme area : Report of the Executive Director***

Dr Tomris Türmen, Executive Director of the Family and Reproductive Health (FRH) programme area, introduced this item.

Dr Türmen recalled that she had presented the new FRH programme area to PCC(9) in June 1996. The programme area comprised the Division of Child Health and Development (CHD), the unit of Adolescent Health and Development (ADH), the unit of Women's Health (WHD), and the reproductive health programme which was made up of the Division of Reproductive Health (Technical Support)(RHT) - the "action" arm - and the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) - the "research" arm. The Programme of Nutrition had now also joined the FRH programme area.

HRP had a unique combination of strengths emanating from its position in the United Nations system and its neutrality. These strengths enabled it to work together with scientists

from all over the world to carry out independent assessments on issues of a sensitive nature. The Programme also established standards and guidelines in a number of different areas, including ethical issues.

HRP's position as a research programme located in a public health organization permitted it to carry out research of relevance to individual and community health needs, since it had a mandate to provide guidance to WHO's 191 Member States.

Dr Türmen noted the impact of HRP's global research at the country level. A notable example of this was the publication on "Medical Eligibility Criteria for Contraceptive Use". This report not only provided an outstanding example of WHO's leadership in bringing together programmes and agencies to define eligibility criteria for contraceptive use but also testified to HRP's contributions, over the 25 years of its existence, to the assessment of contraceptive efficacy and safety for people of different ages, cultures and life circumstances.

As HRP's governing body, PCC had followed closely the establishment of WHO's reproductive health programme. Although the different components of this programme (RHT, HRP and reproductive health activities in ADH and WHD) maintained their own identity and focus, their interlinking enabled WHO to provide a comprehensive response to people's needs in reproductive health. Dr Türmen provided examples of the benefits derived from this collaboration. These demonstrated that HRP's cosponsorship and separate governance were no obstacle to the development of a close relationship between the different components within the reproductive health programme.

Two recommendations made at PCC(9) in June 1996 had been complied with :

- (1) The other components in the WHO reproductive health programme had presented their activities to the February 1997 meeting of HRP's Scientific and Technical Advisory Group (STAG) and received the Group's comments. This had proved a positive experience which would be further improved upon. STAG had, as usual, reviewed HRP in-depth and had made detailed recommendations on the Programme's activities.
- (2) HRP's activities in social science research had been strengthened by the secondment of an additional staff member under the Michigan Fellowship Program, and recruitment of a short-term staff member. Recruitment was also under way for the second, vacant, senior staff position.

Dr Türmen noted that Dr Giuseppe Benagiano, the Programme Director, would soon be leaving to take up the position of Director General of the Italian National Institute of Health. She paid tribute to Dr Benagiano for his leadership of the Programme over the past four years.

PCC :

1. **WELCOMED** the report provided on the new and strengthened linkages developed between the Programme and the other components in the WHO reproductive health programme.

2. **PAID TRIBUTE** to Dr Giuseppe Benagiano for his leadership during his four years as Director of the Programme.

#### 4. *Report of the HRP Programme Director*

Dr Benagiano noted that a full day would be devoted later in the agenda to discussions about WHO's and HRP's future strategies in reproductive health. He would therefore concentrate his report on the Programme's ongoing activities. The June 1997 Progress Report [HRP/PCC(10)/1997/4] and the 1996 Annual Technical Report [WHO/HRP/ATR/96/97] provided a comprehensive review of Programme activities over the last year.

The review process undertaken by the Programme five years earlier to develop a new vision and structure for its work to meet future challenges was described. In adopting a new, broader mandate for the Programme's activities, PCC had, however, recommended that the Programme should maintain a very narrow focus on fertility regulation, including family planning and infertility, particularly as it related to reproductive tract infections.

Recognizing the close functional linkages that had developed - and continued to develop - between the "research" and "action" arms of the WHO reproductive health programme, Dr Benagiano noted that this functional integration might, in due course, raise the question of merging HRP and RHT, perhaps as a cosponsored programme. It was a question which would require careful review and assessment by PCC in the next few years.

Since a number of technical presentations would be given during the course of the meeting, Dr Benagiano highlighted selected activities in different Programme areas. He noted that, in recent years, three important reports from the Programme had been published in WHO's Technical Report Series in areas of great public interest: "Recent Advances in Medically Assisted Conception", "Oral Contraceptives and Neoplasia", and "Research on the Menopause in the 1990s".

PCC :

1. **NOTED** the Director's report.
2. **NOTED** further that, notwithstanding the extensive efforts devoted to preparation of the report requested by PCC(9) on research priorities in reproductive health, the Programme had continued effectively to implement its research agenda in accordance with its agreed mandate and focus.

#### 5. *Report of the Standing Committee*

Dr Laura Laski, United Nations Population Fund (UNFPA), provided a brief report of the Standing Committee's meetings over the last year [document HRP/PCC(10)/1997/5].

The Standing Committee had welcomed in particular the fact that the Programme would hold a Scientific Group meeting in late 1997 to assess the results of its own study, and other

studies, on oral contraceptive use and cardiovascular diseases which had indicated, inter alia, that combined pills containing the progestogens, desogestrel or gestodene, carried double the risk of venous thromboembolism as compared with combined pills containing levonorgestrel or norethisterone. Surveillance and evaluation was a vitally important part of the Programme's activities.

The Standing Committee noted that WHO proposed using the guiding principles set out in the Technical Report on "Recent Advances in Medically Assisted Conception" as a starting point for a public debate at both national and international levels to establish, through the activities of the Programme's Scientific and Ethical Review Group (SERG), the necessary norms and safeguards in relation to human cloning. The Standing Committee welcomed this effective use of the Programme's resources.

PCC :

**NOTED** the report of the Standing Committee.

## **6. Report on Programme activities**

### **6.1 1996 Annual Technical Report**

Dr Paul Van Look, Associate Director of the Programme, introduced this item. He noted that the 1996 Annual Technical Report [WHO/HRP/ATR/96/97] had been provided as documentation for this item and that progress in the Programme's activities would be the subject of an extensive technical presentation scheduled later in the agenda. His presentation would therefore be limited to one activity, namely the establishment of a "reproductive health library".

There was an urgent need for effective reproductive health interventions to be selected and then introduced in health services. This selection was best conducted using scientific evidence from randomized controlled trials. With collaborating institutions it was proposed to map the best reproductive health practices based on three activities :

- (a) preparation and/or updating of systematic reviews complementing the Cochrane Collaboration;
- (b) preparation and distribution of a library of best reproductive health practices for developing countries, including specific commentaries aimed at making the findings of the reviews relevant to developing countries, and recommendations on practical aspects of the implementation of evidence emanating from the systematic reviews;
- (c) establishment of research priorities and promotion of high-priority, randomized controlled trials.

It was expected that the selection of effective practices would allow developing countries to maximize their resources and concentrate them in the most rational and effective way.

The reproductive health library, which was a joint undertaking with RHT, would make use of the already existing worldwide network of individuals participating in the Cochrane Collaboration. Systematic reviews of published evidence on reproductive health topics of relevance to developing countries, with commentaries, would be made available on one computer diskette to health policy-makers, health workers and researchers in developing countries. Diskettes would be provided free of charge and would be updated every year. Approximately 15,000 would be distributed in the first annual mailing in Autumn 1997. The presentation was followed by a demonstration of a prototype library diskette by Dr José Villar, Area Manager for the Americas.

In response to questions raised, the Secretariat confirmed that in due course the whole library would indeed be on the World Wide Web. At the present time, though, the copyright of the detailed reviews belonged to the Cochrane Collaboration and so only the contributions by HRP/RHT could be included in the HRP Home Page on the World Wide Web. The Programme was aware of the risk involved in translating study results from one setting to another and informed PCC that an editorial board had been established to ensure that the recommendations resulting from studies were compatible with those of WHO and, if not, were carefully reviewed for validity prior to their inclusion in the library.

PCC :

1. **NOTED** that some of the activities outlined in the Programme's 1996 Annual Technical Report would be the subject of the technical presentation to be given later in the meeting.
2. **WELCOMED** the initiative, jointly supported by the Programme and the Division of Reproductive Health (Technical Support), to develop a reproductive health library.

### ***6.2 Technical presentation : Improving reproductive health : Does research matter?***

The technical presentation, which was given by Dr Van Look, was prefaced by a video clip showing the limited choice of methods of fertility regulation available in Brazil, where female sterilization was the method widely promoted, and used, by women.

Dr Van Look noted that some one hundred to one hundred and twenty million couples had an unmet family planning need. Reproductive health had been acknowledged as a major area where research could contribute substantially to alleviating the disease burden. Thirty-six per cent of the disease burden in women of reproductive age was estimated as due to reproductive ill-health, specifically, maternal morbidity and mortality, STDs and HIV.

Details were provided about the Programme's research in the social sciences (adolescent sexual behaviour and condom acceptability); emergency contraception; abortion; sexually transmitted diseases; infertility; injectables for men and women; vasectomy; intrauterine devices; safety of oral contraceptives; and the effectiveness, choice and quality of family planning services being offered in different countries. The research demonstrated the contribution made by the Programme's activities to reducing unmet needs in reproductive health.

Reproductive ill-health mainly befell women and was often translated into mortality - mortality which was preventable if more knowledge could be attained and more "products" developed, or if the current "products" were used more effectively. Research was no luxury but an essential tool to better health; unfortunately, it was often research that was cut back when resources were scarce.

PCC commended the Programme's activities and welcomed the examples of its impact and its continuing leadership in reproductive health research. Particularly noted were those areas which were sensitive but where the Programme, because of its neutrality, could be seen to act impartially. The Secretariat clarified and responded to a number of issues raised concerning contraceptive prevalence and maternal mortality; operations research; oral contraceptives; infertility; vasectomy and female sterilization; abortion; natural methods of fertility regulation; hormone replacement therapy; sexually transmitted diseases and HIV; and research in sub-Saharan Africa. Information was also provided on areas of collaborative activity with RHT.

PCC :

1. **CONGRATULATED** the Programme on its technical presentation showing the breadth of its activities in fertility regulation and selected high priority work in other areas of reproductive health.
2. **NOTED** the important role that the Programme played in sensitive areas of research.
3. **WELCOMED** the health benefits derived from this research which provided tangible examples of the impact of the Programme's activities at country and global levels.

#### 7. *Scientific and Technical Advisory Group (STAG)*

##### 7.1 *Report of the February 1997 meeting*

Dr Allan Rosenfield, the Chairman of STAG, introduced the report of the Group's February 1997 meeting. STAG had welcomed the concept of serving both HRP and the other research components of the WHO reproductive health programme. At the February 1997 STAG meeting, the Group had, as usual, undertaken an in-depth review of HRP's different Programme areas and had made recommendations on the Programme's activities. Presentations had been made at STAG by the other components of the reproductive health programme and STAG had commented on the activities presented.

Dr Rosenfield highlighted some of the major recommendations of the meeting. STAG had agreed to change the name of the Strategic Component on Contexts, Needs and Perspectives to Strategic Component on Social Science Research on Reproductive Health, which made it simpler and more understandable. It had also agreed that, in future, 10% of the total budget of the Strategic Component on Technology Development and Assessment should be allocated to goal-oriented basic research in areas to be decided by the Component's Scientific Review Committee. STAG had commended the unique role played by the Surveillance and Evaluation Component of the Programme and, in particular, the important data from its studies on oral

contraceptive use and cardiovascular disease. The value of the Copper-T IUD, and its underutilization, were also noted. STAG had emphasized the importance of disseminating as widely as possible information about the Programme's activities since the public was not well informed by the scientific community and the media did not always present such information in a balanced way. STAG had been pleased with the progress made in the Programme's national reproductive health research activities.

A draft version of Part I of the Secretariat paper "Sexual and Reproductive Health Research Priorities for WHO for the Period 1998-2003" had been reviewed by STAG together with a framework of Parts II and III.

Dr Rosenfield commented on the activities of the Gender Advisory Panel (GAP) : the attention the January 1997 GAP meeting had paid to the issue of abortion and, in particular, the prevention of unsafe abortion; immunocontraception; dual protection; and joint HRP/UNAIDS collaboration on the female condom. He noted that work on microbicides would be an important area in which to pursue this collaboration.

In the discussion which followed, PCC stated that it hoped that GAP could gradually act as an advisory body to the whole of the reproductive health programme. It noted that the work of the Panel cut across all areas of the Programme's activities. PCC also recommended the inclusion of GAP as a specific item on future PCC agendas and agreed that a presentation by its Chairman would contribute greatly to PCC meetings.

PCC :

1. **NOTED** the report of the February 1997 meeting of the Scientific and Technical Advisory Group.
2. **ENDORSED** the proposal that the Strategic Programme Component on Context, Needs and Perspectives should be renamed Strategic Programme Component on Social Science Research on Reproductive Health.
3. **ENDORSED** further the proposal that the Gender Advisory Panel gradually exert a wider role as an advisory body for the whole reproductive health programme.
4. **REQUESTED** that a specific item on the Gender Advisory Panel be included in the agendas of future PCC meetings and that a presentation be given to PCC by the Chairman of the Gender Advisory Panel on its activities.

### *7.2 Criteria for membership and procedures for the selection of new STAG members*

Dr Benagiano noted that, at its meeting in June 1996, PCC(9) had recommended that STAG should be expanded to serve the broader needs of the entire reproductive health programme and had requested the Programme to prepare for PCC(10) a paper [HRP/PCC(10)/1997/7.2] setting out the criteria for membership, terms of reference and procedures to be used in the selection of future STAG members. As stated in the paper, procedural guidelines would be drawn up with the other components of the reproductive health programme to establish the necessary mechanisms, including financial and administrative commitments, to ensure STAG's future smooth-running and effectiveness.

PCC :

**ENDORSED** the proposed Criteria for Membership and Procedures for the Selection of new STAG members.

### 7.3 *Membership*

#### 7.3.1 *Proposed reappointments*

The Programme's restructuring of its activities, which had started several years prior to the restructuring undertaken by WHO of its reproductive health activities, had necessitated that a number of vacant places on STAG should not be filled. This now resulted in there being only five STAG members remaining on the Group [apart from the Chairman and one other member of GAP and the three Chairmen of the Programme's Regional Advisory Panels (RAPs), who were ex officio members of STAG]. As agreed by PCC(9) in June 1996, the vacant STAG seats had been filled temporarily with advisers at the February 1997 meeting of the Group.

Of the five members remaining on STAG, two members : Dr Allan Rosenfield (USA) and Dr Mahmoud Gabr (Egypt) had served their maximum term of six years and were due to retire in December 1997. The three remaining members [Dr Britt-Ingjerd Nesheim (Norway), Dr Mannencheril Rajalakshmi (India) and Dr Niels Skakkebaek (Denmark)] were eligible for an extension of three years. However, Dr Skakkebaek had indicated that his interest in STAG only extended to the discussions on male fertility and not to the broader reproductive health issues. In addition, he found it difficult to attend STAG meetings in their entirety. The Programme therefore proposed, with the endorsement of the Standing Committee, to reappoint only Dr Nesheim and Dr Rajalakshmi for extensions of three years, the maximum permitted.

PCC :

**ENDORSED** the proposed reappointments to STAG of Dr Britt-Ingjerd Nesheim and Dr Mannencheril Rajalakshmi for three-year terms.

#### 7.3.2 *Proposals for new members*

The five candidates proposed by the Programme for appointment to STAG [document HRP/PCC(10)/1997/7.3.2] would be followed, in the next two years, by other appointments, thus re-establishing a rotational system of membership. The five proposed new members (who had been endorsed by the Standing Committee) were : Dr Sadia Chowdhury (Bangladesh; Public Health); Dr Jock Findlay (Australia; Reproductive Physiology); Dr Barbara Hulka (USA; Epidemiology); Dr Reijo Vihko (Finland; Reproductive Biology/Science Management); and Dr Xiao Shaobo (People's Republic of China; Research Management).

In the discussion which followed, PCC noted that younger members should be brought onto STAG together with a broader range of disciplines, such as in the social and behavioural sciences. It stressed the importance, in future rotational systems, for there always to be a core of five or six members remaining on STAG, with broad coverage of the disciplines required, to ensure continuity. PCC noted that the use of temporary advisers to supplement STAG members would have to continue for the next two meetings and recommended that their disciplines should reflect the broad requirements of the reproductive health programme.

PCC accepted the proposal by the Standing Committee that the Chairman of SERG should replace the second member of GAP as an ex officio member of STAG, thus ensuring that all Programme committees reporting to STAG were represented in its deliberations.

PCC :

1. **ENDORSED** the appointment of the five proposed new members to STAG.
2. **REQUESTED** that the future membership of STAG should reflect an appropriate balance in age and gender. In addition, among the STAG members and any temporary advisers recruited to participate, there should be expertise in areas such as social and behavioural sciences and public health to permit STAG to exert its wider role as an advisory body to the WHO reproductive health programme as a whole.
3. **ACCEPTED** the proposal that one of the two seats allocated on STAG to the Gender Advisory Panel should be allocated instead to the Chairman of the Scientific and Ethical Review Group.

#### 7.4 *Regional Advisory Panels*

##### 7.4.1 *Criteria for membership and terms of reference*

Dr Joe Kasonde, Responsible Officer, Resources for Research, introduced the report on Criteria for Membership and Terms of Reference of the Regional Advisory Panels [HRP/PCC(10)/1997/7.4.1].

At its June 1996 meeting, PCC(9) had recommended that RAPs should replace the Programme's former Regional Subcommittees of the Committee on Resources for Research. There were three RAPs covering Africa/Eastern Mediterranean, the Americas, and Asia/Pacific. PCC(9) had requested the Programme "to prepare a report for PCC(10) on criteria for membership, terms of reference and procedures to be used in the selection of future members of the Regional Advisory Panels, taking into account the activities covered by the WHO Regional Advisory Committees on Health Research and the WHO Regional Offices".

PCC :

**ENDORSED** the Criteria for Membership and Terms of Reference of the Regional Advisory Panels.

### 7.4.2 *Review of the Programme's Collaborating Centres*

Dr Kasonde introduced the report [HRP/PCC(10)/1997/7.4.2] on the Programme's Collaborating Centres.

In 1996, PCC(9) had endorsed a "proposed review of the terms of reference of the Programme's Collaborating Centres which would take into account the establishment of the new Family and Reproductive Health programme area and the closer integration of research and action in reproductive health".

In 1997, 54 institutions in 32 countries were WHO-designated Collaborating Centres; in addition, there were 55 institutions in 35 countries which were collaborating with the Programme but which had not been formally designated as Collaborating Centres. In preparation for the review, the Programme had requested its designated Collaborating Centres to provide information on their functioning. The responses received had been discussed during a Meeting of Directors of European Collaborating Centres in December 1996 and formed the basis of the report to PCC(10).

The Programme's review of its Collaborating Centres coincided with an overall review of Collaborating Centres being undertaken by WHO. The May 1997 World Health Assembly recognized that WHO Collaborating Centres represented a source of expertise that deserved to be better utilized and had requested a report for the WHO Executive Board in January 1998 on this matter.

In the discussions which followed, PCC noted the unique and inestimable value to the Programme of its network of Collaborating Centres which provided the Programme with competent, well-qualified investigators who were able to undertake its research. It also recognized that the Collaborating Centres could become an effective means of disseminating information about the Programme's activities at the country level. PCC agreed that the activities of the Collaborating Centres need not necessarily be restricted to research but should support research or its results. The Programme, for its part, must effectively monitor the performance of its Collaborating Centres, including compliance with the high ethical standards it had established, and do everything possible to ensure that the partnership arrangements established with the Centres were fulfilled and that the targets set were achieved. The Programme should also do its utmost to ensure that the community of Collaborating Centre scientists shared common goals and values and remained in regular contact both with the Programme and with each other. The Collaborating Centres should be encouraged to participate as much as possible in research initiated by other agencies and organizations.

PCC recognized that the Programme's institution-strengthening activities played a vitally important role in institutional development and emphasized the need to identify deserving institutions in less developed countries. Institutions in developing countries which initially fell short of the standards required for designation could receive Programme support and be included in its network of undesignated Collaborating Centres until the level of excellence required for formal designation was attained. Governments should be encouraged to provide financial support to Collaborating Centres and should ensure that the Centres' activities reflected national policies and programmes.

PCC welcomed the promotion of research and training activities among Collaborating Centres outlined in the report, in particular those between developed and developing country Centres, and noted that several Collaborating Centres had proved of use to other WHO divisions and other agencies.

PCC requested the Programme to implement its future activities in conjunction with the overall review of Collaborating Centres being undertaken by WHO. Regular reports should be provided to PCC on the network of Collaborating Centres and, as indicated in the report, future designations should be undertaken jointly by the Programme and RHT to obtain maximum benefit from the partnership.

PCC :

1. **NOTED** the report on the Programme's Collaborating Centres.
2. **ENDORSED** the future plans for the Programme's Collaborating Centres which would be implemented in the context of the overall review of Collaborating Centres being undertaken by WHO.
3. **RECOMMENDED** that institutions in less developed countries should be supported to attain a level where they would be eligible for designation as Collaborating Centres.
4. **REQUESTED** that future designation of Collaborating Centres be carried out in collaboration with the Division of Reproductive Health (Technical Support).
5. **EMPHASIZED** the importance of promoting high ethical standards in the Collaborating Centres and of clearly specifying targets to be achieved.
6. **RECOMMENDED** that the Collaborating Centres should be encouraged to participate in research supported by other WHO programmes and other agencies and organizations.
7. **EMPHASIZED** that collaboration need not be restricted to research as long as the activities were in support of research or dissemination of the results.
8. **RECOMMENDED** that the network of Collaborating Centres should be continually monitored and that reports should be presented to PCC on a regular basis.
8. *Reports of the October 1996 and April 1997 Meetings of the Scientific and Ethical Review Group*

Mr David Griffin, Secretary to SERG, reported on the two meetings of the Group [documents HRP/PCC(10)/1997/8a and b] that had taken place since PCC(9).

In addition to the regular activities at these meetings, and as a result of a survey carried out by the Programme in 1992 which demonstrated wide variation in ethical review procedures within the Programme's Collaborating Centres, a recommendation had been made

for the Programme to convene regional workshops on ethical principles and practices in reproductive health research. The first of such regional workshops, held in Bangkok in March 1997 [document HRP/PCC(10)/1997/8c], brought together participants from different countries, including government representatives and women's health advocates. The objectives of the workshop were to :

- (a) create awareness of ethical concerns in deciding research topics, preparing research protocols and monitoring research;
- (b) review ethical principles governing research involving human subjects; and
- (c) identify mechanisms for ensuring adherence to ethical requirements at local and national levels.

As a result of the cloning of the sheep Dolly earlier in the year, WHO's Director-General had requested SERG to include a review of the technical, ethical and public policy aspects of human cloning on the agenda of its Spring 1997 meeting. An Executive Summary of this meeting [HRP/PCC(10)/1997/8d] was presented to the May 1997 World Health Assembly and contributed to the subsequent World Health Resolution on this subject which requested the WHO Director-General to take the lead in clarifying and assessing the ethical, scientific and social implications of cloning in the area of human health in consultation with international agencies, governments and other relevant bodies. SERG planned to hold a further meeting on this subject in October 1997 which would focus primarily on a review of the various reports and consultations which had taken place at the national and international levels. Participants would be as broadly representative as possible of different cultural, religious and philosophical perspectives.

In response to questions raised, the Secretariat stated that it proposed to publish the ethical guidelines prepared on research in reproductive health in a booklet which would be distributed to investigators submitting proposals to the Programme and possibly also to other interested parties as part of the Programme's effort to raise awareness of ethical issues.

The Programme was aware of the important International Bioethics Committee (IBC) established by UNESCO and welcomed the information provided on its activities. Collaboration was vitally important between the different international and national bodies working in this area. It was hoped that UNESCO would be represented at the next SERG meeting on cloning in October. Copies of the reports submitted to the World Health Assembly in May 1997 and the Resolution on cloning had been sent to UNESCO. Although the World Health Assembly had called for WHO to take the lead in those aspects of bioethics reproduction which related to health, other agencies would obviously play the lead role in other key areas, such as legal aspects of human cloning.

PCC was assured that the Programme's GAP was represented on SERG and was informed that the Programme's guidelines for local ethical review committees emphasized the importance of there being community representation, for example by a consumer advocacy representative, on such committees.

PCC :

1. **COMMENDED** the activities of the Scientific and Ethical Review Group.
2. **SUPPORTED** the initiative of the Group in convening regional workshops on ethical issues in research in reproductive health and **APPROVED** the role of the Group in fostering and facilitating the convening of workshops on this topic at the national level.
3. **WELCOMED** and **ENDORSED** the important work on human cloning undertaken by the Group at the request of WHO and **NOTED** the proposed future activities of the Group in the area.

**9. *Sexual and reproductive health research priorities for WHO for the period 1998-2003***

Dr Van Look presented the draft Secretariat paper on "Sexual and Reproductive Health Research Priorities for WHO for the Period 1998-2003" [HRP/PCC(10)/1997/9]. He noted that PCC(9) at its June 1996 meeting had requested preparation of a paper for its June 1997 meeting which would identify "research priorities for the broader reproductive health programme that would take into account not only scientific and gender perspectives but also developing country needs, ethical issues, implications for staffing and organizational change, and outcomes expected from the research".

The paper was the result of close collaboration between the Programme and the other components in the reproductive health programme. There had also been extensive external consultation [other United Nations agencies, bilateral agencies, other research programmes, non-governmental organizations (NGOs) and women's groups]. The consultation process was still ongoing.

The paper was divided into three parts. Part I described the concept of reproductive health and the overall aims and goals of WHO's reproductive health programme using people's needs to guide the development of technology and the definition of interventions, including services. Seven principles which were considered critical to research in reproductive health had been developed and had guided the preparation of the paper.

Part II focused on WHO's response to the research challenges in reproductive health, the method of work of FRH and of HRP and a detailed discussion of WHO's proposed research agenda. Ten major issues, each with a substantial programme of research, had been developed based on guidance provided by scientific and expert groups and other meetings over the years. The selection of priority research topics would involve examining closely the ten issues identified and applying appropriate selection criteria, taking into account, inter alia, WHO's strengths and comparative advantage, and cost/effectiveness.

Part III of the paper addressed the options for implementing the research priorities presented, including staffing and budgetary implications. The estimated total for the entire programme of work - Option 1 - amounted to some US\$ 53.3 million for the next biennium. Option 2 entailed only part of the proposed programme of work being implemented. This option would necessitate further priority setting within the proposed programme of work.

In the discussion which followed, the Secretariat was commended for its impressive work in assembling a list of global reproductive health needs which was responsive to the programmes of action established at the 1994 International Conference on Population and Development (ICPD) in Cairo and the 1995 Fourth World Conference on Women in Beijing and in providing a comprehensive reproductive health research agenda. A further prioritization exercise was now required with weighting of the agreed upon criteria for their relative importance. This was essential in view of the currently prevailing stringent financial situation. It was also important to ensure that there was no duplication of work done by other agencies and that the research would serve the needs of developing countries. Due attention must be paid to the comparative advantages of WHO in carrying out the research in question since it was important for financial contributors to obtain the best return on investment. The Programme's Proposed Programme Budget 1998-1999 would have to be carefully reviewed in light of these discussions.

Examples of the importance of different aspects of reproductive health at the local, national and international levels were provided.

A proposal by the World Bank representative that an ad hoc Working Group should be established to assist the Secretariat in establishing criteria to rank priorities was universally endorsed by PCC since this would facilitate establishment of a research agenda that was relevant to the sexual and reproductive health needs of developing countries and would gain endorsement by PCC. It was also important for the ad hoc Working Group, after establishing a priority listing, to discuss the organizational implications, including budgetary and staffing aspects, of the priority areas agreed upon.

A Subcommittee was established and met during PCC. It drew up terms of reference, membership and a time schedule for the ad hoc Working Group, which PCC reviewed and approved. The report of the Subcommittee is attached as Annex 4.

PCC :

1. **COMMENDED** the Secretariat on the paper "Sexual and Reproductive Health Research Priorities for WHO for the Period 1998-2003" and the extensive peer review process undertaken in its preparation.
2. **NOTED** that, taking into account the suggestions put forward by PCC and other interested parties, further work was required to finalize the paper and, in particular, to sharpen and justify more clearly the priorities outlined, basing them on well-defined and explicit criteria.
3. **RECOMMENDED** that the additional work proposed should be undertaken in consultation with an ad hoc Working Group composed of the cosponsors, financial contributors and other interested parties.
4. **RECOMMENDED** further that the ad hoc Working Group, when considering priority areas for research, should take into account the restricted financial situation prevailing both in the Programme and in WHO, and pay due attention to those areas in which the

Programme had a comparative advantage so as to ensure maximum benefit to developing countries and optimal use of resources.

5. **REQUESTED** that proposed terms of reference, membership and time schedule for the work of this ad hoc Working Group be drawn up by a Subcommittee which would meet during the course of PCC(10) and which would report back to PCC prior to the closure of the meeting.
6. **ESTABLISHED** that the first priority of the ad hoc Working Group was to establish criteria on which the prioritization of research and decisions about budget allocations were to be based; the second priority would be to review options for the organizational implications involved.
7. **ENDORSED** the report of the Subcommittee which had met during PCC(10) to decide on the terms of reference, membership and time schedule of the ad hoc Working Group.

#### 10. *1996-1997 financial and budgetary matters*

Dr Benagiano and Mr Einar Røed, Chief, Administration and Finance, introduced the following items.

##### 10.1 *1996 financial report*

The 1996 Interim Financial Report [HRP/PCC(10)/1997/10.1] was reviewed.

PCC :

**NOTED** the 1996 Interim Financial Report.

##### 10.2 *Designated funding*

###### 10.2.1 *Report on the advantages and disadvantages of designated funding*

PCC reviewed the report on the advantages and disadvantages of designated funding, the Conditions for Acceptance of Designated Contributions and a list of proposals for designated funding approved over the period July 1993 - April 1997 [HRP/PCC(10)/1997/10.2.1].

In 1993, PCC(6) had approved designated funding on a trial basis for two years. This trial period was renewed for a second two-year term in 1995 and, at that time, PCC(8) had requested that a report be prepared for PCC(10) on the advantages and disadvantages of designated funding as perceived by the Programme after a four-year trial period.

The Programme's experience over the trial period had been positive, the mechanism having attracted more than US\$ 1.0 million of additional funding to the Programme. This was a significant amount but it had in no way distorted the Programme's priorities.

PCC agreed that designated funding was useful in helping to diversify the Programme's sources of funding and should therefore be maintained. PCC was informed that designated funding was to be evaluated by a sister Programme, the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR), in 1998. Since HRP had modelled its mechanism for designated funding on that of TDR, it might be useful for the Programme to review its own Conditions for Acceptance of Designated Contributions after the TDR external review had been carried out to assess their continued validity and to benefit from any recommendations made.

PCC :

1. **NOTED** the report on designated funding.
2. **ENDORSED** the inclusion of designated funding as a permanent activity in the Programme subject to annual reports being reviewed and approved by PCC.
3. **RECOMMENDED** that the Conditions for Acceptance of Designated Contributions should be reviewed again in 1998 taking into account the results of the external review on designated funding to be carried out by the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases.

### 10.3 *Current funding situation*

The updated (10 June 1997) funding situation [HRP/PCC(10)/1997/10.3 Rev. 1] and the report on resource mobilization [HRP/PCC(10)/1997/10.3a] were reviewed. The total income available and pledged to the Programme for 1996-1997 was some US\$ 33.3 million which represented a shortfall of US\$ 3.9 million in relation to the revised 1996-1997 Programme Budget. It was hoped that this shortfall would be made up by contributions from those donors who had not yet pledged for 1997.

PCC noted the Programme's narrow resource base and continued reliance on five major donors for approximately 75% of its budget. The Programme was urged to take every opportunity possible to establish dialogue with its financial contributors on areas of common interest so as, for example, to facilitate methods of payment or to discuss opportunities for negotiating funding of projects of mutual interest.

The paper on resource mobilization was welcomed. PCC urged that efforts should be made to fill some of the gaps in the tables relating to contributions by other agencies. It looked forward to reviewing at PCC(11) the paper requested by STAG for its February 1998 meeting on a systematic and coherent fund-raising strategy for the Programme which would also show how this could be linked to marketing of the Programme and its activities in the field of communications.

PCC :

**NOTED** the current funding situation and the report on resource mobilization, and **ENCOURAGED** the development of a coherent fund-raising strategy for the Programme.

#### 10.4 1996-1997 budgetary revisions

PCC requested clarifications on the budgetary revisions [document HRP/PCC(10)/1997/10.4] proposed to the area on Context, Needs and Perspectives and was reassured that, as mentioned earlier, the staffing in that area had been quite reasonable over the two-year period and that the appointment of a senior staff member was nearing completion.

PCC :

**APPROVED** the proposed revisions to the 1996-1997 budget.

#### 11. Proposed Programme Budget 1998-1999

Dr Benagiano introduced the Proposed Programme Budget 1998-1999 [WHO/FRH/HRP/97.2]. He stated that the Secretariat had complied with the necessity of preparing a Programme Budget in the knowledge that, in working towards a new vision and possibly expanded role for the Programme's activities, it might be necessary to modify the document at a later stage.

Mr Röed presented the Programme Budget document in detail to PCC. The format followed that adopted by the Programme in 1995 and took into account the recommendations of the WHO working group established to draw up a common format for extrabudgetary financial presentations. The Proposed Programme Budget totalled US\$ 40.7 million, which represented an increase of US\$ 3.5 million over the revised budget for the current biennium. The budget had been prepared in three dimensions : by the four HRP mission goals, the 10 FRH research priorities and the five HRP strategic components. A breakdown was provided of the different Programme components and an explanation given of how professional staff time was broken down into technical and administrative components and also how, in the Clinical Trials and Informatics unit, staff costs were charged to individual projects.

The assistance given by a consultant supported by the Government of the United Kingdom in setting up a logical framework approach for use in planning and monitoring large projects was mentioned.

PCC noted that it might be necessary to revise the Proposed Programme Budget 1998-1999 after the recommendations of the ad hoc Working Group convened to discuss Programme priorities had been reviewed.

PCC :

1. **APPROVED** the Proposed Programme Budget for 1998-1999.
2. **NOTED** that the recommendations resulting from the PCC ad hoc Working Group on research priorities might necessitate revisions to the budget. Any budgetary revisions would be reviewed by PCC in 1998.

12. *Pledging for 1997 and subsequent years*

Nine representatives pledged financial support to the Programme on behalf of their countries/agencies.

PCC :

**NOTED** the pledges to the Programme.

13. *Election of a Chairman and of a Vice-Chairman for PCC(11)*

PCC :

**ELECTED** Dr Yasuhiro Suzuki as Chairman and Dr Dean Phiri as Vice-Chairman for the following year.

14. *Dates of the 1998 meeting and tentative dates for 1999*

PCC was informed that the arrangement this year of an overlap between the Meeting of Interested Parties (MIP) and PCC had not proved successful and would not be continued in the future. It was agreed that future PCC meetings could be limited to two days. Early distribution of the documentation for PCC would provide representatives with sufficient time to familiarize themselves with the issues for discussion and presentations could then be limited to important highlights, thus allowing more time for discussion. The possible future use of the electronic media for distributing documentation was mentioned. PCC endorsed the idea of a lunchtime seminar being organized during the week of MIP and PCC which would cover some cross-cutting issue of interest to all concerned.

PCC :

1. **AGREED** that, in order to facilitate the functioning of the Meeting of Interested Parties, subsequent meetings of PCC would be held for two days rather than the two-and-a-half days during which it had usually been held in the past.
2. **AGREED** on the dates of 18-19 June 1998 for PCC(11) and tentatively proposed those of 17-18 June 1999 for PCC(12).

15. *Review and approval of the recommendations of the meeting*

A draft Executive Summary was reviewed. A draft report would be sent to PCC members as soon as it had been prepared.

PCC :

**REVIEWED** and **AGREED UPON** the draft Executive Summary of the meeting.

16. *Any other business*

There was no other business.

The meeting was closed after votes of thanks were given to the Chairman, the Vice-Chairman, the Rapporteur and the interpreters.

**UNDP/UNFPA/WHO/WORLD BANK  
SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT  
AND RESEARCH TRAINING IN HUMAN REPRODUCTION**

**TENTH MEETING OF THE POLICY AND COORDINATION COMMITTEE (PCC)**

**WHO Headquarters, Geneva, Switzerland  
18-20 June 1997**

**Summary of the Opening Address by Dr Fernando Antezana,  
Deputy Director-General ad interim, on behalf of  
Dr Hiroshi Nakajima, WHO Director-General**

Dr Fernando Antezana welcomed those present and, in particular, the new member countries of PCC: Algeria, Angola, China, Egypt, Pakistan, Singapore, Thailand and The Former Yugoslav Republic of Macedonia.

He recalled the restructuring of WHO's reproductive health activities into a new Family and Reproductive Health programme area, of which the HRP Special Programme was a part, and the welcome accorded to this arrangement by PCC at its June 1996 meeting. He also recalled the request by that meeting for the Programme to prepare a paper on research priorities in reproductive health for the 1997 meeting. This draft paper entitled "Sexual and reproductive health research priorities for WHO for the period 1998-2003", together with the Proposed Programme Budget 1998-1999, were two major items to be discussed by PCC at this meeting.

The Programme was continuing to operate in a tightly constrained financial situation. At the request of the February 1997 meeting of the Programme's Scientific and Technical Advisory Group (STAG), the Programme would prepare for the 1998 STAG meeting a paper which would define a systematic and coherent fund-raising strategy. This would be submitted to PCC in June 1998.

1997 commemorated the Twenty-fifth anniversary of the Programme. The focus at this meeting on the Programme's future research priorities would strengthen and guide the Programme's activities into the next century.



**UNDP/UNFPA/WHO/WORLD BANK  
SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT  
AND RESEARCH TRAINING IN HUMAN REPRODUCTION (HRP)**

**Tenth Meeting of the Policy and Coordination Committee (PCC)**

**Executive Board Room, WHO Headquarters, Geneva, Switzerland  
18-20 June 1997**

**AGENDA**

- 1. Opening of the meeting, adoption of the agenda and appointment of a Rapporteur**
- 2. Adoption of the report of PCC(9)**
- 3. Family and Reproductive Health programme area**
- 4. Report of the Programme Director**
- 5. Report of the Standing Committee**
- 6. Report on Programme activities**
  - 6.1 1996 Annual Technical Report**
  - 6.2 Technical presentation:  
Improving reproductive health : Does research matter?**
- 7. Scientific and Technical Advisory Group (STAG)**
  - 7.1 Report of the February 1997 meeting**
  - 7.2 Criteria for membership and procedures for the selection of new STAG members**
  - 7.3 Membership**
    - 7.3.1 Proposed reappointments**
    - 7.3.2 Proposals for new members**

**7.4 Regional Advisory Panels**

**7.4.1 Criteria for membership and terms of reference**

**7.4.2 Review of the Programme's Collaborating Centres**

- 8. Reports of the October 1996 and April 1997 Meetings of the Scientific and Ethical Review Group**
- 9. Sexual and reproductive health research priorities for WHO for the period 1998-2003**
- 10. 1996-1997 financial and budgetary matters**
  - 10.1 1996 financial report**
  - 10.2 Designated funding**
    - 10.2.1 Report on the advantages and disadvantages of designated funding**
  - 10.3 Current funding situation**
  - 10.4 1996-1997 budgetary revisions**
- 11. Proposed Programme Budget 1998-1999**
- 12. Pledging for 1997 and subsequent years**
- 13. Election of a Chairman and of a Vice-Chairman for PCC(11)**
- 14. Dates of the 1998 meeting and tentative dates for 1999**
- 15. Review and approval of the recommendations of the meeting**
- 16. Any other business**

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20.6.97



**UNDP/UNFPA/WHO/WORLD BANK  
SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT  
AND RESEARCH TRAINING IN HUMAN REPRODUCTION**

**Tenth Meeting of the Policy and Coordination Committee (PCC)**

**WHO Headquarters, Geneva, Switzerland  
18-20 June 1997**

**LIST OF PARTICIPANTS**

**M E M B E R S**

***ALGERIA***

**Mlle Rachida Benkhelil, Directeur de la Population, Ministère de la Santé et de la Population, Chemin Mohammed Gacem, 128, El Madania, Algiers  
[Tel: (213 2) 279 857; Fax: (213 2) 279 014]**

***ANGOLA***

***(unable to attend)***

***ARGENTINA***

**Dr Oscar González-Carrizo, Director de Cooperacion Tecnica y Relaciones Sanitarias Internacionales, Ministerio de Salud y Acción Social, Av. 9 de Julio 1925, 8 Piso, 1332 Buenos Aires  
[Tel: (541) 383 7821; Fax: (541) 383 4431]**

***AUSTRALIA***

**Ms Barbara O'Dwyer, Director, United Nations International Programme (UNIP), Australian Agency for International Development, GPO Box 887, Canberra, ACT 2601  
[Tel: (616) 206 4984; Fax: (616) 206 4925]**

**CANADA**

**Ms Danièle Testelin, Senior Programme Manager, United Nations Programme, Multilateral Technical Cooperation Division, Canadian International Development Agency (CIDA), 200 Promenade du Portage, Hull, Quebec K1A 0G4**  
[Tel: (1 819) 994 3941; Fax: (1 819) 997 6632]

**Alternate**

**Dr Jean Larivière, Senior Medical Adviser, International Affairs Directorate, Policy and Consultation Branch, Health Canada, Room 821, Postal Locator 0908B, Brooke Claxton Building, Ottawa, Ontario K1A 0K9**  
[Tel: (613) 957 7315; Fax: (613) 952 7417]

**CHINA**

**Professor Li Shichuo, Director-General, Department of International Cooperation, Ministry of Public Health, 44 Houhai Beiyan, Beijing 100725**  
[Tel: (86 1) 6401 2166; Fax: (86 1) 6401 4332]

**CUBA**

**Dr Oscar Mateo de Acosta, National Institute of Endocrinology, Hospital "Cmdte. Fajardo", Zapata y D. Vedado, La Habana**  
[Tel: (537) 329 707; Fax: (537) 333 417]

**DENMARK**

*(unable to attend)*

**EGYPT**

**Dr Moshira Mohamed El Shafei, Under Secretar, Director of Population and Family Planning, Ministry of Health and Population, 3 Magles El Shaab Street, Cairo**  
[Tel: (20 2) 353 7046; Fax: (20 2) 355 8097/92]

**GERMANY**

**Dr Albert Statz, Head, Division of Preventive Health Care, Allergies and Child Health, Federal Ministry of Health, 53108 Bonn**  
[Tel: (49 228) 941 3130; Fax: (49 228) 941 4931]

**Alternate**

**Ms Eltje Aderhold, First Secretary, Permanent Mission of Germany to the United Nations Office and other International Organizations at Geneva, Case postale 171, 1211 Geneva 19, Switzerland**  
**[Tel: (41 22) 730 1248; Fax: (41 22) 730 1285]**

**INDIA**

**Mr K. S. Sugathan, Joint Secretary, Department of Family Welfare, Ministry of Health and Family Welfare, Government of India, Nirman Bhavan, New Delhi 110011**  
**[Tel: (91 11) 301 9006; Fax: (91 11) 301 9006]**

**INDONESIA**

**Professor Sumarmo Poorwo Soedarmo, Adviser, Health Technology, Ministry of Health, Jalan H.R. Rasuna Said Block x 5 Kapling No. 4-9, Jakarta 12950**  
**[Tel: (62 21) 520 3881; (62 21) 522 3017]**

**ITALY**

**Dr Gloria Gallippi, Directorate General for Development Cooperation, Ministry of Foreign Affairs, Palazzo della Farnesina 1, 00194 Rome**  
**[Tel: (39 62) 3691 4172; Fax: (39 62) 324 0585]**

**JAPAN**

**Dr Yasuhiro Suzuki, Deputy Director, Health for the Elderly Division, Ministry of Health and Welfare, Government of Japan, 1-2-2 Kasumigaseki, Chiyoda-ku, Tokyo 100-45**  
**(Chairman)**  
**[Tel: (813) 3595 2490; Fax: (813) 3595 4010]**

**Alternate**

**Mr Toshiyasu Ikenaga, First Secretary, Permanent Mission of Japan to the International Organizations in Geneva, 3 Chemin des Fins, Case Postale 337, 1211 Geneva 19, Switzerland**  
**[(41 22) 717 3111; Fax: (41 22) 788 3811]**

*NETHERLANDS*

Ms Renilde Weiffenbach-Steeghs, UN Department, UN Funds and Economic Affairs  
Division, Ministry of Foreign Affairs, Postbus 20061, Bezuidenhoutseweg 67,  
2500 EB The Hague (Rapporteur)  
[Tel: (31 70) 348 4890; Fax: (31 70) 348 4817]

## Alternates

Mrs N. M. Leemhuis, Social and Institutional Development Department, Social Policy  
Division, Ministry of Foreign Affairs, Postbus 20061, Bezuidenhoutseweg 67,  
2500 EB, The Hague  
[Tel: (31 70) 348 4298; Fax: (31 70) 348 5956]

Dr H.I.J. Wildschut, Academisch Ziekenhuis, Postbus 2014, 3000 CA Rotterdam  
[Tel: (31 10) 463 3917; Fax: (31 10) 453 0355]

Mr Willem van Reenen, First Secretary, Permanent Mission of the Kingdom of the  
Netherlands to the United Nations Office and International Organizations at Geneva,  
11 Chemin des Anémones, Case Postale 276, 1219 Châtelaine, Switzerland  
[Tel: (41 22) 797 5030; Fax: (41 22) 797 5129]

*NEW ZEALAND*

Dr Bruce Scoggins, Director, Health Research Council, P.O. Box 5541, Wellesley Street,  
Auckland (Unable to attend)  
[Tel: (64 9) 379 8227; Fax: (64 9) 379 9988]

*NORWAY*

Dr Johanne Sundby, Researcher/Adviser, Norwegian Board of Health, P.O. Box 8128,  
0032 Oslo 1  
[Tel: (472) 285 0598; Fax: (472) 285 0590]; Email: [johanne.sundby@samfumsmed.uio.no](mailto:johanne.sundby@samfumsmed.uio.no)]

## Alternates

Ms Marit Berggrav, Senior Adviser, Health, NORAD, P.O. Box 8034 Dep., 0030 Oslo 1  
[Tel: (472) 231 4525; Fax: (472) 231 4401]

Dr Ottar C. Christiansen, Adviser, Ministry of Health and Social Affairs, P.O. Box 8011  
Dep., 0030 Oslo  
[Tel: (47 22) 248 404; Fax: (47 22) 249 575]

Dr Elisabet Helsing, Adviser, International Team, Board of Health, P.O. Box 8128 Dep.,  
0032 Oslo  
[Tel: (47) 222 48825; Fax: (47) 222 48868; Email:elisabet.helsing@helsetilsynet.dep.  
telemax.no]

Mr Tor Chr. Hildan, Minister Counsellor, Permanent Mission of Norway to the  
United Nations Office and to other International Organizations at Geneva,  
Avenue de Budé 31-35, Case postale 274, 1211 Geneva 19, Switzerland  
[Tel: (41 22) 918 0400; Fax: (41 22) 918 0410]

#### *PAKISTAN*

Professor Ghayyur H. Ayub, Director-General, Health, Government of Pakistan,  
Ministry of Health and Population Welfare, Pakistan Secretariat Block "C", Islamabad  
[Tel: (92 51) 920 2361; Tel: (92 51) 920 2090]

#### *SINGAPORE*

Professor Ng Soon-Chye, Department of Obstetrics and Gynaecology, Faculty of  
Medicine, The National University of Singapore, Lower Kent Ridge Road,  
Singapore 289057  
[Tel: (65) 772 4261; Fax: (65) 779 4753]

#### *SWEDEN*

Dr Lennart Freij, Senior Research Adviser, Department for Research Cooperation,  
SAREC, Swedish International Development Cooperation Agency (SIDA),  
10525 Stockholm  
[Tel: (46 8) 698 5391; Fax: (46 8) 698 5656]

#### *Alternates*

Dr Anders Molin, Health Division, Swedish International Development Cooperation  
Agency (SIDA), 10525 Stockholm  
[Tel: (46 8) 698 5000; Fax: (46 8) 208 864]

Mr Per Sjogren, Counsellor, Permanent Mission of Sweden to the United Nations  
Office and other International Organizations at Geneva, Rue de Lausanne 82,  
Case postale 190, 1211 Geneva 20, Switzerland  
[Tel: (41 22) 908 0800; Fax: (41 22)908 0810]

Mr Anders Pedersen, Second Secretary, Permanent Mission of Sweden to the United  
Nations Office and other International Organizations at Geneva, Rue de Lausanne 82,  
Case postale 190, 1211 Geneva 20, Switzerland  
[Tel: (41 22) 908 0800; Fax: (41 22)908 0810]

**SWITZERLAND**

**Dr Peter Schubart, Chef de Clinique, Division de Médecine interne, Hôpital régional,  
Fbg. des Capucins 30, 2800 Delémont  
[Tel: (41 32) 421 2121; Fax: (41 32) 421 2411]**

**THAILAND**

**Dr Nikorn Dusitsin, Consultant in Reproductive Health, Institute of Health Research,  
Chulalongkorn University, Phayathai Road, Bangkok 10330  
[Tel: (66 2) 252 5920; Fax: (66 2) 253 2395]**

**THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA**

**Dr Anastasika Poposka, Head of Department, Medical Faculty, "ul Drezdenska"  
No. 15/II-4, 91000 Skopje  
[Tel: (389 91) 364 278; Fax: (389 91) 113 014]**

**UNITED KINGDOM**

**Mr Phil Mason, Head, Reproductive Health, Health and Population Division,  
Department for International Development (DFID), 94 Victoria Street,  
London SW1E 5JL  
[Tel: (44 171) 917 0319 Fax: (44 171) 917 0428]**

**Alternates**

**Mr John Worley, Population and Reproductive Health Specialist, Health and Population  
Division, Department for International Development (DFID), 94 Victoria Street,  
London SW1E 5JL  
[Tel: (44 171) 917 0341; Fax: (44 171) 917 0428]**

**Mr Max Hardiman, Health and Population Division, Department for International  
Development (DFID), 94 Victoria Street, London SW1E 5JL  
[Tel: (44 171) 917 0130; Fax: (44 171) 917 0428]**

**Dr Wendy Thorne, International Relations Branch, Department of Health, Richmond  
House, 79 Whitehall, London SW1A 2NS  
[Tel: (44 171) 210 5529; Fax: (44 171) 210 5804]**

**Mr Tim Simmons, First Secretary, Permanent Mission of the United Kingdom of Great  
Britain and Northern Ireland to the United Nations Office and other International  
Organizations at Geneva, Rue de Vermont 37-39, 1211 Geneva 20, Switzerland  
[Tel: (41 22) 918 2300; Fax: (41 22) 918 2300]**

**UNITED STATES OF AMERICA**

Mr Jeffrey Spieler, Chief, Research Division, Office of Population, Agency for  
International Development, Washington, D.C. 20523-1819  
[Tel: (1 703) 875 4591; Fax: (1 703) 875 4413]

**ZAMBIA**

Dr Dean Phiri, Reproductive and Child Health Unit, Ministry of Health, Anchor House,  
P.O. Box 30205, Lusaka *(Vice-Chairman)*  
[Tel: (260 1) 227 513; Fax: (260 1) 227 513]

**Alternate**

Ms Annie Kazhingu, Second Secretary, Permanent Mission of the Republic of Zambia to  
the United Nations Office and other International Organizations at Geneva, Chemin du  
Champ-d'Anier 17-19, 1209 Le Petit-Saconnex, Switzerland  
[Tel: (41 22) 788 5330; Fax: (41 22) 788 5340]

**ZIMBABWE**

Dr Paulinus L.N. Sikosana, Secretary for Health and Welfare, Ministry of Health and  
Welfare, P.O. Box CY 1122, Causeway, Harare  
[Tel: c/o WHO Representative: (263 4) 729 195; Fax: (263 4) 720 119]

**INTERNATIONAL PLANNED PARENTHOOD FEDERATION (IPPF)**

Dr Pramilla Senanayake, Assistant Secretary General, International Planned Parenthood  
Federation, Regent's College, Inner Circle, Regent's Park, London NW1 4NS,  
United Kingdom *(Unable to attend)*  
[Tel: (44 171) 486 0741; Fax: (44 171) 487 7865]

**UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP)**  
*(unable to attend)*

***UNITED NATIONS POPULATION FUND (UNFPA)***

**Dr Laura Laski, Technical Officer, Reproductive Health Branch, Technical and Evaluation Division, UNFPA, 220 East 42nd Street, New York, United States of America**  
 [Tel: (1 212) 297 5224; Fax: (1 212) 297 4915]

***THE WORLD BANK***

**Dr Tom Merrick, Adviser, Population, Human Development Department, The World Bank, 1818 H Street N.W., Washington, D.C. 20433, United States of America**  
 [Tel: (1 202) 473 6762; Fax: (1 202) 477 6391]

**OBSERVERS*****ALBANIA***

**Dr Fjodor Kallajxhi, Chief, Reproductive Health Sector, Ministry of Health, Tirana**  
 [Tel:(35 54) 264 663; Fax: (35 54) 264 663]

***ASSOCIATION FOR VOLUNTARY AND SAFE CONTRACEPTION INTERNATIONAL (AVSC)***

**Dr Amy E. Pollack, President, AVSC International, 79 Madison Avenue, New York, N.Y. 10016, United States of America**  
 [Tel: (212) 561 8001; Fax: (212) 779 9439; Email: [apollack@avsc.org](mailto:apollack@avsc.org)]

***BANGLADESH***

**Professor Sultana Razia Begum, Department of Obstetrics and Gynaecology, Institute of Postgraduate Medicine and Research, Shahbag, Dhaka-1000**  
 [Tel: (880 2) 841 608; Fax: (880 2) 863 177]

***COLOMBIA***

**Ms Constanza Giraldo, Subdirection of Promotion, Ministry of Health, Carrera 13 No. 32 - 71 P. 12, Santafé de Bogotá**  
 [Tel: (91) 336 5066; Fax: (91) 283 5526]

***CONTRACEPTIVE RESEARCH AND DEVELOPMENT PROGRAM (CONRAD)***

**Dr Henry L. Gabelnick, Director, CONRAD, 1611 North Kent Street, Suite 806,  
Arlington, Virginia 22209, United States of America  
[Tel: (703) 524 4744; Fax: (703) 524 4770]**

***ETHIOPIA***

**Ms Almaz Amaha Tesfaye, Counsellor, Permanent Mission of the Federal Democratic  
Republic of Ethiopia to the United Nations Office at Geneva and other International  
Organizations in Switzerland, Case postale 338, 1211 Geneva 19, Switzerland  
[Tel: 41 22) 733 0750; Fax: (41 22) 740 1129]**

***FAMILY HEALTH INTERNATIONAL (FHI)***

**Ms JoAnn H. Lewis, Senior Vice President, Reproductive Health Programs  
Department, (FHI), P.O. Box 13950, Research Triangle Park, North Carolina 27709,  
United States of America  
[Tel: (1 919) 544 7040; Fax:(1 919) 544 7261; Email: [jhlewis@fhi.org](mailto:jhlewis@fhi.org)]**

***FIJI***

**Dr Lepani Waqatakirewa, Programme Officer for Reproductive Health, Ministry of  
Health and Social Welfare, Kaunikula House, Flagstaff, Box 2223, Government  
Buildings, Suva  
[Tel: (679) 3061; Fax: (679) 306163]**

***FINLAND***

**Ms Gisela Blumenthal, Health and Social Development Adviser, Department for  
International Development Cooperation, Ministry for Foreign Affairs (FINNIDA),  
Katajanokanlaituri 3, 00160 Helsinki  
[Tel: (358 9) 1341 6437; Fax: (358 9) 1341 6428]**

**Ms Hanna Rinkineva-Heikkilä, Counsellor, Permanent Mission of Finland to the United  
Nations Office and other International Organizations at Geneva, Case postale 198,  
1211 Geneva 20, Switzerland  
(Tel: (41 22) 919 4242; Fax: (41 22) 740 0287]**

***HUNGARY***

**Professor Jenő Egyed, Director, National Institute for Obstetrics and Gynaecology,  
University of Health Science, Szabolcs u. 35, 1135 Budapest  
[Tel: (36 1) 270 2384; Fax: (36 1) 270 2384]**

*INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS (FIGO)*

Professor Aldo Campana, Department of Obstetrics and Gynaecology, Faculty of  
Medicine, Cantonal Hospital, 1211 Geneva 14  
[Tel: (41 22) 382 4322; Fax: (41 22) 382 4313]

*INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS  
ASSOCIATION (IFPMA)*

Dr Odette Morin Carpentier, Scientific Executive, IFPMA, Rue St-Jean 30, Case Postale,  
1211 Geneva 11, Switzerland  
[Tel: (41 22) 340 1200]

*INTERNATIONAL WOMEN'S HEALTH COALITION (IWHC)*

Ms Adrienne Germain, Vice-President, IWHC, 24 East 21 Street, New York, N.Y. 10010,  
United States of America  
[Tel: (212) 979 8500; Fax: (212) 979 9009]

*IRAN, ISLAMIC REPUBLIC OF*

Dr Fatemeh Ramezanzadeh, Director, National Research Centre for Family Planning,  
Tehran  
[Tel: c/o WHO Representative, Tehran (98 21) 670 361; Fax: (98 21) 678 969]

Dr Zahra Allameh, Director-General, Family Health Department, Ministry of Health and  
Medical Education, Hafez Avenue, P.O. Box 310, Tehran 11344  
[Tel: (98 21) 672 483; Fax: (98 21) 677 547]

*KENYA*

Dr Mohammed Said Abdullah, Aga Khan Hospital, Doctors Plaza Room 210,  
P.O. Box 20707, Nairobi  
[Tel: (254 2) 740 607; Fax: (254 2) 747 417]

*KUWAIT*

Dr Abdulrazaq Al-Adwani, Chairman, Department of Gynaecology, Adan Hospital,  
P. O. Box 33236, Rhawdha, Kuwait  
[Tel: (965) 394 1626; Fax: (965) 551 0478]

***LIBYAN ARAB JAMAHIRIYA***

**Dr Mabrouka Legnain, Counsellor, Permanent Mission of the Socialist People's Arab Jamahiriya to the United Nations Office at Geneva and the International Organizations in Switzerland, Avenue Blanc 47, 1202 Geneva, Switzerland**  
**[Tel: (41 22) 731 8205; Fax: (41 22) 732 8819]**

***MALAYSIA***

**Dr Raj Abdul Karim, Director General, National Population and Family Development Board, LPPKN Building, 12B Jalan Raja Laut, P.O. Box 10416, 50712 Kuala Lumpur**  
**[Tel: (60 3) 293 7555; Fax: (60 3) 292 1357]**

**Dr Hematram Yadav, Director, Division of Family Health, Ministry of Health, Jalan Dungun, 50490 Kuala Lumpur**  
**[Tel: (60 3) 254 0088; Fax: (60 3) 252 5579]**

***NATIONAL COUNCIL FOR INTERNATIONAL HEALTH***

**Ms Elaine Murphy, Director, Program on International Reproductive Health, National Council for International Health, c/o PATH, 1990 M Str. N.W. 700, Washington, D.C. 20036, United States of America**  
**[Tel: (1 202) 822 0033; Fax: (1 202) 457 1466; Email: emurphy@path.dc.org]**

***NIGERIA***

**Dr Titus Oludayo Oluyole, Minister Counsellor, Permanent Mission of the Federal Republic of Nigeria to the United Nations Office and the International Organizations in Geneva, 1 rue Richard-Wagner, 1211 Geneva 2**  
**[Tel: (41 22) 734 2140; Fax: (41 22) 734 1053]**

***POPULATION COUNCIL***

**Dr George F. Brown, Vice-President, International Programs Division, Population Council, One Dag Hammarskjold Plaza, New York, N.Y. 10017, United States of America**  
**[Tel: (1 212) 339 0600; Fax: (1 212) 755 6052]**

***PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)***

**Dr Gordon Perkin, President, PATH, 4 Nickerson Street, Seattle, Washington 98109, United States of America**  
**[Tel: (206) 285 3500; Fax: (206) 285 6619; Email: gperkin@path.org]**

**REPUBLIC OF ARMENIA**

**Dr Simon Alexaniants, Armenian Research Centre on Maternal and Child Health Protection, 22 Mashtots Avenue, Yerevan 375002**  
**[Tel: (3742) 530 809; Fax: (3742) 151 957]**

**REPUBLIC OF SLOVENIA**

**Dr Alenka Pretnar-Darovec, Klinicni Center, Ginekoloska klinica, Slajmerjeva 3, 1000 Ljubljana**  
**[Tel: (386 61) 140 3101; Fax: (386 61) 140 1110]**

**ROCKEFELLER FOUNDATION**

**Dr Mahmoud Fathalla, Senior Adviser, Biomedical and Reproductive Health Research and Training, The Rockefeller Foundation, P.O. Box 30, Assiut, Egypt**  
**[Tel: (20 2) 8833 4820; Fax: (20 2) 8833 7333]**

**RUSSIAN FEDERATION**

**Dr A. Pavlov, Counsellor, Permanent Mission of the Russian Federation to the United Nations Office and other International Organizations at Geneva, Case Postale, 1211 Genève 20, Switzerland**  
**[Tel: (41 22) 734 2952; Fax: (41 22) 734 4044]**

**SENEGAL**

**Mr Khaly Adama Ndour, Second Counsellor, Permanent Mission of the Republic of Senegal to the United Nations Office and other International Organizations at Geneva, Rue de la Servette 93, 1202 Geneva, Switzerland**  
**[Tel: (41 22) 918 0230; Fax: (41 22) 740 0711]**

**SPAIN**

**Professor Alberto Torres, Chairman, Department of International Health, National School of Health, Rue C/Sinesio Delgado 8, Madrid 28029**  
**[Tel: (34 1) 387 7843; Fax: (34 1) 387 7872]**

**TURKEY**

**Professor Ayşe Akin, General Director, Mother/Child Health and Family Planning, Ministry of Health, 06434 Sıhhiye, Ankara (also Professor at Hacettepe University, Public Health Department, Ankara)**  
**[Tel: (904) 431 4871; Fax: (904) 431 4872]**

*UGANDA*

**Dr Anthony Kabanza Mbonye, Principal Medical Officer, Maternal and Child Health,  
Ministry of Health, P.O. Box 8, Entebbe  
[Tel: (256) 422 0537; Fax: (256) 422 0537]**

*UNITED NATIONS CHILDREN'S FUND (UNICEF)*

**Dr France Donnay, Senior Adviser, Women's Health, UNICEF, 3 United Nations Plaza,  
New York, N.Y. 10017, United States of America  
[Tel: (1 212) 326 7000; Fax: (1 212) 888 7465]**

*UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION (UNESCO)*

**Mrs Sabina Colombo, Assistant Programme Specialist, Bioethics Unit, UNESCO,  
1 rue Miollis, 75732 Paris Cedex 15, France  
[Tel: (33 1) 4568 3803; Fax: (33 1) 4568 5515]**

*UNITED REPUBLIC OF TANZANIA*

**Dr Sirel Massawe, Senior Lecturer, Department of Gynaecology and Obstetrics,  
Muhimbili University College of Health Sciences, Dar es Salaam  
[Tel: (255 51) 151 288; Fax: (255 51) 151 577/151 471/151 596]**

**OTHER PARTICIPANTS***SCIENTIFIC AND TECHNICAL ADVISORY GROUP (STAG) (Chairman)*

**Dr Allan Rosenfield, Delamar Professor and Dean, Columbia University School of Public  
Health, 600 West 268 Street, New York, N.Y. 10032, United States of America  
[Tel: (1 212) 305 3929; Fax: (1 212) 305 1460]**

**SECRETARIAT*****FAMILY AND REPRODUCTIVE HEALTH*****Dr Tomris Türmen (Executive Director)*****SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION******Programme Direction and Administrative Support*****Dr Giuseppe Benagiano (Director)****Dr Paul Van Look (Associate Director)****Mrs Stephanie Baron (Administrative Officer, Governing and Advisory Bodies)****Ms Jane Cottingham (Technical Officer, Women's Perspectives and Gender Issues)****Dr John Hearn (Consultant)****Mr Jitendra Khanna (Technical Officer, Dissemination of Information)****Ms Helen Prophet (Short-term professional)****Mr Einar Røed (Chief, Administration and Finance)****Dr Francis Webb (Scientist, Communications and External Relations)*****Context, Needs and Perspectives*****Dr Iqbal Shah (Team leader)****Ms Sarah Bott (Michigan University Population Fellow)****Ms Juliet McEachran (Short-term professional)*****Technology Development and Assessment*****Mr David Griffin (Team leader, Technology Development and Assessment; Immunocontraception, Scientific and Ethical Review Group)****Dr Catherine d'Arcangues (Medical Officer; Long-acting Systemic Agents, Natural Methods, Standardization and Quality Control)****Dr Michael Mbizvo (Scientist; Male Fertility Regulation)****Dr Patrick Rowe (Medical Officer; Infertility, IUDs, Toxicology Panel)****Dr Helena von Hertzen (Medical Officer; Post-ovulatory Methods, Natural Methods)*****Technology Introduction and Transfer*****Mr Peter Hall (Team leader)****Dr Peter Fajans (Scientist)*****Surveillance and Evaluation*****Dr Olav Meirik (Team leader)****Dr David Skegg (Consultant)**

*National Reproductive Health Research*

Dr Joseph Kasonde (Responsible Officer and Team leader, National Reproductive Health Research; Eastern Europe)  
 Dr Wole Akande (Area Manager; Africa and the Eastern Mediterranean)  
 Dr Heli Bathija (Medical Officer; Africa and the Eastern Mediterranean)  
 Dr Enrique Ezcurra (Consultant; Americas)  
 Dr Helena Honkanen (Associate Professional Officer; Eastern Europe)  
 Dr Patrick Rowe (Medical Officer; Asia/Pacific)  
 Dr José Villar (Area Manager; Americas)  
 Dr Wang Yifei (Area Manager; Asia/Pacific)

*Clinical Trials and Informatics Support*

Dr Olusola Ayeni (Chief, Clinical Trials and Informatics Support)  
 Dr Timothy Farley (Statistician)  
 Mr Isaac Olayinka (Programmer Analyst)  
 Mr Sasha Peregoudov (Programmer Analyst)  
 Dr Gilda Piaggio-Pareja (Statistician)  
 Mr Alain Pinol (Programmer Analyst)

*DIVISION OF REPRODUCTIVE HEALTH (TECHNICAL SUPPORT)*

Dr Susan Holck (Director)

*DIVISION OF CHILD HEALTH AND DEVELOPMENT*

Dr Jim Tulloch (Director)

*UNIT OF ADOLESCENT HEALTH AND DEVELOPMENT*

Ms Jane Ferguson (Chief)

*UNIT OF WOMEN'S HEALTH*

Ms Claudia Garcia-Moreno

*OTHER WHO DIVISIONS AND PROGRAMMES**DIVISION OF ANALYSIS, RESEARCH AND ASSESSMENT*

Dr Andrei Issakov (Scientist)

*DIVISION OF BUDGET AND FINANCE*

Mr Richard Saynor (Budget Officer)

*DIVISION OF ORGANIZATION AND MANAGEMENT OF HEALTH SYSTEMS*

Dr Hans Schmidtkunz (Technical Officer, Research Training Grants)  
Mrs Janet Richard (Administrative Assistant, Research Training Grants)

*OFFICE OF RESEARCH POLICY AND STRATEGY COORDINATION*

Dr Boutros Mansourian (Director)  
Ms Yukiko Maruyama (Technical Officer)

*OFFICE OF THE LEGAL COUNSEL*

Mr Tom Topping (Legal Counsel)

*PROGRAMME ON HEALTH AND ENVIRONMENT*

Dr Jenny Pronczuk (Medical Officer, Unit of Poisoning, Prevention and Treatment)

*SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES*

Dr Carol Vlassoff (Programme Manager)

*OTHER PROGRAMMES*

*JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS)*

Dr Francis Ndowa (Sexually Transmitted Diseases Adviser, Department of Policy, Strategy and Research)

**WHO REGIONAL OFFICES****AFRICA**

**Dr Thembeke Ruth Tshabalala, Director, Health Protection and Promotion, World Health Organization, Regional Office for Africa, Brazzaville, Congo**  
 [Tel: (1 407) 953 9111; Fax: (1 407) 953 9400]

**AMERICAS**

**Dr José Antonio Solis, Acting Coordinator of the Program on Family Health and Population, World Health Organization, Regional Office for the Americas/Pan American Sanitary Bureau, Washington, D.C. 20037, United States of America**  
 [Tel: (1 202) 974 3727; Fax: (1 202) 974 3663; Email: solisjos@paho.org]

**EASTERN-MEDITERRANEAN**

**Dr Ghada Hafez-Shishakli, Director, Health Protection and Promotion, World Health Organization, Regional Office for the Eastern Mediterranean, Alexandria 21511, Egypt**  
 [Tel: (20 3) 482 0223; Fax: (20 3) 483 8916]

**EUROPE**

**Dr Locano, World Health Organization, Regional Office for Europe, 2100 Kobenhavn 0, Denmark**  
 [Tel: (45 39) 171 717; Fax: (45 39) 171 818]

**SOUTH-EAST ASIA**

**Dr Sunita Acharya, Regional Adviser, Maternal and Child Health, World Health Organization, Regional Office for South-East Asia, New Delhi-110002, India**  
 [Tel: (91 11) 331 7804; Fax: (91 11) 331 8607]

**WESTERN PACIFIC**

**Dr Janus Annus, Medical Officer, Maternal and Safe Motherhood, World Health Organization, Regional Office for the Western Pacific, United Nations Avenue, P. O. Box 2932, 1000 Manila, Philippines**  
 [Tel: (63 2) 528 8001; Fax: (63 2) 521 1036]



**UNDP/UNFPA/WHO/WORLD BANK  
SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT  
AND RESEARCH TRAINING IN HUMAN REPRODUCTION**

**TENTH MEETING OF THE POLICY AND COORDINATION COMMITTEE (PCC)  
Geneva, 18-20 June 1997**

***REPORT OF A SUBCOMMITTEE TO ESTABLISH THE  
TERMS OF REFERENCE, MEMBERSHIP AND TIME-SCHEDULE  
OF AN AD HOC WORKING GROUP TO REVIEW  
PRIORITIES FOR THE PROGRAMME'S FUTURE RESEARCH ACTIVITIES***

- I. The PCC agreed to set up a small ad hoc Working Group with the following members:
1. Standing Committee  
  
UNFPA  
WHO  
WORLD BANK  
UNDP
  2. Major Donors (6)  
  
UNITED KINGDOM  
UNITED STATES  
GERMANY  
NORWAY  
SWEDEN  
JAPAN
  3. Developing Countries (6)  
  
CHINA  
INDIA  
TURKEY  
ZIMBABWE  
MEXICO  
ZAMBIA
  4. GAP REPRESENTATIVE  
STAG “

**5. Members and Observers who will review documents but not attend meeting**

**CANADA  
NETHERLANDS  
SINGAPORE  
UNICEF  
IWHC**

**Zambia was asked to act as Chairman in a neutral (non-donor) role.**

**II. The aim of the ad hoc Working Group is to assist PCC and the Secretariat in prioritizing the list of research topics identified in the paper "Sexual and Reproductive Health Research Priorities for WHO for the Period 1998-2003". The prioritized list of topics will be used in making budgetary and personnel allocation decisions over the next six years.**

**III. The specific terms of reference of the ad hoc Working Group are as follows:**

**1. To work with the Secretariat in establishing criteria for ranking potential research topics in a manner consistent with the principles agreed upon by PCC.**

**Provisional criteria are:**

- a) Public health impact: potential for leading to new knowledge and products that will have a significant positive impact on the sexual and reproductive health of the poor in developing countries.**
- b) Feasibility: feasibility of carrying out the research and translating its results into practice and policy change.**
- c) Gender: potential to yield results that will advance women's sexual and reproductive health and rights.**
- d) Developing country needs: responsiveness to developing country research priorities and potential contribution to improving research capacity in developing countries.**
- e) WHO comparative advantage: the item is one which others are not doing, or are not able or likely to do, and for which WHO involvement brings benefits unattainable elsewhere.**
- f) Value for money: the cost of this item is high, approximately the same, or low in relation to the benefits in (a) - (e) above for this particular item compared with the cost of other items on the list.**

2. **To review and approve the priority rankings produced by the Secretariat and on behalf of PCC, as well as weights for the criteria (to be suggested by the Secretariat) in order to determine an overall priority ranking.**
  3. **To consider organizational implications of the ranking process (see item IV.4 below).**
- IV. The Secretariat is requested to take the following timetable into account:**
1. **By 15 August, finalizes the list of criteria and first proposal for weights in item 1. above discussed at PCC and submits it to the ad hoc Working Group for approval.**
  2. **Prepares a matrix with the proposed research topics (and their approximate costs) in rows and criteria in columns; then assign priority rankings (scaling to be determined by the Secretariat) to each topic in each criteria column.**
  3. **By 15 October, distributes the draft matrix to members of the ad hoc Working Group for review prior to its meeting.**
  4. **Identifies organizational and staffing implications, and the financial consequences of the rankings, and communicates them in a note for discussion by the ad hoc Working Group, also to be provided prior to the meeting.**
- V. The ad hoc Working Group will meet at least once during the late fall of 1997 to review the rankings. Prior to that meeting, the Secretariat should provide a draft version of the rankings for review by the Group. Work should be completed in time for recommendations to be reported to STAG.**