The Policy and Coordination Committee (PCC) acts as the Governing Body of the Special Programme of Research, Development and Research Training in Human Reproduction for its overall policy and strategy.

Currently, there are three Member States from the WHO South-East Asia Region (Bangladesh, Indonesia and Timor-Leste) that are Members of PCC in Category 2. Since the term of office of Bangladesh ends on 31 December 2023, the High-Level Preparatory Meeting was requested to consider electing one of the Member States of the SE Asia Region to serve on the PCC under Category 2 for a three-year term of office starting 1 January 2024.

The High-Level Preparatory Meeting recommended that India serve on the PCC for the three-year term replacing Bangladesh. The recommendations made by the HLP Meeting for consideration by the Seventy-sixth Session of the WHO Regional Committee for South-East Asia are as follows:

Action by WHO

(1) Document the nomination of India based on the recommendations made at the HLP Meeting for inclusion in the Working Paper on this Agenda item for the Seventy-sixth Session of the Regional Committee and update the Sexual and Reproductive Health (SRH) Department at WHO headquarters after the Regional Committee Session.

The attached Working Paper and the HLP Meeting recommendations are submitted to the Seventy-sixth Session of the WHO Regional Committee for South-East Asia for its consideration and decision.
Introduction

1. The Policy and Coordination Committee (PCC) of the Special Programme of Research, Development and Research Training in Human Reproduction acts as the Governing Body of the Special Programme and is responsible for its overall policy and strategy. For coordinating the interests and responsibilities of the parties cooperating in the Special Programme, it:

   - reviews and decides upon the planning and execution of the Special Programme,
   - reviews and approves the plan of action and budget for the coming financial period, prepared by the executing agency and reviewed by the Scientific and Technical Advisory Group (STAG) and the Standing Committee,
   - reviews the proposals of the Standing Committee and approves arrangements for the financing of the Special Programme,
   - reviews the proposed longer-term plans of action and their financial implications,
   - reviews the annual financial statements submitted by the executing agency, and the audit report thereon, submitted by the external auditor of the executing agency,
   - reviews periodic reports that will evaluate the progress of the Special Programme towards the achievement of its objectives,
   - reviews and endorses the selection of members of STAG by the executing agency in consultation with the Standing Committee, and
   - considers such other matters relating to the Special Programme as may be referred to it by any Cooperating Party.

Composition

2. The Policy and Coordination Committee consists of members from among the Cooperating Parties as follows (Annex 1):

   (1) Largest financial contributors (Category 1): Eleven government representatives from countries that are the largest financial contributors to the Special Programme. India and Thailand were represented this group till 2021.

   (2) Countries elected by WHO Regional Committees (Category 2): Fourteen Member States are elected by the WHO Regional Committees for three-year terms according to population distribution and regional needs. The three countries currently representing the South-East Asia Region under this category are Bangladesh, Indonesia and Timor-Leste. In its election, due account is taken of a country's financial and/or technical support to the Special Programme, as well as its interest in the fields of family planning, and research and development in human reproduction and fertility regulation, as demonstrated by its national policies and programmes.
(3) Other interested Cooperating Parties (Category 3): One member is elected by the PCC for three-year terms from the remaining Cooperating Parties. None of the countries from the South-East Asia Region fall within this category currently. Nepal was a member from this category for the term 1 January 2012–31 December 2014.

(4) Permanent members: The co-sponsors of the Special Programme, namely, UNAIDS, UNDP, UNFPA, UNICEF, WHO, World Bank and the International Planned Parenthood Federation (IPPF), are designated as permanent members.

(5) Observers: Other Cooperating Parties may be represented as Observers upon approval of the Executing Agency, which is the World Health Organization, after consultation with the Standing Committee. Observers may attend sessions of the PCC at their own expense.

3. Members of the PCC in Categories 2 (2.2.2) and 3 (2.2.3) may be re-elected.

Action to be taken by the Regional Committee

Report of attendance at the last PCC session

4. The Regional Committee at its Sixty-eighth session recommended that the PCC members elected by it should report to the next Session of the Regional Committee, giving a summary of the deliberations of the last PCC session attended by them. The executive summary of the Thirty-sixth Meeting of the Policy and Coordination Committee (PCC) held on 25–27 April 2023 in Geneva, Switzerland, is being presented to the HLP Meeting for noting (attached herewith as Annex 2).

5. The following table summarizes PCC membership from the South-East Asia Region under category 1(2.2.1), 2(2.2.2) and 3(2.2.3) over the past years.

<table>
<thead>
<tr>
<th>Country</th>
<th>Period</th>
<th>Elected by</th>
<th>Paragraph of the Memorandum on the administrative structure under which elected</th>
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<td></td>
<td>2021–2023</td>
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<td>Bhutan</td>
<td>2011–2013</td>
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<td>India</td>
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### Table

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<td>2015–2017</td>
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<td><strong>2022–2024</strong></td>
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<td><strong>2.2.2</strong></td>
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<td>Maldives</td>
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<td></td>
<td>2020–2022</td>
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<td>Myanmar</td>
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<td>2009–2011</td>
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<td></td>
<td>2017–2019</td>
<td>Regional Committee</td>
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<tr>
<td>Thailand</td>
<td>2016–2021</td>
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<td>Timor-Leste</td>
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<td><strong>2023–2025</strong></td>
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<td><strong>2.2.2</strong></td>
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6. At present, the three Member States from the South-East Asia Region that are members of PCC under Category 2 are Bangladesh, Indonesia, and Timor-Leste. Since the term of office of Bangladesh ends on 31 December 2023, the HLP Meeting was requested to consider recommending another Member State to serve on the Policy and Coordination Committee in Category 2 for a three-year term from 1 January 2024 to 31 December 2026.

7. While selecting a Member State, the HLP Meeting considered the country's financial and/or technical support to the Special Programme, as well as its interest in the fields of family planning, and research and development in human reproduction and fertility regulation, as demonstrated by its national policies and programmes.

8. The delegates at the HLP Meeting, by consensus, recommended India to be a member of the PCC under Category 2 from 1 January 2024 for a term of three years, replacing Bangladesh whose term expires on 31 December 2023. This nomination is presented to the Seventy-sixth Session of the Regional Committee for South-East Asia for its consideration and decision.
Annex 1

Category 1: Largest financial contributors in the previous biennium (2020–2021)

Canada  
Flemish Government, Belgium  
France  
Germany  
Netherlands  
Norway  
Russian Federation  
Sweden  
Switzerland  
United Kingdom of Great Britain and Northern Ireland  
United States of America

Category 2: Countries elected by WHO regional committees

<table>
<thead>
<tr>
<th>Country</th>
<th>Years</th>
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<tbody>
<tr>
<td>Bangladesh</td>
<td>2021–2023</td>
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<td>Indonesia</td>
<td>2022–2024</td>
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<td>Italy</td>
<td>2022–2024</td>
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<tr>
<td>Malaysia</td>
<td>2021–2023</td>
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<td>Mongolia</td>
<td>2023–2025</td>
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<td>Nicaragua</td>
<td>2022–2024</td>
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<td>Qatar</td>
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<tr>
<td>Rwanda</td>
<td>2021–2023</td>
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<td>Sao Tome and Principe</td>
<td>2021–2023</td>
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<tr>
<td>Senegal</td>
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<td>Seychelles</td>
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<tr>
<td>Timor-Leste</td>
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<td>Tonga</td>
<td>2022–2024</td>
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<td>Uruguay</td>
<td>2022–2024</td>
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At its Sixteenth Meeting in June 2003, PCC endorsed the interpretation of Section 2.2.1 of the Memorandum on the administrative structure of the Special Programme to mean that Category 1 membership should consist of representatives of the 11 largest donors not otherwise represented on the PCC under any other category.

Category 3: Other interested Cooperating Parties

Armenia 2023–2025

Category 4: Permanent members

UNDP
UNFPA
UNICEF Co-sponsors
WHO
The World Bank
IPPF
UNAIDS
Policy and Coordination Committee (PCC)
36th Meeting
25-27 April 2023, Geneva, Switzerland

EXECUTIVE SUMMARY
At its Thirty-sixth Meeting, held in Geneva from 25 to 27 April 2023, the Policy and Coordination Committee (PCC) of the UNDP / UNFPA / UNICEF / WHO / World Bank Special Programme of Research, Development and Research Training in Human Reproduction (the “Programme”) took the following actions:

Agenda item 1. Welcome, adoption of the agenda and election of presiding officers

1. ELECTED Dr Gylian Mein, Seychelles, and Dr Syarifah Liza Munira, Indonesia, as vice-Chairs.
2. ELECTED Dr Noor Ani Ahmad of Malaysia as rapporteur.
3. ADOPTED the agenda.
**Agenda item 2. Adoption of the report of PCC(35), review of implementation of recommendations and remarks by PCC Chair**

1. ADOPTED the report of the 35th meeting of the PCC and NOTED the follow-up actions in response to PCC recommendations.

2. CONGRATULATED HRP on its 50th anniversary.

3. APPRECIATED the Programme’s effort to deliver on its commitments, promote a human rights-based approach to sexual and reproductive health and rights (SRHR)\(^1\) and act on previous PCC recommendations.

4. REQUESTED that the Programme reports at the next meeting of PCC on [1] recommendation 5.5\(^2\) of PCC 35 on the qualitative assessment to be carried out by the HRP Alliance Advisory Board and GAP, and [2] the Maternal mortality reduction project.

**Agenda item 3. Election of PCC category 3 member**

1. ELECTED Chile as a new Policy and Coordination Committee member in category 3.

**Agenda item 4. Director’s Annual Report 2022**

1. WELCOMED the report, recognized the importance of HRP and expressed full solidarity with HRP as a champion and leader for SRHR.

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\(^1\) The delegation of the Russian Federation distanced itself from the term sexual and reproductive health and rights (SRHR), in this and all subsequent recommendations.

\(^2\) Recommendation 5.5, PCC35 “REQUESTED that the independent qualitative assessments to be carried out by the HRP Alliance and GAP are presented at the next PCC.”
2. NOTED the evolution of HRP and the game-changing achievements of HRP during the last 50 years, in the increasingly challenging space that HRP is working within, and the incredible work on the whole spectrum of sexual and reproductive health (SRH), as a voice of evidence.

3. WELCOMED products produced or under development in collaboration with the cosponsors and WHO departments, including the learning-by-sharing platform and trans and gender-diverse guidance.³

4. WELCOMED the visibility of HRP in social media and technical global platforms.

5. SUPPORTED the increased focus on sexual health and well-being across the life course beyond reproduction.⁴

6. REQUESTED HRP to consider if it would be needed to streamline and focus HRP attention in view of financial constraints.

7. RECOMMENDED that HRP develops a resource mobilization strategy.

8. NOTED the proposal for a Global Strategy on Sexual and Reproductive Health.

9. WELCOMED the work on infertility.

10. RECOMMENDED that the HRP Annual Report be complemented with examples of implementation or uptake of guidelines, norms and standards that originate from HRP research.

11. REQUESTED that the dashboard of indicators and data be complemented by a written analysis of these indicators and trends.

12. RECOMMENDED that Special Programmes, including HRP and TDR, be exempted from the WHO mobility policy, as recommended in recommendation 4.3 from PCC 35.⁵

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³ The delegation of the Russian Federation distanced itself from this recommendation.
⁴ The delegation of the Russian Federation distanced itself from this recommendation.
⁵ Recommendation 4.3, PCC35 "REITERATED recommendation 13.5 from PCC34 for the HRP Chair to liaise with the TDR Chair to write to the Director-General on the mobility scheme in view of the specialized nature of HRP staff."
13. EXPRESSED concern that institutional reforms of WHO limit the possibilities of the Programme to work on STIs, HPV and Digital Health, and REQUESTED that, in the short term, a model of strong, costed and at least semi-formalized cooperation in these areas between HRP and the relevant WHO-divisions and departments would be put in place, recognizing HRP as the central and unique research programme within WHO which will keep on generating and systematizing quality research results on those important SRHR-topics.

**Agenda item 5. Remarks of the WHO Director-General**

1. COMMENDED the WHO Director-General, Dr Tedros Adhanom Ghebreyesus, for his strong and sustained commitment to achieving global SRH goals as an integral part of universal health coverage and primary health care, as well as recognizing HRP’s unique role as a global leader in evidence generation, and the protection and promotion of SRHR for all, including during humanitarian crises and emergencies, over 50 years.

2. COMMENDED WHO for doubling the allocation of financial resources to HRP and RECOMMENDED that WHO maintains at least this level of funding for the coming years and that the cosponsors follow this example and increase their contribution and collaboration with HRP.

3. THANKED the WHO Director-General, for reaffirming the importance, and creating space for, dialogue between WHO and HRP as well as the global SRH community on challenging SRH areas, including in the context of ongoing reforms at WHO.
Agenda item 6. 50th anniversary Panel 1 – War, peace, and sexual and reproductive health and rights

1. WELCOMED WHO’s commitment to systematically integrate SRHR, and prevention and response to gender-based violence, in all humanitarian appeals and in WHO’s work in crises/humanitarian contexts.

2. RECOGNIZED the challenges of delivering SRH services in conflict and fragile settings and HIGHLIGHTED the importance of ensuring a comprehensive SRH strategy that includes attention to care for gender-based violence survivors, safe abortion care and contraception, in addition to strengthening maternal health care.

Agenda item 7. Reports of the committees

Sub-item 7.1 Scientific and Technical Advisory Group (STAG)

1. NOTED and EXPRESSED APPRECIATION for the report, and ENDORSED the recommendations of the 39th meeting of the Scientific and Technical Advisory Group (STAG).

2. RECOMMENDED that HRP keeps abreast of the evolution of artificial intelligence and the implications for SRHR. ENDORSED the exceptional reappointment of Professor James Hargreaves (United Kingdom) for a one-year term starting 1 January 2024.

3. ENDORSED the appointment of four new members, who attended the STAG meeting in February 2023 as temporary advisers, starting 1 January 2024, Dr Abdifatah Ahmed Abdullahi (Somalia), Dr Ivonne Diaz Yamal (Colombia), Dr Ana Flavia d’Oliveira (Brazil) and Dr Nahid Toubia (Sudan/UK).
1. NOTED and EXPRESSED APPRECIATION for the report, and ENDORSED the recommendations of the 27th meeting of the Gender and Rights Advisory Panel (GAP).

2. NOTED the GAP recommendation that asks HRP to explore ways of working with PCC to strengthen the representation of SRHR civil society organizations “CSOs” in official relations with WHO.\(^6\)

3. ENDORSED the appointment of three new members, who attended the GAP meeting in February 2023 as temporary advisers, starting 1 January 2024, Dr Alessandra Aresu (Italy), Dr Renu Khanna (India) and Mr Allan Maleche (Kenya).

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**Sub-item 7.3 HRP Alliance Advisory Board**

1. NOTED the progress and APPRECIATED the HRP Alliance Advisory Board report.

2. REQUESTED HRP to provide a written report from the HRP Alliance Advisory Board at the next meeting of PCC.

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\(^6\) Recommendation 14, GAP27 “Explore ways of working with PCC to strengthen the representation of SRHR CSOs in official relations with WHO.”
Sub-item 7.4 Standing Committee

1. WELCOMED the progress noted in the report from the Standing Committee on efforts to strengthen coordination across the cosponsors, including on HRP’s research agenda and through the newly-formed communications, knowledge transfer and advocacy network.

2. RECOMMENDED stronger coordination on research and financing for SRHR across the cosponsors to strengthen HRP’s position, including with the Global Financing Facility (GFF).

3. COMMENDED the broad range of collaborative activities across the cosponsors with HRP and RECOMMENDED that lessons learned from these collaborations be more widely disseminated.

4. RECOMMENDED that HRP develops a joint cooperation strategy and action plan with the cosponsors to be presented at the intersessional meeting.

Sub-item 8. Financial reports

1. NOTED the financial reports.

2. NOTED WITH APPRECIATION the increased financial contribution from WHO in 2022 and ENCOURAGED WHO to maintain this increased funding level in the future.

3. SUGGESTED that all HRP cosponsors explore ways to make financial contributions to the Programme.

4. APPRECIATED the financial outlook, especially comparing the approved budget and available funds, and for the detailed view of the carry-over.
5. RECOMMENDED that HRP strengthens its staffing to expand the digital health work and its expertise in artificial intelligence.

6. WELCOMED the proposal for a “working capital fund”, and, noting the need for more discussion with PCC donors, specifically on the proposal presented, REQUESTED that the PCC Chair consults with the secretariat and PCC members to identify a mechanism that maximizes the aims of this fund, as presented to the PCC, and meets compliance with donors’ regulatory constraints to their funding arrangements.

**Agenda item 9. HRP Proposed Programme Budget 2024-2025**

1. APPROVED the HRP proposed programme budget 2024-2025.⁷

2. RECOMMENDED that HRP provides a report on the distribution of core funds at the intersessional meeting and REQUESTED that the programme budget update shared at PCC in the following years include an update on the status of implementation of the products.

**Agenda item 10. 50th anniversary Panel 2 – 50 years of HRP achievements: donor perspectives**

1. REITERATED the importance of funding and commitment to the continued support of HRP and its work in SRHR from a multi-generational perspective, and STRESSED the importance of pluralism of funding sources to strengthen HRP’s independence as a programme.

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⁷ The delegation of the Russian Federation distanced itself from the approval of the HRP proposed programme budget 2024-2025.
2. HIGHLIGHTED the importance of a human rights-based approach to SRHR, the impact of climate change, digitalization including artificial intelligence, safe self-care and self-management, challenges posed by disinformation and threats due to the growing scale and scope of anti-SRHR lobbies and agenda, as well as ensuring continuum from evidence generation, implementation and policy.  

3. SUGGESTED strengthening financial collaboration and cooperation with philanthropic organizations.

**Agenda item 11. Technical discussion – HRP Alliance hub**

1. RECOMMENDED that HRP increases collaboration with the Special Programme for Research and Training in Tropical Diseases (TDR) and the Alliance for Health Policy and System Research (AHPSR).
2. RECOMMENDED strengthening the integration of research capacity strengthening into HRP research.
3. SUGGESTED supporting efforts and engagements with ministries of health in translating research into practice.

**Agenda item 12. External Evaluation**

1. ENDORSED the methodology of the evaluation.

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8 The delegation of the Russian Federation distanced itself from this recommendation.
2. SUPPORTED the request for the timely and appropriate completion of online consultation by relevant stakeholders, including country representatives, decision-makers and CSOs, including clear instructions on the completion of the survey be provided with the aim of gathering views across the organizations rather than the opinion of a single individual within the organization, and stakeholder mapping to ensure all stakeholders are included in the consultation.

Agenda item 13. Technical discussion: The importance of the role of HRP in WHO’s scientific programme

1. APPRECIATED HRP’s leading role and collaboration with the WHO Science Division in the development of WHO’s digital health research, and quality assurance of norms and standards.

2. REQUESTED that HRP includes community-based and CSOs in the design, content development and dissemination of guidelines, digital health content and innovations, and work across all levels of WHO, especially at Regional and Country levels to increase the uptake of norms and standards.

3. REQUESTED that HRP addresses issues of mis/disinformation in SRH in collaboration with the WHO Science Division and other relevant departmental efforts.
Agenda item 14. 50th anniversary Panel 3 – Filling up the half-empty glass: how we can counter opposition to sexual and reproductive health and rights

1. RECOMMENDED the elaboration of language emphasizing evidence and countering misinformation on SRHR.

2. WELCOMED the discussion and evidence on sexual health and well-being, including sexual pleasure, as well as the focus on sexual dysfunction, as important elements of SRHR.

3. RECOMMENDED that HRP work with partners using a whole-of-society approach to address sexual health and well-being and pleasure, recognizing gender disinformation and sexual harm as a health crisis and promoting a gender transformative approach.

Agenda item 15. Pledging for 2023 and subsequent years

1. NOTED and THANKED all donors for their generous contributions.

Agenda item 16. Date and venue of the 2024 meeting and tentative date for 2025

1. AGREED to hold PCC(37) on at least 17 and 18 April 2024 in Geneva and proposed 29 and 30 April 2025 as tentative dates for PCC(38).

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9 The delegation of the Russian Federation distanced itself from this recommendation.
10 The delegation of the Russian Federation distanced itself from this recommendation.
2. RECOMMENDED exploring holding PCC in a location other than Geneva balancing
   the advantages and disadvantages.

**Agenda item 17. Review and approval of the draft recommendations of the meeting**

1. APPROVED the draft summary report of the meeting.

**Agenda item 18. Any other business**

1. SUGGESTED that HRP explore the possibility of evaluating mRNA vaccines in HRP’s area of work.