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Ms Ingar Brueggemann - Secretary General - International Planned

Parenthood Federation [IPPF] - September 13, 1996

Folder ID: 30485693

Series: Meeting and event briefing materials

Dates: 09/12/1996 – 09/23/1996

Subfonds: Records of President James D. Wolfensohn

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ISAD Reference Code: WB IBRD/IDA EXC-13-10

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THE WORLD BANK

Washington, D.C.

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The World Bank 1818 H Street NW Washington DC 20433

Telephone: 202-473-1000 Internet: www.worldbank.org Meeting: Ms. Ingar Brueggemann Secretary General, International Planned Parenthood Federation (IPPF)

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Friday, September 13, 1996 12:00 - 12:30 pm E1227 Conference Room





R2002-036 Other #: 23 Box #: 186473B

President Wolfensohn - Briefings Books for Presidents Meetings - Meeting Materia Ms Ingar Brueggemann - Secretary General - International Planned Parenthood

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Document Log

Reference # : Archive-00793

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The World Bank/IFC/MIGA
OFFICE MEMORANDUM

DATE: September 23, 1996 08:27am

TO: Files (JOSIE BASSINETTE)

FROM: Josie Bassinette, EXC (JOSIE BASSINETTE)

EXT.: 80240

SUBJECT: Notes from JDW's Meeting with Intl Planned Parenthood Federation

Head, Bruggerman - September 13

JDW met with Mrs. Bruggerman, Head of International Planned Parenthood Federation. The meeting was at Ms. Bruggerman's request (she had requested meetings several times).

Staff attending were: David de Ferrenti, HEAD HD Network; Anne Tinker; Kris Martin, EXT.

Was a completely cordial meeting. Ms. Bruggerman wanted the opportunity to meet JDW, say that she supported what he was doing and to look for areas where IPPF and the Bank could work together.

JDW repeated his messages about partnerships. Welcomed the work Bank was already doing with IPPF and said would be happy if they could expand their partnership. Invited IPPF to take advantage of the Bank's training program. Said that he was looking to get support from the Board for a program that would allow the Bank to provide direct funding to NGOs. Said that he had met many local agents of IPPF. Asked that "his staff" make note that he would like to meet with IPPF in the field whenever possible when he travels (i.e. they should be invited to NGO meetings.) Atsuko for follow-up.

CC: Atsuko Horiguchi (ATSUKO HORIGUCHI)
CC: Geoffrey Bergen (GEOFFREY BERGEN)

CC: Wendy Plumley (archives) (WENDY PLUMLEY)

OFFICE MEMORANDUM

Se to 90

Int. 2237 JB

DATE:

September 12, 1996

TO:

Mr. James D. Wolfensohn

THROUGH:

Mr. Caio K. Koch-Weser, EXC

FROM:

David de Ferranti, HDD

EXTENSION:

38729

SUBJECT:

Visit of Mrs. Ingar Brueggemann, Secretary General, International Planned Parenthood Federation (IPPF) on Friday, September 13, 1996, at 12 noon

We anticipate that Mrs. Brueggemann will focus on two issues: implementation of the Cairo Plan of Action for Population and Development and NGO participation in population and reproductive health projects.

Background

- The International Planned Parenthood Federation (IPPF). IPPF is an international NGO with affiliated Family Planning Associations (FPAs) in over 140 countries. FPAs provide reproductive health services, including a choice of family planning methods and providers, as well as counseling and information. They also seek to convince governments and policy-makers of the need to improve reproductive health services. Many FPAs specialize in activities such as reaching marginalized population groups, including young people, slum-dwellers and rural residents. FPAs have pioneered new approaches to service delivery; for example the development of community-based distribution (CBD) of contraceptives by training local health workers to visit women in their homes. Many government programs have incorporated this approach as a way of reaching marginalized populations.
- Mrs. Ingar Brueggemann. Mrs. Brueggemann was appointed Secretary General of IPPF in September, 1995, following the retirement of Dr. Hafdan Mahler. Prior to her IPPF appointment, she was Chair of the Development Policy Forum of the German Foundation for International Development in Berlin. Earlier she held positions in the World Health Organization, the most recent as Director of the WHO Office at the United Nations in New York. She holds graduate and postgraduate degrees in social, educational and political science from Munster and Marburg Universities in Germany.

Notes for Discussion

• Follow-up to the International Conference on Population and Development (ICPD). The Bank supports and is seeking to implement the ICPD's recommendations for a

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reproductive health approach, which represents a shift from meeting demographic targets to investing in people's (especially women's) health and education. Consistent with the ICPD, the Bank's assistance in reproductive health emphasizes helping couples prevent unwanted pregnancy, ensuring that pregnancy is safe, and controlling sexually transmitted diseases, including AIDS. The Bank is one of the largest financiers of international population and reproductive health activities worldwide; annual lending has doubled from \$300 million to \$600 million over the last five years. Our work in such countries as India, Kenya and Indonesia is directed to reshaping the traditionally top-down population approach to a more client-centered approach which seeks to provide a broad range of reproductive health services and is linked with other social programs aimed at improving female education and the status of women.

FY96 total

- NGO involvement in the Bank's population/reproductive health work. While the Bank does not lend directly to NGOs, we are committed to involving them in collaborative planning and in encouraging governments to support the complementary role of NGOs in the financing and provision of reproductive health services. Increasingly, projects include specific activities, including grant funds, aimed at coordinating public and private efforts and stimulating innovative approaches to reproductive health. In FY 96, for example, we signed an agreement with the Egypt government which includes funds set aside for local community organizations, NGOs and public sector agencies to compete for grants to fund small decentralized activities consistent with the objectives of the program. In another project, in Indonesia, NGOs are expected to play a large role in designing and implementing outreach interventions to reduce the spread of HIV/AIDS. In addition to the lending program, the Bank is providing support to NGOs through Special Grant Programs in reproductive health. Funds for these special grants have doubled since FY94. (F 194 total = \$1.9 millim)
- IPPF/World Bank collaboration. IPPF and the World Bank collaborate through ongoing contacts at headquarters levels as well as through involvement of IPPF affiliates in Bank-supported projects. First, the Bank works closely with IPPF on the Inter-Agency Group on Safe Motherhood, which is planning a high-level meeting in 1998 on the tenth anniversary of the launching of the Safe Motherhood Initiative. Second, individual IPPF affiliates have received funding for initiatives under the Bank's Special Grants Program. Third, a recent survey of collaborative arrangements under World Bank-funded projects identified 17 FPAs engaged in country-level activities. (Examples are described in the attachment.) We believe that both of our institutions share an interest in and benefit from genuine partnerships in project design and implementation activities. We will facilitate continuing collaboration between IPPF and Bank task managers as new projects in reproductive health are developed.

bcc: Mr. A. Choksi (HCDVP), Mmes. J. Salop (EXC), K. Martin (EXTIM), A. Tinker, Mr. T. Merrick o/r (HDD)

P/RH file

TMerrick/HDD

Examples of IPPF/World Bank Collaboration

Ghana

Work began in 1989 on the Second Ghana Health and Population Project. The Ministry of Health worked closely with NGOs in project preparation and the Planned Parenthood Association of Ghana (PPAG) was recognized as an important participant. The aim of the project is to increase the availability and accessibility of family planning services in Ghana. PPAG, as an important provider of contraceptive services, took on a major role providing equipment, contraceptive supplies, and training. The PPAG relocated 26 of their 46 family planning clinics into rural and underserved areas within Ghana and expanded their CBD network from 168 service points to 815. The FPA also procured contraceptives and other commodities for the project. The total direct grant from the Government of Ghana to PPAG was some US\$2.9 million.

Both the World Bank Task Manager and the PPAG staff report good working relations throughout the process. Government commitment to PPAG has also remained strong and the MOH requested that the FPA serve on the Project Implementation Committee. When coordinating with other players on the procurement of commodities (UNFPA), relations were also good. Finally, and most importantly, use of contraception has increased in Ghana as women have taken advantage of these new services available.

Lesotho

The Bank has worked closely with the Lesotho Planned Parenthood Association (LPPA) for the past several years. Begun in 1990, the Second PHN Project includes an important family planning component. The MOH has asked the LPPA to take the lead in two parts of the project: the establishment of a Counseling Program for Youth and a pilot program for the community-based distribution of contraceptives.

With the help of the LPPA, the Government is gaining confidence in working in the sensitive area of reproductive health counseling for young people. The World Bank project is paying the salary of LPPA's youth counselor located at the main LPPA clinic in Maseru. Also a second youth counselor has been trained and hired by the MOH to be placed in the new Government-owned clinic in the industrial area of Maputsoe. A third counselor will be hired and trained for another new clinic currently being built in the capital.

LPPA has established pilot CBD projects in three areas of the country. The midterm evaluation of these pilot projects showed that contraceptive prevalence had risen to 45 percent in these areas as opposed to 22 percent nation-wide. Use of all types of contraceptives (even those requiring a clinic visit) had increased in the pilot area. This

indicates that the CBD agents are taking their educational roles very seriously and that the women are listening. On the basis of these very encouraging results, the Government is aiming to expand this program throughout the country and has asked the LPPA to take the lead.

Pakistan

Until recently, the Family Planning Association of Pakistan (FPAP) worked mainly in an advisory capacity to the World Bank, in part because of the Government's reluctance to pass on borrowed funds to NGOs. However, this has changed, and FPAP now gets substantial support under Bank-funded projects. In the Second Family Health Project in Punjab and Balochistan, FPAP constructed and equipped several maternity referral hospitals, upgraded many of their existing clinics, and carried out training activities in both provinces. In the new Northern Health Project, the role for FPAP is substantial. In the Northern Areas, Azad Jammu, and Kashmir, the FPA will expand their existing programs with Bank support. This will include producing new teaching materials, covering incremental operating costs, transport, equipment, and some construction. Under the Pakistan Population Welfare Project, a special fund for support of NGO activities has been established, and FPAP is expected to play an important role in work supported under this initiative.

More telling perhaps than the financial support, is the fact that the World Bank staff and the staff at the FPAP headquarters in Lahore maintain a close relationship. Senior Bank staff are taken to see FPAP projects as examples of what can be done in a challenging country situation. An NGO is inspiring the World Bank, demonstrating on a small scale the possibilities that can be converted to larger scale reality with the financial support and commitment the Bank is able to provide.

Chad

Chad is one of the poorest countries in Africa, with high rates of sexually transmitted diseases (including HIV) and very low rates of modern contraceptive prevalence (less than 2 percent). Access to and promotion of family planning services has been limited. Rates of HIV infection doubled between 1991 and 1993, and the prevalence of HIV among the adult population is estimated to be 3 percent. Public recognition of AIDS as a health calamity has been recent. The Bank's 1995 Population and Aids Control Project seeks to address these problems. A major part of the project is a contraceptive social marketing scheme, estimated to cost US\$7.1 million or about 25% of the total project.

The Association Tchadienne du Bien-Etre Familial (ASTBEF), has a contract with the Government of Chad to carry out the contraceptive social marketing project. They will be given technical assistance by a US-based organization (Population Services International), which specializes in contraceptive social marketing. Once this program is established,

condom use in Chad is expected to go from 2 million condoms in the first year to nearly five million condoms in year five. Revenues from condom sales will ensure the project's sustainability. During the project, emphasis is placed on building local capacity, training local staff to leave a local entity able to maintain a project of this size.

Colombia

In Latin America, recent Bank assistance in population, health, and nutrition has focused more on reform measures and new mechanisms for financing services than on specific interventions such as family planning. In the face of reduced funding through traditional channels, Colombia's IPPF affiliate, PROFAMILIA, has been a leader in testing innovative cost-recovery measures. While these measures have worked financially, they have made it more difficult to reach low-income groups. With support from the Bank's Population NGOs Special Grant Program, PROFAMILIA will develop a prototype plan which can serve as a model for other NGOs in Latin America to secure funding for delivery of services to low-income populations using new financing mechanisms being developed as part of the health-sector reform process. For Colombia, the prototype plan will illustrate how such funding can be secured under the provisions its Public Law 100.