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Closed as of June June 30, 1974

See Volume 2

Closed as of July

INTERNATIONAL BANK FOR
RECONSTRUCTION AND DEVELOPMENT

INTERNATIONAL DEVELOPMENT ASSOCIATION

INTERNATIONAL FINANCE CORPORATION

Bangladesh

Dr. KK-

I called Dr. Kieffer's secretary today -

He is back from Africa and will be in office on Friday..I told her you will call him.

We made a lunch date for May 7 (Tues.) for 1 p.m. I have not reserved table as I was not sure how many for lunch - and Charlotte asked me who else would be at the lunch; I told her that we would tell her later.
Dr. Kieffer will be making speech in the vicinity of Bank from 11:15 so that is why we made the date for 1 p.m.

Who else will you have to lunch??

Bi
Apr. 24/74

May 7.
Dr KK
Dr Kieffer
M. Fowler
M. Cernik
G. Zaidan
I. Z. Husain

Lunch May 7

Dr Kieffer + 2 / (5) I have table (6)
Dr KK
Dr ZH

Call Charlotte re: guests

Lunch May 1 - Call Renee UNFPA re: arrangements

De Kanagaratnam

Departmental Files

June 28, 1974

Peter A. Hall

Meeting with Dr. L. Florio of the Technical Assistance Bureau of USAID's Office of Health, June 26, 1974 — Thailand.

1. At the suggestion of Miss Mary Fowler, Assistant to Dr. Jarold A. Kieffer, Assistant Administrator, Bureau for Population and Humanitarian Assistance, I met with Dr. L. Florio of the Technical Assistance Bureau of the Office of Health. The purpose of the meeting was to learn more about what the Office of Health is doing to assist the Thailand Health/Population Program. Dr. Florio is a medical doctor with an advanced degree in public health and considerable experience abroad, who reports to Dr. Lee Howard, Head of the Technical Assistance Bureau. Dr. Florio is in charge of the DEIDS Program (Development and Evaluation of Integrated Delivery Systems) which is now being carried out on an experimental basis in five countries (Thailand, Ecuador, Pakistan, Panama and Nigeria).

2. The Technical Assistance Bureau is interested in assisting health activities in general and family planning, and maternal and child health and nutrition activities in particular. There has of late been a reawakening of congressional interest in funding health programs and health delivery systems in rural areas. DEIDS is an eight-year project which focuses on low cost health delivery systems, which can be easily replicated as simple, culturally acceptable health system models on a country basis. Some US$22 million has been initially allocated to the DEIDS project. Since the Technical Assistance Bureau does not have a large enough technical staff to plan and implement viable projects, the American Public Health Association, APHA, serves as contract monitors and American universities act as sub-contractors responsible for project implementation.

3. In general, DEIDS' projects are supposed to be in rural areas of around 500,000 people or less and focus on preschool children, maternal and child health, including family planning and nutrition. Construction of rural health facilities are deemphasized, and local participation and training of primary health care personnel encouraged. Once a country is selected the American Public Health Association sends out a 1-2 man team to review the health sector to develop a project proposal. An American university is selected to be responsible for executing the project; e.g. the University of Hawaii was selected for Thailand, and UCLA for Ecuador; the APHA usually pays for training and evaluation costs, advisory support to the locally appointed director of the project, the convening of conferences to exchange experiences, etc. The country pays for salary support and supplies local instructors, but is not expected to substantially increase its expenditures.

4. The following is a brief review of the situation in five countries, where the Office of Health has experimental projects underway.

i. Pakistan: First country selected, but project proposal has not been worked out; sector analysis currently underway by Mr. J. Davies of HEW. Project expected to be developed some time during the next calendar year.

ii. Nigeria: Project is being prepared, but proposal has been waylaid because of a conflict between the state and central government.

iii. Panama: Country has already developed a DEIDS type project with evaluation as the only missing link. Proposal is quite far advanced, and the University of Texas' School of Public Health has been selected as sub-contractor.

iv. Ecuador: Project proposal is in final stages. UCLA selected as sub-contractors; Peace Corps assisting in implementing focus on promotors.

v. Thailand: Project proposal has been formulated by APHA and approved by Assistant Administrator. Dr. Florio and Dr. Britanak leave next week to finalize contractual agreements with University of Hawaii and Thai Government (Ministry of Public Health). Project targeted for implementation on September 1, 1974. Around US$4.4 million allocated for first two years with about US$20 million to be spent over eight year project period. The area selected is Lampang province, which has some 600,000 people and around 12.5 square kilometers. Details for the project proposal were formulated by a Working Group and Steering Committee in the Ministry of Public Health. Core staff of Thais - four professionals and one administrator and secretary have been selected to work with University of Hawaii advisor. DEIDS' project proposes four innovations which will improve the availability and accessibility of health services in rural Thailand. They are:

a. to organize and assist a low cost health delivery system in the villages which utilizes trained non-physician personnel in addition to the lay health promoters and communicators, such as monks and village headmen;

b. to train non-physician personnel to a level of competency in delivering curative and preventive health care on the village level;

c. to inventory and analyze the existing health services, cost, and the utilization of such resources; and

d. to strengthen the health delivery infrastructure, especially in management and administrative practice in provinces.

5. Dr. Florio returns later this month, and has agreed to contact the Bank upon his return for follow-up discussions.

cc: Mr. Zaidan o/rb
Mrs. Maraviglia
Div. Files
PAHall/rb

INTERNATIONAL DEVELOPMENT ASSOCIATION | INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT | INTERNATIONAL FINANCE CORPORATION

OFFICE MEMORANDUM

AID

TO: Dr. K. Kanagaratnam

DATE: June 26, 1974

FROM: G.B.Baldwin GBB

SUBJECT: Attendance at Luncheon Talk by Mr. Philander P. Claxton, Jr. (June 26, 1974)

1. There is relatively little of importance to report on Mr. Claxton's remarks, as he said very little not already known to us. The following points are worth noting briefly:

(a) It now seems likely that the USSR and the East European countries will support the World Plan of Action (WPA); Brazil may also do so. Although Brazil, the USSR, and some of the East European countries would prefer no WPA at all, the present draft is likely to receive their endorsement to forestall any possibility that the Conference might be asked to, and would, support a stronger version (an effort that would be led by the USA);

(b) Mr. Claxton recounted the attempt of the US to get the earlier Group of Experts and the members of the Population Commission to adopt a simpler, shorter, and more explicit and direct Plan of Action. This would have included a statement of goals which would commit countries to reduce their CBR by about 5 points by 1985, would secure government commitments to provide couples with free choice as to their family size, would give greater emphasis on upgrading the rights and status of women in many countries, would secure an endorsement of eventual population stabilization (achieving a NRR of 1.0 by about 2000), and setting a target growth rate for world population of 1.7% by 1985;

(c) At the March 1974 meeting of the Population Commission US spokesmen could secure an endorsement of their position from only 12 of the 25 countries represented. Generally speaking, the Asian countries (which, policy-wise, are well beyond the present official draft of the WPA) were prepared to accept the US suggestions while the Latin, African, and Communist countries were not. Claxton disappeared before anyone could ask him whether or not the US intends to press for the kind of WPA it wants at Bucharest;

(d) Claxton said that the US opposed any move by LDCs to introduce at Bucharest the question of limitations on resource-use by developed countries. He would regard this as a diversion. Asked how large he expected the US delegation to be, he said that he expected it would

be the largest there. For example, he expects 300 US representatives to participate in the Tribune, whose total membership is likely to be around 1500. While the US official delegation at the Conference will try to maintain a low profile, it will make clear its views and participate fully in discussions. He anticipates several "normal attacks" on US views, but does not seem much disturbed by their prospect.

2. I sat at a table with three staff members from a Washington organization I was relatively unfamiliar with, the Population Institute. It proved interesting because it is devoting considerable attention internationally to inserting population material into the two most heavily listened-to types of radio programs (in LDCs?) i.e., religious broadcasts by Protestant and Catholic groups. This does not sound quite right but clearly this group knows quite a bit about the use of the mass media, and especially radio and tv, for getting population messages out to the "general public." The Institute's President is a Mr. Rodney Shaw (a minister, not present); its Executive Director is a Mr. Peter Cott (with broadcasting experience); a Mr. Jim Ryerson, in charge of the Institute's youth work in the US; and a Miss Judy Senderowitz (a very recent employee) were present. The Institute grew out of population work originally started by a social action group of the Methodist Church. It has offices in Washington, Los Angeles, and one other US city, and will soon open one in London. It is funded primarily by US foundations (the Scaife Foundation of Pittsburgh is apparently the largest supporter) and unidentified grants.

cc: Dept. File - WPC

GBBaldwin/jim

INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT
Cable Address - INTBAFRAD

INTERNATIONAL DEVELOPMENT ASSOCIATION
Cable Address - INDEVAS

1818 H Street, N.W., Washington, D. C. 20433, U.S.A.
Area Code 202 • Telephone - EXecutive 3-6360

April 24, 1974

Dr. Jarold A. Kieffer
Assistant Administrator
Bureau for Population and
Humanitarian Assistance
U.S. Agency for International Development
Washington, D.C. 20523

Dear Dr. Kieffer:

I am writing to you on a matter of some delicacy with which we are becoming increasingly concerned and which threatens to become an embarrassment to both our institutions. I refer to the enclosed letters from Dr. Ravenholt, which show his continuing misunderstanding of many aspects of development assistance and what we can only interpret, after a long effort of explanation, as a desire to embarrass the Bank and to discourage its work by distributing his criticisms widely both in the international community and in member countries. Although we have tried to communicate with Dr. Ravenholt on many occasions, he seems unable or unwilling to understand our mode of operation; to accept that the Bank's population assistance can make a positive contribution in this critical area; or that it can be readily harmonized with complementary assistance from other donors.

We are, of course, aware that these views do not represent USAID official policy and we are very appreciative of your personal efforts to overcome some of the difficulties that Dr. Ravenholt's views and actions have created. The needs of the population field are so large that there is room for all of us and we are anxious to pursue close working relationships with USAID, with UNFPA and with other major donors in our population work. I know from our conversations that you fully share this approach which can only benefit the social and economic progress of developing countries which after all is the primary and common concern for all our institutions. It is in this spirit that I have felt it wise to express to you the concern which we in the Bank have felt for some time.

Enclosed with this letter is a listing of the main "bills of complaint" which Dr. Ravenholt directs to the Bank, and our analysis of why they are misplaced and misleading. Before inviting you to review these points, however, I want to state that I am aware that there are shortcomings and defects in our operations, that we have made our share of mistakes and misjudgments in the past as we will undoubtedly do in the future, and that we will, I hope, be found responsive to well-informed and well-intentioned outside criticism.

The central point, which Dr. Ravenholt seems unable to accept, is that the World Bank considers that in the population field, the Bank's programming and institution-building roles are critical functions and that the "transfer of resources" is a secondary function - especially when other quick disbursing funds are available for short-term actions; moreover, the bigger part of the expenditure in population is local cost expenditures much of which governments must provide. We do not agree, therefore, that disbursements are the only or most appropriate means of measuring the World Bank's contribution to its member countries in the population sector any more than they would measure our contribution to the education or other sectors. If this point is accepted, we can pursue a useful critical dialogue with USAID and others in the field of assistance to population programs.

It seems better to express these concerns to you directly in the hope that we can avoid an escalation of a controversy that would not serve the interests of our institutions or the countries we are seeking to help. We will do all in our power to prevent any such outcome from the strains introduced by the public expression of Dr. Ravenholt's views.

Sincerely yours,

Warren C. Baum
Vice President
Projects Staff

Enclosures

cc (with enclosures): Messrs. McNamara
Knapp
Shoaib
Hoffman

A Briefing Note on Points Made in
Dr. Ravenholt's Letters and Memoranda
on World Bank Group Operations

1. The various letters and memoranda which Dr. Ravenholt of USAID has written to and about the Bank in the last 18 months make five separate criticisms of Bank operations in the population sector. His specific points are the following:

(i) Loan financing is inherently inappropriate for the financing of population assistance. Loan assistance, Dr. Ravenholt feels, has proved unhelpful both when used by USAID and, especially, when used by the WBG. His main complaint appears to be the "difficulties" and time involved in negotiating loans and in making them effective. Hence, loans have not proved useful for "the advancement of contraceptive programs." He feels, however, that they can be used to finance abortion clinics "with fair prospects of repayment";

(ii) The Bank employs a "grand design" approach which instead of stimulating governments to action slows things down;

(iii) The Bank intrudes on territory where AID and other donors are already present and asserts a "centerpiece role" instead of working with other donors as equals;

(iv) WBG emphasis on the construction of health facilities has no adequate justification as a contribution to the solution of population problems and can only be justified as health facilities;

(v) WBG loan assistance has resulted in a much more pronounced lag between obligations and disbursements than grant agencies display; this shows that loans are ineffective in "transferring resources" to beneficiaries.

A discussion of each of these points follows.

Loans Vs. Grants

2. This is the most fundamental and the most misleading point in all of Dr. Ravenholt's criticisms of World Bank Group population operations. It reveals a lack of understanding of development finance in general and of World Bank Group operations in particular. As we tried to explain to a meeting of population donors and recipients at OECD in December 1972, the terms on which particular types of development activities receive external financial assistance need have little or no connection to the nature of those activities. A country's ability to finance high-priority development activities from foreign loans will depend not on the nature of the project but on

the economy's general ability to generate savings and sufficient foreign exchange into which these savings can be converted for purposes of servicing foreign debt. It is of course true that many development activities in many poor countries should be financed through international transfer payments (grants) rather than loans, simply because the countries' debt servicing capacity is very weak. But there are almost no countries which cannot accept some external loans (and IDA credits are considered to be 80% grants). A country which does not take up high-priority activities simply because grant funds are not available would appear to be cutting off its nose to spite its face and not acting in its best long-term interests. The future ability of a country to service debt incurred for population activities does not depend at all on the ability of such activities to generate revenues, savings, or foreign exchange. These would have to be generated elsewhere in the economy. This basic financial point is as true of population projects as of the other sectors, such as education, in which the WBG operates.

3. The slowness of project development and implementation which Dr. Ravenholt attributes to the nature of Bank financing is a consequence not of the terms of such finance but of the characteristic type of "project lending" which the Bank has evolved and which it believes useful for extending population assistance. Two crucial characteristics of our use of project lending which involve greater expenditure of time than Dr. Ravenholt believes justified are (a) the Bank's conviction that the identification and definition of projects should depend on a reasonable understanding of the larger (sectoral) setting into which they must fit, and (b) the Bank's unwillingness to present loan proposals to its Directors until projects have been worked out in considerable detail. In other words, we try to do much of the detailed planning in advance of making investment commitment rather than to make early commitments and leave most of the details until later. Since population projects are often more complex than projects in other sectors, the time required for project identification and preparation is correspondingly longer, particularly since all our projects to date have been first projects with agencies that have had no previous experience of doing business with the Bank and frequently little or no experience in carrying out projects on the scale proposed. Despite these underlying reasons that explain the time intervals within which our population projects are prepared and implemented, we are not satisfied with our own performance in this area and are actively seeking ways in which we can accelerate both project identification and preparation and project implementation. This includes seeking better means of financing project preparation activities by the borrower than we have now. But it is important to realize that nothing we have done or would do in this area would be affected in any way if all our population activities were financed by grants rather than loans.

WBG Concern for "Grand Designs"

4. It is true that we take a long time to identify and prepare projects and that we try to satisfy ourselves that projects contain a set of components that will assist borrowers in building sound long-run institutions and physical networks in the fields of population planning and the offering of FP services.

We therefore precede project identification by some kind of sector review. Sometimes these are conducted separately but increasingly we have been combining sector work with project identification, preparation, and appraisal work. We doubt that many governments have been unjustifiably slowed in making basic decisions during the period when such sector surveys and project preparation has occurred. Such delays as may have occurred are much more likely to have been well-justified, to avoid "ad hocism," i.e., making bad basic decisions that would later have been regretted. It is certainly not true that FP services, or USAID assistance for such services, should have been slowed down because of Bank presence. Nor is it true that any delay in any activity which every external donor might want to have taken is necessarily bad. In this respect, we are also aware of the problems caused by differences in approach and strategy that exist between a government's technical ministries and its planning authorities on how a program should be developed -- with the latter often desirous of ensuring a full analysis of the implications of short-term actions promoted by technical ministries. In many cases, the preparation of a basic long-run strategy and program has greatly assisted the mobilization of external support and funding (e.g. Indonesia, Kenya). It is also fair to say that no other agency now offering financial or technical assistance performs the general review function which WBG sector surveys provide and no other agency provides the donor and technical assistance community with the kind of reports on national population programs which these surveys lead to.

The Bank Always Asserts a "Centerpiece Role"

5. It is understandable that donors already active in a country might not always welcome the arrival on the scene of a new major donor. We are sensitive to the danger of arrogating to ourselves a coordinator's role and we have tried to urge and assist governments to assume this role themselves. Where governments have explicitly requested us to develop comprehensive projects and to assist them in arranging coordinated external financing for such projects, we have of course tried to fulfill this responsibility. The Bank's considerable experience in aid coordination and in putting together financing plans with the participation of several donors explains why some governments have relied more heavily on the Bank than on other agencies to achieve this coordination in the field of population. Where governments specifically indicate a preference that some agency other than the Bank play the coordinating role, we will of course abide by that decision.

The "Irrelevance" of Health Facilities

6. It is true that the largest share of WBG financing has gone into the construction of health infrastructure buildings used in delivering FP services or for the training of program personnel. Dr. Ravenholt complains that the construction of health facilities has little or no demographic impact and could only be justified in terms of health objectives, not in terms of fertility-control objectives. While we readily admit that the construction of health facilities is a relatively costly route to the distribution of contraceptive supplies, it is equally true that the extension of the

health-delivery network is probably the only feasible way of significantly expanding the number of acceptors in most LDCs in the foreseeable future. We are perfectly aware of the importance of expanding commercial and other non-clinic-based contraceptive delivery systems. But, entirely apart from the attraction to many of our borrowers of securing financial assistance for the expansion of their health facilities, such facilities do provide a necessary base for a wide range of family planning services and of motivational activities which cannot be provided through any other network. Thus, while readily agreeing that health facility financing is not a sufficient and self-contained approach to gaining acceptors, it seems fully justified as a necessary and major component of a total delivery and motivational strategy. The WHO, which is the central UN agency dealing with family planning programs, firmly believes that family planning must be part of maternal and child health services. While we do not accept all of WHO's reasoning on this, we could not, as Dr. Ravenholt would apparently like, completely ignore it. The Bank has recently received from USAID (Dr. Samuel Adams of the Africa Bureau) an invitation to participate in a conference on the provision of low-cost health care to rural Africa, a conference which originated primarily from the search for improved means of delivering maternal and child health care, including family planning, to these populations. Most major donors interested in family planning today (e.g., the Canadians and the Scandinavians, as well as the WBG) are known to believe that family planning services can be offered more effectively and acceptably from the health-clinic network than from any other technical and administrative network. LDC representatives strongly endorsed this view at an OECD conference in December 1972. Bank staff have also been briefed (by Mr. Claxton of the State Department) on a proposal to develop low-cost health facilities tied in with family planning delivery networks. Dr. Ravenholt, in effect, is trying to force the Bank into the position of accepting his personal approach to the population problems of our member countries.

Disbursements

7. Dr. Ravenholt has prepared a chart that compares obligations and disbursements of four funding agencies (USAID, UNFPA, SIDA and WBG). These charts show the Bank in an unfavorable light and are being used by Dr. Ravenholt to support his claim that loans are an ineffective way of transferring resources. The first, and basic, thing to say is that the Bank's assistance in this sector has long-range goals designed to develop the institutional capacity, management improvement, manpower development, etc., of our member countries by programmed activity that will over time achieve fertility decline. Immediate short-term resources of the quick disbursing type are available from many other sources and the Bank does not serve as a source for such funds. This strategy was outlined in the Bank's Population Sector Paper of March 1972 which said "...it should be emphasized that project numbers and amounts in money terms are a less accurate barometer of Bank involvement in the population field..." (p.28). The Bank views its planning approach and its assistance to institutional development through technical assistance project preparation and supervision as more critical elements of its population work.

8. The second point is that the comparisons of the kind made in Dr. Ravenholt's chart are misleading and inappropriate in that only disbursements of

project expenditures of a like character can be meaningfully compared. For instance, Bank project lending is heavily oriented to capital projects spread over a five-year period with much of the project expenditure building up in the last two years as compared to obligations over annual periods in the examples compared. Moreover, advances towards salary payments, local budget support, and funds expended for purchase of commodities, mainly contraceptives, have rapid disbursement and are not comparable to reimbursements made on capital expenditure projects.

9. This having been said, however, there is no question that the Bank does have a problem of slow disbursements in the sense that our disbursements have normally lagged behind our estimated schedules by 18-24 months. Bank experience in this sector has shown that new borrowers' entities require more time to organize themselves, appoint key staff and consultants, prepare working papers and drawings, and undertake bids than was anticipated from experience in more traditional sectors. It is however our view that start-up delays of new borrowers' entities, which we are looking for ways of shortening, should not delay Bank involvement with the borrowers' population institutions that need Bank support and advice. With the exception of one project, borrowers' actions are "on track" on the basis of revised plans but at a slower pace than previously estimated.

The Bank Should Promote Abortions

10. Dr. Ravenholt argues that while the Bank's loan financing for health facilities offering contraceptive services is relatively ineffective, facilities built with loans might receive a demographic justification if the Bank actively promoted their use for performing abortions. Although there is a certain asymmetry in Dr. Ravenholt's judgment of our better ability to transfer resources for building health facilities used for FP than those used for abortion (since they are the same facilities) his suggestion is unacceptable for much more serious reasons. Although it is probably true that the expansion of abortion programs would have a relatively high demographic impact, and while important human values would be served by transferring a large volume of clandestine abortions into medically-controlled and approved settings, it would be irresponsible and potentially very dangerous for the Bank to actively and openly become a strong promoter of abortion. This is the kind of "cutting edge" issue that is very risky and inappropriate for an outside institution to assume in its relation with a national government. We are certainly very open in discussing the status and possibilities for abortion in our technical discussions with the borrower's representatives; but we are very much governed by the limits of what is considered desirable and acceptable within specific national situations. We are perfectly prepared to finance facilities and equipment which will be used for performing abortions, and to fund the training of health personnel in this procedure, where borrowers wish to use our assistance for this purpose. The actions the Bank undertakes must be technically sound and consistent with the wishes and policies of the governments concerned.

DEPARTMENT OF STATE
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

March 13, 1974

610

Mr. Mohammed Shoaib
Vice President
World Bank
1818 H Street, N. W.
Washington, D. C. 20433

Dear Mohammed:

Enclosed are several materials concerning recently developed Minisuction, which I promised you some time ago, and copies of several memos concerning the IBRD population program, and a chart documenting resource flows.

At best it is an uphill fight to solve the world population crisis. Concerted action by all donors is needed. But such concerted action can only move forward successfully if each part and therefore the whole is sound. To date the World Bank has not demonstrated effective action in the implementation of population program assistance, even for hospital construction projects of only peripheral value for family planning.

We have repeatedly discussed the inappropriateness of loans for family planning action; and we will continue to document what actually happens from their attempted use.

Perhaps such documentation will contribute toward World Bank action to use some of its earnings for a more effective attack upon population problems.

With High Regards,

Sincerely yours,

R. T. Ravenholt, M. D.
Director
Office of Population

Enclosures
a/s

DEPARTMENT OF STATE
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

Rec'd: Mar. 29/74

March 14, 1974

Dr. K. Kanagaratnam
Director, Population Projects Department
International Bank for Reconstruction
and Development
1818 H Street, N.W.
Washington, D. C. 20433

Dear K. K.:

On a number of occasions I have stated my belief, verbally and in writing, that loan monies are not useful for development of family planning programs (Tabs A & B). You have on a number of occasions indicated that use of loans did handicap IBRD action to some extent; but in your OECD report of December 1972 you stated that loans and grants were of equivalent value for this action. However, IBRD resource transfer in support of family planning programs continues to lag (Tab C) and it seems reasonable to ascribe at least some of this lag to use of loan monies; rather than to inadequacies of staff.

Personally, I am skeptical that loans can be effective for development of contraceptive programs; but as stated in a recent memo to Jarold Kieffer (Tab D), there is a basis for believing that loans could be useful for development of abortion clinics--which are urgently needed in almost all countries. And now that AID is somewhat constrained by the Congress with respect to abortion, there is particular need and opportunity for IBRD action in this field.

Please be assured that my colleagues and I would be pleased to see IBRD success in this or any other area.

With Best Wishes,

Sincerely yours,

Ray

R. T. Ravenholt, M.D.
Director
Office of Population

OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA FPMR (41 CFR) 101-11.6

UNITED STATES GOVERNMENT

Memorandum

TO : AA/PHA, Dr. Jarold A. Kieffer

DATE: February 13, 1974

FROM : PHA/POP, R. T. Ravenholt RTR

SUBJECT: World Bank Population Program

Reflection upon our discussion of two weeks ago concerning how the World Bank could contribute more effectively toward solution of population problems, and perusal of related materials (see attachments), brings to mind the thought that the World Bank could make an important contribution to the population and family planning field if it would exercise leadership in the abortion field: promulgating the concept that it should be every woman's right, and ensuring its availability within all maternity facilities constructed with World Bank support. Unless the Bank makes special provision for availability of this and other most powerful means of fertility control within such maternity hospitals and related facilities, there is no adequate justification for considering them to be contributions to solution of population problems; rather they should be considered as health facilities.

Loans have not proved useful for advancement of contraceptive programs; but the experience of Preterm in Washington, D.C. and a number of similar clinics, suggests that loans can be used to develop abortion clinics with fair prospect of repayment.

Now that A.I.D. is at least somewhat inhibited in applying its resources for provision of abortion supplies and services, there is additional need for the World Bank to exercise leadership in the field.

Attachments

OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA FPMR (41 C.F.R) 101-11.6

UNITED STATES GOVERNMENT

Memorandum

TO : AA/PHA, Dr. Jarold A. Kieffer DATE: November 19, 1973

FROM : PHA/POP, R. T. Ravenholt

SUBJECT: NAC Review of IFI Population Policies

If the National Advisory Council and the Treasury wish to review International Financial Institutions population policies and activities with a view to identifying any problems the U.S. Government may have with these policies, then they should be given an honest view of the situation and attendant difficulties that go beyond the points advanced in the PPC memorandum of October 30.

This office wishes to register its view that the main contribution made by IFI toward solution of the world population crisis has been the excellent rhetoric contributed by Robert McNamara on several occasions, notably at Notre Dame and Montreal some years ago; and their contribution toward legitimization of population and family planning as a foremost concern in development planning.

On balance, to date the World Bank has been more of a hindrance than a help in the development of population and family planning action programs in a number of countries. As briefly stated in the attached memorandum of October 2, 1972, interjection of World Bank loans upon the family planning scene in a half dozen countries has slowed rather than facilitated effective action there. And passage of an additional year has not resolved the attendant problems.

Through fiscal 1973, the World Bank had committed $69 million for population projects in six countries -- Trinidad and Tobago, Jamaica, Tunisia, Indonesia, India, and Malaysia -- but disbursements for those projects totaled only $545,000 (less than 1 percent). The small weight of IBRD resource transfer relative to the contributions of other organizations is shown in Figure 1.

Furthermore, these World Bank resources have mainly gone for projects of peripheral value for family planning programs, e.g. construction of maternity hospitals, rather than for high priority actions such as provision of contraceptives.

To date we are unaware of any substantial evidence, either from A.I.D. or IBRD experience, that effective contributions

toward population and family planning can be made with loans. The problems of loan negotiation and implementation are so large and time consuming that they appear to have a negative rather than a positive impact upon family planning program development.

And it is especially unrealistic to think that loans can make any important contribution to research in population and family planning.

In the early development of population and family planning programs, timely and flexible funding of highest priority projects is essential. By exercise of this approach, A.I.D. has gotten a great deal of action going in many countries, e.g. Philippines, Indonesia, Costa Rica. Conversely, largely as a product of loan constraints, the World Bank has manifested a "grand design" approach to population program assistance -- seeking to define and gain agreement on the whole program before proceeding with any action. The "grand design" approach tends to overwhelm and thereby paralyze the planning and implementation capability of the LDC governments.

Also, the World Bank has manifested a propensity to interject proposed loan action into countries where successful program actions by A.I.D. are underway, e.g. the Philippines and Indonesia, rather than focusing its resources in countries where other donors have not yet engaged their resources, e.g. Burma, Brazil, and many African countries. And when parachuting unto an ongoing population program scene, the World Bank tends to grasp a centerpiece coordination role, rather than working with other donors as an equal. On a number of occasions, the World Bank has attempted to compel other agencies, especially A.I.D. and the UNFPA, to adopt its programming mechanisms, including secrecy requirements. This is both unnecessary and undesirable.

The World Bank could contribute importantly toward solution of population problems if it would:

1. Apply a substantial portion of its earnings as grants for population projects.

2. Give adequate weight to the population variable in all development assistance planning.

3. Continue its rhetorical support of population and family planning, and thereby contribute toward the legitimization of this action.

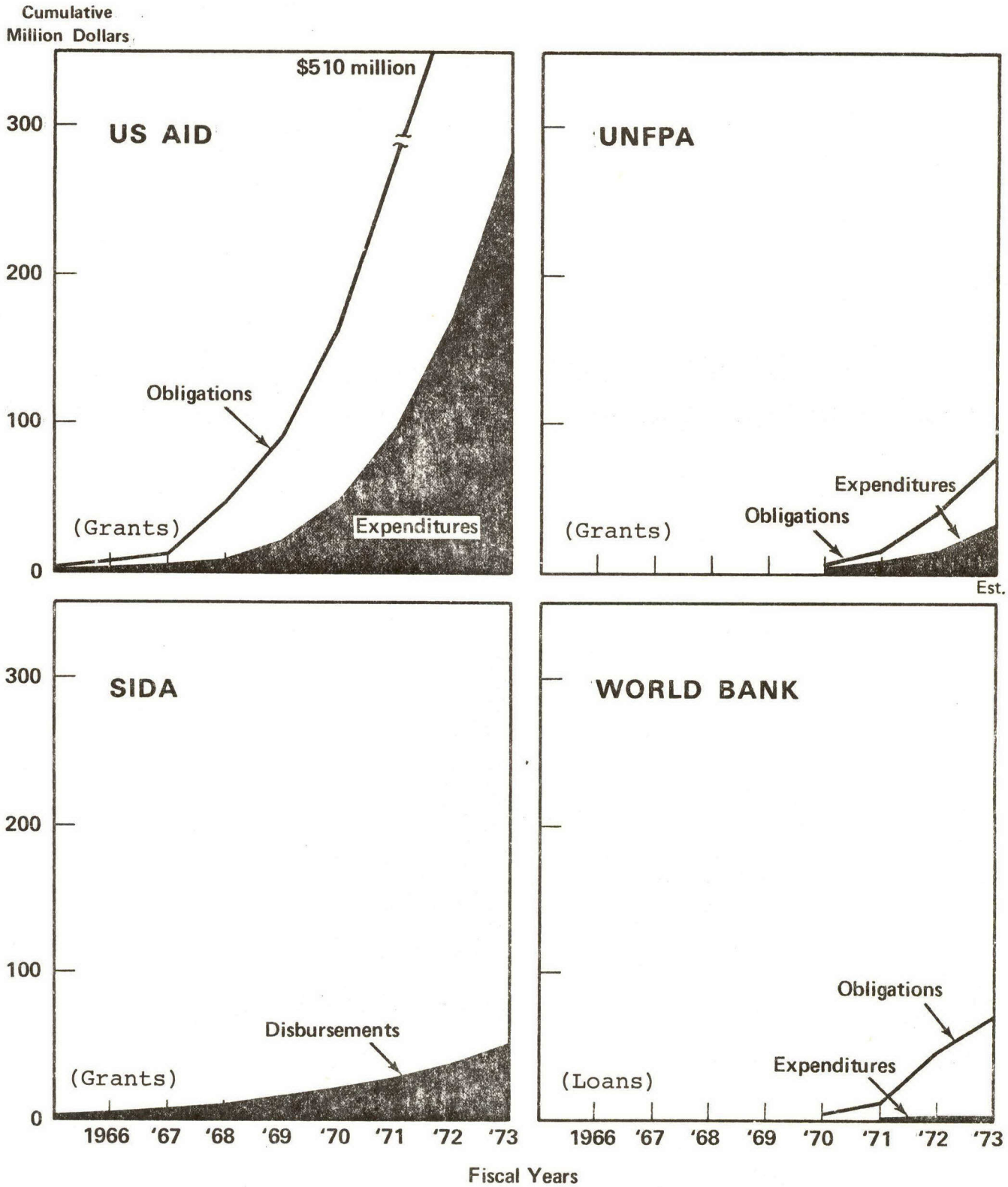
4. Demonstrate its capacity to implement projects already initiated.

5. Avoid interference with the assistance activities of other donor agencies.

6. Emphasize rapid support of highest priority projects, rather than time consuming devotion to "grand designs."

Attachment
Figure 1

POPULATION PROGRAM SUPPORT
BY LEADING DONOR COUNTRIES AND MULTILATERAL INSTITUTIONS



Population program support by national and multilateral agencies is increasing. But effective action is still often limited by a lag between promise and fulfillment -- between commitment (obligations) and resource transfer (expenditures). Timely resource transfer is difficult with grants; with loans it has not yet been demonstrated to be possible.

AID/PHA/POP 73–7

See Distribution

October 2, 1972

PHA/POP, R. T. Pavenholt

Loans Threaten Population Program Progress

During my recent visit to Indonesia I was pleased to observe the remarkable progress made by the Indonesian Family Planning Program, with substantial AID grant support ($6 million), during the interim 3 years since my previous visit. The family planning services distribution system, now operating through 1900 clinics, served more than a half million new acceptors last year; an exceptionally fine data system is operative; and the BKKBN policy guidance unit grafted into the Ministry of Health is providing effective leadership and direction for the program.

With such a favorable beginning and promise of $25 million support from the IBRD-UNFPA during the next five years, one would naturally expect the program to be moving into high gear. But I learned to my dismay that the IBRD-UNFPA support package is currently having a negative rather than a positive effect upon further program development.

While more than 3 years have been devoted to planning the IBRD assistance effort, and a very lengthy document detailing the UNFPA-IBRD-GOI agreement was signed earlier this year, the agreement is weighted with so many preconditions which must be satisfied by the GOI that no resources have yet become available to the Indonesian Family Planning Program from this source.

But the GOI expectation that resources would become available from the UNFPA-IBRD at an earlier date has influenced planning and now threatens program progress. Field workers have not received earned incentive payments for more than six months, and other essential actions planned for UNFPA-IBRD funding are likewise held up.

The situation is not unlike what has happened in each other instance where an attempt has been made to fund family planning action with loan assistance, e.g. USAID action in Turkey (1966) and India (1969), and IBRD action in Jamaica, Tunisia and India. World experience to date, of which I am aware, provides no example of effective and efficient development of a family planning program with loan assistance.

Not only are loans by themselves ineffective for development of family planning programs, but recent experience with the IBRD-UNFPA project for Indonesia, the IBRD-SIDA project for India, and the IBRD-USAID project for Tunisia makes it increasingly apparent that the "convoy phenomenon" is operative--that the package project is slowed to the speed of its slowest component part--which is the loan element.

Hence, donors able to provide grant funds are ill advised to link such funds to loan projects. Not only have loans failed to achieve in timely fashion the action for which they were made, e.g. augmentation of vehicular transport, but they have in each instance greatly obstructed associated actions essential for family planning program progress.

Whether loan funds can make a useful contribution toward construction of family planning facilities remains uncertain, but such action should stand on its own merits. Indeed, until the World Bank has demonstrated its ability to achieve construction of family planning facilities with loan assistance, it should be discouraged from interjecting its loans into the complex of grant funds now provided by other donors for family planning operations.

Distribution:

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PHA/POP:RTRavenholt:mvz 10/4/72

INTERNATIONAL BANK FOR
RECONSTRUCTION AND DEVELOPMENT

INTERNATIONAL DEVELOPMENT ASSOCIATION

INTERNATIONAL FINANCE CORPORATION

Telephone call from AID:

Their conference on

Extension of Low Cost Basic Health Services
to Rural Areas in Africa,
May 29 - 31

has been cancelled, because they could not get the participants together.

It is likely to be held in early fall.

is

4/18
10:30

Dr. Kanagaratnam ✓
Mr. Baldwin
Mr. Zaidan
Mr. Hall
Mrs. Domingo
Mrs. Ibrahim

OFFICE MEMORANDUM

TO: Files

DATE: April 5, 1974

FROM: Kevin Young KY

SUBJECT: PHILIPPINES - Population Project

A joint meeting of the Government, USAID, UNFPA and the Bank was held here on March 15, 1974 to discuss the proposed population project in the Philippines. The meeting was attended by Mr. De Roda from the Government; Messrs. Chandler, Kangas and Parfrey from USAID; Mr. Van Arendonck and Dr. Sadik from UNFPA; and Dr. Kanagaratnam, Messrs. Humphrey Lundeberg, Franckson, Young and Mrs. Maraviglia from the Bank.

Mr. Humphrey informed the meeting that during discussions with Mr. De Roda earlier in the day (see Mrs. Maraviglia memo of March 21, 1974) we had suggested that instead of establishing a Project Committee to co-ordinate the various government agencies in executing the project that the Director of the Project Construction Unit in Department of Health undertake the necessary co-ordination on matters relating to construction, procurement (other than items procured by Popcom) and other aspects of the project related to parts B, C and D, within the responsibility of the Department of Health. UNFPA which previously had objected to the establishment of a project Committee agreed with this suggestion. Mr. De Roda agreed to take the proposal to Manila for further consideration and inform us of the Government's views during negotiations. Mr. Humphrey also noted that all the other modifications suggested by UNFPA during his recent visit to New York have been agreed to by the Bank.

During the meeting it was also noted that discussions were presently going on in Manila between USAID and the Government on the next USAID agreement to assist the Government's population program. Mr. De Roda indicated that the Government would be asking USAID to finance the Popcom Training Division and Regional Offices which were to be included in the Bank project. Mr. Chandler said that USAID would generally be receptive to such a request. He also said that at the latest the agreement would have to be finalized by June 30, 1974 - the end of the fiscal year. However, he added that it would be likely that the discussions in Manila would be far enough along in about a month to inform the Bank of the extent to which USAID would finance the Training Division and Regional Offices. We therefore said that we would schedule negotiations accordingly.

Mr. Humphrey reiterated that the Training Division and Regional Office components had been included in the project because the Government had originally asked the Bank to finance them. Our position now is that we have no objection to USAID financing these items; but would want to keep them in the project description. He added that we would want to refer in

our loan agreement to the USAID/Government agreement covering these items in the same way as we had covered the UNFPA/Government agreement for the IEC Division.

cc and cleared with: Dr. Kanagaratnam
Mrs. Maraviglia

cc : Messrs. Humphrey
Lundeberg
Franckson

KYoung:bld

INTERNATIONAL BANK FOR
RECONSTRUCTION AND DEVELOPMENT

INTERNATIONAL DEVELOPMENT ASSOCIATION

INTERNATIONAL FINANCE CORPORATION

(discussed AD re- abortion)

Dr Barney - coming here tomorrow - lunch date

I did not arrange (There will be 2 people)

accompanied by Joan Dunlop - B -

3/28

AID

Division Files

March 22, 1974

Peter Hall

JAMAICA - AID Briefing Session

1. On Monday, March 18, I attended a briefing session for the family planning evaluation team which departed for Jamaica March 19 for a two-week fact finding mission. Upon arrival at USAID I was informed the briefing session had already been conducted in the morning. I, therefore, took the opportunity to meet informally with the team members and Ms. N. Saxton of USAID to determine more precisely the mission's objectives and terms of reference.

2. The evaluation team consists of two doctors (Drs. D. Minkler and H. Pulley) with expertise in family planning and a health education specialist, Ms. C. D'Onofrio. Ms. D'Onofrio, who is an Assistant Professor of Public Health at the University of California, will serve as team coordinator and examine the information, education and communication aspects of the family planning program. Dr. Minkler, Public Health/Family Planning Specialist of the University of California will review the distribution of clinical services, and Dr. Pulley, formerly Deputy Director of the California State Department of Health (recently a consultant in Jamaica), will focus on the administration and managerial requirements of the program. The mission plans to review the Jamaica family planning program including the contribution and roles of the US Government, the Jamaica Government and other donors. The three major areas of emphasis are:

(a) to determine the extent to which family planning has been institutionalised within the National Family Planning Board;

(b) to determine the extent to which targets of reduced fertility have been achieved; and

(c) to ascertain the effectiveness of the United States Government and other donors in achieving their respective project purposes.

3. It was clear from the discussion with the mission members that they wondered whether in the short time they are in Jamaica they will be able to add to the already substantial body of knowledge available on the family planning program. They were familiar with the Bank reports and with the findings of other donor agencies. Nevertheless, they considered that as an independent review mission their recommendations would help improve the program as well as contribute to a more effective coordination of donor support.

4. In response to my question on the Government's response to the mission's visit, Ms. Saxton indicated the Family Planning Board had in fact requested the evaluation. However, the mission also meets the requirements of the USAID/University of the West Indies agreement that there be an annual and mutually agreed upon evaluation.

5. The evaluation team expects to submit a short report within 60 days of the beginning of the mission summarizing their findings and recommendations. With regard to USAID's commitments, their recommendations will indicate the extent to which Jamaica is able to respond to USAID's ongoing activities as well as look at future activities USAID might consider financing.

6. I was asked whether the Bank was likely to be financing a second population project and if so what the components would be. I indicated we may be financing a second project but still have to see the critical issues of the first project successfully resolved. I indicated our interest in learning the findings of the mission and requested a copy of their final report.

cc: Dr. Kanagaratnam/Mr. Baldwin
Mr. Zaidan
Mrs. Maraviglia
Mr. Lundeberg
Mr. Clift, CPII
Mrs. Domingo

PHall:sb

690-JM-PNP

AID bi file

March 8, 1974

Miss Mary Fowler
Bureau for Population and Humanitarian Assistance
Room 3916
Agency for International Development
2201 C St., N.W.
Washington, D.C.

Dear Miss Fowler:

Kindly refer to your recent telephone conversation with George Zaidan regarding the proposed IDA-assisted Population Project in Bangladesh. We are now in a position to provide you with additional information on the project.

You will find enclosed a copy of the first draft of the IDA Project Appraisal Report which has been forwarded to the Government of Bangladesh. The Government has agreed that IDA approach donors who might be interested in funding part of this project. We should emphasize the Government's strong wish that funds which donors feel able to commit to this project should be earmarked population funds that are additional to whatever non-population assistance the donors may expect to contribute to Bangladesh during the implementation of the project. The Government of Bangladesh has said that if donors do not have such additional "earmarked" population funds and support of the IDA project would compete directly with aid for other sectors, then the Government would prefer to enter into direct bi-lateral discussions with such donors. We are hopeful that this document will provide the information which potential donors would require in order to reach a tentative commitment as to the amount of assistance they might be willing to contribute as well as an indication of any particular project components they might wish to finance. The project will have a total cost of US$32,000,000 equivalent over a 4-year period (1974-78). Of this total, we would expect the Government to finance approximately US$3,000,000; IDA itself would plan to contribute about US$15,000,000 though this will inevitably depend on the availability of IDA's total resources in the next fiscal year. This implies a financing gap of US$14,000,000.

During the next few months the project will undergo continuing preparation in Bangladesh, and processing within IDA, but it is not expected that it can be presented to IDA's Board of Directors until shortly after the start of our next fiscal year, i.e., after July 1, 1974. Submission of the project to our Board for approval and subsequent signature, is of course conditional on the availability of IDA funds. From our point of view, we would find it possible to arrange the scope and composition of the project

in a way which would let individual donors participate either on a joint financing, a parallel financing, or on a completely independent basis (the latter implying an independent bilateral project made up - in part or in whole - of components taken from this one).

We expect to send a small mission to Dacca in mid-April to discuss the project as summarized in this report and to plan its further preparation and implementation. While some changes in the project may be made as a result of these discussions we expect these to be minor. Consequently, it will be most helpful to have, at the time of our visit to Dacca, some indication, however tentative and conditional, from each donor as to the size and nature of the contribution, if any, they would like to make. We would appreciate it if you could reply to us, by letter or telephone call, by April 1. We would of course be happy to try to clarify any points which may not be sufficiently clear in this first-draft report. We are sending substantially this same letter, plus a copy of the report, to Mr. R. W. Beckman.

With best regards,

Sincerely,

George B. Baldwin
Deputy Director
Population and Nutrition Projects Department

Enclosure

cc: Dr. Kanagaratnam, PNPD
Mr. Zaidan, PNP Dept.
Mr. Plesch, So. Asia
Div. Files
Central Files

BANGLADESH/PNP

GBBaldwin/IZHusain/sb

Files January 31, 1974

Peter A. Hall, PNPD

Meeting with USAID to discuss the Kenya Population Program

1. At the request of the newly appointed head of the African Population Division, Mr. C. Miracle, I attended a meeting at USAID today to discuss the Kenya Population Program. Present at the meeting were Mr. Miracle, the Population Desk Officer responsible for Eastern Africa, Mr. A. Bernal, the Kenya Desk Officer, Mr. T. O'Keefe, and a Population Program Officer attached to the USAID ACCRA Office, Mr. L. Sayer, who recently returned from a visit to Nairobi.

2. Mr. Miracle called the meeting to review the paramedical manpower projections contained in the Kenya Appraisal Report and to discuss whether the recurrent salary cost figures were for additional positions yet to be established by the Government of Kenya (GOK) or for existing personnel. His questions were prompted by inquiries from Mr. A. Lackey, the USAID Population Officer in Nairobi, who is developing a funding proposal for submission which includes provision for salary support for the 400 enrolled and community nurses (EN/CNs) scheduled to staff the 400 fixed service points (see csbles 70 and 73 from F. Stubenitsky). Although USAID can fund positions which are additional establishments they will not finance existing personnel.

3. I explained that it was my understanding the EN/CN positions are additional establishments to be assigned to existing health facilities for daily FP/MCH and family health work. At present, health centers are now staffed with three EN/CNs primarily providing curative services. The standardized staffing pattern developed by the Ministry of Health (MOH) in the ten year Rural Health Master Plan includes provision for a fourth EN/CN assigned specifically for this purpose. However, many of the nurses are already being trained and may, therefore, be receiving an allowance as part of their basic training although they have not entered the labor force. I suggested that if USAID could not pick up these salaries (US$4 million), they consider financing some of the salaries of the field workers or nurses which have not yet begun training. In either case, I recommended they contact Messrs Jenny and Kisa in the Ministry of Finance and Planning and Dr. Onyango and Mr. Gunmarson in the MOH for clarification. The confusion on this matter has arisen in part because Mr. Lackey has been talking to Messrs Jaa, Kyalo and Owvor who are less familiar with the details of the expanded family planning effort.

4. Mid-way through the discussion it became apparent that USAID is more concerned about the MOH's commitment to the Program than the technalities of additional posting establishments. What Mr. Miracle really wants is an assurance that the nurses will be in fact be used for FP/MCH work and some

-contd.-

indication the Ministry is capable of implementing an expanded population program. Throughout the meeting reservations were expressed as to Mr. Owuor's leadership and administrative capabilities, the absence of a demonstrated commitment to family planning in the MOH, the inability of the MOH to foot the recurrent costs for family planning etc. Mr. Miracle questioned whether in light of these reservations and the absence of any noticeable progress over the past two years, it was advisable for USAID at this juncture to commit itself to the Program before receiving additional assurances. He suggested that another meeting of local donors in Nairobi with the GOK might be in order.

5. In responding to these observations,1/ I indicated that in my opinion it was better for USAID to move ahead with financing rather than to wait for tangible progress, since in this way they could exert greater leverage on the program prodding the Government where necessary. I recognized the MOH was not a very strong ministry, but said that one of the purposes of the Program was to strengthen the administrative capabilities and to develop an appropriate national institution for planning, implementing and evaluating an effective population program within a family welfare context. I said I considered the program to be at a "take off" stage and as long as the donors acted together we could through annual review meetings and supervision visits closely monitor its progress thereby helping to ensure the Five Year Family Planning Plan is carried out. I explained I thought the recurrent costs -- although considerable -- could eventually be picked up by the GOK and were a necessary expense to implement the rural health development plan. With regard to another donor meeting, I said this might be viewed as counterproductive by the GOK since the Government has recently chaired such a meeting. I recommended instead an informal working level meeting between Mr. Lackey and Messrs. Onyango, Jenny, Kisa and Gunnarson to iron out some of USAID's questions and to help them complete their funding proposal.

6. The meeting at USAID, although it covered much of the same ground as our previous meetings, was cordial and productive in that it kept the lines of communication open. Mr. O'Keefe supported most of my observations and I think everyone agreed that now that a sound Family Planning Plan has been developed it is time to work together to see that the Program is implemented on schedule.

cleared with and cc: Mr. Zaidan, PNPD
cc: Mr. Kanagaratnam/Mr. Baldwin
Ms. Sato/Mr. Hornstein
Division Files
Department Files

KENYA:PNPD
PAHall:sr

1/ I reiterated many of the points we have raised with USAID both in our meetings with Mr. Keiffer (see June 7th memo to files)and in our detailed responses to Dr. Ravenholt's and Mr. Salas's letters of August 2nd and July 9th commenting on the Appraisal Mission's Preliminary Report (see August 28, 1973 memo to the files).

DEPARTMENT OF STATE
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

January 7, 1974

Dear Dr. Kanagaratnam:

As you know, we at A.I.D have been giving increased attention to the problems of motivating more people to practice family planning. I thought you might be interested in the enclosed airgram, which is one of our first messages to our field people on the subject.

Sincerely,

Robert J. Muscat
Associate Assistant Administrator
for Policy Development and Analysis

AIRGRAM

DEPARTMENT OF STATE

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TO - AIDTO CIRCULAR A- 1118

DATE SENT 11-15-73

FROM - AID/W

E.O. 11652 N/A

SUBJECT - Beyond Family Planning: What Influences "Desired Family Size"?

REFERENCE -

7

1. The FY 1975 guidelines and the FY 1974 Congressional Presentation indicate that AID, while continuing to concentrate on developing and distributing the most effective and attractive family planning services and information, will also give greater attention to research and pilot programs designed to (1) explain what affects parental interest in family planning, and (2) where appropriate, foster that interest. This new attention reflects growing concern in both developed and developing countries that even when unwanted pregnancies are largely eliminated, residual "desired family size" may still be too large to permit reaching low birth rate targets. Such concern has been expressed at last fall's ECAFE meeting on population, at the UN preparatory meetings for the World Population Conference, and on the part of several governments in Asia. AID's increasing interest has recently been expressed in a paper on the Agency's approach to the population problem, prepared at OMB's request.

At last summer's Asian Population Officers meeting, several mission population and program officers made vigorous representations on the need for such expanded research and pilot programs, noting host government interest, and urged AID/W to pay increased attention to "beyond family planning."

Following the Asian Population Officers meeting, Mr. MacDonald, AA/ASIA, has urged Mission Directors in the region to push ahead in this aspect of the problem, suggesting a wide exchange of information

DRAFTED BY	OFFICE	PHONE NO.	DATE	APPROVED BY
B.Herz/R.Muscat	PPC/PDA	28382	11/6/73	AA/PPC, Philip Birnbaum

AID AND OTHER CLEARANCES
DM/DS,N.Tharp (phone) S/PM, P.Claxton (info) AFR/DB E.Hogan (phone)
ASIA/DP,A.Shakow AS LA/DP,L.Harrison (phone)
AA/PHA,J.Kieffer (info) UNCLASSIFIED SA/PPB,C.Breecher (phone)
CLASSIFICATION

AID-5-89 (11-65)

(Do not type below this line)

PRINTED 6-69

and ideas as an important first step. Since a substantial amount of the theorizing, research, and policy and project proposals has been developed by economists (based partly on work done on U.S. fertility and household decision-making, under the aegis of Prof. T. Schultz and of the National Bureau of Economic Research), PPC/PDA has been closely following this particular aspect of the population problem for some time. To help promote the suggested exchange of ideas, and assuming that Missions in other regions share the concerns of their colleagues in Asia, we are responding to Mr. MacDonald's request in airgram form. This first message outlines briefly the latest work that has come to our attention on what influences desired family size. We will issue more detailed airgrams later on specific influences.

2. There is, of course, considerable uncertainty on what "desired family size" is in various situations. It appears from experience that where better family planning services and information are provided, more parents opt for smaller families, so that "desired family size" itself falls when family planning services improve. Thus one reason for apparently high "desired family size" may be the still inadequate supply of the most effective and attractive family planning services and information.

3. There is also growing evidence today that more than the supply of family planning services or the availability of family planning information influences desired family size. Education, lower child mortality, government and elite support of the small family norm, improved status of women, development strategies that skew the benefits of growth toward the poor, and specific incentives aimed at family size can all affect it too. Thus "desired family size" -- hence interest in family planning -- also depends on considerations "beyond family planning" which affect the attractiveness to parents of different numbers of children.

4. Individual couples may have their own reasons -- given their economic, social and health conditions -- for wanting large families. A peasant farmer with no "social security" may need sons to care for him in his old age; his illiterate wife may have no opportunity to achieve standing except by bearing children, and so on. European and Asian experience suggests that when such considerations change to favor smaller families, family planning may proceed that much faster.

5. Thus there is reason to initiate more research and pilot programs on the question of what encourages interest in having fewer children, especially since there may be considerable lead-time before the results of some of these initial efforts are translated into actionable proposals. On the other hand, several governments have already taken economic and social policy measures to encourage family planning and strengthen the demand for services provided by their family planning delivery services.

6. As an initial follow-on to AID's decision to give increasing attention to the "beyond family planning" area, we plan a series of airgrams on subjects identified below to cover significant developments including new ideas, research, experimentation and policy innovations in motivation. To strengthen and expand host government and AID experience in this area, we invite the field (a) to circulate similar informative material; and (b) to pass these materials on to appropriate family planning finance, and other officials, and encourage governments to examine these initiatives for possible application locally, and (c) to report field reactions or ideas to AID/W.

Attached is a brief, non-exhaustive outline of some issues, studies, and pilot programs which have come to our attention. The outline will serve as an indication of the kinds of policy and program areas that have been introduced or discussed. We will report in more detail on some of these in separate airgrams.

Attachment

RX RUSH

CABLEROOM SEND TO: LIST P

EXCEPT: BRASILIA, RIO DE JANEIRO, RECIFE, PHNOM PENH

ATTACHMENT

I. DEVELOPMENT STRATEGIES AND POLICY PACKAGES TO ENCOURAGE FAMILY PLANNING

A. Development Strategies Resulting in More Even Distribution of the Gains of GNP Growth May Encourage Lower Fertility.

1. See e.g. Rich, William, "Smaller Families Through Social and Economic Progress," Overseas Development Council, 1973. Paper suggests there may be some "threshold" of general development required in many circumstances before family planning really takes hold; and it suggests that this threshold for demographic transition in LDCs may be lower than it was historically in the more developed countries if these LDCs distribute gains of growth more evenly. (Airgram forthcoming)

2. See also Kocher, James E., "Rural Development, Income Distribution, and Fertility Decline," Population Council, 1973. Paper suggests that the greater extent to which the rural population participates in development and shares the benefits of growth, the earlier and more rapid will be the decline in overall population growth rates. In the absence of widespread rural development, sustained overall fertility declines in rural areas cannot be expected. One primary mechanism for stimulating development is increasing effective demand in labor-intensive sectors through more equal distribution of income. (Airgram forthcoming)

B. The Singapore Government's New Policies to Encourage Smaller Families

Singapore's extensive family planning services have contributed to a sharp reduction in birth rates; recently, however, interest in family planning seems to be falling off. The government has therefore announced a package of policies which, in conjunction with continued provision of family planning services, is meant to encourage two or, at the most, three-child families. The new policies include:

1) Limiting income tax relief to only the first three children.
2) Limiting paid leave for only the first two confinements.
3) Increasing childbirth costs (with gradation based on ability to pay). Government still subsidizes first two births, and all births of lowest-income parents.
4) Giving preference in allocation of public housing (over a third of all housing) to small families.
5) Introducing sex education as a compulsory subject in primary and secondary school.

(Airgram on Singapore's new policies forthcoming.)

II. ECONOMIC INCENTIVES TO ENCOURAGE FAMILY PLANNING

A. There are many possibilities for such incentives: they may be provided immediately or in the short term (a "spacing" incentive) or in the long term as "social security" measures ("retirment pay" or children's education bond); they may be designed for the family planning acceptors, "finders", program administrators, or even the acceptors' communities. For a general discussion of incentive possibilities, see, e.g.:

1. Pohlman, Edward, "What may be offered as Incentives", Incentives and Compensations in Birth Planning. North Carolina Population Center Monograph #11, 1971.

2) Sprehe, Timothy, "Incentives in Family Planning: Time for a New Look" Mimeo, USAID Office of Population, Washington, D.C. 20523.

3) Kangas, Lenni, "Integrated Incentives Fertility Control," Science, Vol. 169, September 1970.

4) "Economic Incentives: A Strategy for Family Planning Programs" GE/TEMPO, 10/72.

B. Social Security Programs

See e.g., R. Ridker and R. Muscat, "Incentives for Family Welfare and Fertility Reduction: An Illustration for Malaysia" (Studies in Family Planning, Vol. 4, No. 1, January 1973) which describes a possible incentive in the form of a social security account to attract women to MCH and family planning facilities; the account, which could be drawn down only during the woman's "retirement," would be made larger for women with smaller families. (Airgram forthcoming.)

C. Education Incentives

See e.g., O.D. Finnegan and T.H.Sun, "Planning, Starting, and Operating an Education Incentives Project" (Studies in Family Planning, January 1972) under which interest-bearing bank deposits earmarked for children's higher education are provided for parents in Taiwan who have three or fewer children. (Airgram forthcoming.)

D. Employer-Operated Programs providing family planning incentives as well as services.

1. See e.g., R. Ridker, "Savings Account for Family Planning, an Illustration from the Tea Estates of India" Studies in Family Planning, Vol. 2, 1971, describing a program under which Indian tea estates establish a blocked savings account for women employees to use during their retirement, which is larger for women with smaller families. (Airgram forthcoming.)

2. A number of industrial concerns in India, such as Tata and far smaller firms, provide family planning services along with incentives to encourage family size limitation.

III. LEGAL CHANGES TO ENCOURAGE FAMILY PLANNING

See e.g., Luke Lee, "Law and Family Planning," Studies in Family Planning, Vol. 2, No. 4, April 1971, describing specific legislative changes that can promote interest in family planning. Among these are measures to delay marriage and improve the status of women.

IV. MEASURES TO AFFECT PHYSICAL ENVIRONMENT WHICH ENCOURAGE FAMILY PLANNING

A. See e.g., Singapore government's new housing policy described above, which gives preference in allocation of public housing (a substantial fraction of total

housing) to small families. (Other studies indicate that the scarcity of housing in the USSR has encouraged family size limitation).

V. MATERNAL OR CHILD NUTRITION AND HEALTH MEASURES TO ENCOURAGE FAMILY PLANNING; INFLUENCE OF CHILD MORTALITY ON FERTILITY

Since high child mortality rates may encourage extra births to insure survival of some minimum number of children, especially sons, measures in health or nutrition or related areas may lead parents to rest content with fewer children and so foster interest in family planning.

VI. WOMEN'S STATUS AND ECONOMIC EARNING CAPACITY IN COMPETITION WITH FERTILITY

A. Education

Though many studies tend to confirm a tendency for more educated parents (especially women) to have fewer children, there is counter-evidence too; the whole issue will be summarized in a forthcoming airgram.

B. Egypt is studying the extent to which women's employment encourages family planning, and is experimenting with employment programs involving sewing as a means of increasing the "opportunity cost" of having children in Egyptian circumstances.

Copies of the referenced materials will be distributed with the follow-on airgrams.

CLASSIFICATION

LIST P FOR A.I.D. AIRGRAMS AND TELEGRAMS SEND TO:

LIST P

7 AMMAN
3 ABIDJAN
8 ACCRA
7 ADDIS ABABA
15 ANKARA
7 ASUNCION
12 BANGKOK

15 BOGOTA
~~10 BRASILIA~~
10 BUENOS AIRES
3 COLOMBO
5 DAKAR
5 DAR ES SALAAM
8 DJAKARTA

5 GEORGETOWN
9 GUATEMALA
18 ISLAMABAD
5 DACCA

13 KABUL
4 KHARTOUM
8 KATHMANDU
5 KINGSTON
8 KINSHASA
10 LAGOS
10 LA PAZ
13 LIMA

7 MBABANE
10 MANAGUA
6 MANILA

2 MEXICO
10 MONROVIA
8 MONTEVIDEO
12 NAIROBI
10 NEW DELHI
3 NIAMEY

10 PANAMA CITY
* ~~PHNOM PENH~~
10 QUITO
7 RABAT

~~7 RIO DE JANEIRO~~
10 SAIGON
9 SAN JOSE
8 SAN SALVADOR
10 SANTIAGO
10 SANTO DOMINGO
7 SEOUL
8 TEGUCIGALPA
10 TUNIS
10 VIENTIANE
3 USUN
4 YAOUNDE
3 SANAA

CAPTIONS

ACCRA FOR USAID AND RPO

DAR ES SALAAM FOR USAID AND RDOEA

GUATEMALA FOR USAID AND ROCAP

NAIROBI FOR USAID AND REDSO/EA

BANGKOK FOR USOM AND RED

* Telegrams Only

(52)

REV. 9/75/73

CLASSIFICATION

January 4, 1974

Mr. Paul Isenman
Office of Policy Development
and Analysis
Department of State
Agency for International Development
Washington, D.C. 20523

Dear Paul:

Many thanks for sending along the Pohlman booklet on family planning incentives. I look forward to reading it in the very near future as the topic is one of considerable interest - and frustration - here.

Do not hesitate to forward other items on this topic if they should come to your attention and look interesting.

Sincerely yours,

George B. Baldwin
Deputy Director
Population and Nutrition Projects Department

Dept. File: AID

GBBaldwin/jim

DEPARTMENT OF STATE
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

January 2, 1974

Mr. George B. Baldwin
Deputy Director, Population and
Nutrition Projects Department
I.B.R.D.
Washington, D.C. 20433

Dear George:

Attached is a copy of the Pohlman booklet on family planning incentives.

Sincerely,

Paul Isenman
Office of Policy Development
and Analysis

Attachment: Incentives and Compensations in
Birth Planning by Edward Pohlman

cc: Mr. T. King (w/a)

INTERNATIONAL DEVELOPMENT ASSOCIATION | INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT | INTERNATIONAL FINANCE CORPORATION

OFFICE MEMORANDUM

TO: Dr. K. Kanagaratnam

DATE: December 20, 1973

FROM: G. Zaidan GZ

Mtg. with Dr. Kieffer Dec 20 (Dr KK and GZ)

SUBJECT: Briefing Note on Forthcoming Bank Activities in the Philippines, Bangladesh, Tunisia and Kenya. Possibilities for Coordination with USAID

Philippines

1. Over the past two years, Bank missions to the Philippines have developed a project having two main components within an overall integrated package to assist the broad program objectives of the Philippine population program. The first supports a number of activities of the Population Commission while the second is for the construction of 11 training centers and about 200 rural health units through which health and family planning services would be extended to the population. The total cost of the second component is around US$20 million and will be financed by the Bank. The Government has requested that both UNFPA and USAID finance the components to be executed by the Population Commission. These components are as follows:

i. The Information, Education and Communication component to be financed by UNFPA at a total cost of US$431,000.

ii. Operating costs of the Training Division of the Population Commission and for the regional offices of the Population Commission to be financed by USAID at a total cost (estimated by the Bank) of US$454,000.

2. With respect to (i), the Bank has agreed to UNFPA financing of this component and has reviewed it, finding it acceptable and very much in line with the activities proposed by Bank missions. Bank agreement to UNFPA financing was made on the understanding that this component will be included in the Bank project description so that the Bank can review its progress and, if necessary to bring its influence to bear with the Government on its effective implementation.

3. In the case of (ii), we have indicated to the Government that we would be happy to have USAID finance this component, provided we could agree with USAID and the Government on its content and that we could, as in the case of UNFPA, include it in the Bank project description so that the Bank could join USAID in influencing the implementation of the agreed package. We have not yet received the content of this component which the Government has promised to forward to us and we understand that USAID, Washington, has not received such a component either.

4. In view of the fact that population activities are the responsibility of the Population Commission and that there will be three major financing agencies to the Philippine population program, it is important that agreement on the content of these programs be reached and that, in the phases of project implementation, USAID and the Bank support and review the progress of this agreed program and have a mutually reinforcing influence on the Population Commission. Thus, securing an agreement on the content of the proposal with USAID and also arranging coordinated follow up action

are points which the Bank has emphasized to the Government and which we will follow up with USAID.

Bangladesh

5. The project developed by the Bank consists of two components; first, construction comprising eight training schools for middle level health workers and 16 Thana health complexes (one each for a population of 150,000 people). Each health complex includes a rural health clinic, staff quarters, a hospital and three sub-centers per thana (a total of 48 sub-centers). The total cost for this is very roughly estimated at about US$20 million (final figures could vary by a factor of 25%).

6. Other software activities consist of:

a. Information, Education and Communication at a total cost of about US$4 million and consisting primarily of the training of agricultural extension workers, a mass media program, etc.

b. Operating costs on a declining basis to train 3,700 field workers (out of a total of about 7,500 workers).

7. We understand that USAID's ongoing program covering a period of 3-5 years and costing about US$6.5 million consists principally of construction costs for 25 health centers and contraceptive supplies.

8. We have had some preliminary discussions with both the desk and population officers of USAID, and we have briefed them on the findings of our mission, but pending the completion of these findings, we have not yet discussed concrete possibilities for financing plans and coordinated follow up action of the agreed plan. (The Office of South Asian Affairs has expressed an interest in USAID financing part of the Bank prepared package.) Again, there are so many conflicting pressures on Bangladesh that it is desirable that the principle donors coordinate their work and approach in this program, and we propose to follow up discussions with USAID on this as soon as we have completed our technical work.

Tunisia

9. A Technical Assistance Mission was in Tunisia (November 12th onwards) and is now in Washington preparing a report which we hope will become, after discussions with the Government, the country's Population Plan of Action over the next four years. To coordinate efforts we asked both USAID and UNFPA to join the mission (Mr. Kennedy from the Tunis office was a member of the team and is now in Washington. The team also included the UNFPA coordinator in Tunis.) We welcomed USAID and UNFPA presence so that the recommendations for that important plan could be agreed to and suported by the three principal funding agencies, and so that this report can be used as an agreed basis from which USAID and UNFPA could expand their financial assistance. The Bank does not plan any expansion in its own financial assistance except possibly, though this is yet highly uncertain, to meet some of the cost overruns in the

construction costs of its ongoing projects. Our experience is that the USAID contribution has been very valuable; Mr. Kennedy contributed much of his local knowledge to the mission's work and findings; if anything we regret that he is in Washington for only one week and could not participate more extensively in the mission's work.

Kenya

10. On Kenya we have just completed negotiations with the Government and we plan to discuss with USAID the coordination of follow up action for implementing this project. This is particularly important in view of the interdependence of the various elements of the package. The Government has agreed at our suggestion to convene a donor coordination meeting at least once a year in Nairobi where all donors could review progress. In addition we feel it important to exchange regular information on project progress, coordinate follow up action and consult on critical matters affecting program progress. We will be writing shortly to USAID formally on this to discuss the modalities of the review of the project.

cc: Mrs. Domingo

GZaidan/rb

INTERNATIONAL DEVELOPMEN ASSOCIATION | INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT | ERNATIONAL FINANCE CORPORATION

OFFICE MEMORANDUM USAid

TO: Mr. Michael L. Hoffman, Dir., Int. Rel. DATE: November 30, 1973

FROM: G.B.Baldwin, Dep. Dir., PNPD GBB

SUBJECT: Telephone Call to Mr. Claxton of the State Dept. (Nov. 30, 1973)

1. I phoned Mr. Claxton to check your doubt that he did indeed intend to make the offering of international health assistance conditional on a country's agreement to include family planning services in their health programs (as reported at the end of para. 2 in my memo of November 20).

2. My report stands: Mr. Claxton had said this and had said what he meant. However, he did not think this issue would ever need to be raised to a formal, explicit level in presenting the kind of new international health assistance he has in mind. He would expect that the point would not become an issue but would be handled implicitly and pragmatically. He would hope that the health initiative would be to established systems of "full line" health services which, by definition, would include the provision of family planning services. Countries would be eligible for assistance only if they agreed to establish a suitably-defined "full line" of services. Countries that wanted to omit certain essential services would be quietly put off. When I reported your concern that the inclusion of a family planning "condition" would probably create problems for the Bank if it should decide to take up health sector financing on a sectoral basis, Mr. Claxton thought that any such embarrassment might be avoided by the kind of "system formulation" described above and which would constitute the distinctive feature of the particular interagency health initiative which Mr. Claxton is promoting.

3. Mr. Claxton referred to the U.S. Government's experience with a special fund which U.S. ambassadors have at their disposal of whose existence I was unaware. This is a special "self help" fund of $50 thousand which ambassadors can use for the establishment of demonstration MCH centers and foreign training. The fund has been used mainly in countries where U.S. AID has no programs and (so I understood) primarily as a way of introducing FP services in an MCH context. Mr. Claxton reported that there had been little or no difficulty in working out agreements with governments for the use of such funds even though an occasional government had wanted to exclude from the project agreement any explicit reference to FP work. In all cases, however, the services have included family planning.

cc: Mr. Baum, Vice Pres., CPS
✓Dr. Kanagaratnam, Dir., PNPD
Mr. King, Div. Chief, PHRD, DED
Mr. Zaidan, Div. Chief, PNPD
Dept. File: USAID

GBBaldwin/jim

Leija / for file AID.

Files

November 21, 1973

M. N. Maraviglia MM

DOMINICAN REPUBLIC - Meeting with USAID Staff

1. On November 20, 1973 Mr. Jean Pierre Beguin (Loan Officer, Dominican Republic) and I were invited for lunch by Mr. Peabody, Office of Population, and Mr. Gower, Desk Officer, Dominican Republic, USAID. They wanted to learn about possibilities of Bank assistance to that country in the population field. At the same time they explained to us recent changes in the attitude of USAID towards considering further assistance to Dominican Republic in population. Early this year LAC II staff had been informed by USAID that the agency had decided to play a low profile role in population and would not initiate any new projects. The same information was given to me by the USAID office in the Dominican Republic.

2. At yesterday's meeting the USAID staff explained that a new Ambassador had been recently appointed to Dominican Republic. When he presented his credentials to the President of the Republic he asked which were the Government's priorities in terms of programs and needs for assistance and President Balaguer mentioned population at the top of the list. On this basis, the Ambassador had requested some information on demographic projections from Washington (copy available in our files) and the Office of Population had been alerted to the possibility of future activities.

3. As a rather independent development, USAID is planning a health sector mission (including nutrition) to Dominican Republic for January or February 1974, to assess the need for future assistance in the health field. Mr. Gower explained that this mission is being organized by the Office of International Health (HEW). (They are now compiling basic information and in that connection I had been contacted by Miss Carol Lashman from HEW some time ago.)

4. However, the relationship of this mission with any population assistance from USAID is at this point unclear within that agency. During the meeting, Mr. Peabody (from the Office of Population) mentioned that his office had not been invited to participate in the health mission and Mr. Gower indicated that an invitation had been sent to Dr. Ravenholt's office but no reply had yet been received.

5. We told the USAID staff the background of our involvement in the Dominican Republic, the request from Dr. Balaguer to Mr. Alter, the preliminary assessment made of the situation and the next steps for project preparation. As I had also mentioned to Miss Lashman earlier, I indicated to them that as part of project preparation the Bank would be making a limited assessment of the health field, mainly in the areas

of outpatient health services outside the two large urban areas, and of medical and paramedical manpower, exploring possibilities for revising present division of responsibilities among the health team. As was the feeling of the Population Council (Dr. Satterthwaite) unless nurses of auxiliaries are given a broader role in family planning and MCH, extension of services would be very limited due to the scarce number of physicians that remain in the country. Mr. Peabody agreed fully with this. The USAID is training in the USA nurses from developing countries in IUD insertions and other procedures and would be interested in starting regional centers in Latin America. El Salvador is a possible location for such activities.

6. The meeting was very cordial and we agreed to keep each other informed about future developments, with the tacit understanding that each agency would proceed independently.

cc: Dr. Kanagaratnam, PNPD
Mr. Baldwin, PNPD
Mr. Zaidan, PNPD
Mr. Rath, PNPD
Mr. Beguin, LAC,CPI
Division Files

MNMaraviglia/mm

November 20, 1973

Dr. Jarold A. Kieffer
Assistant Administrator
Bureau for Population and
Humanitarian Assistance
U.S. Agency for International Development
Washington, D.C. 20523

Dear Jerry:

I want to tell you how much we all enjoyed the lunch with you and your colleagues and how useful the discussion on low-cost health delivery systems will be in helping us in the formulation of Bank approaches to this sector. In particular, the extent of broad donor interest will be a major factor in policy discussions with our Board in the future.

I propose to call you some time next month to follow up on the suggestion by Warren Baum that we get together with you for a discussion on population matters.

As promised, I send you a copy of the policy paper on Nutrition which will be discussed in the Board next week. As you will see, many of the arguments justifying a nutrition activity by the Bank could well be replicated for health activities.

With regards,

Sincerely,

K. Kanagaratnam
Director
Population and Nutrition Projects Department

Attachment

KKanagaratnam:bli

November 20, 1973

Mr. John W. McDonald, Jr.
Coordinator for Multilateral
Development Programs
Bureau of International Organization Affairs
U.S. Department of State
Washington, D.C. 20520

Dear John:

It was an extremely useful discussion that we were able to have with you all yesterday at lunch on the low-cost health delivery service; it certainly helped those in the Bank working towards advancing health policy to have a better understanding of the broad interest among donors in this field and will help in the eventual discussions in our Board. It also reminded us of both the magnitude of the problem and the amount of work involved before one can put such a proposal for critical examination as an international financing plan.

I was glad you also raised the question of Indonesia and, as promised, I am sending you a copy of the last supervision mission report; in accordance with the terms of the Project Agreement, it was done jointly with the United Nations Fund. Also attached is a follow-up back-to-office memorandum of discussion with the UNFPA which was held after transmittal of the report. As Jim Baldwin and I stated at the meeting, both the program and the project are moving satisfactorily.

I also attach for your information a copy of our policy paper on N utrition, which is going to the Board for discussion next week. Some of the arguments advanced for Bank financing in Nutrition would be similar to those for Bank financing of health activities. For this reason, you will find the arguments for justification in terms of Bank operations likely to be extended when we discuss the health field.

With regards,

Sincerely,

K. Kanagaratnam
Director
Population and Nutrition Projects Department

Attachments - 3

KK:bli

November 20, 1973

Mr. Philander P. Claxton, Jr.
Special Assistant to the Secretary
for Population Matters
Office of the Secretary
U.S. Department of State
S/PM Room 4810
Washington, D.C. 20520

Dear Phil:

I think it was an excellent opportunity that you gave us to discuss with you and your colleagues assistance to the health sector; in particular I feel it was good that my colleagues were able to hear directly from you of your exploratory work in this matter and of your personal conviction of the importance of low-cost health delivery services to the least developed countries. As I said at the end of the lunch, there are many of us at the Bank who would welcome seeing a more explicit policy direction and clearly this is coming. The work that is now in hand in the preparation of such a paper is, in fact, addressed to our Management for this purpose.

I promised to send you the policy paper on Nutrition which goes to the Board for discussion next week. You will probably find that many of the arguments and justification for nutrition involvement of the Bank are applicable to the financing of health activities.

Please keep us informed of further progress; I will certainly let you know as action proceeds in the area of a health policy.

With regards,

Sincerely,

K. Kanagaratnam
Director
Population and Nutrition Projects Department

Attachment

KK:bli

OFFICE MEMORANDUM

TO: Department Files **DATE:** November 20, 1973

FROM: K.Kanagaratnam/G.B.Baldwin

SUBJECT: Meeting with U.S. Department of State Representatives on Possible Expansion of Activity in the Health Sector (Nov. 19, 1973)

1. A luncheon meeting was held at the Bank on November 19 to discuss the above subject. Those present are shown on the attached agenda; Mr. Baum served as host.

2. Substantially all the discussion was concerned with the health questions on the agenda, with no explicit discussion of either of the population questions. Mr. Claxton began by outlining a proposal in which he has been interested for the past 20 months or so which would consist of a major expansion of assistance in the health sector to LDCs (and focusing initially at least on sub-Saharan African countries). The core idea is to mobilize a concerted donor group to establish rural-oriented health delivery systems that would be significantly lower cost than have been traditional in most LDCs up to now. (The key assumption is that the use of paramedics instead of fully-qualified doctors would constitute the principal method of getting costs down to a level LDCs could eventually afford, although subsequent discussion suggested that many other aspects of the delivery system would need close examination.) One important motive underlying Mr. Claxton's suggestion is the realization that few African countries are prepared to accept FP programs on an independent basis but that several appeared willing to offer FP services as part of a multipurpose health delivery system. There was discussion as to whether the motive for undertaking any such new international health program should be primarily health-centered or FP-centered; Mr. Claxton said he felt that while a concern for general health improvement should be the guiding motive, assistance should not be offered to countries which would not agree to include FP services in their health program.

3. Mr. Claxton had recently returned from Europe where he had spoken to representatives of at least four key donors, all of whom expressed the view that they felt their governments would be responsive to the kind of initiative he was suggesting (the countries were the U.K., Sweden, West Germany, and Canada. He had not spoken to anyone from France). Mr. Claxton also reported that he had mentioned his idea briefly to Mr. McNamara several months ago in the course of a conversation on another matter and had received a general endorsement of it. He has not yet prepared any detailed proposal for people to consider, as he feels the idea needs informal exploration before taking the trouble to work up a specific proposal.

4. Mr. Baum explained the Bank's general policy on health financing. He noted that while we do not now have a policy that permits us to finance health directly, there was probably no field of our activities in which we do so much financing of a particular activity despite the absence of an explicit policy approval. This stemmed primarily from the intimate and unavoidable relation-

ship between the Bank's work in population but included also some health activities in a few projects in other sectors. He said that Bank history, which had been dominated by lending for economic infrastructure and commodity production, explained better than any considered policy our traditional neglect of the health sector. However, we have now reached a point where the Bank is explicitly considering whether or not it should enter the health field and, if so, how it might best do so. The process by which the Bank is examining this question involves the writing of a policy paper for consideration by the Management and subsequently by the Executive Directors. The paper is being prepared by a group directed by Timothy King, with assistance from the PNPD.

5. Mr. King summarized the process by which the health policy paper is being written and some of the issues with which it is concerned. One of these issues, which was referred to by several at the meeting, was the attempt to establish the connection between the existence of health services and production (as distinguished from the provision of services on welfare grounds independent of their effect on production). This will be an important point because Mr. McNamara had made it clear that he wished to make the impact on productivity, not welfare, the primary test of the extensions of Bank activities into new fields which he was calling for (e.g. Bank participation in the international attack on River Blindness in West Africa can be justified on productivity grounds). Mr. King noted that there is much information and data to be assembled on health delivery systems (e.g. their administrative organization, staffing patterns, program priorities, costs, logistic problems, etc.) before the Bank could have a sound basis for making a basic policy decision. Mr. Baum added that the Bank's decision would also have to await the discussion of this paper by our Board, which was traditionally jealous of its role in approving extensions of Bank activity into new fields. Thus, he thought it unlikely we could give any definitive response to Mr. Claxton's basic proposal for about another year. Mr. Claxton hoped this timetable might be accelerated so that the positive decision might be announced in time for the Bucharest meeting to approve a World Plan of Action for population, since the Plan would be greatly strengthened if it could include a formula for making FP activities acceptable to the African delegations attending.

6. Mr. McDonald made the point that he doubted that we should believe that any kind of health delivery system that could be devised would be "cheap"; it might be low cost when judged against traditional health delivery systems, but even if one could be as apparently successful as Mainland China in spreading health services the cost was likely to be a major new burden on national budgets. While Mr. Claxton assumes that a consortium of donors might carry a high proportion of total costs during an introductory period, the systems would have to be within the foreseeable financial capacity of the beneficiary countries. (Nobody suggested that China provided more than a possible model for the kind of low-cost system Mr. Claxton has in mind, although Mr. Hoffman noted that WHO, which has recently announced its endorsement of low-cost delivery systems as one of its major new objectives, has recently elected an assistant director from Mainland China. All present noted the need to collect much more information on low-cost delivery systems that might serve as relevant models.)

7. Dr. Kanagaratnam noted that one of the implications of Mr. Claxton's proposal was that many LDCs would have to demonstrate a marked shift in their national priorities, i.e., they would have to put a higher value on health benefits and be willing to devote substantially higher proportions of their national resources to health activities. He also mentioned that staffing patterns and training programs, plus the planning and control of logistics, would be key elements in devising workable low-cost systems.

8. Mr. Kieffer warned that whenever multipurpose systems are developed there is always danger that particular objectives may suffer neglect. It will therefore be important for people interested in population and FP objectives to look for ways of assuring that these services were given proper attention in any systems that were developed.

9. Toward the end of the meeting, Mr. McDonald inquired about the progress of the IDA/UNFPA population project in Indonesia. Mr. Baldwin replied by saying that while it of course had its problems it was probably going as well as, if not better than, any of the 8 Bank population projects. It was difficult to claim that the program was going well because of Bank involvement, but at least the fact of encouraging performance was there. UNFPA, which had participated jointly with the Bank in a supervision mission last spring, had expressed itself as being satisfied with the project's progress. Dr. Kanagaratnam added that most of the technical assistance provisions of the project were now in operation, that the project implementation unit s is fully functional, and that as of July 1973 some $1.6 million had been committed by the project.

Attachment (Agenda)

Distribution:

Mr. Baum, Vice Pres., CPS
Mr. Hoffman, Dir., Int. Rel.
Mr. King, Div. Chief, PHRD, DED
Mr. Zaidan, Div. Chief, PNPD
Lima Domingo

GBBaldwin/KKanagaratnam/jim

Attachment

Possible Agenda

Luncheon Meeting: Monday, November 19 - 12:30

Health

1. Brief description of the health policy paper and probable timing of its consideration by Management.

2. Explanation of the new initiative on LDC health care which Mr. Claxton would like to explore. (Mr. Claxton)

3. Explanation of Bank's present policy in health sector, and the re-examination of this "no health lending" policy now going on.

Population

4. Present state of Bank/USAID relations in the population field.

5. Upcoming Bank/IDA population operations during the next 12-18 months.

Distribution:

Mr. Philander Claxton	-	Special Assistant to the Secretary for Population Matters Office of the Secretary State Department
Dr. Jarold Kieffer	-	Assistant Administrator Bureau for Population & Humanitarian Assistance USAID
Mr. John W. McDonald, Jr.	-	Co-ordinator for Multilateral Development Programs Bureau of International Organization Affairs State Department
Mr. Baum	-	Vice President, CPS
Mr. Hoffman	-	Director, Int. Rel.
Dr. Kanagaratnam	-	Director, PNPD
Mr. Baldwin	-	Deputy Director, PNPD
Mr. King	-	Division Chief, PHRD, DED

Population and Nutrition Projects Dept.
The World Bank

Nov. 16, 1973

Messrs. [illegible]

CONFIDENTIAL

Departmental Files AID

November 12, 1973

K. Kanagaratnam

Conversation with Dr. R. Ravenholt - Brighton, England - October 26, 1973

1. I had a 45-minute discussion with Dr. Ravenholt in Brighton on the afternoon of October 26. The discussion ranged around a number of old issues related to Bank operations; substantive points were with reference to Kenya, Indonesia and Tunisia. In each case Ravenholt took the position that the Bank was responsible for implementation delays of US AID and other donors and he cannot allow this to occur. I attempted to put across to him the sequence of events in the development of each of these projects. Much old ground was covered, including the fact that US AID tied themselves into the Tunisia project long after Bank approval of the credit - he still insists that the Bank sent the Tunisians to US AID for counterpart funds and that as a result of this they had tied up about $3 million in "PL 480 dinars" in that country which was therefore not being expended rapidly enough. He also stated that he understood from Jarret Clinton, and from figures he had seen some time back, that the Indonesian project was progressing badly mainly because of the Bank's complicated procedures and there were no disbursements on the Indonesian project. Finally, the Bank should not have attempted to coordinate all the donors in Kenya since he understood from Mr. G. Owuor that it had, together with the Ministry of Finance, made very strenuous efforts to do so.

2. In each case I made a recapitulation of the events as we saw them occur but this was useless as it made no impact on his views. I added that in Tunisia and Kenya, US AID already had their own arrangements with the Government long before any Bank involvement and there was no reason why he should not have done what he wanted before or after the Bank started working in those countries. In any case, at no time had the Bank suggested that arrangements with any other donors should be delayed and this applied especially with regard to actions that did not need over-all Government planning. I emphasized to him that program managers with whom his own field staff dealt, and finance ministries, may not look at the development of long-term plans in the same light; finance ministries may well want to see an over-all plan together with specific financial arrangements and the implications before undertaking commitments, while operational managers may well accept short-term projects.

3. He was particularly emphatic that he did not wish to be "coordinated by the Bank." He followed this with a sweeping statement that neither did UNFPA or SIDA wish to be coordinated by the Bank. I replied that aid coordination was a role the Bank played for governments in many sectors on request of governments, and in association with donors who wished to participate. In the specific cases of Kenya and Indonesia, the actions were taken at the specific request of the Governments, and in Kenya both he and Dr. Sadik participated in a lunch with us at the Bank and urged jointly working with the Bank in early

1972 aimed at giving Kenya a health delivery network that would also serve as a family planning network. He compalined about our slow rate of disbursements and I had to remind him that the long-term sectoral association and strategy planning for the Government was in our view an important part of the Bank's contribution - and as important as our fiscal contribution. Moreover, we recognized that we were dealing with new entities of the borrowing governments that were not used to project methodologies and operational procedures of the Bank, and time is needed to build and develop the relationship. Moreover, disbursement patterns that substantially involve the provision of physical facilities would be expected to be slow compared to disbursement of funds used for commodities etc., which would be quick-disbursing.

4. He emphasized that in his view the Bank's work in population would be judged by the extent of resources transferred, not by the amount committed. In jest, but with some feeling, he said "Why does the Bank want to get into countries where we work and complicate things for us? Could it not go to Chad and develop a project and leave us where we are?" He said he regarded the Bank's entry into a country always slowed down things for him and UNFPA.

5. In the course of my discussions with Mr. Salas (October 28 -Geneva) I raised the question of Ravenholt's pressures on UNFPA and made reference to the Indonesian project. He said he had heard "rumors" of Ravenholt's complaints that the Indonesian program was not moving; he had called in Wagener, the UNFPA man in Indonesia when he was in New York in early October for the coordinators' meeting, to get the facts; he was satisfied that there were no major problems in the project and that it was moving as planned. I met General Draper at the opening session of the Population Commission on October 29 - he had just come back from the Far East after travelling with some Japanese parliamentarians - and his first remarks.to me were "Things are going well in Indonesia." I also took the opportunity of checking with Dr. Soewarjono, the Director of the Indonesian program, at the ICOMP meeting in London a few days later as to whether he felt there were delays or hold-ups in the Project that could be expedited and particularly if there were any for which the Bank was responsible. He said there were none and he was satisfied with the progress. He said some of the earlier difficulties were caused by learning new procedures but that this had largely been overcome.

6. When I returned to Washington I discovered that Dr. Kieffer, Ravenholt's superior in US AID had received a report of the discussion with Ravenholt directly from someone there. He called to assure me that despite what Ravenholt may or may not have said, US AID wishes to work with the Bank and to examine case-by-case those areas where we can profitably cooperate, and also determine those areas where US AID can move independently of the Bank. He said he recognized that the Bank takes time in planning its operational strategy and, given the nature of Bank investments, he accepted this as proper. He emphasized that he hastened to call me because he did not want to leave any wrong impression about US AID's official position following any

remarks to the contrary that Ravenholt may have made. (Off the record, he made some observations which clearly indicated he disapproved of Ravenholt's actions!) Dr. Sodhy (who formerly worked for the Department and is now in Malaysia) also mentioned in Brighton that he heard from a group that the Bank project in Indonesia was not moving, but said that as far as he knew when he was at the Bank he knew all was well. While he did not or was not able to identify who were in the group, it was clear that Ravenholt's unsubstantiated statements are being spread around freely. Mr. Gille, UNFPA Deputy Executive Director, told me so and said the Bank should take appropriate steps to counter these wrong impressions - e.g. giving out the correct picture, more aggressive posture when these allegations are made. This view was reinforced by Rafael Salas, who described Ravenholt as a "Bank-hater" and said in his view he is doing damage to the Bank's work by his loose statements, and also suggested we seek to correct these impressions. He confirmed that Ravenholt has distributed privately a chart showing UNFPA, US AID and Bank disbursements in population activities, backed up by his famous statement "There is no evidence that loans for population can achieve results."

cc: Messrs. Warren C. Baum
M. L. Hoffman
Baldwin/Zaidan

KKanagaratnam:bli

INTERNATIONAL BANK FOR
RECONSTRUCTION AND DEVELOPMENT

INTERNATIONAL DEVELOPMENT ASSOCIATION

INTERNATIONAL FINANCE CORPORATION

LUNCHEON MEETING - NOVEMBER 19, 1973 ~~TENTATIVE~~ Rm. 4-E

1230

Mr. Baum HOST
Dr. KK
MR. HOffman
Mr. Baldwin
Mr. T. King

Messrs. Claxton
(Dr.) Kieffer
John McDonald

(8) (9)

/bli
Oct.12/73

J.McDonald-Co-ordinator for Multilateral Development Programs
Bureau of International Organization Affairs
State Dept.

Philander Claxton - Special Assistant to the Secretary for
Population Matters
Office of the Secretary
State Department

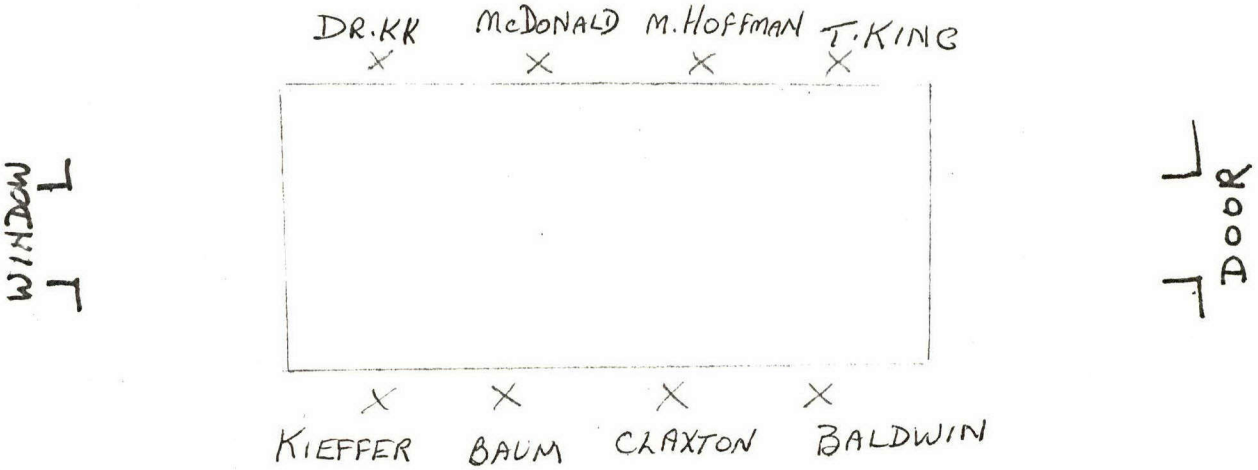
Dr. Jarold Kieffer - Assistant Administrator
Bureau for Population and Humanitarian Assistance
A I D

2 Items -
- Discuss Health paper - re discussion see memo Clayton Oct 1/73
- matters related to Bank pop. activities

cc: Bank staff as above -
Bi

DINING ROOM E -- RM.4

MONDAY, NOVEMBER 19 - 12:30



Mr. Warren C. Baum November 16, 1973

K. Kanagaratnam

Lunch with U.S. Government Officials - Monday, November 19, 1973

I am writing this as a briefing note for the lunch which I hope will cover discussion of two main items:

- health activities;
- population activities.

Health Activities

1. A copy of my previous note on a conversation with Mr. Claxton on September 25, is attached; this provides the background of how this matter came up. I would propose that we proceed on this by making an initial statement on the Bank's current policy status with regard to the financing of health activities; Timothy King could then make a very brief presentation of the status of the health policy paper, its timing and any results he sees fit to comment upon. We should then invite Mr. Claxton to outline his thinking on his proposal for health care to LDCs, including a report on his recent discussions on this subject in Europe. Thereafter, we could follow with a free discussion on the technical and practical aspects of this question. My own views are that it is premature for the Bank to show much interest in the Claxton proposal until we have decided what, if anything, we want to do in health. Substantively, I would like to see greater emphasis on better sectoral planning, and on the development of health priorities by national governments. These steps offer the best means of influencing the organization as well as the quality of medical care in LDCs. It is an open question as to whether an offer of substantial sums of money from a "consortia" might not distort health planning priorities. This discussion could well go on for the first half-hour of lunch.

Population Activities

2. The second part of the lunch could be taken up by discussing population activities. You may wish to introduce the subject by expressing both our desire to collaborate with USAID's program in an effective and healthy manner and our concern that differences over methods of approach (broad sectoral planning vs. narrower individual projects, the loan/grant issue, rate of project development, etc.) seem to affect meaningful dialogue with AID staff. It would be good to add that we have been successful in avoiding some threatened clashes thanks to the very positive response we have had from understanding persons like Dr. Kieffer - e.g. on Kenya and Tunisia. It would be helpful if more can be done to reduce difficulties and thus improve the assistance both organizations can give the LDCs. You may wish to add that in the second Five-Year period the Bank intends to substantially expand its lending operations in the population sector, moving to broad-

based family welfare projects where culturally necessary to gain acceptance for family planning activities, and sometimes combining population and nutrition in the same projects. (Jim and I will follow-up with details if needed.) From this point on we can allow the discussion to develop freely.

3. During the discussion some reference may be made to our rather unsatisfactory relations with UNFPA (USAID is their main financier and has much influence over them). It may be appropriate for us to express our concern over this relationship; perhaps Mr. Hoffman, who has watched this from the side, could give an objective view of efforts to get a meaningful dialogue, and how these have not been effective.

An agenda which is being circulated to the guests as well is attached.

Attachments (2)

KKanagaratnam/GBBaldwin/jim

Mr. Warren C. Baum

October 1, 1973

K. Kanagaratnam

Attached Note of Discussion with Mr. Claxton, State Department

1. I would like your advice on how we should proceed on this.

2. As a possibility, I would envisage arranging a working lunch with both yourself and Mr. Hoffman taking part, and having Claxton (State), Kieffer (USAID), and McDonald (State-Int.Organization) attending. We could then probe their thinking further and on the basis of that put the results of the discussion to Mr. McNamara with any observations of our own.

Attachment

cc: M.L.Hoffman
G.B.Baldwin
L.Domingo

KK:bli

Departmental Files

K. Kanagaratnam

October 1, 1973

Telephone Conversation with Philander P. Claxton - Special Assistant to the Secretary for Population Matters - U.S. State Deapartment - September 25, 1973

1. Mr. Claxton called today to discuss two specific matters. The first of these referred to the proposal he had made at a lunch in the Bank in June about establishing an "international consortium to finance delivery of low-cost health services (including family planning) in developing countries." He reiterated that what he had in mind was a major new financial effort to bring some elementary and basic health services to the large number of poor developing countries which do not have the resources to develop more than an extremely limited infrastructure or the financial resources to provide services to more than a small fraction of their people. He said that USAID had started in a very small way - the DEIDS Program (Development and Evaluation of Integrated Delivery Systems) which was being planned over a 7-10 year period in three phases:

Phase 1 - screening and selection of countries;
Phase 2 - development of methodology and modus operandi with the country;
Phase 3 - implementation.

He felt, however, that this was a very slow and limited effort and that there were good grounds for the international donor community, working with the specialized agencies of the United Nations, to provide this service.

2. I explained to Mr. Claxton that, as he was probably aware, the Bank had no policy which allowed it to finance health facilities although in a number of areas of Bank operations, e.g. education, agriculture, and especially population projects, health components form a significant part of Bank operations. A paper reviewing Bank policy on lending for health was being prepared which would go to Management for consideration early in the new year, and eventually would be presented to the Board. One of the important considerations in any health policy was that the needs for health services were so large and varied that clear-cut priorities had to be deferred if both external and national resources were to be well-used. I then asked him whether he had since our previous discussion thought through any more of the specifics of his proposal; he said that he felt that at this stage he was promoting the concept to obtain a consensus of interest and had not gone to the stage of trying to draw up a feasibility proposal.

3. In this connection, he added he had discussed the matter with several people. Mr. Labouisse, Executive Director of UNICEF, had recently expressed UNICEF's interest and emphasized UNICEF's long-term programming of efforts in this field and of their interest in being associated with any such new effort. He added, of course, that UNICEF did not have funds at any adequate level for this work. He had also discussed this with Rafael Salas, UNFPA,

who felt that he would have to think more about it but he saw no difficulty for UNFPA supporting the family planning/population component of this work. Mr. Claxton had also discussed the matter with the population man in the U.K. mission in New York and hoped to raise it with people in the UK Government (I believe ODA) later in the fall. He got the impression from his discussion that the U.K. Government would be interested in being involved in such a consortium. WHO would, of course, have a central role in such a plan, as would in fact FAO in the area of nutrition.

4. He concluded by suggesting that he would very much like to know Mr. McNamara's reaction to these proposals. Mr. Claxton would like to have a meeting with Mr. McNamara, and would like Mr. Jarold Kieffer, Assistant Administrator for Population and Humanitarian Affairs in AID, to accompany him. I undertook to raise the matter with the Bank and get back to him.

5. The second point, which Mr. Hoffman had made, was to schedule a senior staff discussion of operational questions between USAID and the Bank - similar to one which we held with him, John McDonald and Ravenholt. I said I would speak with Mr. Hoffman and arrange for such a meeting sometime in October.

cc: Messrs. Warren C. Baum
M. L. Hoffman
G.B. Baldwin

KKanagaratnam:bli

OFFICE MEMORANDUM

CONFIDENTIAL

TO: Departmental Files

DATE: November 12, 1973

FROM: K. Kanagaratnam

SUBJECT: Conversation with Dr. R. Ravenholt - Brighton, England - October 26, 1973

1. I had a 45-minute discussion with Dr. Ravenholt in Brighton on the afternoon of October 26. The discussion ranged around a number of old issues related to Bank operations; substantive points were with reference to Kenya, Indonesia and Tunisia. In each case Ravenholt took the position that the Bank was responsible for implementation delays of US AID and other donors and he cannot allow this to occur. I attempted to put across to him the sequence of events in the development of each of these projects. Much old ground was covered, including the fact that US AID tied themselves into the Tunisia project long after Bank approval of the credit - he still insists that the Bank sent the Tunisians to US AID for counterpart funds and that as a result of this they had tied up about $3 million in "PL 480 dinars" in that country which was therefore not being expended rapidly enough. He also stated that he understood from Jarret Clinton, and from figures he had seen some time back, that the Indonesian project was progressing badly mainly because of the Bank's complicated procedures and there were no disbursements on the Indonesian project. Finally, the Bank should not have attempted to coordinate all the donors in Kenya since he understood from Mr. G. Owuor that it had, together with the Ministry of Finance, made very strenuous efforts to do so.

2. In each case I made a recapitulation of the events as we saw them occur but this was useless as it made no impact on his views. I added that in Tunisia and Kenya, US AID already had their own arrangements with the Government long before any Bank involvement and there was no reason why he should not have done what he wanted before or after the Bank started working in those countries. In any case, at no time had the Bank suggested that arrangements with any other donors should be delayed and this applied especially with regard to actions that did not need over-all Government planning. I emphasized to him that program managers with whom his own field staff dealt, and finance ministries, may not look at the development of long-term plans in the same light; finance ministries may well want to see an over-all plan together with specific financial arrangements and the implications before undertaking commitments, while operational managers may well accept short-term projects.

3. He was particularly emphatic that he did not wish to be "coordinated by the Bank." He followed this with a sweeping statement that neither did UNFPA or SIDA wish to be coordinated by the Bank. I replied that aid coordination was a role the Bank played for governments in many sectors on request of governments, and in association with donors who wished to participate. In the specific cases of Kenya and Indonesia, the actions were taken at the specific request of the Governments, and in Kenya both he and Dr. Sadik participated in a lunch with us at the Bank and urged jointly working with the Bank in early

1972 aimed at giving Kenya a health delivery network that would also serve as a family planning network. He compalined about our slow rate of disbursements and I had to remind him that the long-term sectoral association and strategy planning for the Government was in our view an important part of the Bank's contribution - and as important as our fiscal contribution. Moreover, we recognized that we were dealing with new entities of the borrowing governments that were not used to project methodologies and operational procedures of the Bank, and time is needed to build and develop the relationship. Moreover, disbursement patterns that substantially involve the provision of physical facilities would be expected to be slow compared to disbursement of funds used for commodities etc., which would be quick-disbursing.

4. He emphasized that in his view the Bank's work in population would be judged by the extend of resources transferred, not by the amount committed. In jest, but with some feeling, he said "Why does the Bank want to get into countries where we work and complicate things for us? Could it not go to Chad and develop a project and leave us where we are?" He said he regarded the Bank's entry into a country always slowed down things for him and UNFPA.

5. In the course of my discussions with Mr. Salas (October 28 -Geneva) I raised the question of Ravenholt's pressures on UNFPA and made reference to the Indonesian project. He said he had heard "rumors" of Ravenholt's complaints that the Indonesian program was not moving; he had called in Wagener, the UNFPA man in Indonesia when he was in New York in early October for the coordinators' meeting, to get the facts; he was satisfied that there were no major problems in the project and that it was moving as planned. I met General Draper at the opening session of the Population Commission on October 29 - he had just come back from the Far East after travelling with some Japanese parliamentarians - and his first remarks to me were "Things are going well in Indonesia." I also took the opportunity of checking with Dr. Soewarjono, the Director of the Indonesian program, at the ICOMP meeting in London a few days later as to whether he felt there were delays or hold-ups in the Project that could be expedited and particularly if there were any for which the Bank was responsible. He said there were none and he was satisfied with the progress. He said some of the earlier difficulties were caused by learning new procedures but that this had largely been overcome.

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cc: Messrs. Warren C. Baum
M. L. Hoffman
Baldwin/Zaidan

KKanagaratnam:bli

November 2, 1973

Mr. Norman W. Mosher
Chief, PPC/IA/IFI
Agency for International Development
Room 3849
New State
Washington, D.C. 20520

Dear Mr. Mosher:

Enclosed are three items which give you some background on the approaches to population financing within your own organization and the Bank. Dr. Ravenholt's memo of October 2, 1972, received fairly wide distribution around the world and played some part, I believe, in getting the subject of loan vs. grant financing on the agenda for the OECD meeting of last December. The third document enclosed is a statement of the Bank's views as presented to that OECD meeting. Recent encounters with Dr. Ravenholt make clear that he has changed his views about Bank operations in this field very little, if at all.

I will be glad to talk with you further after you have read these documents if you find that this will be helpful.

Sincerely yours,

George B. Baldwin
Deputy Director
Population and Nutrition Projects Department

Encls. Memo of Oct. 2/72 from Ravenholt;
"Problems rel. to Pop Assistance" by Hankinson;
"Use of Loans....Pop Projects" by GBB/KK, Dec. 5/72.

Dept. File: USAID

GBBaldwin/jim

DEPARTMENT OF STATE

Washington, D.C. 20520

Cent file
Lesia file

October 30, 1973

cc: Mr Hoffman

WASD

Dr. Kandiah Kanagaratnam
Population and Nutrition Projects
Department
International Bank for Reconstruction
and Development
1818 H Street, N.W.
Washington, D.C. 20433

Dear Dr. Kanagaratnam:

Just before he left last week to attend the IPPF and Population Commission meetings in Europe, Phil Claxton asked me to acknowledge your kind letter of October 8 transmitting to him a copy of the final "Technical Assistance Report Reviewing the Population Program of Singapore" and to convey his sincere thanks to you for remembering his continuing interest in this program, as well as in your other important activities in the population field. I do so now, adding my own appreciation for being able to examine this report.

I know, of course, of your own special interest in the Singapore population program, as its former Chairman, and I think you might like to know that I stopped in Singapore last July to have a brief look at the situation there during an orientational tour through Southeast Asia. I was received cordially by Dr. Wan Fook Kee and given an excellent briefing on the experience, present status and future plans of the SFPPB program.

While I was very favorably impressed with this presentation, and recognize the remarkable progress which this program has made since 1966, I have to agree with the summary and main conclusions of the Technical Assistance Report. I especially agree with the finding that "the Singapore

program will have to respond to the problem of not only improving the quality of family planning services but more so of creating and maintaining the demand for these services."

We note that the report is a restricted Bank document and will treat it as such. Thanks, again.

Sincerely,

William F. Spengler

William F. Spengler
Acting Special Assistant to the
Secretary for Population Matters

AID

INTERNATIONAL BANK FOR
RECONSTRUCTION AND DEVELOPMENT

INTERNATIONAL DEVELOPMENT ASSOCIATION

INTERNATIONAL FINANCE CORPORATION

Dr. Kanagaratnam:

Please phone Dr. Kieffer, (AID) B & Rose. R

632-3842

after your return.

is

To reassure re: Dr KK's discussion London with R. Ravenholt

632-

10/29

cc: bi

Ravenholt - Comments on Kenya → Tunisia → Bilateral.

Raj's paper

Mr. Claxton-

With the Compliments of

Dr. K. Kanagaratnam

Director

Population and Nutrition Projects Department

For your information.

October 16, 1973

INTERNATIONAL BANK FOR
RECONSTRUCTION AND DEVELOPMENT
WASHINGTON, D.C. 20433

See also file 'Singapore' Also sent ARE grey last wk
Bi

COPY

HEALTH POLICY PAPER

Outline

I. Introduction

- a. The health sector and its frontiers.
- b. Direct and indirect factors affecting health levels.

II. The Health Situation in Developing Countries

- a. A review of recent trends and present prospects in mortality, disease levels, other health indicators.
- b. Pattern of resource use by the sector - preventative health and curative health, organizational aspects, manpower needs, financial aspects.
- c. Distribution of health care by income levels of recipients.

III. LDC Health Policy

- a. Better health as a social goal.
- b. Health expenditure in relation to other social goals - fertility reduction, economic growth, more equal income distribution.
- c. The choice of health priorities.
- d. Comparative cost effectiveness of alternate health strategies.
- e. Implications for research.

IV. International Assistance in Health

a. WHO.

b. Other UN organizations.

c. Bilateral organizations.

d. Non-government organizations.

V. Health in Bank Activities

1. Experience to date.

a. Water supply/sewerage.

b. Population 9Maternity hospitals, MCH care, training).

c. Nutrition.

d. Education - Medical and paramedical training.

e. Environmental health - River blindness, etc.

f. Other - Sites and services, rural development projects.

2. Options for the future

a. Continue same type and levels of support but recognizing health as an explicit benefit.

b. Is there a case for specific health projects - if so, what health activities should the Bank finance?

c. Operational and organizational implications.

July 17/73

October 9, 1973

Dr. Jarold Kieffer
Assistant Administrator
for Population and Humanitarian Assistance
Agency for International Development
Washington, D.C. 20523

Dear Dr. Kieffer:

I am sending you a copy of the appraisal report on our Egyptian Population Project for your information and retention.

As you will see, it reflects a substantial input to the health infrastructure and supports some innovative activities in population planning.
With regards

Sincerely,

K. Kanagaratnam
Director
Population and Nutrition Projects Department

Attachment

Dr. KK/is

Mr. Warren C. Baum

October 1, 1973

K. Kanagaratnam

Attached Note of Discussion with Mr. Claxton, State Department

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2. As a possibility, I would envisage arranging a working lunch with both yourself and Mr. Hoffman taking part, and having Claxton (State), Kieffer (USAID), and McDonald (State-Int.Organization) attending. We could then probe their thinking further and on the basis of that put the results of the discussion to Mr. McNamara with any observations of our own.

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G.B.Baldwin
L.Domingo

KK:bli

Departmental Files

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He felt, however, that this was a very slow and limited effort and that there were good grounds for the international donor community, working with the specialized agencies of the United Nations, to provide this service.

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3. In this connection, he added he had discussed the matter with several people. Mr. Labouisse, Executive Director of UNICEF, had recently expressed UNICEF's interest and emphasized UNICEF's long-term programming of efforts in this field and of their interest in being associated with any such new effort. He added, of course, that UNICEF did not have funds at any adequate level for this work. He had also discussed this with Rafael Salas, UNFPA,

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cc: Messrs. Warren C. Baum
M. L. Hoffman
G.B. Baldwin

KKanagaratnam:bli

FORM No. 75
(2-60)

INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT

INTERNATIONAL FINANCE CORPORATION

INTERNATIONAL DEVELOPMENT ASSOCIATION

ROUTING SLIP	Date June 29, 1973

NAME	ROOM NO.
Mr. Baum	

	To Handle		Note and File
	Appropriate Disposition		Note and Return
	Approval		Prepare Reply
	Comment		Per Our Conversation
	Full Report		Recommendation
	Information		Signature
	Initial		Send On

REMARKS

GBB memo of June 26th only

Attached for information.

I think we must get our internal priorities and directions sorted out before getting into such a broad issue.

From K. Kanagaratnam

File

a & D

5 INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT

FINANCE IN INTERNATIONAL DEVELOPMENT ASSOCIATION

ROUTING SLIP	Date June 29, 1973

NAME	ROOM NO.
Mr. Baum	
Mr. K K	
Dayal	
HCS	

	To Handle		Note and File
	Appropriate Disposition		Note and Return
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REMARKS

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LEKSA Kap. Jr.

From K. Kanagaratnam

INTERNATIONAL DEVELOPMENT ASSOCIATION | INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT | INTERNATIONAL FINANCE CORPORATION

OFFICE MEMORANDUM

DATE: June 26, 1973

TO: Dept. Files, PNPD

FROM: G.B.Baldwin, Dep. Dir., PNPD

SUBJECT: Luncheon Conversation with Messrs. P. Claxton Jr. and Wm. Spengler of the U.S. Department of State on June 26, 1973

1. Dr. Kanagaratnam and I lunched with these men at their suggestion. Apart from some rather general and inconsequential talk about aid co-ordination in the population field, the main topic was a proposal which Mr. Claxton sought to interest the Bank in pursuing. The proposal is that the Bank join with other major aid donors in sponsoring a new initiative for expanded assistance for the building up of health delivery systems in selected LDCs, relying heavily on the use of paramedical personnel.

2. Mr. Claxton's proposal springs from two main motives:

(i) In many countries (e.g. most African countries south of the Sahara and most Latin American countries) the only acceptable way of interesting governments in the provision of FP services is by incorporating them in an expanded system of health services;

(ii) Health is an important objective in and of itself, independent of any FP objective. The hour of enlarged support for health objectives seems to be at hand, with some possibility that more aid money may become available from the U.S. Congress and from some other major donors (e.g. Germany).

3. Since the development of health systems based on the use of fully qualified doctors at every service point seems impossible to achieve (both because of high costs and doctor reluctance to live under remote rural conditions) the objective should be to design systems that are as simple and low cost as possible. This means relying primarily on paramedics, i.e., "health assistants" instead of doctors. The most relevant model that had come to Mr. Claxton's attention was one designed by a U.S. AID doctor in Guatemala, a Dr. Long. He promised to send us a summary description of Dr. Long's system design.

4. Mr. Claxton hoped that we could arrange an appointment with Mr. McNamara within the next few weeks to discuss this idea and specifically to see if he could be persuaded that a joint Bank-U.S. AID-WHO initiative might be mounted to explore a cooperative pursuit of this objective. We told Claxton that a paper discussing future Bank policy in the health sector is to be prepared during the summer and early fall. It was therefore unlikely that we could get Mr. McNamara to comment himself on a proposal like this until after he

had seen the Bank's internal health paper. The question of whether or not we would seek an appointment with RSM within the next 3-4 weeks (as Claxton hoped) or would wait until he had seen the health paper was left unresolved. We should telephone Mr. Claxton after we have decided how we wish to play this.

cc: MR. G. Zaidan
Mr. Timothy King, Dev. Ecos.

GBBaldwin/jim

INTERNATIONAL BANK FOR
RECONSTRUCTION AND DEVELOPMENT
WASHINGTON, D.C. 20433, U.S.A.

June 29, 1973

Dear Phil-

It was good to meet with you and Dr. Spengler at lunch on Wednesday.

I am taking this opportunity to ask you to let us have Dr. Long's paper, which you referred to, as well as other relevant documentation on para-medical health service delivery experiments for our people to look at. This will especially be useful in the preparatory work for an internal look at "Health Policy" which has an important bearing on the examination of the scope and nature of the Bank's role in the financing of this Sector.

Sincerely,

K. Kanagaratnam

Mr. Philander Claxton
Special Assistant to the Secretary
for Population Matters
Department of State
S/PM Room 4810
New State Building
Washington, D.C. 20520

INTERNATIONAL DEVELOPMENT ASSOCIATION | INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT | INTERNATIONAL FINANCE CORPORATION

OFFICE MEMORANDUM

TO: Dept. Files, PNPD **DATE:** June 26, 1973

FROM: G.B.Baldwin, Dep. Dir., PNPD GBB

SUBJECT: Luncheon Conversation with Messrs. P. Claxton Jr. and Wm. Spengler of the U.S. Department of State on June 26, 1973

1. Dr. Kanagaratnam and I lunched with these men at their suggestion. Apart from some rather general and inconsequential talk about aid co-ordination in the population field, the main topic was a proposal which Mr. Claxton sought to interest the Bank in pursuing. The proposal is that the Bank join with other major aid donors in sponsoring a new initiative for expanded assistance for the building up of health delivery systems in selected LDCs, relying heavily on the use of paramedical personnel.

2. Mr. Claxton's proposal springs from two main motives:

(i) In many countries (e.g. most African countries south of the Sahara and most Latin American countries) the only acceptable way of interesting governments in the provision of FP services is by incorporating them in an expanded system of health services;

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MR Baum
MR. G. Zaidan
cc: Mr. Timothy King, Dev. Ecos.
L. Domingo

GBBaldwin/jim

INTERNATIONAL BANK FOR
RECONSTRUCTION AND DEVELOPMENT

INTERNATIONAL DEVELOPMENT
ASSOCIATION

INTERNATIONAL FINANCE
CORPORATION

File (AID)

Copy of 'The Management Problem in Family Planning Programs' sent to Dr. Kieffer

June 29/73
(bi)

cc: Lina Domingo

INTERNATIONAL DEVELOPMENT ASSOCIATION | INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT | INTERNATIONAL FINANCE CORPORATION

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cc: Mr. Timothy King, Dev. Ecos.
Mr. Zaidan, PNPD

GBBaldwin/jim

PERSONAL
cc Dr Kieffer
June 25

SUMMARY OF BANK/USAID CONTACTS ON KENYA POPULATION PROGRAM/PROJECT -- MAY 1973 - JUNE 1973

DATE	NATURE OF CONSULTATION
May 1972	The Bank's Reconnaissance Mission met and consulted with USAID officials (Messrs. James and Murray) in Nairobi.
June 5	In a letter to USAID, Bank's PNPDepartment enclosed copy of the draft 5-year National Family Planning Program of Kenya and suggested a meeting for an over-all review on the question of evaluating and testing a health delivery system suitable for replication in other LDCs. Such a meeting was not held, but USAID expressed interest and asked to be kept informed.
July	Dr. Boynton, USAID, called Dr. Kanagaratnam and informed him of a USAID mission to Kenya in August to up-date their knowledge of family planning situation inKenya and to discuss nature of USAID assistance with the Government.
Sept.19	A meeting was held between USAID and IBRD staff, wherein preliminary findings of USAID population mission to Kenya and possible roles of donors in the Kenya program were discussed. Many of the observations of the USAID mission confirmed the findings of the earlier IBRD reconnaissance mission.
November-December	USAID participated in a donors' meeting wherein they were informed of purpose of Bank's mission; were consulted on project development and their views were sought on situation of Kenya family planning program and USAID's possible contribution.
February 1973	USAID Mission, including Dr. Ravenholt, met with Kenya Government officials on the program and possible USAID assistance.
March 1	Bank's regional office for Eastern Africa in a letter to USAID verified and inquired of AID's interest in participating in the financing of the Five-year plan that was being prepared by the Bank for the Government. USAID responded that they were interested and asked for the Plan when ready.
April 3	Eastern Africa Regional Office sent to USAID a copy of the draft report on the Plan by the Sector/Appraisal Mission for their comments and for an indication of their possible areas of interest in financing.
April 5	In a letter to Dr. Kieffer, Dr. Kanagaratnam forwarded a copy of communication of April 3 for information and referred to the matter of coordination of assistance.

April 9 1973	At a meeting between USAID and IBRD staff, the appraisal mission's recommendations were discussed, AID's reaction to them were elicited, and their likely areas of participation discussed. Messrs. Knoll, O'Keefe and Bernal and Dr. Prince of USAID, and Messrs. Hall and Mistry of the Bank attended the meeting.
April	Bank's Technical Review Mission consulted with Mr. Gunning, USAID Program Official, in the field.
May 22	Dr. Kanagaratnam and Mr. Zaidan had discussions with Dr. Kieffer on Kenya. At a lunch with Messrs. McDonald and Marshall of US State Department on the same day, it was indicated to Dr. Kanagaratnam that Office of Population has reservations in respect of the Kenya program and how it was being coordinated, and may not participate in it.
May 30	USAID/UNFPA/US State Dept./IBRD officials met in Dr. Kieffer's office to discuss present status of Kenya project. Both USAID and UNFPA indicated they would give their comments on the report and indicate possible interest.
June 4	Messrs. Hall and Mistry of the Bank discussed with Messrs. Lackey and O'Keefe of AID, the Kenya population project and informally obtained some of Mr. Lackey's preliminary comments on the Bank's draft summary report.
June 10	Bank's Regional Office for Eastern Africa forwarded review Five Year Plan and financing plan to USAID. No response to date.

International Bank for Reconstruction
and Development
Population and Nutrition Projects Department
June 25, 1973

INTERNATIONAL DEVELOPMENT ASSOCIATION | INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT | INTERNATIONAL FINANCE CORPORATION

OFFICE MEMORANDUM

TO: Mr. John E. Merriam

DATE: June 21, 1973

cc: Dr. Kieffer June 25

FROM: Peter Riddleberger

SUBJECT: AID Concern about Family Planning Efforts

Mr. R. T. Ravenholt, Director, Office of Population, AID, recently commented privately to the House Foreign Affairs Committee on a report that was written by two staff consultants regarding AID population programs in Korea, the Philippines, Indonesia, and Thailand. I attach certain committee remarks and Mr. Ravenhold's comments thereon regarding the World Bank activities.

Comment

These remarks by Mr. Ravenholt are typical of his recent behavior. He is most upset by the fact the House Foreign Affairs Committee is seeking to combine Title X of the AID program (population and family planning) with efforts to improve nutrition and health. He and General William Draper are now campaigning to preserve what they consider to be "their" program of family planning efforts.

PBR:pam

Attachment

cc: Messrs. Kanagaratnam, Clark, Baum

· Exerpt from

U.S. AID TO POPULATION/FAMILY PLANNING IN ASIA

House Committee on Foreign Affairs Report
February 25, 1973

Committee Report: "Title X of the Foreign Assistance Act may require revision to permit a coordinated program of family planning, health and nutrition."

Ravenholt's Comment: Coordination to Title X activities with health and nutritional activities is being strengthened; and it could be helped greatly by legislative language not tampering with Title X but permitting AID to use development loan monies on a grant basis for immunization and other preventive health actions. One must remain wary of opening general use of Title X for health and nutrition programs -- because these newcomers would usurp most of the resources urgently needed for the ultimate preventive action: the optimization of reproduction and population.

Committee Report: "The World Bank's proposed population project for the Philippines is designed specifically to engage the existing public health bureaucracy in the delivery of family planning services. The Ministry of Health would become a focal point for $20 million Bank project for improving the public health infrastructure. Some AID officials in Washington and the Mission have been critical of the proposal because of their low estimate of the public health bureaucracy or their belief that giving loans, rather than grants, slows progress."

Ravenholt's Comment: Although AID's support for family planning in the Philippines has gone to many organizations, most of it has gone to Philippine public health organizations such as the Institute of Maternal and Child Health, the Manila City Health Department and the National Department of Health.

While desirous of seeing the World Bank contribute toward resolution of the world population crisis, AID is skeptical that the World Bank can make a positive contribution unless it sharply modifies its approach:

During the first four years of its population program effort, 1969-1972, while negotiating $44.3 million in loans, ostensibly in support of family planning in 5 countries (Jamaica, Trinidad & Tobago, Tunisia, Indonesia and India), World Bank expenditures under these loans totaled only approximately $141,000 (December 31, 1972).

Furthermore, these expenditures went mainly for architectural and related costs for construction of maternity facilities in Jamaica and Tunisia -- which omitted any specific provision for family planning.

Such action is no more a contribution toward population and family planning and resolution of excess fertility problems than was the hospital construction program in the United States during the 1950's.

World experience to date provides no evidence of effective support of family planning programs with loans. (Ravenholt, R.T., "Loans Threaten Population Program Progress" Memorandum, October 2, 1972.)

AID would welcome a demonstration by the World Bank that it can provide effective population program assistance, but is wary of current attempts by the World Bank to wrest the central coordination role from the UNFPA while interjecting slow moving loan funds for non-construction program elements into situations where other donors with grant funds have already achieved notable progress.

June 1, 1973

Dear

I attach a copy of a paper which has been prepared in the Bank as an input for the World Population Year. As the operational objectives and strategies of the Bank are not always adequately known and discussed, I take this opportunity of sending this paper which underscores one of our major objectives in our involvement in this sector (as in fact in any major development sector).

With regards,

Sincerely,

Attachment (GBB's Paper)

K. Kanagaratnam

Mr. Philander P. Claxton, Jr.
Special Assistant to the Secretary
for Population Matters
Department of State
Washington, D.C. 20520

Dept. File: USAID

KKanagaratnam/jim

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Attachment (GBB's paper) K. Kanagaratnam

Dr. Jarold Kieffer
Assistant Administrator
for Population and Humanitarian Assistance
Agency for International Development
Washington, D.C. 20523

Dept. File: USAID

KKanagaratnam/jim

June 1, 1973

Mr. John W. McDonald, Jr.
Coordinator for Multilateral
Development Programs
Bureau of International Organization Affairs
Department of State
Washington, D.C. 20520

Dear John:

You will recall that, at the luncheon the other day, Mr. Marshall made several observations on Kenya, which no doubt gave me concern. In particular, he made reference to a communication from us to U.S. AID.

I undertook to make this letter available and I now attach this letter as well as an earlier letter to the Bank from the Government of Kenya, in particular the final paragraph of the letter. I hope this gets the record straight. I want to add that we had a useful meeting in Dr. Kieffer's office earlier this week when we discussed this project.

Sincerely,

K. Kanagaratnam
Director
Population and Nutrition Projects Department

Attachments (Ltr of Apr. 5/73 to Kieffer from Dr. K;)
(Ltr of Oct. 4/72 to Hornstein from Gatuiria)

cc: Messrs. Hornstein/Mistry, CPI, EA
Zaidan/Hall, PNPD
Dept. File, USAID

KKanagaratnam/jim

May 30, 1973

Dear

This is a brief note to say how valuable I found the meeting on the Kenya Population program today.

I do hope this free and frank exchange of views has helped to move the project forward, and want to say thank you before I leave for Bangladesh.

With regards,

Sincerely,

K. Kanagaratnam

Dr. Jarold Kieffer
Assistant Administrator
for Population and Humanitarian Assistance
Agency for International Development
Washington, D.C. 20523

cc: Messrs.Zaidan/Hall

KK:bli

May 30, 1973

Mr. John W. McDonald, Jr.
Coordinator for Multilateral
Development Programs
Bureau of International Organization Affairs
Department of State
Washington, D.C. 20520

Dear John:

I am glad we were able to get together over lunch last week. I enjoyed the occasion very much because I learned something new from both of you and I also feel that it helped our work, by examing our different viewpoints and seeing the way to ensure better all-round understanding of all of our objectives and efforts. I hope your schedule will allow us to get together from time to time without a formal agenda to review our work and inter-relationship. At the same time we intend to suggest more formal exchange with USAID Government programs so that our staffs can meet early in project planning.

You have earlier seen the Sector Working Paper. We have just prepared a paper for the World Population Year and I am sending this to you. The paper reflects the Bank's concern in the management area and outlines the steps it has taken to provide for this in our project work.

Sincerely,

K. Kanagaratnam
Director
Population and Nutrition Projects Department

Attachment

KK/ly

FORM NO. 75
(2-60)

INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT

INTERNATIONAL FINANCE CORPORATION

INTERNATIONAL DEVELOPMENT ASSOCIATION

ROUTING SLIP	Date May 30, 1973

NAME	ROOM NO.
Mr. Kastoft	

	To Handle		Note and File
	Appropriate Disposition		Note and Return
	Approval		Prepare Reply
	Comment		Per Our Conversation
	Full Report		Recommendation
X	Information		Signature
	Initial		Send On

REMARKS

ECOSOC and UNICEF Board Resolutions.

From K. Kanagaratnam

DEPARTMENT OF STATE

Washington, D.C. 20520

May 22, 1973

Dr. Kandiah Kanagaratnam
Director of Population Projects
International Bank for Reconstruction
and Development
1818 H St NW
Room D-905
Washington, D.C.

Dear K K:

I very much enjoyed our lunch today.

I did want to send you copies of the ECOSOC resolution that we talked about as well as the UNICEF decision on the utilization of UNFPA funds.

With warm regards.

Sincerely,

John W. McDonald, Jr.
Coordinator for Multilateral
Development Programs

Attachments -
as stated

May 18, 1973

RESOLUTION

UNITED NATIONS FUND FOR POPULATION

The Economic and Social Council,

Recalling General Assembly resolution 2815 (XXVI) of 14 December 1971 with its requests to the Secretary-General regarding the United Nations Fund for Population Activities and his note (A/8899) in response,

Welcoming General Assembly resolution 3019 (XXVII) of 18 December 1972 which placed the United Nations Fund for Population Activities under the authority of the Governing Council of the United Nations Development Programme as the governing body, subject to the conditions to be established by the Economic and Social Council,

Bearing in mind the important work undertaken by the regional economic commissions and their specialized organs concerned with population matters,

Aware of the fact that there are considerable differences in the population and demographic situations in each country and that it is therefore necessary to adopt different approaches and solutions for each country,

Expressing its desire that the Fund, in the elaboration of its plans and programmes, should take into account the resolutions adopted by the regional economic commissions and their specialized organs dealing with population matters,

Reiterating the importance of maintaining the separate identity of the United Nations Fund for Population Activities under the general arrangements provided for in General Assembly resolutions 3019 (XXVII) of 18 December 1972,

Recalling the willingness with which the Governing Council of the United Nations Development Programme and the Administrator assumed their responsibilities in regard to the United Nations Fund for Population Activities,

Noting the report of the Executive Director of the United Nations Fund for Population Activities (E/5266),

Noting further in the report's annex the recommendations to the Secretary-General from the Review Committee of the United Nations Fund for Population Activities,

Expressing its appreciation for the initiative and leadership which has characterized the development of the United Nations Fund for Population Activities,

Mindful that in taking action on this resolution the Council is fully cognizant of the fact that the World Population Conference will mark new development in population policy for the world community of nations and for the population activities of the United Nations system,

1. States that the aims and purposes of the United Nations Fund for Population Activities are:

(a) To build up, on an international basis, with the assistance of the competent bodies of the United Nations system, the knowledge and the capacity to respond to national regional, interregional and global needs in the population and family planning fields; to promote co-ordination in planning and programming, and to co-operate with all concerned;

(b) To promote awareness, both in developed and in developing countries, of the social, economic and environmental implications of national and international population problems of the human rights aspects of family planning; and of possible strategies to deal with them, in accordance with the plans and priorities of each country;

(c) To extend systematic and sustained assistance to developing countries at their request in dealing with their population problems; such assistance to be afforded in forms and by means requested by the recipient countries and best suited to meet the individual country's needs;

(d) To play a leading role in the United Nations system in promoting population programmes and to co-ordinate projects supported by UNFPA;

2. Decides that the United Nations Fund for Population Activities should invite countries to utilize the most appropriate implementing agents for their programmes, recognizing that the primary responsibility for implementing rests with the countries concerned;

3. Requests the Governing Council of the United Nations Development Programme to submit annually to the Economic and Social Council a report on the activities of the United Nations Fund for Population Activities.

Approved in Economic Committee of ECOSOC 14 May 1973: 35-0-8

Passed by Plenary of ECOSOC 18 May 1973: 22-0-5

UNICEF UTILIZATION OF UNFPA FUNDS

At the 1973 Executive Board meeting, the Executive Director of UNICEF requested that Board members authorize him to accept funds from UNFPA and proceed with implementation of projects. Implementation would be without specific approval by the Board so long as the Executive Director is satisfied that the assistance financed is consistent with the established policies of the Board and is of the type which it has already approved. The Director would report to the Board at each session on action taken as in the case of other countributions for specific purposes. In addition, information on funds likely to be received from UNFPA in the ensuing year would be provided to Board members in the Progress Report and related documentation. The Executive Director made this request in the interest of administrative efficiency and as one way of accelerating activities in the family planning components of UNICEF assisted projects. The Board adopted the following statement in granting the Director's request:

> "The Board, while noting the reservations of some of its members and the conditions for acceptance and utilization of such contributions, approved the proposal of the Executive Director contained in paragraphs 29-30 of the Progress Report (Chapter III) for their use in the implementation of programs jointly supported by UNICEF and UNFPA."

IO/CMD:GGaston/psk
5/22/73:Ext.21108

INTERNATIONAL DEVELOPMENT ASSOCIATION | INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT | INTERNATIONAL FINANCE CORPORATION

OFFICE MEMORANDUM

TO: Department Files

DATE: May 25, 1973

FROM: G. Zaidan, PNPD GZ

SUBJECT: KENYA - Meeting at USAID and the State Department

1. Dr. Kanagaratnam and I met briefly on May 22 with Dr. Kieffer, USAID to follow up the discussions with UNFPA on the Kenya population project which Bank staff had in New York (see my back to office report dated May 23, 1973). Following our agreement with UNFPA to discuss jointly the USAID contribution to the financing plan, Dr. Kanagaratnam asked that Dr. Kieffer's office arrange this meeting (probably Halvor Gille and Nafis Sadik will attend for UNFPA). Dr. Kanagaratnam briefed Dr. Kieffer about our discussions with UNFPA in New York, in particular the psychological importance UNFPA attached to being a joint coordinator for the financing plan "because the donors expect them to do it". We emphasized that there were unlikely to be major substantive issues that would arise at this meeting since we had already discussed the USAID contribution with Dr. Prince and others at USAID. Dr. Kieffer suggested 11:30 pm next Wednesday which he would confirm to us.

2. Subsequently, we had lunch with both Mr. McDonald and Mr. Marshall of the State Department where we had a general discussion on the Bank's role in the population field and, in particular, the relationship of the Bank to other multi and bilateral donors, specifically UNFPA and USAID. Mr. McDonald opened by discussing his concept of the division of responsibility between the Bank and UNDP in developing projects (not specifically population projects but any development projects). He felt that UNDP was the "planning agency" concerned with technical assistance and that the Bank would then be the capital assistance agency both for UNDP-developed projects and its own projects. There was a "gray area" in between (technical assistance to support these projects) and Mr. McDonald knew the Bank insisted on financing technical assistance, which Mr. McDonald felt was not always justifiable. With respect to population Mr. McDonald felt the Bank stepped into this area because of a large "vacum" which existed in the population field and which UNFPA was expected to fill. He now felt that UNFPA should take more of a leadership role in this area. Dr. Kanagaratnam responded by outlining the history of the Bank's involvement in the population field and how we see our role in this area. Dr. Kanagaratnam assured Mr. McDonald that the Bank was keen on coordinating its activities with UNFPA and cited, as an example, the recent case of Kenya where Dr. Kanagaratnam noted that he personally had suggested to Mr. Ndegwa, (Permanent Secretary, Ministry of Finance and Planning) that both UNFPA and the Bank should jointly coordinate assistance for the Kenya program; he had done this because of UNFPA sensitivities since at that time the Government had requested the Bank to coordinate such efforts, following a role similar to the one the Bank played in the live-stock project (the Bank was then the only coordinating agency). Inspite of this, we became subsequently aware of some unhappiness in UNFPA which we could not pinpoint. Mr. Marshall referred to a sentence in a letter from Dr. Kanagaratnam to Dr. Kieffer where there was a reference to the Bank being asked to coordinate the Kenyan project by the Government "with the assistance of UNFPA". We then reviewed with Mr. McDonald and Mr. Marshall the history of the Kenyan

experience indicating that we had sent a copy of the report to the Bank mission to UNFPA as early as April 4 -- but that even by last Monday, May 21 UNFPA had not read in detail this report. UNFPA had strongly favored a meeting to coordinate foreign donors mainly on grounds of "cosmetics" rather than substance (although this would lead to delay of about two months in implementation) and that in spite of our efforts to work closely with them, as exemplified by the presence of Mr. Bantegui on the mission and by our succeeding discussions with UNFPA before going to Kenya with Mr. El Heneidi and Mr. Bantegui, there was this feeling of unhappiness in the UNFPA. We had now persuaded UNFPA to join the Bank in discussions with USAID next Wednesday and to jointly forward our suggestions for a financing plan to the Government of Kenya. As a result we now felt we had cleared the air with UNFPA on Kenya, but we were concerned about the amount of unnecessary "bickering" and heat generated over minor incidents, that were unrelated to substantive issues. Mr. McDonald agreed that this was indeed largely an emotional question and Dr. Kanagaratnam closed by hoping that whenever similar incidents come to the attention of Mr. McDonald we would be happy to discuss them and also welcome it if he brought them to our attention. This could be very helpful in reducing the "emotional heat" that can be generated. Mr. Marshall indicated that Ravenholt felt that the Bank has taken over what was his project and felt upset and annoyed that the Kenyans had turned to the Bank when there was a USAID advisor working in Kenya.

Cleared with and cc: Dr. Kanagaratnam, Director, PNPD ✓

cc: Mr. Baum, PAS
Mr. Hoffman, International Relations
Mr. Baldwin, PNPD
Mr. Zaidan, "
Mrs. Domingo, "

GZaidan /K. Kanagaratnam:om
KENYA/PNPD

Dept File

INTERNATIONAL DEVELOPMENT ASSOCIATION | INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT | INTERNATIONAL FINANCE CORPORATION

OFFICE MEMORANDUM

TO: Mr. G. Zaidan

DATE: May 18, 1973

FROM: M. N. Maraviglia

SUBJECT: EL SALVADOR - Meeting on Health and Population Projects with IDB and USAID

1. A meeting was held on May 15, 1973 at IDB offices, attended Mr. Jaras (IDB Loan Officer for El Salvador), Dr. A. Drobny (currently on loan from PAHO to IDB as health specialist), Messrs V. Scott and Camaur, USAID and Mrs. Maraviglia, Mr. Rath and Mr. Kaps from the Bank. The meeting had been called by the loan officers of the Bank and IDB, Mr. Kaps and Mr. Jaras respectively, to exchange information related to status of project formulation in the fields of Health and Family Planning in El Salvador. It was explained by the loan officers that the idea of this meeting originated from conversations between representatives of management in both banks and Mr. Noyola, Executive Secretary of CONAPLAN in El Salvador, during a recent visit that the latter made to Washington. IDB's Vice President had subsequently indicated in a memo that it would be desirable to seek coordination on the above mentioned fields among external agencies planning assistance to El Salvador.

2. USAID representatives informed that the contribution of that agency to family planning in El Salvador would remain at the level of US$ 400,000 per year for at least the coming year.

3. Mr. Jaras indicated that IDB was still uncertain about the possible elements to coordinate. Dr. Drobny would be travelling to El Salvador tomorrow to make a technical evaluation of the request for IDB financing which is being prepared by the Government. He would assess whether the country has the technical expertise to develop and undertake a project suitable for IDB financing.

4. Information available to IDB indicated that the GOES was planning to request IDB for a loan of US$ 12.4 million which would represent 55% of the estimated amount for construction of a 600 bed hospital in San Miguel, 54 health units (units with one permanent physician), 22 health posts (smaller units with one resident nurse, visited periodically by a physician), 11 Health Centers (larger establishments, some of them with up to 60 beds) and 20 Nutrition Education and Recuperation Centers. According to Dr. Drobny, the IDB loan would cover all the needed capital foreign assistance to carry out the 5-year health plan.

5. To a question made by the PNPD staff present at the meeting as to whether the IDB was also contemplating to provide assistance for health manpower development, Dr. Drobny answered initially that they had no plans for such a component. Mr. Scott then mentioned concrete cases in which Salvadoreans were having staffing problems, among them several health units built with an AID grant in 1968-69 that were unoccupied for a long time and finally were staffed by pulling personnel from other positions and the instance of two newly built hospitals that were still not

operating after one year of having been handed over to the Ministry of Health, due to staff recruiting problems. Mr. Jaras reacted to these observations saying that the IDB health project would be comprehensive and that there was a definite role for a training component if found necessary. Dr. Drobny would make a complete accounting of health personnel requirements.

6. Mr. Kaps mentioned at the meeting that he had called Mr. Noyola on the telephone earlier in the morning and had been informed by him that a revised statement of program needs and a new request for Bank assistance was being prepared by them and would be sent to the Bank shortly.

7. The PNPD staff present at the meeting indicated that the Department had been assessing the merits of a Bank population project in El Salvador taking into consideration all present and committed inputs into family planning and related programs by other external agencies and by the Government. It was difficult to see where additional Bank assistance would be required to strengthen the national program. The prospects for a Bank population project were uncertain at this point; however, the Department would await to receive from Mr. Noyola the announced revised version on program needs before taking a final decision.

8. Before adjourning, it was agreed that information on any new developments would be exchanged informally among the technical staff of the agencies present. As stated by Mr. Jaras and concurred by all present, any further meetings would depend on whether there would be in fact any components to coordinate on technical grounds.

cc: Dr. Kanagaratnam
Mr. Baldwin
Mr. Rath
Dept. File ✓
Division File

MNMaraviglia/mm

March 16, 1973

Mr. D. Hall
Operations Officer
Room 4218-A
Asia/KPA
USAID
21st Street and Virginia Ave., N.W.
Washington, D.C. 20523

Re.: Philippine Sector Review Report

Dear Mr. Hall:

As I mentioned to you earlier this week, please find attached a copy of the Sector Review Report of the Philippines, which is a revised and updated version of the "Yellow-Cover" Report, which we have already sent you.

With kind personal regards.

Yours sincerely,

M. N. Maraviglia
Population and Nutrition Projects Department

Attachment

cc: Dr. Kanagaratnam/Mr. Baldwin
Div. Files

Phil/PNP

GZaidan/rb

March 16, 1973

Mr. Lenni Kangas
Chief, East Asia Population Division
USAID
209 RPE
Department of State
Washington, D.C. 20523

Re.: Philippine Sector Review Report

Dear Lenni:

Please find attached a copy of the Philippine Sector Review Report which may be of interest to you. This is a revised and updated version of the Report, which we sent to both the USAID Mission in Manila and USAID, Washington.

With kind regards.

Yours sincerely,

George C. Zaidan
Population and Nutrition Projects Department

Attachment

cc: Dr. Kanagaratnam/Mr. Baldwin
Mrs. Maraviglia
Div. Files

PHIL/PNP

GZaidan/rb

INTERNATIONAL BANK FOR
RECONSTRUCTION AND DEVELOPMENT

INTERNATIONAL DEVELOPMENT
ASSOCIATION

INTERNATIONAL FINANCE
CORPORATION

Note for files: USAID and
Internal Review

Dr. Kanagaratnam and Mr. Baldwin are having

lunch with Dr. Kieffer (AID)

Friday March 16, 12:30

to discuss general policy - Kenya, Philippines, Bangladesh, El Salvador.

3/14/73
bi/is

Item 4.

FORM NO. 57 • INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT

OFFICE MEMORANDUM

TO: Files

DATE: February 21, 1973

FROM: Fritz Steuber

SUBJECT: DAC - Meeting of February 20, 1973.

1. This being the first full DAC meeting in 1973, the agenda contained a number of housekeeping items, including preparations for the 1973 round of annual aid reviews. Ambassador Martin and Mr. Blanc (France) were re-elected as chairman and vice-chairman of the DAC for the current year. The two items of interest to us concerned further DAC work on the least developed countries and on population problems.

Least Developed Countries

2. The only points of any consequence were:

(a) The proposal, contained in paragraph 7 of the Secretariat paper (DAC(73)5), that the DAC set up an expert group "with technical contributions from the present leading donor, the IBRD or the UNDP" to carry out in-depth country studies. To no one's surprise this was resisted all around, and the idea was dropped.

(b) Various proposals in the trade field concerning, e.g. special provisions under the generalized system of preferences, modifications of existing commodity agreements in favor of the least developed, etc., were dropped or referred to the OECD Trade Committee.

3. No discussion took place regarding aid coordination for the least developed countries, although the U.S. delegation before the meeting had warned me that they would raise the subject; they had requested a copy of our recent statement to the UNDP Governing Council. At the meeting the U.S. just referred to that statement, saying that it was appreciated.

Future Work on Population Problems

4. The consensus regarding this item was that:

(a) Periodic discussions should take place in the DAC, although not necessarily on an annual basis, regarding the Development Centre's work in the population field.

(b) Apart from that, there might occasionally take place a discussion on specific aid problems of interest to the DAC membership.

(c) Statistics on DAC flows for population activities should be improved.

/ . . .

5. Paragraph 3(d) of the Secretariat paper (DAC(73)7) refers to the "massive funds available to IBRD and UNFPA" which "have resulted in lengthy project planning procedures and an enormous pipeline". I pointed out to the Secretariat that we failed to see a cause and effect relationship between massive funds and lengthy procedures, and made some other comments along the lines of Mrs. Boskey's letter of February 7.

DAC Contribution to the Forthcoming Meeting of OECD Ministers of Agriculture

6. Amongst other things it was decided to refer briefly to the Consultative Group on International Agricultural Research in paragraph 10 of DAC(73)6.

Bank Presence at DAC Annual Aid Reviews

7. As reported already in my telex to Mr. Demuth of even date, there was again a brief discussion in closed session on this point. After the meeting Ambassador Martin told me that the Bank would receive a letter inviting us officially to attend as observers the 1973 round of aid reviews.

cc: Messrs. Demuth/Hoffman (3)
J. Adler
Kanagaratnam/Hawkins
Saxe

Carrière
Grenfell

FSteuber:ar

FORM No. 57 • INTERNATIONAL BANK FOR RECONSTRUCTION A. DEVELOPMENT

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Kanagaratnam/Hawkins
Saxe

Carrière
Grenfell

FSteuber:ar

INTERNATIONAL DEVELOPMENT ASSOCIATION | INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT | INTERNATIONAL FINANCE CORPORATION

OFFICE MEMORANDUM

TO: Department Files (USAID) DATE: February 5, 1973

FROM: G.B. Baldwin GBB

SUBJECT: Meeting with Dr. Jarold Kieffer (Assistant Administrator, Population and Humanitarian Assistance) and Mr. George Coleman (Chief, Program Review Staff, Population and Humanitarian Assistance), USAID, February 5, 1973

1. At Dr. Kieffer's invitation, Dr. Kanagaratnam and I met with the above officials for about two hours. The explicit purpose of the meeting was to tell us of a new emphasis in AID's approach to health services, nutrition and population. But we had the impression that this second meeting with Dr. Kieffer (the first was held at our offices in December 1972, at Kieffer's request) was really motivated by an attempt to make up for the very weak, and indeed counterproductive, meeting with Dr. Ravenholt in October 1972.

2. Dr. Kieffer explained that AID is in process of reviewing the relative emphasis to be given to health, nutrition, and population objectives in these three closely-related areas. In the past, the population objective has clearly dominated, mainly because it was the only one of the three objectives mentioned explicitly in the preamble to the Act under which Title 10 funds are appropriated (these are the $100-125 million now being appropriated annually for population activities). Although the two other objectives are mentioned subsequently within the Act, AID officials have been working within an interpretation of the basic Act which quite severely limited AID's ability to use Title 10 funds for health and nutrition services. While it was not entirely clear whether the re-ordering of priorities would involve a broader use of Title 10 funds, it is clear that the Agency has decided to achieve this re-ordering by adding to Title 10 funds other funds appropriated to the Agency. In addition, Dr. Kieffer hopes that AID can make its own funds go farther in these three areas by coordinating them wherever possible with funds provided by other external donors, among whom the Bank would obviously be prominent. The attached paper summarizes recent discussions and decisions within AID on these matters.

3. Dr. Kieffer had not yet translated AID's new policy into specific procedures for securing donor cooperation in particular countries or projects. Dr. Kanagaratnam suggested that we take two projects which are currently fairly well advanced within the Bank, namely Kenya and El Salvador, to see how such cooperation might be worked out. We mentioned that there has already been dome discussion at the working level between PNP Dept. and AID staff members, particularly as regards cooperation in Kenya. We promised to inform Mr. Coleman about which AID officials have been involved in these discussions. Since the current program review within AID will not be completed until later this month, at the earliest, it was left that Drs. Kieffer and Kanagaratnam would get in touch with each other after KK's return to Washington about February 26 to see what form cooperation might take in the Kenya case. By that time, also, both the Bank and AID will have separate missions back from El Salvador.

Attachment

cc: Mr. Hoffman (Dev. Svcs.)
Mrs. Domingo (PNP Dept.)

GBBaldwin/iim

DEPARTMENT OF STATE

AGENCY FOR INTERNATIONAL DEVELOPMENT

WASHINGTON

Recd AA/PHA 1/18
INFO: TRM, JAK, HSC,
R. Meyer, POP, PRS

OFFICE OF
HE ADMINISTRATOR

January 18, 1973

AAC FILE

R. Meyer to discuss w/Dr Kieffer what action he wants to take or to whom to assign action

MEMO FOR THE ADMINISTRATOR'S ADVISORY COUNCIL MEMBERS

SUBJECT: Summary Results of January 10, 1973, Council Meeting

It was agreed that A. I. D., in providing assistance to LDC's, should give increased emphasis to extending low-cost health, nutrition, and family planning services in combination or separately to groups in the LDC populations that tend to have little or no access to such services.

Dr. Hannah directed that PHA take the lead, in collaboration with TAB, Food for Peace, and the Regional Bureaus, in devising at least one project in each geographic region which, with A. I. D. Title X and other funds, and where possible other donor support, gives good promise of actually providing a substantial and early broadening of effective services consistent with the above stated objective. Such proposed projects may be developed anew or be modifications or extensions of current projects underway or projected. Proposals recommended for action should be chosen from among those that offer greatest assurance of long-term host country commitment, low-cost effectiveness, replicability potential, manpower feasibility, and long-term viability.

Thomas M. Arndt
Executive Secretary

January 8, 1973

TALKING POINTS

SUBJECT: RELATIONSHIP OF FAMILY PLANNING PROGRAMS TO CERTAIN OTHER LDC ASSISTANCE

A. Background and Issues

1. Two specific A. I. D. actions led to the development of the paper under consideration today:

   a. During the spring and summer of 1972, A. I. D. determined that programmatically it should give high priority to actions that contribute to improving the well being of the least-favored classes in the LDC's.

   b. The action minutes of the Administrator's Advisory Council meeting of October 4, 1972, in summarizing the results of the discussion on the paper entitled, "Population Program Study," included the following item:

      "3. A. I. D. should also be prepared to support a selective integration of family planning with MCH, nutrition, health, and other programs where family planning objectives in particular countries can best be realized through such collaborative approaches and where such action, if successful, would serve as a demonstration to encourage duplication elsewhere. PHA and the Regional Bureaus will identify the countries and places for such demonstrations and develop plans for early action that will assure a sound use of Title X funds and encourage, where appropriate and desirable, participation of the resources of other parts of A. I. D., the host countries, other donors, and multilateral organizations."

2. In addition to the above, the Administrator, on his return from his trip to Turkey, Afghanistan, etc. in the fall, underscored heavily his belief that in those countries where A. I. D. provides assistance, we must somehow see to it that our programs manifestly show our concern for the people in the remote areas who tend to have high mortality, inadequate diets, and numerous children. He urged action on programs that would extend minimal health, nutrition, and family planning services to such people.

3. TAB has been responsible for encouraging the development of low-cost systems for extending health-related services to LDC people who do not now have adequate access to them. A number of projects are under way or being developed, and TAB has recommended that greater A. I. D. attention be given to this subject.

4. In my talking points paper last October, when we were considering the population strategy paper, I noted the long, and in my opinion, counterproductive arguments in A. I. D. and elsewhere regarding the best ways to package family planning activities (single purpose vs. multi-purpose delivery systems), as well as the arguments over proper uses of Title X funds. I indicated then my feeling that we needed to push on past these old arguments toward new approaches for extending services and for attracting additional donor support for multi-purpose delivery extensions. After ten months of review of the population program, I am now convinced, first, that in devising population assistance strategies, there has been some lumping together of different classes of LDC population, rather than a careful differentiation of the special needs of at least four different groups; and second, that despite our investments in a number of experiments and demonstration projects, in low-cost health, family planning, or nutrition delivery systems, we are not yet succeeding in actually reaching large elements in the LDC's who are either unable to afford such services as those noted above, or are otherwise unable to have access to them. Some of these people are what might be called urban poor, the others live in remote rural locations. Last week, Lee Howard, in a briefing at the Administrator's luncheon, made a presentation that heavily underscored this last observation.

5. The paper to be discussed today makes proposals for heightening the emphasis and priority that A. I. D. would give to such service extensions to these people. Deliberately, the paper deals with the substance of the policy and the general methodology for devising implementing actions. However, these matters cannot be fully separated from certain collateral issues. Briefly stated these are:

a. Assuming agreement on the basic policy thrust, what would be the sources of the non-Title X funding? What would be available quickly? What amounts would be needed over a five-year period? Are we talking about new budget requests or different allocations of whatever funds we get? Obviously, OMB and the Congressional committees will have to share in such decisions. What guidance should be given A. I. D. -wide and within the Regional Bureaus in the allocation of their funds as between this proposed priority and other earlier announced priorities and emphases?

b. What are the real potentialities for attracting new financial interest from multilateral agencies and other donor countries?

c. Essential to the successful extension of low-cost health, nutritional and family planning services to presently neglected LDC populations are the attitudes and capabilities of host country governments. Even though A. I. D. may place a high priority on such service extensions to these people, ultimate action in an LDC will have to flow from a decision by its government on the allocation of its resources long-term. While A. I. D. and other donor countries or bodies would have a good deal of leverage in LDC decision-making, we are dealing in a sensitive area of LDC self determination, and there are some elemental LDC fiscal realities and feasibilities that will have to be taken into account.

d. Some elemental questions of logistical feasibility need consideration. Undoubtedly, we will still have to move selectively rather than generally in seeking low-cost service extensions. We should pick LDC governments that have demonstrable interest in this priority as against those that are either resistant or dubious about it. Even assuming selected service extensions, what are reasonable time tables? How can LDC expectations be kept in reasonable harmony with capabilities? How, on the one hand, can we achieve meaningful results in the LDC's in relation to

the proposed priority and, yet at the same time, construct our collective efforts in an experimental way so that we can also obtain conclusive evaluations of the suitability and potential of our efforts for wider scale replicability on some long-term financially and logistically-viable basis?

B. Action Plans

The proposed plans set forth below could be considered if approval of the main lines of the recommendations in the December 29th paper is given:

1. The recommendations contemplate follow-up action that will require close coordination between PHA, TAB, Food for Peace, the Regional Bureaus, and PPC. I propose that these units designate representatives to serve on a Steering Committee that will:

   a. Inventory at once current A. I. D., multilateral agency, and other donor project activity that falls within the proposed priority area;

   b. Assess the overall relevancy of these projects to the priority effort, taking into account such factors as indicated costs and time tables, replicability value, and resource and logistical feasibility;

   c. On the basis of the above assessment, identify, initially, several projects in the different regions that currently, or with reasonable modification, could give good promise of early action to achieve a substantial broadening of effective, low-cost health, nutrition, and family planning services in areas of selected LDC's which have large numbers of people of high fertility who do not now have reasonable access to such combined services;

   d. In connection with the identified projects, institute consultative procedures that would determine whether (1) the LDC governments concerned wish to, and can, make the long-term commitments involved; (2) other donors can be counted on to provide meaningful help; and (3) non-Title X funds from the relevant regional bureau and reasonable amounts of Title X funds can be pledged so that with the combined resources thus assembled, the projects could be considered financially viable, long-term.

2. With PPC assistance, an examination should be made to determine what FY 1973 non-Title X and Title X funds could still be pledged to the service extension effort, followed by a similar determination in regard to FY 1974 funds. (This examination would include seeking concurrence, as necessary, from OMB and the Congressional committees concerned).

3. Efforts should be made to get the concurrence and financial support from the UNFPA and other multilateral funding sources, other donor countries, and private sources in connection with encouraging the basic thrust of the policy paper. Such efforts should be aimed at gaining additional financial resources for the demonstration projects supported by A.I.D. or for other projects of a similar nature preferred by these other bodies, or both. While A.I.D. would naturally hope and work for collaborative efforts in particular LDC's, the desired objective, whether fostered by A.I.D., in particular LDC's, or by other bodies in other LDC's, is to improve the well-being of LDC populations generally who do not have access to adequate low-cost health, nutrition, and family planning services.

Prepared by:
AA/PHA:JAKieffer

December 29, 1972

MEMORANDUM TO THE ADMINISTRATOR

FROM: AA/PHA Jarold A. Kieffer

SUBJECT: Relationship of Family Planning Programs to Certain Other LDC Assistance

Purpose: The purposes of this memorandum are (1) to set forth a suggested policy for A.I.D. in the matter of defining suitable future relationships between family planning delivery systems assistance supplied by A.I.D. and certain other types of related LDC assistance; and (2) to urge strong A.I.D. emphasis on encouraging provision of simple, low-cost health, nutrition, and family planning services to the urban and rural poor in A.I.D.-assisted countries.

Discussion: During the past months, I have been examining both the workings of the A.I.D. population assistance program and its interface with other related types of A.I.D. and other donor assistance to LDC's.

In any list of fault lines running right through the A.I.D. program, and generating a good deal of tension, we would have to include the pressure on Title X funding to support a variety of related activities that are variously argued as being within or beyond the Congressional intent in enacting and continuing that provision of legislation. It is not the

purpose of this memorandum to open up a whole new argument on the meaning of Title X. In fact, I would like to minimize future argumentation on that subject, because it has not been constructive and will not help us move forward. I do simply make the point that even if the General Counsel's office and the auditors were to open a very wide door of interpretation on the appropriate uses of Title X money, there couldn't possibly be enough money in that appropriation to do the broad-ranging and long-term things for which application to this source is being made. Accordingly, therefore, I believe we should put our time and energy on another line of policy that would guide our attempts to interface population assistance with other related aid to LDC's.

Most of the interface questions arise in the area of health and nutrition. Clearly, in some of the countries, leaders or Ministry of Health people have adopted the line that family planning cannot or will not be fostered except as a component of a well-rounded maternal and child health care approach. In some cases, the government is adamant on this point, and, in effect, is holding family planning in abeyance until realization of the larger objective can be programmed. In other cases, leaders or practitioners simply hold this kind of belief as a genuine view of how family planning services will best be fostered and extended generally or in certain geographic areas or of where the priorities ought to be placed.

As usual, the arguments wander widely from the central questions involved. A. I. D. even has been accused of genocide, what with its emphasis on the spread of contraceptives, termination of unwanted pregnancies, and other measures to control fertility on the one hand, and on the other, its seeming lack of priority on assistance to strengthen LDC maternal and child health service delivery capabilities.

Conversely, some A. I. D. population staff and others have warned against efforts to use Title X funds for general health programs that have only slight relationships to the Congressional purposes in authorizing Title X. They have argued that ample evidence exists to demonstrate that strong family planning services can be mounted and operated effectively in many LDC situations independent of the costly manpower, equipment, and facilities aspects of a well-rounded maternal and child health service delivery capability.

In between these are those who point to the fact that family planning services still only reach a small fraction of the LDC urban populations, and the effective means do not yet exist for broad and sustained diffusion of such services to most of the LDC rural populations.

I believe we have gotten into this kind of argumentation in the field of family planning in part because the needs of different classes of LDC people have not been adequately differentiated, and this condition has been made worse, or perhaps even was created by the fact that A. I. D. does not have a clear assistance objective with respect to the spread of maternal and child health delivery services to LDC populations.

Family planning-wise, there are at least four types of LDC populations:

1. Those people who live in urban settings and have ready access to family planning services and can pay for them;

2. Those people who live in urban settings, but who either do not have access to family planning services or cannot pay for them;

3. Those people who live in rural areas but who have access to family planning services and can pay for them; and

4. Those people who live in rural areas and do not have access to family planning services or cannot pay for them.

Clearly, these are different populations requiring different population assistance strategies. Where certain LDC people have ready access to family planning services and can pay for them, there may be no need to surround the provision of these services to these people with other kinds of services. However, this condition of things does not appear to be suitable in the cases of the other classes of LDC population. Worldwide, the urban poor, and especially the poor and remote populations of the LDC's, hardly have been reached as yet by effective family planning services, and they tend also to have poor diets and high child mortality rates. However, it is these very populations that tend to have the highest fertility, thus deepening conditions of misery, idleness, hopelessness, and tension.

In a variety of ways, A. I. D. has been groping for methods of coping with this situation. Some experimental projects are under way to test different schemes or locales for offering combined family planning, nutrition, and health services to mothers and children who have not had access to them. These efforts have been rather scattered, their timetables are long, and no clear view is yet possible of how they will be replicated broadly and supported in the long run.

In the absence of adequate sources of non-Title X A. I. D. support, in the absence of adequate help from other donors, in the absence of clear and long-term LDC commitments (resource-wise, the LDC's may be unable to make such commitments), undue pressure unfortunately has been placed on the Title X resource.

To compound the difficulties, some past projects and current proposals involving Title X funds seem to locate funded health services in low priority situations, to foster high-cost systems, equipment, or manpower requirements, and actually to neglect the family planning component, either in concept or in actual day-to-day operations.

A. I. D. should now seek to move both the discussion and the action in this area to a higher and broader plane, and we should do so with the following observations in mind:

1. We can see that some new or different strategies will have to be employed in order to convey family planning services broadly to several of the classes of population referred to above. The results of current efforts and current constraints, singly or combined, require us to look anew at the prospects here;

2. We can see that for ordinary reasons of humanity (and maybe even for political reasons), LDC governments will have to show considerably more concern for the physical condition and well being of their urban and rural poor populations in the immediate years ahead. If A. I. D. is in the act of helping these LDC's, it should, through its own actions, facilitate (or encourage) LDC responsiveness to the needs of these people. That is a kind of focus in our A. I. D. program about which few Americans would have doubts;

3. We can see that from a variety of viewpoints, there is an elemental rationality and logistical coherence in giving an urban or rural poor family a general assurance that the combined means are regularly and readily available to them to feed themselves adequately, to prevent or cure sicknesses, and to limit the number of children to be cared for. In this context, family planning is naturally understood and practiced as a key aspect, along with the others, of assuring family well being, a decent existence for mothers, and a more promising prospect for the survival and adequate care of their children;

4. We can see that there are logistically reinforcing values in devising combined low-cost systems that deploy cadres trained to deal with the simple health, nutritional, and family planning needs of such people. As necessary, these cadres should be able to expand or extend their services and reach by training or re-training manpower from other groups, public or private, who are normally located nearby and are available to help. Obviously, such systems, if they are to be activated reasonably soon, and if they are to achieve wide coverage at any early date, will have to be kept quite simple and low cost in terms of training, equipment, and facilities. Anything else will not likely get beyond a few pilot projects, will not achieve widespread coverage, and will not be supportable long term.

Policy Considerations

As we consider means for actualizing such prospects, several policy considerations might be set forth or recapitulated here:

1. Although reduced foreign assistance appropriations in the next years will likely force A. I. D. to function in fewer LDC's, where it does provide assistance, it should give high priority to the providing of simple, low-cost health, nutrition and family planning services to meet the needs of the urban and rural poor populations of those countries;

2. The scale and urgency of the challenge will require that a coalition of donor resources be assembled. Far greater resources than are available through Title X funding will be needed. Other donor countries, the UNFPA, WHO, IPPF, UNICEF, the World Bank, and private foundations, etc., should be urged to develop collaborative or shared efforts with A. I. D. in mutually agreeable LDC locations. Also, as a means for conserving effort and resources, and where otherwise desirable, A. I. D. should also give careful study to working out suitable divisions of labor with such donor countries, world agencies, or private groups;

3. LDC governments and private groups should be encouraged, where possible, to plan low-cost service extensions to people who do not now have access to such help. If this kind of host country commitment is not made, and if sound and viable programs are not developed by the governments and peoples concerned, little of long-term benefit will result from outside help;

4. The precise methodology for spreading these services will vary from country to country, and even within countries. In all likelihood, variable, rather than singular, approaches will have to be considered;

5. A. I. D. should do what it can to help mute the sterile arguments that reinforce notions about health, nutrition, and family planning activities as somehow competitive or alternatives to each other. It is a sad fact that the urban and rural poor do not have the luxury of relating to such services one by one. They need all three, and pretty much at the same time. They usually can afford none of them. Obviously, if one service can be provided, and the other two cannot, there may be nothing wrong with proceeding with one. But, as applied to these people, they should not be seen or promoted as alternatives to each other. If an LDC we are aiding wants to commit itself to a triple-pronged service extension that gives promise of long-term feasibility, we should try to help it orchestrate a collaborative effort using its own resources and those of other donors and A. I. D. We should directly encourage such efforts;

6. Too much pressure has been placed on Title X. A. I. D. policy and current and future funding should be aimed at providing both non-Title X A. I. D. funds and Title X funds for the U. S. portion of collaborative efforts to foster extension of simple, low-cost nutrition, family planning and health services on a

long-term basis to the urban and rural poor populations of LDC's we are aiding. Title X funds should be provided to assure an adequate family planning component, and the non-Title X funds should go toward defraying the nutritional and health portions of agreed-upon plans. With these twin funding sources in the picture, the matter of allocating fairly between the two sources will be simplified and desensitized a great deal.

Recommendations:

1. That A. I. D. direct more of its current and prospective non-Title X funds and other resources for cooperative use with Title X funds and other resources in fostering with other donor countries, world bodies, private groups and host country agencies the extension of simple, low-cost health, nutrition, and family planning and other population services to urban and rural poor populations of selected LDC's, where there is evidence of serious LDC intent and long-term commitment to such activities. A. I. D. should give additional emphasis to this thrust in its budget presentations for the coming fiscal year and beyond;

2. That A. I. D. take the lead in fostering such collaborative efforts either directly or through its participation in multilateral bodies and private international organizations; and that PHA, TAB, and the regional bureaus develop coordinating systems for assisting and advising on the development of projects, facilitating U. S. participation, and the allocation of A. I. D. resources;

3. That A. I. D. and its collaborators encourage experimentation in new and better low-cost and simple methods of achieving such broader service extensions, including but not limited to use of military and other government organizations, and other public or private units whose staffs can be given added or changed functions, together with the necessary simple training;

4. That every effort be made to enable the LDC governments involved to assume as much responsibility as can reasonably be expected for all phases of such service extensions.

DEPARTMENT OF STATE
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

ASSISTANT
ADMINISTRATOR

AID

January 12, 1973

cc: Messrs Baldwin
Berg
Gaudani
L. Dominguez
IBRD

Meeting Feb 5/73
at Dr Kieffer's office
Dr KK + G2313

Dr. K. Kanagaratnam
Director
Population and Nutrition
Projects Department
IBRD/IDA
1818 H Street, N.W.
Washington, D.C. 20433

Dear Dr. Kanagaratnam:

Thank you very much for your letter of January 4 and we appreciated getting the World Bank reports that you enclosed. I certainly hope it will be possible to keep in rather close touch in the days ahead.

Incidentally, there is one matter on which I would like to meet again. Perhaps you could even come over here.

Within A.I.D., we are thinking more and more about the enormous number of LDC people who just do not have any reasonable access or can afford low-cost services in relation to maternal and child health, nutrition, and family planning. Obviously, the problem here is a combination of resources, logistics, transportation, and training. Clearly, also, the host country government must have crossed the bridge of deciding that it both needs and wants to do something about the problem. Without that, your assistance, or ours, or anybody's won't have too much effect.

What I would like to do is talk over this situation with you and see where you think our activities can be mutually associated in productive ways. Perhaps after you have read this letter, our secretaries could arrange a convenient lunch date with some time before

or after to discuss the matter. I would be happy to host the meeting and the lunch here if this is acceptable to you.

With all best wishes,

Sincerely yours,

Jarold A. Kieffer
Assistant Administrator
for Population and Humanitarian Assistance

AID

January 24, 1973

Mr. Alvin S. Lackey, Chief
Manpower and Institutions Division
Office of Population
Agency for International Development
Department of State
Washington, D. C. 20523

Dear Al:

I am responding to your recent letter asking for information on the Bank's involvement in institution-building.

We see no way to provide any more information than was contained in the statement I made at the meeting on this subject which you convened last fall. The only other suggestion I could make is to direct your attention to the individual project reports for the six population projects which the Bank has assisted to date; these would name the specific institutions involved in each project and the way in which it is hoped the project may benefit them. If the project reports (Jamaica, Tunisia, Trinidad & Tobago, Indonesia, India, and Malaysia) are not readily at hand, we would be glad to supply copies or to have someone from your shop look them over here to see if they provide any information useful for your purpose.

Good luck with the paper -- it's a difficult one to write!

Sincerely,

George B. Baldwin
Deputy Director
Population and Nutrition Projects Department

GBBaldwin/gc

File - AID

DEPARTMENT OF STATE
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

JIM
We had a similar one for GILLE on "delivery systems" without the archive
Don't see much point in spending time on it?
R

JAN 19 1973

Dr. G. B. Baldwin
Deputy Director, Population and
Nutrition Projects Department
World Bank
1818 "H" Street, N.W.
Washington, D. C. 20433

Dear Dr. Baldwin:

Happy New Year! Let's hope this year will see great things develop in the field of population institutions.

I think we are fortunate in having the subject of institutions on the agenda for the Bellagio III Population Conference to be held in May 1973. A.I.D. has been assigned the job of preparing a report on the subject for consideration at the meeting. A Proposed Outline of the Report is enclosed for your review - and comment if you like.

In line with our meetings and past agreements, I would now like to request each organization, which has not done so, to send me your list of countries, institutions and programs where you are now working and where you contemplate working this year. This is needed for Section V of the Outline.

I have a deadline of March 1, 1973 to submit the first draft of this report and to have it finalized by March 15. To be useful, I need your material by February 15, 1973.

The information need not be extensive but should simply identify the institution and country, the name of the unit within the institution and a brief description of what program is being conducted along with a statement of the type of assistance being rendered.

For anticipated projects some idea of which institutions and the type of projects you hope to develop would be all that is required.

In describing the program being conducted you might find the headings on the attached table useful. While much of this information is not available, I think we should be talking at our next meeting about the desirability of collecting this type of data.

If you anticipate any difficulty in providing this information by February 15, please give me a call so we can work out some alternative solution.

Sincerely yours,

Alvin S. Lackey, Chief
Manpower and Institutions Division
Office of Population

Enclosures

PROPOSED OUTLINE

BELLAGIO III POPULATION CONFERENCE - MAY 1973

Supportive Institutions

I - Definition

A - What is an Institution

B - What is a Supportive Institution

II - Functions of Supportive Institutions

A - Research and Policy Functions

B - Training Functions

C - Technical Assistance Functions

III - Nature of the Need

A - Relationship of Supportive Institutions to Operational Institutions

B - Summary of existing Institutional Capacity

C - Projection of Needed Capacity

IV - Principles of Institution Building

A - Mechanisms

B - Required Inputs

C - Time Requirements

D - Withdrawal Procedures

E - Evaluation

V - Activities Underway

A - Summary of Donor Projects

B - Listing by Country and Institution of Projects in Force

C - Institutional Interrelationships

VI - Agenda for Future Action

VII - Problems

A - Coordination

B - Availability of Talent

C - Funding

D - Donor Confidence

PHA/POP/MI:ASLackey:hm
1-15-73

INSTITUTIONAL DEVELOPMENT ACTIVITIES

Country and Institution	Name of Unit	Location	Number Research Projects		Number Students		Number Courses			Yearly Budget	Professional Staff Involved			Publications		
							Degree		Short Term							
			Bio-Medical	Social Science	Degree	Short Term	Bio-Med	Social Science			Administration	Research	Teaching	Annual Reports	Journals	News-Letters

INSTITUTIONAL DEVELOPMENT ACTIVITIES

Country and Institution	Linkages by Institutions and Countries	Network Role		Assistance Received from Outside Sources						
		Services Provided	Services Received	AID	UNFPA	IBRD	Pop Council	Ford	Rocke-feller	Other (Specify)

DEPARTMENT OF STATE
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D. C. 20523

AID

Feb 5-11: at AID

ASSISTANT
ADMINISTRATOR

January 12, 1973

cc: Messrs Ba
Ber
L. Dob

Dr. K. Kanagaratnam
Director
Population and Nutrition
Projects Department
IBRD/IDA
1818 H Street, N. W.
Washington, D. C. 20433

63 23842

cc: Mr. Hoffm

Dear Dr. Kanagaratnam:

Thank you very much for your letter of January 4 and we appreciated getting the World Bank reports that you enclosed. I certainly hope it will be possible to keep in rather close touch in the days ahead.

Incidentally, there is one matter on which I would like to meet again. Perhaps you could even come over here.

Within A. I. D., we are thinking more and more about the enormous number of LDC people who just do not have any reasonable access or can afford low-cost services in relation to maternal and child health, nutrition, and family planning. Obviously, the problem here is a combination of resources, logistics, transportation, and training. Clearly, also, the host country government must have crossed the bridge of deciding that it both needs and wants to do something about the problem. Without that, your assistance, or ours, or anybody's won't have too much effect.

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or after to discuss the matter. I would be happy to host the meeting and the lunch here if this is acceptable to you.

With all best wishes,

Sincerely yours,

Jarold A. Kieffer
Assistant Administrator
for Population and Humanitarian Assistance

Mr. Lyons-(Chief, Policy Develop.Div.,AID)

(Remarks by DR.KK AT OECD, Paris, DEC.8/72)

For information -- This has some relevance to population policies and programs and reflects the Bank's primary strategy.

January 5, 1973

Dr. Ravenholt -

(Enclosing Dr.KK's remarks at OECD, Paris, Dec.8/72)

January 5, 1973

January 4, 1973

A 9D

Dr. Jarold A. Kieffer
Assistant Administrator
Bureau for Population and
Humanitarian Assistance
U.S. Agency for International Development
Washington, D.C. 20523

Dear Dr. Kieffer:

I am writing this note as a follow-up to what we here considered a very productive and useful session we had with you when you visited the Bank on December 19. Your exposition of the legislative framework guiding AID's population/health activities was unusually clear and useful. We hope that we were able in some way to set out the Bank's strategy in this Sector and also our priorities and method of operation. We were certainly pleased to have the opportunity to explain the Bank's views on the question of loans vs. grants. Quite clearly, debate over this issue has thrown an unnecessary cloud over the more critical issues of programming, administrative capability and positive action that has to be taken by all of us to help the recipients of population assistance.

I promised to send to you copies of Bank Sector papers; I am sending under separate cover the following reports:

Indonesia, UN/WHO/IBRD Family Planning Mission	- April 27, 1970
Arab Republic of Egypt - Sector Review	- August 14, 1972
India - Appraisal Report	- May 15, 1972
India - Working Paper to Appraisal Report	- February 29, 1972
Trinidad & Tobago - Appraisal Report	- April 28, 1971
Malaysia - A Sector Review	- December 27, 1972.

In the case of Indonesia, the Arab Republic of Egypt, and Malaysia, the Sector Reports were completed and published. In the case of India, and Trinidad & Tobago the material gathered for the Sector Review was prepared in draft and later built into the appraisal report; the sectoral analysis forms the first part of those reports and also covers a number of Annexes to the reports.

We discussed at some length the importance of raising with governments the economic implications of population growth and I undertook to send you examples of this type of work recently done by the Bank. Also sent separately are the following:

India - Economic Report - May 10, 1972; p.13, Ch.2 'Human Resources'
Mexico- Economic Report - December 1, 1970 - pp.13-18, followed on
- November 16, 1971- pp. 7-11 (in more detail).

The tendency has been to focus the population reviews of economic reports on countries to which it would be possible to bring about awareness and at the same time cause policy changes.

I do hope that it will be possible at some future date to have detailed in-depth country discussions so that not only can we meet the tremendous demand for assistance but also provide this in such a way that the benefits are maximized.

Once again, it was a pleasure to have you visit.us.

With regards.

Sincerely,

K. Kanagaratnam
Director
Population and Nutrition Projects Department

cc: Mr.M.L.Hoffman

INTERNATIONAL DEVELOPMENT ASSOCIATION | INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT | INTERNATIONAL FINANCE CORPORATION

OFFICE MEMORANDUM

TO: Dr. K. Kanagaratnam DATE: December 27, 1972

FROM: G. Zaidan GZ

SUBJECT: Meeting with Dr. Jarold Kieffer - Assistant Administrator, Bureau of Population and Humanitarian Assistance, USAID, and Mary Fowler - December 19, 1972

Dr. Kieffer and Mary Fowler visited the Bank on December 19, and met with Dr. Kanagaratnam, Mr. Baldwin and Mr. Zaidan; Mr. Michael Hoffman was present for the discussion during the luncheon meeting. Dr. Kieffer said there were four main points which he wished to discuss:

i. The question of loans versus grants raised in the Ravenholt memorandum: Dr. Kanagaratnam and Mr. Baldwin explained the Bank's reaction to this memo, emphasizing that it was the project approach rather than loan or credit financing which was responsible for any "delays" in Bank population activities. These delays were often constructive, allowing the Bank to prepare projects in much greater detail before any financial commitment was made than was the case with many other agencies. Mr. Hoffman explained the fact that many of our population projects were financed with IDA credits which contain an 85% grant element. Dr. Kieffer was given a copy of Dr. Kanagaratnam's response to the Ravenholt memo of October 2, (the response was read at the OECD meeting on December 8). In response to a question regarding his views of the matter, Dr. Kieffer advised the Bank not to respond formally to Dr. Ravenholt's memo, which was clearly an embarrassment to Dr. Kieffer.

ii. Legal Constraints on AID Activities in Population and Health: Dr. Kieffer outlined in considerable detail the problem which USAID was now facing with respect to the definition of what constituted population activities. Title 10 under which the Office of Population is authorized to spend for population does not define that term. In particular it is not clear whether USAID can undertake to finance health and nutrition inputs which are obviously very closely related to the demand for family planning services. In addition, there are no provisions in the total USAID budget (outside population) for financing health activities. Dr. Kieffer himself said that he would like to get USAID involved in health and nutrition, but that imposes extra costs. At the same time the increasing funds available for population (from US$4 million in 1966 to the current level of US$125 million) are likely to plateau or decline in the future. Against this background of larger needs and limited resources, USAID was now reexamining its priorities in the population field. While this has happened in the past, it was the first time that this was being done with all the population officers gathered in the Office of Population, i.e. after the recent USAID reorganization. Dr. Kanagaratnam briefly summarized the Bank's activities in

the nutrition field and emphasized the broader view which the Bank was attaching to the population problem, as elaborated in the population sector paper. He also summarized for Dr. Kieffer the composition of our Department, emphasizing its multi-disciplinary nature and gave him a list of our staff members.

iii. Priorities among countries: Dr. Kieffer asked about our country priorities. We emphasized that over the 72-76 period we would concentrate our activities on some 20 countries where 70% of the population of the developing world lived. In addition to country size a criterion we use for involvement is a clear government commitment to a positive population policy. Here it was important that often this commitment lay in the Ministries of Finance and Planning, but was not always appreciated in the technical Ministries, such as Ministries of Health which bear heavy responsibility for implementation of this policy but which did not always welcome foreign assistance. In some cases we had to overcome resistance in these Ministries who sometimes played one agency against another. A review of our differing experiences in some countries (e.g. Egypt, Malaysia and Kenya) was given. A general point made regarding our work program was that the Bank would limit its population work to three to four new countries a year; we viewed our contribution as only a small part of the total international effort. The Bank is glad that other agencies such as UNFPA and USAID are heavily involved in this field since the magnitude of the problem is such that there is much more to do than any single agency has the capacity to handle, technically or financially. A copy of the work program was given to Dr. Kieffer (copy attached).

iv. Persuasion of Governments with negative or neutral population policies: Dr. Kieffer asked how the Bank used its leverage to influence such Governments. Unless efforts were directed towards this end at this early stage the problem would become next to insoluble in the next generation. The problem was to get Governments to realize the relationship between numbers and resources and to analyze the problem. Mr. Baldwin reviewed the Bank's work in analyzing the population sector in the context of regular economic reports as a method of influencing Governments. Some of these reports, such as the one for Mexico contained an analysis of the economic impact on population trends. Another important method was public announcements and private conversations which the President of the Bank had with Heads of States.

v. The tone of the whole discussion was very cordial, and Dr. Kieffer was anxious to establish informal lines of communication and coordination so that the type of counterproductive competition we had experienced with UNFPA at the initial stages in Malaysia would not be repeated. He urged Dr. Kanagaratnam to bring to his attention at an early stage situations which could lead to this type of counterproductive competition.

Cleared with and cc: Mr. Baldwin
GZaidan/rb L. Domingo

A. Loans and Credits under Supervision:

Project	Amount (Million $)	Date of Signing of Credit/Loan
Jamaica (IBRD)	2.0	FY70
Tunisia (IDA)	4.8	FY71
Trinidad (IBRD)	3.0	FY71
Indonesia (IDA)	13.2	FY72
India (IDA)	21.2	FY72

B. Lending Program

FY73	FY74
Egypt	Bangladesh
Iran	Kenya
Malaysia	Philippines

Status

Malaysia	Pre-appraisal mission Nov. 1971 Appraisal mission March 1972 Negotiations completed - due for Board presentation January 1973
Iran	Appraisal mission September 1972 Negotiations March 1973, due for Board presentation June 1973
Egypt	Reconnaissance mission April 1971 Sector Mission January 1972 Appraisal mission presently in field Negotiations March 1973, due for Board presentation June 1973
Kenya	Reconnaissance mission May 1972 Appraisal mission presently in field Negotiations June 1973 - due for Board presentation September 1973
Philippines	Sector mission March 1972 Appraisal mission to be in field March 1973 Board presentation - 1974

GZaidan/rb
December 7, 1972

FOR DR. KIEFFER

INTERNATIONAL DEVELOPMENT ASSOCIATION | INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT | INTERNATIONAL FINANCE CORPORATION

OFFICE MEMORANDUM

TO: Reports Desk

DATE: December 19, 1972

FROM: K. Kanagaratnam

SUBJECT: Release of Reports

Would you please send me one copy each of the following reports, to be sent to Dr. Jarold Kieffer, Asst.Administrator, Population and Humanitarian Assistance, US AID -

CA-6a - Mexico - Econ. Report - Dec. 1. 1970
PP-6a - Trinidad & Tobago - April 28, 1971
PP-9a - India (Annex) - Feb. 29, 1972
PP-9b - India - May 15, 1972
PP-10 - Egypt - Aug.14, 1972
EX-2 - Indonesia - April 27, 1970
SA-32a - India Econ. Report - May 10, 1972

Please send the copies to me in Room N-538.

Sent 12-20-72 along

/bli

AID
Jan 23
10 am
postponed

Jan. 12 -
9:30

December 20, 1972

Mr. Thomas C. Lyons, Jr.
Chief, Policy Development Division
Office of Population
Department of State
Agency for International Development
Washington, D.C. 20523

P Hall joined mtg. 1/23

Dear Mr. Lyons:

Thank you for your letter of November 29, 1972. I have been away on a field mission and could not respond earlier.

I appreciate your seeking some answers to some rather difficult questions in the area of population policy. My own feeling is that a discussion would be more helpful and my associates and I would be pleased to arrange for such a discussion with you and any others working in this area.

Could you call and let us know when it would be convenient to have such a discussion. My telephone number is: 477-5431.

Sincerely,

K. Kanagaratnam
Director
Population and Nutrition Projects Department

kK:bli

DEPARTMENT OF STATE
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

29 NOV 1972

Mr. Kandiah Kanagaratnam
Bank for Reconstruction and Development
1818 H Street, N.W.
Washington, D.C. 20433

Dear Mr. Kanagaratnam:

As you may know, A.I.D. has recently created a new Policy Development Division within the Office of Population. This act represents a more formal recognition on A.I.D.'s part of the importance of the policy dimension and is part of an evolving strategy as we carry out our legislative mandate to deal with population problems.

In recent weeks we have been attempting to explore more systematically than we have in the past the role of A.I.D. and of other donor organizations in the sensitive area of population policy development. The purpose of this letter is to elicit your views and those of the Bank for Reconstruction and Development concerning the role of major donors in population policy development.

Specifically, we are concerned with programmatic alternatives in this difficult field. In other words, what should and what can we and others do in terms of programs and projects that are likely to help Third World countries respond to their population problems.

Following are some of the kinds of questions which we are trying to answer and to which we hope you will respond (but please do not be limited to these alone):

1. To what extent (if at all) is it legitimate (politically, morally or otherwise) for international donor organizations to attempt to affect the population policies of recipient countries?

2. To the extent that it is legitimate, what sorts of activities are likely to have the greatest effect on the process of population policy development or on the nature of policies that are enunciated, realizing the full importance of sovereignty and sensitivity?

3. Of the various programmatic alternatives available, ranging from mere dissemination of information at one extreme to technical assistance in developing policy, how does one identify the line beyond which donor organizations cannot or should not go?

4. If the viable alternatives all fall close to the most passive role, what specific activities are likely to be the most effective and the most legitimate?

5. Is it true, as many of us have assumed, that the distribution of facts and knowledge indeed bring about a better understanding of population dynamics ?

These questions all imply a good many others which I hope you will feel free to discuss in your response to this letter. We are not asking for a lengthy statement of policy--only a concise statement of the alternatives which you consider feasible and legitimate as guidelines for A.I.D. in this area.

Thank you very much for whatever help you can give us as we continue to define our role in the population policy milieu. No doubt the information you are able to provide will help us avoid mistakes we might otherwise commit.

Sincerely yours,

Thomas C. Lyons

Thomas C. Lyons, Jr.
Chief, Policy Development Division
Office of Population

Reports Desk

December 19, 1972

K. Kanagaratnam

Release of Reports

AID

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EX-2 - Indonesia - April 27, 1970
SA-32a - India - Apr. 1971

Please send the copies to me in Room N-538.

/bli

final text

THE USE OF LOANS FOR EXTERNAL FINANCING OF POPULATION PROJECTS

(A response to the question raised at the
OECD Population Meeting, Paris, December 8, 1972)

1. The background paper for this meeting, by Mr. Hankinson, discusses, under the heading "Aid Problems", an item on the question of "Loans or Grants"; this is raised as the last of five aid problems set out in the paper. The paper has put it in a fairly balanced fashion but raises questions such as: are loans more acceptable than grants? (the answer is obvious), or whether a blend of grants and loans make loans more acceptable (again rather obvious). In the light of the substantial increase in IBRD lending in the past three years for population the question is posed whether loans are now more acceptable than they were in 1969. The concluding question was whether loans slow down population activities. In a sense the questions to some extent seem to reflect a restricted view of the nature of international financial aid and an unawareness of the philosophy behind the Bank's project approach as applied to population assistance. The points made in this paper reflect some of those made in a memorandum by Dr. Ravenholt on October 2; this was read to the meeting of the United Nations Fund for Population Activities' Program Consultative Committee on October 5 and subsequently distributed to others.

/ . . .

2. The central point in both the above cases is that the working out and execution of projects financed by loans takes much longer than the preparation of grant-financed projects. Dr. Ravenholt bases his conclusion on observations made in Indonesia where, on a visit in the summer of 1972, he found delays in certain government population expenditures which he attributed to the fact that the joint Bank/UNFPA Financing Agreement had not yet come into effect. Linking these two facts in a cause and effect relationship is not fair. For one thing, the specific payments whose delay he attributes to the existence of a Bank loan (i.e. incentive payments to field workers) are not being financed by the project at all. The Government of Indonesia has experienced difficulties in making these particular payments without excessive delays, a fact that reflects difficulties in the Government's own disbursement procedures that has nothing to do with the availability of external funds. From a wider perspective, it should be noted that Indonesia's National Family Planning Program has recently been spending only about two-thirds of the funds earmarked for it in the national budget. In other words, expenditure delays in Indonesia have reflected:

(a) the absorptive capacity of the family planning system, and

(b) the GOI's disbursement procedures;

these delays have not been caused by shortages of funds arising out of delays in the availability or draw-down of foreign loans.

3. Mr. Hankinson has not taken a position but asks whether the use of loan financing contributes to an acceleration or a slowing down of program development. It is worthwhile examining the pace with which grant moneys

/ . . .

have been used for population programs to see whether the answer is such a simple, clear-cut one. Surely there are many countries in which IBRD has no operations in population but where grant funds have not necessarily contributed to accelerated program development. Hankinson's paper refers to the USAID loan to Turkey -- also referred to by Ravenholt in his memorandum -- and the resultant delays in implementation. But it is not clear whether implementation delays had anything to do with the kind of funds used. One would need to study the project in some detail before accepting any such relationship. Since Hankinson wrote his paper there has appeared the Report to the Secretary General of the United Nations, written by a special committee set up to review United Nations Fund for Population Activities (also called the Michanek Committee). The UNFPA works entirely with grant funds; consequently the following observation by the Michanek Committee stengthens our conviction that there is no relationship between project delays and the kind of finance being used. The Report states:

> "The Record at Headquarters - It has been found that while the Fund has been able to sign its large country agreements relatively quickly, actual implementation has been slow. At a recent meeting of the Inter-Agency Consultative Committee (IACC), chaired by the Executive Director, the following observations were made concerning this issue:
>
> "Implementation has been lagging badly behind programming and the record raises serious doubts about the capacity of the system operating under present procedures. There is a higher rate of new programming for agency execution than of implementation of already approved projects. The number of projects not at all or only very partially implemented may be growing both in absolute terms and as a percentage of approved projects." ....."

4. There is no valid basis to the argument that the components of social sector projects cannot be procured as rapidly with loan funds as with grants. During the past ten years the Bank has financed education projects

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in some 50 countries around the world using exclusively loan funds (the only kind of funds the Bank ever uses for project financing). Experience with delays in education projects has been no different from other sectors of Bank financing. Other financial institutions (e.g. the Inter-American Development Bank) also finance projects in the social sectors with loan funds.

5. I now come to an important consideration that has guided Bank operations. This is the "project approach". The "project approach" is not only a constitutional requirement of Bank lending but is a valuable management discipline that is welcomed by our borrowers. It depends on efforts to work out in advance as thoroughly as possible well defined units of activity that serve long-term objectives and whose execution can be monitored and controlled. This approach takes time because there is a thinking through and dialogue with the borrower which eventually leads to working out fairly specific agreements. Such agreements have conditions attached to them to ensure performance and assist institutional building. Therefore if the Bank were somehow able to finance its social sector projects (e.g. education, population, nutrition) with grant funds, there would be no difference in the way it goes about selecting and preparing projects and with the terms and conditions it attaches to them.

6. There is an ample body of evidence of studies, as well as other data available that show that investment in well selected social sector projects yield high economic and social benefits. Bank studies show this is especially true in the population sector and analysis of population projects have shown high rates of return. Therefore, irrespective of the method of financing and the cost of money used, such projects are good investments. We recognize that some people have difficulty in accepting that loan financing

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is appropriate for social sectors. The Bank itself went through a process of self-education on this point, when it decided to enter the field of education ten years ago.

7. What is the cost of Bank money? Where countries face particularly difficult long-term economic prospects, Bank Group projects are normally financed from IDA credits (no interest charges, ten years' grace period and 40 years thereafter to repay). These countries include most of the countries that have problems of excessive and rapid population growth. IDA credits are described as having an 80% grant element. In other cases projects are financed by Bank loans (these currently bear a standard interest rate of 7-1/4% with maturities of 25 years or more and generous grace periods).

8. The Bank's use of loan financing for all sectors certainly does not mean that we do not welcome grant financing, in population and, as for that matter, in other sectors. However, much the largest part of Bank population financing is for project components for which grant financing is simply not available, at least not on a large scale. This applies particularly to buildings, equipment, vehicles, and other capital infrastructure costs. Other things being equal, where grant financing is available the Bank unequivocally welcomes it. Care is needed that the process of parcelling out different project components among different donors does not cause "Balkanisation" of projects and loss of coordination follow-up activities -- so crucial to attaining project objectives. We do, in fact, go out of our way to try to coordinate our project activities with other donors who have grant funds to offer. We can do this either by informal agreement with other donors who go forward with separate assistance efforts, or by formally

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joining with other donors to mix loan and grant funds within single projects. We have done this in population with UNFPA in Indonesia, with SIDA in India, and are about to do it with UNFPA in Malaysia.

9. The Bank welcomes close association with grant funds for three main reasons:

(a) to lighten the burden of external loan assistance for receiving countries;

(b) to achieve coordination with interested external donors in order to minimize the administrative burden on recipient governments; and

(c) to minimize the risks of confusion and conflicting objectives arising out of well-intentioned but uncoordinated aid offers.

10. The Bank would regret the adoption of policies by other aid donors which would prevent them from entering into cooperative arrangements with the Bank in population or nutrition projects as, in fact, we have been able to do in Indonesia, Malaysia and India. During the past three years, as a result of the application of Bank sector analysis techniques, we have assisted a dozen governments to have the benefit of an independent sectoral analysis of their population activities. Out of these activities our projects have developed. Three out of the six Bank projects approved to date involve joint or parallel financing with another major donor. We have expressions of interest in participating in some others in the pipeline in other countries. We also have sufficient expression of interest from borrowers for population projects. We fully share any concern that urgent program activities should not be slowed down by needless delays, whatever their cause. We readily admit the need to look for ways to minimize delays in the preparation and carrying out of Bank-assisted projects. We firmy believe, however, that any delays that have marked Bank projects to date have nothing to do with

the fact that loans are being used instead of grants. Finally, there is no reason why long-term projects to be financed in whole or in part by loan funds should hold up other foreign assistance which may be urgently needed for other more immediate purposes.

11. We hope this presentation will clarify some of the issues on loan/grant financing. The Bank hopes to engage in more rather than less cooperation with other external donors; we also hope that it will be sufficiently reassuring to other donor institutions so that they can continue to work toward increasingly effective arrangements for coordinated assistance to national population programs. Part of this coordination will involve a variety of arrangements for blending "hard" and "soft" funds. We take some confidence in the following reference to this type of financing in the Report of the Michanek Committee to the Secretary General of the United Nations:

> "The country, the Bank and the UNFPA may agree on procedures for joint financing, combining credits and grants. They would recognize the importance of funding integrated project inputs rather than separate components although normally technical assistance activities should be financed by grant elements of a package. In the case of joint financing, the Bank and the UNFPA would agree on disbursement procedures to simplify matters for all parties and most particularly for the country."

International Bank for Reconstruction and Development
Population and Nutrition Projects Department

GBB/KK

December 5, 1972

UNDATED.
Rec'd in Bank Dec. 7, '72

File: AID

DEPARTMENT OF STATE
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

Dr. G. B. Baldwin
Deputy Director, Population and
Nutrition Projects Department
World Bank
1818 "H" Street, N.W.
Washington, D.C. 20433

Dear Dr. Baldwin:

This follows up our institutional development coordination meeting of November 9, 1972. Although the time and format for this meeting were not particularly conducive for planning of future actions, I believe it served its major purpose of informing everyone of what is currently being done and being contemplated for this coming year.

In order for this information to be most usable each organization, which has not yet done so, should send me a statement listing the countries, institutions and programs you are now working with and those with whom you contemplate working this year. I have so far received material from the IBRD, the Ford Foundation, Family Health Foundation and the University of North Carolina. When all of this material is available, I will distribute it. I will also prepare a table showing, by country, what is being done. This will serve to point up possible coordination needs such as those identified during the meeting for Xavier, Yonsei and the University of Indonesia, School of Public Health.

It was agreed that these coordination meetings would be held every six months and that the hostship would be rotated. The next meeting will be hosted by the UNFPA and will take place in May 1973.

I am enclosing a draft strategy paper which was prepared, but not yet formally adopted, for A.I.D. Your comments especially regarding the coordination requirements would be most welcome. I would hope that our next meeting will provide more time for a discussion of how best to plan and coordinate our joint efforts.

Sincerely yours,

Alvin S. Lackey

Alvin S. Lackey, Chief
Manpower and Institutions Division
Office of Population

Enclosure

First Draft:Lackey
January 10, 1972

Second Draft:Lackey
February, 1972

AGENCY-WIDE STRATEGY STATEMENT
Population Program, Goal Six

Development and Utilization of Support Institutions
for Population Programs

I. Problem and Background

A. Definitions

In AID the term institution has come to mean a special kind of organization designed to perform one or more functions. When an organization has the capacity for performing one or more functions on an indefinite basis without dependence on individual personalities or outside assistance, then that organization is called an institution.

The processes involved in establishing and obtaining support for this type of organization is called institutional development or institution building. Ordinarily, institutions are built around the performance of a complex, interrelated set of functions, but it is also possible to build an institution which performs a single function. The organization itself may be complex with many positions or simple with one or two positions. It may be a separate institution or part of a larger institution.

In the operation of complex programs such as population/family planning there are two classes of institutions required. There is the organization of line functions for the performance of program operations and there is the organization of staff or support functions designed to assist those responsible for program operations.

Goal Six deals with the development of support institutions rather than the line institutions. The development of line institutions is accounted for in other goal areas, especially goal four.

B. Nature of the Need

The support functions which need to be performed for population/family planning include research (both basic and applied), training (both academic and practical), data collection and analysis for both policy and programming uses, technical advisory services, program evaluation and feedback and the provision of information and knowledge storage and retrieval services.

These functions are long-range in nature and require well trained personnel to perform them. A formal mechanism is required to organize the performance of these functions into a coordinated effort in support of policy and program activities. Thus, there is a need for institutionalization.

AID's interest in supportive institutions for population programs has two major foci. The primary focus is the institutional support requirements of such programs and their policies with the less developed countries. The other is the need for an institutional base within the United States that gives support to AID's population program assistance overseas.

The future of family planning/population programs in the developing countries relies in large part on the existence of trained manpower and professional resources capable of performing the skills required for successful job accomplishment. This, in turn, demands that adequate

training be given to a substantial number of people and that each trained person be provided with adequate job and working conditions, including supervision and continuing education.

These needs can best be supplied through a country's own supportive institutions. The staff functions of research and training must be provided within the country and at a sufficiently decentralized level to be realistically tied in with the local circumstances within which the program operated.

Data collection and analysis for policy and programming uses are best performed by indigenous investigators and analysts with a minimum of outside assistance.

Technical assistance to operational personnel can be provided more realistically, less expensively, and with greater continuity by indigenous experts, provided they are available, than it can be by outsiders.

Clearing house services providing information and knowledge in the country's own language are obviously of greater utility if available within the country rather than coming from outside.

One of the greatest contributions assistance agencies can make to a developing country's performance and independence is to help it build the institutional capacity required for conducting its own affairs without outside help.

A practical way to do this is to provide phased amounts of resources over an agreed upon time period during which the outside assistance builds up to a peak and gradually drops back to zero--at which point the entire activity is being conducted by the country itself and there is no longer

any need for outside resources. This type of institution building is an absolute essential of development.

The second major focus, as indicated earlier, is the institutional support requirements of AID itself. AID needs professional expertise within the United States from which it can draw in helping assisted countries to organize, plan, implement, evaluate, and do their own training and research in the broad fields of population and family planning.

In order to ensure an adequate supply of well qualified personnel who have long range interests which can be sustained through time, these professional resources need to be funded and the performance of assistance functions needs to be institutionalized.

To help develop an institutional base in the United States for extending assistance overseas, AID has provided funds to eight universities and four non-university organizations for the purpose of building their professional and service capabilities.

The universities are North Carolina, Johns Hopkins, Michigan, Harvard, East-West Center, Hawaii, Chicago, and Meharry.

The four non-university organizations are Family Health, Inc., the Margaret Sanger Research Bureau, the Population Council, and Planned Parenthood of Metropolitan Washington.

C. Cost of Support Institutions

1. LDC Institutions - The development of support institutions in a less developed country will ordinarily be aimed at the incorporation of the population/family planning functions within existing

institutions or organizations rather than the creation of entirely new structures.

In order to finance a support institution for a national population/family planning program, funds must be made available for the support of the following items:

Personnel: Professional
Sub-professional
Administrative
Clerical

Equipment and Materials: Research
Training

Supplies

Travel and Per Diem

Professional Development

Research

Library Resources

Office Space

Utilities

Indirect Costs

To arrive at a total cost of institutional support for AID-assisted countries would require a country-by-country analysis which has not yet been done. However, some preliminary analysis suggests that a group of 5 LDC university professors with related assistants and with enough research money, equipment and library resources to be optimally productive would require something in the neighborhood of $185,000 per year. To support programs covering the 1.6 billion people in 66 LDC's where AID provides some form of assistance would require 80 institutions

ranging from 3-5 professionals each at a cost of $12 million per year. This does not include any major equipment or capital costs or technical assistance costs.

ILLUSTRATIVE BUDGET FOR INSTITUTIONAL SUPPORT OF FIVE PROFESSIONALS

Salaries			
	5 Professional @ $8,000	$40,000	
	10 Assistants @ $3,000	30,000	
	1 Administrative @ $4,000	4,000	
	3 Clerical @ $3,000	9,000	
			$83,000
Research Funds			60,000
Library Resources			4,000
Equipment and Supplies			10,000
Travel and Per Diem			8,000
Office Space and Utilities			4,000
Indirect Costs @ 15% of Salaries			12,450
Professional Development			4,000
	TOTAL		$185,000 (rounded)

2. U. S. Institutions - The development of support institutions in the United States is similar to that in the LDC's in the sense that ordinarily population/family planning functions are incorporated into existing institutions or organizations. However, the costs of this type of institution building in the United States are much higher than in the LDC's.

If salary and all other costs are considered then the total yearly cost to a university for the employment of one professor is approximately $40,000. Thus, 4 U.S. professors without any assistants, equipment or research funds, would cost $200,000 per year or $1 million for a five-year period. It is estimated that the U.S. professor without research or other professional support funds would cost two and a half to three times what it costs to support an LDC professor on the same basis. If the support items are added in each case, then the U.S. professor may cost as much as four times more than the LDC professor. If the U.S. professor is sent overseas to live, he may cost five or six times as much as the LDC professor.

The cost of maintaining 100 professionals in the intermediary institutions within the U.S. who could provide assistance to LDC's is in the neighborhood of $4 million per year without counting the additional costs of contracting for their services.

D. Technical Resource Requirements

1. LDC Institutions - Institution building requires long-term support if it is to be successful, but it does not require large inputs of foreign technicians or advisors. In general, the fewer and shorter the technical inputs from the outside, the more independence is fostered and the less expensive the job.

Foreign advisors are required in four situations. If there is a commitment on part of the LDC institution to build in a population/family planning component but there is no trained staff available

then foreign advisors can be used to get the program started while the LDC staff is sent for training. The second situation where foreign advisors are required is when research or other technical inputs are need which the LDC cannot provide itself. This is usually for short-term rather than long-term assignments. The third situation which calls for foreign advisors is when the institution is first being established and LDC administrators are in need of assistance on what they need to do to establish a population/family planning institution and how best to go about it. A fourth function of outside advisors is to assist donor organizations in the selection of LDC institutions to support and in the management of grant funds for this purpose.

2. U.S. Institutions - The technical resource requirements for building U.S. institutional support for AID assisted programs are concentrated primarily in the provision of technical guidance from the project monitor regarding Agency needs and required outputs. To provide such inputs effectively, an AID monitor should not have over three such institution-building projects for which he is responsible. Experience has shown that successful implementation of AID funded projects requires close contact between AID officials and the institutions with whom they work.

E. Coordination Requirements

1. LDC Institutions - Due to the powerful development effect of institution building almost every major assistance agency, public or private, national or international, gets involved at one time or

another with this type of activity. The form and amounts of assistance in each case differ from each other but the essential nature of the task is the same.

There is a need on a country-to-country basis for comprehensive coordination. This should involve a mutually agreed upon assessment of what the institutional support requirements are likely to be for the population/family planning program over the next twenty years. This assessment should indicate where the institutional capacity should be built, what type of capacity will be needed, the functions to be performed, the amount of outside assistance needed and a time-table for achieving this capacity on a self-supporting basis. This overall assessment of need should be reviewed and up-dated on a yearly basis. Donor organizations should use this yearly assessment to decide among themselves how the outside assistance requirements are to be met and what division of labor is to be made among them.

2. U.S. Institutions - The major resources going into U.S. institutions come from AID, HEW and the private foundations. AID is the only operating agency which develops institutional capacity for its own use. Because of the different reasons for making funds available there has been little perceived need for coordination. The major type of coordination required in the U.S. is for each of the granting institutions to know what projects the others have funded and what proposals they have received from U.S. institutions for future funding along with an assessment of the probability of funds being made available. If this information were known, each agency would be able to talk more intelligently to the requesting institutions.

F. Elements of an Effective Strategy

AID's overall strategy should give primary emphasis to building institutions in the LDC's and especially in those countries which are conducting major population/family planning programs. Building institutions in the U.S. should be given lesser importance and should be in part a means for assisting the LDC develop their own institutions. This means the U.S. institution-building effort needs to be more directed than it now is. And it will need direct institutional support from AID for a shorter time period than the LDC institutions.

1. LDC Institutions - An effective strategy for building institutional support capacity for population/family planning in the LDC's would involve the following elements:

   a. A joint assessment by LDC nationals and representatives of donor organizations on a country-by-country basis, of the institutional support requirements over the next twenty years. It is important that the LDC have strong representation in this type of analysis and whenever possible they should be given a leadership role.

   b. Providing relatively small outside resources in a catalytic fashion to stimulate institutional development to take place faster and better than it otherwise would.

   c. Use of outside assistance funds to support recognized leaders around whom institutional structures can be built.

   d. Use of outside assistance funds to obtain a higher quality of performance and output than might otherwise be forthcoming.

d. Use of outside assistance funds to obtain a higher quality of performance and output than might otherwise be forthcoming.

e. A long-range commitment on the part of donor organizations to support institutional development until the institution is firmly established.

f. Agreement among donors not to fund institutional development projects unless the LDC itself makes a long-term commitment to absorb the full costs at the end of the assistance period.

g. Professional and other salaries paid by donor should not exceed salaries paid in the institution to other professionals of similar rank.

h. Professionals should be fully supported with sufficient research funds, equipment, library resources and other inputs required to perform effectively.

i. Institutional support should be worked out in such a way that it help to repatriate nationals in a reverse braindrain fashion.

2. U.S. Institutions - The strategy for supporting U.S. institutions is to provide only that amount of funds which will develop and maintain the size and type of professional resources which the Agency is likely to need over the next several years. In order to know what these needs are likely to be a study is required to find out how much capacity already exists in the U.S., how this capacity is supported, what the effective demand for future capacity is likely to be and what sources of support are likely to be available to the institutions involved.

In the U.S. as in the LDC's AID's support strategy for U.S. institutions should include a commitment on the part of the institution to become independent of AID institutional support in an agreed upon time period.

II. Action Strategies

A. LDC Institutions

1. Host Country Inputs - The major long-range inputs for institution building and maintenance will have to come from the LDC's themselves. The country will have to incorporate the additional staff required to carry out the required functions within its own administrative and budgetary framework on a permanent basis.

2. AID Assistance - AID should be prepared to provide funds for institutional development in conjunction with other donors. The first job that needs to be done is to make an assessment of the need for institutional support structures on a country-by-country basis. This should be funded in part by AID at the Mission level. The other funds should come from the host country and other interested donors. Once this survey is complete, AID should provide as much assistance as possible directly to the institution itself following the guidelines outlined in Section F of this strategy paper.

3. Multilateral Channels - The amount of assistance provided by multi-lateral agencies should be determined in much the same way as AID decides what it will do. These agencies should participate in making an overall assessment of need for outside assistance and provide as much as they can to help meet this need.

4. Other Intermediaries - The same rationale applies to other intermediaries as to AID and the multilateral agencies. First, they

should participate in assessing the needs for outside assistance and secondly, they should provide as much help as possible.

B. U.S. Institutions

1. Domestic Inputs - The United States has three major needs for population/family planning support institutions. One of these is to provide our own population with an adequate education which in todays world must include population/family planning subjects. A second need is to perform the program and policy related functions for our own domestic population/family planning efforts. The third need is for the U.S. to have an adequate institutional base for providing assistance to LDC's. AID's interest is in the availability of these latter resources and is legislatively prohibited from providing support for domestic purposes. At the same time, in order to obtain resources for overseas work there must be a strong domestic effort being made. Therefore, for AID to be successful it is important for the domestic agencies both public and private to provide a major amount of the support to U.S. institutions. AID does not have sufficient funds nor should it be expected to first develop a domestic capacity in order to obtain an international capacity. HEW and State governments have not made adequate contributions to the development of institutional support for population/family planning in the U.S.

2. AID Inputs - AID should provide a marginal amount of assistance to U.S. institutions to ensure that an adequate amount of capacity of the type required is both present and available. This support should be directly related to services rendered rather than a

general diffuse nature. The support should be limited to developing and maintaining capacity for the type of functions the institution involved is able to perform. Most of our inputs thus far have gone to universities. However, the functions which a university can perform are limited in nature. University functions concentrate in the teaching, research and other functions of support institutions. A university is not ordinarily able to deal effectively in the direct administration, management or operations side of programs. The university professor may provide advice and counsel, but he is usually running a program and is not particularly interested in changing his role to assume these functions. The university structure is such that it is difficult to obtain a problem solving focus.

AID should give strong consideration to the development within the U.S. of one or more non-university centered institutions which are problem and action oriented in order to have this kind of resource in its institutional base.

Mr. G. Zaidan November 24, 1972

M. Nydia Maraviglia

Meeting on Family Planning Manpower at USAID

1. On November 22, 1972 I attended a meeting at USAID offices, chaired by Dr. Jarold A. Kieffer and attended by Dr. R.T. Ravenholt, Dr. J. Shafer, Dr. Lackey and other staff. A presentation was made by Messrs. Thomas L. Hall, Carolina Population Center, University of North Carolina and Dr. G. Horvitz, Research Triangle Institute, reviewing a draft report of a survey on family planning manpower conducted jointly by those institutions with AID support.

2. The overall objective of the survey conducted between March and November 1972 was to provide AID with recommendations regarding the priority needs for manpower-related assistance to family planning programs. The specific objectives were: (a) to review the English literature related to family planning manpower and to prepare an annotated bibliography (copy available in our files); (b) to assess the availability, adequacy and use made of current information related to family planning manpower in a sample of countries (countries included were Philippines, Costa Rica, El Salvador and Ghana); (c) to identify the major problem areas affecting family planning manpower, as defined by officials in the sample countries; and (d) to recommend such action programs or studies as may be indicated in order to correct the problem areas found.

3. Not much evidence was found, either in the review of literature or in the country surveys, that the developing countries are paying explicit attention to manpower planning for their family planning programs. Most country situations reveal a lack of:

(a) full appreciation of the central importance that the manpower variable has in program performance and the inherent delays in changing the manpower mix, skill levels and supply;
(b) Defined, quantified program goals and targets;
(c) An identifiable, institutionalized manpower planning capability (this also applies to health manpower in general);
(d) A statistical data base relevant to manpower planning; and
(e) Established methods for converting program goals, however defined, into manpower requirements.

4. The consultants provided in their report a number of specific actions and studies that external assistance agencies could undertake to help ease many of the problem areas identified in the field of manpower planning. The proposals are grouped in four areas: (a) leadership training for selected manpower categories; (b) development of

"state of the art" documents; (c) priority support for country programs; and (d) information exchange on manpower topics.

5. The recommendation dealing with leadership training emphasizes the need to intensify external financial support to training physicians on improved techniques of sterilization and pregnancy termination, training middle and top level management and training manpower development specialists ("manpower planners", who are virtually non-existent in developing countries). They give as a reasonable order of magnitude target "for the next several years" to provide at least one training experience for about 150 to 200 persons in each of the three categories.

6. The recommendation mentioned under (c) in paragraph 4 is concerned with providing in depth support to a limited number of countries in order to help them improve manpower utilization and training. In addition, these countries could serve as models to others regarding the potential benefits of giving greater attention to the solution of manpower problems. Philippines was one of the countries mentioned for this type of concentrated effort in the areas of manpower planning, utilization and training. This suggestion was received favorably by AID officials.

7. Developments in this area are of immediate relevance to Bank activities in the development of the population project in the Philippines since manpower planning and training were two fields dealt with in detail in the Sector Report and considered as priority areas for financial support in the Bank project (i.e. Family Planning Training Centers, strengthening of POPCOM with a training specialist, manpower planning for staffing health and family planning facilities). If AID decides to go ahead with concentrated financial support in this area in the Philippines, coordination of Bank inputs with those provided by AID might be possible from an early stage, since their decisions will probably be firmed up before the Bank's appraisal mission in February/March, 1973. I will follow up with Dr. Lackey on developments related to the proposed recommendations in the area of manpower planning in general and on the Philippine program in particular. We agreed tentatively to persue these subjects further in the near future.

8. An item of information of relevance for the PNP Department project staff was mentioned at the meeting by an AID member. It concerns new courses that the U.S. Census Bureau will start next spring on management-information-evaluation systems. These courses are being planned with the objective of preparing personnel from the developing countries to establish and run management-information-evaluation systems for their family planning programs. The first course will be for program administrators and a second course will be given for "family planning evaluators". The Census Bureau will contract the services of several universities in the U.S. for these courses (including Columbia and MIT). The courses will be offered in Spanish, French and English.

MNMaraviglia/rg

cc: Dr. K. Kanagaratnam
Mr. G.B. Baldwin

November 16, 1972

Dr. Jarold A. Kieffer
Assistant Administrator
Bureau for Population and
Humanitarian Assistance
Agency for International Development
Room 3932 - Dept. State/AID
Washington, D.C. 20523

Dear Dr. Kieffer:

This is a quick note to respond to your call to my office on October 11th when I was on a trip to the Far East. Unfortunately, I have been slow to respond because my return to full work has been delayed until this week - due to a car accident in Bali when I broke two ribs! I am much better now and reasonably recovered.

I will arrange to call you early next week so that we can fix a mutually convenient time for lunch.

For your information, I attach a copy of a Ministerial Statement made by the Singapore Health Minister in Parliament, which follows on some of the recommendations of the technical assistance mission. It is possibly one of the strongest statements made on family limitation. — filed 'Singap'

I look forward to seeing you again.

Sincerely yours,

K. Kanagaratnam
Director

Population and Nutrition Projects Department

Attachment

KK:bli
Bank Singap.Pop.

Department Files (Mrs. Domingo) November 10, 1972

G.B. Baldwin

file AID

Participation in AID Meeting on "Institution-Building" in Population

1. On November 9, 1972, I attended an all-day meeting called by Dr. Alvin S. Lackey, Chief, Manpower and Institutions Division, Office of Population, AID, for the purpose of having an informal exchange between donor institutions and AID contractors to discuss their activities and interests in building up institutions in the population field in LDCs. There were four funding institutions represented (AID, UNFPA, the Bank, and the Ford Foundation) and six AID contractors (Univ. of North Carolina, Univ. of Michigan, Univ. of Hawaii, Johns Hopkins, Tulane Univ., and the Pop Council). The agenda and names of participants are attached. One conclusion of the meeting was that the same kind of discussion should be held about every six months and that the site of the meeting should rotate among the donor institutions. This was handled so loosely that it is not clear whether or not we will be expected to play host to such a meeting some time in the future; my own view is that we should not play host to a meeting dominated by AID contractors but should attend if invited, as I presume we will be. The next meeting is scheduled in May 1973 in New York with UNFPA as the host.

2. Most of the meeting was taken up with a detailed review of each contractors' activities in all countries where they have or are trying to develop research or technical assistance activity with an institution-building purpose. There is little purpose in putting these details in these notes (my handwritten notes can be consulted if anyone is interested in this degree of detail). I limit my notes to important points and to countries in which we have an interest of our own. The main points worth mentioning are the following:

(i) AID is shifting its emphasis to in-country training for population experts and is shifting its institutional support from U.S. institutions to those in LDCs. Training activities to continue in the U.S. will be mainly the short-term clinical training of medical personnel;

(ii) AID has made a grant to the Pop Council to compile a country-by-country list of training and research institutions that it feels deserve to be developed. Lee Bean of the Council reported that it is building up an information and retrieval file system university-by-university and country-by-country; this is based on a 1971 questionnaire (returns were high because each responding institution was promised a basic population library!) and subsequent updatings;

(iii) Bean also reported that the Council is preparing a manual on how to integrate demographic considerations into national economic planning. Many authors are contributing, including some one from the Bank (presumably from Hawkins's Division). The volume is scheduled to appear in the summer of 1973;

(iv) A key Pop Council resource in Africa will be Prof. Jack Caldwell, the well-known Australian demographer, who is shortly to take up a post as Professor of Sociology and Demography at the Univ. of Ibadan, Nigeria (for about two years?). There were several references to Bangladesh. Drs. Mosley and Carl Taylor of Johns Hopkins will visit there later this month to carry forward the development of an action program in MCH/FP in one demonstration Thana; this project is to be administered out of the Institute of Public Health. The Ministry of Health and Family Planning there has asked Hopkins to help develop a demographic planning unit in the Planning Ministry. Majid Khan of UNFPA said that his agency is "waiting" for the Government to ask it for assistance; apparently UNFPA will not take any initiative on its own. The Pop Council also has some interests developing in Bangladesh, mainly at the B. Institute of Development Economics; there is also some demographic work going on at Chittagong Univ., but apparently without Pop Council involvement;

(v) Although we have very weak present interest in Nigeria, Bean reported that the Pop Council has more involvement there than in any other country of Africa. Carl Taylor referred to Johns Hopkins's long relationship with the Univ. of Lagos and to the development of a new type of nurse ("nurse practitioner") at the Baja (sp.?) Street clinic, a training and demonstration project. The experience gained at this clinic is now to be diffused nationally by using it as a central training institution to train trainers who will then work in several other states of the country;

(vi) In Egypt Miss Germain reported that Ford is considering funding an Advisor on Management to Dr. Bindary. She repeated something we already know, i.e., that Ford is becoming increasingly interested in the management aspects of family planning programs;

(vii) Prof. James Banta from Hawaii stated that his Univ. will concentrate on projects in two countries, the Philippines and Indonesia. It was clear that several U.S. univs. are in process of developing projects in both these countries

and there is need to watch out for potential conflicts (the most serious seems to be the convergence of several external agencies on Xavier Univ. in Manila);

(viii) Dr. Delgado explained the organization of overseas activities in the health/family planning field at Tulane Univ. This is summarized in the attached paper. He reported that the Government of Brazil has recently approached AID for a "health loan" to carry out the experimental project developed in the state of Minas Gerais (there was one time some talk with Dr. Beasley that the Government might approach the Bank on this project);

(ix) AID's research support is moving increasingly into social and demographic topics, with declining emphasis on biomedical research. The latter is regarded as extremely costly and seems better conducted in the developed countries rather than in LDCs, the development of clinical trials in the latter, however, was routinely endorsed. Someone pointed out that Ford spends about twice as much on biomedical research as on social science research in its population activities;

(x) The attempt to generate discussion on what should be done next was unproductive. There was little agreement on what should be regarded as priority countries and relatively little said on the kind of institution-building that most deserves assistance. There was considerable discussion over the contractors' annoyance with an AID requirement that all international travel under AID contracts required individual clearance in advance.

3. No official notes were taken at the meeting for subsequent circulation (everyone took his own notes). However, participants were requested to submit written statements of their remarks for eventual distribution to participants. If these come out with the degree of detail given in the oral presentation, they will obviously be very useful. A summary of my own remarks is attached.

Attachments

GBBaldwin/jim

The Bank's Interest in Institution-Building in Population

(Remarks of G. B. Baldwin at AID Meeting, November 9, 1972)

1. The Bank's interest in institution-building is quite different from that expressed by most other speakers at the meeting. Our interest does not lie primarily in training individuals or in establishing research and training capabilities, although it certainly includes these activities. The Bank's main institution-building interest in population lies in "system development," i.e., establishing the key set of institutions needed to conduct population-related tasks, and particularly the operational tasks of service-delivery, motivation, and evaluation. Within this "system" perspective, the Bank's interest focuses on one particular institution, i.e., the central government agency responsible for carrying out national population policy. This new central agency usually has to work with several older agencies and ministries; we are concerned with establishing a sensible structure of institutional relationships among the key agencies and in the organization of work, and the caliber of key people, in the central family planning agency itself.

2. We are interested in the legal charter of family planning agencies, its basic mandate, its position in the government hierarchy, and its relation to line ministries (esp. health). We are always interested in the caliber of the key executive and his senior staff and their responsibilities and the resources they have to work with (personnel, office accommodation, equipment, budget). We are interested in the type of health delivery system being evolved and the place of family planning in the health system. We are interested in the central agency's capacity to program, i.e., to decide what activities are going to be carried out, by whom, and how. We have a fairly standard checklist of family planning activities which we think need attention in building a FP program (e.g. training, evaluation, procurement of supplies, budgeting and funding, the organization of delivery services, etc.) which we look at in assessing an organization's capabilities.

3. Although the Bank has some influence in bringing about changes in key central family planning agencies as a result of bankers' "leverage," this influence is distinctly limited. At one end, we have to be on guard against superficial and incomplete knowledge of the institutions and people on which we form judgments. We must constantly remind ourselves how difficult it is to build effective institutions under conditions frequently encountered. And even in those cases where the need for institutional changes seems clear, we have to be extremely sensitive and diplomatic in the exercise of this influence if we are to maintain effective relationships with the borrower.

Participants

AID Meeting, November 9, 1972

Alvin S. Lackey, AID, Chairman

Dr. Lee Bean, Population Council

Dr. Richard Anderson, Univ. of North Carolina

Mr. Majeed Khan, UNFPA

Dr. Henry Mosley, Johns Hopkins Univ.

Dr. Carl Taylor, Johns Hopkins Univ.

Miss Adrienne Germain, Ford Foundation

Dr. George Simmons, Univ. of Michigan

Dr. James Banta, Univ. of Hawaii

Dr. George Baldwin, IBRD

Dr. Ramiro Delgado, Family Health Foundation

Place: **Room 216 Rosslyn Plaza East**
1621 N. Kent St., Arlington, Va.

Dr. K.

October 25, 1972

Mr. Alvin S. Lackey
Chief
Manpower and Institutions Division
Office of Population
Agency for International Development
Department of State
Room 210 RPE
Washington, D.C. 20523

AID

Dear Mr. Lackey:

Your letter of October 13 announcing the meeting of donor organizations on November 9 asks for any papers which might provide useful background material for the day's discussions. I am enclosing multiple copies of the Press Releases which describe in summary all five of the Bank's population projects. I am not sure these deserve circulation in advance but it may be useful to make them available at the meeting.

Sincerely yours,

GBS

George B. Baldwin
Deputy Director
Population and Nutrition Projects Department

Enclosures

cc: Mr. Zaidan (with copy of incoming)
Mrs. Domingo " " " "
POP.

GBBaldwin/jim

OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA FPMR (41 CFR) 101-11.6

UNITED STATES GOVERNMENT

Memorandum

TO : See Distribution

DATE: October 2, 1972

FROM : PHA/POP, R.T. Ravenholt RTR

SUBJECT: Loans Threaten Population Program Progress

see further papers in Internal Review

During my recent visit to Indonesia I was pleased to observe the remarkable progress made by the Indonesian Family Planning Program, with substantial AID grant support ($6 million), during the interim 3 years since my previous visit. The family planning services distribution system, now operating through 1900 clinics, served more than a half million new acceptors last year; an exceptionally fine data system is operative; and the BKKBN policy guidance unit grafted into the Ministry of Health is providing effective leadership and direction for the program.

With such a favorable beginning and promise of $33 million support from the IBRD-UNFPA during the next five years, one would naturally expect the program to be moving into high gear. But I learned to my dismay that the IBRD-UNFPA support package is currently having a negative rather than a positive effect upon further program development.

While more than 3 years have been devoted to planning the IBRD assistance effort, and a very lengthy document detailing the UNFPA-IBRD-GOI agreement was signed earlier this year, the agreement is weighted with so many preconditions which must be satisfied by the GOI that no resources have yet become available to the Indonesian Family Planning Program from this source.

But the GOI expectation that resources would become available from the UNFPA-IBRD at an earlier date has influenced planning and now threatens program progress. Field workers have not received earned incentive payments for more than six months, and other essential actions planned for UNFPA-IBRD funding are likewise held up.

The situation is not unlike what has happened in each other instance where an attempt has been made to fund family planning action with loan assistance, e.g. USAID action in Turkey (1966) and India (1969), and IBRD action in Jamaica, Tunisia and India. World experience to date, of which I am aware, provides no example of effective and efficient development of a family planning program with loan assistance.

Not only are loans by themselves ineffective for development of family planning programs, but recent experience with the IBRD-UNFPA project for Indonesia, the IBRD-SIDA project for India, and the IBRD-USAID project for Tunisia makes it increasingly apparent that the "convoy phenomenon" is operative--that the package project is slowed to the speed of its slowest component part--which is the loan element.

Hence, donors able to provide grant funds are ill advised to link such funds to loan projects. Not only have loans failed to achieve in timely fashion the action for which they were made, e.g. augmentation of vehicular transport, but they have in each instance greatly obstructed associated actions essential for family planning program progress.

Whether loan funds can make a useful contribution toward construction of family planning facilities remains uncertain, but such action should stand on its own merits. Indeed, until the World Bank has demonstrated its ability to achieve construction of family planning facilities with loan assistance, it should be discouraged from interjecting its loans into the complex of grant funds now provided by other donors for family planning operations.

Distribution:

A/AID, J. Hannah
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AA/AFR, S. Adams
AA/LA, H. Kleine
AA/PHA, J. Kieffer
H. Crowley
G. Coleman
PHA/POP Dir. Office
Division Chiefs
L. Emerson

S/PM, P. Claxton
IO/MD, J. McDonald

UNFPA, R. Salas
H. Gille
J. Keppel
N. Sadik

IBRD, R. McNamara
R. DeMuth
R. Hoffman
K. Kanagaratnam

May 18, 1973

RESOLUTION

UNITED NATIONS FUND FOR POPULATION

The Economic and Social Council,

Recalling General Assembly resolution 2815 (XXVI) of 14 December 1971 with its requests to the Secretary-General regarding the United Nations Fund for Population Activities and his note (A/8899) in response,

Welcoming General Assembly resolution 3019 (XXVII) of 18 December 1972 which placed the United Nations Fund for Population Activities under the authority of the Governing Council of the United Nations Development Programme as the governing body, subject to the conditions to be established by the Economic and Social Council,

Bearing in mind the important work undertaken by the regional economic commissions and their specialized organs concerned with population matters,

Aware of the fact that there are considerable differences in the population and demographic situations in each country and that it is therefore necessary to adopt different approaches and solutions for each country,

Expressing its desire that the Fund, in the elaboration of its plans and programmes, should take into account the resolutions adopted by the regional economic commissions and their specialized organs dealing with population matters,

Reiterating the importance of maintaining the separate identity of the United Nations Fund for Population Activities under the general arrangements provided for in General Assembly resolutions 3019 (XXVII) of 18 December 1972,

Recalling the willingness with which the Governing Council of the United Nations Development Programme and the Administrator assumed their responsibilities in regard to the United Nations Fund for Population Activities,

Noting the report of the Executive Director of the United Nations Fund for Population Activities (E/5266),

Noting further in the report's annex the recommendations to the Secretary-General from the Review Committee of the United Nations Fund for Population Activities,

Expressing its appreciation for the initiative and leadership which has characterized the development of the United Nations Fund for Population Activities,

Mindful that in taking action on this resolution the Council is fully cognizant of the fact that the World Population Conference will mark new development in population policy for the world community of nations and for the population activities of the United Nations system,

1. States that the aims and purposes of the United Nations Fund for Population Activities are:

(a) To build up, on an international basis, with the assistance of the competent bodies of the United Nations system, the knowledge and the capacity to respond to national regional, interregional and global needs in the population and family planning fields; to promote co-ordination in planning and programming, and to co-operate with all concerned;

(b) To promote awareness, both in developed and in developing countries, of the social, economic and environmental implications of national and international population problems of the human rights aspects of family planning; and of possible strategies to deal with them, in accordance with the plans and priorities of each country;

(c) To extend systematic and sustained assistance to developing countries at their request in dealing with their population problems; such assistance to be afforded in forms and by means requested by the recipient countries and best suited to meet the individual country's needs;

(d) To play a leading role in the United Nations system in promoting population programmes and to co-ordinate projects supported by UNFPA;

2. Decides that the United Nations Fund for Population Activities should invite countries to utilize the most appropriate implementing agents for their programmes, recognizing that the primary responsibility for implementing rests with the countries concerned;

3. Requests the Governing Council of the United Nations Development Programme to submit annually to the Economic and Social Council a report on the activities of the United Nations Fund for Population Activities.

Approved in Economic Committee of ECOSOC 14 May 1973: 35-0-8

Passed by Plenary of ECOSOC 18 May 1973: 22-0-5

UNICEF UTILIZATION OF UNFPA FUNDS

At the 1973 Executive Board meeting, the Executive Director of UNICEF requested that Board members authorize him to accept funds from UNFPA and proceed with implementation of projects. Implementation would be without specific approval by the Board so long as the Executive Director is satisfied that the assistance financed is consistent with the established policies of the Board and is of the type which it has already approved. The Director would report to the Board at each session on action taken as in the case of other countributions for specific purposes. In addition, information on funds likely to be received from UNFPA in the ensuing year would be provided to Board members in the Progress Report and related documentation. The Executive Director made this request in the interest of administrative efficiency and as one way of accelerating activities in the family planning components of UNICEF assisted projects. The Board adopted the following statement in granting the Director's request:

> "The Board, while noting the reservations of some of its members and the conditions for acceptance and utilization of such contributions, approved the proposal of the Executive Director contained in paragraphs 29-30 of the Progress Report (Chapter III) for their use in the implementation of programs jointly supported by UNICEF and UNFPA."

IO/CMD:GGaston/psk
5/22/73:Ext.21108

October 4, 1972

Dr. Jarold A. Kieffer
Assistant Administrator
Bureau for Population and
Humanitarian Assistance
Agency for International Development
Room 3932 - Dept.State/AID
Washington, D.C. 20523

Dear Dr. Kieffer:

It was a pleasure to meet with you and your associates during the Program Review Meeting yesterday in Ravenholt's office. I was particularly pleased at the incisive questions you posed to us on the interrelationships between the supply and the demand aspects of fertility control efforts. I think this was a very significant part of our discussions and I hope at some future date that we can pursue this further. If the past few years have shown us one thing, it is that resource transfer needs to be matched by proper programming, effective management, and evidence of focus in the efforts in countries toward fertility reduction.

As I promised you, I am sending you a copy of the Singapore Technical Assistance Report and also a Confidential Working Draft of the Philippines Sector Review (not yet cleared by the Government).

With regards.

Sincerely,

K. Kanagaratnam
Director
Population and Nutrition Projects Department

Attachments - 2

DEPARTMENT OF STATE

Washington, D.C. 20520

September 20, 1972

TO: AA/PHA - Dr. Jarold A. Kieffer
PHA/POP - Dr. R.T. Ravenholt

FROM: S/PM - Philander P. Claxton, Jr.

SUBJECT: Meeting with World Bank on Population Programs

The meeting with Dr. Kanagaratnam and other members of the World Bank working on population matters is now scheduled for Tuesday, October 3, at 10:30 a.m., in Dr. Ravenholt's office in Rosslyn Plaza.

A copy of Dr. Kanagaratnam's letter with his proposed agenda is attached. It seems to me to cover all necessary subjects. We should let him know at once if we want changes.

cc: Dr. Kanagaratnam

ARA/LA/PCD - Mr. Coleman

September 18, 1972

Mr. Philander Claxton
Special Assistant to the Secretary
for Population Matters
Department of State
S/PM Room 4810
New State Building
Washington, D.C. 20520

Dear Phil:

This letter is to follow up our telephone discussion and to confirm that the first Program Review between the Bank and USAID on population matters will take place in Dr. Ravenholt's office at AID on Tuesday, October 3, beginning at 10:30 am.

I attach herewith a proposed Agenda and a schedule of the current status of project preparation of our project work within the next year or two. We would like to review briefly our past experience with projects that are under implementation and then to discuss the projects under planning. We would like to hear from you about your population activities in these countries. We would assume that this would take a good part of the meeting.

Besides this, we would like to exchange views on a number of general issues. These are also set out in the draft agenda. We would also like to have your views on recent developments in biomedical research with particular reference to the financial and funding aspects.

Sincerely yours,

K. Kanagaratnam
Director
Population and Nutrition Projects Department

Attachments (2)

cc: G. B. Baldwin
M. N. Maraviglia
I. H. Kang
L. Domingo ✓

Copy: Dr. Ravenholt

KK/is

cleared with and cc to Mr. Hoffman

Proposed Agenda

IBRD/USAID

Washington, October 3, 1972

Starting Time: 10:30 am (meet at AID - Dr. Ravenholt's Office)

Participating for the Bank:

Mr. M. L. Hoffman
Dr. K. Kanagaratnam
Mr. G. B. Baldwin
Mrs. M. N. Maraviglia
~~Mr. I. H. Kang~~ H. Jones
~~Mrs. L. Domingo~~

I. Country-by-country Review of Ongoing Projects: (This should be very brief)

Jamaica, Trinidad & Tobago, Tunisia, Indonesia, India.

II. Country-by-country Review of Work Plans for the Next Year or so:

Egypt, Iran, Kenya, Malaysia, Philippines, Bangladesh, Ghana, ?
Nepal, El Salvador.

III. Handling of Programming and Coordination in Selected Countries:

Kenya, Philippines, Iran, Egypt.

IV. Discussion of General Problems:

(i) The mechanism for ensuring improved project preparation and the importance of earmarking adequate funds to governments for this work.

(ii) Nutrition projects - with and without a population component.

bring minutes (iii) Michanek Review of UNFPA.

(iv) Biomedical Research - in particular, anticipated trends and status of funding.

INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT

POPULATION AND NUTRITION PROJECTS DEPARTMENT

1. Projects Approved:

		Project Size (US$ Millions)	Bank or IDA Financing (US$ Millions)
Jamaica	(1970)	7.7	4.8
Trinidad & Tobago	(1971)	2.97	2.0
Tunisia	(1971)	4.6	3.0
Indonesia	(1972)	33	13.2 (+ 13.2 UNFPA)
India	(1972)	31.8	21.2 (+ 10.6 SIDA)

2. Projects Being Developed in:

	Board Presentation Expected	Stage Reached
Egypt	Spring 1973	Appraisal this fall
Iran	March 1973	Appraisal completed
Kenya	Fall 1973	Appraisal early 1973
Malaysia	December 1972	Appraisal completed
Philippines	Summer 1973	Appraisal early 1973

3. Possible Projects in:

Bangladesh

? Ghana

Nepal

El Salvador

September 18, 1972

Dr. Kanagaratnam

INTERNATIONAL DEVELOPMENT ASSOCIATION | INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT | INTERNATIONAL FINANCE CORPORATION

OFFICE MEMORANDUM

TO: Professional Staff - Population Division DATE: September 19, 1972

FROM: M. N. Maraviglia

SUBJECT: Information on an IASSW Project: International Development of Qualified Social Work Manpower for Family Planning Activities

1. Attached is a summary of a project currently underway, conducted by the International Association of Schools of Social Work (IASSW) under USAID financing. The project is designed to stimulate the development of qualified social work personnel for family planning work, in countries around the world. Funding from this project is available to explore and identify pilot schools, initiate the project in countries and provide technical assistance and reference library material; however, additional funds for project implementation in countries is required from other sources.

2. Miss Katherine Kendall, Secretary-General of IASSW, with headquarters in New York, has been recently in touch with this Department in connection with the probable inclusion of curriculum modification to integrate family planning in 7 Schools of Social Work in the Philippines, as one of the components of a proposed Bank population project in that country.

3. The IASSW is prepared to provide technical expertise for program development. During the first year of operation, schools in the following countries have been selected to start pilot programs: Iran, Turkey, Korea, Philippines and India.

4. Information on this world-wide project may be of relevance in preparation of Bank population projects in various countries.

MNMaraviglia/mm

Attachments: Annual Operational Report
Project Description

To: Mr. Zaidan
Mr. Hall
Miss Husain
Dr. Kim
Mr. Jones
Mr. Rath
Mr. Dolenc

cc: Dr. Kanagaratnam
Mr. Baldwin
Division File

INC-71-11
9/7/71

INTERNATIONAL ASSOCIATION OF SCHOOLS OF SOCIAL WORK, INC.

SECRETARIAT:
345 EAST 46TH STREET
NEW YORK, N. Y. 10017

CABLE ADDRESS
"IASSOWORK, NEW YORK"

PROJECT FOR INTERNATIONAL DEVELOPMENT OF QUALIFIED SOCIAL WORK MANPOWER FOR FAMILY PLANNING AND POPULATION ACTIVITIES

A Social Work Education Project

A. Project Summary

This project is designed to stimulate the development of qualified social work personnel in various regions of the world for effective participation in family planning and population policies, programmes and services. The activities will be sponsored by the International Association of Schools of Social Work, Inc., in close cooperation with related programmes organized by national and other international organizations. The project is financed under a five-year contract with the U.S. Agency for International Development.

Specific activities will include: indigenous curriculum development in selected pilot schools of social work; organization of approaches at different educational levels to the preparation of current students, previous graduates, paraprofessional personnel, etc.; the use of international consultants in short interdisciplinary seminars with faculty members of the pilot schools; conferences of social work educators representing schools of social work within a specific region; opportunities for international exchange of faculty members; and work on teaching aids, curriculum guides and background or reference materials.

The project will begin in the Asian region following exploratory field trips by the Secretary-General to countries in which member schools of the IASSW are located. The project will continue in Africa and in other regions where interest is expressed in participation. The overall plan will be continuously developed and evaluated in cooperation with an international interdisciplinary resource group as well as with the IASSW Executive Board and member schools in the participating regions. The project programme will be integrated with parallel curriculum building activities in Europe and North America to improve the preparation of social workers for family planning activities.

B. Background

The social work manpower project is a direct outgrowth of two significant meetings: an International Conference on Social Work Education, Population, and Family Planning, held at the East-West Center, Hawaii, in March 1970, and an expert working group of social work educators convened on the same subject in Manila in September 1970. At both meetings, social workers recognized the need for active involvement of schools of social work everywhere in preparing qualified personnel for family planning responsibilities and expertise in population policy. The proposals put forward by the expert group in Manila for international and regional work on curriculum building, student training, faculty development, and production of teaching materials became the foundation for the present project.

C. Auspices

The project is administered by the International Association of Schools of Social Work, an incorporated, non-profit educational association. The IASSW is the vehicle through which schools of social work and associations of schools of social work come together at the international level to promote and develop sound programmes of social work education in all parts of the world. Through its consultative status with the United Nations, UNICEF, UNESCO, the Council of Europe, and the Organization of American States, the IASSW serves, also, as the international spokesman for social work education.

(OVER)

An Executive Board of 40 members representing 28 countries and all geographical regions determines policy and charts the programme of the IASSW. The present membership includes 21 associations of schools of social work and 415 individual schools in 54 countries.

D. The Work Plan

The social work education and family planning project involves two or three recurring cycles of activity over a five-year period, with Asian schools of social work in the center of the first cycle and African schools in the second cycle. Latin-American schools will be involved in the final cycle, if they indicate a desire to participate in the project. Within each cycle, the following activities will be carried out:

1. Initial field visits by the project director to schools of social work in the participating regions to explore interest and readiness to cooperate in the project.

2. Identification and selection of schools willing and able to develop pilot programmes designed to demonstrate: (a) indigenous curriculum development, and (b) the effectiveness of expanded, innovative, or enriched educational offerings as a means of increasing the competence of professional and paraprofessional social work personnel for service in family planning.

3. Collection and organization, by the IASSW Headquarters staff and consultants, of reference and background material to be made available to the pilot schools and others related to the project.

4. Selection and preparation of international, interdisciplinary teams of consultants to work on location in each pilot school for one month to six weeks in seminars with local faculty members (class and field) and community representatives.

5. Identification and selection of local faculty members for more advanced interdisciplinary training in other countries, where not available in their own country.

6. Coordination of resources and international exchange opportunities available through United States schools of social work cooperatively with university population centers and schools of public health.

7. Organization of regional conferences on social work education to share with other schools of social work in the participating regions the problems and progress of the pilot schools in curriculum building, student training, and faculty development relevant to the objectives of the project.

8. Production of general curriculum guidelines and teaching material based on the experience of the pilot schools and discussions at the regional conferences.

9. Extension of demonstration programmes in each region beyond the initial group of pilot schools.

10. Organization of a world-wide meeting to share the results of the experience in the respective regions and to work on international diffusion of the findings.

11. Evaluation of the results through comparison of baseline data collected at the beginning and end of the project and continuing assessment of the qualitative development of the programme.

E. Administration

The project will be directed by Dr. Katherine A. Kendall, Secretary-General of the IASSW. The Headquarters staff assigned to the project include Dr. Rama S. Pandey (India) who will serve as a programme specialist and Mrs. Rosa Perla Resnick (Argentina) as a half-time research assistant. Consultative services will be

(OVER)

provided by distinguished international experts in a variety of fields and disciplines, with Mrs. Katherine B. Oettinger (United States) serving as the chief consultant to the project. Regional consultants will be appointed to maintain continuity with the pilot schools and to assist in the organization of conferences and seminars.

Advice and assistance will also be provided by an interdisciplinary resource group of from 15 to 20 internationally recognized leaders in social work education, population, and family planning. Meeting at least once each year, the resource group will review plans, progress, and problems and assist in on-going evaluation of the programme. Mr. Robin Huws Jones, Principal, National Institute for Social Work Training, United Kingdom, and Treasurer of the IASSW, will serve as chairman.

The administrative Headquarters for the project is located at the following address:

International Association of
Schools of Social Work, Inc.
345 East 46th Street
New York, New York 10017

(Cable address: IASSOWORK, New York)

Specific questions on the operation of the programme may be directed to the IASSW Secretariat.

ISW-72-61
7/17/72

INTERNATIONAL ASSOCIATION OF SCHOOLS OF SOCIAL WORK, INC.

SECRETARIAT:
345 EAST 46TH STREET
NEW YORK, N. Y. 10017

CABLE ADDRESS
"IASSOWORK, NEW YORK"

ANNUAL OPERATIONAL REPORT

July 1, 1971 - June 30, 1972

International Development of Qualified Social Work Manpower

The Project administered by the International Asscciation of Schools of Social Work to develop qualified social work manpower for population and family planning responsibilities now enters its second year of operation. This report of the activities and achievements of the first year includes a review of administrative and program operations, together with an assessment of accomplishments and problems encountered.

I. ADMINISTRATIVE ACTIVITIES

A. Staff and Office Requirements

Contract #AID/csd-2971 was signed on June 30, 1971. On July 1, the following staff members reported for duty: Project Director, Chief Consultant, Program Associate, Research Assistant, Administrative Assistant, and Senior Secretary and Editorial Assistant. Before the end of the first quarter, the full complement of staff was reached with the employment of an executive officer and two additional secretaries. An Asian Regional Consultant, based in Manila, was added to the staff on March 19, 1972 to provide service within the region. Assistance in setting up archives and a reference service for project material was obtained through the recruitment of an archivist as a special consultant and a part-time records clerk. Two consultants were recruited and assigned as a curriculum resource team to the Teheran School of Social Work. A consultant was also assigned to assist in the production of the Reference Bookshelf.

In the first and second quarters of the fiscal year, all necessary systems were established and equipment obtained to ensure proper office management, effective personnel policies and practices, accountability, and sound fiscal controls.

B. The Work Plan and Budget

With a few major modifications, the Plan of Work projected for 1971-72 proceeded according to schedule, with targets met. The modifications include continuation into fiscal 1972-73 of exploratory visits to Asian schools of social work, postponement until late 1972-73 of plans to work with African schools, a reassessment of the proposed use of consultants in pilot schools activities, and the convening of an expert working group of representatives of potential pilot schools early in fiscal 1972-73. A revised Work Plan, approved by AID in April 1972, outlined the changes in the Project as based on the experience of the first nine months of operation. These changes will be further described under the section on program activities.

A budget revision to accommodate the changes in the Work Plan was requested in May 1972 and approved on June 13, 1972. The revision consisted of modifications within the various budget categories, with no change, however, in the total level of expenditure for 1971-72.

II. PROGRAM ACTIVITIES

The activities for the year included field trips by the Project Director and several members of the Project staff, selection of pilot schools, production of a Reference Bookshelf, meeting of an Interdisciplinary Resource Group, assignment of one Curriculum Resource Team, development of evaluation materials and initiation of plans for an Expert Working Group of social work educators. These activities are here described in detail:

A. Field Trips

As set forth in the Contract, the field trips had two purposes: (1) to collect information for the establishment of bench marks for use in the ongoing evaluation of the Project, and (2) to conduct consultations with schools of social work to establish their capability and readiness to serve as pilot schools in the project. These purposes were achieved through direct visits to 24 schools of social work in 10 countries and through participation in three seminars in which 58 schools of social work in 15 countries were represented by 115 social work educators. An unduplicated count of schools reached in the fiscal year through direct visits or conferences totals 60 in 17 countries.

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1. Field Trip to Turkey, Iran, India, and Israel

The field trip began on October 14, 1971 in London where conferences were held with the Chairman of the Interdisciplinary Resource Group and information checked with the International Planned Parenthood Federation. It continued in Turkey under the direction of the Ankara Academy of Social Services from October 16-19; in Iran under the auspices of the Teheran School of Social Work from October 21-25; in India in cooperation with the Association of Indian Schools of Social Work and a number of individual schools from October 30-November 24; and was concluded in Israel where meetings were held with representatives of the Paul Baerwald School of Social Work, Hebrew University, and the Tel Aviv University School of Social Work. The original schedule had included on-site visits in Pakistan at the Schools of Social Work in Lahore and Karachi. Those visits were canceled when the necessary official clearance was not received in time to finalize the arrangements.

In addition to the visits to schools of social work, the Project Director attended an IASSW Seminar on Curriculum Development for Schools of Social Work in Southeast Asia, held from October 31 - November 11 at the School of Social Work, Nirmala Niketan, University of Bombay. Leadership of a workshop on family planning and participation in the activities of the Seminar enabled the Project Director to explore the purposes of the social work manpower project with representatives of 21 schools of social work in addition to the 8 which received on-site visits. The field trip thus reached directly or through conferences in Bombay a total of 29 schools of social work in the following 12 countries: Turkey (1); Iran (1); India (9); Korea (2); Thailand (1); Singapore (1); Indonesia (1); Hong Kong (2); Philippines (2); Ceylon (1); Japan (6); Israel (2).

The field trip yielded extensive information about social work education and considerable understanding of the actual or potential role of social work in family planning in each of the countries visited. Data were collected on each of the schools in Turkey, Iran and India and profiles of those schools have been prepared for use in ongoing program activities and in evaluation of the Project. A summary of the situation in each country is presented below.

Turkey: The time and conditions in Turkey seem, on the whole, to be propitious to the development of qualified social work manpower for population and family planning responsibilities. The Academy of Social Services is interested and willing; key government officials are eager to welcome social work into the field and to support the Academy's efforts; cooperation can be expected from the private sector; and there is a built-in

mechanism for the immediate utilization of social work graduates qualified for service in population and family planning activities. Despite certain hazards related to political instability and the probability of student unrest, the findings of the on-site visit led to a clear recommendation that the Ankara Academy of Social Services be encouraged to launch a pilot program in population and family planning.

Iran: The Teheran School of Social Work occupies an enviable position among IASSW members in relation to family planning. Because of the activities of its director, Miss Sattareh Farman-Farmaian, it is one of the leading schools of social work in the influence it has exerted on family planning, in the actual services it has established, and in the personnel it has qualified for work in the field. In view of the excellent foundation on which to build new ventures and in the light of the opportunities available in Iran for the demonstration and enhancement of social work effectiveness in family planning, it was strongly recommended that the Teheran School of Social Work be invited to serve as a pilot school.

India: There were many indications during the visit that government officials and private organizations are more interested than before in the idea of promoting social work as an important discipline in family planning. Because of these manifestations of interest, India appeared to offer special opportunities for pilot program activities. However, even at the time of the visit, India presented problems and these were greatly exacerbated by the India-Pakistan conflict.

Five schools were interested in initiating pilot programs. The prospects at the conclusion of the field trip were excellent for cooperation of a high order from the potential pilot schools. The advent of the India-Pakistan war made it necessary to postpone negotiations which involved government clearance for the participation of the pilot schools in an international project. The clearances have not been received and the Association of Schools of Social Work in India, following a seminar held in Bangalore, decided that all schools of social work in India will give high priority to family planning. Thus, it is postulated that there is no need for pilot school activity. Since the involvement of all schools of social work with family planning is one of the purposes of the IASSW Project, the regret that accompanies the loss of pilot schools can give way to satisfaction that social work education in India is now very much aware of the challenge that it faces in developing qualified social work manpower for population and family planning responsibilities.

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2. Field Trip to Hong Kong, Philippines and Korea

The field trip began on February 29, 1972 in Hawaii where conferences were held with the Schools of Public Health and Social Work of the University of Hawaii. Both Schools are heavily involved in population and family planning projects in Asia. The field trip continued from March 6-10 in Hong Kong under the direction of the two Departments of Social Work of Chinese University and the Department of Social Administration and Social Work of the University of Hong Kong; in the Philippines from March 11-21 under the auspices of the Schools of Social Work Association of the Philippines; in Korea from March 21-30 under the direction of Seoul National University Department of Social Work and EWHA University Department of Social Work; and was concluded in Honolulu with further discussions at the University of Hawaii. The field trip reached directly or through conferences a total of 16 schools of social work in the three countries.

Hong Kong: Since Hong Kong is not classified as a less developed country, a pilot program will not be initiated in either of the universities which offer education for social work. Nevertheless, some kind of relationship between those schools and the IASSW Project will be worked out in order to capitalize on the burgeoning interest in social work on the part of the Family Planning Association and to assist the schools in their beginning movement toward a greater concern about family planning.

Discussions with social work educators and key staff and Committee Chairman of the Family Planning Association confirmed the impression that a good deal of interpretation needs to be carried out to broaden the conception of social work as it relates to family planning activities. Social workers have not been thought of as key professionals either for group activities or community organization which are emerging as new approaches in Hong Kong. The fact that social workers can be presumed to have considerable competence in group work and in community organization work came as a surprise to persons in the family planning field. However, the general tone of all the meetings indicated that there would be real acceptance of social work as valued professional activity and a willingness to think about a broader conception of the role of social workers, provided that the schools produce the personnel capable of carrying proposed assignments.

It was agreed with AID that the Reference Bookshelf could be made available to the Departments of Social Work at the University of Hong Kong and the Chinese University and, also, if appropriate arrangements can be worked out, to the Lady Trench Training Center which is responsible for

in-service training. The Project Director will also remain in touch with the leadership group in social work education in Hong Kong and see to it that they are informed of seminar opportunities, teaching materials and possibilities for advanced study in other countries.

The Philippines: A number of problems and considerable resistance were anticipated by the Project Director to the idea of any major emphasis on family planning in schools of social work in the Philippines. The fears in this direction turned out to be unfounded. Family planning is an idea whose time has come. The attitudes of a number of leading educators have changed from opposition to ambivalence to a readiness to accept family planning as a responsibility for social work.

At a January 1972 meeting of the Interdisciplinary Resource Group, it was suggested that, in some countries, an entire association of schools rather than one or two individual schools might be involved in a pilot program. The idea, warmly received by the Resource Group, became a reality in the course of the field trip to the Philippines. The Schools of Social Work Association representing eight schools of social work in the Philippines and, also, governmental and non-governmental agencies in the field of social welfare, passed the following motion at a meeting held to discuss the IASSW Project:

> The Schools of Social Work Association of the Philippines accepts in principle to become a pilot association to stimulate the development of qualified social work personnel for population and family planning activities through its member schools, within the context of their own university programs and subject to university approval.

An agreement has since been signed by seven of the eight members of the Schools of Social Work Association of the Philippines to give attention to the development of qualified social work manpower for family planning responsibilities. Commitments have also been obtained for the active support of the project from governmental organizations and the private sector. It was agreed that Dr. Angelina Almanzor, who has joined the staff of the IASSW as an Asian Regional Representative, would coordinate the work of the individual schools as well as the activities between the IASSW and the Association.

Korea: Advance study of the situation in Korea with respect to social work education and family planning led to optimistic projections about the viability of a pilot school project in that country. The facts that emerged from the visit, however, altered the picture. Potential for effective social work involvement in family planning did emerge, but many problems

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were revealed that will need to be solved before the potential can be fully realized.

The obligations of a pilot school were explored with two of the twelve schools of social work in Korea, namely, the Departments of Social Work of Seoul National University and EWHA Women's University, also located in Seoul. At both universities, great emphasis was placed on the need for faculty training before any new family planning content could be introduced into the social work curriculum. Both schools are understaffed and have some concern about undertaking a big new project. On the other hand, these two schools are the leaders in social work education in Korea and the challenge of the project has stimulated them to think about the changes that must take place in their educational programs if social work is to make any lasting contribution to social development in their country. It was recommended that the two schools of social work be accepted as pilot schools, with the understanding that considerable help will need to be given to strengthen their capacity to produce well qualified personnel for family planning programs.

3. Seminar in Ecuador and Exploratory Visits to Colombia and Panama

Upon recommendation of the Pan American Health Organization, the IASSW was invited to send a representative to attend the First National Seminar of Social Workers in the Health Field held in Guayaquil, Ecuador from March 20-24, 1972. Mrs. Rosa Perla Resnick, Research Assistant, was assigned as the IASSW representative. This Seminar, which gave considerable attention to family planning, was conducted under the auspices of the Ministry of Health, the National Directorate of Health, the National Department of Population, the National Department of Social Service, all of Ecuador, with the assistance of the Pan American Health Organization. The field trip continued with an exploratory visit in Bogota, Colombia from March 25-28, and concluded with a visit to Panama on March 28-29.

Ecuador: The Seminar in Guayaquil was interdisciplinary in character but was designed primarily for social worker practitioners from public agencies in the health field. It also attracted directors, professors, and students from schools of social work in Guayaquil, Quito, and Cuenca. Social work educators from Chile, Colombia and Costa Rica together with the IASSW representative, participated as consultants to the Seminar.

It was learned that the schools of social work in Ecuador are undergoing very dramatic curriculum changes to meet the problems of the country and the expressed needs of students. Family planning appeared to be coming

into the curriculum via courses on demography. Since family planning services have now been introduced as part of the general health program by the Department of Rural Health and Population, the attitude of the government towards the involvement of social workers in family planning appears to be highly favorable. The School of Social Work of the Vicente Rocafuerte University, Guayaquil, is apparently interested in assuming the responsibility of a pilot program. It was agreed that there would be further exploration of the potential of this school and others in Ecuador for participation in the IASSW Project.

Colombia: Social work education in Colombia at the present time is in a state of unrest, in part because of student activism and a revolutionary push for rapid social change which seems to characterize a number of schools of social work, and in part because of intra-university rivalries between the Departments of the Social Sciences and Social Work. A number of social work students have been assigned to field instruction in health settings where advice is given on birth control but there is apparently little activity in the schools of social work in population and family planning. In view of the troubled situation within the schools, this is apparently not the time to explore pilot school arrangements in Colombia.

Panama: The School of Social Work in Panama is currently reviewing its educational offerings and expects soon to introduce a considerable number of changes in its curriculum. Apparently, considerable emphasis and importance will be given to family planning in the new curriculum. Faculty and students appear to be sympathetic and receptive to family planning as a new field of service for social workers. In fact, the School had about ten students in field work settings in family planning at the time of the field visit.

In Panama, as in Ecuador, although there is considerable interest in family planning as an area of content in social work education, there is no clear definition as yet of the roles, functions and level of activities for social workers in this field. Future exploratory work is recommended with Panama as with Ecuador, since the time does seem to be propitious to the development of pilot school relationships in both these countries.

4. Seminar in Korea and Related Visits

Dr. Angelina Almanzor, Asian Regional Representative for the IASSW, attended a seminar on family planning in the social work curriculum held from June 1-21 in Korea where she gave a keynote paper on social work education and family planning. Ten schools offering social work courses were represented in the seminar. This group of schools is now constituted as

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the Korean Association of Schools of Social Work which, if properly motivated, may be instrumental in moving social work education in Korea into new fields of activity including family planning. The seminar apparently generated a strong desire for continuous dialogue among the different schools and among faculty members. It also seemed to open up more promising possibilities for rapid change and development than had been apparent in the previous field trip.

Dr. Almanzor traveled to Pusan and Taegu, the second and third largest cities in Korea, to visit the Schools of Social Work in each of those cities. While the School in Pusan is not yet ready to undertake a pilot program, the visit produced a great deal of interest and the faculty agreed that it would be desirable to look into the family planning work that could be done in the city. The private School of Social Work in Taegu turned out to be a school of special education with a few courses in social work. This School is not ready to take on pilot responsibilities and there was some discussion as to the possibility of Seoul National University opening up field placements in family planning in Taegu.

B. The Selection of Pilot Schools

The Project Contract specifies that at least four pilot programs should be initiated in the first year of operation. The various field trips revealed that this is too limited a goal in the light of the interest and potential found in on-site visits to schools of social work in the various countries. Since the key purpose of the Project is to expand and enrich family planning and population curriculum content in as many schools of social work as possible, it can be assumed the greater the number of pilot schools the greater the chances of effecting a significant change in social work education. On the other hand, an indiscriminate approach could create a surface appearance rather than a soundly worked out reality of new educational directions.

To encourage responsible participation in the Project of all qualified schools certain general criteria have been devised. These criteria are as follows:

1. National climate favourable to development of family planning programmes and services.

2. Interest and willingness of a school of social work to prepare personnel for service in the fields of population and family planning.

3. Evidence of existing or potential competence in the leadership and faculty of the school to assume responsibility for a pilot programme.

4. Evidence of existing or potential educational resources within the school and community (library, field practice, research, etc.) to support a pilot programme.

5. Evidence of existing or potentially productive cooperative arrangements for interdisciplinary participation in the pilot programme.

6. Evidence of existing or potential employment opportunities for graduates in population and family planning programmes and services.

In its discussion of the criteria, the Interdisciplinary Resource Group raised some question about the encouragement of an advocacy role in schools of social work in countries where the national climate is not yet favorable to the development of family planning programmes and services. There was a difference of opinion as to this particular criterion and it has been left for further experience to demonstrate how far the Project can move in countries where there is no national policy or climate favorable to family planning.

The following schools of social work have been selected as pilot schools in the first year of operation:

Iran: The Teheran School of Social Work

Turkey: The Ankara Academy of Social Services

Korea: Seoul National University Department of Social Work and EWHA Women's University Department of Social Work

Philippines: Schools of Social Work Association of the Philippines
Asian Social Institute
Centro Escolar University
Concordia College
Maryknoll College
Philippine Christian College
Philippine School of Social Work
University of the Philippines

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Five schools of social work in India had also expressed interest in initiating pilot programs but, as already indicated, plans to work with them in that direction have now been canceled. The situation in that country at the present time with respect to international cooperation suggests that they can manage better on their own.

C. Reference Bookshelf

The Reference Bookshelf is an attempt to create a library for immediate use through assembling, in one compact collection, reprints, excerpts and regular editions of 55 works on social work, family planning and population. Some of these books, journal articles, and international conference papers are classics in their field; the majority are serviceable works that make their points in a clear and summary fashion. The criteria for including materials in the Bookshelf were:

1. Relevance to social work education and practice.

2. Relevance to international needs.

3. Adaptability to different cultures.

4. Cogency and intrinsic merit.

5. Contribution to the interdisciplinary balance of the entire Reference Bookshelf.

A Reader's Guide, now in press, will accompany the Reference Bookshelf and will serve to introduce the highlights of the articles and books presented under sections on social work education and practice, family planning, population dynamics, family life education, and cross-cultural and interdisciplinary approaches.

This Reference Bookshelf is seen as central to the successful operation of the Project and particularly to the work of the pilot schools. Bibliographies abound in this field, but for schools in developing countries it is a far cry from the book on the list to a book on the library shelf. The Reference Bookshelf has been developed to meet this need.

The task of selection and organization of the materials, which are drawn from world-wide sources occupied many people and organizations. The major architect of the Bookshelf has been Katherine Brownell Oettinger, Chief Consultant to the IASSW family planning project. The final choices were the result of a series of conferences with many knowledgeable

individuals here and abroad and of discussions in a special committee, in the Interdisciplinary Resource Group, and in a colloquium with United Nations personnel. In these various meetings, social work educators, librarians, specialists in family planning, international civil servants and others contributed concrete suggestions and general guidance.

Many organizations have contributed to the effort, not only with advice, but with actual donations of books, pamphlets and articles for inclusion in the Reference Bookshelf. These organizations and agencies who donated material include: Adelphi University; Agency for International Development; Carolina Population Center; Central Family Planning Institute, New Delhi; Chinese Center for International Training and Family Planning; Council on Social Work Education; International Planned Parenthood Federation; Ministry of Cooperatives and Social Services, Nairobi; Population Council; Time-Life Books; United Nations; World Education; and World Health Organization.

D. Curriculum Resource Teams

Each pilot school is entitled to the service of an Interdisciplinary Curriculum Resource Team for a period of not less than one month to assist in curriculum and faculty development. A major need for faculty training in the area of population and family planning emerged as a result of the various field trips. Some questions arise, however, as to how best to provide that training.

Despite the strong emphasis in the Project on consultation as a means of helping colleagues of equal status to work together on common problems of curriculum building, there is a tendency to view with great weariness and some concern the idea of consultants from developed countries coming in as experts. Considerable time was given to discussion of other means of achieving the desired ends. Group meetings of educators and use of consultants from within the region emerged as promising avenues for further exploration. It was the significance attached to indigenous leadership that led to the appointment of Dr. Angelina Almanzor as Asian Regional Consultant for the IASSW. The reaction in Asia to this appointment has been strongly favorable.

One Curriculum Resource Team was recruited and assigned to work with the Teheran School of Social Work. Dr. Catherine Chilman, curriculum coordinator of the Social Work Education and Population Planning project of the University of Michigan, served as a social work educator on the team. Dr. Irvin M. Cushner, formerly of Johns Hopkins Hospital, and now in the Department of Obstetrics and Gynecology of the School of Medicine, University of California in Los Angeles, served as a consultant on population

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and family planning. Since Dr. Chilman is knowledgeable in population and family planning content and Dr. Cushner has had excellent experience in working with social workers, the two team members combined a high degree of interdisciplinary competence in all the fields of interest to the Teheran School of Social Work.

The report of the consultation indicates that a great deal was achieved in group meetings and various consultations between the team and faculty members in the area of curriculum development and that an excellent beginning was made in moving the School into new areas of activity, particularly in the organization of research training. Because of the special interest of the School in family life and sex education, a good deal of attention was given to those subjects and the groundwork was laid for ongoing curriculum and faculty development related to them.

The original purpose of the Curriculum Resource Team seemed to stand up well in practice as demonstrated by the work of Dr. Chilman and Dr. Cushner. This activity will be further analyzed with a view to working out consultation plans that will be of maximum utility to the pilot schools.

E. Interdisciplinary Resource Group

The Contract requires that an Interdisciplinary Resource Group of internationally recognized leaders in population and family planning and in social work be established to review plans and progress and to advise on strategies with respect to problems that may develop in the project. The Group appointed for this purpose consists of ten experts of international reputation in population and family planning and 15 well known leaders in social work and social welfare. It is international as well as interdisciplinary in character, with representation from six international governmental and non-governmental organizations. Eleven countries are represented by members of the Group.

The Interdisciplinary Resource Group met in January 1972 to review all progress to date. Advice was offered on criteria for the selection of pilot schools and with respect to the situation in each of the countries visited by the Project Director on her first field trip. It was recommended that consideration be given to enlisting an entire association of schools of social work in the pilot program in any country where such an approach would be feasible. The preliminary list of publications selected for the Reference Bookshelf was reviewed and suggestions offered for changes in the list or additions to it. There was thorough discussion of a possible revision in the plan for consultation to the pilot schools and substantial help was received in the formulation of evaluation procedures.

The Group expressed itself as well satisfied with the accomplishments of the Project to date and offers of help for schools involved in the program were given by representatives of several of the international organizations. It was agreed that the members of the Group would be available, as individuals, to give advice as needed between the annual meetings of the Group. Sub-committees of the Group were also seen as a possible resource for discussion of specific questions.

In this last connection, the social work members of the Group have been invited to serve as members of an Expert Working Group of social work educators called in connection with the XVIth International Congress of Schools of Social Work to be held in The Hague in August 1972. The purpose of this meeting is described later in the report.

F. Evaluation Procedures

A design for evaluation of the Project has been produced and is now being tested. It is assumed that the educational interventions at each phase in the project operation will contribute to the achievement of the specific and general objectives of the project. The Project is primarily focused on action and not on research, which leads to the use of professional judgment as the major method of evaluation. Curriculum guides and other materials will be reviewed by experienced social work educators from the vantage point of their educational programs, the practice demands and cultural content in the different countries. This approach will be strengthened by a continuing critical appraisal of the project plans and activities by the Interdisciplinary Resource Group or sub-committees of that Group. A key task for the social work members of the Resource Group in a meeting to be held in August 1972 is to assess the evaluation schedules that have been prepared for use within schools of social work.

The method of professional judgment, however, will be supplemented by a more systematic and objective assessment of the impact of the Project activities on the target population. A "before and after" measure has been selected as an appropriate test for systematic evaluation of the performance and outcomes of the Project. Baseline data on faculty, students and educational resources in relation to population and family planning of all the pilot schools of social work will be collected before they are exposed to the activities of the project. This will be followed by an "after" measure to be administered later in appropriate time intervals as well as at the conclusion of the program activities. Both quantitative and qualitative data will be assembled. Each curriculum resource team will also provide information primarily of a qualitative nature. The various guidelines were distributed to the Teheran School of Social Work for testing and to the first curriculum resource team for evaluation.

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G. Expert Working Group

As a result of approved changes in the project work plan for 1971-72, an Expert Working Group of social work educators will be convened in The Hague, the Netherlands, in August 1972. The Expert Group is scheduled in conjunction with the XVIth International Congress of Schools of Social Work. Pilot school educators will have an opportunity to work in the curriculum building groups that are part of the program for the Congress. The scheduling of specific activities associated with the family planning Project will begin the process of international dissemination which is seen as one of the central purposes of the Project. In addition, it is strategic at this point to bring together, in one Expert Group, the Asian educators, who are committed to the Project, and representative eductors from Africa and Latin America, who have expressed only mild interest or are known to have reservations about this activity. It is expected that a climate will be created in working together on family planning as a highly significant new field of preventive practice which will greatly facilitate the later organizational work of the Project Director when field trips are scheduled to Africa and Latin America. The social work members of the Interdisciplinary Resource Group will participate as members of the Expert Working Group and will also use this opportunity to comment on the evaluation outlines and to hear reports of the field trips recently completed by the Project Director and other members of the IASSW staff.

III. RELATIONSHIPS WITH OTHER ORGANIZATIONS

While the IASSW Project is geared to the development of social work competence, it has been recognized from the start that interdisciplinary involvement is essential to its success. To that end, strong working relationships are being established with other organizations active in the field of population and family planning.

The work of the Division of Social Development of the United Nations, UNICEF, and of the International Planned Parenthood Federation, is particularly pertinent to the implementation of the IASSW programs. The United Nations and the International Planned Parenthood Federation have given full cooperation to the Project Director in preparing for field visits while the local family planning associations have contributed effectively to the actual work done in each of the countries. Close regional cooperation is also encouraged through consultation and shared work with the Economic Commission for Asia and the Far East, with the Pan American Health Organization and through the various regional branches of IPPF. For example, the Pan American Health Organization arranged for IASSW participation in an important seminar in Ecuador.

The Western Hemisphere branch of IPPF has helped to open up promising approaches in Latin America and together with PAHO has been instrumental in recruiting a number of well qualified persons to participate in the Expert Working Group to be held in The Hague.

As already indicated, many organizations contributed to the compilation of the Reference Bookshelf.

IV. ACCOMPLISHMENTS

The Project has satisfactorily achieved the purposes established in the Contract for the first year. The accomplishments may be summarized, as follows:

1. In the first quarter of the fiscal year, an office was equipped and a full complement of staff recruited to administer the Project. An Asian Regional Consultant was hired in the third quarter.

2. Three field trips in Asia and one in Latin America were conducted by, respectively, the Project Director, a Latin American staff member and an Asian staff member. The activities of the Project were also carried forward through seminars attended in Ecuador, India (2) and Korea.

3. Sixty schools of social work in 17 countries have been reached through on-site visits by the Project Director or other members of the IASSW staff or through conferences with key personnel at regional and national seminars.

4. Eleven schools of social work in four countries have signed agreements to initiate pilot programs. Seven of these schools are members of the Schools of Social Work Association of the Philippines which will serve as a pilot association to give leadership within the country to this program.

5. One hundred sets of a comprehensive Reference Bookshelf have been assembled and a Reader's Guide to the Bookshelf is in press. Distribution of the sets to pilot schools was initiated in May 1972.

6. Baseline data are available from schools of social work in Turkey, Iran, India, Pakistan, Ceylon, Indonesia, Thailand, Korea, Hong Kong and the Philippines.

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7. Evaluation guidelines have been produced and have been subjected to preliminary testing in Iran.

8. An Interdisciplinary Resource Group composed of internationally known experts in population and family planning and in social work held one successful meeting. Individual members of the group have also provided guidance to the Project staff. Plans have been completed to involve the social work members of the Resource Group in a mid-year evaluation meeting in The Hague.

9. One curriculum resource team assisted the Director and faculty members of the Teheran School of Social Work in the compilation of course outlines and content, the formulation of research, and projection of future activities.

10. Plans were formulated for an Expert Working Group of social work educators from Asia, Africa and Latin America to be held in conjunction with the International Congress of Schools of Social Work scheduled for August 1972 in The Hague.

V. PROBLEMS ENCOUNTERED

The problems that have emerged are of three kinds: (1) operational difficulties related to academic calendars and over-ambitious targets; (2) problems that are internal to the profession and its role in the different countries; and (3) problems that are external, having to do with political and other forces beyond the control of the Project. Each of these will be considered in turn.

A. Operational Problems

The initial plans for the Project called for an unrealistically rapid sequence of events. We assumed that schools of social work could be visited all the year round, overlooking the fact that academic schedules differ from country to country and that visitors are more welcome at one time of the year than another. While three field trips were planned for Asia, it proved practicable to undertake only two. Thus, it is necessary to extend the work in Asia well into the second year of operation in order to have the on-site visits necessary for the selection of pilot schools.

Similarly, it was assumed that curriculum resource teams would be more quickly assigned than proved to be the case. Questions raised in the first field trip about the use of consultants had to be explored with the Interdisciplinary Resource Group at its meeting in January 1972. Again, academic

calendars interfered as faculty members are not free to participate intensively in consultation seminars and other activities except at certain times of the year. This proved to be true not only for the faculty members in the pilot schools of social work but for the persons who are recruited as consultants. Thus, it proved possible to put only one team in the field. The rate at which teams will be assigned in the future will also be slower than anticipated, particularly as other means of enhancing faculty competence, such as group meetings, will be explored.

These various operational problems were solved, to a considerable extent, through the use of Asian seminars as a means of reaching schools that could not be visited and through the employment of an Asian Regional Consultant to work in an on-going relationship with the schools in the region.

B. Problems Internal to the Profession

A major, but not unanticipated, problem that emerged in the course of the first year is a lack of clarity within the profession (and, therefore, outside of it as well) as to how social workers are to be used in population and family planning activities. The Project exists, of course, because social workers are not sufficiently involved in population and family planning. However, there is a natural tendency in educational institutions to want to relate course offerings to recognized functions. When the functions aren't clear, schools hesitate to commit their resources to training that may not later be used. This places a heavy responsibility on the Project staff to help the schools see that they have an obligation to demonstrate what social workers are capable of contributing to population and family planning. It also requires a strong emphasis on interpretation of social work competence to other professions and to potential employers. Thus, the Project, in order to achieve its educational mission, must work out means of identifying more clearly the roles, functions, and responsibilities of social workers in population and family planning as a new field of service. This will include identification of roles and functions related to family planning within the field of social welfare as a whole in addition to whatever may be delineated for programs and services specifically oriented to family planning.

C. External Problems

The India-Pakistan conflict and its aftermath created major problems for the Project that will probably not be solved in the immediate future. Relations with schools in India are cordial, but pilot school arrangements will not be feasible. Arrangements to visit Pakistan had to be canceled. The schedule for 1972-73 will include on-site visits in Karachi and Lahore

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and, hopefully, an on-site visit in Bangladesh.

Political changes within the country or a resurgence of student unrest may affect the plans already developed for certain countries, such as Turkey, but such hazards cannot be avoided. It has been assumed, perhaps erroneously, that external problems would prevent any major activity in Latin America at the present time. While this may be true for certain countries, there is now some evidence that the project would be welcomed in the countries of Central America and in some of the countries of South America. The Caribbean also appears to be a fruitful area for exploration.

The winds of chance could blow the entire Project out of Asia and keep it from making headway in Africa and Latin America, but at this point, there is more evidence of success than failure and it can perhaps be assumed that what is well begun will move forward with continuing success.

Respectfully submitted

Katherine A. Kendall
Project Director

USAID

September 18, 1972

Mr. Philander Claxton
Special Assistant to the Secretary
for Population Matters
Department of State
S/PM Room 4810
New State Building
Washington, D.C. 20520

Dear Phil:

This letter is to follow up our telephone discussion and to confirm that the first Program Review between the Bank and USAID on population matters will take place in Dr. Ravenholt's office at AID on Tuesday, October 3, beginning at 10:30 am.

I attach herewith a Proposed Agenda and a schedule of the current status of project preparation of our project work within the next year or two. We would like to review briefly our past experience with projects that are under implementation and then to discuss the projects under planning. We would like to hear from you about your population activities in these countries. We would assume that this would take a good part of the meeting.

Besides this, we would like to exchange views on a number of general issues. These are also set out in the draft agenda. We would also like to have your views on recent developments in biomedical research with particular reference to the financial and funding aspects.

Sincerely yours,

K. Kanagaratnam
Director
Population and Nutrition Projects Department

Attachments (2)

cc: G. B. Baldwin
M. N. Maraviglia
I. H. Kang
L. Domingo

Copy: Dr. Ravenholt

KK/is

cleared with and cc to Mr. Hoffman
cc: Mr. Demuth

Proposed Agenda

IBRD/USAID

Washington, October 3, 1972

Starting Time: 10:30 am (meet at AID - Dr. Ravenholt's Office)

Participating for the Bank:

Mr. M. L. Hoffman
Dr. K. Kanagaratnam
Mr. G. B. Baldwin
Mrs. M. N. Maraviglia
Mr. I. H. Kang
Mrs. L. Domingo

I. Country-by-country Review of Ongoing Projects: (This should be very brief)

Jamaica, Trinidad & Tobago, Tunisia, Indonesia, India.

II. Country-by-country Review of Work Plans for the Next Year or so:

Egypt, Iran, Kenya, Malaysia, Philippines, Bangladesh, Ghana, Nepal, El Salvador.

III. Handling of Programming and Coordination in Selected Countries:

Kenya, Philippines, Iran, Egypt.

IV. Discussion of General Problems:

(i) The mechanism for ensuring improved project preparation and the importance of earmarking adequate funds to governments for this work.

(ii) Nutrition projects - with and without a population component.

(iii) Michanek Review of UNFPA.

(iv) Biomedical Research - in particular, anticipated trends and status of funding.

INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT

POPULATION AND NUTRITION PROJECTS DEPARTMENT

1. Projects Approved:

		Project Size (US$ Millions)	Bank or IDA Financing (US$ Millions)
Jamaica	(1970)	7.7	4.8
Trinidad & Tobago	(1971)	2.97	2.0
Tunisia	(1971)	4.6	3.0
Indonesia	(1972)	33	13.2 (+ 13.2 UNFPA)
India	(1972)	31.8	21.2 (+ 10.6 SIDA)

2. Projects Being Developed in:

	Board Presentation Expected	Stage Reached
Egypt	Spring 1973	Appraisal this fall
Iran	March 1973	Appraisal completed
Kenya	Fall 1973	Appraisal early 1973
Malaysia	December 1972	Appraisal completed
Philippines	Summer 1973	Appraisal early 1973

3. Possible Projects in:

Bangladesh

Ghana

Nepal

El Salvador

September 18, 1972

Dr. Kanagaratnam
File USAID

Departmental Files September 13, 1972

M. N. Maraviglia

Meeting with Miss N. Saxton - USAID

1. I had a luncheon meeting with Miss Nadene Saxton, Population Division, Latin America Department, USAID Washington. She was interested in discussing the External Review Team's recommendations concerning family planning training. The report recommends that the post of training officer at the NFPB be taken out of the Information and Education Division and upgraded to form a separate unit. AID's concern was that this recommendation would interfere with the activities of the Family Planning Research and Training Unit (FPTU) supported by a three-year grant from that organization to the Department of Social and Preventive Medicine of the UWI. I indicated that the intention behind this recommendation was not to replace the FPTU but to strengthen the coordination of the training program and allow for a better utilization of the University and the Bureau of Health Education's contribution to training. The functions of the NFPB's training unit would continue to be coordination, and administrative arrangements for implementation of the training program. However, in order to undertake proper coordinating functions, there is urgent need for stronger technical competence and initiative within the NFPB.

2. Miss Saxton will request that two consultants involved in the organization of the family planning training program in the UWI visit the Bank to brief us on the status of activities in that field (they are Miss Mary Jo Kraft and Dr. Blakely, the latter from the University of Pittsburgh). This should provide us with useful background information for project supervision, planned for late October.

3. Some reactions to the External Review Team report, as interpreted by USAID's Population and Program Officers in Jamaica, are reflected in the USAID memorandum (copy attached) received from Miss Saxton. Her views about Dr. Patterson's appointment as PMO are favorable. However, AID officials in Jamaica have expressed reservations about this measure; they fear that it will transfer family planning clinic operation to MOH (see 2nd para., AID memo).

4. Other new developments in Jamaica's family planning program are that Mr. Basil Morgan, previously with the JFPA, joined the NFPB staff to assist Mr. Allison in program administration.

5. AID is concerned about the report's recommendation to appoint a long-term program adviser (the report indicates a period of one year or longer). This coincides with our opinion that it may be difficult to find the right person for such long assignment. As discussed here with Dr. Sodhy, an acceptable solution would be to engage a short-term program advisor to solve specific programming problems;

subsequent consultantship could be arranged, also on a short-term basis. In addition, Mr. Morgan's appointment to the NFPB staff may be an asset for the program, judging from his previous performance as Executive Secretary of the JFPA.

6. Miss Saxton indicated that AID was generally pleased with the report and that there was optimism concerning the effects of its recommendations, if properly implemented. The impression given was that the points of concern raised were mostly preoccupation on the part of AID's Jamaica Population Officer, Mr. Al Wilson, who is working very closely with the Board, both in program administration and in organization of training through the UWI.

MMMaraviglia/mm

cc: Dr. Kanagaratnam
Mr. Baldwin
Mr. Zaidan
Mrs. Domingo
Division Files

Received by hand
from Miss Saxton
9/12/72

OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA FPMR (41 CFR) 101-11.6

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. George B. Roberts, AID Affairs Officer
Mr. William Pamson, Program Officer/Jamaica
Mr. Alton Wilson, Population Officer/Jamaica

DATE: August 30, 1972

FROM : Nadene Saxton, PHA/POP/LA

SUBJECT: FP Program - Jamaica

Thank you for the memorandum of conversation dated Aug. 14 regarding your official call on Dr. Mavis Gilmour, Parliamentary Secretary/MOHEC.

It is noted that the new administration has already initiated a major change in the direction of the FP program. Your statements that "it was clear that it (NFPB or FP Program) would be run from the Ministry by Dr. Patterson", and "the Board per se would not have its own Medical Director" imply that the NFPB is no longer an operating agency. It is noted also that no further steps will be taken by the new administration to reorganize the FP program until after September, to allow GOJ time to see the report by the IBRD evaluation team and to study the situation in more detail.

I understand the IBRD report was forwarded to the NFPB about three weeks ago. I expect to obtain a copy after approval for release is given by the GOJ.

In regard to your comments on GOJ projections and changes already effected, can you give us any additional information on the following:

1) Assignment of Dr. Patterson at the Principal Medical Officer level.

Is this a new third PMO position or is she assigned as one of the two PMOs which has responsibility for health care facilities (position formerly held by Dr. Byers)? We are interested in knowing whether she will have a direct line to Parish MOs.

2) Role of JFPA in relation to the National FP Program.

A close working relationship with JFPA was achieved during the period when Basil Morgan was Executive Director of JFPA. What has been the attitude of JFPA since Basil Morgan joined the NFPB staff? Would it be helpful for us to encourage a local meeting with IPPF - JFPA - AID representatives at this time or after pending reorganization decisions are made by MOHEC?

3) IPPF is still planning to sponsor a meeting in Nov. at UWI through CPA on abortion. Given the present attitude of GOJ toward abortion, do you recommend the meeting be postponed?

4) It is noted that Dr. Gilmour favors combining FP and general health facilities in one location as women prefer to go to a general health center rather than to an FP facility. Airlie films on Jamaica focused on the building sign "Family Planning Center". Will this give the NFPB a problem?

5) Assignment of 300 new health Aides.

Suggested questions which may be raised concerning preparation assignment and supervision of health aides:

a) Under which PMO will this program be placed?

b) Is there a job description and has consideration been given to employing aides with the understanding of numerous duties but beginning with only one primary duty and adding others over a period of time? Employees might otherwise ask for additional pay when other duties are added.

c) Who is responsible for the development and execution of training for the new personnel?

d) How many Aides will be trained at one time?

e) Has a decision been made on length of training course? Is consideration being given to periodic refresher training and continuing education to prepare aides for additional duties. See "b" above.

f) Under whose direction and under whose supervision will the Aides work?

We are pleased to note that Dr. Gilmour has expressed an interest in reports on Mary Jo Kraft's studies of the operational problems of the FP program. Please advise on extent of their usefulness to MOHEC.

cc: George Baldwin, IBRD
W. Ketner, ARA/LA/CAR/J

Dr Kanagaratnam

Division Files

August 15, 1972

Peter Hall

P.H.

Population Policy Seminar

1. On July 10th and 11th I attended an Ad Hoc Planning Meeting of the Population Policy Seminar Project sponsored by the National Academy of Sciences which has a contract with the AID. I was asked to give on behalf of the Population and Nutrition Projects Department a brief statement on the Bank's involvement in and approach towards the population sector (see attachment 1 for remarks).

2. The purpose of the two day meeting was to bring together a group of noted participants to decide on a format for the six regional seminars to be held over the next year and to determine which countries should be represented and what types of people should be invited to participate. The participants came from outside the United States as well as from various academic institutions, private foundations, and multilateral organizations within the United States (see attachment 2 for list of participants). They represented a varied range of academic disciplines and professional backgrounds. Discussion centered around the inter-related questions of how to define a "population policy" and what kinds of questions should be directed towards seminar participants. With regard to the former it was generally considered a broad definition of population policy was required, one which indicated that every government has an intended or unintended policy which affects the size, composition, and geographical distribution of its population. The definition of the UN Ad Hoc Consultative Group of Experts on Population Policy as "...measures and programmes designed to contribute to the achievement of economic, social, demographic, political and other collective goals through affecting critical demographic variables..." was acceptable as it would allow for a consideration by seminar discussants of the social policies pursued by their governments which directly or indirectly affect the environment surrounding decisions on family size, namely, marriage age, maternity allowance, child labor laws, social security programs, etc. In so far as deciding on a list of questions to address to seminar participants it was felt that such a list should be value-free and reveal how population policies are formulated, implemented, and perceived by various decision-making groups.

3. The planning meeting was useful in bringing the participants up-to-date on the latest thinking by some of the recognized "experts" in the population field. I was particularly impressed with the contributions made by those participants who had dealt with population programs in their home countries. A number of the participants tended not to be operationally oriented and therefore presented more of an academic viewpoint which was not sufficiently in touch with ongoing program efforts.

4. I am attachingaa "Summary Report" (attachment 3) which highlights in greater detail the main points that emerged from the July 10-11 planning meeting.

cleared with and cc: Mr. Zaidan
cc: Dr. Kanagaratnam ✓
Mr. Baldwin

PAHall:meb

Comments on the Bank's Role In Population Planning

Population Policy Seminar Meeting

July 10-11, 1972

I am very pleased to be here today to participate in in this discussion of population policy analysis. As the agenda to be discussed presents many interesting policy questions, I thought I would start by giving a brief statement of how the Bank approaches the population sector.

As a development institution the Bank is primarily concerned with raising the standard of living and providing all members of the society with growing ability to afford both the material and non-material benefits which a modernizing country is seeking to secure. The Bank's development concerns are broader than raising the GNP, but extend to treating the problems of hunger and malnutrition, high infant mortality, low life expectancy, wide-spread illiteracy and chronic unemployment. The Bank is now turning its attention toward the lower middle classes and to the poor people who frequently receive a disproportionately small and declining share of national income. These are the people most vulnerable to the

economic hardships associated with high birth rates, poor educational opportunities, mounting inflation, and migration from the rural countryside to the urban slum.

While the exact relationship between growth of a nation's income and population growth is not very fully understood -- what is clear is that rapid population growth drains away resources that are vitally necessary for reduction of socio-economic deprivation. The slower the rate of population growth -- the more manageable is the problem of underemployment, the extension of social services and the achievement of a more equitable distribution of income.

The Bank's concern for population growth then is not merely related to ultimate numbers but to development impact and raising the standard of living and general welfare. Its interest is wider than family planning and embraces many other aspects of population and their effects on development.

Operationally the Bank's approach to population problems has existed at three different levels. On the one hand, from a broad policy point of view there is the guiding influence of Mr. McNamara, whose population pronouncements have increased the general awareness of the problems of rapid population growth. This has helped at a national and international level to focus attention on the problem. Within the Bank and at the country level, the Bank's regular economic reports on borrowing countries now include statements of the country's demographic situation and its existing population policy. It is, however,

at the project level where the Bank applies its traditional project approach to the population sector. This approach usually entails the detailed analysis of the population problem of a particular country through Bank missions which acquire in-depth knowledge of the country's policies and problems and its demographic situation. As of 1972, Bank missions have visited Colombia, India, Indonesia, Jamaica, Malaysia, Mauritius, Trinidad and Tobago, Tunisia and the Philippines. These missions usually involve an economist, demographer, communications expert, evaluation specialist, doctor and administrative specialist who help to analyze the population sector, determine weaknesses of the existing national program, and help to identify the population components of a Bank project. These sector missions in the case of Jamaica, Mauritius, Tunisia, Trinidad and Tobago, and Indonesia have led to projects financed by the Bank group.

In Indonesia the 1969 sector mission involved the UNFPA, as well as the World Health Organization and led to the adoption of a five-year plan and reorganization of the Government's family planning board. In Mauritius the sector mission led to increased Government support and an expanded maternal and child health system financed by the United National Family Planning program.

A Bank population project is concerned with more than the extension of family planning services but with the formulation of a comprehensive family planning program; one which not only extends family planning services, but is vitally concerned with program management, organization and administration; the formulation of a comprehensive education, motivation and communication strategy; the training

of motivational and paramedical personnel; and the development of an on-going research and evaluation strategy. This evaluation capability is necessary to measure the impact of the program and assess the prevailing attitudes and behavior patterns of the people the program will affect as well as to clarify whether program targets and goals are being met. The emphasis of a Bank project is then on fact-finding, analysis, and institution-building in the form of planning, organization, assessment of manpower needs, the processing of service statistics, the organization of an effective delivery system, etc. Bank projects typically include "hardware" - capital expenditures, as well as "software" - expenditures covering training, attitudinal surveys, preparation of population materials for schooling and technical assistance.

In this regard it is interesting to note that whereas the Bank's first three population projects - in Jamaica, Tunisia and Trinidad and Tobago included a large construction component which constituted 80% of total project cost and provided for the construction of a number of maternity hospitals and rural maternity centers; the Indonesia project involved construction costs of only 40%, with the rest of the funds being used for advisory services, technical assistance, vehicle purchase, demographic research, training stipends, and incremental operating costs. The India project, the latest approved by the Bank's Board of Executive Directors, is an experiment covering two India states which plans for, in addition to the extension of health and training facilities, a link between the provision of family planning services and a supplementary nutrition program, as well as the creation of two Population Centers to evaluate program performance on a continuous basis. A technical

assistance mission has just been completed to analyze and suggest improvements in a program which is seeking to deal with the problems of a post-war baby boom.

Although almost all Bank projects involve heavy capital expenditures especially where they are in the formative stages of program development, these efforts indicate that the Bank's sector approach is based on a solid population strategy which requires the development of an integrated comprehensive project package suitable for Bank financing. Socio-economic justifications of projects are usually based on the fact that the project package will considerably reinforce and expand existing efforts to reduce fertility, thereby creating considerable social and economic benefits. An additional reduction in fertility will further increase the number of acceptors and reduce the gross reproductive rate. In some instances cost benefit analysis is used relating the value of the benefits to the costs of programs required to bring about reductions in fertility. However, as there is no fully agreed measure of the value which can be attached to a birth averted, cost effectiveness calculations are often used instead.

With regard to some of the items mentioned on the agenda it is necessary to briefly point out that:

(i) The Bank has increasingly become interested in its information gathering and suggestions for program improvement in the use and application, on an experimental basis, of social incentives and disincentives.

A family's decision to have fewer children in addition to responding to increased socio-economic pressures is affected by such

factors as maternity benefits, child allowances, laws affecting the size and distribution of property, educational costs, social security programs, and marriage and divorce laws. As a country reaches a point in its program development and demographic transition where it must move beyond the provision of family planning services and demand oriented mass communication campaigns, the introduction of programs of positive social action which support the development efforts of the country and help to rationalize decisions to have fewer children are possible. KAP studies have shown that attitudes towards family limitation change with education, improvement in living conditions, access to the monied economy, and exposure to information about family planning. So long as changes in environmental factors surrounding decisions to have fewer children augment the existing social pressures they can perhaps be used effectively;

(ii) With regard to nutrition, a small unit has been created as an adjunct to the Population Projects Department to incorporate nutrition components into family planning projects. A nutrition component in a population project will help to reduce high rates of infant mortality, which is a prime motivator for having many children.

(iii) It should also be pointed out that the Bank is not involved in the financing of health facilities per se, but only in so far as they support family planning activities. On the other hand, the Bank is increasingly becoming concerned with health problems - not only as they relate to population growth but also out of Mr. McNamara's concern for "quality of human life" and the distribution of benefits. There is

also the wide-spread feeling that the traditional organization of health delivery services is unnecessarily expensive and inadequately suited for the extension of family planning services; and to this extent there is bound to be more explicit interest in the development of a low cost health delivery system; and

(iv) The Bank is also concerned about the problem of rural to urban migration and has set up a rural development unit in the Agricultural Projects Department. This unit, together with a recently established Urbanization Division, will try to deal with the problems migration and deterioration of the quality of life in the urban setting. Cooperation with the Population and Nutrition Projects Department will enable the tackling of the problems of population within the context of dealing with the problems of agricultural productivitiy and urban center unemployment.

Once again, the Bank does not pretend to have any answers but seeks through its project approach to get a broad cross section of analytical inputs into a population project in order to contribute to as effective a national program as possible.

I am glad to be here in my personal capacity on behalf of the Bank and to note that your program and agenda speak to a number of issues which will encourage various countries to take an inventory of their population policies and consider population in light of their development efforts. This approach is not dissimilar to the one the Bank tries to incorporate in its project development.

Participants in Planning Meeting

POPULATION POLICY SEMINAR PROJECT

Washington, July 10-11, 1972

Professor Roger Revelle
Director
Center for Population Studies
Harvard University

Professor Myron B. Weiner, Chairman
Department of Political Science
Massachusetts Institute of Technology

Dr. John Caldwell
Department of Demography
Australian National University

Professor Nazli Choucri
Department of Political Science
Massachusetts Institute of Technology

Professor Richard Clinton
Carolina Population Center
University of North Carolina

Professor Paul Demeny
Director
Population Studies Program
East-West Center, Honolulu

Professor Francine Frankel
Center of International Studies
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Dr. Francoise Hall
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Department of International Health
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Dr. Sultan S. Hashmi
Chief, Demography Section
U.N. Economic Commission for Asia and the Far East
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Professor Luke T. Lee
Fletcher School of Law and Diplomacy
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and presently:
Visiting Professor, Law Center
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~~Dr. Louis Lenero~~
~~Director~~
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Dr. W. Parker Mauldin
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Dr. Pavao Novosel
Fakultet Političkih Nauka
Zagreb
and
President
International Population Policy Consortium

Professor C. Okonjo
Head, Department of Economics
University of Nigeria

Professor George Stolnitz
International Development Research Center
Indiana University

Professor Wilbur Zelinsky
Department of Geography
Pennsylvania State University

Observers: Peter Hall, Population Specialist, World Bank; Tom Lyons, Agency for International Development and Riad Tabbarah, Chief of Population Section, U.N. Population Division

Staff: NAS Office of the Foreign Secretary -- W. Murray Todd. Executive Secretary; and Pushpa N. Schwartz, Professional Associate

SUMMARY REPORT OF THE JULY 10-11 PLANNING MEETING FOR THE NAS POPULATION POLICY ANALYSIS PROJECT

Background

The rationale for US/AID's and the Academy's interest in this project was explained as follows: Population policy has been emerging in a milieu which needs better definition and understanding. Few people agree at present on what population policy is or what it should be, what its components could or should be, and what its impact is or might be. Even the administrators in this field have a problem defining population policy; yet the area is a highly sensitive one politically and also "intensely personal." Given that many countries do have short and long term programs and goals, it would help if the range of policy options available was better known and understood.

The dynamics of population growth and distribution are too often ignored in population policy-making. A comparative look at population policy and a look by LDC people at their own policies in this field will hopefully result in increased knowledge of available policy options and a clearer understanding of what is happening. It would also help in planning or formulating more effective long-range policies.

The NAS's interest in the population field dates from 1962/63 when the Committee on Science and Public Policy prepared a report entitled Growth of World Population. This study was fortuitously timed; its publication coincided with President Kennedy's decision to have US/AID assist LDCs which had expressed

an interest in family planning assistance. The recent NAS study entitled Rapid Population Growth (1971, 2 volumes) is another major contribution in this field. Several other programs and studies of the Academy dealing with natural resources give particular attention to population as an important variable.

The present project is in line with the Academy's increasing interest in policy studies and concern with major social and economic issues of the day -- urbanization, transportation, the environment and health care, for example.

The conclusions that emerged from the July 10-11th Ad Hoc Planning Meeting on the Population Seminar Project were:

I. Seminar participants in each of six regional Seminars should be asked to focus on a set of well defined questions such as:

(1) Are there problems resulting from population change (due to changes in fertility, mortality and migration -- internal and external) in your country? What are they and what is their dimension?

(2) What policies or programs (explicit and implicit) do you have for dealing with these problems?

(3) How are these policies or programs created and implemented? What groups are affected by them; who is making policy and in response to what and whose needs?

(4) What is the effect of those policies or programs; are they working; are they adequate? Are they

consistent with each other and with other social and economic policies and goals in your country? What alternative or additional measures or policy options would you suggest and what would their costs be -- economic, social and political?

(5) What are the regional and international effects of the policies or programs pursued in your country and in others?

The responses to these questions and the discussion generated at each Seminar should develop (a) a brief situational report on national policies based on the perceptions of the Seminar participants; (b) speculative assessment of both existing and new policy options for dealing with problems of population change; (c) analytical thinking about the political dimensions of population policy formulation and management in individual countries.

The Seminars should offer a unique opportunity for dialogue between experts in the field and the policy makers. Hopefully a better understanding would be gained of the constraints and limitations under which each group operates.

The end product, a 250-300 page book, based on the input and output of the Seminars would be addressed to political leaders, policy makers and scholars. It would give them a camera-view of population policy problems in the developing world, outline a range of policy choices, and offer insight into the political and policy-making processes, constraints, resources, social and economic goals, etc. in a

variety of settings, i.e., countries with different cultural, political and economic systems.

II. There was general agreement to minimize emphasis on fertility control as the prime ingredient in population policy. While its importance should not be slighted, there is need to broaden the perspective and look at other policies and measures (including those not specifically intended to affect population) that have a bearing on population size and distribution. Therefore, a broad definition of population policy as formulated by the United Nations Ad Hoc Consultative Group of Experts on Population Policy (Document E/CN, 9/267, p. 6, May 23, 1972) was favored; viz., "...measures and programmes designed to contribute to the achievement of economic, social, demographic, political and other collective goals through affecting critical demographic variables, namely, the size and growth of the population, its geographic distribution (national and international) and its demographic characteristics..." There would be room within this definition to include discussion of policies that are clearly intended to affect population as well as other measures of public policy that indirectly affect it -- taxation, location of industry, housing, etc.

III. It was decided that given the resources and time limits of the present Project the Seminars should be limited to an analysis of population policies in LDCs, keeping in mind (as a backdrop), however, what has been happening in the developed world. There was some feeling that LDCs' sensitivity to their being viewed as "a problem" would be reduced if some developed

country experience and problems could be fed into the Project. It was suggested that the Population Council's study on population policies in 17 developed countries be consulted with this in mind. A broad representation to include as many different types of political and social systems as possible was favored -- if possible, Cuba, People's Republic of China, some countries of Eastern Europe, countries in Francophone Africa, and some of the smaller Caribbean countries.

IV. Each of the six Seminars should have a common agenda but be free to develop its "own personality." Each country and region has a different and, in some cases, unique set of problems and conditions that affect policy, and these differences should be brought out in the Seminars (e.g., problem of ethnic minorities, land settlement, countries with pro-natalist policies). Based on the 5-10 page informal memoranda contributed by each of about twenty or more participants in each Seminar, and the ensuing 4-day discussions, the book will not follow a geographical or descriptive format; instead chapters will be based on groups of common problems, policy options, and their analyses. This format will result in a more interesting and useful work for the immediate audience -- participants in the 1974 UN Population Conference.

Each regional Seminar should be held in a country where cooperation between the NAS and a local organization is already established or can easily be arranged so that the logistics of holding meetings will be simplified. The need to keep the Seminars small and in low profile was underscored.

V. The countries to be included in each region should be 5 to 8 in number. The following tentative initial selection was considered and several suggestions made:

(1) South Asia: Bangladesh, Ceylon, India, Nepal, Burma or Pakistan (?)

(2) Southeast Asia: Indonesia, Malaysia, Philippines, Singapore (?) and Thailand

(3) Far East: Japan (?), S. Korea, Hong Kong, People's Republic of China

It was suggested that #2 and #3 be merged to produce a new regional category. Some questions about including Japan in an LDC category were raised. A suggestion was made to include Afghanistan in #1.

(4) Middle East: Morocco, Algeria, UAR, Syria, Turkey or Pakistan (?).

Suggestions were made to include Tunisia, Kuwait, Israel, Libya, Sudan, Lebanon and, if necessary, to drop some of the other countries from this regional grouping. Another idea was to make up a new regional category encompassing countries around the Mediterranean, i.e., in addition to North African countries, include some of the following: Israel, Lebanon, Greece, Turkey, Yugoslavia, Italy and Rumania (?), Malta, Spain (?). It was felt that broadening the list in this way would bring in countries that have very different or unique problems, e.g., Kuwait, Libya -- plenty of resources with scant population; Sudan -- ethnic problems; Rumania and Yugoslavia -- very low population growth rates, and also very different political systems.

(5) Africa: Ghana, Nigeria, Kenya, Tanzania, Zaire. The need to broaden this list to include Francophone countries was accepted because of the rather different approach the French-speaking countries have with respect to population.

(6) Latin America: Brazil, Mexico, Peru, Colombia or Cuba, Venezuela or Chile. Suggestions were made to include some smaller Caribbean countries -- Trinidad and Tobago, Jamaica, or Barbados, and, because of its being successful in family planning, Costa Rica.

(7) If Southeast Asia and the Far East could be merged into one category, one suggestion was to form a new category that would include representative capitalist and socialist countries.

VI. Participants in each of the Seminars will be selected from a broad spectrum of groups in LDCs so as to get a wide range of opinions and perceptions; essentially they will be drawn from among scholars and from public life. It was argued that some "non-elite" group representation, if possible, was desirable because their perception of problems is often very different from the elites who usually make policy and who will be well represented in any case. One suggestion was to contact the family planning organization in each country on the Seminar list for suggestions of names to consider as participants.

The Steering Committee for this Project, which is to have 6 LDC members, one from each region, will be asked to help in selecting participants. Each person attending the Planning Meeting was urged to suggest names for this purpose

as well. The objective to keep in mind is broad representation and opportunity for dialogue between experts and non-experts, policy makers and constituents or "the public."

Each Seminar will be chaired by an LDC Steering Committee member; another member of this Committee as well as staff members of NAS/OFS will be present at each Seminar.

The short informal memoranda submitted by participants will serve as "springboards" for the 4-day Seminar discussions. The memoranda and discussions of the six Seminars will be used to write the report on population policy. The Steering Committee members will help the staff in preparing the manuscript, bringing to it their regional and subject expertise. The book will be a thematic, readable, anecdotal, and impressionistic one rather than a scholarly or research-oriented type work and is expected to be published early in 1974.

VII. The Steering Committee will shape the intellectual content of the Seminars and after three have been held, will evaluate them to see if any modifications in format or method are desirable. In any case each Seminar will contribute to the organization and conduct of the following Seminar.

US/AID deems it desirable and useful to evaluate each Seminar individually and the entire Project after its completion. This will help US/AID in deciding the merits of this approach against alternative methods for research and analysis of population policy.

The need to focus on specific and relevant policy measures was stressed so that useful information would be brought out. The Seminars should avoid broad general

discourse and keep discussion focused on specific themes of the Seminar outline.

VIII. Brief presentations were made by Mr. Peter Hall, Population Specialist at the World Bank, and by Mr. Riad Tabbarah, Chief of the Population Section, United Nations Population Division.

Mr. Hall outlined the relatively recent but growing Bank interest in the population field as part of its increasing concern with social problems -- employment, education, income distribution, etc. -- in LDC member countries. A brief review of the Bank's population projects in as yet a small number of countries followed. Mr. Hall mentioned the Bank's interest in information gathering about social incentives, and economic and social changes (e.g. rural-urban migration, urban deterioration and agricultural productivity) that affect population size and trends. The Bank expects to develop an inventory of population planning policies through its projects in several different countries.

Mr. Tabbarah described the plans and activities for the 1974 United Nations World Population Conference that will be attended by government leaders and representatives. Five regional meetings and three symposia will feed information and background papers into the Conference. Four major topics of the Conference Agenda are: (1) present world population situation (2) future world population situation (3) social and economic correlates of population and (4) population policies. It is hoped that a Global Population Strategy and Global Population

Plan of Action will emerge from these efforts and that the 1974 Conference will adopt a Declaration on Population endorsing the Strategy and the Plan. The Strategy will be devised not on a geographical basis, but rather by types of problems, e.g., distribution (Brazil), replacement levels of population growth rate (Finland, Rumania, Sierra Leone), reduction of fertility (India, Pakistan, Mauritius), etc.

AID

AID

July 20, 1972

Dr. J. Joseph Speidel
Chief, Research Division
Agency for International
Development
Department of State
Washington, D.C. 20523

Dear Dr. Speidel:

Thank you for your letter of July 7, 1972. The World Bank Group has not provided any assistance for research in reproductive biology and contraceptive development since it became active in the population field.

With kind regards.

Yours sincerely,

GZ

George C. Zaidan
Population and Nutrition Projects Department

Cleared with and cc: Dr. Kanagaratnam (w. incoming)

GZaidan/rb

DEPARTMENT OF STATE
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

July 7, 1972

Dr. G. C. Zaidan
Economics Department
International Bank for Reconstruction
and Development
1818 H Street, N.W.
Washington, D. C. 20433

Dear Dr. Zaidan:

I am currently attempting to pull together information concerning annual expenditures for research on reproductive biology and contraceptive development.

I would be most appreciative if you could give me the annual amounts your agency has spent for these purposes listed by year in U.S. dollars from 1965 to the present.

Any other data concerning expenditures of local pharmaceutical firms or charitable foundations would also be of great interest.

I thank you for your assistance.

Sincerely,

Joe

J. Joseph Speidel, M.D.
Chief, Research Division
Office of Population
Bureau for Population and
Humanitarian Assistance

File USAID

June 27, 1972

Maura Hurley, Acting Chief
Latin America Division
Bureau for Population and
Humanitarian Assistance
Department of State
Agency for International Development
Washington, D.C. 20523

Dear Miss Hurley:

With reference to your letter of June 19, 1972 to Dr. Kanagaratnam, we are enclosing a copy of our revised article which we prepared recently for the "1972 edition of Population and Program Assistance, USAID" and which will, we hope, serve also as our updated version for your publication of "1972 Inventory" as well. We have not prepared a "Manpower Table showing Personnel in the Field and at Headquarters who follow the Latin American Programs" for the reasons that we have no personnel stationed in the field in this area and also we have none at headquarters who are assigned permanently and exclusively to look after the Latin American programs. Because of the nature of our operations and also of the size of our department at this stage, we do not assign staff to look after "permanently and exclusively" any particular area or region; rather, we assign our staff members as project officers as and when projects develop and therefore we are unable to prepare the "Manpower Table."

As for our five years (71-75) program in Latin America, we are also unable to prepare it, as we do not involve ourselves with population projects in any country where we are not specifically asked to do so by the governments, and as we have not received such requests from any government in Latin America as yet (except for Jamaica and Trinidad, for which we had already extended loans), we are unable to provide such information. As you are well aware, population projects are still very sensitive subjects in Latin America, and therefore misunderstandings may ensue if we provide you with any programs which are used internally for purely planning purposes only.

We are enclosing a copy of our Population Planning -- Sector Working Paper which outlines the Bank's policy in this field.

Sincerely yours,

I.H. Kang
Population Projects Department

Attachment

cleared with and cc: Dr. Kanagaratnam
cc: cc: Zaidan
IHKang/meb

WORLD BANK ARTICLE for the 1972 Edition of POPULATION PROGRAM ASSISTANCE, USAID

ORGANIZATIONS SECTION

World Bank

Following establishment of a Population Projects Department in fiscal 1969, the World Bank Group has become increasingly active in population program assistance.

The first population program loan ($2 million) of the International Bank for Reconstruction and Development was made to the Government of Jamaica in June 1970 to help develop a postpartum family planning program. The loan is financing construction of rural maternity centers and a 150-bed wing at a Kingston hospital.

The Bank made its second such loan ($3 million) to Trinidad and Tobago in May 1971, to help construct various types of health facilities, a family planning institute, and training centers, and to give technical assistance. The total cost will be $4.6 million.

The International Development Association (IDA) entered the field for the first time by extending credit ($4.8 million) to Tunisia in March 1971. The funds will be used to build medical facilities and a paramedical school, as well as to provide technical assistance. Technical assistance elements for Tunisia, as well as for Trinidad and Tobago, include program evaluation, management, family life education, manpower utilization, and training of family planning workers.

IDA signed a credit agreement of $13.2 million with the Indonesian Government in March 1972 to which the United Nations Fund for Population Activities committed an equal amount and the Indonesian Government would contribute $6.6 million. The total project cost of $33.0 million will finance the most comprehensive family planning project assisted by the Bank Group. The project will expand the Government's national program and broaden the range

of its activities. It includes not only the physical facilities and technical assistance associated with earlier projects, but also support for activities in training, motivation, evaluation, research and population education.

In May 1972 IDA approved a credit of $21.2 million to India for a population project for which the Government of Sweden agreed to contribute $10.6 million. The project is a comprehensive applied research-oriented family planning project in selected areas of Mysore and Uttar Pradesh States to test and evaluate different methods of providing family planning services which will be relevant to the Indian program as a whole. To this end, the project not only includes financing of physical facilities and technical assistance, but also includes support for the development of two population centers to operate a management-information-evaluation system and research. It also includes, for the first time, a nutrition component related to the family planning program.

> The Bank looks on its support to population programs as a logical extension of its activities in the field of economic development. It is aware that during the last decade, less developed nations have achieved some of the highest economic growth rates in their history but too often the benefits to individuals and to the nation have been lowered or even wiped out by excessively rapid population expansion. Allocating Bank resources to population programs has the intended effect of helping development programs to yield their intended benefits.

The Bank has in preparation a series of population projects, in addition to the five in operation, and the volume of lending for such projects is expected to increase. The Bank has sent population program missions

to twelve countries, especially to some of the largest and most populous, to assist governments in developing population policies and programs, possibly leading to project development.

Projects are developed at the request of the governments in countries where favorable population policies have been adopted. In others, the Bank has reviewed the impact of population on socioeconomic development.

> The Bank recognizes that for it to be effective in population assistance, there must be commitment on the part of the government concerned. Such commitment still is not common in a number of areas, including some where population growth is having its most retarding effects. Where it does exist, the potential benefits of population programs are great and the Bank or IDA can help to realize them.

INDIVIDUAL COUNTRY SECTION

INDONESIA

The International Development Association (IDA) of the World Bank Group and United Nations Fund for Population Activities (UNFPA) are jointly financing a project designed to expand the Indonesian Government's family planning program and broaden the range of its activities. Total cost of the project is $33.0 million, of which IDA is providing a credit of $13.2 million, the UNFPA is committing an equivalent amount in the form of a grant, and the Indonesian Government will contribute $6.6 million. It is a comprehensive project providing support not only for physical facilities and technical assistance but also support for activities in training, research, evaluation, motivation, and population education.

INDIA

The International Development Association (IDA) of the World Bank Group and the Swedish International Development Agency (SIDA) are jointly providing $31.8 million to finance a comprehensive applied research-oriented family planning project in selected areas of Mysore and Uttar Pradesh States to test and evaluate the most effective design of family planning services that will be relevant to the performance of the Indian program as a whole. The project not only includes financing of physical facilities and technical assistance, but also includes the development of two population centers to operate a management-information-evaluation system and research, and also has, for the first time, a nutrition component related to the family planning program.

For this project, IDA is extending a credit of $21.2 million while SIDA is providing $10.6 million in the form of a grant.

IHKang/is

June 8, 1972

DEPARTMENT OF STATE
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

Kay Draft reply. Perhaps we could use the same letter

June 19, 1972

Mr. Kandiah Kanagaratnam, Director
Population Projects Department
International Bank for Reconstruction and Development
1818 H Street, N.W.
Washington, D.C. 20433

JUN 23 1972
~~TRANSPORTATION~~ PROJECTS DEPARTMENT
CORRESPONDENCE
Answered by:
Date:

Dear Mr. Kanagaratnam:

As you will recall an Inventory was distributed to participants at the November 1971 population conference held at the Pan American Health Organization. At that time we requested information from you in order to make it available to the other organizations involved in population programs in Latin America.

From all information received, it appears that the Inventory served the purpose of exchange of information and improving coordination of the population donor group.

At this time we are preparing an updated version and request again that you contribute information concerning your organization for incorporation in the 1972 version of the Inventory. We would hope to be able to compile the document by the end of July for distribution during August. Enclosed is the information on your organization which appeared in the 1971 Inventory which we would request that you update, particularly insofar as your organization's policy is concerned. In addition, we would ask that you prepare a manpower table showing personnel in the field and at headquarters who follow the Latin American programs.

? RD Hse Brn

It would also be very useful if we were able to tabulate the total amount of funds programmed or expended by country in Latin America for the periods 1971 projected through 1975. We appreciate that such long term programming is not always possible but estimates would be useful. An outline is attached.

The purpose of the Inventory is to serve the function of bringing all organizations to the same level of information on programs carried out by other donors. As in the past this

document will be distributed for use by those organizations which contribute to its contents. A list is enclosed.

We will look forward to hearing from you. If you have any questions, please contact me on Area Code 202-632-9352.

The address for submissions is: Miss Maura Hurley, PHA/POP/LA, Room 3670 New State, A.I.D., Washington, D.C. 20523.

Cordially,

Maura Hurley

Maura Hurley, Acting Chief
Latin America Division
Bureau for Population and
Humanitarian Assistance

Attachments (4)

P.S.
You will probably want to reference the Population Planning Sector Working Paper
MH

ATTACHMENT C

FUNDS PROGRAMMED OR EXPENDED BY COUNTRY

COUNTRIES	1971	1972	1973	1974	1975
Argentina					
Bolivia					
Brazil					
Chile					
Colombia					
Costa Rica					
Dominican Republic					
Ecuador					
El Salvador					
Guatemala					
Guyana					
Haiti					
Honduras					
Jamaica					
Mexico					
Nicaragua					
Panama					
Paraguay					
Peru					
Uruguay					
Venezuela					
Caribbean Area					
Trinidad & Tobago	3.0				
Grenada					
Barbados					
St. Vincents					
St. Lucia					
Antigua					
St. Kitts & Nevis					
Other-					

Indicate whether program period is: Fiscal Year X Calendar Year ____ Other ____

ATTACHMENT D

CONTRIBUTORS TO POPULATION INVENTORY

AGENCY FOR INTERNATIONAL DEVELOPMENT

CHURCH WORLD SERVICE

FAMILY PLANNING INTERNATIONAL ASSISTANCE

THE FORD FOUNDATION

INTER-AMERICAN DEVELOPMENT BANK

INTERNATIONAL PLANNED PARENTHOOD FEDERATION

THE KELLOGG FOUNDATION

ORGANIZATION OF AMERICAN STATES

PAN AMERICAN HEALTH ORGANIZATION

THE PATHFINDER FUND

THE POPULATION COUNCIL

POPULATION REFERENCE BUREAU

THE ROCKEFELLER FOUNDATION

UNITED NATIONS FUND FOR POPULATION ACTIVITIES

WORLD BANK

ATTACHMENT B

MANPOWER TABLE

NAME OF ORGANIZATION: WORLD BANK

Headquarters Population Personnel:

Field Population Personnel: NONE

Date:

1971 Inventory

181

World Bank

Population

The Bank Group's assistance to member countries in the field of population planning is more extensive than the volume of its lending indicates: three projects totaling $10 million through fiscal 1971.

The Bank made its second loan for this purpose during the year, while IDA entered the sector for the first time. The Bank's loan of $3 million will assist a project in Trinidad and Tobago, while IDA's credit provides $4.8 million to help expand the capacity and improve the effectiveness of Tunisia's national program. Both projects provide for the construction of various types of health facilities, and the one in Trinidad and Tobago includes a family planning institute. The technical assistance elements include provision for aid in program evaluation, management, family life education, utilization of manpower and training of family planning workers.

A series of additional projects is in various stages of preparation, and the volume of lending will rise. As envisaged when the Bank Group committed itself in this field three years ago, however, its principal contribution will continue to be in various forms of technical assistance. So far, sector missions have been sent by the Bank to seven countries, including some of the largest and most populous.

For the Bank to be effective, of course, requires commitment on the part of the government concerned; such commitment is still not common in large areas, including some where population growth is having its most serious effects. Where it does exist, the Bank or IDA can help to realize the considerable benefits of population programs. Projects are being developed only in certain countries where population policies have been adopted. In a number of others, the Bank has carried out reviews of the impact of population growth on socio-economic development.

POPULATION PROJECTS

TRINIDAD & TOBAGO: Bank, May 1971—$3 million, medical facilities, family planning institute, nurse-midwife training centers, technical assistance (total cost, $4.6 million).

TUNISIA: IDA, March 1971—$4.8 million, medical facilities, paramedical school, technical assistance (total cost, $7.7 million).

Source: World Bank Annual Report 1971

INTERNATIONAL BANK FOR
RECONSTRUCTION AND DEVELOPMENT

1818 H STREET, N.W., WASHINGTON D. C. 20433 TELEPHONE: EXECUTIVE 3-6360

Bank Press Release No. 70/43
June 22, 1970

Subject: $2 million loan to Jamaica

The World Bank has approved a loan of $2 million to Jamaica for a project which will support the Government's national family planning program. This loan will be the first made by the Bank Group to assist a member country in its policy of slowing down the growth rate of its population.

The purpose of the project is to help women who might wish to limit the size of their families. It is designed to strengthen one of the basic planks of Jamaica's program of reducing its population growth rate, namely to inform child-bearing women about family planning during the post partum period. After their babies are born, mothers are especially receptive to information about family planning, which can be given in groups or individually, in the delivery hospitals themselves. The same approach, through the creation of maternity centers, will be adopted for rural areas.

The Bank loan will help to finance the improvement and expansion of the Victoria Jubilee Hospital at Kingston, where nearly a fourth of all births in Jamaica take place. This includes the construction and equipping of a new 150-bed wing, including a delivery suite with 33 labor and delivery units and space for midwifery training, and remodeling of the present structure. The project also includes the construction and equipping of 10 Rural Maternity Centers in certain selected locations all over Jamaica. They will each have an initial capacity of 4 to 8 beds. Consultants will design and supervise construction. Provision is made for designing training programs for family planning personnel and for an annual evaluation of the national program's effectiveness. The loan will also cover studies for determining arrangements for the optimum use of health clinics in the Kingston Metropolitan Area for family planning purposes, and for the most

economic utilization of medical, para-medical and non-medical personnel in family planning clinics.

The Government of Jamaica has adopted a policy of supporting family planning as a necessary complement to its efforts in economic development. In providing family planning services, the concept of voluntary participation is emphasized. The program will have important social benefits, consisting primarily of improvements in the health and welfare of mothers and children. In economic terms the reduction in births will lead to an improvement in living standards in the near-term by reducing the number of consumers in relation to the productive labor force. Furthermore, at the governmental level resources that would have been needed to provide education, medical care etc. for the additional population will be freed for other productive uses. In the longer-term the program will help to alleviate unemployment both by reducing the number of people entering the labor force and by increasing the amount of resources available for public and private investments. This effect is of particular importance in densely populated Jamaica where the possibility of creating new jobs in industry and agriculture at any foreseeable time is limited. Land suitable for extensive agricultural development is relatively scarce, and the exploitation of other natural resources, notably bauxite and tourist attractions, offers only moderate scope for additional employment.

The project being assisted by the Bank loan will be carried out as part of the Government's family planning program for the whole country. It will be implemented by a statutory authority, the National Family Planning Board, which will be reconstituted for this purpose.

The project is scheduled for completion by mid-1974 at a total cost equivalent to $3 million. The Bank loan of $2 million will cover the estimated foreign exchange requirements and interest during construction. Local costs will be met by the Government. The Government will also provide adequate financing toward the National Family Planning Board's recurrent expenditures which are now $500,000 and are expected to reach $1.5 million by 1975.

The Bank loan to Jamaica will be for a term of 20 years, including 5 years of grace, with interest at 7%.

DEPARTMENT OF STATE
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

June 26, 1972

Mr. K. Kanagaratnam
Director
Population Projects Department
International Bank for Reconstruction
and Development
1818 H Street, N.W.
Washington, D.C. 20433

Dear Mr. Kanagaratnam:

Thank you for your promptness in preparing the revisions for the World Bank article which will be carried in the 1972 edition of the Population Program Assistance publication. They appear to be in very good order. If our editors have any questions we will get in touch with you.

We were pleased also that your photographic office has offered to make photographs available showing some typical Bank-assisted family planning activities in Jamaica. Our editors are working with your photo editor in making the selections and plan to use them either to illustrate your article or in connection with the overall report on Jamaica.

Thank you for your complimentary remarks about the 1971 PPA. We are glad to hear that you and staff members find it useful.

Sincerely,

Charles F. Blackman
Chief, Info/Educ/Comm. Division
Office of Population

FORM NO. 80
(10.57)

INTERNATIONAL BANK FOR
RECONSTRUCTION AND DEVELOPMENT

INTERNATIONAL FINANCE CORPORATION

PHONE CALLS AND VISITS

To	Date Hour

☐ You were called ☐ You were visited ☐ Urgent

By

Of the

Phone	Ext.

☐ Call Party ☐ Returned Your Call

☐ Will Call Again ☐ Requests Appointment

Remarks

Received by:

File AID

GBB/bli file

Files

June 26, 1972

K. Kanagaratnam

Discussion with US AID re: Bank/UNFPA Relations

US AID

1. I am writing this note primarily to place on record the feeling I got at the meeting of donor agencies vis-a-vis US AID. As in the case of the Indonesian program, it does appear that there is some resistance in US AID to the Bank and UNFPA getting closer. When the proposal for an integrated planning was disuussed at the meeting, Ravenholt was extremely critical of the concept because he felt that the Fund, because of its flexible procedure, would be held back by the Bank which had complex program and planning requirements.

2. In a discussion in which I explained the manner of Bank project selection and project funding, it was clear that he, together with others in the Population Office of AID, were not fully aware of the project technique and felt it was unduly bureaucratic. I think that at the time of the review meeting a brief introduction to the Bank's project techniques would be useful to clarify our operations.

3. I also raised with Ravenholt the question of the next review meeting, which was to have been held in the week of June 19 but which was not held owing to commitments at US AID at the end of the fiscal year. Ravenholt mentioned that he had been extremely busy and mentioned that in view of people leaving for the summer, he might like the review to be held in the fall. I said that we were ready to have it any time this month and would look forward to hearing from him.

cc: Mr. Chadenet
Messrs. Demuth o/r
Hoffman

KK:bli

Dr. KK

Talked w. Ravenholt on phone 3 July: he wants to wait until early fall — now reorganizing his office, then away 5-6 wks. We should call him c. 5 Sept.

GBB.
July 5/72

June 30/72

USAID

June 12, 1972

Dr. R. T. Ravenholt
Director
Office of Population
Agency for International Development
Department of State
Washington, D.C. 20523

Dear Ray:

As requested in your letter of May 1, 1972 we are attaching our updated version of the World Bank Article for the 1972 Edition of POPULATION PROGRAM ASSISTANCE, both for the organizations section and for the individual country section. You will note from the attached that we have photocopied from the 1971 Edition the portions which we do not wish to change, while we have doublespaced our changes and additions. Please let us know if you need any additional information.

I would like to take this opportunity to mention that we find your publication POPULATION PROGRAM ASSISTANCE very useful. As a matter of fact, we have issued a copy to each of our staff members for their use. We are looking forward to your publication of the 1972 Edition.

Sincerely,

K. Kanagaratnam
Director
Population Projects Department

Attachment

IHKang/is

WORLD BANK ARTICLE for the 1972 Edition of POPULATION PROGRAM ASSISTANCE, USAID

ORGANIZATIONS SECTION

World Bank

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In May 1972 IDA approved a credit of $21.2 million to India for a population project for which the Government of Sweden agreed to contribute $10.6 million. The project is a comprehensive applied research-oriented family planning project in selected areas of Mysore and Uttar Pradesh States to test and evaluate different methods of providing family planning services which will be relevant to the Indian program as a whole. To this end, the project not only includes financing of physical facilities and technical assistance, but also includes support for the development of two population centers to operate a management-information-evaluation system and research. It also includes, for the first time, a nutrition component related to the family planning program.

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The Bank has in preparation a series of population projects, in addition to the five in operation, and the volume of lending for such projects is expected to increase. The Bank has sent population program missions

to twelve countries, especially to some of the largest and most populous, to assist governments in developing population policies and programs, possibly leading to project development.

Projects are developed at the request of the governments in countries where favorable population policies have been adopted. In others, the Bank has reviewed the impact of population on socioeconomic development.

> The Bank recognizes that for it to be effective in population assistance, there must be commitment on the part of the government concerned. Such commitment still is not common in a number of areas, including some where population growth is having its most retarding effects. Where it does exist, the potential benefits of population programs are great and the Bank or IDA can help to realize them.

INDIVIDUAL COUNTRY SECTION

INDONESIA

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INDIA

The International Development Association (IDA) of the World Bank Group and the Swedish International Development Agency (SIDA) are jointly providing $31.8 million to finance a comprehensive applied research-oriented family planning project in selected areas of Mysore and Uttar Pradesh States to test and evaluate the most effective design of family planning services that will be relevant to the performance of the Indian program as a whole. The project not only includes financing of physical facilities and technical assistance, but also includes the development of two population centers to operate a management-information-evaluation system and research, and also has, for the first time, a nutrition component related to the family planning program.

For this project, IDA is extending a credit of $21.2 million while SIDA is providing $10.6 million in the form of a grant.

IHKang/is

June 8, 1972

DEPARTMENT OF STATE
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

May 1, 1972

Dr. K. Kanagaratnam, Director
Population Projects Department
International Development Association
1818 H Street, N.W.
Washington, D.C. 20433

Dear Dr. Kanagaratnam:

With your help we were able to carry a useful account of your organization's contributions to population and family planning programs in the 1971 edition of Population Program Assistance. We are now beginning work on the 1972 edition, scheduled for publication early this fall, and once again we want to include a report of your activities.

We will appreciate it if you will send us by June 30, or earlier if possible, your updated version of the item that appeared in the 1971 book in its "Private Organizations" section. It should cover your activities to mid-1972 and your plans for activities extending beyond that date. Please feel free to make any changes desired in the 1971 version, or to submit an entirely new version if thereby you can better describe your activities.

Also, if your contributions are mentioned in any of the regional and individual country sections, we would like to have such mention updated wherever it appears.

For your convenience we are enclosing a copy of the 1971 edition of Population Program Assistance which, we are pleased to say, has had an excellent public response.

We thank you for your always helpful cooperation and look forward to hearing from you.

Sincerely,

R. T. Ravenholt, M.D.
Director
Office of Population

Enclosure
a/s

file
A ID

June 5, 1972

Dr. Willard H. Boynton
Deputy Director
Office of Population
Agency for International Development
Washington, D.C. 20520

Dear Dr. Boynton:

As promised, I am sending you a copy of the Government's Five Year National Family Planning Program which has been made available to the recent Bank Population Mission to Kenya.

This Five Year Plan represents an encouraging first effort by the Kenyans to formulate a comprehensive national family planning program. We spent a substantial part of our time in Kenya in detailed working sessions with officials from the Ministries of Health, and Finance and Planning making a review of the document with local officials and their advisors. We had indicated that the plan will require considerable revision and documentation for it to serve as the basis for an integrated, cross-sectoral approach to family planning. The Kenyans are keen to base their program on a solid population strategy and program of operations. The Government of Kenya proposes to revise the document and submit it as a basis for subsequent Bank action. We understood that most of the agencies working in Kenya have copies of the Plan through their representatives.

For further information, I would add that if the plan is substantially revised and presented as an integrated project package, the Bank would then be prepared to consider possible financing of the additional paramedical training institutions and the development of a national family planning center.

The over-riding problem facing the Kenyan program is the acute shortage of paramedical and medical personnel and a health delivery system which is over-burdened by curative needs. A review of the staffing needs of the family planning program clearly indicates there is little chance for expansion of the health delivery system. In fact, there are many physical facilities which are not currently used by the Kenyan Health Services due to shortage of personnel. This review was supported by the discussions we had with the resident representatives of WHO and UNDP who considered any expansion of a health delivery system at this stage in

Kenya's population program to be premature. We would, however, welcome a feasibility study to determine the advisability of constructing additional health facilities, taking into account the number of health staff who can be trained in the future, the Government financing plan for health services, etc.

After you have seen this document, I suggest we meet for an overall review on the question which was of concern to us when our initial discussion on Kenya began, i.e. evolving and testing a health delivery system suitable for replication in other LDCs.

Sincerely yours,

K. Kanagaratnam
Director
Population Projects Department

Attachment

Same letter sent to: Dr. N. Sadik
UNFPA
New York

cc: Messrs. Zaidan
Hall
Kang
Hornstein/Kaji

PAHall:KK/bli
Kenya pop.

BIRTH CONTROL TECHNOLOGY
AND IMPLICATIONS FOR FAMILY PLANNING PROGRAMS*

TECHNOLOGY TIERS	ADVENT OF METHOD	METHODS GENERALLY AVAILABLE	FAMILY PLANNING PROGRAM NEEDS
5	1970s?	METHODS LISTED BELOW PLUS: "A NON-TOXIC AND COMPLETELY EFFECTIVE SUBSTANCE OR METHOD WHICH WHEN SELF-ADMINISTERED ON A SINGLE OCCASION WOULD ENSURE THE NON-PREGNANT STATE AT COMPLETION OF A MONTHLY CYCLE.'	MINIMAL REGULATION OF SEXUAL ACTIVITY. REDUCED NEED FOR EDUCATION. MAIN EMPHASIS ON ENSURING AVAILABILITY OF CONTRACEPTIVES AND POST CONCEPTIVES THROUGH MEDICAL AND NON-MEDICAL FACILITIES.
4	1970s	METHODS LISTED BELOW PLUS LEGAL SURGICAL ABORTION.	SLIGHT REGULATION OF SEXUAL ACTIVITY. LESS EMPHASIS ON EDUCATION. MAIN EMPHASIS ON PROVISION OF CONTRACEPTIVE SERVICES THROUGH MEDICAL AND NON-MEDICAL FACILITIES AND ABORTION SERVICES THROUGH MEDICAL FACILITIES.
3	1960s	METHODS LISTED BELOW PLUS ORAL CONTRACEPTIVES AND INTRAUTERINE DEVICES.	SOME REGULATION OF SEXUAL ACTIVITY; CONTINUED EMPHASIS ON EDUCATION AND PROVISION OF CONTRACEPTIVES AND FAMILY PLANNING SERVICES THROUGH MEDICAL AND NON-MEDICAL FACILITIES.
2	BEFORE 1960	METHODS LISTED BELOW PLUS CONDOMS, DIAPHRAGMS, VAGINAL CHEMICALS, RHYTHM, AND SURGICAL STERILIZATION.	CONSIDERABLE REGULATION OF SEXUAL ACTIVITY; EMPHASIS ON EDUCATION AND PROVISION OF MATERIALS AND SERVICES THROUGH MEDICAL AND NON-MEDICAL FACILITIES.
1	BEFORE 1870	ABSTINENCE, COITUS INTERRUPTUS, DELAYED MARRIAGE AND NON-MARRIAGE, CRUDE VAGINAL BARRIERS (E.G., SPONGES) DOUCHING, AND ILLEGAL ABORTION.	STRICT REGULATION OF SEXUAL ACTIVITY. EMPHASIS ON EDUCATION.

*RAVENHOLT, R.T., PIOTROW, P.T., SPEIDEL, J.J.
USE OF ORAL CONTRACEPTIVES: A DECADE OF CONTROVERSY.
INT'L J. GYN. OBST. 8:941, NOVEMBER 1970.

PRINCIPAL MEANS OF FERTILITY CONTROL*

(by time and route of administration)

1969

	PRECONCEPTIVE	POSTCONCEPTIVE
CLINICAL ADMINISTRATION REQUIRED	A IUDS SURGICAL STERILIZATION VAGINAL DIAPHRAGM ORAL CONTRACEPTIVES (IN SOME COUNTRIES)	B SURGICAL ABORTION INTRA AMNIOTIC INJECTION
SELF ADMINISTRATION FEASIBLE	C ABSTINENCE NON-COITUS RHYTHM COITUS INTERRUPTUS CONDOMS VAGINAL SPONGE, FOAM, DOUCHE, ETC. ORAL CONTRACEPTIVES (IN SOME COUNTRIES)	D

1970

	PRECONCEPTIVE	POSTCONCEPTIVE
CLINICAL ADMINISTRATION REQUIRED	A IUDS SURGICAL STERILIZATION VAGINAL DIAPHRAGM ORAL CONTRACEPTIVES (IN SOME COUNTRIES)	B SURGICAL ABORTION INTRA AMNIOTIC INJECTION PROSTAGLANDINS (INTRAVENOUS AND INTRAUTERINE SINCE JANUARY, 1970)
SELF ADMINISTRATION FEASIBLE	C ABSTINENCE NON-COITUS RHYTHM COITUS INTERRUPTUS CONDOMS VAGINAL SPONGE, FOAM, DOUCHE, ETC. ORAL CONTRACEPTIVES (IN SOME COUNTRIES)	D PROSTAGLANDINS (VAGINAL SINCE SEPTEMBER, 1970)

*RAVENHOLT, R.T., SPEIDEL, J.J.
PROSTAGLANDINS IN FAMILY PLANNING STRATEGY
PROSTAGLANDINS, ANNALS N.Y. ACAD. SCIENCES 180 537, APRIL 30, 1971

March 1, 1972

Dr. J. Buckminster Fuller
Hotel Ashoka
New Delhi, India

Dear Dr. Fuller:

The Office of Population of the Agency for International Development has recently been focusing particular attention upon the very large task now lying before it: of providing at least a minimal set of clinical facilities for family planning services throughout the developing world.

We recently had a preliminary meeting with the United Nations Fund for Population Activities and the Population Projects Department of the World Bank, and developed the consensus that we would organize a Task Force, probably under the chairmanship of Dr. K. K. Kanagaratnam of the World Bank, to press forward with the development of best clinic modules and plans -- first for selected countries and then for replication in many countries.

As indicated in the enclosed publication, Population Program Assistance, I believe we are at a propitious point in the development of the world response to its population crisis from which to press forward much more vigorously with the extension of family planning services and information throughout the world. I have seen a number of types of construction, such as the Universal Concrete Panel (UCOPAN) construction designed by Dr. Zielinski, a number of which have been built in Calcutta, Nepal and elsewhere; but it occurred to me that we would be remiss if we did not somehow get the benefit of your very imaginative and knowledgeable view of construction when embarking on such a large enterprise as now envisioned.

Your office and Mr. Applewhite told me that you are leaving this evening for India and so I am sending you this letter with enclosures, plus asking my deputy, Dr. Willard Boynton, who will be in India the week of March 12, to contact you at the Hotel Ashoka. If you are interested in this matter you might wish to view some of the construction of such facilities now going on in India.

With high regards,

Sincerely yours,

/s/ R. T. Ravenholt, M. D.
Director, Office of Population
Technical Assistance Bureau

Enclosure

cc: Mr. E. Applewhite
Dr. W. Boynton
Dr. N. Sadik

cc: Dr. K. Kanagaratnam
Dr. J. Bernstein
Dr. J. Kieffer

BIRTH CONTROL TECHNOLOGY
AND IMPLICATIONS FOR FAMILY PLANNING PROGRAMS*

TECHNOLOGY TIERS	ADVENT OF METHOD	METHODS GENERALLY AVAILABLE	FAMILY PLANNING PROGRAM NEEDS
5	1970s?	METHODS LISTED BELOW PLUS: "A NON-TOXIC AND COMPLETELY EFFECTIVE SUBSTANCE OR METHOD WHICH WHEN SELF-ADMINISTERED ON A SINGLE OCCASION WOULD ENSURE THE NON-PREGNANT STATE AT COMPLETION OF A MONTHLY CYCLE."	MINIMAL REGULATION OF SEXUAL ACTIVITY. REDUCED NEED FOR EDUCATION. MAIN EMPHASIS ON ENSURING AVAILABILITY OF CONTRACEPTIVES AND POST CONCEPTIVES THROUGH MEDICAL AND NON-MEDICAL FACILITIES.
4	1970s	METHODS LISTED BELOW PLUS LEGAL SURGICAL ABORTION.	SLIGHT REGULATION OF SEXUAL ACTIVITY. LESS EMPHASIS ON EDUCATION. MAIN EMPHASIS ON PROVISION OF CONTRACEPTIVE SERVICES THROUGH MEDICAL AND NON-MEDICAL FACILITIES AND ABORTION SERVICES THROUGH MEDICAL FACILITIES.
3	1960s	METHODS LISTED BELOW PLUS ORAL CONTRACEPTIVES AND INTRAUTERINE DEVICES.	SOME REGULATION OF SEXUAL ACTIVITY; CONTINUED EMPHASIS ON EDUCATION AND PROVISION OF CONTRACEPTIVES AND FAMILY PLANNING SERVICES THROUGH MEDICAL AND NON-MEDICAL FACILITIES.
2	BEFORE 1960	METHODS LISTED BELOW PLUS CONDOMS, DIAPHRAGMS, VAGINAL CHEMICALS, RHYTHM, AND SURGICAL STERILIZATION.	CONSIDERABLE REGULATION OF SEXUAL ACTIVITY; EMPHASIS ON EDUCATION AND PROVISION OF MATERIALS AND SERVICES THROUGH MEDICAL AND NON-MEDICAL FACILITIES.
1	BEFORE 1870	ABSTINENCE, COITUS INTERRUPTUS, DELAYED MARRIAGE AND NON-MARRIAGE, CRUDE VAGINAL BARRIERS (E.G., SPONGES) DOUCHING, AND ILLEGAL ABORTION.	STRICT REGULATION OF SEXUAL ACTIVITY. EMPHASIS ON EDUCATION.

*RAVENHOLT, R.T., PIOTROW, P.T., SPEIDEL, J.J.
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INT'L J. GYN. OBST. 8:941, NOVEMBER 1970.

PRINCIPAL MEANS OF FERTILITY CONTROL*

(by time and route of administration)

1968

	PRECONCEPTIVE	POSTCONCEPTIVE
CLINICAL ADMINISTRATION REQUIRED	A IUDS SURGICAL STERILIZATION VAGINAL DIAPHRAGM ORAL CONTRACEPTIVES (IN SOME COUNTRIES)	B SURGICAL ABORTION INTRA AMNIOTIC INJECTION
SELF ADMINISTRATION FEASIBLE	C ABSTINENCE NON-COITUS RHYTHM COITUS INTERRUPTUS CONDOMS VAGINAL SPONGE, FOAM, DOUCHE, ETC. ORAL CONTRACEPTIVES (IN SOME COUNTRIES)	D

1970

	PRECONCEPTIVE	POSTCONCEPTIVE
CLINICAL ADMINISTRATION REQUIRED	A IUDS SURGICAL STERILIZATION VAGINAL DIAPHRAGM ORAL CONTRACEPTIVES (IN SOME COUNTRIES)	B SURGICAL ABORTION INTRA AMNIOTIC INJECTION PROSTAGLANDINS (INTRAVENOUS AND INTRAUTERINE SINCE JANUARY, 1970)
SELF ADMINISTRATION FEASIBLE	C ABSTINENCE NON-COITUS RHYTHM COITUS INTERRUPTUS CONDOMS VAGINAL SPONGE, FOAM, DOUCHE, ETC. ORAL CONTRACEPTIVES (IN SOME COUNTRIES)	D PROSTAGLANDINS (VAGINAL SINCE SEPTEMBER, 1970)

*RAVENHOLT, R.T., SPEIDEL, J.J.
PROSTAGLANDINS IN FAMILY PLANNING STRATEGY
PROSTAGLANDINS, ANNALS N.Y. ACAD. SCIENCES 180 537, APRIL 30, 1971

FORM NO. 75
(2-60)

INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT

INTERNATIONAL FINANCE CORPORATION

INTERNATIONAL DEVELOPMENT ASSOCIATION

ROUTING SLIP

Date: Feb. 23, 1972

NAME	ROOM NO.
Dr. Kanagaratnam	
Keep	USAID

	To Handle		Note and File
	Appropriate Disposition		Note and Return
	Approval		Prepare Reply
	Comment		Per Our Conversation
	Full Report		Recommendation
x	Information		Signature
	Initial		Send On

REMARKS

I thought the attached may be of interest to you. Obviously the "possible developments" mentioned at the end of the first paragraph of Dr. Dublin's letter refer to your Department and I assume that you will get in touch with him directly if the need arises.

PE.

From: Peter Engelmann Ext. 2683 Rm. C-311

February 24, 1972

Thomas D. Dublin, M.D.
Department of Health, Education, and Welfare
Public Health Service
National Institutes of Health
Bethesda, Maryland 20014

Dear Tom:

Just before going off on a trip it occurred to me that I have not yet acknowledged receipt of your kind letter of January 20, transmitting copies of the articles on the health care experiment in the Navajo community and on the USAID health programs. Please pardon the delay.

I have now read both with interest and have passed them on to Dr. Kanagaratnam, whose Department is the most likely to be able to use this material.

Many thanks and best regards,

Sincerely yours,

Peter Engelmann
Preinvestment Adviser
Office of Director, Projects

PEngelmann:vbr

Attachment

cc: Dr. Kanagaratnam

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
NATIONAL INSTITUTES OF HEALTH
BETHESDA, MARYLAND 20014

January 20, 1972

BUREAU OF HEALTH MANPOWER EDUCATION

Mr. Peter Engelmann
Preinvestment Advisor
Office of the Director, Projects
International Bank for Reconstruction
and Development
1818 H Street, N. W.
Washington, D. C. 20433

Dear Peter:

Belatedly let me express my appreciation for the very pleasant luncheon and interesting discussion that you arranged about two weeks ago. I shall look forward to possible developments.

In my recent reading I have come across two items that may be of interest to you. One, reporting on the phasing out of many of the U.S. bilateral programs conducted under AID, raises a question in my mind at least as to whether the multilateral agencies, including the World Bank, are really prepared and equipped to move more vigorously and to take up the slack resulting from this policy change.

The second item is a fascinating article which I think has tremendous implications for international development assistance programs. The study conducted by Walsh McDermott and his colleagues was interestingly enough conducted within the United States but the population studied has both societal and environmental compatabilities with situations found all over the world. I hope you will find it of interest.

Cordially,

Tom

Thomas D. Dublin, M.D.

2 Enclosures

seedlings. Much of this work is being done in collaboration with peasant colleagues on communes. A paleobotany laboratory is doing work on fossil ginkgos and also palynological work in connection with oil exploration.

12. The Microbiological Institute has 400 workers, including 300 researchers; most are university graduates, and the others are from factories, communes, or the PLA. We were guided on our visit by Professor Fang Sinfang, Associate Professor S. J. Lu, who also acted as interpreter, and Wei Jang Chun, chairman of the Revolutionary Committee. The culture preservation laboratory has 10,000 cultures preserved on agar at 4°C, under mineral oil at 15°C, or by lyophilization. This collection is mainly of organisms isolated in China and is used to supply cultures all over the country. The classification and identification laboratory was mainly concerned with yeasts, for which they were making popular guides for laymen and factory workers. They do some chemical and metabolic studies in their yeast identification. The bacterial identification laboratory was studying mainly spore-forming *Lactobacillus*, *Pseudomonas*, and *Brevibacterium*. An analytical laboratory had excellent chromatography, electrophoresis, and high-voltage electrophoresis equipment. Their aim is to understand the microbiological resources of their country in chemical terms. The antibiotics laboratory had produced kasugamycin, an antibiotic that protects against rice blast. It is applied at 40 ppm by aerial spray to seedlings or adult plants, which absorb it and translocate it. Its use is becoming extensive, since it does not seem to be toxic and does not get into the rice grain. Its use is economically sound, since one application usually suffices and the cost is only 80 cents (Chinese) per mu (1/6 acre). In another laboratory, improved strains of *Corynebacterium glutamicum* were being used to make monosodium glutamate. At the suggestion of a worker, insoluble enzymes (such as amylase from *Aspergillus niger* coupled to diethylaminoethyl Sephadex) were being used to obtain longer-lasting and more effective conversion of cornstarch to glucose that was destined to be used for intravenous feeding. Recovery of enzyme activity after coupling to the carrier is only 20 percent, but the resulting preparation can be used for nearly 320 hours, and yields a dextrose equivalent of 93 percent. They also diazotize the enzymes and then couple them to other carriers. The bacteriophage laboratory was working with *Bacillus polymyxa*, for which they had obtained four different serological types of phage. Since the Cultural Revolution, they had shifted to *Corynebacterium* and have tried to minimize phage problems in production.

13. At Chungsan University entomologists were studying pest control, the herbarium prepared a collection of useful plants for reference, pharmacologists were testing medical herbs for hemostatic properties, and an electron microscopy laboratory was studying morphology of sulfur-metabolizing bacteria. Student laboratories were testing herbal extracts for hemostatic and anticoagulant activity and studying elementary chemistry.
14. "Integration of Research and Practice," *BBC World Summary Broadcast, Far East*, FE/3586/B/5 [from Peking Home Service, 6 January 1971, translation of broadcast by Chinese Academy of Sciences (Academia Sinica)].
15. J. S. Horn, *Away With All Pests* (Monthly Review Press, New York, 1971).
16. The hospital is one of more than 80 large hospitals in Peking, of which three medical hospitals and one dental hospital are affiliated with the medical college. Founded in 1958 as a polyclinic, it has departments of medicine, surgery, obstetrics, pediatrics, neurology, otorhinolaryngology, and ophthalmology. There are 700 staff, of whom 160 are doctors and 260 are nurses, for the 606 beds. Including barefoot doctors, medical personnel in this district of the city is 1.1 percent of the population.
17. The clinic has a staff of 60 (including 20 doctors) for the 6000 workers. It includes outpatient clinics and patient wards, operating and delivery rooms, diagnostic and x-ray laboratories, and a pharmacy well stocked with both Western and traditional medicines.
18. A. Topping, *New York Times*, 24 May 1971.
19. S. Rosen, *ibid.*, 1 November 1971; E. G. Dimond, *J. Amer. Med. Ass.* **218**, 1558 (1971).
20. J. Sigurdson, *Natural Science and Technology in China*, Report No. 154 (Swedish Academy of Sciences, Stockholm, 1968).
21. M. Macioti, "Hands of the Chinese," *New Sci. Sci. J.*, 10 June 1971, pp. 636–639.

Health Care Experiment at Many Farms

A technological misfit of health care and disease pattern existed in this Navajo community.

Walsh McDermott, Kurt W. Deuschle, and Clifford R. Barnett

Medicine and the other health professions are undergoing wide-ranging scrutiny as parts of a total health care system. One part is the system for primary health care (*1*) consisting of a university-connected health center manned full time by physicians and nurses, with the aid of well-trained, indigenous, auxiliary personnel who work both at the center and in the homes. A chance to measure the impact of such a system on the endemic disease pattern of a poverty-stricken, rural, and traditional tribal society was provided as part of a larger series of studies on a Navajo community (*2*). Naturally, the human support components of medical care were heavily involved in this activity. However, these aspects have been purposely excluded from this analysis, which is concerned solely with the influence of the technology. By technology is meant the capability to alter disease in a predictable fashion by such entities as drugs, vaccines, diagnostic equipment, or surgery. In a community with satisfactory health services, those services delivered to the individual and those delivered to the group operate simultaneously; hence it is difficult to separate their respective effects. Such a separation is necessary, however, if rational choices are to be made in setting up systems of medical care in communities where the existing systems are ineffective or nonexistent. In the present study, the circumstances were such that the influence of one of the systems—in which the technology is selectively applied by a clinical physician to one patient at a time—could be evaluated free from significant influence by the other system—in which the technology is applied by a variety of professionals to the community as a group.

Dr. McDermott is chairman of the department of public health, Cornell University Medical College, New York 10021. This article is based, in part, on the Bruce Lecture of the American College of Physicians, 1 April 1968. Dr. Deuschle is chairman of the department of community medicine, Mt. Sinai School of Medicine, New York. Dr. Barnett is professor of anthropology and associate professor of pediatrics, Stanford University, California.

Background and Methods of Study

The Navajo–Cornell Field Health Research Project was organized by the Navajo Tribe, Cornell University Medical College, and the U.S. Public Health Service in 1955, when the responsibility for the health of the U.S. Indian was transferred to the Department of Health, Education, and Welfare. The stated purposes were fourfold: to develop effective methods for the delivery of modern medical services to the Navajo people; to see to what extent these methods could be applied to other people in similar socioeconomic circumstances; to study discrete diseases, particularly in light of their possible shaping by Navajo culture;

and to find out whether the sudden apposition of modern biomedical science and technology and the disease pattern of a nontechnologic society could provide valuable knowledge in the attack on contemporary medical problems.

The research on these questions covered a wide range. There were studies of such familiar entities as infant feeding (*3*), congenital hip disease (*4*), coronary heart disease (*5*), tuberculosis (*6*), and accidents. There were also studies of an immediately practical nature, such as effective cross-cultural training for paraprofessional field health workers and the development of a manual to be used as a text in training them (*7*). Finally, there were studies in such sharply focused areas as the discovery of a new, genetically determined transferrin (*8*) and ethnolinguistics (*9*).

It is unlikely that any of this research, with its requirement of continued and enthusiastic community participation, could have been conducted in a remote, non-English-speaking tribal society unless there were clearly visible, immediate benefits to the people living there (*10*). Indeed, without the capability of supplying substantial benefits, it would have been inappropriate even to propose the project. The procedure chosen, therefore, was to create a comprehensive system of primary health care and, as a major corollary, to organize various programs of research (*11*). Thus, the introduction of a complete system of personal medical care to a community in which only a rudimentary system had existed became, in itself, one of the major experiments.

A natural and political unit of some 800 square miles, known as the Many Farms–Rough Rock community (hereinafter called Many Farms), near the center of the 23,000-square-mile Navajo reservation was selected jointly by project and tribal representatives. The community was considered to be reasonably representative of Navajo society and was thought to contain about 2000 people.

The System

The system of primary health care was in actual operation from May 1956 to July 1962. It included a well-equipped health center for ambulatory care, a rudimentary satellite facility, and several automobiles with two-way radiotelephones for visits to the homes. The medical and nursing services were supplied by two field physicians, two nurses, one Navajo teacher, and four Navajo auxiliary health workers. The staff in residence received guidance from resident social scientists, and a steady flow of consultants in the various professions and disciplines was available from the parent university. Patients were usually seen in the central facility, but, when necessary, they were seen in their homes. Transportation to the government hospital 90 miles away, or to the mission hospital 55 miles away, had to be on an improvised basis over the corduroy dirt roads. Critically injured persons could be removed by light airplane in the daytime, weather permitting.

Over 90 percent of the population were examined in the central facility at some time during the study, and approximately two-thirds sought care at least once a year during those 6 years. Evidence exists that the health care delivered was of a consistently high standard; but since that evidence does not lend itself to a brief presentation, we can merely state our conviction that the results observed are representative of what happens when medical care from a large university medical center is made available to an impoverished rural society in the general circumstances of Many Farms.

The Society at the Start

The Navajo society at Many Farms was one of a nonliterate, non-English-speaking people who lived in extended families in one-room, windowless, log and mud dwellings with dirt floors. These dwellings were separated from each other and from any supply of water by one or more miles of intermittently impassable dirt roads (*11*). The water was pure at the source, but was easily contaminated through the communal dipper in the home. There was no refrigeration. The climate was one of harsh extremes of winter cold (averaging −4°C) and summer scorching (reaching highs of 43°C during the day and dropping 22° or more at night). Rainfall averaged 12 to 15 inches per year. Six or seven, and occasionally as many as 15, persons might sleep in a single, large, poorly ventilated room, usually on sheepskins or the dirt floor. A wood stove, sometimes made from a kerosene drum, supplied the heat and was used for cooking. The meals were not usually served on a table, but were eaten while sitting on the floor. There were no latrines or privies; horses wandered up to the hogan door and dogs roamed freely.

The economy consisted of a little dry farming, sheepherding, the weaving of wool rugs, some silver work, and occasional laboring jobs, usually farther than an overnight trip from the home. The average cash income for a family of four was estimated to be $586 per year, or $147 per capita per year (*12*). Of this income, 82 percent was earned and 19 percent was from various sources of welfare. There was a federally supported, tribally administered supplemental food program. Primary school children would learn to speak English, but it was not spoken in the home; not all children of school-age actually attended school.

Poor as these people were in a material sense, they did not show the apathy and lack of community feeling that Oscar Lewis describes as characteristic of the "culture of poverty" (*13*). On the contrary, the Navajo culture was fairly well maintained, and included an indigenous curing system run by medicine men, who were highly respected. This gave the Navajos a kind of "regal poverty," in that they were well adapted to the harsh circumstances of the environment.

For the way of life, the disease pattern was predictable (*14*). Windowless, one-room homes, when the winters are bitter cold, favor airborne transmission of tubercle bacilli and other agents of respiratory disease. The scarcity of water, the chance of its contamination in the home, the absence of water at the sites of defecation, the serving of meals on the floor, and the potential of horse dung for breeding flies favor the spread of enteric diseases, skin disorders, and trachoma.

Clinical impressions of the disease pattern were largely derived from what had been seen at the reservation's six hospitals. The diseases just mentioned, as well as the severe burns and traumatic injuries of the sort common to primitive rural living were prominent, as were congestive heart failure, gall bladder disease, and arthritis. Infant mortality and the birth rate were thought to be considerably higher than the U.S. average. All observers agreed that the Navajos were a disease-ridden people whose disorders would be largely preventable within a modern society.

Previous Biomedical Influence

Within the Many Farms–Roug Rock community, there were no physicians in residence, nor, as far as is known, had there ever been. The principal medical influences were a quite rudimentary outpatient facility, which was 14 miles from the southern border of the area and was manned by an elderly physician, a mission hospital 55 miles away, and a government hospital some 90 miles away. At both of these hospitals, limited general surgery could be performed. About half of the births were at the hospitals or en route to them; the other half occurred unattended in the hogans. At various times in the past, solitary public health nurses based outside the community had tried to mount immunization programs in the one boarding school or the two day schools. The latter were held in overheated Quonset huts and similar makeshift structures, with outside temperatures in the winter frequently ranging from −23°C to −29°C. As these public health nurses would be responsible for as many as 10,000 people scattered over 4,000 or 5,000 square miles, the field nursing position was understandably vacant more months than it was filled. Most of the community had received smallpox immunization. Any other immunizations were haphazard, and no program of tuberculin tests had ever been carried out. Thus, the introduction of primary health care through the clinical physician system was a virtually complete innovation when it was introduced to the community on 19 May 1956 (*2*).

Observations

Although the innovation was made suddenly, its early influence was gradual. Accordingly, the results reported are for a period of five consecutive calendar years in the middle of the total 6-year study. Careful checking of the half-year phase-in and phase-out periods indicates that it is not misleading to concentrate on the middle 5 years. The phase-out itself was accomplished smoothly, and the community was not left without an adequate system of medical care.

The disease pattern was determined by: (i) special examination of structured samples of the population; (ii) a review of all deaths and hospital records; (iii) demographic studies, including an annual census of the community; and (iv) rates of the incidence and prevalence of certain of the common conditions in the two-thirds of the population that sought care each year. Studies made in the later years of the project revealed no evidence of significant illness for which care had not been sought.

Table 1. Major acute microbial diseases observed in 5 years.

Episode	Year				
	1957	1958	1959	1960	1961
Pneumonia	132	125	37*	105	98
Diarrhea	220	314	282	359	247
Otitis media	159	239	224	219	95
Measles	22	139	5	86	53
Impetigo	113	142	157	149	100

* A clear relationship existed between pneumonia and measles for the age group 13 months to 10 years. Had antimeasles vaccine been available then, a substantial portion of the childhood pneumonia *after* infancy presumably would have been prevented.

By actual rates of incidence, the five most common diseases in the population as a whole each year were diarrhea, otitis media, impetigo, pneumonia, and burns. The incidence of fractures and head injuries closely followed that of burns. There were nine instances of purulent meningitis in the entire 5-year period. In Table 1, which is arranged by episode, it may be seen how much of the professional time was occupied by pneumonia, diarrhea, and otitis media. In the second year (1958), these three, along with measles and impetigo, represented a total of 958 episodes among the 1362 patients who sought care. Especially noteworthy, however, is the fact that, except for otitis media in the last year (1961), there is no evidence of a significant decrease in the number of these episodes throughout the 5 years. By contrast, the incidence of otitis media during 1961 can be shown to be significantly lower ($P < .0001$) than the incidence during the previous 4 years.

Turning to three major chronic diseases: in a 50 percent sample of the Many Farms population, the prevalence of congenital hip disease, as determined roentgenographically, was about 200 times greater than it is in the general population (*3*). Although there was no change during the 5-year observation period, there was evidence that both genetic and environmental factors are involved and that change could occur over a longer time period. At the start of the study, trachoma was present in 2.9 percent of the school children under age 10. While there were some indications that the situation might have improved very slightly during the 5-year period, there was no definite evidence of a decrease in incidence.

The prevalence of tuberculous pulmonary disease, determined roentgenographically in a 50 percent sample, was 74 per 1000 (*6*), two to three times that generally obtaining in the U.S. population, and 15 times that found in a rural area of southern Scotland which was studied at approximately the same time (*15*). A community of 2000 persons is too small to reveal significant change in the incidence of tuberculous *disease*, yet it is large enough to show change in the incidence of tuberculous *infection*. One-third of the 5-year-old beginners in school were cutaneous reactors to tuberculin when the study was started; 5 years later, in 1961, only 3 of 55 beginners were positive. This constituted evidence that the transmission of tubercle bacilli from one host to another had declined within the community during the study period.

In the present analysis, that portion of the disease pattern that was treated by surgery is considered as an entity; about 25 persons per 1000 of the population received surgical treatment each year. Another 25 persons per 1000

Table 2. Mortality in the Many Farms–Rough Rock community

	Year					5-year experience*
	1957	1958	1959	1960	1961	
Population	1963	2044	2127	2221	2299	
Deaths	20	15	7	9	14	65 (total)
Infant deaths	11	7	2	7	7	34 (total)
Infant mortality†	115.8	70.0	21.3	66.7	76.1	70.0 (average)
Crude death rate‡	10.2	7.3	3.3	4.1	6.1	6.2 (average)

* The U.S. Public Health Service estimate of crude deaths averaged 7.9 for 5 years before 1957.
† Infant deaths per 1000 live births. ‡ Deaths per 1000 population.

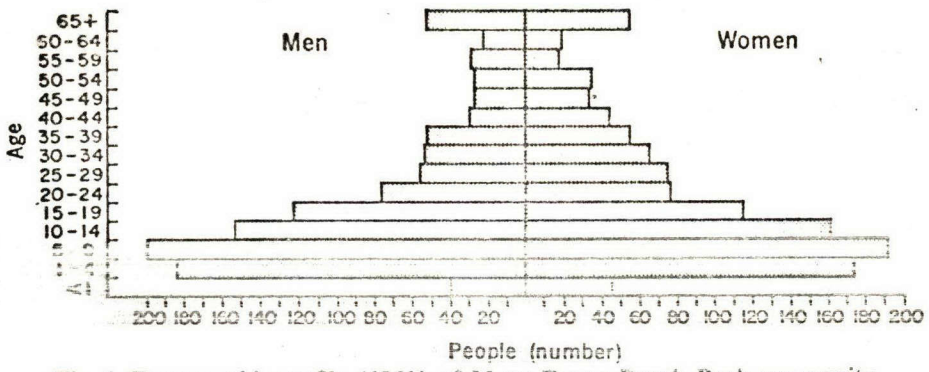

Fig. 1. Demographic profile (1961) of Many Farms–Rough Rock community.

were hospitalized each year for nonsurgical reasons. The surgical conditions involved ranged from cholelithiasis to severe gunshot wounds to hemorrhage and shock complicating pregnancy. Of this total of 50 persons hospitalized per 1000, some 7 to 14 died each year (Table 2). This left 35 to 40 persons per 1000, or 3.5 percent of the total population, who presumably benefited each year from hospital care, whether medical or surgical.

Absent Diseases

The incidence of certain diseases that might be expected was either very low or absent altogether. Credible explanations are at hand for most such cases—for example, coronary heart disease (*5*). The extreme decentralization of the society served as a "firebreak" against the spread of food- or waterborne disease, because the consequences of poor sanitation were largely confined to the individual camp. The absence of tetanus neonatorum is presumably due to the fact that, unlike some other cultures, the Navajos have no harmful practices concerning the umbilical stump. Also not included is the so-called "hidden component" of the pattern—namely, the illnesses recognized as such in the one culture and not in the other. Our observations on this "hidden component" have been presented elsewhere (*2*); suffice it to say that these illnesses presented no real problems in management, largely because they were so well handled by the Navajo medicine men.

Deaths

Examination of mortality affords another measure of the disease pattern at the beginning and throughout the study (Table 3). Two findings are especially noteworthy: 34 (52 percent) of the 65 deaths occurred during the first year of life; and there was only one death beyond the age of 3 that could reasonably be called preventable by contemporary medical science. This polarized pattern of deaths was generally constant; during the fifth year of the study, 50 percent of the deaths occurred in infancy, as had been the case in the first year of this study. Of the 34 infant deaths at Many Farms, 20 were from the pneumonia-diarrhea complex. Thus, the most prevalent disease among the living was also the leading cause of death.

The lack of change in the disease pattern, as revealed by the causes of death, was thus in agreement with the lack of change seen in the most prevalent diseases among the living during the 5-year period (Table 1). However, an important effect of the application of technology might be overlooked if change in the incidence of disease were the principal criterion. The incidence of a microbial disease could remain unchanged, yet the individual episodes could be aborted or readily controlled by specific therapies. It was not possible to measure accurately the therapy-induced curtailment of otherwise self-limited illnesses. From judgments based on well-documented experience with the particular diseases in question, except for otitis, there was no evidence of any widespread effect (*16*).

Table 3. Deaths in the Many Farms–Rough Rock community during 1957.

Age (months)	Deaths	
	Cause	Number
0–12	Pneumonia-diarrhea	8
	Congenital heart	1
	Unknown	2
1–28	None	0
29	Severe trauma	1
46	Post-cholecystectomy	1
46	Myocardial infarction	1
49	Severe trauma	1
75	Anemia, unknown cause	1
81	Congestive heart failure, with pneumonia	1
89	Fractured neck of femur	1
90	Congestive heart failure, with pneumonia	1
91	Pneumonia	1

Change in Crude Death Rates

Theoretically, a measurement of the extent to which lives were saved by the new system would be provided by comparing the crude death rates for the 5-year study period with the rates in the same community for the preceding years. Such rates were indeed determined for the 5 years of the study (Table 2). Unfortunately, however, the only data with which they can be compared are not true rates, but estimates. What is more, they are estimates not for the population of the Many Farms–Rough Rock community, but for the Navajo Tribe as a whole (*17*). The reason for this inadequacy is that, in order to obtain mortality rates, it is necessary to know the size of the population, and no accurate census of the Navajo Tribe by regions or as a whole existed. Because there were no census data and because the recall of infant deaths long afterward is significantly inaccurate, no attempt was made to determine retrospectively the total number of deaths for the community.

The crude death rate for the Many Farms population, calculated from our own exact census data, averaged 6.2 per 1000 population for the 5 years of the study. These data and death rates by individual year are presented in Table 2 (*18*). As may be seen, the Many Farms average and the rates in each of the last 4 of the 5 years were lower than the estimated crude death rates of 7.9 for the whole tribe in the 5 years immediately preceding the study. Our impression is that, in the pre-study period, the Many Farms health situation had been generally similar to that of the tribe as a whole.

Similarly, it is believed that the estimated death rates were probably slightly lower than actual figures because of the known tendency to fail to report the deaths that occurred in the first few days after birth.

This comparison of hard data and estimates based on impressions admittedly leaves the door open for the possibility that the study years were associated with a lowered death rate. Yet without well-established rates for the past, and with the necessity of having very large populations in order for small changes in crude death rates to be significant, it was not possible to establish a significant lowering of overall mortality as a result of the biomedical innovation. A priori, some lives were presumably saved, but there is certainly no clear-cut evidence to that effect (*16*).

The actual data on crude mortality and on infant mortality in the 5 years of the study are given in Table 2. In all but one year, the infant deaths represented at least one-half of the total deaths, and infant mortality averaged 70 per 1000 live births for the 5-year period. As with the crude death rate, the infant mortality rate of 70 was slightly lower than the government estimates for the entire reservation for previous years, but there is no real indication that the rate showed a significant downward trend during the 5 years of the study.

Census

In evaluating the technological effectiveness of a health care system, however, it is not only essential to establish the nature of the diseases prevalent in the community, but also to establish the demographic profile of the community. In order to obtain demographic data about Many Farms, it was necessary to conduct a complete census of the population. This was done by constructing a map that included all households in the area and enumerated every resident therein, and by determining all births and deaths on a continuing basis. The total census was repeated each year.

As may be seen in Table 2, in the first full year (1957) there were 1963 persons in the study area—thus the observed value was close to the estimate of 2000. What had been grossly underestimated, however, was the rate at which the population was growing

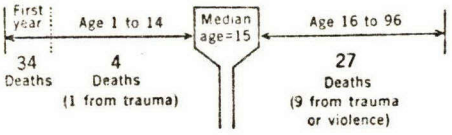

Fig. 2. Mortality in the Many Farms–Rough Rock community (by demographic pattern). Note that 52 percent of all deaths came from 3.7 percent of the population (that is, from infants in the first 12 months).

(Table 4). During the 5 years of the study, the population was actually observed to grow at a rate of 4 percent per year. Observations since the completion of the study have indicated that this extraordinarily high growth rate at Many Farms, and the demographic profile it produced (Fig. 1), were indeed representative of the Navajo population as a whole.

The pool of women in the childbearing period (ages 15 to 44) each year ranged from 363 to 429, and the total live births each year ranged from 92 to 105. The government estimate of the birth rate for the tribe as a whole was 36 for the year 1956 (the present U.S. rate is around 18). The birth rate at Many Farms was 48.4 in 1957 and averaged 45.8 for the 5 years. These sustained high fertility and birth rates resulted in a population with a median age of 15. In any one year, the infants represented only 3.7 percent of the total population, yet they accounted for more than one-half of the total number of deaths and much of the other near-fatal illness (Fig. 2).

Discussion

The 6-year period of this study coincided with a period of "tooling up" for the Public Health Service Indian program and for other tribal and governmental programs in Indian affairs. As a result, during the 8 or 9 years since that time, both Navajo health and certain other aspects of Navajo life, including the quality of life in the Many Farms–Rough Rock community (*19*) have undergone considerable improvement. During the actual study period, however, there was virtually no change in the living conditions of the people in the Many Farms–Rough Rock community. In these static conditions, with no real change in either the home environment or the level of formal education, the wide application of biomedical science and technology through the clinic-physician system resulted in:

1) A definite reduction in the transmission of tubercle bacilli.

2) A definite reduction in otitis media in the fifth year.

3) No reduction in the occurrence of active trachoma.

4) No reduction in the occurrence of the pneumonia-diarrhea complex which remained the single greatest cause of illness and death.

5) The identification of those individuals who need hospital care (35 to 40 persons per 1000 each year)—that is, the establishment of a medical scan.

6) A possible slight reduction in crude mortality, despite an infant mortality that persisted at three times the national average.

This list of positive and negative accomplishments delineates the "technological substrate"—that is, the fitness of the system's technological component for meeting the disease situation as it actually existed in the community. Thus, an analysis of this list reveals the limits of contemporary biomedical capability in this particular set of circumstances. The first four entities had a microbial component; two were influenced and two were not. The two that were favorably influenced (tuberculous infection, otitis media) were not in themselves contributors to the total mortality. For this reason, it seems likely that the apparent influence on crude death rate is largely attributable to the health care system's capability for making discriminating use of the hospital facilities. Expressed differently, it appears that items 5 and 6 (hospital referrals and crude de-

Table 4. Births in the Many Farms–Rough Rock community.

	Year				
	1957	1958	1959	1960	1961
Women (age 15–44)	363	378	390	417	429
Live births	95	100	94	105	92
Birth rate*	48.4	48.9	44.2	47.3	40.0

* Per 1000 population.

rate) bear a direct relationship to each other and are unrelated to the favorable events of items 1 and 2.

The first four conditions on the list have three features in common: they are all microbially linked; they are all especially prominent in various settings of poverty; and they are all either well controlled or actually absent from most of U.S. society. Presumably, therefore, the knowledge of how to control them on a wide scale exists. When this knowledge is analyzed in relation to Many Farms, however, it becomes clear that, depending on their specific biologic nature, diseases vary enormously in their susceptibility to medical management in slum conditions. For example, it has been convincingly demonstrated (*20*) that tubercle bacilli can be transmitted through the air and can remain suspended in the air of an unventilated room for at least an hour or so. At Many Farms, the windowless, one-room dwellings, made of logs chinked against the bitter cold, were ideal transmission chambers. Once tubercle bacilli are introduced to a community with such housing, a self-perpetuating system is set up. The transmission is so widespread that even the small percentage of infected people who ultimately develop the disease represent a large number in absolute terms; and the probability of an encounter between emitter and potential recipients is considerably increased.

The transmission of tubercle bacilli is, thus, greatly facilitated by certain specific characteristics of slum housing. The particular nature of this transmission process, however, is such that it can be easily interrupted without changes in the housing—namely, by exhaustive case-finding followed by self-administered drug therapy.

Before the primary health care system was introduced at Many Farms, the parents of a child with acute otitis understandably tended to try to "sweat it out" before embarking on the long trip necessary for obtaining care. Consequently, ruptured eardrums were commonplace. The advent of primary care would not be expected to alter the incidence of the initial (presumably viral) process, but it would be expected, through antimicrobial therapy, to reduce the incidence of the serious bacterial complication. Such a reduction occurred. Why it was not discernible before the fifth year of primary care is not clear. Possibly it resulted from the frequent practice of administering antimicrobial therapy for the undiagnosed febrile illnesses of children, thereby "curing" some cases bacterial otitis before they had evolved sufficiently to be clinically recognizable. Such an effect could have been masked earlier by the fact that a substantial, but undefined, portion of the acute episodes were actually exacerbations of chronic otitis, rather than first attacks. With fewer new inputs, this backlog of chronic cases would gradually have grown smaller as the children grew older. The question merits further study because there is a real possibility that the otitis of children can be used as a key indicator of the availability of medical care (*21*).

Trachoma, like otitis and tuberculosis, is caused by a group of microbes that are suspectible to antimicrobial drugs. The beginning of the pathogenic chain could be considered as the multiplication of the trachoma agents in the lesion, which is located in and around the eyes. Theoretically, this pathogenic chain could be severed, as was done with tubercle bacilli, by suppressing the microbe in the lesion with drugs, thus preventing it from being discharged into the environment. Indeed, this was the procedure at Many Farms; but, unlike the situation with tubercle bacilli, the treatment of the active cases of trachoma had little impact on the problem. The reason the chemotherapeutic approach is inadequate is that the transmission of the agents appears to take place by way of the contaminated fingers of those afflicted—usually quite small children. Thus, before the ocular process is brought under final control, the children's fingers are continually contaminated. To decontaminate their fingers (and the communal towels and vessels) would have necessitated a permanent change in such household habits at Many Farms as hand and face washing, the use of soap, individual towels, and precautions in their handling. Experience gained after this study has indicated some promise for the chemotherapeutic approach, but only if it is carried out on everyone in the community simultaneously (*22*).

As in the case of trachoma, there was no reduction in the occurrence of the pneumonia-diarrhea complex, which remained as the single greatest cause of illness and death throughout the 5-year period. The grouping of the pneumonias and diarrheas of early life into a single complex has no biologic justification. Nevertheless, the practice is useful, not only because the two entities frequently occur together, with the pneumonia triggering the diarrhea, but because in every aspect, from genesis to therapy, the nature of the problems presented by these two conditions is essentially the same. The critical feature of the complex is that the syndrome is endemic in the unsanitary home environment; thus recovery from one episode does not mean that another may not occur. It is not always realized that this complex is far and away the single greatest cause of death in economically underdeveloped societies.

The diarrhea, well named "weanling diarrhea" by Gordon and his associates (*23*), has a nutritional component, the precise role of which is unclear. It is definite, however, that, while antimicrobial therapy may be helpful in some instances, it does not predictably and decisively alter the disease. Likewise, acute disease of the respiratory tract (including what has to be rather loosely termed "pneumonia") in this primarily infant age group is caused, in well over 90 percent of the cases, by agents other than the pathogenic bacteria known to be susceptible to the antimicrobial drugs (*24*). Thus, this major portion of the total technological substrate, or potential target of the biomedical technology available for delivery at Many Farms, was largely beyond the capability of that technology to influence in a decisive way.

The sequence of events that make the home environment so hazardous to the infant has been discussed elsewhere (*25*). The remarkable self-correcting mechanisms that maintain physiologic stability at other ages are just in the process of being developed in early infancy, and in primitive home conditions the microbial challenge is virtually constant. In contrast, given the sanitary barriers provided by modern housing managed by educated parents, it is possible both to spread out many of these microbial challenges throughout childhood and adolescence and to artificially substitute warmth special feeding, and fluid and electrolytes for the imperfect homeostasis when the infant is ill. Measures such as these form an essential part of the deliverable technology of modern pediatrics. This technology is hardly deliverable in a house without central heating or insulation against freezing temperatures, with no running water or even a nearby well, and with several other

tention of a mother who had only a few grades of primary school education a decade or so ago.

The unique character of the relationship between the infant and its home environment may be seen from the observation at Many Farms that preschool children living in the same homes might fall ill, but fatal illness was extremely rare. In societies with a lower level of health, this phenomenon is less readily perceived because of the continued operation of factors (notably an inadequate supply of protein) that keep both the infant and the preschool child at risk of fatal illness. For example, in Peru in 1968, it was reported that 50 of every 100 deaths occurred in children under age 5, but that only 30 of these 50 deaths occurred during the first year of life (*26*). This contrast between the infant and the 2- or 3-year-old child living in the same sanitarily unprotected home environment merely underlines a highly significant fact: the effectiveness of contemporary medical technologies is far more dependent on the socioeconomic circumstances of the recipient in the case of the infant than it is in the case of older children.

Thus, the delivery of this carefully organized and well-received primary health care system to the Many Farms–Rough Rock community had relatively little influence on disease there. When both the diseases and the demographic profile of Many Farms are examined together, the reason that the accomplishments were only modest becomes evident: it was the nature of the substrate (the particular diseases present in the living and the ages of those afflicted). The high fertility ensured that infants would comprise the major portion of the people that were sick at any one time, and modern medical technology has relatively little to offer infants who are located in an unprotected home environment. It should not be inferred that no attempts were made to change household practices. On the contrary, a variety of programs were conducted for that purpose, and considerable effort was expended in the instruction of mothers in the home. The influence of such programs was sharply limited, however, in the absence of any significant change in the physical environment of the home. The two conditions that did not require changes in household practices for their control—otitis media and the transfer of tubercle bacilli—the two that did require such changes were not.

In using the concept of the substrate emphasis is placed on "disease in the living," because causes of death are imperfect indicators of where medical effort must be expended on a day-to-day basis. The substrate determines the limits of biomedical technology in a community; it also determines how the physician must allocate his time. When a health care system is based on a geographically defined community, it is locked into a situation in which there is no "give" in the matching of technological capability to substrate. Not only was the physician's technology for infants severely compromised at Many Farms, but his technology for the adult population was also limited—because of the population's proportionately smaller size, its relative youth, and certain attributes of rural living (*4*). With the demographic mix of Many Farms, any enlargement of medical coverage to bring in more adults would also have brought in more children in the same high ratio, and there were already enough young children to occupy the major portion of a physician's effort. The mismatches of technology to substrate that occur when a physician's services are allocated on a geographical basis can be managed when a group of physicians with different skills are available. In a rural, economically underdeveloped society, however, such options are not available, and the mismatch causes a waste of precious assets.

Two questions arise: (i) If the technology was of such relatively limited effectiveness at Many Farms, why wasn't the infant mortality much higher, for example, 150 or more?, and (ii) why was the mortality among preschool children concentrated within the first year of life rather than within the first 4 years, as it is in so many other economically underdeveloped areas of the world? The available information simply does not permit of definite answers to these two questions. Nevertheless, it is fairly certain (despite the poor quality of the vital statistics) that in the two decades prior to the study, decades in which there were no significant field health services, the overall Navajo infant mortality had been steadily falling from around 150 to around 85 per 100 live births (*17*). The principal identifiable change in that period is the improved services in the six hospitals that are distributed addition, an effective technology, available only in the hospital environment, did exist for important segments of the infant disease pattern. Thus, some potentially effective medical care existed; although it was relatively accessible to some people, it was as far away as 100 miles from others. In much the same way, the low mortality at Many Farms in the second and third years may, to some extent, have been an otherwise unmeasurable result of the primary health service that was innovated there, especially because that service could get the patients into slightly better condition before they were transported to the hospitals (*16*). A generally low mortality in the preschool group was present before the start of the primary health service, however. It is believed that most health professionals with field experience would attribute that low mortality primarily to the fact that the food supply of the community, including the supply of animal protein, appeared to be adequate.

Indeed, a whole combination of circumstances, fortuitous in part, created a situation at Many Farms such that many key health factors could be isolated almost as so many experimental variables, thus permitting inferences concerning the other factors. To a considerable degree, therefore, the situation at Many Farms, in terms of health development planning, was analogous to an "experiment of Nature."

The constant was the presence of unschooled families, with a crude birth rate of 45.8, crowded together in unsanitary premises and grouped in small foci that were scattered over a vast, semiarid land. The observed results could be regarded as characterizing the disease problems that would remain in a rural economically underdeveloped community with unimproved housing *after* there had been introduced (i) an adequate supply of food, including high-quality protein; (ii) control of all protozoan and helminthic diseases such as malaria or hookworm; (iii) a protected water supply at some distance from the home; (iv) effective prevention of cigarette smoking and chemical contamination of the air; (v) community hospital facilities 55 and 90 miles away; and (vi) a system of primary medical care, with a clinical physician, nurses, and indigenous health care workers in residence.

The observed result of "what re-

mained" was an extraordinarily youthful community (median age), increasing at an annual rate of 4 percent, with a health status characterized by (i) an infant mortality three times the U.S. average, with the infant deaths representing one-half of all deaths and with other childhood deaths extremely rare; (ii) most noninfant deaths postponed until middle or old age; and (iii) the hemorrhagic complications of pregnancy and the results of trauma representing the principal health problems up to age 45. Once past the first birthday, the individual's prospects for continued health were quite good.

On an ascending scale from the primitive to the modern, the Many Farms pattern of community health is at a relatively high stage. In attaining this stage, the institution of a clinical physician system of primary health care in the community played some role, but clearly not a major one. An analysis of each of the measurable accomplishments of the innovation reveals that these accomplishments could also have been made through a system that did not have a physician to render individual medical care. Such positive achievements as blocking the transmission of tubercle bacilli, reducing otitis media, or starting antishock measures for hemorrhaging patients on the way to the hospital represented activities that did not actually require the presence of a physician. To be sure, the establishment of a medical scan for the community (identifying those individuals who need hospitalization) was presumably more discriminating when conducted by the physician, but the great bulk of patients referred to hospitals were in such obviously acute conditions that they would inevitably have been brought to the hospital, either through nurse referral or patient or family action.

Thus, for Many Farms, a clinical physician system of primary health care was a poor choice, in terms of potential achievement through technology. Some form of the nonclinical or community medicine system, in which the physician did not care for individual patients, would have been more rational. Such a course would be a realistic option for development planners in areas of the world where there are very few physicians and where the economic-ecological situation is such that the attainment of the Many Farms community health pattern would be a tremendous achievement. It must be recognized that, at the Many Farms stage, the community's health w l not impede its socioeconomic development; for example, programs to limit family size could be introduced with a reasonable prospect of continued success. However, to attempt to employ a health care system without a clinical physician in a society such as ours, in which physicians are numerous, although not plentiful, would be quite another matter.

It should be emphasized that everyone who participated in the choice of the system introduced at Many Farms was knowledgeable about Navajo health, as seen in the hospitals, and had a store of "conventional wisdom" about it, virtually all of which turned out to be true. All of them were fully confident that the system selected would have a major beneficial impact on the health status of the people. What was not perceived in advance was (i) the extent to which the serious, technologically vulnerable conditions were already being treated in the hospitals outside the community, and (ii) just how much the demographic-disease pattern was skewed toward the diseases of infancy, which are dependent on conditions in the home. In short, the "conventional wisdom" lacked the quantitation essential for such a choice.

Although this article is concerned with technological performance, it should be noted that, in terms of individual and community expectations, the Many Farms experiment was a clear-cut success. The system was set up with full community participation, and there was a mechanism for effective, continued community control. Members of the community repeatedly expressed their satisfaction with the care they received, and the community was left with an operating system. Moreover, it can be safely predicted that, faced with a similar choice today, the community would opt for what was actually introduced there, rather than for a system with a much better technological "fit," if the latter meant no physician in continued residence. And this, the other side of the coin, is wholly understandable.

Popular expectations and misunderstandings of what an individual physician can do operate as a formidable constraint on the rational use of biomedical technology. Indeed, because of the nature of medicine, as a practical matter its technology has to be deployed irrationally. This is largely the consequence of our tradition of having both essentials of medical care—the technology and the human support—administered by the same person, the physician. As a result, the limits on the number of people to whom the physician can offer human support by way of personalized care also largely determine the people to whom he can deliver the technology. Yet important elements of that technology might be more widely useful if applied in some other way.

Thus one of the two essential parts of medicine can act as a significant constraint on the other. This is forming an issue with large implications; clearly, a systematic analysis of both essentials and of who would make their most effective ministers is in order. Yet who can measure the value obtained by those Many Farms parents who could see obviously expert professionals hovering over their child, desperately ill with pneumonia caused by respiratory syncytial virus? They see someone making a fight. To point out that, in the particular circumstances, the penicillin the child is receiving happens to be valueless, in a technological sense, would seem a petty, if not callous, irrelevancy.

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Technological "Shortcuts" to Social Change

Can major segments of contemporary social problems be handled efficiently by technology?

Amitai Etzioni and Richard Remp

The idea that technological developments might be used to reduce the costs and pains entailed in dealing with social problems is appealing. A broad rationale for this approach is suggested by an analogy between the development of modern techniques of producing consumer goods and the search for new techniques of providing social services. Mass production and considerable reductions in cost per unit of consumer goods were achieved by an increased reliance on machines (broadly conceived to include communications satellites and computers) and a decreased reliance on muscle and brainpower, on persons. However, up to now in social services, in which performance is frequently criticized for falling far below desirable levels, most work has been unmechanized. Since the need for services in these areas is great, available resources low, and trained manpower in short supply, it seems useful to consider replacing the "human touch," at least in part, by new technologies (*1*).

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A Methodological Note

To explore this question, we reviewed existing studies that evaluate the effectiveness of technological shortcuts in dealing with six distinct social problems (*2*). The term "technology" is construed here to apply to biological and physiological processes, as well as physical processes. This is in accord with R. S. Merrill's use of the term (*3*): "the concept of technology centers on processes that are primarily biological and physical rather than psychological or social processes." "Hard," or physical, technologies are emphasized rather than "soft," or social-psychological, technologies because the shortcuts in question derive their efficiency not from the reorganization, but from the replacement of human services in the handling of social problems.

The technologies and problem areas selected were methadone in controlling heroin addiction; instructional television (ITV) in teaching; Antabuse (disulfiram) in treating alcoholics; gun control in reducing crime; the breath analyzer in highway safety; and the intrauterine device (IUD) in birth control. These technological innovations may be viewed as shortcuts because they either serve as a replacement for manpower (for example, the use of ITV instead of teachers) or they reduce the need for manpower (for example, methadone reduces the need for therapists, social workers, and guards in the treatment of heroin addiction).

The findings reported here are, of course, affected by the developmental status of the technologies studied. If we had selected technologies that were already in routine use, our findings might have been more optimistic. However, few of the technologies routinely used in the human services area aim at the core of the problem (although there are various auxiliary instruments—for example, teaching aids). We focused on procedures that would fundamentally affect the service in question. As a consequence, technologies still in various experimental stages were studied. Technologies other than the six reported were surveyed, although less intensively (such as the use of computers for instruction and cable television for conducting town hall–like dialogues); they do not differ significantly from those selected, from the viewpoint of the issues at hand.

The Main Findings

To the degree that the data permit us to conclude, each of the six technologies "works," in that it allows the

AID Would Lose Health Programs

By Reginald W. Rhein

WASHINGTON—The $3.73-billion foreign aid bill, finally passed by a House-Senate conference panel, sounds the death knell of most health programs administered by the State Department's Agency for Internattional Development (AID) in favor of multilateral programs.

The bill, almost $1 billion less than requested by the Nixon administration, managed to salvage most of the $200 million currently channeled into international health programs. But, of the $166 million devoted to AID health funds, $125 million is earmarked for population control programs—an increase of $25 million over last year's figure. And this large percentage of the AID health budget will undoubtedly be transferred to multilateral organizations in future years.

In its report on the bill, the Senate Foreign Affairs Committee said it has "long urged that a larger share of U.S. assistance in this (population control) field be provided to multilateral organizations like the United Nations and

(Continued on page 22)

Review Of Expenses

AID Health Programs To Be Internationalized

(Continued from page 1)

the International Planned Parenthood Federation and hopes that a substantial portion of the funds earmarked for population activities will be used regularly to support these international initiatives."

In final action on the bill, Congress adopted language requiring a phase-out of all bilateral loan programs administered by AID by 1975, and authorized the President to transfer these funds at any time he chooses to multilateral organizations, such as the International Bank for Reconstruction and Development. The $850 million in these loan programs, authorized over the next two years, includes the bulk of AID's overall activities.

The bill also includes language requiring periodic authorizations for all State Department and U.S. Information Agency activities, as well as the AID programs. Moreover, no foreign aid funds can be spent if money is "impounded" by the administration for any domestic programs of the Department of Health, Education and Welfare; Department of Agriculture; or Department of Housing and Urban Development.

Besides population control programs, other AID health-related programs include $20 million for 18 malarie programs, covering a total population of over 600 million people; about $15 million for major nutrition programs in 30 countries; and over $25 million on environmental programs and water supplies abroad.

Commenting on these activities, the head of the office of health in AID's Technical Assistance Bureau, Dr. Lee Howard, told U.S. MEDICINE before the final bill was passed that he personally had "no objection to transferring these programs to an international organization."

However, Dr. Howard noted, Congress itself has frequently complained that the U.S. contributes more than its fair share to international organizations. It would be unlikely to give the money it now spends bilaterally on foreign health programs to the United Nations, he remarked, without comparable increases by the other U.N. members.

"At present, we go as far as possible with the multilateral approach, then supplement programs we really want to push with bilateral funding," he said.

Just such an attempt was made to put the United States' yearly assessment under Congressional review—a Senate-passed provision that was rejected in conference with the House. However, the final version did contain a provision urging the President to "implement that portion of the recommendations in the Lodge Commission Report which proposes that the U.S. assessed contributions to the regular budget of the United Nations be reduced to no more than 25 per cent of the cost assessed to all members of the organization for any single budget year."

Currently, the U.S.'s yearly assessed contribution is about one-third of the U.N. total budget. If, as a result of this provision, it is reduced to one-fourth the health-related activities of U.N. specialty agencies would probably be reduced accordingly.

Last fiscal year, the U.N. and its specialized agencies spent an estimated $157 million on international health activities as follows: $4.6 million for U.N. headquarters; $2 million for the International Labor Organization; $3 million for the Food and Agricultural Organization; $97.8 million for the World Health Organization; $2.8 million for the International Atomic Energy Agency; $28.7 million for the Children's Fund; and $18.6 million for the World Food Program.

In addition to its "assessed" support of these ongoing U.N. programs, the foreign aid bill has added "voluntary contributions" to these agencies totaling $139 million. About one-third of this is health-related.

In other provisions of the bill, $30 million is authorized for each of the fiscal years 1972 and 1973 for American schools and hospitals overseas; $250 million is authorized for East Pakistan refugee relief efforts; and the President is required to suspend foreign aid to any country he detrmines has "failed to take appropriate steps to prevent the illicit drug trade."

FORM No. 75 (2)

INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT

INTERNATIONAL FINANCE CORPORATION

INTERNATIONAL DEVELOPMENT ASSOCIATION

ROUTING SLIP	Date: February 11, 1972

NAME	ROOM NO.
Mr. Hoffman	AID

	To Handle		Note and File
	Appropriate Disposition		Note and Return
	Approval		Prepare Reply
	Comment		Per Our Conversation
	Full Report		Recommendation
	Information		Signature
	Initial		Send On

REMARKS

You may like to see the latest issue of the US Government publication "Population Program Assistance". IBRD is listed on p.60, separate from the rest of the UN Agencies but before other regional groups, such as Colombo Plan, OECD.

From

K. Kanagaratnam

December 27, 1971

Mr. W. Bert Johnson
Population Information, Education
and Communication Division
Technical Assistance Bureau
Agency for International Development
Washington, D.C. 20523

Dear Mr. Johnson:

Thank you for your letter dated December 7, 1971 sending me the training announcement of the East-West Center, Honolulu, for their special training course for information/education/communication (IE&C) specialists next February.

We ourselves do not have anyone to propose from the Bank in this field but I will pass this to groups/officials I know in the field and advise them to respond to you direct.

Thank you for sending on the information.

Sincerely yours,

K. Kanagaratnam
Director
Population Projects Department

KK/is

cc: Mr. Kang (for information only)

DEPARTMENT OF STATE
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

December 7, 1971

Dr. K. Kanagaratnam, Director
Population Projects Department
International Development Association
1818 H Street, N. W.
Washington, D. C. 20433

Dear Dr. Kanagaratnam:

At the request of the East-West Center, Honolulu, we are pleased to send the enclosed training announcement which we think will be of special interest.

The Communication Institute of the East-West Center is inviting nominations for information/education/communication (IE&C) specialists to attend a special training course in population program development. The course is being scheduled for 18 weeks during the ~~March~~ February-June 1972 period.

This training is to give selected IE&C specialists a work-oriented grounding in population program matters, with emphasis on IE&C project aspects. Its purpose is to equip selected individuals to render expert IE&C advisory services to population programs in LDCs, including short-term services when needed. This training will result in adding to the existing scarce resources in the IE&C field. A larger "bank" of these advisors, available for varying types and lengths of service, will be of considerable value to population/family planning programs of both government and private organizations.

Nominations should be submitted by ~~February 1~~ January 14. They should be sent direct to the East-West Center, as indicated in the announcement.

Nominees should be employees of the sponsoring organization or of an associated organization, with salary paid by the sponsoring or associated organization. Nominees should expect to return to their employing organization upon completion of the training (unless other specific employment arrangements have been made).

DEPARTMENT OF STATE
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

December 7, 1971

Dr. K. Kanagaratnam, Director
Population Projects Department
International Development Association
1818 H Street, N. W.
Washington, D. C. 20433

Dear Dr. Kanagaratnam:

At the request of the East-West Center, Honolulu, we are pleased to send the enclosed training announcement which we think will be of special interest.

The Communication Institute of the East-West Center is inviting nominations for information/education/communication (IEC) specialists to attend a special training course in population program development. The course is being scheduled for 18 weeks during the March-June 1972 period.

This training is to give selected IEC specialists a work-oriented grounding in population program matters, with emphasis on IEC project aspects. Its purpose is to equip selected individuals to render expert IEC advisory services to population programs in LDCs, including short-term services when needed. This training will result in adding to the existing scarce resource in the IEC field. A larger "bank" of these advisors, available for varying types and lengths of service, will be of considerable value to population/family planning programs of both government and private organizations.

Nominations should be submitted by February 1. They should be sent direct to the East-West Center, as indicated in the announcement.

Nominees should be employees of the sponsoring organization or of an associated organization, with salary paid by the sponsoring or associated organization. Nominees should expect to return to their employing organization upon completion of the training (unless other specific employment arrangements have been made).

If you know of a seasoned IE&C specialist who, with this special training, would become an IE&C resource for population and family planning programs, we hope you will submit his or her name to the Center.

Sincerely,

W. Bert Johnson

W. Bert Johnson
Population Information,
Education and Communication Division
Technical Assistance Bureau

Enclosure

If you know of a seasoned IEC specialist who, with this special training, would become an IEC resource for population and family planning programs, we hope you will submit his or her name to the Center.

Sincerely,

W. Bert Johnson
Population Information,
Education and Communication Division
Technical Assistance Bureau

Enclosure

NOMINATIONS INVITED FOR IE&C SPECIALISTS

TO RECEIVE TRAINING AS ADVISORS IN POPULATION FIELD

Nominations are invited immediately for seasoned information/education/communication (IE&C) specialists who wish to receive specialized training for IE&C service to population and family planning programs of developing countries. This training will be provided by the Communication Institute of the East-West Center, Honolulu, during the period February-June 1972.

This training activity is one element of a broad IE&C undertaking initiated by the Institute under a 1971 grant and contract from A.I.D. (csd 2878 and csd 2977). The project includes three types of IE&C training: IE&C research, IE&C inventory/analysis, and IE&C consultative services. Other IE&C training activities will be announced shortly.

The February-June training element is designed particularly for specialists of known IE&C competence who, with this additional background and training, can begin serving as highly qualified IE&C specialists and advisors for population programs. This training will help correct the present scarcity of IE&C specialists possessing an adequate background and training in population work. The training will include seminars on population matters involving IE&C aspects, services, and program support planning, including training in IE&C project procedures and documentation.

It is expected that candidates will come mainly from population agencies and organizations engaged in overseas technical assistance programs -- including A.I.D., I.P.P.F., the United Nations, UN specialized Agencies, private foundations, voluntary organizations, universities, and other assisting institutions. Familiarity with foreign aid procedures and population programs is an asset but not a prerequisite. Candidates should expect to return to their employing organization upon completion of the training.

The training will cover:

(1) In context of the development process as a whole, background orientation in the biological, medical, demographic, social, and administrative aspects of population/family planning programs. (Specialists of the Population Institute of the East-West Center and the School of Public Health, University of Hawaii, will assist in the orientation.)

(2) Study of the role of IE&C population advisors; the present status, and differing forms of information/education/communication support activities in population programs; the planning, structuring, implementation, and evaluation of IE&C support activities, including research on information diffusion effects on adoption of birth control practices; IE&C work planning geared to program operational needs; and basic IE&C project requirements and procedures. (Training in these elements will be provided by outstanding IE&C leaders in the population field, U.S. universities, specialists from the private sector, and selected administrative personnel.)

(3) Field observation of family planning IE&C activities and settings in two Asian countries (several weeks in each country).

(4) A concluding evaluation and planning session in Honolulu, with designation of trainees as expert IE&C advisors in population and family planning programs, qualified for appropriate service to their own institutions and others.

The 18 weeks training for IE&C specialists is tentatively divided as follows:

February 14 - April 7:		Seminar discussions and study at the East-West Center and University of Hawaii.
April 10 - June 9	:	Field observations in two Asian countries.
June 12 - 16	:	Evaluation and planning session, East-West Center.

Salaries of nominees will be borne by their sponsoring institutions with other costs being paid by the East-West Center project.

Nominations should be submitted by January 14, 1972. State nominee's name, current address, education, details of experience, and nature of his or her present IE&C role. All nominations should be sent to Dr. R. Lyle Webster, Director, East-West Communication Institute, East-West Center, Honolulu, Hawaii 96822. Names of A.I.D. nominees should be submitted to the East-West Center through A.I.D./CIT/MRB(803).

Other EWC Activities

The February-June 1972 training sessions are part of a larger effort by the Communication Institute to strengthen IE&C expertise and support for family planning/population programs. This effort is motivated by recognition that family planning, wherever adopted, must begin by getting people to want smaller families and by providing information on how they can accomplish this. It is recognized that information/education/communication is a basic part of family planning programs, along with provision of clinic services and contraceptive supplies.

In addition to the February-June sessions, the population IE&C training program of the Communication Institute will include:

(1) Training for two groups of LDC participants per year (population program officers and IE&C workers) in IE&C support planning, including assessment of program requirements for IE&C work scheduling personnel equipment, trainirg guidance, and budgeting.

(2) Short-term training, through seminars and workshops, for programs leaders and IE&C workers, the number and frequency to be determined by the developing needs of the population programs.

These training elements, together with the IE&C inventory/analysis activities, research, and communication consulting responsibilities, are intended to provide a well-rounded IE&C resource for population program development.

INTERNATIONAL DEVELO IT ASSOCIATION | INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT | INTERNATIONAL FINANCE CORPORATION

OFFICE MEMORANDUM

TO: Dr. K. Kanagaratnam

DATE: November 29, 1971

FROM: Ferdinand J.C.M. Rath

SUBJECT: LATIN AMERICAN POPULATION CONFERENCE, November 8-12, 1971; Organized by AID/W.

1. At your request I attended some of the sessions of this conference, which was announced as a conference on coordination between donor organizations.

2. The conference in fact was a meeting for AID population officers stationed in Latin America with the participation of representatives of other organizations active in the field of population. The Bureau of Latin America, AID/Washington organizes regularly this type of meeting, whether in Washington or in Latin America, with the main objective of briefing it's population officers. The presence of representatives of other organizations must be seen in the light of this objective, i.e. up-dating the population officers on ongoing work of these organizations in Latin America. Coordination between the donor organizations was not discussed as such.

3. General introductions were presented the first two days while the rest of the week was dedicated to country by country discussions, (see agenda attached). I attended some of these country discussions. Following are some of the points discussed:

4. Mexico: There is not much change in the attitude of the Government towards family planning. A request for assistance made to PAHO and UNFPA by the Under-Secretary of Health of the outgoing Government has as yet not been endorsed by the present Secretary of Health Dr. Jimenez Cantu. Research units in the Social Security Institute and the Women's Hospital closed down when the new Government of Luis Echeverria took over. However, the Government seems to be more permissive towards the activities of the private organizations. So far only one Governor (of Mexico State) has spoken out in favor of family planning. Advertising contraceptives is illegal in Mexico. FEPAC, a private foundation for population activities, gets per month 700.000 cycles of contraceptives free from pharmaceutical firms, who consider this an effective way of advertising. Family planning activities are mainly confined to the urban areas, especially the greater Mexico-City area. Delivery systems in the rural areas are deficient. There is very little demand too. ORIT (Latin American AFL-CIO affiliate) promotes, with Pathfinder support, seminars on family planning for labor unions. The American Friends Committee is engaged in the promotion of sex-education courses. Demography and Population Studies are well developed in Mexico at the Colegio de Mexico and several Social Scieñce Faculties of Mexican Universities, and at FEPAC.

5. Colombia: The Government appointed a commission to draft a population policy. This draft is now before Congress. However, persons knowledgeable of the Colombian scene do not expect the Government to change it's basic attitude which is to approach family planning as a part of an integrated Mother and Child Health Program. No explicit family planning program, less a request in this sense, is expected shortly. PAHO is heavily involved in the AID supported MCH-FP program. Private organizations as "Pro Familia" and ASCOFAME (Colombian Association of Medical Schools) are very active in this field including evaluation of family planning programs.

6. Chile: As in the case of Colombia, the Government of Chile approaches family planning via an integrated Mother and Child Health Program. A program for extension of Maternal and Child Health and Family Well-being services was discussed at a meeting with international organizations, Santiago, August 9-11, 1971. (A copy of the conclusions of this meeting is attached.) As a result of this meeting UNFPA prepared a "Global Agreement" with the Government of Chile which possibly could allocate slightly over 3 million dollars over a 3 year period for this program. The executing agencies of this project will be the UN, PAHO and UNICEF; the PAHO component could consist of $700 - $800 thousand per year, according to Dr. Prindle. Demographic studies and evaluation will be built into the program and will partially be financed from UNFPA funds. Inquiring about the status of evaluation at present, I was told that until now, no systematic evaluation of family planning activities in Chile has been carried out. The Chilean authorities are in conversation with the Population Council about participation in the Taylor-Berelson experiment on evaluation.

7. Brazil: There is no change in the attitude of the Government towards family planning. If there is any policy this policy should be labelled as pro-natalist. Private organizations are active, specially in the North-East and receive major support from IPPF. A new development is the pro-family planning attitude of the Govenor of Rio Grande del Norte who recently gave permission to the private FP organizations to use the state's health facilities for their activities.

8. During the final session, the conference highlights were summarized: The first topic of discussion was: Family Planning through integrated health programs (Dr. R. Delgado, del Valle University, Colombia) or through non-integrated programs (Dr. B. Viel, Director-General IPPF, Western Hemisphere). A second topic was: How to increase the demand (Dr. J. Stycos, Cornell University) and how to increase the techniques (Dr. R. Ravenholt, AID/W); Bi-lateral versus multi-lateral aid was the third conference topic presented resp. by Dr. Ravenholt and Drs. Prindle (PAHO) and Donayre (UNFPA); (it was mentioned that AID was phasing out in Central America). Although the issue is a political one for the US Government, the consensus was that bi-lateral aid was desirable as long as other agencies could not take over.

The feasibility of a North-South Center analogue to the East-West Center in Honolulu was discussed. The Center should be established somewhere in the Caribbean (Puerto Rico?) or Central America. The East-West Center offers opportunities for training of Latin Americans, especially in the field of motivation.

9. The PAHO representative distributed a policy paper (copy attached) and mentioned that PAHO tries to encourage the Latin American countries to formulate a population policy although PAHO does not subscribe to a particular policy. It is prepared to help countries to develop policies according to their own needs. IPPF announced that it is setting up a regional evaluation unit in it's Western Hemisphere Headquarters in New York.

cc. Messrs. G. B. Baldwin
G. C. Zaidan
L. Escobar
E. Hawkins
Mrs. Domingo - w/docs.

FORM No. 75
(2-60)

INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT

INTERNATIONAL FINANCE CORPORATION

INTERNATIONAL DEVELOPMENT ASSOCIATION

ROUTING SLIP	Date Sept. 10, 1971

NAME	ROOM NO.
Mr. D. Pryor *M. Kanagaratnam*	

	To Handle		Note and File
	Appropriate Disposition		Note and Return
	Approval		Prepare Reply
	Comment		Per Our Conversation
	Full Report		Recommendation
	Information		Signature
	Initial		Send On

REMARKS

Please see the attached. This is intended to be the proposed text for the 1971 edition of the US AID publication "Population Program Assistance". The text appears in order to me, but I would like your views before I respond to Mr. Johnson.

Rec'd Sept 27

We have no problems with this.

Jones Ford

From K. Kanagaratnam *File* *DR*

FORM NO. 75
(2-60)

INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT

INTERNATIONAL FINANCE CORPORATION

INTERNATIONAL DEVELOPMENT ASSOCIATION

ROUTING SLIP	Date Sept. 10, 1971

NAME	ROOM NO.
Mr. D. Pryor - on leave	
I called today - Mr. Pryor on leave until Oct. 1 - asked them to pass paper on to someone else or let me know - Bi 9/15	

	To Handle		Note and File
	Appropriate Disposition		Note and Return
	Approval		Prepare Reply
	Comment		Per Our Conversation
	Full Report		Recommendation
	Information		Signature
	Initial		Send On

REMARKS

Please see the attached. This is intended to be the proposed text for the 1971 edition of the US AID publication "Population Program Assistance". The text appears in order to me, but I would like your views before I respond to Mr. Johnson.

From K. Kanagaratnam

HOLD

DEPARTMENT OF STATE
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

September 7, 1971

Mr. K. Kanagaratnam, Director
Population Projects Department
International Development Assoc.
1818 H Street, N.W.
Washington, D.C. 20433

Dear Mr. Kanagaratnam:

We are enclosing for your review a copy of the article on World Bank population program activities as prepared by our editors for the 1971 edition of our Population Program Assistance publication.

The article is based on the report that you sent to Dr. Ravenholt on July 26, plus some carryover of information contained in the World Bank article in our 1971 edition.

Unless we have heard from you by September 13, may we assume that the article is satisfactory?

Thank you for your helpfulness.

Sincerely yours,

W Bert Johnson

W. Bert Johnson
Population Information, Education
and Communication Division
Technical Assistance Bureau

Enclosure

DEPARTMENT OF STATE

AGENCY FOR INTERNATIONAL DEVELOPMENT

WASHINGTON, D.C. 20523

September 7, 1972

Mr. K. Kanagaretnam, Director
Publication Projects Department
International Development Assoc.
1616 H Street, N.W.
Washington, D.C. 20433

Dear Mr. Kanagaretnam:

We are enclosing for your review a copy of the article on World Bank nonmarket program activities as prepared by our editors for the 1972 edition of our Publication Program Assistance publication.

The article is based on the report that you sent to Dr. Reverholt on July 26, plus some carryover of information contained in the World Bank article in our 1971 edition.

Unless we have heard from you by September 15, may we assume that the article is satisfactory?

Thank you for your helpfulness.

Sincerely yours,

W. Bert Johnson
Publication Information Division
and Communication Division
Technical Assistance Bureau

Enclosure

World Bank

Following establishment of a Population Projects Department in fiscal 1969, the World Bank Group has become increasingly active in population program assistance.

The first population program loan ($2 million) of the International Bank for Reconstruction and Development was made to the Government of Jamaica in June 1970 to help develop a post-partum family planning program. The loan is financing construction of rural maternity centers and a 150-bed wing at a Kingston hospital.

The Bank made its second such loan ($3 million) to Trinidad and Tobago in May 1971, to help construct various types of health facilities, a family planning institute, and nurse-midwife training centers, and to provide technical assistance. The total cost will be $4.6 million.

The International Development Association (IDA) entered the field for the first time by extending credit ($4.8 million) to Tunisia in March 1971. The funds will be used to build medical facilities and a paramedical school, as well as to provide technical assistance. Technical assistance elements for Tunisia, as well as for Trinidad and Tobago, include program evaluation, management, family life education, manpower utilization, and training of family planning workers.

The Bank looks on its support to population programs as a logical extension of its activities in the field of economic development. It is aware that during the last decade, less developed nations have achieved some of the highest economic growth rates in their history

but too often the benefits to individuals and to the nation have been lowered or even wiped out by excessively rapid population expansion. Allocation of Bank resources to population programs has the intended effect of helping development programs to yield their intended benefits.

The Bank has in preparation a series of population projects, in addition to the three currently financed, and the volume of lending to such projects will rise. As envisioned when the Bank Group committed itself in this field three years ago, however, its principal contribution will continue to be in various forms of technical assistance. The Bank has sent population program missions to seven countries, including some of the largest and most populous, to appraise and advise.

Projects are being developed only in certain countries where population policies have been adopted. In a number of others, the Bank has carried out reviews of the impact of population growth on socio-economic development.

The Bank recognizes that for it to be effective in population assistance, there must be commitment on the part of the government concerned. Such commitment still is not common in a number of areas, including some where population growth is having its most retarding effects. Where it does exist, the potential benefits of population programs are great and the Bank or IDA can help to realize them.

July 26, 1971

Dr. R.T. Ravenholt
Director
Office of Population
Technical Assistance Bureau
Department of State
Agency for International Development
Washington, D.C. 20523

Dear Ray

Thank you for your letter of May 18, 1971.

I now attach the text of the Report of the work of the Department in FY-1971, and you may wish to use the information therein for your report.

With regards.

Sincerely,

K. Kanagaratnam
Director
Population Projects Department

Attachment -pp.54-55 Annual Rep.Draft

cc: Mr.D.Pryor - w/cc.inc.
The Report of AID will not be published until October 1971.

KK:bli

DEPARTMENT OF STATE
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

May 18, 1971

Dr. K. Kanagaratnam, Director
Population Projects Department
International Development Association
1818 H Street, N. W.
Washington, D. C. 20433

Dear Dr. Kanagaratnam:

The Office of Population is now beginning work on the 1971 edition of the attached report, "Population Program Assistance," and asks your help again this year in reporting your organization's role.

This report on worldwide assistance to population and family planning programs has had excellent reception here and abroad. It makes available full, accurate information to population specialists, institutions, program leaders, libraries, universities, and others who need summary information on key activities in the population field.

You will find information on your organization's activities on pages 46-47 and mention of your programs in appropriate regional and country sections. Will you please revise or update the statements relating to your institution's work, emphasizing 1970-71 achievements and indicating plans for the future?

We would greatly appreciate receiving this information by June 30, if possible. Thank you for your contribution to this important task.

Sincerely,

Ray

R. T. Ravenholt, M.D.
Director
Office of Population
Technical Assistance Bureau

Enclosure

Dear K²
You have a considerably enlarged scope of activities to report this year!

DEPARTMENT OF STATE
AGENCY FOR INTERNATIONAL DEVELOPMENT

May 18, 1971

Dr. K. Kanagaratnam, Director
Population Projects Department
International Development Association
1818 H Street, N. W.
Washington, D. C. 20433

Dear Dr. Kanagaratnam:

The Office of Population is now beginning work on the 1971 edition of the attached report, "Population Program Assistance," and asks your help again this year in reporting your organization's role.

This report on worldwide assistance to population and family planning programs has had excellent reception here and abroad. It makes available full, accurate information to population specialists, institutions, program leaders, libraries, universities, and others who need summary information on key activities in the population field.

You will find information on your organization's activities on pages 46-47 and mention of your programs in appropriate regional and country sections. Will you please revise or update the statements relating to your institution's work, emphasizing 1970-71 achievements and indicating plans for the future?

We would greatly appreciate receiving this information by June 30, if possible. Thank you for your contribution to this important task.

Sincerely,

R. T. Ravenholt, M.D.
Director
Office of Population
Technical Assistance Bureau

Enclosure

POPULATION PROJECTS

The Bank Group's assistance to member countries in the field of population planning is more extensive than the volume of its lending indicates: three projects totaling $10 million through fiscal 1971.

The Bank made its second loan for this purpose during the year, while IDA entered the sector for the first time. The Bank's loan of $3 million will assist a project in Trinidad and Tobago, while IDA's credit provides $4.8 million to help expand the capacity and improve the effectiveness of Tunisia's national program. Both projects provide for the construction of various types of health facilities, and the one in Trinidad and Tobago includes a family planning institute. The technical assistance elements include provision for aid in program evaluation, management, family life education, utilization of manpower and training of family planning workers.

A series of additional projects is in various stages of preparation, and the volume of lending will rise. As envisaged when the Bank Group committed itself in this field three years ago, however, its principal contribution will continue to be in various forms of technical assistance. So far, sector missions have been sent by the Bank to seven countries, including some of the largest and most populous.

For the Bank to be effective, of course, requires commitment on the part of the Government concerned; such commitment is still not common in large areas, including some where population growth is having its most serious effects. Where it does exist, the potential benefits of population programs are very great and the Bank or IDA can help

to realize them. Projects are being developed only in certain countries where population policies have been adopted. In a number of others, the Bank has carried out reviews of the impact of population growth on socio-economic development.

POPULATION PROJECTS

TRINIDAD & TOBAGO: Bank, May 1971 -- $3 million, medical facilities, family planning institute, nurse-midwife training centers, technical assistance (total cost, $4.6 million).

TUNISIA: IDA, March 1971 -- $4.8 million, medical facilities, paramedical school, technical assistance (total cost, $7.7 million).

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UNITED STATES GOVERNMENT

Memorandum

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TO : See Distribution

DATE: May 18, 1971

FROM : TA/PCP, R. T. Ravenholt

SUBJECT: Population Care and Control in China

The attached report by Edgar Snow indicates that Mainland China has developed a powerful fertility control program. Their program strategy, especially the mix of methods used, appears outstanding.

It is ironic that China, for all its reputed backwardness and lack of foreign advisors, has developed a far more adequate grasp of effective family planning strategy and technology, e.g., delay of marriage, emphasis on availability and use of oral contraceptives, as well as IUDs, readily available abortions and sterilization, low cost delivery system, and prostaglandin research, than has India, which has had a plethora of foreign advice.

Although the population of Mainland China is now in the vicinity of 800 million, and the rapidly increasing effectiveness of the fertility control program is probably mainly a post-cultural revolution phenomenon, yet because of the excellent strategy of the program, the intense commitment to fertility control at the highest levels, and the regimentation of the people, I believe the fertility of Mainland China is now surely below 40, probably below 35, and possibly below 30 births per thousand population per annum. The fact that China has developed an effective fertility control program should have important spill-over effects for the improvement of family planning strategy and program in India and other developing countries.

Attachment

China: Population Care and Control *Edgar Snow*

THE NEW REPUBLIC

A Journal of Politics and the Arts — May 1, 1971, 50 cents

The Two John Lindsays

David K. Shipler

Signals to Mao —*John Osborne*

Why Impeachment —*Richard A. Falk*

Rap, Rap, Who's There —*John Seelye*

Comment: Who's Mr. Clean? Tax Break, The FBI Story (II), Busing, The CIA

by Edgar Snow

We are in a small hospital room where we have been conducted by Dr. Lin Ch'iao-chih, an old friend of mine. An abortion is being performed on a smiling patient. The young woman, a factory worker, is under no anaesthesia except two needles painlessly inserted in her ear lobes. This is a new use of acupuncture.

Dr. Lin Chi'iao-chih is the first Chinese woman gynecologist graduated in England and she helped to found modern medical practice in China. "I began as a pediatrician," she says, "but I could not bear to see babies die. So I switched to bringing them to life."

Past retirement age, the diminutive Dr. Lin is as vivacious as ever. An active member of the Chinese Academy of Medicine, and a teacher of one of Peking's colleges of medicine, Dr. Lin still devotes four to six hours a day in her department in the former Peking Union Medical Center. Once China's most advanced hospital and medical college, the Center was built with Rockefeller Foundation support about half a century ago. Since the cultural revolution it is officially called *Fan-Ti I-yuan*, or Anti-Imperialist Hospital. About 60 percent of the doctors, nurses and staff at this hospital are women. In the obstetrics and gynecology department the percentage is 90 percent women. The Anti-Imperialist Medical College students are about equally divided between the sexes.

The patient gives a friendly grin as she grants permission for me to photograph her during the operation. She is 8 weeks pregnant. A small stainless steel tube, clamped with a Number 8 dilator, is attached to a hose which leads to a receptacle and on to compressed air and an electrical pump.

Pressure about equal to the pull of a bicycle pump is adequate, so that in rural areas the device can be activated by foot power. This method of abortion is now in common use down to the rural commune hospital level. (There are about 70,000 communes.)

"It is simple, practically painless, there is no hemorrhage and no severe aftereffects," Dr. Lin explains.

While the operation proceeds I learn from the patient that she has two children and does not want another. Two children are the recommended limit – and age 25 for women and 28 for men are the correct marriage ages. "Recommended" is still far from universal practice, but society now frowns on violations.

"Do you feel any pain?" I ask in Chinese. She smiles and shakes her head. She uses Mao Tse-tung

Thought, she says. "Fear neither hardship nor death," perhaps. In less than ten minutes she is released from the table.

Not quite convinced, we return to witness another abortion a few days later, on a young woman of 29. She works in an electrical products factory and has one child of six. She has been using a uterine ring contraceptive, she says, but would now turn to the pill. Again, acupuncture is the anaesthesia. Just as cheerful as the first case, she seems unaware of anything happening until she is surprised, when told that it is all done. She sits up and chats a moment.

"I am now entitled to two weeks leave with pay," she says, "but I want to go back to work this afternoon. I feel fine. The shop needs me and we all have to help to fulfill our quota ahead of schedule." Dr. Lin tells her to lie down for half an hour and that she can then go back to work.

Here, an important word of qualification. No one should conclude that abortion is encouraged in China as a substitute for contraceptive measures. On the contrary, it is usually a last resort for mothers of one or more children who have not received or succeeded with contraceptive devices. There are no illegitimate children in China, and abortion is not normally a means of avoiding unmarried motherhood. All children must have two acknowledged parents, who are mutually responsible for the child's care. A few first-pregnancy mothers may seek abortion but they are persuaded against it unless the mother's health is endangered.

Abortions are done free of charge, on the demand of the mother alone. Birth control pills are also distributed gratis. Since 1968 the 22-days pill, developed in China, has increasingly replaced the intrauterine contraceptive and other devices. All medical organizations, mobile units, "barefoot doctors," and army medical teams, distribute control propaganda and the pills, for which the demand exceeds current production.

We next visited a post-delivery room where Dr. Lin paused to pat new mothers on the head. We went on to see their peacefully dozing infants. (Some 90 percent of deliveries in China are by natural childbirth, but in difficult cases acupuncture or other anaesthesia is used.) In another ward we found women convalescing from cancer operations. "Formerly choriocarcinoma – cancer of the uterus – was thought to be inoperable," said Dr. Lin. "Now we use a new treatment known as chemotherapy. We save about 60 percent of the cases even when cancer has spread to the chest and metastasized."

Dr. Lin paused to introduce us to one of the surgeons, Tai Yu-hua, who had herself been cured of choriocarcinoma by chemotherapy. Her uterus had been saved and she had since delivered a healthy baby. Tears came to Dr. Tai's eyes as Dr. Lin explained that her recovery had been partly due to faith healing – faith in Mao Tse-tung. Dr. Tai's baby was called "Strong Constitution." Meaning good health? Not at all. The child was so named in honor of the new constitution adopted by the Ninth Party Congress.

Dr. Lin said that she had volunteered to do rural medical health work and had recently returned from half a year in a commune in Hunan, south of the Yangtze River. She helped to train midwives and "barefoot doctors." A large percentage of urban medical personnel has gone into the interior to practice in farm communes and to teach young "barefoot doctors," right in the villages, to perform services at about the level of trained nurses. They do manual labor alongside the peasants. Their training is paid for by commune brigades and they remain commune members. Said Dr. Lin: "Peasants like barefoot doctors, on the spot, rather than dependence on traveling medical teams or hospitals. Of course we need both, but for minor illnesses and accidents the barefoot doctor is the answer. They are also the chief carriers of education in family planning."

That glimpse into the interior of one hospital reflects two aspects of major change: increased spread and utilization of all practical means of birth control, and a dramatic infusion of urban medical personnel into the countryside – "putting the stress on rural areas." Broadly speaking, four principles are now observed, as laid down by Mao Tse-tung to be guidelines for medical and health workers: 1) put prevention first; 2) serve the needs of workers, peasants and soldiers – wherever they happen to be; 3) combine rural and urban public health measures with medical practice; and 4) unite Chinese traditional therapy (acupuncture and herbal remedies) with western scientific knowledge.

"Prevention first" means far more than family planning, but a further word or two about that. In 1964 Premier Chou En-lai told me that his government hoped to see population growth drop below two percent by 1970. During my recent visit I was authoritatively told that by 1966 the rate actually fell below 2 percent. It shot up again during the cultural revolution. Millions of Red Guards went on "long marches," when the sexes more freely intermingled; many early marriages helped boost the birth rate. With dispersion of the Red Guards, reopening of schools, and restoration of discipline – plus widespread use of the pill – the rate is believed to be again on the decline.

The 22-days pill is free of side-effects, said Dr. Lin;

EDGAR SNOW *recently revisited mainland China to gather information for Western publications, the first American to do so since the cultural revolution. Former correspondent of* Look *magazine, his writings include* The Other Side of the River: Red China Today. *This is the third in a series of reports by Mr. Snow, the first and second ("Talks With Chou En-lai" and "Aftermath of the Cultural Revolution") having appeared in* The New Republic, *March 27 and April 10.*

it is 100 percent effective if taken daily, but oversight is still far too prevalent. Hence the search continues for an ideal once-a-month pill. Experiments with that kind of pill have been conducted by laboratories all over China since 1969, according to Dr. Lin. In Peking alone 5000 people were involved in a control project which included lab workers, medical personnel and their families. The once-a-month pill now in use is completely effective, said Dr. Lin, except for about two percent whose systems reject it. China is also in touch with world studies and results, particularly in Japan, of the menses-inducing vaginal pill which utilizes prostaglandis. An early breakthrough to a safe and 100 percent once-a-month preventive is foreseen.

"Our experimental group – we call it the Family Planning Fighters Group – is also working on longer-term oral contraceptives," said Dr. Lin. "We are experimenting with a one-in-three-months pill and we now believe we can develop a pill or a vaccine effective for about a year." Tests continue of Chinese herbal compounds as contraceptives for both men and women.

Male sterilization (after two children) is advocated, is free, and is not popular. About 70 percent of women of pregnancy age in Peking use contraceptives and two-thirds of them take the pill. In rural communes surrounding Peking some 40 percent of women of relevant age depend on the pill.

No national statistics on population increase are published and local figures vary considerably. In greater Peking the rate was given as 1.6 percent for 1969, for example, and in a commune near Shanghai it was said to be one percent, while in greater Sian I was given the estimate of three percent. China's population is evidently between 750 and 800 millions, and even a one percent growth would mean a billion by 2000 A.D. Two percent theoretically could add an extra 250 million by the same date!

Figures given to me on current combined national production by Premier Chou En-lai show a comfortable margin in excess of population growth, but Chinese planners would be happier if the human increment could be cut by one percent, which would add that much to per capita production increases. That is their goal for the next decade of sustained effort toward a rapid advance in the rate of national savings and increased production.

Change of scene. We are now in another general hospital which has 2600 beds, 13 departments and handles 3000 outpatients per day. It was built and was originally staffed by Soviet Russians, when it was known as the Friendship Hospital. During the cultural revolution it was renamed Fan-Sui I-yuan, which means Anti-Revisionist Hospital. Before our tour of the wards we sit at a long table with Wang Kuang-chou, a representative of the revolutionary committee of the Public Health Bureau of Peking; two "responsible persons" (meaning committee heads) of the People's Liberation Army propaganda team of the hospital; Chang Wei-shan, a well-known pediatrician and another old friend of mine who was formerly deputy director of the hospital and is now a manual worker at a "poor and middle peasants" brigade in a distant commune (here on a brief leave of absence); and 11 other mixed medical workers and revolutionary committee members.

Wang Kuang-chou, from the Bureau of Public Health, gives some general background facts. The Special Administrative Area of Peking has a population of six million and includes 10 suburban counties. There are 17 large municipal hospitals, and 30 district hospitals, with a total of 29,000 beds, not including beds in communes and factory clinics. The area has 8600 medical college graduates, an increase of 59 percent since 1960, plus about 2000 traditional-medicine doctors. (China *may* now have about 150,000 medical college – six-year-course – graduates and perhaps 400,000 "middle doctors" with two to four years of medical training.

By 1960 most epidemic and contagious diseases had been exterminated or brought under control. Venereal disease disappeared, with mass cooperation following complete suppression of prostitution. Polio, measles, typhoid, etc., are prevented by vaccines and hygienic measures. (Flies and mosquitoes are nearly extinct.) All this I know to be true.

Now Wang Kuang-chou offers facts concerning recent "revolutionary changes":

"In 1965 Chairman Mao said: 'The ministry of health is an urban overlord. In medical and health work put the stress on the rural areas.' We now study and apply Chairman Mao in a living way. In the past three years 3600 of our medical and health workers of Peking have gone to the countryside. We have organized 6000 medical and health workers in 430 mobile health teams, going as far as Szechuan, Yunnan and Inner Mongolia. Our doctors, nurses and cadres share this work in rotation.

"Barefoot doctors in the area number 13,000. They are called 'barefoot' instead of first aid workers because they take part in manual labor just like the peasants. They are of both sexes and their average age is 20. They receive three months training in hospital schools and then return to work for a time in communes under local hospital supervision. They then come back for another three months of training. Minor ailments are treated by them but they take more serious cases to the commune hospitals (280 in the area). Only difficult cases now come to the city hospitals."

Besides training barefoot doctors all hospitals train Red Medical Workers, attached to neighborhood or factory clinics, and PLA (People's Liberation Army) Medical Workers. The Anti-Revisionist Hospital currently was training 41 such youths, for periods of three months.

"Last year 96 medical workers from this hospital

went to the countryside to settle down and stay. About one-third of our staff is always out [illegible] rotational work in the field. The mobile medical teams have four tasks: to serve the masses in a direct way; to train basic medical personnel; to promote revolutionary thinking among medical workers by living in the same houses as the workers, peasants and soldiers, eating the same food, working their way, studying with them, and criticizing bourgeois ways."

Communes are collectives and from their own welfare funds they provide health insurance for members. In the city, hospitals make health insurance contracts with factories and other organizations, which draw from their welfare funds, also helped by state contributions. Workers pay for their food (20 to 30 cents a day) but hospitalization is free. Members of their families pay half the cost of their hospitalization.

I turn to Chang Wei-shen, visiting down from the countryside, lean, bronzed and greying at the temples. I have known him since I lectured at Yenching (now part of Peking) University more than 30 years ago, when he was a radical student. He was born overseas, studied medicine in the United States, and then returned to work for China. It is years since we met. He still speaks excellent English.

"Lao Chang," I say, "what took you away from Peking?"

"I am one of the 96 medical workers from our hospital who went to the communes to stay. Now I work in a production brigade of the Tsa Yui Peoples Commune, in Ta Hsing County. We have 800 people in the brigade."

"Who sent you there?"

"No one sent me. I asked to go, to integrate with the peasants and to remold my ideology. Before that I was director of the pediatrics department here and deputy director of the hospital. I did not realize I was a reactionary until the cultural revolution. When I worked with mobile medical teams I realized for the first time how much in need of medicine and doctors the peasants are. I went down as a cadre, to do manual labor, but the peasants learned that I was a doctor and they came to me for help.

"At first they called me 'hsien-sheng' or 'elder born,' treating me like an intellectual. They said 'beg' when they asked for treatment. I labored days and nights with them at planting and harvest time. Now they call me 'Lao Chang' (Old Chang) and we are equals. I am very happy with them and determined to spend my life there. I was divorced from politics and the masses in the past. I also did not know acupuncture and traditional medicine. Now I have studied it and found it is very effective for many things. So I have learned a lot. I no longer miss city life. I am training young medical workers where they are needed. There are broad vistas in the countryside."

And his family? They are still in Peking. He comes back to visit them once a month. Perhaps he will be called back to the c[illegible] again when the new party needs him – and he has trained young people to carry on his work at the brigade. Or his family may move to the country, to join him.

That very fragmentary selection hardly touches upon the many hours of talk I had with doctors, nurses, patients and medical revolutionary committeemen in a dozen cities and 11 communes. It may at least convey some sense or atmosphere of public health work in China, in an era when attention has been turned from the privileged city and its self-centered professionalism, to the fields and the villages of the interior. Some 70 to 80 percent of the people live there – people who brought the Chinese Communists to power.

"The peasants are all wholehearted and enthusiastic supporters of Chairman Mao," said Lao Chang. In the dozen communes we visited I heard nothing to contradict that, but it should not be concluded that they have all become models of socialist man. Mao has no illusions that the peasant soul itself is yet free from a "spontaneous desire to become a capitalist," as he puts it. Something about that, and other commune problems, belongs to a later report.

Early Warning

The President's problem is to make his people see that it can only be a way *out*, not a way farther in [to Indochina]. Even the United States, with all its military power, wealth and good intentions, does not possess the means unilaterally to impose a durable political decision in territory so remote from its homeland, so removed from its vital interests, in violation of international treaty obligations recognized by its allies and enemies alike, in transgression against the United Nations Charter, and manifestly irreconcilable with the sovereign rights and capabilities of a people innocent of aggression against the United States, and determined on independence and national unity. Even if by some miracle Dean Rusk could tomorrow pronounce his benediction over a cease-fire, history's verdict on these irrational political ambitions could only echo Tacitus: "They make a desolation and call it peace." . . . Mr. Johnson's task is to popularize a rollback in reverse without losing political power to the squareheads – an act of legerdemain worthy of a great statesman. And that accomplishment will surely require magic when, as is likely at any armistice conference, Vietnam puts in its claim for reparations as the price of peace – and in sum perhaps as much as the United States has already devoted to war there – and the American people begin to understand how much easier is the way into colonial wars than the way out.

– Edgar Snow, *The New Republic*, Dec. 25, 1965.

AID

The 'Penicillin' of Contraception May Be Here

What has been the experience with the IUD in the developing countries? How have oral contraceptives been accepted by women in largely peasant populations? What new contraceptive techniques are being tested for application in these countries?

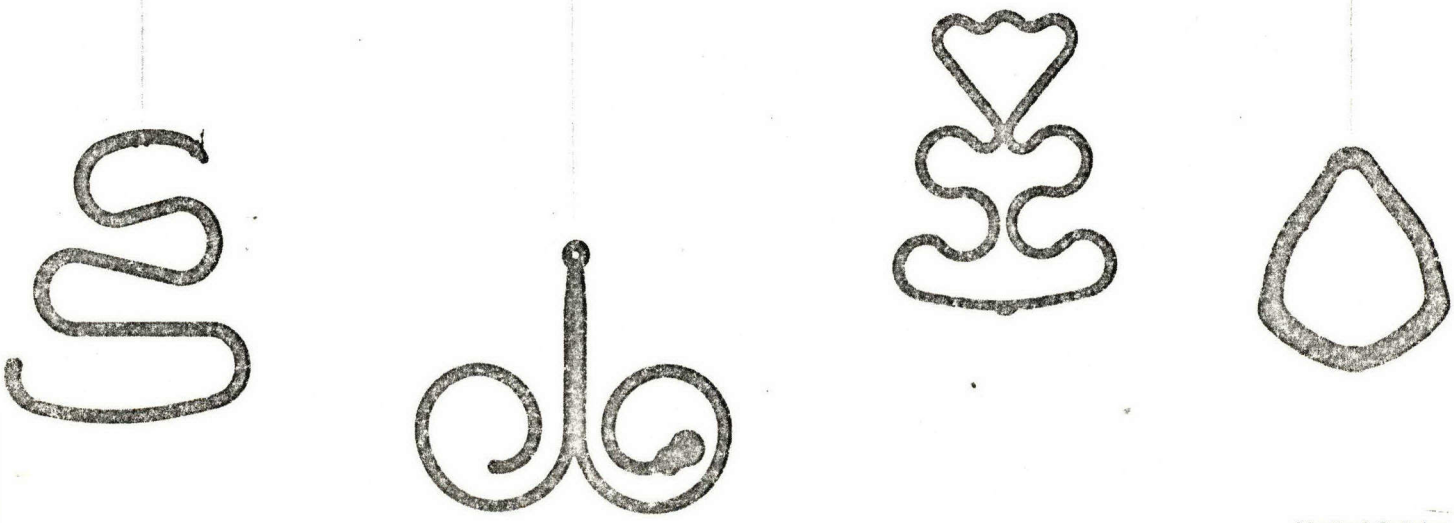
To get answers to these and other questions, Medical Opinion *interviewed Reimert Thorolf Ravenholt, M.D., Director of the Office of Population of the Agency for International Development (AID), and John Joseph Speidel, M.D., Chief of the Office of Population's Research Division. Through AID, the United States government has been providing assistance to family-planning programs in a large number of developing countries.*

Medical Opinion: Dr. Ravenholt, what contraceptive has the Agency for International Development found to be most effective in the developing countries?

Dr. Ravenholt: Five years ago it was thought by many that the intrauterine device was much more suitable for use in these countries than were oral contraceptives. However, the experience since then, I think, has reversed that judgment. The IUD has not gone as well as was envisioned.

In developing countries where women do not have access to good medical care, to bathrooms and sanitary materials, and may live under very difficult circumstances, they cannot well tolerate any unnecessary bleeding and discomfort. And so, in country after country, the use of the IUD—usually the Lippes Loop—has at first increased quite rapidly, reached a plateau, and then decreased.

On the other hand, wherever oral contraceptives have been made available, there has been an increasing utilization of them. Where women have a choice of all current methods, the majority ordinarily prefer oral contraceptives. Worldwide, there are now approximately six million women using intrauterine devices and probably more than twenty-five million using oral contraceptives.



We have given high priority to making oral contraceptives more fully available around the world, and AID is now shipping about a million-and-a-half monthly cycles each month to more than fifty countries through various intermediaries, as well as on a bilateral basis.

Has there been a problem with side effects?

Dr. Ravenholt: No. It is remarkable how little difficulty is discernible. The complete absence of reports of serious side effects from the developing countries is no doubt partially due to less thorough collection of data than in developed countries, but there are other important differences. In developed countries, such as the United States, many women are relatively inactive, and spend much of their time watching television or sitting about smoking cigarettes. These women may be considerably more troubled by varicose veins and a natural propensity toward thromboembolism than is the case for a lean Asian peasant who is doing hard labor in a warm climate and is not smoking.


Ravenholt

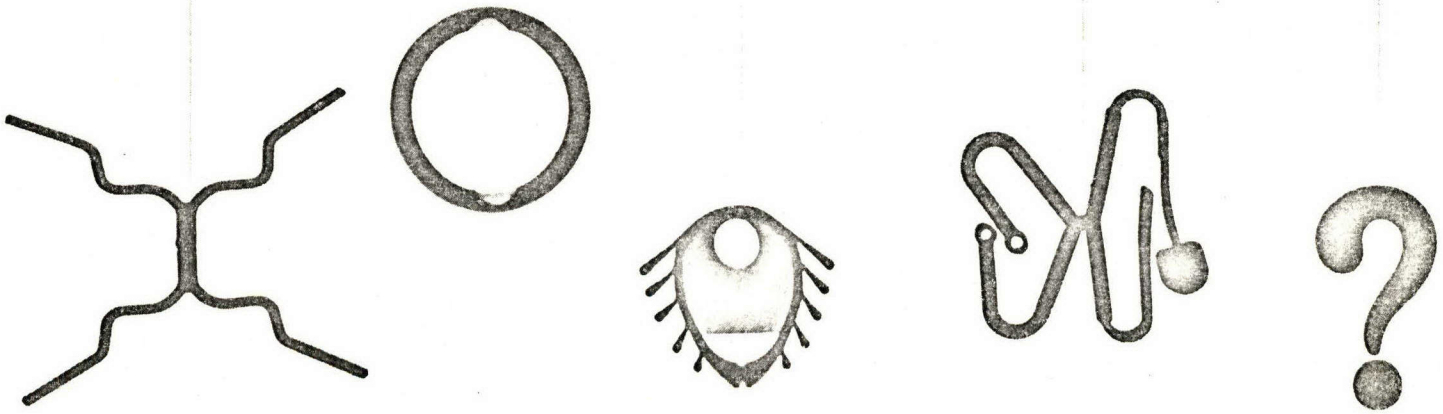

Speidel

Dr. Speidel and I were in India in October, visiting with the key officials of the Indian program. They have had a small pilot Pill program during the last two years, and had data on 28,000 women who have used The Pill for more than a year. I asked them "Has there been *any* indication in these 28,000 women of difficulty with thromboembolism?" and they said no. There were no reports of such difficulty.

Dr. Speidel: I might interject here that an impressively high proportion—some 70 to 80 percent—of those successfully using The Pill were illiterate women from Indian villages.

Dr. Ravenholt: It is sad that India has not made oral contraceptives generally available during the past decade. Perhaps, to some extent, this was a function of foreign advice, because they had a number of foreign advisors who were against it.

Dr. Speidel: Certainly one point we should make is that if there is concern about the risk versus the benefit of oral contraceptives, it is tremendously more favorable in the less developed countries, where the risk of childbirth may be tens to hundreds of



times greater than the risk in the Western World.

Are tubal ligation and vasectomy used much?

Dr. Ravenholt: In certain countries, sterilization procedures are very popular. India has used sterilization most extensively—particularly vasectomy, but also tubal ligation. They have done about seven million sterilizations during the last five years. Pakistan has done a considerable number, as well.

Interestingly, Puerto Rico actually has the highest rate of female sterilization of any country in the world—approximately one-third of all women of reproductive age have been sterilized.

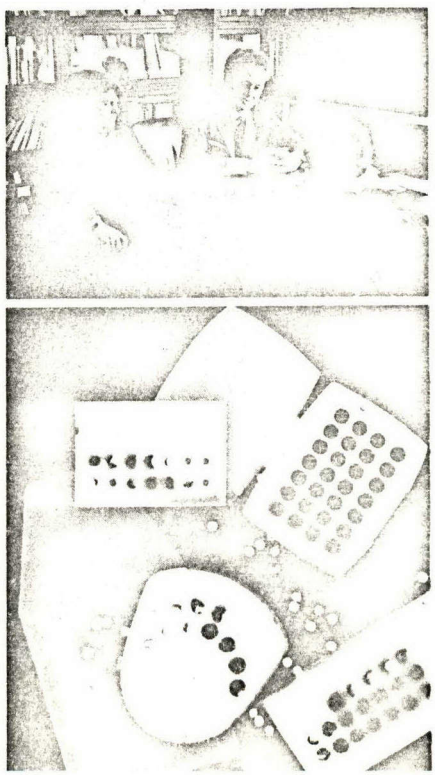
Your research program seems to be placing special emphasis on postcoital or postconceptive methods of fertility control. Why?

Dr. Speidel: We prefer to call them once-a-month methods, because with some of these the exact mechanism of action is not clear. What we have sought is what Dr. Ravenholt has described.

Dr. Ravenholt: This is . . . "a nontoxic and completely effective substance which when self-administered on a single occasion would ensure the nonpregnant state at completion of a monthly cycle." This is a definition or research goal I chose very deliberately back in 1968, when we moved to develop a large research program aimed at the improvement of fertility-control means. Of course, there are quite a few fairly good preconceptive means. But these depend on exercise of *foresight.*

We need a method that can be used *after* coitus or conception, so a woman can exercise *hindsight*—when she discovers that she is pregnant, or simply suspects that she is. She would then have a way of ensuring the onset of her menses. If we can get a simple once-a-month means, and particularly if self-administration is feasible, so she would not have to go to a clinic—and in developing countries there are very few of these—then there is little doubt we will enter a new era in the effectiveness of fertility control throughout the world.

Who are the chief recipients of your research grants, and what are they doing?



Dr. Ravenholt: Our first grant, in 1967, was $194,000 to the Pathfinder Fund—the world's oldest family-planning organization—for the development of a widespread research effort to test and improve intrauterine devices.

There have been some important new developments in IUD technology, particularly an improved understanding of the way the IUD works. The ordinary IUD, made of inert plastic, functions mainly as a large foreign body in the uterus. It provokes an inflammatory response; macrophages agglutinate about the IUD and attack sperm as they ascend through the uterus and, perhaps, fertilized eggs as they descend into the uterus. This information has become definitively available only in the last year.

And it is now known that the addition of certain metals, such as copper, to an IUD causes it to be considerably more effective. This development may permit IUD wearers to approach a zero pregnancy rate and also achieve a substantial reduction in bleeding and discomfort, because the contraceptive effect can be achieved with lower mass by a copper-loaded IUD than it can by an inert-plastic one.

What other grants have you made?

Dr. Ravenholt: AID made a grant of $109,000 to the Worcester Foundation in June 1968 for research aimed at elucidating more complete knowledge of an elusive luteolytic substance supposedly produced in the uterus. In working toward a once-a-month means of fertility control it seemed reasonable to aim most of the research effort at the various ways in which one might interrupt the function of the corpus luteum during the early gestational period. The progesterone needed for the initiation of a pregnancy is produced by the corpus luteum; and so research aimed at interruption of corpus luteum function seemed a reasonable goal.

In June of 1969, AID made a large grant of $3 million to the Population Council, for research also aimed at negating the role of progesterone during early pregnancy. That year we transferred some $1.5 million to the National Institute of Child Health and Human Development for the funding of twenty-eight projects, research

proposals, that NIH had received and for which they did not have funds, all of them dealing with the corpus luteum.

Now, this is where we stood in 1969. And if someone had asked me at that time, "How long will it be before an effective new postconceptive means of fertility control becomes available?" I would have estimated the mid-70s, perhaps. The surprising thing is that a breakthrough in this area has already occurred. It occurred in 1970, with the recognition that the prostaglandins were not only effective for the induction of labor at term, for which they had been used for several years, but also for postconceptive or postcoital fertility control.

As soon as we became aware of this postconceptive fertility control potential of prostaglandins, in December, 1969, we decided to move as swiftly as possible to develop additional research actions aimed at exploring and exploiting this new-found potential of prostaglandin. And so we moved to make a three-year grant of $2.9 million, to the Worcester Foundation, most of which was aimed at research and development of prostaglandins.

You have said that you think prostaglandins may be as important in controlling the reproductive process as the introduction of penicillin has been in fighting infection. Isn't that a bit of an exaggeration?

Dr. Ravenholt: Well, many of my acquaintances would surely use more conservative language. But I will hold to it. I said it for a number of reasons. First, there has been a great deal of research done in the prostaglandin field during the last couple of decades, especially by the Upjohn Company, Dr. E. J. Corey at Harvard, the Worcester Foundation, and very notably by a number of outstanding investigators in Sweden at the Karolinska Institute. So we are not dealing with something that has just suddenly appeared, whose qualities we know nothing about. Second, many of the stumbling blocks that would immediately confront us if this were a completely new material, such as its synthesis and manufacture and so forth, have already been surmounted.

Furthermore, prostaglandins now appear to be the endogenous substances that the body has ordinarily used for controlling a number of key functions, such as certain uterine functions, menstruation, labor, and so forth. It also appears that prostaglandin is remarkably nontoxic. Two years ago, when we were considering various ways of controlling fertility, we often thought in terms of the corpus luteum or some antiprogesterone substance per se. Prostaglandin has come along, and it appears to mimic natural processes controlling reproduction.

Research is now going forward in many centers here and abroad. We are trying to stay abreast of it as fully as we find possible—funding some of it, also.

A key reason that I give such great weight to the potential importance of prostaglandin is not only that it is proving effective when administered clinically, but especially because it can be vaginally administered and therefore has potential for self-administration. This combination of a postconceptive means with potential for self-administration by way of a medicated vaginal tampon or tablet would give us rather precisely the substance we have sought. A woman using it as an occasional postconceptive, once-a-month method would only have to be exposed to the influence of prostaglandin for a total of less than twenty-four hours per annum to achieve complete control of her fertility.

As a practical matter, would it need to be self-administered as often as once a month?

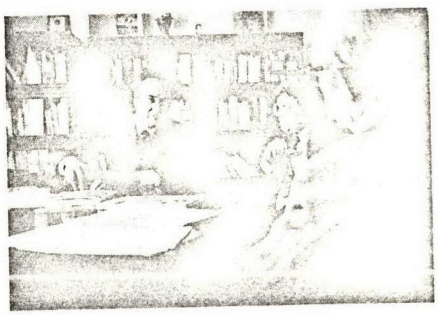
Dr. Ravenholt: No. Among a population of women who wish to control their reproduction with prostaglandin, some would not get pregnant and would not need prostaglandin; some would have delayed menses on one or more occasions and would then administer it. But, at the most, they would have to administer it only several times a year, though some women might prefer to administer it each month to ensure the onset of the menses at a specific time. Prostaglandin, in addition to its use specifically for the control of fertility, will no doubt be an important substance for the control of the menses per se and also for inducing labor at will toward the end of gestation.

In both Sweden and Uganda they are going ahead with clinical studies utilizing prostaglandins in fertility control postconceptively, but so far they seem to be pursuing different approaches. You are presumably most interested in that developed by Dr. Sultan

M. M. Karim in Uganda, who is administering either prostaglandin F-2 alpha or E-2 vaginally. Is this the route you regard as most promising?

Dr. Ravenholt: Yes. At least as far as the developing countries are concerned, self-administration, which is possible by the vaginal route with prostaglandin, is of the utmost importance. A year ago, as soon as we became aware that prostaglandin administered intravenously could terminate pregnancy, Dr. Speidel and I published a note in *The Lancet* suggesting that there should be rapid exploration of the possibility that it could be administered vaginally.

Dr. Karim and others picked this up, and Dr. Karim reported at the meeting sponsored by the New York Academy of Sciences last September that he had administered prostaglandin vaginally to twelve women whose menses were at least two days late. The menses were initiated in eleven of the twelve simply by vaginal insertion of two tablets of prostaglandin-lactose. Now this, it seemed to me, was the final piece in the puzzle needed to provide a virtually ideal means of fertility control.



Dr. Speidel: Karim is particularly looking at the intravaginal route of administering prostaglandins. He is considering the use of these compounds as a menstrual regulator, where they would be used on a once-a-month basis. By now he has carried out well over 100 menses inductions, with intravaginal prostaglandins. I believe a paper will be coming out soon describing his experience. He reported about 10 percent of cases required further treatment for minor bleeding or other minor complications.

But here again the story is not completely in, because we don't know what would have happened to those cases if they had been left alone.

Is AID interested in promoting any specific means of contraception?

Dr. Speidel: We believe in making available all techniques of fertility control requested by the countries we assist. It is up to the country that wishes to employ them to decide which methods they choose.

What are you planning in a clinical way that will develop this whole program?

Dr. Speidel: We have had a program operated by Dr. Roger Bernard through the Pathfinder Fund to test IUDs on a comparative basis with double-blind field trials of IUDs, which eliminates such factors as the investigator's particular bias about a certain IUD.

We will be expanding this type of program through an International Fertility Control Research Program at the University of North Carolina. This program will have general areas for comparative field trials such as sterilization techniques, steroidal contraceptives, prostaglandin, and the IUD. A network of collaborating investigators will be established in the less developed countries, and some also in Eastern Europe, England, Japan, and other countries where it would be useful to have comparative data.

The data will be processed centrally, and should quickly establish the value of a new contraceptive compared to another on an objective basis.

How much of a grant will you give this project?

Dr. Speidel: Approximately $3 million for three years.

Dr. Ravenholt: I might add that this action is moving forward quite rapidly. Dr. Elton Kessel, with some support from other contracts, has already developed some of the initial actions that go into this project. He has been to Yugoslavia and Africa—Kenya and Uganda—identifying the initial key investigators and making the arrangements with some of them for training with Dr. Charles Hendricks and others at North Carolina, and then for subsequent clinical trials.

Dr. Kessel and Dr. Speidel also visited the Upjohn Company not long ago, because Upjohn is the key source of supply of prostaglandins. It has been the foremost pharmaceutical company for research dealing with prostaglandins.

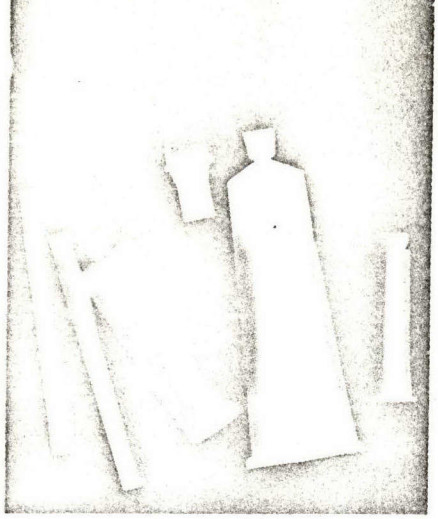
Isn't the Alza Corporation in Palo Alto also developing quite a program in this field?

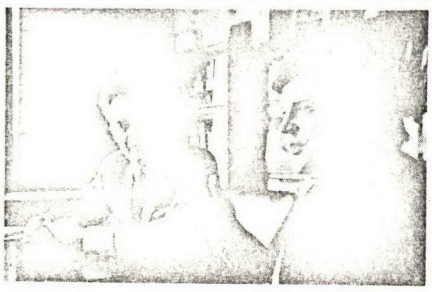
Dr. Speidel: Yes. I visited them last summer. They have pulled together a small but experienced group of key workers in this field, and are particularly interested in devising delivery systems for prostaglandins. We hope that they will be able to come up with valuable means of application for prostaglandins.

What is the nature of Dr. Hendricks' work with prostaglandins at the University of North Carolina?

Dr. Speidel: He has carried out one of the first

series of studies of intravenous prostaglandins in the United States as a means of fertility control. Prostaglandins may also prove to be an improved means of inducing labor at a safe time, when the hospital staff is available, and may be a real advance in the safety and care of infants and mothers.





But is he working on the induction of labor at so early a stage that it would be contraceptive?

Dr. Speidel: Yes, this work is similar to the larger trials on early induction of menses which are being carried out in Sweden and Uganda.

Dr. Ravenholt: I just visited Dr. Arpad Csapo, professor of obstetrics and gynecology at Washington University, St. Louis. AID had provided some support to him through the moneys transferred to the NIH a year and a half ago. He is doing excellent, interesting work now with prostaglandins—very limited supplies, very tiny amounts—but doing it with intrauterine application and studying this in both humans and animals.

What aspect is the Worcester Foundation dealing with?

Dr. Speidel: The Worcester Foundation has a less clinical role in this development program. They have served as an intermediary to start some key actions as subcontracts. They have supported Dr. Bengt Samuelsson in Sweden in his work to develop improved assay techniques. They have provided a small grant to the group at Yale, Drs. Gerald Anderson and Leon Speroff, to enable them to continue their clinical trials and work on a radioimmunoassay technique that Worcester is collaborating on.

Worcester has also provided funds to Dr. Corey of Harvard to continue his work on total synthesis of prostaglandins. Worcester, together with George Washington University, will also be developing a system for prostaglandin data collection and dissemination. In addition, it will be establishing assay techniques for research in reproductive biology, which will support certain other projects using prostaglandins. And it will be testing routes of administration and effects of prostaglandins in laboratory animals; this includes primate series, too.

Even though you are so enthusiastic about the possibilities of prostaglandins, you are not putting all your eggs in one basket?

Dr. Speidel: We all recognize that prostaglandins may not be as successful as we hope. Therefore we also seek to improve and perfect the presently available contraceptive technology as well as to develop new means of fertility control, including means other than prostaglandins. Dr. Ravenholt has described some of these projects.

How soon do you think there will be a prostaglandin tampon or suppository available?

Dr. Speidel: Well, that is difficult to predict because registration as a marketable drug will occur in different countries at different speeds. The supply problem, although there is much progress, is still something that hasn't been entirely solved. I think registration in the United States is several years in the future, but perhaps in England or Sweden it could be as soon as a year.

This assumes that no serious problem arises. We have no real indication that one will, but only a few thousand human trials have taken place.

Dr. Ravenholt: The social implications of prostaglandins are vast. When women have the means to control their fertility completely—to never be pregnant if they do not wish to be—the whole concept of a wanted baby will be fundamentally modified.

Dr. Speidel: Then it will become a reality.

Dr. Ravenholt: Yes, because each baby will have to be wanted consistently during gestation. Whereas in the past a "wanted child" may have represented only one night of desire, tomorrow's children will have to pass a more severe test of parental desire. The impact of prostaglandin upon fertility patterns, on infant and maternal health, and on the solution of a broad array of social problems will be vast.

Furthermore, with the advent of prostaglandin and complete control over the reproductive process, we will be able to approach the ultimate goal of zero infant and maternal mortality far closer than we had thought possible just a few years ago. END

Sent to
Dr Ravenholt
AID
12/28/70

POPULATION PROJECTS DEPARTMENT

STAFF

Director	Dr. K. Kanagaratnam
Economist Program Development	George Zaidan
Demographer/Economist	Miss I.Z. Husain
Evaluator/Social Scientist	Habib-ur-Rahman Siddiqui
Population Specialist	Huw M. Jones
Statistician	Mrs. M. Nydia Maraviglia
Medical Architect	J. R. Burfield
Demographer	Ferdinand Rath (w.e.f. Feb. 1, 1971)
Health Educator	Mrs. Louisa Haas (w.e.f. Jan. 15, 1971)
Editorial Assistant	Miss M. Fromme
Research Assistant	Mrs. A. Pandid

December 24, 1970

AID/W AND MISSION POPULATION
STAFFING AND VACANCIES
(DIRECT HIRE AND PASA)

A.I.D./Washington Bureau Personnel

TECHNICAL ASSISTANCE BUREAU

POSITION	NAME
OFFICE OF POPULATION	
Office of the Director	
Director	R. T. Ravenholt
Deputy Director	Willard Boynton
Deputy Director	Randall Backlund
Secretary (Stenographer)	Mimi Burch
Secretary (Stenographer)	Vacant
Clerk-Typist (part-time)	Antonia Wood
Program Plans Division	
Program Officer	James Meem
Program Analyst	Vacant
Secretary (Stenographer)	Pearl Murdock
Files Technician	Patricia Abbott
Manpower & Institutional Development Division	
Chief	Alvin Lackey
Consultant	Edward Rizzo
Training Officer	Gerald Winfield
Manpower Specialist	William Alli
Training Researcher	Martin Gilbert 1/
Program Officer	Herbert Woods
Secretary (Stenographer)	Mary Witte
Clerk-Stenographer	Bernadette Kurta
Analysis & Evaluation Division	
Chief	James Brackett
Demographer/Analyst	Thomas Lyons
Chief, Family Planning Evaluation	Henry Gelfand
Chief, Population Analysis	Thomas Merrick
Economist/Demographer	Carl Hemmer
Economist/Demographer	Robert Bush
Program Analyst	Penelope Farley
Secretary (Stenographer)	Karen Abes
Clerk-Stenographer	Mary Claire Watts
Clerk-Stenographer	Vacant

Research Division

Chief	Joseph Speidel
Deputy Chief	Vacant
Demographer/Statistician	Timothy Sprehe
Biological Scientist	(Mary Perry)
Program Officer	Charlotte Ellis
Biologist	Kate Prager
Secretary (Stenographer)	Shirley Siler
Secretary (Stenographer)	Linda De Hart
Clerk-Typist	Joanne Farmer

Information, Education & Communications Division

Chief	William Johnson
Deputy Chief	Charles Blackman
Communications Specialist	Vacant
Operations Support Officer	James Massie
Technical Reports Officer	Ann Aarnes
Clerk-Stenographer	Marilyn Kemp
Clerk-Stenographer (part-time)	Janet Wallace

Field Support Division

Chief	Vacant
Deputy Chief	Harald Pedersen 1/
Program/Plans Analyst	Lloyd Emerson
Program Officer	Edward Mau
Secretary (Stenographer)	Anna Peters
Clerk-Stenographer (part-time)	Vacant

Program Grants Division

Chief	Irene Walker
Operations Support Officer	Wilbur Wallace
Operations Support Officer	Richard Metcalfe
Operations Support Officer	Foster Parmalee
Assistant Reports Officer	Edith Smith
Secretary (Stenographer)	Marolyn White
Clerk-Stenographer	Vacant

1/ PASA

POSITION	NAME

BUREAU FOR AFRICA

Office of Institutional Development

Principal Advisor, Health/Population	Julius S. Prince
Assistant Advisor, Health/Population	Vacant
Health/Population Officer	Jean Pinder
Health/Population Officer	Anselmo Bernal
Health/Population Officer	Mary Lou Whigby
Secretary (Stenographer)	Catherine Swindell

BUREAU FOR EAST ASIA

Technical Advisory Service

Assistant Director (Population and Public Health)	James K. Shafer
Population Program Officer	Raymond Pagan
Assistant Population Program Officer	Thomas H. Reese
Research and Evaluation Officer	Vacant
Secretary (Stenographer)	Bonita Blackburn
Secretary	Vacant

BUREAU FOR LATIN AMERICA

Office of Population & Civic Development
Population Programs Division

Chief (Acting)	Jaime L. Manzano
Deputy Chief	Herbert T. Dalmat
Regional Project Officer	Maura E. Hurley
Regional Project Officer	Nadene Saxton
Program Officer	Thomas F. McMahon
Program Officer	Annie Laurie
Program Officer	Edward E. Keenan
Program Analyst	Ann Pagonis
Staff Assistant (Stenographer)	Mildred Erdman
Secretary	Irma Parker
Secretary	Michele Sheridan
Secretary (Part Time)	Anne Rayman

BUREAU FOR NEAR EAST-SOUTH ASIA

Office of Population Programs

Director	R. Wade Jones
Deputy Director	Ruth Fitzmaurice
Program Analyst	Michael Reardon
Operations Officer	Robert Layton
Operations Officer	Morrie Blumberg

POSITION	NAME

BUREAU FOR NEAR EAST-SOUTH ASIA (continued)

Operations Officer	Raphael Matienzo
Administrative Assistant	Barbara Turner
Clerk-Stenographer	Idaline Price
Clerk-Stenographer	Rita Micker

BUREAU FOR VIETNAM

Office of Health Administration

Population Officer	Marshall Harris (in process)

OFFICE OF INTERNATIONAL TRAINING

Chief, Population Section	Gladys Philpott
Development Training Specialist	John Peabody
Development Training Specialist	Mary Elizabeth Starnes
Acting Development Training Specialist	Beatrice Loube
Training Technician	Mary Bouldin
Training Technician	Charlotte Shaw
Training Technician	Fern Finley

U.S. A.I.D. MISSIONS OVERSEAS

Africa	Title	Name
Accra (Reg.)	Regional Population Officer	Ernest Neal 2/
Accra (Reg.)	Asst. Reg. Population Officer	Virginia Josephian 2/
Accra (Reg.)	PH Physician/Population Advisor	Marc Vincent (in process) 2
Accra (Reg.)	Program Assistant/Population	Ain H. Kivimae 2/
Accra (Reg.)	Economic Advisor/Population	Jane L. Feldstein 2/
Ethiopia	Statistical Advisor-Demographer	Vacant
Kenya	Computer Programmer	Stephan Goldman 1/
Kenya	Audio-Visual Specialist	James McCarron 2/
Kenya	Demographer	Hugh Rose 1/
Kenya	Program Assistant	Spencer Silberstein 2/
Kenya	Public Health Educator	Jason Calhoun 2/
Liberia	Public Health Nurse Advisor	Herlinda Castro 2/
Liberia	Demographer	John Rumford 1/
Liberia	PH Adm. Advisor/Population	Vacant 2/
Liberia	PH Nurse Advisor-Midwife	Vacant 2/
Liberia	Statistical Advisor-Demographer	John Rumford 1/
Liberia	Statistical Advisor-Demographer	Gerald Kotwas 1/
Morocco	Data Processing Advisor	Robert E. Catlin 1/
Morocco	Statistical Sampling Advisor	Peter R. Ohns 1/
Morocco	PH Adm. Advisor (Physician)	Niels Poulsen 2/
Tunisia	PH Adm. Advisor	Howard Keller 2/
Tunisia	Public Health Educator	Herman Marshall 2/
Tunisia	Public Health Advisor (Gynecologist)	Vacant
Tunisia	Public Health Nurse Educator	Irene Martin 1/
Uganda	Data Processing Specialist	Ernest Moore 1/
Latin America		
Bolivia	Acting Chief, Human Resources Div.	Amedee Landry
Chile	Population Officer	John P. James 2/
Colombia	Undetermined	Vacant
Costa Rica	PH Advisor Population/FP	Vernon Scott
Ecuador	Population Officer	Vacant
El Salvador	Population Officer	Herson Morales-Perez

Latin America (Cont.)

Guatemala	Assistant Population Officer	Cynthia Burski
Honduras	Public Health Advisor	Louis Gardella 2/
Jamaica	PH Advisor/Family Planning	Alton Wilson 2/
Jamaica	PH Advisor/Family Planning	Paul Ator
Nicaragua	Public Health Advisor	Albert Grego
Nicaragua	Population Officer/Public Helath	William Flexner
Panama	Public Health Advisor	Ernest Feigenbaum
Panama	Population Officer	Scott Brandon 2/
Paraguay	Food for Peace/Population Officer	Antonio Kranaskas
Paraguay	Population Officer	Vacant
Peru	Population Officer	Anthony Donovan
Venezuela	Undetermined	Vacant

East Asia

Regional - Colombo Plan	Population Advisor	John Edlefson
Indonesia	Population Office/Public Health	John J. Clinton
Indonesia	Assistant Population Officer	Vacant
Indonesia	Undetermined	Vacant
Korea	Chief, Public Health Division	Sidney Clark
Korea	Public Health Advisor/Population	Scott Edmonds
Korea	Population Program Officer	F. Curtis Swezy
Korea	Population Supply Management Officer	George Roberts
Korea	Undetermined	Vacant
Korea	Undetermined	Vacant
Laos	Population Officer	Vacant
Laos	Public Health Nurse/Population	Beverly Ann Fry
Laos	Statistical/Demographic Advisor	John W. Morse
Philippines	Population Advisor-Research	Frank Denton
Philippines	Public Health Advisor/Population	Thomas Harriman
Philippines	Population Officer	J.P. Keeve
Philippines	Communications Resource Adv./Pop.	Edward Marks
Philippines	Health Education Advisor	Walker Williams 1/
Philippines	Population Advisor/Information	Nancy Dammann (in process)
Thailand	Public Health Advisor/Population	Bruce Carlson
Thailand	Public Health Pop. Liaison Officer	Andrew Haynal 3/

Near East-South Asia

Afghanistan	Special Assistant for Population	Walter Majewski
India	Assistant Director for Population	Alvin Roseman
India	Dep. Asst. Director for Population	Lenni W. Kangas
India	Population Advisor (PH Physician)	Alda G. Holliday
India	Medical Educator	(USAID Holding recruitment)
India	Program Analyst	John Burdick
India	Population Research Advisor	Frances Gulick
India	Population Advisor (Social Science)	Michael Jordan
India	Population Training Advisor	Grace Langley
India	Population Advisor (PH Nurse)	Constance Collins
India	Public Health Nurse-Midwife	Margaret Racz
India	Population Information Advisor	Marschall Rothe
India	Population Advisor (Social Science)	Dallas Voran
India	Demographer (Sim Models)	George Immerwahr 1/
India	Equipment Advisor (Auto)	Clark J. Spooner
India	Population Advisor (Marketing	Robert Dannenbaum (in proces
Nepal	Chief, Health and Family Planning	Donald Rice
Nepal	Program Analyst	Roger Cranse
Nepal	Population Advisor (Motiv./Eval.)	Daniel Taylor
Pakistan	Assistant Director for Health & FP	Vacant
Pakistan	Deputy Assistant Director	Robert Y. Grant
Pakistan	Medical Officer	Stephen Thomas (in process)
Pakistan	Assistant PH Advisor (FP)	Gerard Bowers
Pakistan	Supply Management Officer	Russell McCoy
Pakistan	Population Advisor (Lahore)	William Trayfors
Pakistan	Population Advisor (Dacca)	Jake Harshbarger
Pakistan	Statistics Advisor Demographer	Bruno Schiro 1/
Pakistan	Statistics Advisor Demographer	Leroy Schultz 1/
Pakistan	Statistics Advisor Demographer	K. Larson 1/
Turkey	Social Science Advisor (Population)	Edward Ruoff
Vietnam	Demographer	(SPAR to be submitted)
Vietnam	Population Officer	Dorothy Glenn
Vietnam	Population Advisor	Gerald Patrick

1/ PASA
2/ Funded by Title X
3/ This position is recommended as trade off for one of the vacancies in Indonesia.

TA/POP/M:HWoods:mlw:10-20-70

SUMMARY OF
FULL-TIME DIRECT HIRE AND PASA POSITIONS IN A.I.D. POPULATION PROGRAMS
FILLED AND VACANT AS OF SEPTEMBER 30, 1970 1/

Office	Authorized Positions	Persons On Board	Vacant Positions
AID/W:	96	85 1/2	10 1/2
Missions:	96	81	15
Total Professional, Clerical	182	166 1/2	25 1/2
Total Professional	162	141	21
AID/Washington			
Total (Professional and Clerical)			
Professional, Total	66 (2)	60 (2)	6 (0)
Office of Population	38 (2)	34 (2)	4
Office of Int'l Training	4	4	0
Africa Bureau	5	4	1
East Asia Bureau	4	3	1
Latin America Bureau	8	8	0
Near East-South Asia Bureau	6	6	0
Vietnam	1	1	0
Clerical, Total	30	25 1/2	4 1/2
Office of Population	17 1/2	14	3 1/2
Office of Int'l Training	3	3	0
Africa Bureau	1	1	0
East Asia Bureau	2	1	1
Latin America Bureau	3 1/2	3 1/2	0
Near East-South Asia Bureau	3	3	0
Vietnam Bureau	0	0	0
USAID Professional Staff			
Total	96 (14)	81 (14)	15 (0)

Mission	Authorized Positions	Persons on Board	Vacant Positions
Africa	25 (9)	21 (9)	4 (0)
Regional	5	5	0
Ethiopia	1	0	1
Kenya	5 (2)	5 (2)	0
Liberia	6 (3)	4 (3)	2
Morocco	3 (2)	3 (2)	0
Tunisia	4 (1)	3 (1)	1
Uganda	1 (1)	1 (1)	0
Latin America	18 (0)	14 (0)	4 (0)
Bolivia	1	1	0
Chile	1	1	0
Colombia	1	0	1
Costa Rica	1	1	0
Dominican Republic	0	0	0
Ecuador	1	0	1
El Salvador	1	1	0
Guatemala	1	1	0
Honduras	1	1	0
Jamaica	2	2	0
Nicaragua	2	2	0
Panama	2	2	0
Paraguay	2	1	1
Peru	1	1	0
Venezuela	1	0	1
Near East South Asia	30 (4)	28 (4)	2 (0)
Afghanistan	1	1	0
India	15 (1)	14 (1)	1
Nepal	3	3	0
Pakistan	10 (3)	9 (3)	1
Turkey	1	1	0
East Asia	21 (1)	16 (1)	5 (0)
Regional	1	1	0
Indonesia	3	1	2
Korea	6	4	2
Laos	3	2	1
Philippines	6 (1)	6 (1)	0
Thailand	2	2	0
Vietnam	2	2	0 (0)

1/Figures in parentheses are number of PASA included.

TA/POP/M:HWoods:mlw:10-27-70

DEPARTMENT OF STATE
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

August 11, 1970

Mr. K. Kanagaratnam, M.D.
Director
Population Projects Department
International Development Association
1818 H Street, N. W.
Washington, D. C. 20433

Dear Mr. Kanagaratnam:

Thank you for your response to our request for information on the World Bank's family planning activities for inclusion in the forthcoming edition of "Population Program Assistance." We are most pleased to have this material. If you would like copies of the revised publication--free of charge of course--please let me know sometime before the end of August. Meantime, our thanks for your cooperation.

Sincerely yours,

Wm B. Johnson

William B. Johnson
Office of Population
Technical Assistance Bureau

ok-phoned Aug 24/70

B

Request (6) copies (if possible) at least 3 copies.

Seen Fee.

FORM NO. 75
(2-60)

INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT

INTERNATIONAL FINANCE CORPORATION

INTERNATIONAL DEVELOPMENT ASSOCIATION

ROUTING SLIP

Date: August 5, 1970

NAME	ROOM NO.
Mr. William Clark	D928
Information & Public Affairs	

	To Handle		Note and File
	Appropriate Disposition		Note and Return
	Approval		Prepare Reply
x	Comment		Per Our Conversation
	Full Report		Recommendation
	Information		Signature
	Initial		Send On

REMARKS

For comment on draft reply to AID, as discussed with you yesterday.

Quite OK. I think

WRC.

From

K. Kanagaratnam

August 7, 1970

Mr. William B. Johnson
Office of Population
Technical Assistance Bureau
Department of State
Agency for International Development
Washington, D. C. 20523

Dear Mr. Johnson:

With reference to your letter of July 6 concerning the updating of the World Bank article for your annual "Population Program Assistance", I am sending you a copy of an extract from the forthcoming IBRD Annual Report, which may be used as the basis of the report in your publication.

You will appreciate that more details of action currently pending with member governments is restricted until consideration by the Board and cannot, therefore, be included in the report at this stage.

Sincerely yours,

K. Kanagaratnam, M.D.
Director
Population Projects Department

Enclosure

bc: Mr. William Clark

AP:cw

Extract from the IBRD/IDA Annual Report
for the fiscal year 1970

New Areas of Lending

Population

The Bank's interest in the population field arises because it is aware that the excessive rates of population growth in many of its member countries can severely impede their economic development efforts. At the same time, the Bank is deeply conscious that this is a complex and sensitive area, involving difficult ethical, political and social issues in addition to the technical aspects of the problem -- economic, demographic and medical. The Bank believes that greater awareness is needed of the problems associated with excessive population growth, and that it should be ready to assist member governments seeking help in developing population policies and programs and in the improvement of existing programs. A Population Projects Department was set up in fiscal 1969, to undertake responsibility for Bank activities in this area.

The Bank has responded to a number of requests for technical and financial assistance from member countries during the year under review. It undertook its first such lending operation, a $2 million Bank loan to Jamaica, in June 1970: the loan will help the government to develop a postpartum family planning program (i.e., for women who have just given birth) by financing the construction of an extension to Jamaica's largest maternity hospital in Kingston and of a number of rural maternity centers. Following a joint United Nations-World Health Organization-World Bank advisory mission to Indonesia, a five-year family planning program has been recommended to the Indonesian Government. Pre-appraisal missions have visited a number of countries during the year with a view to subsequent Bank assistance.

Technical assistance is often as important a requirement as financial assistance in the family planning field. Advice on program planning, administration, evaluation, personnel training and communication is of the greatest value in promoting the effectiveness of programs. The Bank expects such activities to form an important part of its effort in this area.

The Bank is making intensive efforts to increase its expertise in the field of population problems. Staff members keep in close touch with other organizations working in this field; international consultants have served on the Bank's missions. The Bank expects to expand its operational and analytical activities in the coming years, in line with member countries' requirements for technical and financial assistance.

DEPARTMENT OF STATE

Washington, D.C. 20520

June 29, 1970

Dear Mr. Kanagaratnam:

As I promised, here are copies of the analyses of the momentum of population growth I told you about. They show for a number of countries four sets of projections. Table 4 is for present fertility rates continued with continuing declines in mortality. Table 3 sets out three projections assuming a Net Reproduction Rate of Unity--essentially a two-child family--could be reached at three times: 1980-85, 1990-95, 2000-05. All these tables reveal the enormous growth potential built in the very young age structures in these typical countries.

Table 4 should persuade the most enthusiastic advocate of national population growth that there has to be a cutoff sometime.

The analyses in Table 3 are, as far as I know, entirely new. They should be very impressive to national leaders who believe their country should have a larger population but have no idea that the built-in momentum is such that it is <u>inevitable</u> the population will more than double under even the most favorable circumstances of a national population planning program which would reach the two-child family level by 1980-85. Since such a level cannot realistically be expected before 1990-95, or more likely 2000-05, as a practical matter it is inevitable that for most of these

Mr. Kandiah Kanagaratnam
Director, Population Projects Department
International Bank for Reconstruction
and Development
Washington, D. C. 20433

countries population will level off at no less than 250 percent to 300 percent of present sizes.

The problem is how to use these figures with the greatest beneficial effect. Could the Bank find such a use for them?

Sincerely,

Phil

Philander P. Claxton, Jr.
Special Assistant to the Secretary
for Population Matters

Notes: 1) I also enclose an explanation of the assumptions used in preparing the projections.

2) The projections for India are being redone. The base figure used was far too low.

Enclosures

EXPLANATION
OF PROJECTIONS OF POPULATION GROWTH
FOR CERTAIN COUNTRIES

For all countries, the base date for the projections is either 1960 or 1965, depending upon the data available.

In order to project any given population into the future, it is necessary to "assume" that the basic measures of fertility, mortality, and migration will either remain the same, or will increase or decrease at some identifiable pace. The computer program used to generate the present data is designed to project the population at five-year intervals, and so any change introduced in the fertility and mortality rates refers to a change from one five-year period to the next, rather than year by year.

The demographic measures and the assumptions used in making the projections are discussed below.

DEMOGRAPHIC MEASURES

Fertility - All series begin with an estimated set of age-specific fertility rates (the number of births per woman in the reproductive ages, by five-year age groups) relating to the base date for the projections (and referring to the first five years of the projection period), as shown for each country in Table 1. This initial fertility schedule is either modified or held constant according to the different projection series, as discussed below.

Mortality - Mortality is measured in terms of the estimated expectation of life at birth in the initial projection year (see Table 2), and the corresponding survival rates as determined by model life tables. For all the projection series presented here, the same assumption as to the future course of mortality was made, namely that mortality will improve, as measured by an increase in the life expectancy at birth. Of course one cannot predict just how much, or at what rate, the life expectancy will increase. To facilitate the processing of data for many countries, it is assumed here for all of them that the beginning life expectancy at birth will increase linearly to a maximum level of 75.0 years for females by the year 2000, and will remain constant thereafter. The corresponding value for males is computed in each instance, maintaining the same absolute difference between males and females as was the case at the base date of the projections.

Migration - In all series for all countries, no allowance is made for migration.

PROJECTION SERIES

Table 3 - Stationary Population Analysis - As the name implies, a stationary population is one that is no longer growing. In order to hypothetically transform, over time, any given population into a stationary population, one can make use of another measure of fertility, the Net Reproduction Rate (NRR). The NRR may be defined as the total number of female children that would be born per woman to a cohort of women as they pass through the reproduction ages (15-49 years), allowing for the mortality of some of the women before they reach age 49. Thus, an NRR of 1.00 means that each woman would produce one daughter, who may be said to "replace" her mother in the population, with the presumed eventual result that no growth of the population would take place. (Although not implicit in the rate, it may of course be supposed that each woman would also produce a son, who in turn "replaces" his father. Thus, it could be considered that two children per woman would eventually result in mere "replacement" of the population, and that it would remain at the same size thereafter.)

Changes in the population of any country, however, depend to a great extent upon the age structure of its inhabitants. Even after the Net Reproduction Rate has reached a level of 1.00, it takes another 60 years or so before the population actually ceases to grow and the age structure stabilizes. The three projection series given in Table 3 are designed to show this for each country.

One series assumes that fertility will remain constant until 1970, and then decline from the 1970 age-specific fertility schedule until it reaches a schedule equivalent to an NRR of 1.00 in the period 1980-85, while at the same time changing age by age until it approaches a pattern appropriate to a low fertility country. Once the NRR reaches a level of 1.00, it is held constant for the remainder of the projection period.

The other two series in Table 3 are similar, but assume that the NRR will not reach 1.00 until the periods 1990-95 and 2000-05 respectively.

The mortality assumptions for these series are as discussed under "Mortality" above. No allowance is made for migration.

Table 4 - Constant Fertility, Declining Mortality. In this series, the beginning set of age-specific fertility rates for each country is held constant throughout the projection period. The mortality assumption is the same as that discussed under "Mortality" above. No allowance is made for migration.

Note on United States Projections - The projections of the U.S. population shown here are illustrative projections prepared for comparative purposes and are not the official projections of the U.S. Government. For the official projections of the U.S. population see U.S. Bureau of the Census, Current Population Reports, Series P-25.

TABLE 1 Age-Specific Fertility Rates[1/] at the Base Year for the Projections, Selected Countries

Country	Base Year	Age Group of Women 15-19	20-24	25-29	30-34	35-39	40-44	45-49
Argentina	1965	.055	.154	.164	.113	.066	.026	.006
Bolivia	1965	.132	.286	.314	.220	.115	.070	.036
Brazil	1960	.152	.347	.305	.216	.136	.049	.011
Chile	1960	.080	.219	.251	.219	.140	.062	.015
Mexico	1960	.106	.305	.314	.244	.204	.042	.007
Venezuela	1965	.128	.312	.317	.243	.181	.067	.018
Ghana	1960	.141	.296	.285	.273	.224	.133	.060
Morocco	1960	.201	.305	.272	.216	.147	.072	.029
Nigeria	1965	.195	.266	.233	.172	.123	.068	.063
Uganda	1960	.146	.292	.264	.221	.157	.069	.040
United Arab Republic	1960	.032	.211	.350	.367	.195	.056	.019
India	1960	.124	.291	.300	.216	.127	.037	.008
Indonesia	1960	.185	.282	.250	.199	.135	.066	.026
Philippines	1965	.059	.308	.348	.300	.217	.109	.013
Thailand	1960	.054	.264	.319	.281	.236	.118	.032
France	1965	.028	.117	.181	.108	.053	.017	.002
Japan	1965	.003	.112	.203	.086	.019	.003	.000
United States	1965	.070	.197	.163	.095	.064	.013	.001

1/ Number of births per woman, by five-year age groups. For the three stationary population analysis series, this set of rates for each country was held constant through 1970, and reduced thereafter. For the constant fertility series, this same set of rates was applied throughout the projection period.

TABLE 2

Life Expectancy at Birth at the Base Year for the Projections[1/] Selected Countries

Country	Base Year	Life Expectancy Male	Life Expectancy Female
Argentina	1965	64.81	70.75
Bolivia	1965	45.25	45.25
Brazil	1960	52.30	58.10
Chile	1960	54.35	59.90
Mexico	1960	57.63	60.41
Venezuela	1965	63.35	67.10
Ghana	1960	38.13	41.25
Morocco	1960	48.20	51.10
Nigeria	1965	37.20	36.70
Uganda	1960	38.80	40.00
United Arab Republic	1960	51.60	53.80
India	1960	41.89	40.55
Indonesia	1960	39.71	42.50
Philippines	1965	53.68	58.23
Thailand	1960	53.60	58.70
France	1965	67.80	75.00
Japan	1965	67.73	72.95
United States	1965	66.80	73.70

1/ For all series, this beginning life expectancy for each country was reduced linearly between the base year for the projections and the year 2000, at which time it was made to equal 75.00 years for females. The male life expectancy for the year 2000 was computed for each country, maintaining the same absolute number of years difference between the sexes as was the case at the base year.

TABLE 3 Estimated Population, 1965 and 1970; and Projected Population for Three Series Assuming NRR reaches 1.00: Selected Countries (Population in Millions)

Country	Population Estimates		Population Projections		
	Year	Population	Year NRR reaches 1.00	Year Population becomes Stationary	Stationary Population
Argentina	1965	22.4	1980-85	2040	32.9
	1970	24.0	1990-95	2050	34.8
			2000-05	2060	36.8
Bolivia	1965	4.1	1980-85	2045	9.3
	1970	4.7	1990-95	2050	10.9
			2000-05	2060	12.9
Brazil	1965	83.1	1980-85	2045	211.4
	1970	98.6	1990-95	2050	258.8
			2000-05	2060	321.5
Chile	1965	8.7	1980-85	2045	18.7
	1970	9.9	1990-95	2050	21.7
			2000-05	2060	25.3
Mexico	1965	42.4	1980-85	2040	109.7
	1970	50.1	1990-95	2050	133.8
			2000-05	2060	165.1
Venezuela	1965	8.7	1980-85	2040	22.8
	1970	10.5	1990-95	2050	28.3
			2000-05	2060	35.3
Ghana	1965	7.5	1980-85	2045	18.0
	1970	8.6	1990-95	2050	21.8
			2000-05	2060	26.9
Morocco	1965	13.2	1980-85	2045	31.7
	1970	15.0	1990-95	2050	38.7
			2000-05	2060	47.8
Nigeria	1965	58.0	1980-85	2050	129.0
	1970	65.0	1990-95	2050	145.7
			2000-05	2060	168.2

TABLE 3 (cont'd) Estimated Population, 1965 and 1970; and Projected Population for Three Series Assuming NRR reaches 1.00; Selected Countries
(Population in Millions)

Country	Population Estimates		Population Projections		
	Year	Population	Year NRR reaches 1.00	Year Population becomes stationary	Stationary Population
Uganda	1965	7.5	1980-85	2045	16.4
	1970	8.4	1990-95	2050	19.2
			2000-05	2060	22.9
United Arab Republic	1965	29.6	1980-85	2045	67.0
	1970	33.7	1990-95	2050	80.0
			2000-05	2060	97.3
India	1965	473.4	1980-85	2045	1,007.1
	1970	526.2	1990-95	2050	1,168.4
			2000-05	2060	1,382.6
Indonesia	1965	107.0	1980-85	2045	238.3
	1970	120.0	1990-95	2050	280.3
			2000-05	2060	336.1
Philippines	1965	32.4	1980-85	2045	83.6
	1970	38.2	1990-95	2050	102.5
			2000-05	2060	127.6
Thailand	1965	30.9	1980-85	2045	77.3
	1970	36.4	1990-95	2050	93.8
			2000-05	2060	115.6
France	1965	48.9	1980-85	2045	60.7
	1970	50.0	1990-95	2045	64.1
			2000-05	2055	67.8
Japan	1965	98.3	1980-85	2020	131.5
	1970	103.7	1990-95	2020	131.6
			2000-05	2020	131.5
United States 1/	1965	194.6	1980-85	2035	287.0
	1970	203.9	1990-95	2055	307.8
			2000-05	2055	329.9

Source: Projections of the International Demographic Statistics Center, Population Division. U.S. Bureau of the Census.

1/ Unofficial projections for comparative purposes - For official U.S. projections see U.S. Bureau of the Census, Current Population Reports, Series P-25.

TABLE 4

Projected Population, Assuming Constant Fertility and Declining Mortality, Selected Countries: 1965 to 2065
(Population in Millions)

Year	Brazil	Mexico	Venezuela	Ghana	Morocco	Nigeria	Uganda
1965	83.1	42.4	8.7	7.5	13.2	58.0	7.5
1970	98.6	50.1	10.5	8.6	15.0	65.0	8.4
1975	116.9	59.5	12.5	10.0	17.5	73.5	9.5
1980	138.7	71.0	15.0	11.8	20.8	83.9	[illegible].0
1985	165.9	85.2	18.1	14.0	24.9	96.4	12.7
1990	200.2	102.5	21.8	16.8	29.9	111.8	14.9
1995	242.9	123.6	26.5	20.3	36.1	130.4	17.6
2000	295.5	149.5	32.2	24.8	43.9	153.1	20.9
2005	360.4	181.3	39.2	30.5	53.6	181.1	25.1
2010	439.5	219.7	47.8	37.4	65.5	215.5	30.1
2015	536.4	266.2	58.3	45.9	80.1	256.1	36.1
2020	655.0	322.6	71.2	56.4	98.0	304.1	43.3
2025	799.9	391.0	86.9	69.4	120.0	361.7	52.1
2030	976.9	473.8	106.1	85.5	146.9	431.1	62.7
2035	1,192.9	574.1	129.5	105.2	179.8	514.8	75.5
2040	1,456.8	695.8	158.1	129.6	219.9	614.7	90.9
2045	1,779.0	843.2	193.0	159.6	269.2	734.0	109.4
2050	2,172.2	1,022.0	235.6	196.5	329.7	877.1	131.8
2055	2,652.2	1,238.7	287.6	242.0	403.6	1,048.2	158.7
2060	3,239.3	1,501.3	351.1	298.1	494.1	1,253.0	[illegible].2
2065	3,955.6	1,819.6	428.5	367.1	604.9	1,497.8	230.3

TABLE 4 (cont'd)

Projected Population, Assuming Constant Fertility and Declining Mortality, Selected Countries: 1965 to 2065
(Population in Millions)

Year	United Arab Republic	India	Indonesia	Philippines	Thailand	France	Japan	United States
1965	29.6	473.4	107.0	32.4	30.9	48.9	98.3	194.6
1970	33.7	526.2	120.0	38.2	36.4	50.0	103.7	203.9
1975	38.6	594.3	136.8	45.4	43.0	52.0	109.7	[illegible]
1980	44.9	680.2	158.4	54.2	50.9	54.1	115.0	[illegible]
1985	52.8	785.0	185.0	65.1	60.5	56.3	118.9	248.4
1990	62.4	912.5	217.5	78.6	72.4	58.6	122.0	265.4
1995	73.9	1,068.5	257.6	95.3	87.1	61.3	124.8	283.1
2000	87.8	1,262.3	307.5	115.8	105.1	64.4	127.8	302.4
2005	104.8	1,503.0	369.6	141.3	127.1	67.7	130.3	324.0
2010	125.4	1,789.0	444.0	173.0	153.5	71.1	131.7	347.8
2015	150.3	2,129.0	533.7	211.6	185.5	74.8	132.2	373.5
2020	180.1	2,535.4	642.1	258.8	224.2	78.8	132.2	400.9
2025	215.6	3,023.8	773.3	316.4	271.2	83.2	132.4	429.5
2030	257.9	3,609.5	931.5	386.9	328.1	87.7	132.6	459.3
2035	308.5	4,308.8	1,121.5	473.2	396.8	92.3	132.8	490.9
2040	369.5	5,145.8	1,349.9	578.8	479.8	97.4	133.3	524.9
2045	442.8	6,149.4	1,625.9	708.0	580.1	102.9	133.8	561.5
2050	530.5	7,350.2	1,959.1	865.9	701.4	108.5	134.0	601.1
2055	635.5	8,787.1	2,360.4	1,059.1	848.2	114.5	134.1	[illegible]
2060	760.9	10,505.6	2,843.7	1,295.4	1,025.8	120.7	134.3	[illegible]
2065	911.2	12,560.8	3,425.6	1,584.5	1,240.5	127.4	134.7	736.3

Source: Projections of the International Demographic Statistics Center, Population Division, U.S. Bureau of the Census.

Unofficial projections for comparative purposes - For official U.S. projections see U.S. Bureau of the Census, Current Population Reports, Series P-25.

Dic USAID.

Flash Report
AID Population Program
19 June 70 Est.

	Obligation	
Regional	FY 69	FY 70
Latin America	$ 10,327	$ 11,240
NESA	4,347	23,819
East Asia	7,996	9,155
Africa	1,440	2,353
Vietnam		180
Non-Regional		
Office of Population	17,340	21,917
GTS	(10,600)	(14,624)
Research	(6,740)	(7,293)
UN Population	2,500	4,000
Part. Agencies	347	464
OIT	40	307
PPC	24	
AID/W Support Costs	1,079	1,565
Total	$ 45,440	$ 75,000

TA/POP/PD
June 19, 1970

DEPARTMENT OF STATE
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

July 6, 1970

Dr. K. Kanagaratnam
Director, Population Projects Division
World Bank
1818 H Street N.W., Room B408
Washington, D.C.

Dear Dr. Kanagaratnam:

Mrs. Nelson of our staff tells me your office has indicated it will update the World Bank article for our annual "Population Program Assistance."

You will see last year's article on page 59 of the attached book. We appreciate your cooperation, and trust you find it convenient to send the material before the end of the month.

Sincerely yours,

William B. Johnson
Office of Population
Technical Assistance Bureau

Enclosure

USAID 26

From the October 1969 issue of

"Population Program Assistance" by AID.

...ment for the U. N. population pro... will be the beginning in the near ... of a major family planning pro... by the World Health Organization ..., an organization expected to play ... role in carrying out an effective ... population/family planning effort. ... has prepared a 3-year program to ...duce family planning services as a ...ponent of maternal, maternal-child, ... general health services in member ...tries and to train the necessary ... for these purposes. A large part of ... funding for this program, estimated ... cost approximately $10 million for the ...st 3 years, is expected to come from ... Population Fund.

In the area of demographic training ... research, 12 fellowships in demog...phy and in social economic aspects of ...mily planning were funded at the Demo...phic Training and Research Center ... Bombay. Expansion of the Center is ...rrently under review. This is one of ...ree such centers—the others are in ...hile and the United Arab Republic—...here basic training facilities are pro...ded. The U. N. is also providing, from ...gular budgetary sources, for ad hoc ...aining and inservice programs of the ...iro center to aid in the evaluation and ...ssessment of basic demographic data ...nd characteristics of the populations of ... number of countries.

Advisory Missions

The Population Fund has also financed a number of U. N. population advisory missions to developing countries during 1969. At the request of the U.A.R. Government, a consultative mission on family planning spent 3 weeks in that country in early 1969 identifying assistance needs. The mission consisted of representatives from the U. N. Secretariat, UNESCO, WHO, and the U. N. Children's Fund (UNICEF). Later in 1969, the Fund financed a joint U. N.-WHO mission to Algeria to advise on population policy in relation to national development and on maternal and child health including family planning. A U.N.-UNESCO family planning mission to Malaysia was also supported by the Fund in mid-1969.

A U. N. Mission, consisting of U. N., UNESCO, and Population Council experts, spent 3 months in India in early 1969 evaluating that Government's family planning program in relation to India's overall plans for economic and social development.

In June 1969 two meetings, held in Addis Ababa, were financed by the Population Fund: a seminar on the Application of Demographic Statistics and Studies in Development Planning, and the first preparatory committee meeting for the African Population Conference to be held in 1970.

The World Bank

The World Bank has moved with increasing strength into the area of population and family planning in the year following Bank President Robert McNamara's pledge of commitment in 1968.

The Population Projects Department was set up late in 1968 to consider future World Bank financing of specific population control programs submitted to it by member countries. So far, nine countries have approached the Bank for assistance in this field, and World Bank missions have been sent out to five of these to examine the projects concerned.

Also in the past year, World Bank economists have stepped up research into the negative effects of steep population increases on development. Their findings have been summarized in several publications and made available to economic planners around the world.

Mr. McNamara chose in his first public address as President of the World Bank to empasize the implications of the current population explosion and to publicly pledge the Bank to assist requesting

member governments in their population programs. In this speech, at the 1968 annual meeting of the Governors of the World Bank, he proposed three courses of action:

"First: to let the developing nations know the extent to which rapid population growth slows down their potential development, and that, in consequence, the optimum employment of the world's scarce development funds requires attention to this problem.

"Second: to seek opportunities to finance facilities required by our member countries to carry out family planning programs.

"Third: to join with others in programs of research to determine the most effective methods of family planning and of national administration of population control programs."

Mr. McNamara elaborated his views on the population question in May 1969 in a major address at the University of Notre Dame, and again in September before the Bank's Board of Governors.

The Development Assistance Committee (DAC)

The Development Assistance Committee (DAC)—principal policy-coordinating body in the Organization for Economic Cooperation and Development for economic assistance by the developed nations—set up in 1968 a Population Unit within the OECD Development Center. This followed official recognition by the OECD in April 1968 that population dynamics is an integral part of economic development.

Sparked by two of DAC's 15 member nations, Sweden and the United States, the Population Unit was established to facilitate the coordination and exchange of information on population and family planning programs, policies, and needs. The Unit organizes conferences and seminars, develops research on special problems posed by the DAC's Secretary-General, by governments of member countries, or by other organizations. Since it began functioning in October 1968, it has held a conference of donor governments and private foundations in the population field as well as a conference of recipient countries.

Initial funding support for the Population Unit has come from Sweden and the United States, each of which gave $109,000 in June 1968 for the first 18 months. At a later date, Norway earmarked $15,000 to help support the Unit's work through the end of calendar 1969.

April 27, 1970

The Honorable John A. Hannah
The Administrator
Agency for International Development
Department of State
Washington, D.C. 20523

Dear Dr. Hannah:

This is in response to your kind invitation to Mr. McNamara, dated April 3, wherein you invited me to the review of experience with population programs in less developed countries from May 11-13.

I have recently arrived in Washington and assumed duties. I am writing to confirm that I will be very pleased to attend the meetings which are being held, and look forward to receiving the detailed information as well as a general prospectus of the review when this is available.

Yours sincerely,

K. Kanagaratnam
Director
Population Projects Department

cc: Mr. Chadenet

KK:bli

DEPARTMENT OF STATE
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

April 23, 1970

Dr. Kandiah Kanagaratnam
Director
Department of Population Projects
IDRB
Washington, D.C. 20433

Dear Dr. Kanagaratnam:

As a complement to the plenary Spring Review sessions on population May 11-13, we plan to hold some small discussion sessions on the evening of May 12 which will provide the opportunity for informal give and take among operating personnel and visiting experts. The topics suggested are listed on the attached form.

The discussions will start at 8:30 p.m. and will be in the State Department building, which is two blocks from the location of the daytime sessions in the Pan American Health Organization building. For the convenience of discussants, we have arranged for dinner to be served at the Foreign Service Club, which is between the State Department and PAHO buildings. The meal which will be a complete dinner with the main course turkey, will be served at 7:00 p.m. and the price is $5.25 including all tax and service. The bar will be open at 6:00 p.m.

Please return the enclosed form promptly indicating whether you want a reservation for dinner and whether you will participate in a discussion group. USAID personnel should cable whether they want a dinner since we must make reservations by May 5 and pouch may be late.

Sincerely yours,

Robert L. Hubbell

Robert L. Hubbell
Acting Director
Program Evaluation

Attachment a/s

1970 APR 27 PM 12:59

RECEIVED

May 1, 1970
PPC/PDA/ES

AGENDA

POPULATION SPRING REVIEW

(The four half-day discussion sessions will all be held in the main conference room of the Pan American Health Organization Building, 23rd Street and Virginia Avenue, N. W., Washington, D. C.)

Coffee 1:30 - 2:00

Monday, May 11, 1970, 2:00 - 5:15 p.m.

I. INTRODUCTION

Introductory statements by Dr. Hannah and Mr. Bernstein, the Chairman of the Review.

PROGRESS TO DATE: THE SETTING - Dr. R.T. Ravenholt, AID/TA/POP

II. GETTING A.I.D. POPULATION PROGRAMS STARTED

A. Influencing Attitudes 2:30 - 3:30 p.m.

Gaining support of leaders: timing and shifts in the target groups.

Influencing unconvinced potential contraceptors.

Presentor: Mr. C. Cowles, AID/PPC/ES

Commentators: Dr. L. Corsa, University of Michigan
Mr. E. Neal, AID/Africa
Mr. R. Palmer, USAID/Brazil

Discussion

COFFEE BREAK

B. Setting up the Program 3:45 - 5:15 p.m.

Time phasing of training and staffing: stages of program development.

The use of demonstration projects.

The role of voluntary organizations.

Presentor: Dr. W. Boynton, AID/TA/POP

Commentators: Dr. J. Beasley, Tulane University
Mr. P. Cody, USAID/Paraguay
Dr. C. Taylor, Johns Hopkins University

Discussion

Tuesday, May 12th 9:00 - 12:00 noon

III. IMPROVING EXISTING A.I.D. POPULATION PROGRAMS

A. Techniques: Different Devices and Delivery Systems in Different Societies 9:00 - 10:15 a.m.

The IUD

The pill

Conventional contraceptives and the private sector.

Presentor: Dr. J. Spidel, AID/TA/POP

Commentators: Mr. R.W. Jones, AID/NESA/POP
Dr. D. MacCorquedale, USAID/Colombia
Dr. S. Wishik, Columbia University

Discussion

COFFEE BREAK

Tuesday, May 12th

B. Management and Organization 10:30 - 12:00 noon

Inter-country comparisons on efficiency of workers and success of clinics.

A.I.D.'s operating priorities.

Setting up and using evaluation.

On getting out of the cities.

Presentors: Dr. H. Frederiksen, AID/TA/POP
Dr. A. Roseman, University of Pittsburgh

Commentators: Dr. M. Freymann, University of North Carolina
Dr. T. Hall, USAID/Chile
Mr. J. Wheeler, USAID/Pakistan

Discussion

LUNCH

IV. NEW OR EXPANDED A.I.D. POPULATION EFFORTS: SOME INITIAL EXPLORATIONS

2:00 - 5:15 p.m.

A. Forseeable Achievements and the Size of the Problem 2:00 - 2:45

The apparent limits of present programs.

Changing emphasis in target groups.

Presentor: Mr. T. Merrick, AID/TA/POP

Commentators: Mrs. F. Gulick, USAID/India
Dr. F. Linder, University of North Carolina
Dr. W. Robinson, Pennsylvania State

Discussion

B. "Beyond Family Planning" 2:45 - 4:00 p.m.

The main document for this discussion will be Dr. Bernard Berelson's 1969 article of the same name. Here, as in the article, the subject means in effect beyond present programs of family planning.

Presentor: Dr. P. Mauldin, The Population Council

Commentators: Mr. R. Black, AID/LA/SCD
Dr. O. Harkavy, The Ford Foundation

Discussion

COFFEE BREAK

C. New Steps that A.I.D. Might Initiate Now 4:15 - 5:15 p.m.

Preparing now for the next generation of problems/opportunities.

Possibilities of experimentation (e.g., health services, general education curriculum, economic incentives) along with research and evaluation.

Presentor: Mr. D. McClelland, AID/PPC/ES

Commentators: Dr. P. Mauldin, Population Council
Mr. B. Story, USAID/Korea

Discussion

8:30 p.m.

Informal discussion sessions on following topics:

Administration of Population Programs

Research on Population

Motivation and Incentives for Contraceptors

A.I.D.'s Role in Total Country Population Program

Relation of FP and MCH

Acceptability of Various Contraceptive Techniques

Wednesday, May 13, 1970, 9:00 - 12:30 p.m.

V. CROSSCUTTING TOPICS - FINDINGS AND CONCLUSIONS

This session is planned to deal with subjects that are common to all of the preceding sessions and to draw together the main lessons and conclusions of the review. It will be formed around four main themes: research, motivation, operations, and A.I.D.'s role. The subject matter to be dealt with will be much the same as in the three earlier sessions, which were organized in terms of program development. The functional organization of this last session should serve to fill remaining gaps in the earlier analysis and to bring out a different set of insights and interrelationships.

Each topic will be covered by one prepared statement of 15 to 20 minutes followed by general discussion. Each presentor will present the gist of the conference in his area with respect to A.I.D.'s experience to date, the needs revealed, and the implications for future activity. In short, he will summarize, supplement and synthesize.

A. Research

Contributions thus far -- both medical and social science.

Where the greatest gaps are.

How we should go about addressing them.

Desirable LDC role in research.

Presentor: Dr. O. Harkavy, The Ford Foundation

Discussion

B. Motivation

Couples -- immediate and indirect influences.

Policy makers.

Workers (including doctors).

Presentor: Dr. L. Corsa, University of Michigan

Discussion

COFFEE BREAK

C. Operations

Training, provision of services, and evaluation.
(Unofficial as well as official programs.)

Presentor: Dr. S. Wishik, Columbia University

Discussion

D. A.I.D.'s Role

Which things A.I.D. is in the position to do best. Least well.

The extent of stress on institutional development.

Desirable extent and type of role, financing, posture and working relationships relative to other agencies and to the host governments.

Presentor: Dr. A. Roseman, University of Pittsburgh

Discussion

Bi file

DR. KIEFFER

JUNE 27

· Exerpt from

U.S. AID TO POPULATION/FAMILY PLANNING IN ASIA

House Committee on Foreign Affairs Report
February 25, 1973

Committee Report: "Title X of the Foreign Assistance Act may require revision to permit a coordinated program of family planning, health and nutrition."

Ravenholt's Comment: Coordination to Title X activities with health and nutritional activities is being strengthened; and it could be helped greatly by legislative language not tampering with Title X but permitting AID to use development loan monies on a grant basis for immunization and other preventive health actions. One must remain wary of opening general use of Title X for health and nutrition programs -- because these newcomers would usurp most of the resources urgently needed for the ultimate preventive action: the optimization of reproduction and population.

Committee Report: "The World Bank's proposed population project for the Philippines is designed specifically to engage the existing public health bureaucracy in the delivery of family planning services. The Ministry of Health would become a focal point for $20 million Bank project for improving the public health infrastructure. Some AID officials in Washington and the Mission have been critical of the proposal because of their low estimate of the public health bureaucracy or their belief that giving loans, rather than grants, slows progress."

Ravenholt's Comment: Although AID's support for family planning in the Philippines has gone to many organizations, most of it has gone to Philippine public health organizations such as the Institute of Maternal and Child Health, the Manila City Health Department and the National Department of Health.

While desirous of seeing the World Bank contribute toward resolution of the world population crisis, AID is skeptical that the World Bank can make a positive contribution unless it sharply modifies its approach:

During the first four years of its population program effort, 1969-1972, while negotiating $44.3 million in loans, ostensibly in support of family planning in 5 countries (Jamaica, Trinidad & Tobago, Tunisia, Indonesia and India), World Bank expenditures under these loans totaled only approximately $141,000 (December 31, 1972).

Furthermore, these expenditures went mainly for architectural and related costs for construction of maternity facilities in Jamaica and Tunisia -- which omitted any specific provision for family planning.

Such action is no more a contribution toward population and family planning and resolution of excess fertility problems than was the hospital construction program in the United States during the 1950's.

World experience to date provides no evidence of effective support of family planning programs with loans. (Ravenholt, R.T., "Loans Threaten Population Program Progress" Memorandum, October 2, 1972.)

AID would welcome a demonstration by the World Bank that it can provide effective population program assistance, but is wary of current attempts by the World Bank to wrest the central coordination role from the UNFPA while interjecting slow moving loan funds for non-construction program elements into situations where other donors with grant funds have already achieved notable progress.

SUMMARY OF BANK/USAID CONTACTS ON KENYA POPULATION PROGRAM/PROJECT -- MAY 1972 - JUNE 1973

DATE	NATURE OF CONSULTATION
May 1972	The Bank's Reconnaissance Mission met and consulted with USAID officials (Messrs. James and Murray) in Nairobi.
June 5	In a letter to USAID, Bank's PNPDepartment enclosed copy of the draft 5-year National Family Planning Program of Kenya and suggested a meeting for an over-all review on the question of evaluating and testing a health delivery system suitable for replication in other LDCs. Such a meeting was not held, but USAID expressed interest and asked to be kept informed.
July	Dr. Boynton, USAID, called Dr. Kanagaratnam and informed him of a USAID mission to Kenya in August to up-date their knowledge of family planning situation inKenya and to discuss nature of USAID assistance with the Government.
Sept.19	A meeting was held between USAID and IBRD staff, wherein preliminary findings of USAID population mission to Kenya and possible roles of donors in the Kenya program were discussed. Many of the observations of the USAID mission confirmed the findings of the earlier IBRD reconnaissance mission.
November-December	USAID participated in a donors' meeting wherein they were informed of purpose of Bank's mission; were consulted on project development and their views were sought on situation of Kenya family planning program and USAID's possible contribution.
February 1973	USAID Mission, including Dr. Ravenholt, met with Kenya Government officials on the program and possible USAID assistance.
March 1	Bank's regional office for Eastern Africa in a letter to USAID verified and inquired of AID's interest in participating in the financing of the Five-year plan that was being prepared by the Bank for the Government. USAID responded that they were interested and asked for the Plan when ready.
April 3	Eastern Africa Regional Office sent to USAID a copy of the draft report on the Plan by the Sector/Appraisal Mission for their comments and for an indication of their possible areas of interest in financing.
April 5	In a letter to Dr. Kieffer, Dr. Kanagaratnam forwarded a copy of communication of April 3 for information and referred to the matter of coordination of assistance.

April 9 1973 — At a meeting between USAID and IBRD staff, the appraisal mission's recommendations were discussed, AID's reaction to them were elicited, and their likely areas of participation discussed. Messrs. Knoll, O'Keefe and Bernal and Dr. Prince of USAID, and Messrs. Hall and Mistry of the Bank attended the meeting.

April — Bank's Technical Review Mission consulted with Mr. Gunning, USAID Program Official, in the field.

May 22 — Dr. Kanagaratnam and Mr. Zaidan had discussions with Dr. Kieffer on Kenya. At a lunch with Messrs. McDonald and Marshall of US State Department on the same day, it was indicated to Dr. Kanagaratnam that Office of Population has reservations in respect of the Kenya program and how it was being coordinated, and may not participate in it.

May 30 — USAID/UNFPA/US State Dept./IBRD officials met in Dr. Kieffer's office to discuss present status of Kenya project. Both USAID and UNFPA indicated they would give their comments on the report and indicate possible interest.

June 4 — Messrs. Hall and Mistry of the Bank discussed with Messrs. Lackey and O'Keefe of AID, the Kenya population project and informally obtained some of Mr. Lackey's preliminary comments on the Bank's draft summary report.

June 10 — Bank's Regional Office for Eastern Africa forwarded review Five Year Plan and financing plan to USAID. No response to date.

International Bank for Reconstruction
and Development
Population and Nutrition Projects Department
June 25, 1973

DR. KIEFFER

JUNE 26

FORM No. 89
(2-66)

INTERNATIONAL BANK FOR
RECONSTRUCTION AND DEVELOPMENT

INTERNATIONAL DEVELOPMENT
ASSOCIATION

INTERNATIONAL FINANCE
CORPORATION

ROUTING SLIP	Date April 8, 1970

OFFICE OF THE PRESIDENT

Name	Room No.
1. Mr. Knapp	
2. Mr. Aldewereld	
3. Mr. Friedman	
4. Mr. Gaud	
5. Mr. Christoffersen	

	To Handle		Note and File
	Appropriate Disposition		Note and Return
	Approval		Prepare Reply
	Comment		Per Our Conversation
	Full Report		Recommendation
XX	Information		Signature
	Initial		Send On

Remarks

L.E. Christoffersen

From

Mr. Demuth
April 7, 1970

DEPARTMENT OF STATE
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D. C. 20523

APR 8 REC'D

OFFICE OF
THE ADMINISTRATOR

APR 3 1970

Mr. Robert S. McNamara
President
International Development Research
for Reconstruction and Development
Washington, D. C. 20433

Dear Mr. McNamara:

As a consequence of our concern with the development of population programs in the less developed countries, we have planned a major review of our experience with these programs. This review is to be held in Washington, D. C. from 2:00 p.m., May 11 to 1:00 p.m., May 13.

I am writing to invite you to designate a representative of IBRD to attend this review and hope that you will appoint Mr. Kandiah Kanagaratnam, Director of Population Projects.

Sixteen papers about individual country programs have been prepared by A.I.D. Missions. Drawing on this material, members of the Agency's staff and some outside consultants are now drafting analytical papers in such areas as problems of initiating programs, improving ongoing activities, lessons applicable to expanding programs, and dealing with such topics as research, administration, coordination, evaluation, etc.

These papers will provide the basis for discussion at four half-day meetings which will be attended by the top executive staff of the Agency, including a number of our Mission people who will be coming in for the reviews. We hope that this review will reveal strengths and weaknesses of A.I.D.'s population programs and operations, and provide guidance for future strategy. Our format calls for a brief summary of each analytical paper by one of its drafters, followed by comments from panels of two or three, composed of outside authorities and some key A.I.D. people, and then general discussion.

We will provide IBRD's representative with more details in the near future, and will send a general prospectus of the review in order to give him an idea of its thrust and scope.

I hope that Mr. Kanagaratnam, or another representative of IBRD, will be able to join us and that I shall have the pleasure of welcoming him at our opening session.

Sincerely yours,

John A. Hannah

April 14, 1970

Dear Dr. Hannah:

Thank you for your letter dated April 3, in which you are kind enough to invite Dr. Kanagaratnam, Director of our Population Projects Department, to the review of your experience with population programs in the less-developed countries.

Dr. Kanagaratnam has recently left the Government of Singapore and will be reporting to the World Bank this week. I am certain that he will be able to attend the interesting meetings you are holding from May 11 to May 13, and he will confirm this as soon as he arrives.

We are looking forward to receiving the detailed information you mention, as well as the general prospectus of the review.

Sincerely,

(Signed) Robert S. McNamara

Robert S. McNamara

The Honorable
John A. Hannah
The Administrator
Agency for International Development
Department of State
Washington, D.C. 20523

BChadenet:jfh

April 13, 1970

c.c. Dr. Kanagaratnam
Mr. McNamara's Office (2)

January 6, 1970

Mr. Rutherford Poats
Deputy Administrator
Department of State
Agency for International Development
Washington, D.C. 20523

Dear Mr. Poats:

May I thank you, on behalf of Dr. Kanagaratnam, for your letter of December 8, 1969 and attached material.

Dr. Kanagaratnam will be away for some months, but I am sure he will be writing to you upon his return.

Yours sincerely,

G. Zaidan

Op.Files-w/inc.bklt. 'Pop. Prog. Assistance' & Ltr Dec 8/69

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ATTACHMENT

TITLE X ACTIVITIES, RESOURCES, INSTRUMENTS

The purpose of this attachment is to help Missions identify the various types of activities which can be funded by A.I.D. out of the funds earmarked exclusively for P-FP in the 1970 Foreign Assistance Act. It also advises Missions of the wide variety of manpower resources and private and public instruments available to them in the development of P-FP assistance in their host countries.

Section I describes the various functional categories, and illustrative activities, which are (i.e., continue to be) eligible for funding from the A.I.D. funds earmarked for P-FP.

Section II describes new and additional activities which will be considered for funding in FY 70-FY 71 under the broader interpretation of eligibility for Title X funding.

Section III identifies the array of manpower resources and private and public instruments available to Missions in the initiation and development of the various types of activities involved in P-FP.

SECTION I

The illustrative activities described under the nine (9) general categories below continue to be eligible for funding from earmarked P-FP funds. The list is not all-inclusive. In general, the categories are arranged in a progressive order of program development.

A. Development of Official and Public Awareness of Population Problems

1. Provide publications, literature, films, statements on population matters to government and public leaders.

2. Provide travel grants to government planners, especially economists, professors, editors, financiers and other influential leaders for attendance at conferences, seminars, workshops on subject, or formal studies abroad to acquaint them with population problems and solutions.

3. Provide experts to brief high level officials or leaders on the relationship between population and development. A.I.D./W can provide analytical models and consultants to assist Missions and host governments to analyze consequences of population growth rates under project GE TEMPO. (See AIDTO Circular A-1563, July 23, 1969)

4. Provide seminars on population for community leaders and opinion shapers such as communications media personnel (newspaper, magazine, film and TV) and teachers, labor leaders, social workers, etc.

5. Provide policy makers with demographic analyses including projection of population with implications for development, prepared by local, third country or U.S. experts. The 1970 census should provide a good basis for this.

6. Provide policy and opinion makers with information on what the U.S. is doing domestically in population-family planning. Publication describing U.S. activities will be distributed to the field by TA/POP as they become available.

B. Collection and Analysis of Basic Population Data

1. Provide consultants and limited commodity support for census or household surveys where essential to obtain data relevant to planning, implementation or evaluation of P-FP policies or programs.

2. Provide technical advisors (census, statistical or computer specialist) to help devise and carry out 1970 census, or to analyze and make population projections based on 1970-71 census.

3. Provide techniques and census specialists to help analyze statistics and establish better data on birth rates, death rates, and population growth rates.

4. Sponsor seminars or workshops on methods for processing of data for P-FP programs.

5. Provide support for development of demographic capabilities by selected local costs or provision of technical experts to instruct local personnel in agencies and teaching institutions.

6. Provide technical advisors to help establish a system to obtain population change data through Demographic Sample Surveys.

7. Provide technical advice to improve vital registration systems leading to better demographic data.

C. Strengthen Private Group Efforts in Family Planning

1. Provide consultation to ascertain efficacy and feasibility of requests for support by private organizations.

2. Provide assistance (equipment, commodities, information services, etc.) through private U.S. or international organizations, e.g., IPPF, Pathfinder, Population Council, U.S. Voluntary Agencies, to organizations, institutions or individuals espousing, initiating or conducting FP activities.

D. Support Development of Adequate Governmental P-FP Programs

This should be the major activity wherever there is an official government program.

1. Provide grants, loans, or local currency in support of official government activities in population-family planning.

2. Provide budgetary support as net addition to national budget to encourage improvement and expansion of national efforts (commodities, training, technical assistance).

E. Information, Education, Communication Activities

1. Provide experts to stimulate, plan and develop IEC activities.

2. Provide assistance to train communication personnel in production and use of motivational motion pictures, training films, TV, radio and promotional services related to P-FP subjects.

3. Provide communication specialists to organize seminars and training courses on IEC support of P-FP for leading media personnel.

4. Provide grants to institutions for information research and testing of best methods and messages to motivate local population in P-FP.

5. Provide consultant help, local cost financing and contract services for studies including:

a. Availability of information about family planning, including manner, degree, and frequency of dissemination.

b. IEC resource needs to expand availability of information, including organizational structures.

c. Public response to information materials, to enable better shaping of the IEC campaign.

d. Public opinion surveys.

F. Support for Training of P-FP Manpower Resources

1. Provide grants for in-country, third country and U.S. training of:

a. Medical doctors, nurses, midwives, lady health visitors, and other paramedical personnel.

b. Demographers, census personnel, statisticans

c. FP Administrators, Evaluators, Management personnel.

d. Health educators and family life specialists.

e. Social Workers/Family Planning Counsellors.

f. Researchers, e.g., Bio-medical; behavioral scientists.

g. Economists involved in national planning

h. Information/communications specialists

2. Provide assistance for establishment or operating costs of local facilities and services for family planning training.

3. Provide grants to medical schools for inclusion of P-FP courses in university curricula.

4. Provide grants and services to medical associations for special seminars to brief and update practicing physicians in latest developments in P-FP.

5. Provide consultants to undertake manpower analyses (supply and demand studies) of P-FP program requirements.

G. Commodity Support and Capital Investment

1. Provide commodities and equipment needed for demonstration, training and operation of P-FP programs, including:

a. Contraceptives (pills, condoms, foams, IUDs)

b. Vehicles (trucks, jeeps) for delivery of FP services

c. Hospital equipment and medical kits

d. Mass communications equipment (projectors, radios, TVs)

e. Data processing equipment for P-FP use

f. Office equipment for P-FP administration

2. Provide capital through grant or loan to establish local manufacture of contraceptives.

H. Evaluation of P-FP Activities

1. Provide techniques for designing, developing and applying simple, reliable and inexpensive methods to evaluate FP programs.

2. Provide technical advisors to assist indigenous organizations in improving their evaluation systems.

3. Provide experts to help develop and test alternative approaches for delivery of FP and health services.

4. Provide technical experts to establish a workable plan whereby data on FP client records and program statistics can be quickly processed and fed back to administrators of the FP program.

I. Research in P-FP Matters

1. Provide consultant services to help determine efficacy and feasibility of local research proposals.

2. Provide grants to competent indigenous as well as foreign individuals, organizations and institutions for performance of research in such fields as:

a. Bio-medical and contraceptive research

b. Epidemiological studies of abortion and fertility patterns.

c. Determinants and consequences of population characteristics and dynamics

d. Behaviour related to Family Planning

e. Public information (IEC) needs; operational research to assess and improve IEC activities.

f. Local infrastructure required for provision of FP services.

g. Identification of legal and economic incentives and disincentives to reduce fertility rates.

h. Effect of population factor in national development.

i. Urbanization and migration

3. Provide for cooperative arrangement between indigenous and U.S. institutions to carry out joint research activity and training.

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SECTION II.

Examples below are illustrative of new initiatives in P-FP activities which Missions are encouraged to consider as additions to their FYs 70-71 programs. Their suitability will vary according to the state of the P-FP art in the individual countries.

A. Relate Health Services to FP

1. Fund incremental costs needed for the extension of family planning through existing health services.

   a. Finance operating costs of incorporation and expansion of family planning services in post partum clinic care.

   b. Provide consultation assistance, and operating costs for the incorporation of family planning counseling for tuberculosis, venereal disease, and mental health patients served by governmental health programs and the referral of these patients to family planning services.

   c. Provide consultation assistance and incremental operating costs to offer family planning services along with expanded nutrition programs.

   d. Provide assistance in developing capabilities within the maternal-child health infrastructure to deliver FP services, e.g., for training and employment of FP personnel and appropriate commodities.

2. Fund costs of establishment of new health-family planning services when such services would appropriately test or demonstrate the feasibility and utility of extending family planning by that means.

   a. Fund pilot projects which would demonstrate how family planning may be integrated into such health programs as:

      1. post partum
      2. maternal and child health
      3. T.B. and V.D. control
      4. nutrition and family planning education

B. Relate Programs in Agriculture, Education, Nutrition and Public Administration to FP

1. Fund pilot projects which might prove and demonstrate how family planning may be integrated into such programs as:

a. Agricultural Extension Activities
b. Home economics
c. Adult education
d. Public school System
e. National Planning Councils
f. Nutrition education
g. Distribution of foods and food supplements

2. Fund pilot projects using field workers in other types of activities (rural and urban development, literacy education, etc.) for advancing FP.

C. Institutional Development of National Population Centers

1. Provide assistance, including construction costs where appropriate, for the establishment of a National Population Center which would encompass the various activities required to advance population-family planning in the country. The National Population Center might include departments for demographic studies; family planning operations and services; cultural, legal and motivational research as related to population dynamics; mass communication and education; and manpower training; and might provide offices for government and private family planning organizations.

2. Provide funds to encourage cooperative efforts between local and U.S. institutions aimed at long-term institutional development in population.

3. Provide assistance for the establishment of provincial training centers to train and service lower echelon staff in family planning, preferably through a National Population Center, if one exists.

D. Foster FP Intensive Demonstration Projects

Provide technical experts and grants for development of pilot projects which would test and demonstrate intensive application of various FP methods within a small controlled area ("Centers of Excellence"). These pilot projects would experiment with various delivery systems, information, education and communications services and production, field workers from wide variety of operations, and be the site of applied research studies. These activities might involve use of A.I.D. or university staff personnel for "in-depth" leadership for first 3-5 years of testing.

E. Population Education

1. Provide support and advisory assistance for the introduction of population and family life type courses into school curricula where appropriate.

2. Provide funds for major programs to educate urban/village leaders, religious leaders, teachers, social workers, agricultural extension workers and other opinion leaders in the villages in the meaning and benefits of population-family planning for village/city people.

Note: Where impact or acceptability of these programs will be increased, related subjects such as health and nutrition education might be included.

SECTION III.

Among the major P-FP resources and instruments available to Missions for use in developing activities in population are:

1. A.I.D./W Technical Advisors

Technical staff of A.I.D. and participating agencies and WAE consultants in P-FP categories listed below are available on TDY basis to Missions on request from the TA/Office of Population and Regional Bureau Population Offices:

a. Medical and paramedical technology, including cytology, GYN, nursing and midwifery.
b. Contraceptive technology and commodity support
c. Family planning program development, management and administration
d. Evaluation
e. Information education planning, communication, and methodology including family life
f. Demography including data measurements
g. Epidemiology
h. Political and Social Sciences, motivation and cultural change
i. Economics
j. Population Analysis and Special Studies
k. P-FP Research Institute Development
l. Manpower Training and Utilization
m. Nutrition education and child feeding related to MCH
n. Design and construction of health facilities

2. A.I.D. Centrally Funded Projects

TA/Office of Population conducts a wide variety of projects designed to improve and broaden the scope of U.S. technical assistance for overseas P-FP

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programs. Missions are invited to use the services and findings of these projects, and are encouraged to arrange for the testing and demonstration of these experimental/developmental projects in their host country. These projects are described in the 1969 issue of Population Program Assistance (The Blue Book), forwarded under separate cover.

3. U.S. Universities/Population Centers

a. Missions are encouraged to utilize the competencies of population centers at Johns Hopkins University, University of North Carolina, University of Michigan, and University of Hawaii/East-West Center which carry out training and research activities relating to population-family planning programs of LDCs. The services of these institutions are available to Missions on a contract basis. With development grants from A.I.W./W, they have developed special capabilities in such fields as:

- medical and bio-medical services
- planning and organizing of family planning programs
- program administration and evaluation
- epidemiological studies
- data collection and analysis
- education and mass communication information

Illustrations of the services available include:

- Johns Hopkins carries out research activities in India, Nigeria, and Pakistan.
- University of Michigan works in Malaysia, Taiwan, Pakistan, India.
- University of North Carolina has broad research interests in India, Thailand, and the Middle East.
- The East-West Center in Hawaii, with an A.I.D. grant, is scheduled to play a prominent part in training and research in population problems associated principally with countires in Asia.

b. Many other universities which have not received 211(d) grants from A.I.D. have also developed expertise in P-FP applicable in LDCs. These include Universities of Chicago, California, Notre Dame, Harvard, Pittsburgh, Cornell, Tulane, Stanford, etc. These university resources may be available on a contract basis.

4. Private Family Planning Organizations

Services of these organizations are available to free world LDCs on request. A.I.D./W supports them through central and regional grants, and can help in arranging for their services. Ordinarily, the private organization should address its request directly to the organization concerned.

IPPF

The IPPF is the only international private organization in the family planning field that has consultative status with UN agencies. It has more than 60 indigenous family planning associations as affiliates throughout the world, each headed by influential local leaders. It provides both financial and commodity assistance. The role of the Family Planning Associations is to inform and educate people and governments about population and family planning, to operate pilot clinics and demonstration projects, and to work towards nationwide family planning programs. Volunteers and professionals work side by side in these efforts. IPPF has headquarters in London and regional offices in New York, Tokyo, Singapore and Nairobi. It has received contributions from the governments of Sweden, Great Britain, Denmark, Norway, the Netherlands and Japan, as well as the U.S., and from many foundations and private contributors. The IPPF Secretary General is Mr. David Owen, 18-20 Lower Regent Street, London, SW1, England.

Population Council

The Population Council is a non-profit U.S. organization established to deepen professional and public understanding in the broad fields of the population problem by fostering training and research in the social sciences and bio-medical areas. The Council now provides technical assistance in family planning on request to governmental institutions upon request. The Council is supported primarily by grants from the Ford Foundation and the Rockefeller family, and by A.I.D. The President is Dr. Bernard Berelson, 245 Park Avenue, NYC, N.Y.

The Pathfinder Fund

The Pathfinder Fund is a private U.S. non-profit organization whose chief purpose is to make family planning information and services available to families throughout the world in as direct, rapid and flexible a manner as possible. The Fund has direct contact with local groups, individuals and institutions in 109 countries. It is supported by private contributions and by A.I.D. funds which are used to help develop new programs in LDCs and research. The President is Dr. Elton Kessel, 1575 Tremont Street, Boston, Mass.

U.S. Voluntary Agencies

Several agencies, for example, Church World Service, CARE, etc. conduct small programs in family planning. The experience of these organizations in working with private groups at local level might be of help in developing private sector efforts in MCH-family planning and child feeding programs.

5. UN Population Activities

The UN is expanding the scope of its activities in P-FP with U.S. financial assistance specifically earmarked. Missions should encourage host governments to avail themselves of UN assistance in this field. Among the UN organizations which can extend P-FP assistance are:

UNDP

UNDP representatives in developing countries represent a major channel for initiating UN assistance for population programs, including assistance by UN specialized agencies. The interest of UNDP representatives in population program assistance should be stimulated. Director General is Mr. Paul Hoffman, UNDP, 799 UN Plaza, New York, New York 00017.

UNESCO

UNESCO responsibilities for assisting educational and informational development, including improvement of mass media communication, are of special importance relative to the information/education/communication aspects of population programs. UNESCO conducted its initial international seminar/conference on family planning in Paris in June 1969 and is preparing to extend its activities in the fields of education and communication on population matters. Country requests to UNESCO for IE&C assistance should be encouraged. The Director General is Mr. Rene Maheu, UNESCO, Place de Fontenoy, Paris 7E, France.

WHO

The World Health Organization, on request from member States, supports training in the public health aspects of human reproduction. WHO is prepared to assist in the organization and training work of national research centers of human reproduction in medical schools and schools of public health. It is also prepared to provide requested assistance to member States in organizing family planning programs related to health services at all levels. It is prepared to train all categories of personnel in FP matters. The role of WHO can be extremely helpful in a country's family planning program. Embassies and Missions should encourage and facilitate requests by country institutions for WHO assistance. The Director General is Dr. M. G. Candau, WHO, Ave Appia, 1211 Geneva 27, Switzerland.

PAHO

The Pan American Health Organization, a regional body of WHO and a specialized agency of the Organization of American States (OAS), is assisting with population program development in Latin America. Expansion of its technical assistance and related services is expected. Chief, Health and Population Dynamics, PAHO, is Dr. Ruth W. Camacho, 525 23rd Street, N.W., Washington, D.C. 20037.

UNICEF

The UN Children's Fund (UNICEF) has been associated with family planning work since 1966, granting assistance to family planning projects as part of maternal and child health programs. UNICEF has funds available for family planning assistance. Assistance can be in the form of transport, equipment, supplies (at present exclusive of contraceptives), and personnel training. Country requests for UNICEF help should be fostered. The Executive Director is Mr. Henry R. Labouisse, UN Children's Fund, 866 UN Plaza, New York, New York, 10017.

Regional UN Commissions (ECAFE, ECLA, ECA)

Of the four regional commissions of the UN, three have responsibilities related to development in A.I.D. assisted countries: for Asia and the Far East (ECAFE), Latin America (ECLA), and Africa (ECA). These commissions are associated with the Economic and Social Council of UN (ECOSOC), which has urged all UN organizations to help develop more effective programs in population. These regional commissions receive considerable U.S. financial assistance and are involved in a wide range of population activities.

ECAFE: Executive Secretary is U Nyun, ECAFE, Sala Santitham, Rajadamnern Ave., Bangkok, Thailand

ECLA: Executive Secretary is Carlos Quintana, ECLA, Adificianaciones Unidas, Avenida Dag Hammarskjold, Vitacura 3030, Santiago, Chile

ECA: Executive Secretary is Robert Gardiner, ECA, P.O.Box 3001, Addis Ababa, Ethiopia

FAO

The Food and Agricultural Organization (FAO) is directly interested in the population problem, especially in relation to the pressure of population upon food supplies and resources for agricultural and economic development. Many aspects of the food-population problem are appropriate for FAO attention. FAO has a program, funded by the UN Fund for Population Activities, to minclude FP in home economic programs. The Director General is Mr. A. H. Boerma, FAO, Via Delle Terme, Di Caracella, Rome, Italy.

ILO

The International Labor Organization of UN (ILO) adopted a resolution in June 1967 indicating its concern with the impact of population growth on manpower utilization opportunities for employment, training, and worker welfare. Its assistance in program development may take various forms in its work with

labor organizations. It can be called upon to hold seminars and provide information for labor people on population growth, FP, and the inferences for labor. The Director is Mr. David Morse, ILO, 154 Rue de Lausanne, Geneva, Switzerland.

6. Other International Agencies

World Bank

The World Bank has helped to create acute awareness in Ministeries of Finance and Planning around the world of the constraints of population growth upon economic and social progress. The World Bank proposes to follow three courses:

a. To let the developing nations know the extent to which rapid population growth slows down their potential development, and that in consequence, the optimum employment of the world's scarce development funds requires attention to this problem.

b. To seek opportunities to finance facilities required by member countries to carry out family planning programs.

c. To join with others in programs of research to determine the most effective methods of family planning and of national administration of population control programs.

The Director, Population Projects Department, World Bank, is Mr. Kandiah Kanagaratnam, Washington, D.C. 20433.

OECD

The Population Unit of the OECD Development Center, currently supported by U.S. and Sweden contributions, is in an excellent position to encourage and help LDCs in understanding the economics of population growth and related programs. Development planners should be encouraged to consult with the staff of the Development Center. Senior Consultant, Population Programs, OECD, is Dr. Carl Wahren, 91 Boulevard Exelmans, Paris 16, France.

OAS

The OAS has a particular responsibility for encouraging population planning programs in Latin America. The OAS is devoted to the concept that only by concerted effort can individual countries in Latin America help themselves, which includes an understanding of population growth and its relationship to development. The Secretariat of the Economic and Social Council prepares the country studies for the CIAP Country Reviews. These studies contain the information required for considering the inter-relations between population and economic/social development.

The Secretary General of OAS is Mr. Galo Plaza, Washington, D.C. 20006.

7. Other Donor Countries

Sweden

The first donor country to support P-FP in LDCs, Sweden continues to give assistance to P-FP its highest priority. Working through the Swedish

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International Development Authority (SIDA) it provided over $6 million to P-FP in 1969, and largely concentrated its assistance to Ceylon, Pakistan, Tunisia and India, and support of the IPPF and the UN. [Korea?]

Great Britain

The Population Bureau, Ministry of Overseas Development, is developing an increased capability to extend specialized assistance in P-FP. Its principal efforts have been in Pakistan, India, Malta, Mauritius, and Seychelles and, in support of the IPPF.

Norway, Denmark

A substantial share of Norway and Denmark assistance is contributed to the IPPF, and to the UN Population Trust Fund in the case of Denmark. Norway has helped Singapore and Kenya in this field.

Japan, Netherlands

Family planning efforts by these countries have been limited but are expected to increase having very significant resources in skill and equipment to devote to P-FP.