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UNIVERSITIES

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PHP Front Office

Telephone (201) 461-2596

George Vaky, M. A., M. S.
Consulting Economist
Family Planning/Rural Development

518 Nordhoff Drive

Leonia, New Jersey 07605

June 2, 1979

Dr. K. Kanagaratnam, M.D., M.P.H.
Director, Population Programs
IBRD
Washington, D.C. 20433

Dear Dr. Kanagaratnam:

I wish to thank you for the discussions that I was able to have with you in your office on May 15 relating to the Bank's approach to family planning in the context of primary health care. I was very glad to note your appreciation of the need to relate population programs to grass roots development.

Since our meeting I had had similar discussions with Dr. Carl Taylor of Johns Hopkins and correspondence with Dr. George Brown, Director of International Programs at the Population Council. I am taking the liberty of enclosing copy of some correspondence with them on this question, especially of the need for nongovernmental efforts in the universalization of basic health care. Since organizations such as the World Bank and WHO usually have to work through government sponsorship, I just wonder if you see a developing role for the Bank's grant funds (as distinct from loan funds) in the area of "health by the people". I plan to attend the Conference in Washington, June 10-13, sponsored by the National Council for International Health and the American University on the role of voluntary agencies in primary health care. I hope to talk with you some time during that period if you would feel it useful. I would like, also, to have your reaction to the paper I left with you.

Encl:

Sincerely Yours,

George Vaky

Received in PNP
Date JUN 7 1979

Received in PNP
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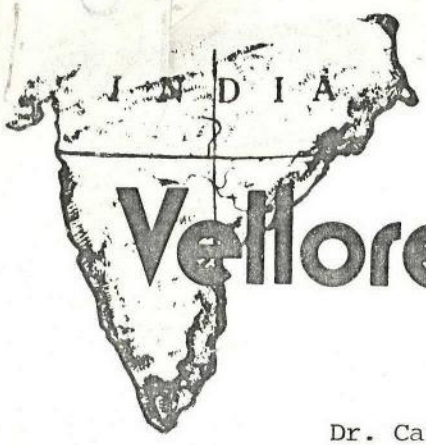

HERBERT O. MUENSTERMANN
EXECUTIVE DIRECTOR

CHRISTIAN MEDICAL COLLEGE BOARD INC.

475 RIVERSIDE DRIVE • ROOM 243 • NEW YORK, N.Y. 10027 • (212) 870-2642

June 4, 1979

Dr. Carl E. Taylor
Johns Hopkins Medical Center
Department of International Health
615 N. Wolfe Street
Baltimore, MD 21205

Dear Dr. Taylor,

I wish to thank you for the time you spent in discussions with me last month at your office, especially on a day when there were so many other calls on it. On my return, I also received your letter of May 11th.

I totally agree with you that what is needed now in the spread of "health by the people" efforts is not new knowledge, but the implementation of what is already known and that it should be achieved through truly indigenous local efforts from the bottom up. It is in regard to the latter that government sponsored activities are inherently deficient. I had a long and very fruitful discussion with Dr. Raj Arole about ten days ago on the subject of my proposal when he emphasised to me, on the basis of his experience, that government should never have more than a helping role in the efforts. Unfortunately, every government tends to be a "special interest" in itself, some more than others, and a dominant role for the government typically stifles local initiative and genuine participation.

I think that the identification of truly dedicated local leadership, in which the World Council of Churches has already pioneered a leading role by working with voluntary organizations that know the land, has a very crucial role in this whole area. Giving material and technical aid to such leadership will need the efforts of both regional and international coordinating efforts.

I find that the DEIDS project of APHA has identified a large member of primary health care projects around the world and conducted various analyses of them. I hope to avail myself of some of these studies and have some discussions when I attend the forthcoming NCIH Conference on Primary Health Care in Washington next week.

If you have some ideas on the criteria for grading exisiting projects on their level of development, I would like to know. Also, please send me some material on Johns Hopkins U.'s Health Associate Program.

Sincerely yours,

GV

George Varky
President

GV:lh

cc: Herbert Muenstermann

THE JOHNS HOPKINS UNIVERSITY

SCHOOL OF HYGIENE AND PUBLIC HEALTH

DEPARTMENT OF INTERNATIONAL HEALTH

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May 11, 1979

Dr. George Varky
President
Vellore Christian Medical College Board, Inc.
475 Riverside Drive
Room 243
New York, New York 10027

Dear Dr. Varky:

It was good to hear from you and to know of your continuing involvement with the Vellore Board. We are enjoying very much having Abraham Joseph.

I am impressed with your thinking about the "universalization of basic health services." It fits well with a lot of the other thinking that is going on at present. Following up on the Alma Ata Conference on Primary Health Care there are a lot of people who are trying to synthesize some of the experience around the world. In the last couple of months I have had to review three major documents by people who have collected information from current field projects trying to draw up general principles and to evaluate the potentials of intervention programs in nutrition and health. These are reports by Gwatkin and colleagues, Kielmann and colleagues and Austin and colleagues. I understand that there are several other under preparation. At the moment I am somewhat overwhelmed by this flow of papers. Each of these reports talks about their going on to do further activities in developing a synthesis of principles and trying out lessons learned.

I mention this primarily to indicate that any activities that you undertake should not merely repeat work that is going on. I personally think that there is more need for implementing actual field activities through the excellent potentials that are being developed in projects such as your Vellore program. One of the things that comes out of the synthesis efforts so far is that local efforts truly must be indigenous and must grow from bottom-up. You refer to this in your principles. They key activity is what goes on at the local level. WHO, AID and other international groups have been trying to get implementation plans organized for supporting local activities.

I do expect to be here in Baltimore during the days that you are in Washington. This is the wind-up period of the year's academic program

so that things are extremely busy. I will be glad to help if I can.

Very sincerely yours,

Carl E. Taylor, M.D., Dr. P.H.
Professor

CET/ac

Telephone (201) 461-2596

George Varky, M. A., M. S.
Consulting Economist
Family Planning/Rural Development

518 Nordhoff Drive Leonia, New Jersey 07605

May 29, 1979

Dr. George F. Brown, Vice President
Director, International Programs
The Population Council
New York, N.Y. 10017

Dear Dr. Brown:

Thank you very much for your letter of May 21 in response to my paper outlining the need for a definitive study of the status and scope of basic health services around the world. You have raised some important questions to which I shall try to respond in this reply.

There is truly an increasing awareness around the world of the need for basic health services (BHS), and many organizations are devoting their energies and resources to promoting them. I would divide the major BHS efforts into two categories: government and voluntary. Government-sponsored BHS efforts have one disadvantage in many countries, namely, that local initiative is not allowed to flower fully, and consequently while a new service indeed gets provided, the activity does not also become the engine of the social and economic transformation of the population. Hence a critical question is the extent to which BHS efforts are "Health By the People" (HBP) efforts as well. This distinction is emphasised in principles 2 and 3 on page 6 of my paper. This points to one of the built-in disadvantages of WHO since by its charter all efforts have to be guided by the host governments.

Most of the projects listed in the paper (p.3) are nongovernmental HBP efforts. I found the testimony of an illiterate health worker in one of these Projects (Jamkhed, India) on her own personal transformation quite moving - please see copy enclosed. The proposed study will pay special attention to the major components of the origin and functioning of these projects with a view to stimulating new ones wherever timely. It will give special attention to identifying local communities and areas that are ripe for HBP efforts, especially in regard to the existence of a conscientized group of local leaders whose main objective is community regeneration. Establishing contact with voluntary organizations in touch with grass roots activities will be very important in identifying such local groups.

The nature of technical assistance necessary for new HBP efforts in the areas of training of workers, manuals for basic preventive and curative services etc. will be topics of enquiry in the study.

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WHO and other organizations in the field have amassed a tremendous amount of knowledge in these areas. The study will also look into the role of regional coordination for bringing to the new projects the technical assistance and financial resources that are needed. In regard to the latter it is difficult to agree with one current point of view which asserts that every project should become self-sufficient within a pre-determined period of time. As stated in principle 4 of the paper (p.6) self-sufficency is a function of the overall developmental level of the aid recipient group. In an increasingly interdependent world with vast inequalities in the standards of living, sharing of resources must continue to have a crucial development role.

The above discussion of HBP efforts is relevant to family planning programs in an important way. I see an analogy between the current situation and an earlier one when postpartum programs were seen as an effective vehicle for expanding the availability of family planning services. The rationale then was that for individual mothers the postpartum days represented a high level of internal motivation for family planning. Currently, societies or population groups whose motivation for and experience of self-advancement through HBP efforts are high and mutually reinforcing do find family planning an ally in this transformation and have a high group motivation for it. Those projects where family planning service availability is not adequate are prime candidates for f.p. service expansion. On the other hand, for ongoing f.p. projects the next wave of expansion probably has to come through the addition of HBP efforts as is beginning to happen in a few community-based-distribution-of-contraceptives projects. There is also the larger question whether it is now time that funds that have been so far reserved for population projects be now freed up for HBP efforts since ultimately the objective of such projects is to assist the total development of the recipient populations which in the long run is achieved more optimally even in a cost-effective sense through this more comprehensive approach.

The purpose of the proposed study is to create a project proposal for universalization of HBP through which to raise resources for accelerating the universalization process. It is hoped that using such resources a start may be made in a region such as, say, South Asia to accummulate knowledge and experience in the process of stimulation of local effort and the role of regional coordination. The International Federation of Family Health Research based in Research Triangle Park, N.C. of which Dr. Elton Kessel is the Executive Secretary is very much interested in the study and we are interested in raising funds for it. I would very much like to have further discussion with you on this whole subject if you would be interested. Please let me know.

Sincerely Yours

Encl:

cc: Dr. Elton Kessel

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The Population Council

International Programs

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New York, New York 10017
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May 21, 1979

Mr. George Varky
518 Nordhoff Drive
Leonia, New Jersey 07605

Dear Mr. Varky:

Thanks for sharing with me your document on universalizing basic health services. I certainly agree with the basic concepts in the paper. However, I am at a loss to see exactly what specific steps can be taken from an institutional and financial perspective. Perhaps one or more of the agencies you list may band together to form a technical support group, but many of them have been supporting primary health care work for several years. It would seem that the lack is not of money and institutional support but of political will.

I hope we can keep in touch and do let me know how your thoughts progress on this crucially important subject.

Yours sincerely,

George F. Brown, M.D., M.P.H.
Vice President
Director, International Programs

GFB:ws

TEACHING VILLAGE HEALTH WORKERS

authors

Ruth Harnar
Anne Cummins

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co-authors

Dr. R. S. Arole

Dr. Mabelle Arole

FOREWORD BY A VILLAGE HEALTH WORKER, LALANBAI

My name is Lalan.

People call me Lalanbai.

Pimpalgaon is the village where I was born in a Harijan Family.

I was married when I was 10 years old.

Our son was born when I was 15, but two years later, my husband put me out of his house.

My little son died when he was only five and I was left with my father's family.

My father found another husband for me, but he died two years later, after my daughter's birth.

I refused to accept another husband, but I have lived in Pimpalgaon since then.

I began to work to support myself and my daughter, but there was little choice for a Harijan woman.

In return for some food I worked in a high caste family in the village.

I had to collect firewood from the jungle.

I cleaned the shelter of 40-50 animals every day and made cowdung cakes for burning.

Every day I swept the courtyard, the same place where we now have the feeding of the village children and the very poor sick people.

If my child took even a peanut to eat, she was scolded, so I had to leave her at home.

In return for all of this, I was given stale bread and spoiled left-over curry which was thrown into the end of my sari from a distance.

We Harijans worked under inhuman conditions.

My mother used to grind flour to help support us, but only other Harijans would allow her to grind for them.

If my sari touched a higher caste child, as I walked in the village, the child's mother would tell him to throw away the bread he was holding, not to me, but to the dogs!

I finally changed to working on road construction where I could get daily wages. I earned up to Rs. 75 a month by heavy labour of long hours.

Through this work, my contacts and acquaintance with others in the village increased.

One day, the Sarpanch sent for me.

I was afraid he might be angry and I didn't want to go because my sari was torn.

To my surprise, he told me I was chosen to be trained as the Health Worker for the village.

How could I possibly accept ? I was a Harijan widow, and illiterate !

I think I was chosen because they knew I worked hard, and was not quarrelsome. And they knew I was honest. But I was very doubtful.

With many misgivings, I agreed to try for a month and went to Jamkhed with another Village Health Worker.

Trying to sit quietly and listen for the whole afternoon was very difficult. I became stiff and tired.

When I held the picture flashcards in my hands I was afraid. How could I ever learn to teach people with these ?

After that first day, I lay down with a blanket over me and had high fever and chills. I was so frightened.

When the team from Jamkhed visited Pimpalgaon the next Monday, I dressed and went to meet them because I had promised.

They gave me medicine, but more than that, one nurse put her arm around my shoulders with love, and helped me gain faith in myself.

With the help of the Team, I began my work.

Slowly I began to feel more confident and to feel the urge to work for my people in the village.

Each day I gained more satisfaction.

All of the young village children come to the feeding programme which I help with and often the mothers of all castes come and mix together there.

At first I didn't serve the food to the children because I am a Harijan. But one day when I couldn't go to help with the children, they became very unruly. So the Sarpanch called me and asked me to serve them. Since then I have done so freely.

The women started calling me to the homes. W discussed our problems and I helped whenever I could.

Now I can move freely among all castes, some even sharing their tea with me.

Working as a VHW has given me a special place in the village and I am no longer afraid.

The room for the clinic where I work has been given in a high caste Hindu home.

I am concerned about the other Harijans and try to get them accepted by the others as well as teach them ways of bettering their own lives. Now all the young children, the Farmer's club and most of the young people are integrated, but older people still accept caste restrictions.

The work has given me great rewards and peace.

I can visit anyone when there is illness in the family, or when they need help.

I have gained so much knowledge.

The mothers of children bless me, something money cannot buy.

I know now, that after I die the people of my village will say : "There was once a woman named Lalanbai, a Village Health Worker, who helped all of us in the village."

I have recently learned to read and write, and I would like to share this message with women like myself.

October 10, 1978

Dr. Carl E. Taylor
Department of International Health
School of Hygiene and Public Health
The Johns Hopkins University
615 North Wolfe Street
Baltimore, Maryland 21205

Dear Carl,

Thank you for your letter of September 27. I, too, am glad we were able to get together and talk of our interests and concerns. I am pleased to send you a copy of a brief internal note on the Alma Ata Conference for your personal information.

I found your accompanying follow-up proposal most interesting. I agree with you that in many years, now is probably the best climate for the implementation of effective health programs; the political mood is right in both the developed and developing world, and the attitude that health care is a welfare issue has eroded markedly.

Let me quote to you from my concluding statement to the EDI course this week (the planning of which your department made substantial contributions):

> "With respect to health, two recent changes are of significance. Firstly, there has been a shift in international thinking that well planned and managed health service programs and attacks on major health hazards are productive investments that will improve the quality of human resources available to nations -- thus enhancing the prospects for development. The second and more recent experience is that the result of my visit to Russia for the International Primary Health Care Conference at Alma Ata last month. This Conference, sponsored by WHO and UNICEF, was the largest health conference ever held. The Conference was a major element in WHO's strategy of an acceptable level of health for all by the year 2000. The Conference stressed: (i) the interdependence of health and development, (ii) the community basis of health systems, and (iii) universal accessibility to essential health care and equitable distribution of health resources. The Conference, attended by some 130 governments, the UN agencies and the non-governmental organizations, demonstrated a wide base of international consensus for the concepts and strategies of primary health care. The declaration of Alma Ata and the 22 recommendations

of the Conference defines the essential elements of primary health care and calls upon all governments to formulate national policies and plans to launch and sustain primary health care as part of a national health system. We will hear more in the next years about the shift in the thrust of forms of health care."

I do hope that the follow-up actions move forward effectively, both in the countries concerned and in the international donor community.

With warm personal regards,

Sincerely,

K. Kanagaratnam
Director
Population Projects Department

Encl.

cc: Mr. V. Jagdish

KKanagaratnam:cmk

THE JOHNS HOPKINS UNIVERSITY

SCHOOL OF HYGIENE AND PUBLIC HEALTH

DEPARTMENT OF INTERNATIONAL HEALTH

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September 27, 1978

Dr. K. Kanagaratnam
Director
Population Projects Department
The World Bank
1818 H Street, N. W.
Washington, D. C. 20433

Dear K.K.:

It was very good to talk with you in Alma Ata. I am pleased that we have been able to clear our understanding of our mutually shared interests.

Enclosed are a letter and memorandum which are, I think, self explanatory. They follow up on my concerns over the last several months that I do not see enough being done in getting ready to implement whatever commitments and enthusiasms are generated at Alma Ata. Personally, I was rather pleased with the final document and the general consensus that emerged.

Best personal wishes.

Very sincerely yours,

Carl

Carl E. Taylor, M.D., Dr. P.H.
Professor

CET/ac

Enclosures

THE JOHNS HOPKINS UNIVERSITY

SCHOOL OF HYGIENE AND PUBLIC HEALTH

DEPARTMENT OF INTERNATIONAL HEALTH

615 North Wolfe Street • Baltimore, Maryland 21205

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Phone: (301) 955-3934

September 27, 1978

Mr. Robert S. McNamara
President
The World Bank
1818 H Street, N. W.
Washington, D. C. 20433

Dear Bob:

I believe I told you when we had lunch together about plans for the WHO/UNICEF Conference on Primary Health Care at Alma Ata which wound up a week ago. The conference was a magnificent success by any standards. Participation was outstanding with high level political and administrative delegations from 140 countries and over 70 non-governmental organizations. The Russians took full advantage of this opportunity to impress the developing countries. Remarkably there was none of the acrimonious confrontation that characterized the Bucharest and Rome conferences. The WHO machine performed brilliantly in smoothly generating a worldwide consensus supporting what I consider to be a revolutionary document. If one third of the countries represented do a fraction of what they said they are going to do, there could be a tidal shift away from high technology, specialty medicine to focusing new investments on preventive-oriented, comprehensive care reaching out to the poor and deprived in their homes. Teddy Kennedy did an excellent job of making a dramatic speech committing himself to more than he perhaps realized, at least in the minds of delegates from developing countries.

Enclosed is a copy of the draft final report and the main working document which guided the discussions. As one of the main consultants who helped draft the working document and as a member of the drafting group that drew up the recommendations, I was especially impressed with how eager representatives of varied systems were to arrive at unanimous consensus.

For at least six months I have been reiterating my concern about what are we going to do if after Alma Ata 35 countries say O.K. we are convinced now what do we do. I am enclosing a copy of a letter to Dr. Mahler and a draft preliminary implementation proposal. You will note that I suggest a key role for the World Bank under point 6.

If money is mobilized from bilateral agencies, an effective inter-agency mechanism will be needed to channel international funds to countries which are ready to make a serious effort to reach the neglected poor with primary health care including family planning and nutrition. Following the successful experience of World Bank coordinated country consortia for aid there could be a new mechanism of a functional consortium to meet the current challenge. In order to implement this leadership role the World Bank presumably will have to come out with a new health policy. Let me remind you of the invitation to make a speech at Hopkins when you are ready to announce this new health policy.

The other two major steps in implementation can, I think, be effectively coordinated by WHO. They are promoting national plans for action and a major effort to develop a network of institutional linkages for health services research and training health planners. I was pleased to hear at Alma Ata that a serious effort is being made to continue the restructuring of WHO to improve the functional relationships between head-quarters and the regions. It is my suggestion that a major orientation in this restructuring should be to make the system concentrate on promoting primary health care rather than being designed primarily to promote categorical programs as in the past.

To use the surfboard analogy I hope we can catch the crest of this wave because there is no telling when another wave may be along.

With best personal wishes.

Cordially yours,

Carl E. Taylor, M.D., Dr. P.H.
Professor

CET/ac

Enclosures

IMPLEMENTATION OF NATIONAL PLANS FOR ACTION ON PRIMARY HEALTH CARE

Follow-up Proposal for Alma-Ata Conference

No conference, policy or plan will make a difference unless it promotes a process of change. Primary health care may be brilliantly conceptualized, exquisitely researched, carefully planned and systematically structured but still do little to improve the lives of people. The promises of the Declaration of Alma-Ata will be fulfilled only if new patterns of health and health care are implemented for the millions of village people around the world.

The Primary Health Care Conference demonstrated a wide base of international concensus. National leaders have returned home recognizing that they can be part of an international movement. As they undertake innovative programs reorienting health care in their countries to ensure coverage of the rural and urban poor their resolve will be strengthened by knowing that the new emphasis works and is being applied in many other countries, both developing and developed. They will have a framework of principles and practical experience on which to build their local adaptations.

However, all of the cumulative effort and collaborative impetus may fail unless there is a deliberate process started for following up Alma-Ata decisions and commitments. Practical measures need to be defined so that national leaders know what steps are needed to meet the new challenges and where to turn for help internationally in adapting past traditions of health care in a continuing process of planned change.

Dr. Mahler, in his opening address, referred rightly to the need for each country to develop its own Plan for Action. To do this, WHO, UNICEF and other

international agencies should develop a general framework for implementation within which each country and agency can formulate its own Plan for Action.

1. National Commitment and Political Will

The crucial action which the momentum from Alma-Ata should do most to encourage is that national political and administrative leaders stimulate public commitment to the new definition of Primary Health Care. This would require a tidal shift in emphasis to get coverage of health care to all the people, especially the poor and neglected in rural areas and urban slums, with emphasis on community participation and on health as part of development. While recognizing the importance of hospital-based health care in supporting primary care, the new orientation will mean that new investments in health services will be at the periphery. Courageous legislative and administrative decisions have to be taken to reverse the apparently inexorable drift to increasingly specialized, high technology overmedicalization that promotes dependency on the health system.

The first step in National Plans then is to promote policy decisions as a basis for action. A massive communication effort is needed that includes prompt and widespread mailings of conference reports and arranging for the Declaration of Alma-Ata to be printed in local languages and in a one-page format that can be placed on the wall of every health ministry office, health center and doctor's office in every country that decides to mobilize public support. This effort might well be coordinated by UNICEF.

2. Prompt Implementation of a Redesigned National Health System

Experience in several countries and in successful projects in almost every country shows that national services for primary health care can be

effectively expanded through adaptation and general implementation of principles that are known now. The health system needs to be reorganized to promote decentralization and a peripheral emphasis.

Some legislative and organizational changes should be nationwide, especially to alter rigid regulations so as to permit flexibility in working out new role allocations among members of the health team to get primary care as close as possible to the homes of the people in greatest need. New efforts are required to integrate the few preventive and curative functions which most effectively concentrate resources on appropriate technology for the greatest cost/effective impact. New mechanisms will need to be worked out to find locally appropriate supportive services, including training and retraining, supportive supervision, mobilizing and equalizing the distribution of manpower and technical resources, balancing categorical and integrated services and evaluation and feedback for progressive improvement.

In efforts to implement the concepts of primary health care that came together at Alma-Ata one of the most important issues will be to sort out relationships with the various vertical programs that have been and still are being promoted internationally. Obviously the balance of relationships depends mostly on the stage of development of various services in a country. In many developing countries the only services which have successfully reached the rural poor have been vertical programs directed against specific diseases or health problems. Rather than losing the advances that have been made in such programs primary health care should begin to build integrating relationships between them. However, the vested interests of these separate activities now represent one of the greatest obstacles to effective implementation of comprehensive care.

In vertical programs the priorities are set nationally or, more likely, internationally. A continuing problem in trying to phase vertical programs into general health services is that each one assumes that it should provide the base from which general health care should evolve. Present experience suggests that only if primary health care is given the responsibility and authority to put together locally appropriate mixes of the most effective preventive measures from various vertical programs will this kind of territoriality be overcome.

Community participation introduces the further complexity that health services must be responsive to local wishes and realistic appraisal of local priorities. Primary health care can all too easily be diverted into another vertical program providing simple and inadequate medical care since this is what the people usually want as their first priority. This attitude is supported by the vested interest of the medical profession which will continue to promote doctor-based care in preference to getting minimal coverage promptly to all the people. Promoting the necessary planning and management skills to carry out the complex endeavor of overcoming these obstacles is one of our greatest challenges.

3. Progressive Research and Adaptation for Emerging Problems

Current thinking about primary health care is evolving rapidly as interactions between groups and organizational units take unexpected turns. New problems constantly emerge in implementation. Mechanisms are needed to systematize the search for solutions and experience in several situations suggest the desirability of setting up Research and Training Areas and Centers in parallel

with general programs for implementation. In a defined population unit or in a center that has access to various population units solutions to new questions can be worked out. The whole national service does not need to be subjected to trial and error experimentation whenever there is new leadership that wants to get credit for trying something different. In these centers innovative ideas can be tested and adapted, management procedures can be optimized, shifting priorities can be monitored and tough long-range problems faced forthrightly. As new procedures are worked out the Area or Center can be used for training or retraining service personnel. By filling such research and development functions Educational and Research Institutions can be brought into the center of the primary care implementation process. The most essential feature will be effective two-way communication of problems and solutions between the health system and such centers.

4. Community Participation and Intersectoral Involvement

The two new emphases which make current thinking about Primary Health Care different from previous efforts to strengthen Basic Health Services are efforts to mobilize community participation and to promote intersectoral involvement. Much remains to be learned about how these goals can be translated from pious ideals to realistic interactions. Practical mechanisms need to be experimented with to try out ideas such as using community incentives, giving recognition and education to effective community leadership without weakening their relationships with their people, involving busy agricultural workers or teachers without interferring with their own work, etc. These potentials will be realized only within a dynamic process of intersectoral development creating new relationships between ministries.

5. Evaluation and Progressive Improvement

Implementation of primary health care will never be definitively achieved but a process of change needs to be started. Simple evaluation procedures should establish baselines, monitor progress and suggest new and dynamic improvements. Evaluation methods should be related to surveillance of high risk groups to identify those in greatest need. In keeping with the fundamental principles of social justice and human rights the measurement process must focus especially on whether benefits are reaching the poorest people. Monitoring of local achievements is especially needed as responsibility is turned over to community leadership to ensure that benefits are not coopted by the local elite in traditional patterns of exploitation.

6. International Commitment

Just as those who have access to benefits within countries must now assume responsibility for ensuring care to those who have been neglected in the past, similarly those countries who have and use the most resources must face their obligations to the poorest countries. To make a reality of the rhetoric large new allocations of funds and technical cooperation will be needed. These should be coordinated by interagency mechanisms that establish systematic communication and collaboration.

There are three areas in which international collaboration is needed to promote the new emphasis on primary health care. Rather than having a single mechanism to meet all three purposes, a linked combination of arrangements would probably be best. Rather than setting up entirely new mechanisms which would be excessively time-consuming, it will probably be best to build on and

modify existing capacities. This is especially true because primary health care should not be a separate international endeavor. It will be successful only inasmuch as it is able to support and mobilize the strength of existing national capabilities and organizational units.

A. Major funding for service activities

It is likely that fairly sizable new funds are going to be available, mainly from bilateral donors. In fact, some of the money that has been going into vertical programs for services such as family planning and nutrition will probably be channelled into efforts to promote integration.

Some effective means of communication between potential donors will be needed to facilitate the best use of resources. One possibility is a special emphasis under DAC of OECD, but this does not include representation of the developing countries. A more useful mechanism might be to develop an inter-agency committee bringing together the types of representation that meet in World Bank sponsored country consortia. This would be facilitated if the World Bank were to enunciate a new health policy. Obviously WHO, UNICEF, and other UN agencies, the bilateral donors and possibly NGO's could be members of such a group, together with appropriate representation from developing countries.

B. Promoting National Plans for Action and Training in Planning and Management.

The steps 1 to 5 outlined above require a consistent application of internatioal stimulation and communication. WHO is probably the agency with the best country contacts to promote both the development of national plans and the necessary training. A major internal process of restructuring is already under way in WHO to improve working arrangements between headquarters and the

regions. If these relationships can become facilitating mechanisms rather than barriers the decentralization process will strengthen inputs at country level. WHO should build this new restructuring around the goal of making implementation of primary health care effective. In the past the structure of WHO was designed mainly to promote vertical programs, but now it should demonstrate the feasibility of integration by showing how it can be done within its own system without losing technical expertise and management skills.

More specific, but absolutely essential to everything else, is the need for massive expansion of training programs for planning and management. A network of institutional linkages is needed in which specialty centers in developed countries specifically undertake to develop the capacity of regional and national centers. Such a systematic development requires a central focus which could probably be done best by a sub-unit of the new organization in WHO headquarters with branches in the regional offices.

C. Health Services Research

The WHO Advisory Committee on Medical Research has identified health services research as one of its three main priorities. The regional committees are appointing task forces to promote actively such research in country studies. These beginning mechanisms need to be specifically promoted by being given a significant percentage of all new money for primary health care. Training of research workers and the evolution of new research methods is particularly urgent. This research training should be related to the group that is r responsible for promoting training in planning and management and since all training and research should be mutually reinforcing perhaps a single mechanism at WHO needs to be set up for all these activities with appropriate represent-

ation and control from other agencies such as UNICEF, World Bank and other international agencies.

Carl E. Taylor

September 1978

THE JOHNS HOPKINS UNIVERSITY

SCHOOL OF HYGIENE AND PUBLIC HEALTH

DEPARTMENT OF INTERNATIONAL HEALTH

615 North Wolfe Street • Baltimore, Maryland 21205

Cable Address: PUBHYG
Phone: (301) 955-3934

September 7, 1978

Dr. K. Kanagaratnam
Director
Population Projects Department
The World Bank
1818 H Street, N. W.
Washington, D. C. 20433

Dear K.K.:

Thanks very much for your letter of August 28. I understand completely your problem with keeping up with correspondence because I, too, have been travelling for the past two months.

I am delighted with your favorable reaction to the proposal on Rural Health Care in India. When I was in Delhi I learned that it had, in fact, been approved by Raj Naraian just before he was fired as Health Minister. The secretary has delayed implementation until the new Minister is appointed. When the approval does come through, Rama and Sushila Nayar will more actively promote the search for funding. My hope is that they will be able to mobilize several sources so as to increase the base of support. There are preliminary indications of interests from UNICEF and SIDA. It is clear, however, that the most acceptable source, from the Indian point of view, would be the World Bank. I am pleased, therefore, that you have notified your staff working on the India project to keep this possibility in mind.

I personally appreciate your help to Jagdish. With best personal wishes.

Very sincerely yours,

Carl

Carl E. Taylor, M.D., Dr. P.H.
Professor

CET/ac

THE JOHNS HOPKINS UNIVERSITY

HOPKINS POPULATION CENTER
SCHOOL OF HYGIENE AND PUBLIC HEALTH
615 North Wolfe Street Baltimore, Maryland 21205

September 5, 1978

Mr. Il He Kang
World Bank
1818 H Street, N.W.
Washington, DC 20433

Dear Mr. Kang:

Enclosed please find a copy of the table in the Stokes paper that we discussed in our telephone conversation of September 5. I have inserted 1977 figures provided by Lloyd Emerson of AID for all countries and institutions but yours. (I had forgotten to mention in my call that Mr. Emerson had suggested you specifically as a highly competent source person for this data. He also sends you his regards.)

I will call your office on the afternoon of the 7th to discuss World Bank figures for the table.

Thanking you in advance for your kind attention, I am

Sincerely yours,

Samuel Coleman

Samuel Coleman, Ph. D.
Staff Researcher

SC/djm
Enclosure

THKS CALL BY TELEPHONE
ON 9/8

STOKES, Bruce. "Filling the Family Planning Gap." Worldwatch Paper No. 12. May 1977.

Table 5: Primary Sources of Bilateral and Multilateral Population Assistance

Country or Institution	1970	1971	1972	1973	1974	1975	1976	1977
	(millions of dollars)							
Canada	1.0	3.9	4.7	6.2	4.7	12.5	13.6	10.7
Denmark	1.4	1.9	2.0	4.0	2.4	4.0	5.0	6.6
Ford Fdn.	15.1	15.2	13.7	12.0	14.0	10.7	10.8	8.0
Japan	1.5	2.1	2.2	2.8	5.4	7.9	12.9	12.2
Netherlands	1.4	1.5	3.0	5.7	6.0	7.2	8.7	9.8
Norway	1.0	3.9	5.5	12.5	12.7	13.6	25.7	26.3
Rockefeller Fdn.	15.1	2.8	6.6	5.9	6.1	6.2	6.5	7.0
Sweden	6.5	9.2	12.7	13.7	18.3	27.4	30.6	32.0
United Kingdom	1.0	2.5	6.7	4.2	3.0	6.0	8.4	10.4
United States	74.5	95.9	123.3	125.6	112.4	110.0	135.2	140.3
West Germany	1.5	1.7	2.4	4.3	5.9	7.5	7.0	7.7
World Bank	2.0	7.8	34.4	26.5	37.0	25.0	6.8	
Total	122.0	148.4	217.2	223.4	227.9	238.0	271.2	

Source: AID and World Bank. ← Citation: end note no. 30, "... K. Kanagaratnam, World Bank, private communication, April 18, 1977."

Although Washington long provided more than half of all the bilateral and multilateral resources given to Third World programs, U.S. government contributions to population projects decreased in the mid-seventies and failed even to keep pace with inflation from 1973 to 1975. In 1976 Congress showed new interest in population programs and funding rose accordingly. The major American foundations, early supporters of the population movement, have begun slowly to scale down their donations.

Fluctuations in the U.S. commitment have been offset in part by more than $10 million that 18 Arab League states have provided over a two-year period for population projects in the Middle East and North Africa. In addition, other western nations and Japan substantially increased their aid between 1970 and 1976. To date, nine of every ten

Univ.

August 28, 1978

Dr. Carl E. Taylor
Department of International Health
School of Hygiene and Public Health
The Johns Hopkins University
615 North Wolfe Street
Baltimore, Maryland 21205

Dear Carl:

Thank you for your letter of June 7 and the attached proposal for Evaluating Alternative Models for Rural Health Care. I regret the delay in replying as I have been travelling steadily for the past few months.

I have read the proposal and found it to be quite interesting. Certainly there is a need in India for greater community involvement in health services and for improved systems of rural health care delivery. Studies that can shed light in this important area would be worth while.

There is one aspect on which I am not in a position to come to a judgment. This particular proposal has a high price tag, running to almost US$2.5 million equivalent in local costs over a period of five years, and an additional amount, approximately US$700,000, for international participation. I would guess that the GOI might be concerned about these magnitudes. Of course, there may be ways of scaling down the proposal to reduce the cost without substantially affecting the ability o f the study to yield results.

I am grateful for your sharing this confidential draft with me. I have asked our staff working on the India project to bear in mind the concepts behind the proposals in case a suitable opportunity for collaboration should arise. I would like to keep in touch with you as this proposal develops.

With best regards,

Sincerely,

K. Kanagaratnam
Director
Population Projects Department

KK:bli

Record Removal Notice

The World Bank Group Archives & Records Management

File Title	Barcode No.
Liaison with International and other Organizations - University - Johns Hopkins	1047072

Document Date	Document Type	
28 August, 1978	Proposal	

Correspondents / Participants

Subject / Title
Proposal for Evaluating Alternative Models for Rural Health Care

Exception(s)
Information Provided by Member Countries or Third Parties in Confidence

Additional Comments

The item(s) identified above has/have been removed in accordance with The World Bank Policy on Access to Information or other disclosure policies of the World Bank Group.

Withdrawn by	Date
Sherrine M. Thompson	February 09, 2023

file

June 15, 1978

Dr. Timothy D. Baker, M.D.
Professor
The Johns Hopkins University
School of Hygiene and Public Health
615 North Wolfe Street
Baltimore, Maryland 21205

Dear Dr. Baker:

In reply to your letter of 6th June 1978 I am enclosing some plans and costing data which I hope you will find useful. Our role in financing Health Centers is to ensure that the designs proposed are suitable for the functions to be performed; that they are economical; and that they fulfill the requirements of the projects. Generally speaking we prefer Health Centers to be as simple as possible, and economical to build and operate, but Governments often have very decided ideas and Health Centers can vary very considerably from country to country depending upon local requirements and the different functions for which the centers are designed.

The four plans I am enclosing (two sets) were prepared, very exceptionally in my Department, as variations on a country plan, and they show a typical small Health Center combining health and family planning services at a modest level. There are many much larger Health Centers ranging upwards almost to cottage hospital size, but the attached are designed to give outreach services in the rural areas of a developing country, which is our priority concern, at a low cost.

Our physical planning staff does receive and review plans of Health Centers specifically made available for our projects by the Governments. They have been prepared by the Government's staff or consultants and they hold the rights to these but I am sure that Governments involved in such programs would be prepared to send you plans if you asked.

Construction cost is again a very great variable. It varies from country to country and even within a country depending upon location and the standards of construction and finishes adopted. Again we encourage simple and economical construction methods and finishes, suitable to local craftsmen and local materials.

The buildings shown on the attached plans are estimated to cost in the region of US$12,000 (construction costs only), but this could vary in different countries from $10,000 to $20,000. If staff quarters are required and furniture and equipment is installed, the total capital cost of the center is more likely to be around US$35 to 40,000. Then of course there is always the price escalation problem, so we find it

is not very profitable to generalize about costs! To give you some indication of the range and variation of costs that occur even within a country, I am enclosing an analysis of fifty or more actual contracts which have been awarded in Indonesia over a period of 4 years for various types of buildings. This includes some 95 clinics (similar to Health Centers) with areas of 1,000 sq.ft. and 850 sq.ft. These are even smaller than the Health Centers shown on the attached drawings. Their construction cost alone varies from US$7,600 to US$13,800 per clinic, with a cost rate range of from US$80 per sq.ft. to US$173 per sq.ft.

I hope this information will be of assistance to you and please do not hesitate to write or call if I can help you further!

Sincerely,

K. Kanagaratnam
Director
Population Projects Department

Enclosures (4)

DMills/KKanagaratnam:nrb

cc: Mr. David Mills

THE JOHNS HOPKINS UNIVERSITY

SCHOOL OF HYGIENE AND PUBLIC HEALTH

DEPARTMENT OF INTERNATIONAL HEALTH

615 North Wolfe Street • Baltimore, Maryland 21205

Cable Address: PUBHYG

June 6, 1978

Kang
Re discuss
dr

D DAVID MILLS
(2)

Dr. K. K. Kanagaratnam
Director
Population Projects Department
The World Bank
1818 H. Street, N.W.
Washington, D. C. 20433

Dear Dr. Kanagaratnam:

In the course of your presentation at Hopkins you mentioned the efforts of the Bank in constructing health centers in many of the developing countries of the world. I would be most anxious to secure any information that is available in the Bank on planning, construction and costs of health centers. If you could pass this request on to the appropriate person, I would greatly appreciate it, as we would find the information useful for teaching of health planners at Hopkins.

Many thanks for your help in this.

Sincerely,

Timothy Baker

Timothy D. Baker, M.D.
Professor

ns

cc: Dr. Lawrence Casazza

THE JOHNS HOPKINS UNIVERSITY

SCHOOL OF HYGIENE AND PUBLIC HEALTH

DEPARTMENT OF INTERNATIONAL HEALTH

615 North Wolfe Street • Baltimore, Maryland 21205

Cable Address: PUBHYG

June 6, 1978

Dr. K. K. Kanagaratnam
Director
Population Projects Department
The World Bank
1818 H. Street, N.W.
Washington, D. C. 20433

Dear Dr. Kanagaratnam:

In the course of your presentation at Hopkins you mentioned the efforts of the Bank in constructing health centers in many of the developing countries of the world. I would be most anxious to secure any information that is available in the Bank on planning, construction and costs of health centers. If you could pass this request on to the appropriate person, I would greatly appreciate it, as we would find the information useful for teaching of health planners at Hopkins.

Many thanks for your help in this.

Sincerely,

Timothy Baker

Timothy D. Baker, M.D.
Professor

ns

cc: Dr. Lawrence Casazza

PS: Dear Larry: IN case this information could be more appropriately obtained from your group, I would greatly appreciate any reprints, mimeographed material or whatever is available. With best wishes.

Jim

file

June 13, 1978

Dr. Carl E. Taylor
Professor
Department of International Health
School of Hygiene and Public Health Johns Hopkins Univ.
615 North Wolfe Street
Baltimore, Md. 21205

Dear Carl:

Thanks for your paper outlining your proposal to evaluate alternative models for rural health care in India.

I have just received it and will review it and get back to you with my reactions.

With regards,

K. Kanagaratnam
Director
Population Projects Department

(Inc. sent to 1) HM 2) HMJ "Please look over and discuss with me, KK"

KK/jim

THE JOHNS HOPKINS UNIVERSITY

SCHOOL OF HYGIENE AND PUBLIC HEALTH

DEPARTMENT OF POPULATION DYNAMICS

615 North Wolfe Street • Baltimore, Maryland 21205

January 20, 1978

Dr. K. Kanagaratnam
Director
Population Project Department
World Bank
1818 H. Street, N. W.
Washington, D. C. 20433

Dear K.K.:

This confirms your acceptance of our invitation to give a lecture on "Population Programs of the World Bank" on March 9, Thursday, from 3:30 to 5:00 p.m. Enclosed please find a copy of the course plan.

I understand from Mr. Kang that the date is agreeable to you. There probably will be 20-25 students in the class.

Thank you for your willingness to assist our teaching program on population and family planning, and we look forward to seeing you then,

Sincerely yours,

L. P. Chow

L. P. Chow

LPC/em

Population Dynamics 7 - International Health 7

Family Planning Administration-Third Quarter

Tuesday & Thursday, 3:30-5:00 p.m.

1.	Jan. 26, Thr.	Introduction - New Approach for Family Planning	
2.	" 31, Tue.	Family Planning: Major Issues in the Developing Countries	Taylor
3.	Feb. 2, Thr.	Family Planning: Major Issues in the Developed Countries with Special Reference to Induced Abortion	Harper
4.	" 7, Tue.	Family Planning Program Demography	
5.	" 9, Thr.	Management Techniques Useful for Family Planning	Thorne
6.	" 14, Tue.	Fertility Control Methods: Administrative Considerations (1)	
7.	" 16, Thr.	Fertility Control Methods: Administrative Considerations (2)	
8.	" 21, Tue.	Case Studies Illustrating Specific Characteristics of National Family Planning Programs (1)	Harper
9.	" 23, Thr.	Case Studies Illustrating Specific Characteristics of National Family Planning Programs (2)	Rider
10.	" 28, Tue.	Application of Operations Research in Family Planning	Reinke
11.	Mar. 2, Thr.	Management of a Total Program	
12.	" 7, Tue.	Family Planning Services in Maryland	Garland
13.	" 9, Thr.	Population Program of the World Bank	Kanagaratnam
14.	" 14, Tue.	Population Policy: Group Discussion A. United States B. India	Rider & Chow
15.	" 16, Thr.	Adolsent Pregnancies: Onset of Contraception Among Sexually Active Females	Zelnik
16.	" 21, Tue.	Final Evaluation	

DR. CHOW CONFIRMED 1/23 THAT THURSDAY MARCH 9 IS OK NOW.

December 20, 1977

Dr. L. P. Chow
Hopkins Population Center
School of Hygiene and Public Health
The Johns Hopkins University
615 North Wolfe Street
Baltimore, Maryland 21205

Dear Dr. Chow:

It was nice to have talked with you on the phone the other day. As I told you, Dr. Kanagaratnam is honored to receive your invitation to lecture at your seminar on "Population Programs of the World Bank" on Thursday, March 16, 1978, particularly in view of your limiting only one outside guest speaker for this course. Since Dr. Kanagaratnam's schedule for the new year is a bit uncertain at present due to several important operational matters pending, he will not be in a position to confirm at the moment. However, you did kindly agree that it would be alright as long as you heard from us by mid-January. We will get in touch with you, hopefully, before then.

We are enclosing a set of background materials from our population donors meeting. Hope you will find them useful.

Season's greetings,

Sincerely yours,

I. H. Kang
Population Projects Department

Encls.

cc: Dr. K. Kanagaratnam

IHKang:cmk

FORM NO. 75
(1–76)

THE WORLD BANK

ROUTING SLIP	DATE:

NAME	ROOM NO.
c Cowpship / Kang /	Meantime send him for info one set of Landax documents & tell him so

	APPROPRIATE DISPOSITION		NOTE AND RETURN
	APPROVAL		NOTE AND SEND ON
	CLEARANCE		PER OUR CONVERSATION
	COMMENT		PER YOUR REQUEST
	FOR ACTION		PREPARE REPLY
	INFORMATION		RECOMMENDATION
	INITIAL		SIGNATURE
	NOTE AND FILE		URGENT

REMARKS:

CALLED 12/16 WCB

Pl call L. P. Chao & tell him I'm interested — but want to confirm till New Year to check schedules etc.

K

[illegible] Before Jan '18 mid-Jan [illegible] I promised to do so. 12/16/81

FROM: K. Kanagaratnam | ROOM NO.: | EXTENSION:

THE JOHNS HOPKINS UNIVERSITY

HOPKINS POPULATION CENTER
SCHOOL OF HYGIENE AND PUBLIC HEALTH
615 North Wolfe Street Baltimore, Maryland 21205

455-3960

November 30, 1977

Dr. K. Kanagaratnam
Population Project Department
World Bank
1818 H. Street, N. W.
Washington, D. C. 20433

Dear K.K.:

Due to some changes in our teaching plan, we were unable to invite any outside guest speaker to come to the school to give lectures during the past few years. This year, we have come back to the original idea of inviting a limited number (actually only one) guest speaker to our Family Planning Administration course in the third quarter. Enclosed please find a copy of the "Tentative course plan."

We would like to ask you to talk about "Population Programs of the World Bank" on March 16, Thrusday, if it is agreeable to you. If the date conflicts with your schedule, we may still be able to make some adjustment, so please do not hesitate to let me know if such is the case.

The subject of the session is explicit, but in addition, the students would be much interested in hearing your philosophy, and your views on the world population problems, and the "new" approach taken by the World Bank to help in solving the problems. Because of your knowledge and experience, I am certain that your presentation would considerably broaden the prospective of the students. Please, therefore, feel free to organize the session in the way you think will be the best for the group.

Thanking you in anticipation for your assistance, and looking forward to hearing from you soon.

With best wishes and kind personal regards,

Sincerely yours,

L. P. Chow

L. P. Chow

LPC/em
enclosure

11/29/77

Population Dynamics 7 - International Health 7

Family Planning Administration-Third Quarter

Tuesday & Thursday, 3:30-5:00 p.m.

1.	Jan.	26,	Thr	Introduction - New Approach for Family Planning
2.	"	31,	Tue	Family Planning Program:Current Major Issues in the Developed and Developing Countries..... Dr. Taylor
3.	Feb.	2,	Thr	Family Planning Program Demography (1)
4.	"	7	Tue	Family Planning Program Demography (2)
5.	"	9	Thr	Management Techniques Useful for Family Planning.... Dr. Thorne
6.	"	14	Tue	Fertility Control Methods:Administrative Considerations (1)
7.	"	16	Thr	Fertility Control Methods:Administrative Considerations (2)
8.	"	21	Tue	Management of a Total Program
9.	"	23	Thr	Application of Operations Research in Family Planning..Dr. Reinke
10.	"	28	Tue	Management of Family Planning:Case Study..... Dr. Rider
11.	Mar.	2	Thr	Training of Paramedical Personnel for Family Planning... Dr. Harper
12.	"	7	Tue	Delivery of Family Planning Services:Maryland..... Dr. Garland
13.	"	9	Thr	Improving IE & C Program for Family Planning: A Brainstorming Session ..... Drs. Rider & Chow
14.	"	14	Tue	Population Policy:Group Discussion A. United States B. India
15.	"	16	Thr	A Guest Lecture - Population Program of the World Bank ..... Dr. Kanagaratnam
16.	"	21	Tue	Final Evaluation

February 5, 1976

Dr. George G. Graham
Co-Chairman, Symposium
THE JOHNS HOPKINS UNIVERSITY
School of Hygiene and Public Health
615 North Wolfe Street
Baltimore, MD 21205

rec'd same (separate) ltr.

Dear Doctor Graham:

Thank you for your letter of January 29, 1976 addressed to Mr. V. Rajagopalan on the subject of a Symposium of International Health. Unfortunately, Mr. Rajagopalan is out of the country and will not be back until the end of February, so he will not be able to attend the Symposium.

I have passed the invitation to our Population and Nutrition Projects Division in case they are interested.

Yours faithfully,

Brian Shields
Chief, Transportation Division
South Asia Projects

cc: Mr. K. Kanagaratnam

Attachment

BShields/kll

THE JOHNS HOPKINS UNIVERSITY

SCHOOL OF HYGIENE AND PUBLIC HEALTH

DEPARTMENT OF INTERNATIONAL HEALTH

615 North Wolfe Street • Baltimore, Maryland 21205

Cable Address: PUBHYG

January 29, 1976

Mr. V. Rajagopalan
Assistant Director
South Asia Projects
International Bank for Reconstruction
and Development
1818 H Street, N.W.
Washington, D.C. 20433

Dear Mr. Rajagopalan:

On February 20, 1976 The Johns Hopkins University is sponsoring a major Symposium to discuss the issues of Health, Population, Nutrition, Environment, and their Interrelations in the Process of Development.

We are most interested in your thoughts on the opportunities and problems of U.S. involvement in international health activities, and the role of U.S. universities in international health. We hope you can send in questions or issues that you think should be discussed by the seminar panel. We will present these questions to our panel members before the Symposium so they will have time to reflect before discussion.

The enclosed brochure describes the schedule, the speakers, and the location of the Symposium and space for your comments.

We hope that you and/or appropriate representatives from your staff will attend this meeting.

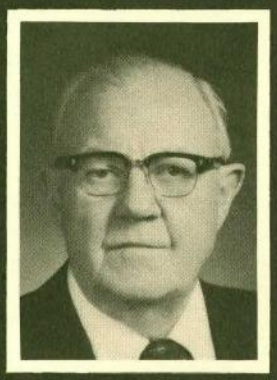
We would appreciate it if you would let us know who will be coming from your office.

Sincerely,

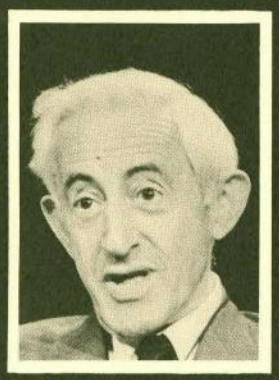
George G. Graham, M.D.
Co-Chairman, Symposium

Timothy D. Baker, M.D.
Co-Chairman, Symposium

In Celebration
of its Centennial
The Johns Hopkins University
Invites you to attend a
SYMPOSIUM on
INTERNATIONAL HEALTH
Honoring
Ernest L. Stebbins and
Abel Wolman



Ernest L. Stebbins



Abel Wolman

East Wing Auditorium
School of Hygiene and Public Health
615 N. Wolfe Street
FEBRUARY 20, 1976
(9 a.m.–5 p.m.)

Today, the emphasis of United States international concern is on humanitarian programs for improving health and the quality of life. To guide our University in continuing its role as a leader in international health, a symposium of expert spokesmen from international health agencies, great foundations, government, and international development agencies will present major papers dealing with the interlinking subjects of environment, population, nutrition, health, and development.

Schedule

9:00 a.m. Registration

9:30 a.m. Introduction of Dr. Abel Wolman, morning session Chairman, by Dr. George G. Graham, Symposium Co-chairman

9:40 a.m. "International Health Problems and Opportunities"
Hon. Donald M. Fraser, U.S. House of Representatives

10:15 a.m. "International Health by the Year 2000"
Dr. Thomas Adeoye Lambo
Deputy Director General, World Health Organization

11:00 a.m. Coffee Break

11:30 a.m. "International Health in the Context of Development"
Panel Discussion: Speakers, Drs. Wolman, Stebbins, and Dr. Carl Taylor, Chairman, Department of International Health

12:15 p.m. Special buffet lunch, School Cafeteria $4.00

2:15 p.m. Introduction of Dr. Ernest Stebbins, afternoon session Chairman, by Dr. Timothy D. Baker, Symposium Co-chairman

2:30 p.m. "Food, Population and Health"
Dr. John Knowles, President
The Rockefeller Foundation

3:15 p.m. "Saber-Toothed Tigers, Engineering and Public Health"
Mr. Harold Shipman, The World Bank

4:00 p.m. "Role of Universities in Helping Solve International Health Problems"
Panel Discussion: Speakers, Drs. Wolman, Stebbins and Taylor

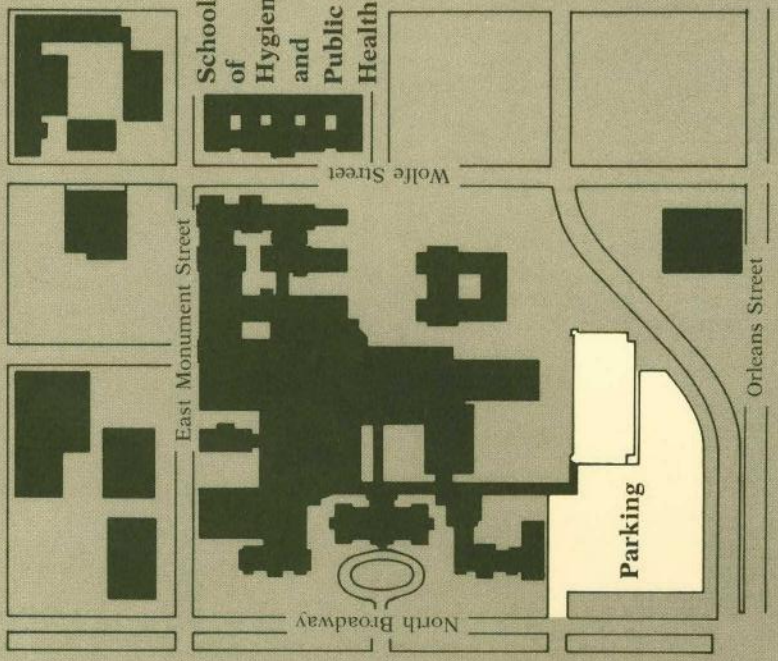
5:00 p.m. Adjournment

Ernest L. Stebbins: Physician, public health leader, pioneer in preventive medicine, teacher, and humanitarian–*From a successful career as epidemiologist, health officer of Richmond, Virginia, and of New York City, to lead the Johns Hopkins School of Hygiene and Public Health for two decades of growth—Responsible for stimulating most of the international health activities of the School.*

Abel Wolman: Engineer, public health leader, pioneer in environmental protection, teacher, and humanitarian—*Six decades of outstanding service, teaching, and research in environmental health at Johns Hopkins, in Baltimore, in the United States and throughout the world.*

PLACE STAMP HERE

Dr. George G. Graham
The Johns Hopkins University
School of Hygiene and Public Health
615 North Wolfe Street
Baltimore, Maryland 21205



NAME _____

will attend
will not attend

Sessions ☐ ☐

Special lunch ☐ ☐

Questions or issues you wish discussed:

_____

_____

_____

_____

THE JOHNS HOPKINS UNIVERSITY

SCHOOL OF HYGIENE AND PUBLIC HEALTH

DEPARTMENT OF INTERNATIONAL HEALTH

615 North Wolfe Street • Baltimore, Maryland 21205

Cable Address: PUBHYG

file

January 29, 1976

Dr. K. Kanagaratnam
Director, Population and Nutrition
Programs
The World Bank - Room 538N
1818 H Street, N.W.
Washington, D.C. 20433

Dear Dr. Kanagaratnam:

On February 20, 1976 The Johns Hopkins University is sponsoring a major Symposium to discuss the issues of Health, Population, Nutrition, Environment, and their Interrelations in the Process of Development.

We are most interested in your thoughts on the opportunities and problems of U.S. involvement in international health activities, and the role of U.S. universities in international health. We hope you can send in questions or issues that you think should be discussed by the seminar panel. We will present these questions to our panel members before the Symposium so they will have time to reflect before discussion.

The enclosed brochure describes the schedule, the speakers, and the location of the Symposium and space for your comments.

We hope that you and/or appropriate representatives from your staff will attend this meeting.

We would appreciate it if you would let us know who will be coming from your office.

Sincerely,

George G. Graham, M.D.
Co-Chairman, Symposium

Timothy D. Baker, M.D.
Co-Chairman, Symposium

File

THE JOHNS HOPKINS UNIVERSITY

HOPKINS POPULATION CENTER
SCHOOL OF HYGIENE AND PUBLIC HEALTH
615 North Wolfe Street Baltimore, Maryland 21205

December 8, 1975

Mr. George B. Baldwin
Deputy Director
Population Projects Department
The World Bank
1818 H Street, N.W.
Washington, D. C. 20433

Dear Jim:

Thank you very much for your letter of December 1, enclosing a xeroxed copy of a draft-monograph on "The Monitoring of Family Planning Program."

I felt much relieved to see this "final product," although it is somewhat different from what we had hoped to achieve. I know it is a difficult job to combine the writings of two different people, who have different perceptions and a different writing style, and Mr. Cyril Davies had done a good job. It probably is the best that can be accomplished at the present stage.

I appreciate your kind thought in placing my name as the coauthor of the monograph, but since my contribution to this particular volume is rather limited, please feel free to remove it if it would be more appropriate.

Being a "practitioner" of family planning, I have a rather strong personal bias about the need of "program managers." I believe that the original idea of yours and that of George Zaidan to prepare a monograph discussing major management issues and data is unique. I hope you would continue to pursue this goal, possibly inviting more inputs from a limited number of qualified program managers. I would continue to develop and crystalize my own idea on the subject, as far as time permits, and if anything worth mentioning comes up, would be sure to let you know.

Thank you very much for your understanding and support, with best wishes and kindest regards,

Sincerely yours,

L. P. Chow

L. P. Chow

LPC/em

September 16, 1975

Dr. W. Henry Mosley
Chairman
Department of Population Dynamics
School of Hygiene and Public Health
The Johns Hopkins University
615 North Wolfe Street
Baltimore, Maryland 21205

Dear Dr. Mosley:

Thank you for your letter of July 15 on the Conference on Nutrition and Human Reproduction. I have been away on an extended overseas trip and have just seen your letter. However, I understand that Mr. Alan Berg of this Department has given a response to a similar inquiry. Copy of that response is attached. I would not want to add to that list at this time.

Sincerely,

K. Kanagaratnam
Director
Population and Nutrition Projects Department

Attachment

Dr.KK:is

cc: Mrs. Domingo w/c inc.

THE JOHNS HOPKINS UNIVERSITY

SCHOOL OF HYGIENE AND PUBLIC HEALTH

DEPARTMENT OF POPULATION DYNAMICS

615 North Wolfe Street • Baltimore, Maryland 21205

July 15, 1975

Dr. Kandiah Kanagaratnam, Director
Population and Nutrition Projects
International Bank for Reconstruction
and Development
Washington, D.C. 20433

Dear Dr. Kanagaratnam:

The Sub-committee on Nutrition and Fertility of the National Academy of Sciences is proposing to organize an International Conference on Nutrition and Human Reproduction. The tentative plans are for a one-week conference to be held in late Spring of 1976, probably on the East Coast of the United States.

The scope of the conference would include the following subject areas.

I. Biological Interrelationships

1. Nutrition and reproductive life span, including effects on puberty, menarche, menapause.

2. Nutrition and reproductive potential, including effects on hormonal balance, ovulation, spermatogenesis.

3. Nutrition and reproductive outcome, including fertilization, implantation, fetal wastage, stillbirths, and neonatal and infant deaths. (Fetal growth and birth weight as it affects survival will be included here).

4. Maternal and infant nutrition and lactational amenorrhea.

5. Fertility control technology and nutrition, including effects of intrauterine devices, systemic contraceptives.

6. New hormonal technologies and nutrition, including thyrotropin releasing hormones.

II. Social, Economic, and Cultural Correlates of Nutrition and Fertility

1. Breastfeeding practices and reproductive potential and performance.

2. Maternal diet and reproductive potential and performance.

3. Infant feeding, infant survival, and reproductive efficiency.

III. Quantitative and Analytical Models of Nutrition-Fertility Interrelationships, including Economic and Biological Models and Their Implications

Please note that the conference will focus primarily on reproduction in humans. Reports of investigations in laboratory animals generally will not be considered unless they are directly relevant to the human situation. Also note that this conference will not cover areas such as the nutritional requirements of pregnancy, the nutritional requirements of lactation, or the effect of high fertility on nutritional status.

It is planned that the participants in this conference represent a broad range of disciplines, including nutritionists and epidemiologists involved in field investigations, demographers, sociologists, economists, anthropologists, biostatisticians, and health administrators.

The program of the conference will include reports of original investigations, particularly field studies and results of social surveys. Also of interest are historical studies and analytical investigations of nutrition and fertility interrelationships.

The purpose is to assess the state of the knowledge in this area, to clarify the issues and terminology that may be utilized by investigators in various disciplines, identify research needs, and develop the policy implications particularly as they relate to ongoing social changes, as well as intervention programs.

This letter is seeking to identify potential participants who might make original contributions or who would participate in discussion sessions to define research needs and policy implications.

Please reply on the attached form if you or others in your group are interested in participating in this conference. Please note that replies must be in no later than September 30, 1975.

Sincerely,

WHM:mkp

W. H. Mosley /lp

W. Henry Mosley, M.D.
Chairman

Notification of Interest in
Conference on Nutrition and Human Reproduction

Name_____

Title/Position_____

Address _____

_____

_____

Relevant field of interest_____

_____

If you have an original contribution, give
Proposed Title_____

_____

Short summary_____

_____

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Return before Sept. 30, 1975 to: Dr. W. Henry Mosley
Department of Population Dynamics
Johns Hopkins School of Hygiene & Public Health
615 North Wolfe Street
Baltimore, Maryland 21205 USA

COPY

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

August 22, 1975

Dr. Henry Mosley
Department of Population Dynamics
Johns Hopkins School of Hygiene
and Public Health
615 North Wolfe Street
Baltimore, Maryland

Dear Dr. Mosley:

Thank you for your invitation to participate in next Spring's follow-up meeting of the National Academy on nutrition and fertility. It is unlikely that I would be able to devote a full week to the Conference -- nor would I be able to contribute much substantially to Sections I and III of the program. However, if my schedule permits, I would like to sit in on the session relating to Section II, especially breastfeeding practices and reproductive potential and performance, and maternal diet and reproductive potential and performance.

In Dr. Wray's letter he asked for suggestions for others who have worked in this area and may be useful participants. A few names that come to mind are:

1. Dr. Kandiah Kanagaratnam, Director, Population and Nutrition Projects, IBRD;

2. Dr. Kalyan Bagchi, WHO, Geneva, who is currently involved in a project on the same subject as the meeting;

3. Dr. Franz Rosa, also WHO, Geneva -- but currently spending a year in New York at the UN. He has conducted a number of surveys on several of the items listed in your agenda;

4. Mrs. Susan Van Der Vynckt, c/o Marigny (A/SIA), 177 Collins Street, Melbourne 3000 Victoria, Australia. She did much of the basic work and report-writing of the earlier National Academy meeting on the subject;

5. Dr. Rosa Frisch of Harvard, who has given particular attention to the relationship of nutritional status to age of first conception;

//.

6. Dr. V. Ramalingaswami, Director, All India Institute of Medical Sciences, New Delhi, who has conducted enquiries into several of the agenda items on biochemical relationships;

7. Dr. Derrick Jelliffe from the UK (now School of Public Health, UCLA 90024) who has made extensive studies on breastfeeding/family planning relationships;

8. Dr. Jon Rohde, Rockefeller Foundation, Jogdjakarta, Indonesia, who from a practical community medicine point of view has conducted enquiries into several of the items listed on the agenda.

Although I will not be able to devote much time to the meeting itself, I would be grateful if you could supply copies of all papers and the final report, as this is a general subject of considerable interest to the World Bank.

Sincerely yours,

Alan Berg
Deputy Director for Nutrition
Population and Nutrition
Projects Department

cc: Mr. Joe Wray

bc: Candidates

GRB/DeKK o/r

copy rec'd AB

THE JOHNS HOPKINS UNIVERSITY

SCHOOL OF HYGIENE AND PUBLIC HEALTH

DEPARTMENT OF INTERNATIONAL HEALTH

615 North Wolfe Street • Baltimore, Maryland 21205

Cable Address: PUBHYG

August 1, 1975

Mr. Robert S. McNamara
President
The World Bank
1818 H Street, N. W.
Washington, D. C. 20433

Dear Mr. McNamara:

It is with a real sense of pleasure and increased respect that I think back to our lunch together. I want to thank you for that time to talk because it was both stimulating and inspiring to learn of your interest in some of the areas in which we have been quietly working away.

I have waited until now to respond further to some of the issues we discussed because I felt that I should carry through with discussions with some of the members of your staff. These have been extremely productive, as far as I am concerned.

That same afternoon I had a good long talk with Leif Christoffersen. He has just been over here to Baltimore for an excellent half day during which we explored mutual interests and he met some of our staff. We are tremendously impressed with the range of planning that is developing from your concern for the rural poor. Leif has asked that we prepare a short background document outlining some of the areas in which our Department might contribute and we will get that done during the next month.

I also had good talks with other members of your staff including Alan Berg, K. Kanagaratnam, Timothy King, Jim Lee and others. In fact, last week three of us had a second good meeting with Timothy in reference to a small research grant that we have been negotiating since last spring for the analysis of the large amount of field data from Narangwal in India. We appreciate his cooperation.

I am dictating this from a tent at Dan's Woodlands Institute with a tremendous panorama of three West Virginia mountain ranges reaching out to the horizon. He sends his best regards.

Cordially yours,

Carl E. Taylor, M.D., Dr. P.H.
Professor

CET/ac

cc: Messrs. Berg, Christoffersen
Drs. Kanagaratnam, King, Lee

Carl E. Taylor, M.D., Dr. P.H.
DEPARTMENT OF INTERNATIONAL HEALTH
THE JOHNS HOPKINS UNIVERSITY
SCHOOL OF HYGIENE AND PUBLIC HEALTH
615 NORTH WOLFE STREET
BALTIMORE, MARYLAND 21205

U.S. POSTAL SERVICE PM 1 AUG 1975

U.S. POSTAL SERVICE PM 1 AUG 1975

Dr. K. Kanagaratnam
The World Bank
Room N538
1818 H Street,N.W.
Washington, D. C. 20433

File

THE JOHNS HOPKINS UNIVERSITY

SCHOOL OF HYGIENE AND PUBLIC HEALTH

DEPARTMENT OF POPULATION DYNAMICS

615 North Wolfe Street • Baltimore, Maryland 21205

March 25, 1975

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

Dear Jim:

I have received your letter of March 19 and the edited chapters of the Manual. They look in good order, but I would like to examine all of the chapters once more closely.

Since I will be away for several days for a conference in North Carolina and for other business in the south, it will not be possible for me to talk to Ms. Maher before April 7. I will be in D.C. on April 8, for a seminar at GIA, so it should be possible for me to consult with her at that time. In any event, I will call your office to make the appointment.

Kind regards,

Sincerely yours,

L.P. Chow

L.P. Chow

LPC/el

December 30, 1974

Professor Ismail Sirageldin
School of Hygiene & Public Health
Department of Population and
Family Health
The Johns Hopkins University
615 North Wolfe Street
Baltimore, Maryland 21205

Dear Ismail:

Just before I went off to Thailand in mid-November we talked about my participation in a Seminar that you are running sometime in January. I think we left the date open, and I will hope to hear from you soon on this.

I am sending under separate cover 30 copies each of two suggested readings which I hope you would find appropriate for background reading by students. One deals with population policy in developed countries; the other deals with population policy in the Third World. Both are written for non-technical audiences and therefore very unacademic in style. But I count this an advantage rather than a limitation!

Many thanks for your Christmas card. This brings belated Season's Greetings to both you and your wife.

Cordially,

George B. Baldwin
Deputy Director
Population and Nutrition Projects Department

GBBaldwin:is

File

THE JOHNS HOPKINS UNIVERSITY

SCHOOL OF HYGIENE AND PUBLIC HEALTH

DEPARTMENT OF POPULATION DYNAMICS

615 North Wolfe Street • Baltimore, Maryland 21205

May 3, 1973

Mr. George Baldwin
Population and Nutrition Project Department
World Bank
1818 H Street, N.W.
Washington, D.C. 20433

Dear Jim:

I am writing this on behalf of our Department Chairman and myself to express our sincere appreciation for the excellent seminar you gave to the students in my class yesterday.

It was one of the most lively sessions, not only because of its substance, but also because of your excellent and systematic presentation. Both the students and some faculty members present felt they greatly benefited from it.

I was particularly interested in the Bank's approach as you presented it, in helping countries solve their various developmental problems including population. It is an excellent example of systematic program planning, not as an intellectual exercise, but working with a "real life" situation. I wish we could incorporate more of the Bank's work experience in our teaching in population planning.

It was a great pleasure to have you with us, and we are deeply grateful for your contribution to our teaching program in this Department. We hope to be able to ask you for similar help again the next academic year.

With best wishes and kind regards,

Sincerely yours,

L. P. Chow

L. P. Chow

LPC: et
cc: Dr. W. Henry Mosley

March 29, 1973

Dr. Theodore M. King
Director
Department of Gynecology and Obstetrics
School of Medicine
The Johns Hopkins Hospital
Baltimore, Maryland 21205

Maternity Health Care Program in the Caribbean

Dear Dr. King:

This is a somewhat belated reply to your letter of December 4, 1972 in which you expressed the school's interest in working out a collaborative arrangement with the Victoria Jubilee Hospital in Jamaica so that your school may participate in a maternity and fertility control program at the hospital.

I have not replied to you earlier, as I wished to do so after I had a chance to assess the situation and need with the concerned Jamaican officials. During my February supervision mission to Jamaica I had an opportunity to do so -- though not directly, as the following will show. For one thing, of all the Caribbean Islands, Jamaica has the first choice on medical graduates because the medical faculty is based at the Mona Campus. Therefore the pressure and the need to avail of such collaborative arrangements appeared less acute than in 1969 when they faced severe staffing constraints. I believe a more propitious time will be a later date after the completion of construction work at the hospital and the expanded staffing for the new hospital.

I will let you know if anything new develops on this subject.

Sincerely yours,

K. Kanagaratnam
Director
Population and Nutrition Projects Department

cc: Mr. Zaidan

IHK/is

THE JOHNS HOPKINS UNIVERSITY

SCHOOL OF MEDICINE

TELEPHONE 955-5000

DEPARTMENT OF GYNECOLOGY AND OBSTETRICS
THEODORE M. KING, M. D., Ph. D.
Director

Please address reply care of
THE JOHNS HOPKINS HOSPITAL
BALTIMORE, MARYLAND 21205
955-6320

December 4, 1972

Dr. K. Kanagaratnam
Director
Population Projects Department
International Bank for Reconstruction
 and Development
Rm N-538
801 19th Street
Washington, D. C. 20433

King — Draft reply — Pl state that according to information available scheme to prepare is currently preparing for Jamaica. Add some general observations on project.

Dear Dr. Kanagaratnam:

I would like to express my appreciation for your willingness to meet with us recently on a Saturday morning. As I mentioned to you, I have been in contact with K.P.R. Menon, the United Nations Population Program Officer for the Caribbean, concerning the development of a maternity health care program and a fertility control program in the Caribbean. He apparently talked with Dr. W. J. S. Wilson, Chief Medical Officer of Jamaica, who, in turn, talked with the Minister of Health. Both of these latter individuals reportedly are interested in principle in developing some sort of a collaborative program with the Department of Gynecology and Obstetrics of the Johns Hopkins University Medical School. In the subsequent paragraphs of this letter, I have described in rather general terms the program that we have had in mind.

Essentially we are interested in participating in a maternity program and a fertility control program in a clinical unit that has a large population requiring such services. I had envisioned a staff of individuals from Johns Hopkins that would include two faculty, four residents, and possibly one or two nurse-midwives. The total number of faculty in residence probably would never exceed that number and possibly might even be smaller depending upon the size of the planned program. The faculty and residents would be able to provide health care services to pregnant women, women in the immediate postpartum state, and to individuals seeking fertility control services. The fertility control services would include use of all currently acceptable approaches that are in agreement

with the selected country. The individuals participating in this program would, therefore, be of service in providing medical care for the population as well as serve as an educational resource for any type of personnel that the host institution would like educated. These groups could include physicians, medical students, nurse-midwives or nurses.

The reasons we are interested in initiating such a program are two-fold. One is that it gives the staff of such a program a large patient population to provide health care services for, and, secondly, it potentially offers a large population for the clinical trials of various evolving fertility control techniques.

The idea of such a program would be that it would be as beneficial to the host institution as it would be to the Department of Gynecology and Obstetrics at Johns Hopkins. Our benefit would be derived from the opportunity of providing the care for the population, because in providing the care, we are utilizing clinical material in an educational manner. It would also allow us the opportunity to have a vary large population to survey for the various evolving approaches to effective fertility control. The ideal, however, would be to make it more beneficial to the host institution in that their patient needs are met and their personnel receives continuing education.

We would not be interested in undertaking such a service and educational program on a short term basis. In other words, the very minimum time for such a program, I should think, would be a five-year period. The final form of such a venture would be very much dependent on the needs of, for example, the Victoria Jubilee Hospital, and probably more restrictive would be what funds could be found to finance such a project. As an example of another service that could be initiated would be a small gynecological cancer service.

I would, of course, very much appreciate your assistance in presenting these ideas to the correct people in Jamaica. Any assistance you can provide in this area would be greatly appreciated.

Sincerely yours,

Theodore M. King, M.D., Ph.D.

cc: Dr. James J. Russell
Mr. Charles C. Burch
Dean Russell Morgan
Dr. Menon

THE JOHNS HOPKINS UNIVERSITY

SCHOOL OF HYGIENE AND PUBLIC HEALTH

DEPARTMENT OF POPULATION DYNAMICS

615 North Wolfe Street • Baltimore, Maryland 21205

March 14, 1973

Mr. George Baldwin
Population Projects Department
World Bank
1818 H Street, N. W.
Washington, D. C. 20433

Dear Mr. Baldwin:

We were delighted to hear that you can come for the seminar at 1:45 to 3:15 p.m. on Wednesday, May 2. Your participation in our teaching program will greatly enhance the prestige of the course, and we are deeply grateful to you for the assistance.

I hope that you can arrive at the school before noon that day to have lunch with some of the colleagues.

Call + "yes" - 5+4 12:30?

Looking forward to seeing you then,

Sincerely yours,

L. P. Chow

L. P. Chow

LPC: et

Lunch - 12 30
Wed May 2 - 1 45 pm

DBB

March 12, 1973

Dr. L.P. Chow Room 2501
The Johns Hopkins University
Department of Population Dynamics
School of Hygiene and Public Health
615 North Wolfe Street
Baltimore, Maryland 21205

Dear Dr. Chow:

As agreed in our telephone conversation today, I will be happy to lead a session in the course on population dynamics on Wednesday, May 2, starting at 1:45 pm. For purposes of any announcement, I suggest we use a title "The World Bank Approach to Population Projects." I shall try to explain our approach, including how we treat the economic justification, much as I did when I came up a year ago.

I will look forward to seeing you on May 2nd. I will probably drive up, arriving about 1:15 - 1:30.

Sincerely yours,

George B. Baldwin
Deputy Director
Population and Nutrition Projects Department

GBBaldwin/jim

THE JOHNS HOPKINS UNIVERSITY

SCHOOL OF HYGIENE AND PUBLIC HEALTH

DEPARTMENT OF POPULATION DYNAMICS

615 North Wolfe Street • Baltimore, Maryland 21205

March 7, 1973

Mr. George Baldwin
Population and Nutrition
Projects Department
World Bank
1818 H Street, N. W.
Washington, D. C. 20433

Dear Mr. Baldwin:

For the past few years, you have been generous enough to assist our teaching program in population dynamics. The seminar you gave to the class last year was so successful and enthusiastically received by the students that we wish to invite you to come again this academic year for a seminar session in the fourth quarter.

The students in this class are population majors, committed to work in family planning related fields after graduation. We usually try to limit class size to about 20, but it is possible that classes are slightly larger with the inclusion of several auditors. "World Bank Justif. of Pop. Projs."

The tentative topic we propose for your discussion is "Economic Justification of the World Bank's Approach to Population Problems". However, any other related topic in line with the course objectives would be quite relevant.

If your schedule permits, we would like to have you come for the session on Wednesday, May 16, 1973, 1:45 - 3:15 P.M. If this particular date is not convenient for you, we can still adjust it to some extent to suit your schedule. (The class meets every Monday, Wednesday and Friday afternoon.) You may wish your presentation to last about an hour, and leave the rest of the time for questions, answers and discussion.

We would be much obliged if you could come. I will be contacting you shortly to confirm our arrangement.

Thanking you in anticipation of your assistance, and with kind regards,

Sincerely yours,

L. P. Chow

L. P. Chow

LPC: et

File: J. Hopkins (if we have)

THE JOHNS HOPKINS UNIVERSITY

SCHOOL OF HYGIENE AND PUBLIC HEALTH

DEPARTMENT OF POPULATION DYNAMICS

615 North Wolfe Street • Baltimore, Maryland 21205

GBB

December 12, 1972

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

Dear Al:

This is a rather belated response from Johns Hopkins in followup of the recent meeting you convened of universities and donor agencies regarding institutional development activities in less developed countries. I apologize for the delay in sending this letter, but, as you know, I have been out of the country for the past four weeks following that meeting.

I would like to begin this report by reiterating some of the observations I made at the meeting regarding the role of the universities in institutional development. The major point I made, which I wish to reemphasize, is that by virtue of the funding mechanisms, the initiative for institutional development does not lie in the hands of the universities. Specifically, irrespective of our interests and efforts in this area, we remain effectively in the service of the funding agencies. This is primarily because most of the operating funds of academic departments are grants and contracts which are categorically restricted, even as the institutional development funds themselves would be restricted and controlled by the funding agency.

Notwithstanding this situation, the universities have played, and can continue to play, a major role in the development of institutional capacity for research, training, and program operation internationally. The key role of the universities in this area does not require explanation since the essential ingredient to the development of any institutional capacity is the production of trained manpower which is the primary role of the university. The fundamental importance of this activity was reemphasized over and over again by the reports of all of the agencies which provide scholarships as a major component of their institutional development activities and therefore obviously look to the universities to provide the requisite training.

The clear requirement for the academic capacity in the universities to provide this training has been recognized in recent years by agencies such as U.S.A.I.D. and Ford Foundation which have generously provided the support so that the U.S. universities could develop their capacity to carry out an expanded training function. To illustrate this, I would like to give you some figures from the Department of Population Dynamics at Johns Hopkins. In 1964-1965 the department, which was then combined with Maternal and Child Health, could count only four full time faculty, offering only three courses, and having only one departmental doctoral student other than those enrolled in the general MPH program. This year we have 12 full time faculty, offering 15 courses, and have 36 departmental students at the predoctoral or post-

doctoral level majoring in family planning administration, demography, or reproductive biology. Thirteen of these students have training grants from funding agencies such as Population Council, U.N., and U.S.A.I.D. There are additionally ten MPH students majoring in population funded by these same or other international institutional developing agencies.

With this as a background, perhaps there can be a better appreciation of the current dilemma of the universities where they are finding an increasing demand for their training capacity (as exemplified by an indication of expanded institutional development activities of private and multinational funding agencies as brought out in the meeting you convened) and yet a diminishing or, in fact, complete lack of sustained, unrestricted support for maintaining even the current capacity to provide training. Somehow, agencies are quite prepared to use universities in a variety of roles from consultations, project development, or contractual functions; however, it is increasingly difficult for universities to garner support for their primary function which is training. Clearly, these other functions such as research and consultations are essential to maintain our competence as a training institution; however, a certain fraction of support must be available for support of the training program.

Turning to specific institutional development activities, historically Johns Hopkins University for ten years played a major role in developing institutional capacity in Pakistan, particularly at the West Pakistan Research and Evaluation Center, through a grant from Ford Foundation. The Department of International Health has also had a long period of contact in India.

Currently, our active participation, though only indirectly, is at the National Institute of Public Health in Surabaja, Indonesia, where Dr. Melvin Zelnik from the faculty of the Department of Population Dynamics is on a two year leave of absence to serve as an advisor through support from the Ford Foundation. Although this involvement is only indirect in that it is not a departmental activity, it indeed represents departmental involvement since a two years' leave of absence is unprecedented at Johns Hopkins University and was granted only because the Department of Population Dynamics hopes to develop some sustaining competence in Indonesian affairs through this involvement.

Currently, exploratory correspondence and site visits have been under way with a variety of institutions where Johns Hopkins may possibly enter into some type of an institutional development agreement. Among these are Haille Sellassie University in Ethiopia where Dr. L. P. Chow has a collaborative project underway, Yonsei University in Korea where Dr. Jae Mo Yang has indicated an interest in institutional collaboration, the American University in Beirut where a collaborative project has been proposed between the Department of International Health and the Department of Pediatrics and where Dr. Verhoestraete and the University authorities have indicated a definite interest in developing a population center, and Bangladesh where I have just completed a visit to develop collaborative projects which potentially may lead to an institutional development relationship, although the specific institution has not been identified.

Exploratory visits have also been made to Indonesia, Nairobi, and Nepal, although it is premature to suggest that any institutional relationships may be developed at this time.

Through the Department of International Health, collaborative projects, including the assignment of an overseas intern, have been developed with Pahlavi University in Iran, although the major institutional development activity there will probably be carried out by the University of North Carolina, with Johns Hopkins University playing a collaborative role.

It should be noted that whether actual institutional relationships develop is not primarily contingent on the mutual interests of Johns Hopkins University and the related institution in the LDC, but rather on the constraints imposed by the funding agencies. As an example, Johns Hopkins would certainly favor developing a broader base of ties with Indonesia growing out of the assignment of Dr. Zelnik to the National Institute of Public Health in Surabaja. From our standpoint, the development of this assignment through a grant to Johns Hopkins would have permitted us to afford much stronger backup for him as well as to develop the capacity to better and more appropriately train students from Indonesia for work in their own country. As an example of the capacity we might develop, we currently have as a student in the department an American physician who worked three and a half years in Indonesia and speaks Indonesian fluently. He clearly has a long term commitment to Indonesia and hopes to return after completion of his training. The ability to bring a person such as this on the staff in conjunction with the experience that Dr. Zelnik is gaining would assist us in developing a substantial level of competence and continuity of interest in Indonesian activities. Such capability would obviously strengthen our training program and, in fact, could play a critical role in training Indonesians since English language capability is so severely limited among potential candidates for advanced training from that country.

I hope that this letter includes the kinds of information you desire regarding Johns Hopkins University's activities and interests in institutional development. I look forward to future meetings that you are planning and trust that out of these meetings appropriate interrelationships between funding agencies and universities may be developed that will really move towards achieving the objectives all of us seek.

Sincerely,

W. Henry Mosley, M.D.
Chairman

WHM:mkp

cc: Mr. Oscar Harkavy, Ford Foundation
Mr. George Baldwin, World Bank
Dr. Lee Bean, Population Council
Dr. Carl Taylor
Mr. Henry Chuck

file

September 27, 1972

Theodore M. King, M.D., Ph.D.
Director
Department of Gynecology and Obstetrics
The Johns Hopkins Hospital
Baltimore, Maryland 21205

Dear Dr. King:

Thank you for your letter of August 3, 1972.

I have passed this to an appropriate officer who will bear in mind the potential of this course in considering country funding for training of staff.

I wish you every success with the course.

Yours Sincerely,

K. Kanagaratnam
Director
Population and Nutrition Projects Department

KK:bli

THE JOHNS HOPKINS UNIVERSITY

SCHOOL OF MEDICINE

TELEPHONE 955-5000

DEPARTMENT OF
GYNECOLOGY AND OBSTETRICS
THEODORE M. KING, M. D., Ph. D.
Director

Please address reply care of
THE JOHNS HOPKINS HOSPITAL
BALTIMORE, MARYLAND 21205
955-6320

August 3, 1972

Dr. K. Kanagaratnam
Population & Nutrition
Projects Department
International Bank
1818 H. St., N. W.
Washington, D. C. 20433

Dear Dr. Kanagaratnam:

I would like to take this opportunity to inform you of the recent funding by the Agency for International Development of an educational program in this department entitled "Simplified Techniques of Fertility Control." I have enclosed for your review and comment, the initial outline of a 4-week course that we hope will be relevant for physicians of lesser developed countries.

In summary, the program is a 4-week course providing both didactic and practical clinical experience in modern fertility control techniques, including male and female sterilization, termination of first and second trimester pregnancy, the management of complications of such procedures, and the use of all forms of contraception.

The candidate will require past training in gynecology, understand spoken English, and have passed the ECFMG examination. Each candidate will be provided transportation expenses and a per diem allowance. We hope all candidates are involved with the delivery of service in fertility control programs in their respective countries.

I would appreciate your assistance in the following areas:

1. Your comments on the content of the proposed program.

2. Which American and international organizations to inform about the existence of such a program.

3. Referral of potential candidates to this office.

We hope to start the first course November 1, 1972, and we will be able to take 4 to 6 individuals for each succeeding month thereafter.

I am in the process of preparing a brochure which I will forward on completion.

Your help will be greatly appreciated.

Sincerely yours,

Theodore M. King

Theodore M. King, M. D., Ph. D.

Enc.

PROJECT VI. A FERTILITY CONTROL EDUCATION PROGRAM FOR PHYSICIANS OF LESSER DEVELOPED COUNTRIES

The objective of this training program is to provide physicians from underdeveloped countries with didactic and practical experience in modern fertility control techniques. In this program these physicians will be taught the use of the various techniques of female and male sterilization, termination of first and second trimester pregnancies, and the employment of all forms of contraception. With the cooperation of the faculty of the School of Public Health, information will be provided in demography, program construction, and the ethical and social factors of the countries of the participating student physicians. The emphasis of this program will be to transmit clinical skills that would enable the trainees to implement effective population control programs in their respective countries.

It is apparent that the clinical skills necessary for the effective utilization of existing fertility control techniques have not been taught in an organized, integrated fashion to physicians of such countries. This has been true for a host of reasons, including the lack of facilities within the United States having a large active patient program utilizing a full range of population control techniques coupled with a staff interested and experienced in the training of candidates from underdeveloped countries.

The Department of Gynecology and Obstetrics of the Johns Hopkins Hospital has exercised leadership in research, training and service in the population field for more than a decade. The Department has provided tutorial training in techniques of sterilization, abortion and contraception for an average of ten candidates per annum from underdeveloped countries in the past, as well as concentrated three day seminars in surgical techniques of population control for American clinicians.

An active clinical service program is an essential component to meaningful training in fertility control technique. In the course of 1971, there were 1200 sterilizations, 1800 pregnancy terminations, and 1300 new patients entering the contraceptive program at the Johns Hopkins Hospital. Follow-up visits for patients active in the pregnancy spacing program now number 8000 per annum.

PROGRAM DESCRIPTION

The trainees of this four week program will be taught the following manual skills:

1. Abortion techniques
   - A) First trimester termination - Sharp and vacuum curettage.
   - B) Mid trimester termination
     - Prostaglandin utilization
     - Intra-amniotic Hypertonic solution techniques

2. Sterilization procedures
   A) Female
      1. Laparoscopic tubal cauterization
      2. Culpotomy tubal ligation
      3. Abdominal tubal ligation
   B) Male
      1. Vas ligation

3. Placement of Intrauterine Devices

Within this time interval the trainee should be technically proficient in the completion of these procedures.

Essential information for a fertility control program will be provided for the trainees and they will have participated in the delivery of the following types of patient services.

1. Pregnancy diagnosis.
2. Selecting of the appropriate abortion technique and the required patient counseling.
3. Selection of appropriate sterilization procedure to meet the individual and/or families needs.
4. Complete contraceptive services tailored to the individual patient's requirements.
5. Management of the medical and surgical complications of both first and second trimester abortion.
6. The trainees will have observed the completion of hysterotomies and pregnant hysterectomies, with attention to the specific details of surgical technique required in the presence of intact pregnancies.
7. Management of the incomplete abortion.
8. Diagnosis and treatment of common infertility problems.

A suggested outline for the four week tutorial and preceptorship program in Fertility Control Techniques is given below. Forty candidates will be trained in the first year of the program, with expansion in the second and third years of the program to 55 and 70 students respectively.

Tutorial discussions are indicated by *, the remainder of the meetings are clinical teaching sessions with models, experimental animals (i.e. rabbits for beginning laparoscopy) or patients.

INTENSIVE FOUR WEEK TUTORIAL OUTLINE

WEEK 1

Mon.	2-3 P.M.	* History of Fertility Control.
	3-4 P.M.	* Course Outline and Assignments of Required Reports.

Tues.	9-11 A.M.	* Clinical Physiology of Human Reproduction.
	11-12 A.M.	Pelvic Model Drill - for completion of bimanual examination and recognition of abnormal pelvic findings.
	1-4 P.M.	Contraceptive Clinic.
Wed.	9-10 A.M.	* Pregnancy Termination Techniques.
	10-12 A.M.	* Intrauterine Devices.
	1-3 P.M.	* Systemic Methods of Contraception.
	3-4 P.M.	Pittsburgh Carrels - selected self-educational audio-visual materials in fertility control, clinical obstetrics and gynecology and reproductive biology.
Thurs.	9-10 A.M.	* Laboratory Procedures - i.e. Hematology, urine analysis, and pregnancy testing.
	10-12 A.M.	Laboratory Drill - To gain proficiency in the completion of these required patient care tests.
	1-4 P.M.	Pittsburgh Carrels - Self-education materials in fertility control techniques.
Fri.	8-11 A.M.	Suction Abortion Procedures.
	11-12 A.M.	* Abortion Attitudes - Influence of patient, physician, and cultural attitudes.
	1-4 P.M.	Contraceptive Clinic.

WEEK 2

Mon.	8-11 A.M.	Suction Abortion Procedures.
	11-12 A.M.	* Patient Counseling in Fertility Control.
	1-3 P.M.	* Permanent Methods of male and female fertility control.
	3-4 P.M.	Pelvic Model Drill.
Tues.	8-11 A.M.	Laboratory Laparoscopic Procedures - Monkey demonstration with rabbits for individual trainees.
	11-12 A.M.	Construction of Fertility Control Program.
	1-3 P.M.	Clinic for Intrauterine Device Techniques.
Thurs.	8-12 A.M.	Saline Abortion Procedures.
	1-3 P.M.	Contraceptive Consultation Clinic - Uncommon patient problems.
Fri.	9-4 P.M.	Completion of Female Sterilization Procedures.

WEEK 3

Mon.	9-11 A.M.	Post Partum Interviews for Choice of Fertility Control Techniques.
	11-12 A.M.	* Ethical Considerations of Fertility Control Techniques.
	1-4 P.M.	Maryland Planned Parenthood Clinics.
Tues.	8-11 A.M.	Completion of Patient Laparoscopic Procedures.
	11-12 A.M.	* Social Considerations in Selection of Fertility Control Techniques.
	1-4 P.M.	Operating Room Demonstration of pregnancy Hysterectomies and Hysterotomies.
Wed.	8-11 A.M.	Suction Abortion Procedures.
	11-12 A.M.	Demography.
	1-4 P.M.	* Seminar by Participant Trainees with Presentation of Unique Problems of Individual Countries by the Students of the Specific Countries.
Thurs.	8-12 A.M.	Saline Abortion Procedures.
	1-3 P.M.	Male Sterilization Procedures.
Fri.	9-4 P.M.	State Health Department County Fertility Control Clinics.

WEEK 4

Mon.	9-11 A.M.	Post Partum Interviews for Choice of Contraception.
	11-12 A.M.	* Maternal-Child Health as Influenced by Fertility Control.
	1-4 P.M.	Prenatal Clinic.
Tues.	8-11 A.M.	Completion of Laparoscopic Procedures.
	11-12 A.M.	* Gynecologic Cancer Control.
	1-4 P.M.	Contraceptive Clinic.
Wed.	8-11 A.M.	Suction Abortion Procedures.
	11-12 A.M.	* Further Demographic Considerations.
	1-4 P.M.	* Continued Seminar by Participants of Individual Countries Problems.
Thurs.	8-12 A.M.	Saline Abortion Technique.
	1-3 P.M.	Contraceptive Clinic.
Fri.	9-12 A.M.	Examination - Course Critique.
	12-2 P.M.	Luncheon - Graduation.

Night duty of trainees will be in the clinical research unit for fertility control, every fourth night, observing the problems and required treatment of these patients.

It should be recognized that these trainees will not be licensed to practice medicine in the United States, thus this clinical preceptorship program must be formally approved by the State of Maryland Bureau for Medical Licensure. Therefore, each trainee must be completely supervised by the assigned preceptor in all instances of patient contact. These preceptors will be full-time faculty members of this department and are either Board-certified or Board-eligible specialists in obstetrics and gynecology. Every precaution will be taken to avoid any opportunity for patient injury, particularly during the trainees operative experiences.

Location of Training Sites

1. The Woman's Clinic gynecological operating rooms will be used for completion of female sterilization procedures, first trimester abortion, and for the removal of retained products of conception in the mid-trimester abortion. These facilities will also be employed for demonstration of pregnant hysterectomies and hysterotomies.

2. The clinical research unit for fertility control will be available for the trainee to participate in the utilization of prostaglandin and hypertonic solutions in mid-trimester abortions and to observe all the experimental programs in progress. By being assigned night duty they will participate in the management of the complications of abortion as they are admitted to this unit.

3. The contraceptive program of the Woman's Clinic is newly located in a separate clinical facility designated as COFLAC, (Community Family Life Action Center) three blocks from the Hospital-Medical School complex. The trainee will attend the patient functions in this clinic.

   This outpatient facility is designed for provision of all contraceptive services, early pregnancy diagnosis, abortion and sterilization counseling, and the completion of ambulatory abortions and sterilization procedures in an efficient and compassionate manner. Since this clinic is an arm of this department, the Woman's Clinic facilities serve as the back-up for any required hospital admissions. The professional staff of this facility is the full-time faculty of this department.

   This clinical facility has evolved because of the persistant interest of our director of Family Planning and Contraceptive Services, Dr. Hugh J. Davis. A genuine effort is being made such that only the most current technology in fertility control will be employed. It is planned that this facility will allow clinical testing of new procedures as they evolve and would therefore result in the reduction of the lag time from experimental clinical observations to clinical utilization for any given fertility control technique. In the three years of this A.I.D. program it is hoped that this clinical facility will evolve as a prototype for outpatient fertility

contraceptive services. This A.I.D. sponsored educational program will accelerate the evolution of the total educational capacity of this clinic.

This facility has at this time one operating room for outpatient procedures. Since the patient service function should be self-supporting, such service derived monies will assist in the expansion of the number of operating rooms, and in enlargement of the recovery area spaces. This outpatient facility should reduce patient cost by minimizing hospital utilization. More than 8,000 Maryland women per annum are currently seeking abortion outside the state and we have more than 1,000 women registered for sterilization.

4. The department's associated clinical facilities.

The Department of Gynecology and Obstetrics is responsible for the professional staffing of State Health Department, county contraceptive clinics, as well as a number of the clinic sessions at the Baltimore Planned Parenthood Clinic. The faculty serving as clinical teachers for the trainee will utilize these sessions for discussion of the organization and structure of contraceptive clinics and the online delivery of such care.

5. The School of Public Health, specifically the Departments of International Health, and Population, will assist in the delivery of didactic material to the trainee.

CANDIDATE FOR TRAINING IN THE FERTILITY CONTROL PROGRAM

A. Characteristics

It would be ideal for the prospective trainees to be either a functioning obstetrician and gynecologist or to be at least trained in surgical techniques. This is a requirement because of the purposeful emphasis of this training program on the surgical technique of fertility control.

Secondly it would be desirable to have these individuals functioning as clinical teachers in their home countries so that they would be in a position to teach others the techniques they have acquired.

Finally, it would be most appropriate if the trainee would be from countries that have evolving or established programs in population control that have ongoing interrelationships with either A.I.D. or the World Health Organization. Since most of these individuals will require support for equipment and consumable supplies on their return home if viable programs are to evolve or they must have the opportunity of returning to already established programs in their home countries.

It should be noted that the standard procedures and recommendations of the Office of International Training of A.I.D. will be followed with regard to trainee selection, trainee orientation, transportation and per diem costs and all required internal statistical reporting.

B. Selection of Trainees

With the desired criteria met the ideal individuals to recruit trainees would be the population officers of A.I.D. missions. Other sources of candidates would be found in A.I.D. sponsored programs that include the International Fertility Research Program, as well as from the evolving A.I.D.-A.V.S. Program.

Additional training candidates would be sought from the International Planned Parenthood Federation, The Ford and Rockefeller Foundations, the Federation of Internal Gynecologists and Obstetricians.

In the first year of the program, 40 candidates would be accepted with expansion to 70 in the third year of the program. This expansion in number of trainees would evolve with the continued expansion of our ambulatory fertility control center.

Mr. G. Zaidan

K. Kanagaratnam

April 18, 1972

Union

Seminar at Johns Hopkins University - Terms of Reference

You will visit Johns Hopkins University on April 20, to give a seminar on the Benefits and Costs of Population Programs.

cc: Mr. Baldwin

GZaidan/rb

Univ.

FACT SHEET ON DEVELOPMENTS IN POPULATION DYNAMICS AT JOHNS HOPKINS UNIVERSITY 1964 - 1970

This multidisciplinary training program began in the early 1960's but the major development of faculty, student body, teaching and research has occured during the past six years as follows:-

	1964-1965	1969-1970
Faculty - full time	4	12
Number of courses offered	3	14
Library - departmental		
Number relevant books and periodicals	N.A.	2000
Floor space - including laboratory in Reproductive Biology (in sq.ft.)	500	9400
Students majoring in Population Dynamics		
Doctoral, Master of Science or Post-Doctoral Research Fellows	1	25
Master of Public Health	10	18
Special students - usually part time	1	13
		56

The critical development has been the increase from 1 to 25 in the number of trainees enrolled as candidates for a doctoral or master of science degree, or as research fellows. These students are with us from 2 to 4 years and reflect the strength of the new faculty. At time of last review (1968-69) 90 percent of graduates were located and were in positions directly relevant to Population and Family Planning.

Number of Research Projects Currently Active - by category

Demography and Social Science	4
Program Planning and Evaluation	10
Physiology of Reproduction	5

Publications and Reports by staff and students, 1965 to present

Publications	116
Theses	9
Other, including Government reports	2

THE JOHNS HOPKINS UNIVERSITY

SCHOOL OF HYGIENE AND PUBLIC HEALTH

DEPARTMENT OF INTERNATIONAL HEALTH

615 North Wolfe Street • Baltimore, Maryland 21205

Cable Address: PUBHYG

November 3, 1970

CONFIDENTIAL

Dr. K. Kanakaratne
Director
Population Projects Department
International Bank for Reconstruction
and Development
Washington, D. C. 20433

Dear Dr. Kanakaratne:

This has reference to our brief and tangential reference to Mauritius.

Would it be possible to borrow from you for my perusal and return, a copy of the report that the Ford Foundation consultant completed for your institution? I shall greatly appreciate it if you can lend it to me for a few days, if the report has been cleared for readers like me.

I greatly enjoyed meeting you. I am sorry that I could not stay until the very end of the discussions that you were having with Dr. Carl Taylor. In the adjoining room I had to attend a meeting of the Examination Committee involved in setting questions for our next examination of the School.

I look forward to meeting you again in the near future.

Yours sincerely,

C. Alex Alexander

C. Alex Alexander, M.D.
Associate Professor

CAA:pb

Dept File No ada