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APHA EVALUATION TEAM REPORT

INTERNATIONAL FERTILITY RESEARCH PROGRAM

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APUA EVALUATION TEAM REPORT
INTERNATIONAL FERTILITY RESEARCH PROGRAM

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APHA EVALUATION TEAM SUMMARY REPORT
INTERNATIONAL FERTILITY RESEARCH PROGRAM

I. SUMMARY

The International Fertility Research Program (IFRP) was established on July 1, 1971 with the stated primary goals of conducting comparative field trials on new means of fertility regulation in developing countries, disseminating information generated by these trials, and improving developing-country research capabilities. In order to carry out this mandate, IFRP developed an international network of more than 250 collaborating investigators working in over 30 countries. It also established standard methods of gathering and reporting clinical data, documented the short-term safety and effectiveness of a number of fertility regulation methods, and determined the relative appropriateness of the different methods and procedures for people living in a variety of cultural and medical environments.

In September 1977, following a Research Advisory Committee (RAC) review and RAC Subcommittee site visit, IFRP made a number of changes in both staffing and administrative procedures, many of which were along the lines recommended by RAC. As new IFRP interests developed, support for a wider range of objectives was secured in 1977 in the form of an Agency for International Development (AID) grant.

In September 1980, the American Public Health Association (APHA) recruited an Evaluation Team to review the IFRP and its activities. A number of documents were provided to the members of the Team as background information and, from September 29 to October 1, 1980, they site-visited IFRP at Research Triangle, North Carolina. Group and individual interviews were carried out with members of the various divisions and additional staff interviews were held later in New York. The Team also talked with members of the Board of Directors and the Technical Advisory Committee (TAC).

Finally, the Team assessed staffing plans and the organization chart against the proposed future program in order to evaluate whether or not the size, composition, relationships, and constellation of talents and backgrounds of the staff were relevant and adequate.

Following extensive review and deliberation, the Team concluded that IFRP was continuing to make progress in dealing with the recommendations of the RAC Subcommittee and AID. In addition to continuing its earlier work evaluating fertility regulation methods, IFRP had developed new areas of interest under the grant mechanism. The Team was particularly supportive of the further testing of the postpartum intrauterine devices (IUDs), the studies on female sterilization, and the new emphasis being placed on mid- to long-term safety studies of contraceptives and surveillance for serious adverse effects. It also reacted positively to the plans for the development of new data processing systems and appropriate software for use in the developing world along with in-country short-term training in research design and in the use of these systems. Finally, the Team felt that many of the moves made recently by IFRP in new directions as exemplified by the RAMOS approach held promise for the future.

While the overall impression of the Team was that IFRP had made a considerable number of improvements when compared with the 1977 RAC review, there were areas in organization, staffing and research which the Team felt could be further strengthened. Therefore, a series of recommendations were made dealing with these areas. The Team believes that making these changes would help IFRP to continue its growth and development and would allow it to maintain and strengthen its contributions to the field of population.

APHA EVALUATION TEAM REPORT

II. TEAM GOALS, OBJECTIVES AND PROCEDURES

A. Evaluation of Prior Program

The International Fertility Research Program (IFRP) was established on July 1, 1971 with the stated primary goal of conducting comparative field trials on new means of fertility control, with a major emphasis on carrying out these studies in developing countries. In order to understand better the current activities of IFRP and to make appropriate and constructive recommendations for the future, the Evaluation Team first reviewed documents related to the original IFRP grant. Additional information relative to this same period was obtained at the time of the Team's site visit to North Carolina.

B. Evaluation of Current Program

From September 29 to October 1, 1980, at the request of AID, the American Public Health Association (APHA) Evaluation Team visited IFRP at Research Triangle, North Carolina. During the review, the three APHA Evaluation Team members were joined by Drs. Duff Gillespie and James Shelton of DS/POP/R. The findings presented in this report, however, are exclusively those of the APHA Evaluation Team and are based on discussions held and observations made at IFRP and during five subsequent sessions in New York City at Columbia University. The Evaluation Team focused upon questions in three general areas.

1) Contract Activities - What is the scope of IFRP contract activities? What has been accomplished to date? What future activities are being planned? Do these comply with AID's intentions and needs in providing contract funds for fertility regulation research?

2) Grant Activities - What is the scope of IFRP activities under the grant? What has been accomplished to date? What future activities are being planned? Is IFRP in compliance with the needs and intentions of AID in providing grant funds for conducting programmatic research and support activities?

3) Organizational Structure - Is the administrative structure of IFRP conducive to proper management of both contract and grant supported activities? Is the institutional role of IFRP in stimulating research projects, disseminating research findings, and transferring research technology being developed and carried out adequately and effectively?

C. Evaluation of Proposed Future Program

During the course of its site visit and at subsequent meetings in New York City, the Team considered the ambitious future program of IFRP. The draft document, "Scientific Directions 1980-1981" was especially useful in this regard. It outlines the extensive range of current scientific activities within both the Research and International Projects Divisions, and lists the IFRP priorities for the immediate future.

The Team also assessed staffing plans and the organizational chart against the proposed future program in order to evaluate whether or not the size, composition, relationships, and constellation of talents and backgrounds

were appropriate and adequate and thus likely to result in a successful research and programmatic outcome. Finally, the amount and distribution of IFRP's proposed future funding was reviewed.

D. Evaluation Procedures

A number of documents were provided to the members of the Evaluation Team as background information. These included annual contract and grant reports for 1978, 1979, and 1980, the current IFRP table of organization, project descriptions, research forms procedure, a publications list, and a number of other relevant documents.

After reading this material, the Team made a site visit to IFRP, arriving the evening of September 28, 1980. For the next three days the Team, along with Drs. Shelton and Gillespie met with the IFRP staff. Interviews were held with staff members working in the Office of the Executive Director and people working in the International Projects, Administration and Support Services, and the Research Divisions. These interviews were carried out initially with members of the various divisions meeting as a group. Later in the visit, the Team requested to meet again with individual staff members to hold more in-depth discussions relevant to their particular areas of interest.

During the course of the site visit, it became apparent to the Team that it needed to talk with certain key staff members who were out of the country at that time. Therefore, on October 27, 1980, three additional staff interviews were held at Columbia University in New York. The Team also talked with members of the Board of Directors and the Technical Advisory Committee to obtain their views on the current status and future plans of IFRP. Finally, additional documents including more detailed financial information, minutes of the Board meetings, and copies of trip reports were requested and reviewed.

The Team consulted frequently by telephone and met again on November 12, 21, 24, and December 4, 1980, to discuss its additional activities and to work on its final report. On these occasions, it became progressively more clear that notwithstanding the considerable differences in the academic backgrounds and work experiences of the various team members, there was complete unanimity of opinion on all of the major issues under review. Therefore, the Team report represents the unanimous conclusions and recommendations of all of its members.

III. IFRP GOALS AND OBJECTIVES

A. Original

When IFRP was established nearly ten years ago, its primary goal was to determine, in developing-country settings, the short-term safety and efficacy of various methods of fertility regulation. In order to do this, it conducted a large number of clinical trials, utilizing both straight and comparative studies. In the process, IFRP built up a widespread network of research collaborators and contributors throughout the developing world.

A second goal of IFRP was to improve the research capabilities of its developing countries' investigators and, through them, the quality of the institutions in which they worked. Finally, IFRP was committed to the dissemination of information generated by this research, using multiple mechanisms such as meetings, conferences, and publications.

B. Current Goals and Objectives

As IFRP interests and activities developed and evolved over the past ten years, support for a wider range of objectives than those originally mandated was sought and secured. The principal mechanism for doing this was the AID grant first awarded in September, 1977, and subsequently extended for an additional four years. After reviewing the IFRP program

as a whole, the Evaluation Team concluded that the primary objectives of IFRP at the present time are the following: 1) to provide direction, assistance and support for conducting biomedical and social science research in the area of fertility regulation, primarily in developing countries; 2) to encourage, support, and develop research capabilities of developing-country counterparts both to carry out IFRP research protocols and to design research protocols appropriate to their own countries and regions; 3) to evaluate methods of fertility regulation and the delivery systems through which they are provided in order to shorten the time between their development and their actual introduction into family planning programs; 4) to develop data collection procedures and data analysis processes that can be transferred along with the necessary technology to developing countries; 5) to conduct training and to organize meetings to support specific research projects and/or to facilitate acceptance of particular research findings; 6) to aid in the dissemination of research findings relevant to program and policy development at both the national and international level.

C. Future Goals and Objectives

Building on its past experiences and the skills of present and currently-sought staff, IFRP plans to continue and expand a number of its ongoing projects. The emphasis on training and the transfer of technology will remain. Such transfer involves 1) shortening the time between evaluation and introduction of new methods of fertility regulation into national programs, 2) training of investigators in research design (epidemiology) and biostatistics, and 3) continuing a

vigorous information dissemination program. To these ends, data processing systems and appropriate software will be organized in key Fertility Research Programs (FRP's) in the developing world. In-country, short-term training for FRP staff in research design and in the use of these systems is contemplated. The ultimate aims are to make the FRP's increasingly independent and to allow more opportunity for the development and testing of indigenous hypotheses.

A new emphasis is projected for mid- to long-term safety studies of contraceptives and surveillance for serious adverse effects. Less emphasis will be placed on open-ended data collection and more on carefully designed clinical trials or other types of studies where the numbers of subjects are specified at the outset after considering the likely statistical requirements. Research findings must be translated into programmatic activity; information dissemination through "Network" is a key vehicle here.

It is planned to examine and probably reorder the composition and role of the Technical Advisory Committee (TAC) in order that it better serve the present and future needs of IFRP. The Board of Directors has already been expanded and will be further enlarged with special emphasis placed on recruiting new individuals with a suitable constellation of skills and familiarity with the developing world.

It is clear that IFRP will become more involved with Africa as a region, offering considerable opportunity for the development of relevant research studies and fertility control programs. Finally, as evidenced by the draft, "Scientific Directions 1980-1981," a major effort is being made to assign relative priority and project completion times for specific research activities in the future, recognizing however that certain projects may move more slowly or more quickly than originally anticipated.

IV. PRIOR PROGRAM

A. Initial Mandate

In 1971, IFRP was charged with the contractual obligation to develop a substantial set of short-term data on new major technologies and procedures for fertility regulation by performing straight and comparative field trials, primarily in developing countries.

B. Program Results

In order to carry out this mandate, IFRP developed an international network of more than 250 collaborating investigators working in over 30 countries, most of which were in the developing world. This group of investigators conducted trials in six major areas: 1) systemic contraception including oral preparations, 2) intrauterine contraception, 3) menstrual regulation, 4) pregnancy termination, 5) male sterilization, and 6) female sterilization.

IFRP first established standard methods of gathering and reporting clinical data, gradually amassing a considerable volume of information. As a result, IFRP was able to document the short-term safety and effectiveness and certain of the major and minor side effects of a number of the fertility regulation methods currently in use. In addition, it was able to determine the relative appropriateness of the different methods and procedures for patients living in a variety of cultural and medical environments.

C. Research Advisory Committee (RAC) Evaluation

The IFRP's renewal proposal was reviewed by members of AID's RAC in March, 1977. At this time, a number of issues were raised by the various Committee members and funding was not approved pending further study. On September 6-7, 1977, at the request of AID, a RAC Subcommittee visited IFRP. During the site visit, the Subcommittee made repeated inquiries about the

validity and reliability of methods of data collection, analysis and hypothesis testing used by IFRP. It concluded that while the data were satisfactory in both regards, the information which had been gathered had not been subjected to more than rudimentary analysis. In considering the utility of continuing to collect additional but similar data, the Subcommittee concluded that when the required number of cases had been reached and the necessary amount of data had been obtained, further enrollment of study cases should be stopped.

The Subcommittee also reviewed a second proposal which would have expanded IFRP's functions to include an analysis of alternative community-based delivery systems. Following careful consideration, it concluded that such an undertaking would take IFRP away from its original and unique role in research on family planning technology and move it into the broad fields of program administration and implementation strategies. The Subcommittee felt that this move would require procedures and skills quite different from those which IFRP had developed to date and thus should not be undertaken.

A third area of proposed activity was the field of program evaluation. The IFRP staff had already devised evaluation procedures based on surveys of clients, staff, and volunteers engaged in program operations. In the view of the RAC Subcommittee, IFRP's capability for doing such research appeared to be extremely limited, personnel trained in management analysis and organization theories not being represented on the staff at all. The Subcommittee therefore concluded that IFRP offered no special comparative advantage in program evaluation, and that it should not expand into this area until specific research proposals had been approved by RAC and/or AID.

Finally, the Subcommittee noted that the senior staff did not include any individuals with wide prior training and experience in basic research in reproductive biology and in biomedical statistics. It further noted that the members of the IFRP Board of Directors and the Medical Advisory Committee were a mix of staff members and outside consultants, many of the latter being AID-funded. Moreover, neither group contained senior members of the two disciplines mentioned above. The Subcommittee therefore concluded that adding individuals with these specific skills might well be considered in future planning.

At the conclusion of its site visit, the RAC Subcommittee made a number of recommendations which included the following:

- IFRP should set a ceiling on the number of participating centers, the amount of data to be generated, and the duration of data collection for each study; it should terminate those studies when sufficient data had already been gathered.

- IFRP should invest less effort and be more selective in maintaining its repository of data for future use; it should develop more complex study designs and use more sophisticated analytical techniques in processing existing data.

- IFRP should continue to place its greatest emphasis on Phase III research along with studies on the clinical services needed for the implementation of the various fertility regulation techniques.

- IFRP should not attempt to cover the much broader administrative community and social aspects of family planning program development and operation except on a pilot basis, and then only after review and approval by AID.

• IFRP should reassess its staffing pattern and the makeup of its consultative groups to be sure that they were constituted in a manner that would meet the future needs of the program.

• IFRP should similarly reassess its overall structure and its internal administrative mechanisms to be certain that they were well designed to produce the desired results with the least possible expenditure of time and effort.

• IFRP funding should be reduced from that requested in its February 1977 proposal in keeping with the above contractions of the scope of its work, more strictly limiting its activities to its primary goal of "pure research."

• In the future only the research components of the IFRP program to be undertaken with AID funding should be reviewed by RAC for its approval prior to their implementation.

D. Redirection of Program

Following receipt of the report of the RAC Subcommittee and further consultation with AID staff, a number of changes were made by IFRP in both staffing and administrative procedures, along the lines recommended by RAC. A number of the research elements of the program were selected and a new contract was written to cover these areas. IFRP also applied for and received funds under a new grant which allowed it to carry out certain other programmatic activities.

V. CURRENT PROGRAM

A. Structure

In 1977, separate funding mechanisms in the form of a contract and a grant were established to rationalize and reflect the changing character of IFRP activities. Under the contract, funds are provided to

support the continuation of biomedical research in the area of fertility regulation, the primary mandate of IFRP since its inception as well as research in the social sciences. Under the grant, a considerably broader range of activities are funded in the area of institutional development for fertility research and programmatic support for family planning services. The current structure of IFRP largely mirrors the distinct operational mandates of these separate funding mechanisms.

The administrative organization of IFRP is shown in Appendix I. It consists of the Office of the Executive Director and Administration and Support Services. It appears that the Research Division is the principal mechanism for implementing contract activities, and that the International Division is the principal mechanism for conducting activities under the grant. Both divisions employ similar operational procedures in the form of awarding sub-contracts and sub-grants to fund specific activities. Task forces within specific subject areas provide substructures for developing particular research projects with the participation of staff from all divisions.

There is considerable overlap in terms of both purpose and practice between the two divisions. For example, sub-grants which involve research activities are often conducted with assistance from members of the Research Division. Similarly, sub-contract activities often involve elements of institutional development to assure that research protocols are carried out properly.

Depending largely on the overall leadership that is provided and the individual personalities that are involved, interactions between the two divisions may be harmonious or fractious. In this regard, the existing structure provides equal opportunity for complementarity or conflict between the separate divisions.

The relationship of IFRP to its international network of contributors is another structural element of the organization. While relations with Fertility Research Programs (FRP's) in specific countries are largely the product of the people and protocols that have been involved, the overall aim at present is that FRP's should relate directly to the International Division. However, it is often people from the Research Division who are most directly involved with a particular FRP project.

The International Federation for Family Health (IFFH) was developed recently to meet certain internal administrative needs. It functions as a coordinating body for the FRP's and is currently funded under a sub-grant from the International Division. While it exists now as a separate structure within IFRP, plans are currently under way to move it to Indonesia under the direction of FRP developing-country contributors.

An additional element that overlaps all structural boundaries within IFRP's organization is the division that exists between biomedical and social science researchers. At the present time there is no established mechanism that effectively operates to alleviate the stresses and strains which result.

B. Staff

As the result of the RAC review, IFRP took the recommended step of reorganizing and reducing its staff. However, the Team is concerned about the recent high turnover rate; IFRP statistics from August 1979 through July 1980 show that this rate was close to 25 percent. Moreover, many of the recent departures have been at high-level positions; for example, at position grades 5 and above, eight persons were hired whereas sixteen departed in 1979-1980. Thus, there has been a noticeable shift to personnel at lower level positions. Recruitment is now going on for several high-level

positions and, at this writing, the Deputy Directorship has been filled by an individual with developmental experience and broad management skills.

There are other vacancies in high-level positions in both the International Projects and Research Divisions. It is possible that one of the scientist positions may soon be filled with a qualified epidemiologist but other vacant positions appear to be too long unfilled. This is most conspicuous in the International Projects Division where the objective is to hire senior program associates and station them in their respective regions.

IFRP has standing and ad hoc task forces made up of key staff members who meet to develop and implement research of various kinds. These groups cross over among the divisions.

C. Projects

1. General Comments

Many changes have taken place in the type of work being carried out by IFRP in the current program as compared to the original one. Certain of these changes have resulted from the RAC review and the program revision it occasioned. A far greater number of changes have followed the awarding of the new grant.

In line with the RAC recommendations, the number of clinical centers was reduced and the amount of data which they reported was also reduced to that which was needed for continued analysis. Attempts were made to improve the quality of the data being sent to IFRP and the methods of statistical evaluation were changed to encompass more sophisticated techniques.

With the advent of the grant, increasing emphasis was placed on social science research. Furthermore, the groundwork was laid for additional expansion in these areas in a number of countries. Finally, while a number of Phase III studies were continued, a higher percentage of Phase IV studies was envisioned in the planning for the future.

2. Maternity Care Record

To date, medical information has been collected on 300,000 deliveries and incomplete abortion cases in hospitals and other delivery settings in 40 countries around the world. While IFRP first started monitoring obstetric events in large institutions, it has now extended the reach of the one-time, one-page record (short and long forms) to rural institutions under the supervision of medical auxiliaries like nurses and midwives.

In many instances the form is used as a basic medical record by the implementing institution. It is said to provide a programmatic entree, especially in African countries where there is special concern for maternal and child health and less though increasing interest in family planning services. In addition to its underlying research possibilities, the record has also been used as a training tool, thus preparing staff in developing countries to implement more sophisticated studies

Beyond querying inconsistencies on forms received in North Carolina, IFRP has been unable to carry out routine source checks on the basic information. Such checks are impossible where the forms are the basic medical record, or where deep rural or urban slum-dwelling women cannot be located again for repeat interview.

The overall number of maternity care forms processed has declined in recent years. In 1979-1980, less than 10,000 were processed by IFRP.

3. Prevalence Studies

On several occasions, IFRP has responded to requests for assistance with the development and conduct of prevalence studies in the developing world. While these have usually been concerned with measuring contraceptive prevalence in particular areas, some have been concerned with other fertility-related factors. For example, IFRP financial and technical support for contraceptive prevalence surveys in Brazil and for longitudinal service statistics in Tunisia and Morocco were provided to facilitate evaluation of household or community-based family planning distribution projects which were being undertaken in areas of those countries. In the Sudan, IFRP has provided assistance in conducting a prevalence survey of female circumcision throughout the country. More recently an IFRP sub-grant has been awarded for conducting a prevalence survey of breast feeding and contraceptive practices in Lagos, Nigeria.

4. Reproductive Age Mortality Survey (RAMOS)

Successful clinical trials of particular contraceptive modalities should logically be succeeded by studies of the long-term effects of the same modalities in the same populations. While IFRP has conducted many of the former, it has only recently taken an interest in conducting studies of the latter type. Moreover, although several studies of long-term effects have been undertaken in developed nations, few have been implemented in the developing world. Conceptualization at IFRP of a research design called the Reproductive Age Mortality Survey (RAMOS) is an effort to redress this research shortcoming.

RAMOS combines several research strategies within the confines of a single design. According to the RAMOS design, a surveillance system will be put in place in a specific region to recover all deaths of women of reproductive age over a fixed period of time. Subsequently, reproductive and contraceptive histories and the symptoms surrounding the final illness will be compiled retrospectively by interviewing surviving relatives and by collecting relevant data from whatever other sources are available. Determination of the cause of death will be attempted by referring information on individual symptom complexes to appropriate medical authorities. Analysis of this information will be blind, as far as possible, to contraceptive use.

Data analysis will concentrate upon comparing the prevalence of particular mortality causes or symptom syndromes with particular patterns of contraceptive usage or non-usage. The objective will be to develop odds ratios of occurrences of reproductive age mortality in terms of contraceptive histories. RAMOS is in a preliminary stage of implementation in Bali, is currently being prepared for implementation in Egypt, and is being considered as a strategy that may appropriately be applied in Sri Lanka.

5. Fertility Regulation Methods

a. Hormonal Methods

IFRP is currently developing several studies of women who have taken depot medroxyprogesterone acetate (DMPA) over long periods of time. One, in Indonesia, will attempt to locate 1,100 women who began using DMPA one to six years ago. Endometrial biopsies and other clinical investigations are planned; women seeking sterilization who have never used

a hormonal method of contraception will form a comparison group. A similar study is planned in Thailand. The underlying objectives of these studies are to (1) collect information on subjective and objective side effects associated with the use of an injectable contraceptive, (2) determine reasons for discontinuation of DMPA among previous users and (3) determine whether or not any association exists between the use of DMPA and endometrial changes and any adverse health effects. The third study, now under exploration in Atlanta, Georgia, will seek to identify serious adverse outcomes in preparation for a case-control study.

Clinical trials of oral contraceptives continue. Those under way (1) assess symptoms after changing from high-to low-dose estrogen combined pills, (2) compare symptoms while taking high- or low-dose estrogen combined oral contraceptives whether the dose of estrogen varies and (3) compare symptoms among users of various low-dose estrogen combined oral contraceptives where only the progestogen varies. The designs for these studies vary, but follow a randomized, controlled format with cross-over in (1). A study is also under way to assess the role of vitamins in alleviating, or possibly preventing, early side effects reported by pill-takers.

A progestogen-only oral contraceptive is being studied to assess its effects among lactating women and their infants. The comparison group will be lactating women using non-hormonal methods.

During the Team's site visit, there was discussion of IFRP's interest in a case-control study to explore the possibility of an association between congenital anomalies and hormonal contraceptives. A site in the developing world for this study is being sought.

b. Intrauterine Devices

One of the comments made by RAC at its April 1978 review of IFRP was that 34 IUD studies were under way, many of these on single devices, and more were planned for the future. RAC felt that the number of studies was too large and that more studies should be devoted to gathering comparative data. The current program appears to have been responsive to this concern.

At the present time, one of the IUD programs involves the study of the suture loop as a post-partum device. This device appears to have an extremely low expulsion rate; the first 341 insertions reported in April 1979 had a rate of 5.3% at six months. Recruitment of patients and data analysis are being continued.

Preliminary data on a new device, the Nylon T, showed a pregnancy rate of 2.2 ± 1.5 and a continuation rate of 93.7 at 12 months. The use of the Delta Loop immediately post-partum also looks promising. Further work is being planned on these devices.

c. Barrier Methods

Research on barrier methods has been carried out by IFRP including studies of the collatex sponge and Neo Sampoo foaming tablets. Because of increasing interest in this area plans are being drawn up to carry out several additional projects in the future.

d. Sterilization

Analysis is partially complete on a large sample of women followed after sterilization in developing countries. Because many types of sterilizing procedures are represented, these data are expected to yield information on the relative risks of intra-uterine pregnancy, ectopic pregnancy, and other serious adverse effects.

IFRP recently subcontracted with Kaiser-Permanente in California to study a large number of vasectomized men for subsequent illness and disease. A non-vasectomized control population will be identified for comparison.

IFRP has also sponsored a series of small trials with short-term follow-up, in order to investigate new techniques of female and male sterilization. These are:

- (1) An evaluation of the lapracator using standard laparoscopy procedures versus open laparoscopy. Follow-up will extend to one month after the procedure.
- (2) An evaluation of the spring-loaded clip and the KL 1 tubal ring delivered by mini-laparotomy looking at case of performance and short-term safety and effectiveness. Follow-up will extend to 24 months post-sterilization.
- (3) An evaluation of the lapracator using a suprapubic endoscopy procedure. Discomfort with and without the use of topical anesthesia will be assessed. Follow-up will extend to one month post-procedure.
- (4) Several studies are now under way exploring the usefulness of quinacrine for non-surgical sterilization. These include: (a) monkey studies looking for fetal malformations and maternal toxicity, (b) insertions of quinacrine-carrying IUD's in women planning hysterectomy, with detailed examination of uterine tissue to assess the degree of tubal occlusion, and any possible adverse effects, and (c) uterine insertion of quinacrine pellets to establish early safety and effectiveness.
- (5) A small trial is being organized to test the acceptability, safety, and effectiveness of percutaneous vas injection with a formaldehyde-ethanol solution. Follow-up will be extended to 24 months.

e. Abortion

Considerable work has been done in the past by IFRP on the study of induced abortion. Both menstrual regulation (MR) and vacuum aspiration procedures have been thoroughly investigated by IFRP and others and are not felt to require further refinement.

f. Other Methods

During the site visit, there was a discussion about the possibility of monitoring a study of natural family planning, possibly in the Philippines. The method to be further explored is self-appraisal of cervical mucus quality as a guide to ovulation and the unsafe days.

6. Pregnancy Testing

The IFRP is committed to helping to bring into use effective but less expensive pregnancy tests. Current interest has focussed on the Lau electrical potential method, but after evaluation in the United States and Chile, the hoped-for advantages have not outweighed the disadvantages.

D. Information Dissemination

One important activity of IFRP is the dissemination of information and distribution of scientific publications, especially to and among its collaborators in developing countries. IFRP has a small library under the direction of one professional librarian. In addition, IFRP is publishing the International Journal of Gynecology and Obstetrics (IJGO). This journal has given its collaborators additional opportunities to publish their data, often with the help of the IFRP staff. In the near future, publication responsibility will be shifted outside to Elsevier, a major European publisher of biomedical journals of international interest.

To provide information about IFRP activities and developments a quarterly newsletter entitled "Network" is published and distributed. In addition, IFRP staff members, often in conjunction with IFRP contributors, regularly publish articles in scientific journals appropriate for dissemination of fertility research findings.

As another component of its program of information dissemination, IFRP continued to use scientific meetings for presentation of important research and programmatic evaluation findings. Presentors included investigators from the developing world as well as IFRP staff members.

IFRP sponsors small meetings focussed on fertility control, often in concert with international or other U.S. organizations. Special sessions are sometimes organized within larger meetings to focus on topics of interest. For example, a conference was held recently in Mexico to discuss the status, problems, and opportunities for family planning services in poor, urban areas of developing countries. Smaller meetings for African health professionals are now being planned, as is an IUD conference in Brazil.

E. Board of Directors

Since the time of the last review, three new members have been added to the Board who bring additional areas of expertise to the group.

The current major functions of the Board include:

1. Policy decisions regarding finances and program.
2. Hiring and firing of the Executive Director.
3. Evaluation of staff.
4. Fund raising and relationships with current and potential donors.

At present, the Board meets four times a year, but this number may be reduced to three.

F. Technical Advisory Committee

The Technical Advisory Committee (TAC) provides the means for periodic outside expert review of the fertility research proposals and activities of IFRP. As presently constituted, TAC consists primarily of physicians who have experience in international fertility research. Some balance is provided by the two social scientists who sit on the committee. As currently organized, the committee meets on an annual basis to provide a general overview of IFRP research activities.

G. Financial Considerations

When IFRP was first established, it received virtually all of its financial support from AID. Today its sources of funding are:

<u>Sources of Funding</u>	<u>Percent</u>
Contract (AID)	55.1
Grant (AID)	36.2
NIH	4.7
Private Funds	2.6
Other Contract Research.....	<u>1.4</u>
	100.0%

The AID/pha-C-1172 budgets for 1977-1981 are shown in Appendix II. The summary budget for 1981 is shown in Appendix III.

VI. TEAM COMMENTS AND CONCLUSIONS

A. Structure

IFRP is currently being funded by AID under two mechanisms, a contract and a grant. The original intent behind this division of funding, following the RAC review, was to house all the research projects under the contract and all the other IFRP activities under the grant. In the opinion of the Team, while this seemed to be a reasonable and practical solution to the questions raised by the RAC Subcommittee, the end result has had both advantages and disadvantages for the overall IFRP program.

At the present time, projects funded under the contract are almost entirely in the research category. However, there are a number of studies supported by grant monies which are also research in nature but are not reviewed by RAC. Additionally, there are a number of small projects which are best called program introductions.

The primary advantage of having grant money available is the mobility and the speed of funding which this mechanism offers. This is of considerable importance in areas such as program introduction where speed is of the essence. The primary disadvantage of having two sources of funds is the apparent division this has created in the staff, both in terms of their personal identities and their work practices. While the work of certain individuals falls clearly into one division, the work of others does not and the latter group is under considerable tension as a result.

The Team believes that the new organization chart may serve to compound the disadvantages of having two funding sources. The International Division is currently supported primarily by the grant. It is responsible for coordinating and administering most of the Research Division projects, regardless of whether they are funded under the grant or the contract mechanism. Many of these, however, are supported by the contract over which the International Division does not exercise control. Even when the several staff vacancies are filled, and preferably with people who understand both biomedical and social science research, this is very likely to remain a continuing source of conflict. The Team is of the opinion that the anomalous organization of the Executive Director's Office is not calculated to make maximum use of senior scientific staff. The Team is especially concerned that the Director of Field Epidemiology and the Medical Director are not well-integrated into the overall program of IFRP.

Another continuing source of tension is the IFFH. The exact role and function of this group vis a vis the rest of IFRP remains unclear. This situation is counterproductive as regards the staff in North Carolina; it appears to be even more serious as far as the international contributors are concerned. They are reportedly finding it difficult to know where their primary allegiance should be, and this uncertainty appears to be decreasing their overall effectiveness. The reorganization of this group of international contributors under their own direction in a semi-autonomous structure may be expected to open up new sources of multi- and bi-lateral funding, and to provide an additional forum in which to share ideas and findings.

The Team feels that the proposed move of the IFFH secretariat to Indonesia is appropriate and should be carried out soon to relieve the existing tensions and uncertainties. The research ties between IFRP and the FRP's, however, must be maintained and strengthened. This will be to both groups' mutual advantage and to the benefit of this field of research. Supporting services from IFRP for the relocated IFFH secretariat should be reconstructed so as to bring to bear the full range of expertise IFRP can offer. It is most critical that IFFH leadership be in the hands of people who may truly represent both the interests of FRP's and the current mandate of the IFRP.

The task forces that exist within IFRP are intended to concentrate scientific expertise on specific subject areas and operate across divisional and disciplinary lines. While they were not explicitly designed to help weld IFRP together, they could be reorganized to move toward that result. The future selection of such groups should reflect the need to unite disparate factions behind common research goals.

Finally, while individual staff members have academic connections with certain of the local institutions, there are no strong programmatic ties between IFRP and any of the universities in the area. The Team believes that the development of such links could prove to be mutually beneficial and could also be of help as regards the future recruitment of additional staff members.

B. Focus

The principal focus of IFRP contract activities is upon developing protocols, funding proposals, and providing technical support for studies in the area of biomedical research of particular modalities. The contract provides both the mechanism and the mandate for continuing efforts in this direction. The Evaluation Team was not convinced, however, that sufficient attempts have been made to move beyond the short-term clinical trials which have dominated IFRP research interests since its inception. The need for field and clinical studies of the long-term impact of fertility regulation techniques in developing countries is urgent. Though some efforts are already underway, IFRP should further shift the focus of its contract activities to undertake more studies of this type.

An agency like IFRP with contacts throughout the world must not only have a clear agenda of what it wants to accomplish in the area of contraceptive research, but also the clear capability of responding to needs as they arise from the countries in which they work. The grant enables them to do this through institution building, training, providing support for particular types of service-oriented studies, and occasionally providing supplies when required. The grant provides a flexibility to IFRP that is needed if it is to expand its efforts to include new types of studies (long-term field studies) and to move into new areas, primarily Africa.

Expansion of fertility research capabilities in Africa is a promising path for future IFRP assistance. The grant provides IFRP with sufficient flexibility to respond to diverse needs in Africa, and IFRP-supported activities already under way in Sudan, Tunisia, Morocco, and Egypt provide a solid base for further expansion. Several additional projects are being planned in Mali, Tunisia, and Egypt that will further enhance this capability. From this growing network of collaborators and the increasing experience of IFRP staff members in the region, it is expected that IFRP can take an important role in fertility policy and program development efforts in Africa. However, efforts in this direction will be handicapped until a strong candidate for the position of African regional coordinator has been identified and recruited to the IFRP staff.

Grant activities, though necessarily at times deviating significantly from contract efforts, should find their focus in the efforts and directions of contract-supported work. As it is imperative for the contract to expand its efforts into studies on the long-term safety and effectiveness of fertility regulation methods, so it is necessary that the grant develop and support the network within which such studies can be conducted. To use the flexibility built into the grant as a mandate to go off in a number of new directions would be a mistake; to use it instead to provide and promote support for the new directions in which contract activities must move will enhance IFRP's overall ability to conduct fertility research in the developing world.

In order to avoid the temptation of trying to be all things to all people, an assessment of activities and countries is needed to delimit somewhat IFRP's outreach. This is not meant to suggest that program-stimulation in new countries is not useful, only to indicate that IFRP already appears to be spread fairly thin. A document analogous to "Scientific Directions 1980-1981" but focussing on countries rather than research projects might enable IFRP to identify countries where there is likely to be adequate backstopping from a local FRP, or where the FRP itself clearly has sufficient resources to follow through.

C. Staff

The changes in staffing over the past year, particularly the shift to lower level positions were described earlier. Perhaps such high turnover and the shift were inevitable given the recent changes in structure (see Appendix I), but the net effect in the Team's judgment, has impaired IFRP's ability to meet fully its research and development objectives. Major gaps exist in biomedical staffing. Staff without training in biomedical research are not likely to represent well the needs of such research in the field. It is urgent that existing vacancies be filled soon.

The augmentation of IFRP biomedical personnel staff by fixed contractual arrangements possibly including personnel at local institutions, should be accomplished immediately. Such strengthening would also improve IFRP's ability to recruit able people to fill its several vacant slots. The presence of scientists from neighboring institutions on the TAC might help to re-establish prior links with these academic groups. In such a rich local context, IFRP appears to be far more isolated than is wise for the success of its ambitious and varied research program.

In response to the perceived need for enhanced administrative leadership, a new Deputy Director position has been created and filled. The background of the new Deputy in business and administration in agencies focussed on the developing world seems very appropriate to IFRP's current needs.

D. Projects

1. Maternity Care Record

While the implementation of this form has had clear utility as a method of entree for other research and provides needed focus on maternal care, it has been disappointing as a research instrument. While limited surveillance of serious hazards associated with pregnancy and delivery is possible, the catchment area of the institution is often unclear and the population covered from within that area may not be representative. While it is difficult to make meaningful generalizations from analysis of these records, such generalizations are being made. References have been made regarding the serious doubt which exists about the quality of the basic information. Because the form is administered only once, much longitudinal information on morbidity and mortality of mother and infant is lost.

It seems to be time to consider the possibility of longitudinal follow-up of a limited number of cases in a favorable setting, rather than further replication of the existing form. Countries that continue to favor the basic one-time form should be brought quickly to self-sufficiency in its processing. This routine burden should not be IFRP's responsibility.

2. Prevalence Studies

At the request of particular countries, IFRP has been involved in several prevalence surveys. To the extent that such surveys have been undertaken to provide routine evaluation services for particular family

planning projects, they should not become a high priority for IFRP. There are a number of other agencies more experienced and committed to this type of research. However, to the extent that such survey activities begin to explore contraceptive use and service delivery from the user perspective, they may provide valuable information relevant to both national and international policy and program decisions. The Lagos survey, for example, has the potential for documenting contemporary changes in West African society that may facilitate changes in family planning policy and program acceptance in areas beyond those of Nigeria. A more worthwhile application of prevalence study methodology, and one that would serve as a suitable linkage between the social and biomedical components of IFRP would be to apply the social survey approach to conduct studies on the long-term effects of contraceptive use.

The Team recognizes that IFRP sometimes becomes involved in research activities which appear to be tangential to its main research interests. While such projects have sometimes proved to be of considerable value, the Team believes that future studies of this kind should undergo careful scrutiny.

3. RAMOS

RAMOS signifies the beginning of IFRP interest in studies which go beyond short-term clinical trials. While RAMOS is an interesting and innovative effort to provide information about the long-term risks and benefits of contraceptive use in the developing world, a number of points should be emphasized as crucial to the success of this undertaking. In the same way that experts from many relevant fields were invited to IFRP in

June of 1979 to participate in an early stage of research design formulation, so should there be continued efforts to receive input from experts outside IFRP in a regular and systematic manner as the RAMOS research effort develops and unfolds. Similarly, efforts must be made to assure that RAMOS continue to benefit from the range of research experiences and skills represented within the IFRP itself. A permanent committee akin to an IFRP task force could be established to assure interdisciplinary input by IFRP staff members.

While the combination of research strategies encompassed within RAMOS is commendable, the approach has not taken full advantage of the data and insights that anthropological research methods could provide for this type of study. At a minimum, anthropologists with field study experience in the selected study areas should be contracted as consultants to the project. In addition, IFRP should seriously consider funding community-level field studies to investigate the qualitative aspects of reproductive age mortality and contraceptive use in areas selected for RAMOS study. These would prove highly interesting companion pieces to the largely quantitative findings that will result from RAMOS as presently designed.

RAMOS should be recognized as only one of several approaches that could be taken to study the long-term effects of contraceptive use in developing countries. In some areas appropriate data sets may already exist for conducting longitudinal studies of mortality among reproductive age women. In other areas, modern medical data systems may be sufficiently complete to permit a case control approach. Regardless however of the particular

strategies used, IFRP has sufficient funding flexibility and the potential for mobilizing research capability to take a leading role in investigating the long-term results of contraceptive use in the developing world.

4. Fertility Regulation Methods

a. Hormonal Methods

In the opinion of the Team, two of the proposed DMPA studies need extensive design review. It is noted that studies of side effects and discontinuation already exist for DMPA in Thailand, although such data may not exist in reliable form in Indonesia. It is not clear what the proposed risk of pathological endometrial changes is, or the statistical rationale for the proposed number of study subjects. Because pre-malignant and malignant endometrial changes are rare among DMPA users, a study of the proposed size could only detect large relative risks if, in fact, they do exist. Since smaller risks will go undetected, there is a strong possibility that this study could be falsely reassuring. A case-control design might be far more efficient and also more instructive to local principal investigators than the proposed series of endometrial biopsies. The third study in Atlanta seems to be better founded.

The current and proposed clinical trials of oral contraceptives are important and should continue, provided that the management of their complex designs can be monitored adequately by current IFRP personnel. The same is true for the study of progestogen-only pills among lactating women.

In view of the large body of evidence that the use of oral contraceptives, even when taken by error during early pregnancy, is not associated with congenital anomalies, the Team feels that the case-control study proposed by IFRP should be of low priority. The management

of differential recall is a formidable source of bias in such investigations and must be taken into account in the design. Should a contributor desire strongly to mount such an investigation, however, it might be justified as a learning experience in the intricacies of epidemiological design.

b. Intrauterine Devices

A number of IUD studies are under way or are being planned for the future. Probably the most important of these is the evaluation of two post-partum devices, the sutured LLD and the sutured Cu-T. The performance of these devices will be compared with their non-sutured counterparts. The time of insertion will vary from 10 minutes to more than 36 hours and less than six weeks. Hand vs inserter techniques will also be studied in the post-partum period. Lastly, the sutured LLD will be evaluated for use immediately following mid-trimester abortion.

This program appears to be moving very slowly. In the original protocol, it was estimated that 11,000-12,000 cases would be needed for statistical validity; to date only 2,000 cases have been recruited after approximately two years of work. This relatively small number of cases suggests that this project has not been accorded the high priority that IFRP has stated it has.

A preliminary study using a T device wrapped with 200 sq.mm. of nylon has shown a pregnancy rate of 2.2 and a continuation rate of 94% at the end of one year. This device will be compared with the T Cu-200 to try to answer the question as to whether the effectiveness of the copper IUDs is due to the presence of the copper or merely to the increase in surface area.

While the original data look very promising, this project does not separate out the possible side effects of nylon per se. To do this, a polyethylene strand (.25 mm. in diameter as in the case of the copper to provide 200 sq. mm. of surface area) should be wound onto the basic polyethylene T device, and all three devices then compared.

There is currently considerable concern about the role the monofilament tails of IUD's may be playing in the induction of upper genital tract infections. In order to assess this situation, Copper T-200 LB devices with and without tails will be inserted and the rates of pelvic infection observed. This is a most important issue and should be studied promptly using standard definitions of upper tract infection.

It has been found that placing copper on a silver core will prevent the copper wire from fragmenting as the copper dissolves. This effect would be most important in making the copper devices effective over a 16-year period of time. It is planned to compare the T Cu 380 Ag with the Multiload Copper 250 or the Cu 7.

Finally, since blood loss remains a problem with most IUD's, it is planned to add Trasylol or Tranexamic Acid to a modified Lippes Loop D to see if the 90-day release of these agents will decrease the amount of blood loss as compared to controls wearing non-medicated devices. This would be a valuable addition to our knowledge. However, it seems that the expectations of quantitative blood loss data (440 patients in 6-8 centers with at least 4 determinations per patient) may be a bit unrealistic unless these studies are carried out in a highly motivated private practice-type of situation. The same statement would apply to the projected loss to follow-up of 15% at the end of the first year in most of the projects which seems to be quite low.

The Team believes that these are important studies which should be done. It is hoped that they will be given sufficient administrative and staffing priorities, as well as careful attention to design, so that they may be carried out promptly and effectively, with continuous monitoring.

c. Barrier Methods

Several methods of female barrier contraception are being considered for future study by IFRP, carrying out evaluations for safety, effectiveness, and accessibility. It is planned to carry out Phase II clinical trials on custom-made cervical caps if NIH funding becomes available, along with Phase III trials of the collatex vaginal sponge. In addition, a comparative study of C-Film and Neo Sampooon is planned. Spermicides and other barrier methods will be looked at utilizing both straight and comparative studies. They will also be evaluated for their effect on the incidence of venereal infection, and should also be done in order to evaluate their suggested protective effect against carcinoma of the cervix and its precursor lesions.

The Team believes that these studies are important and fall clearly under IFRP's primary mandate. Because of the recent identification of the toxic shock syndrome, however, these protocols must be carefully re-evaluated; long-term methods such as the cervical cap may have to be altered or discontinued.

To date IFRP has not been involved with studies of condoms. However, because of the current political pressure to develop efficacy data on all contraceptive methods, IFRP may initiate studies on this method.

d. Sterilization

IFRP's data series on tubal ligation in the developing world is possibly unique and data on middle-term safety of the procedure by surgical method will soon be in press. Unfortunately, follow-up of this cohort of women has been largely passive, with no coordinated effort. The fall-off in the proportion of women followed may seriously compromise the findings. While it is far from clear that better follow-up could be achieved, more active

attention needs to be given to the maintenance of the histories of these women, as a reporting cohort well beyond two years from surgery. As newer sterilization procedures emerge, the cohort may need to be enlarged.

While the Team recognizes the value of IFRP's involvement with Kaiser-Permanente in examining long-term complications of vasectomy, no comparative study is ongoing in the developing world. Closed male populations, possibly suitable for retrospective longitudinal study of longer term vasectomy complications, exist in some Asian countries and should be evaluated.

Existing data suggest that the intrauterine quinacrine solution approach to female sterilization will not be successful. If the quinacrine pellet studies do not soon show greater signs of success, the Team suggests that IFRP consider abandoning this approach. Yet another mode of delivery is the quinacrine-loaded IUD, now under development and evaluation. If found to be feasible, this approach could have widespread usefulness.

The other sterilization studies mentioned seem useful, although the percutaneous vasectomy trial using a formaldehyde-ethanol solution needs careful evaluation in ongoing studies of acceptability and short-term safety.

e. Abortion

It has long been believed that the development of a technique of early abortion which could be self-administered would have a major impact on population growth. Prostaglandin vaginal suppositories have been found to be useful in this regard, but also to have an unacceptable level of side effects. Some of the newer prostaglandin (PGE₂) analogs appear to have promise for such uses and will be evaluated by IFRP.

Prior to abortion, cervical dilation must be carried out. IFRP has early data on a new osmotic dilator which appears to be effective and might well replace the use of laminaria. It seems likely that this method of dilation may reduce the risk of later reproductive problems. Studies to determine such long-term risk should be considered by IFRP.

Finally, IFRP plans to continue its analyses of post-abortion contraceptive services. Various approaches will be taken, looking at the need, use, and effectiveness of such services. The Team believes that these studies are important and should be pursued.

f. Other Methods

The Team does not feel that the proposed studies in fertility awareness offer much by way of acceptability and effectiveness in developing countries, and should be relegated to low priority.

Evaluation of traditional methods like withdrawal may be worth investigating in certain settings.

5. Pregnancy Testing

The Team supports IFRP's commitment to identify effective, inexpensive pregnancy tests. When promising methods appear, staff resources should be made available for further field testing.

E. Technology Transfer and Training

The interest and commitment of IFRP staff in transferring computer capability to national fertility research programs in developing countries is commendable and timely. With the advent of mini-computers this appears to be a promising avenue for providing effective technology transfer. Not only will computerization costs be much less than previously, but use and maintenance are likely to become simpler over time. Efforts to support IFRP staff in upgrading their own skills and capabilities in this rapidly developing technology should be supported.

Effective technology transfer must be accompanied by commensurate efforts to transfer skills appropriate to use of that technology. For example, considerable attention must be given to training FRP contributors in both the technical and statistical skills required for effective use of mini-computers.

In more general terms, suitable training experience must be provided for the staff of the FRP's. A short-term visit does not substitute for such formal training and, in many cases, the visitor may be more administratively than scientifically oriented. Much of the training need falls into the research design (epidemiological) and biostatistical areas for clinicians. The training can be short-term (say two weeks), in-country and, in many cases, can be conducted at least partially in the trainees' native language.

Effective technology transfer and training are crucial to the long-term success of IFRP activities. The objective is not just to supply and maintain people who contribute data for IFRP research protocols.. Rather, the ultimate goal of the IFRP should be to support and train researchers who can actively collaborate with IFRP staff members as equal partners in the development and conduct of well-designed and appropriate research projects.

F. Information Dissemination

Effective dissemination of information requires utilization of different formats and distinct channels of communication. Initiation of the quarterly newsletter "Network" was viewed by the Team as a needed and welcomed addition to IFRP efforts in the area of information dissemination. The newsletter was judged to be good in substance and content. An additional indication that IFRP has learned the lesson that not all matters of scientific interest need be conveyed in scholarly publications is provided by the attractive booklet that has been produced to introduce RAMOS.

Over the years, IFRP publication of the IJGO has proven to be a useful channel for IFRP contributors and collaborators to publish research findings. The recent shift of publication responsibilities outside of IFRP will greatly alleviate the financial burden of managing this journal. In

addition, the move may enable IFRP staff to devote more attention to editorial functions that will further enhance the value of this publication.

IFRP staff members, often jointly with IFRP contributors, publish scientific articles on a wide variety of subjects in a number of respected journals. Within a recent one-year period staff members published, under single or joint authorship, 81 scientific articles. The papers ranged from biomedical reports of clinical trials to epidemiological investigations based on pooled IFRP data, and from explanation and investigation of new contraceptive procedures to broad considerations of medical or social attitudes affecting contraceptive acceptance. As another channel for information dissemination, the range and number of IFRP contributors to scientific journals are impressive. Although quality of these publications is variable, consistent improvement is noted.

It is clear that meetings can serve useful functions, especially those conducted on a regional or in-country basis and, at least partially, in local languages. The Team feels that such meetings should be short, small, and emphasize structured (and unstructured) discussion as well as formal papers by local investigators. Where feasible, attendees should represent diverse biomedical and social science backgrounds. Population research tends to cross disciplinary boundaries and, among clinicians, for example, is no less the province of internists and surgeons than gynecologists.

G. Board of Directors

The Board recognizes the need for additional skills among its members. Consequently, it is looking for individuals from the academic community, especially in North Carolina. In addition, it has expressed the desire to have senior level people from developing-country governmental bodies.

In the past, the Board has met four times a year. This was necessary in order to deal with IFRP's fiscal problems and the recent administrative reorganization. Current plans call for only three meetings a year, now that the several audits are over and the financial situation is stable.

The Board has several continuing concerns, as reflected in conversation with Board members and careful review of minutes of its meetings, and trip reports. These revolve primarily around a number of the concerns mentioned by the Team, i.e. relationships among staff members and the relationship of IFRP with its contributors.

H. Technical Advisory Committee

As presently constituted and utilized, the TAC does not sufficiently serve the needs of IFRP for systematic review of particular research proposals and projects. Rather, meeting annually, TAC is providing only an overview of IFRP activities and therefore offers only general suggestions about the research which IFRP is undertaking. To take further advantage of the scientific and programmatic research skills that are represented, TAC members should be asked to review specific proposals in a more systematic fashion. This may require meeting two or three times a year. It would also seem necessary that social scientists with broader international experience than those of present TAC members be included. In addition, it is necessary that areas of special expertise be given specific representation. Given the type of research which is of high priority to IFRP, it is advisable to add both an epidemiologist and an internist-endocrinologist to this review committee. It would also seem desirable to include members of local academic institutions on TAC.

To function more effectively, TAC should be more concerned with reviewing specific projects than providing a general overview of IFRP activities. To do so, TAC members will have to be consulted on a more regular and routine basis about the development of research proposals. In addition to convening more often than once annually, TAC members can and should be requested to respond to research proposals by mail.

I. Financial Considerations

IFRP has been successful in increasing the percentage of its funds going to the field. To continue this trend, which the Team feels is most appropriate, it will be essential to have a strong field staff.

The Team is aware of and concurs with the concern of the Board and staff about the presence of unexpended funds in both the grant and the contract. The Team believes that recruiting additional needed staff members will result in increased programmatic activity which in turn will allow for the expenditure of these and future funds.

The recent audits on fiscal matters have been successfully completed. The Team believes that the new mechanism for reporting time spent on the various projects will be of help in future audits, both internal and external.

VII. TEAM RECOMMENDATIONS

A. Structure

1. After careful review and considerable reflection, the Team has concluded that there are several problem areas which are currently impairing IFRP's effectiveness. The Team, therefore, recommends that serious consideration be given to partial reorganization as a means of ameliorating certain of these

problems. If attempts at restructuring are made, the Team would recommend specifically addressing the following issues:

- a. A clear division between the biomedical and social sciences.
- b. Care that the particular source of funds, i.e., grant or contract, not prescribe organizational arrangements.
- c. An autonomous international coordinating unit, separate from the biomedical and social science divisions but closely linking these two together. This unit should be placed directly under administrative control and have high level staff both in North Carolina and in the field.

2. The Team recommends that attention be given to the design and function of the various task forces to be sure that all staff members relevant to the assigned tasks are included, that they bridge disciplinary lines and that meetings of the task forces represent a serious commitment on the part of the assigned members.

3. The Team recommends joint travel whenever feasible in order to promote collegial relations and have a major impact on the effectiveness of the research projects being carried out in the field.

4. The Team recommends that the move of the IFFH secretariat to Indonesia under control of principal investigators of the FRP's should proceed as quickly as possible. Very careful and sustained attention should be given to maintaining the link between the whole North Carolina-based staff and the international contributors within IFFH.

B. Focus

1. The Team recommends that IFRP put greater emphasis upon the development of studies that address the critical issue of the long-term effects of fertility regulation methods currently used in the developing world. Such an emphasis on "beyond new technology testing" does not preclude

further comparative clinical field trials to determine short-term safety risks of newly developed contraceptives. It does require, however, more attention to other types of epidemiological research designs.

2. Certain programmatic activities may not require further active replication, e.g. Maternity Record and others such, as routine family planning program evaluation research, might best be handled by other institutions. Though the Team recognizes that such efforts may occasionally provide expedient entrée for institutional development, it recommends that IFRP be increasingly reluctant to support such activities in the future.

C. Staff

In order to provide a more adequate constellation of disciplines and capabilities for IFRP's program the Team recommends the following:

1. Research Division

a. Early recruitment of a senior scientist with broad biostatistical and epidemiological training. This individual need not be a physician, but, if not, should possess an adequate background in biology.

b. Early recruitment of an additional junior scientist with a firm background in research design and biostatistics. Such an addition will strengthen further the Division's capabilities.

c. Establishment of a permanent scientist leader instead of the rotating system now in effect. This will ensure continuity and firmer direction than now appears to be the case.

d. Establishment of contractual links with local universities, including the UNC-SPH, to increase the skills necessary to IFRP's research program.

2. International Projects Division

Given the existing structure additional scientific staff, especially biomedical scientists with research experience, are needed to develop and monitor adequately IFRP field activities. Such individuals, based overseas and in North Carolina, will increase the effectiveness of existing regional coordinators.

3. General

a. Contractual links with consultants, including those from local institutions, should be explored to alleviate IFRP's personnel shortages.

b. More attention needs to be given to collegial relationships within IFRP. Ways to approach this continuing problem could include such things as retreats and sensitivity training.

D. Projects

1. Maternity Care Record

The Team feels that IFRP should intensify its efforts to package this record in a form suitable for interested countries to implement themselves, thus minimizing the continuing technical assistance role of IFRP. Building of follow-up procedures for a sample of maternity cases in several country settings where such longitudinal efforts are feasible is also highly recommended.

2. Prevalence Studies

The Team recommends that prevalence studies of contraceptive use not become a routine or important component of IFRP research interest. The Team recognizes, however, the value of IFRP participation in studies of this

kind, and in other types of prevalence studies that are timely, interesting, and innovative efforts to effect population policy or programmatic change in particular regions.

3. RAMOS

a. The Team feels that RAMOS is a well-conceived and promising research undertaking. It should be recognized, however, that initial applications of this approach may reveal more about the usefulness of this particular methodology than about the substantive results of long-term contraceptive effects. The Team feels that smaller, more carefully monitored efforts for limited periods of time would have been a more appropriate way to initiate RAMOS studies by providing better information about its methodological efficacy and thus recommends this approach for future efforts of this sort.

b. The Team also recommends that efforts be made to maintain the spirit of interdisciplinary cooperation with which RAMOS was initiated. Mechanisms should be established to encourage the active participation of researchers from both within and without IFRP who have expertise and experience relevant to this innovative approach.

4. Fertility Regulation Methods

a. The Team recommends that IFRP continue its current and planned clinical trials of new, low-dose estrogen oral contraceptives.

b. The Team recommends that the designs for two of the planned studies on the long-term effects of DMPA be reconsidered.

c. The Team recommends that IFRP bring its talents to bear on the issue of hormonal contraceptives and carcinogenesis.

d. The Team recommends more aggressive implementation of the current trial to evaluate intrauterine devices developed for very early post-partum insertion.

e. The Team shares IFRP's conviction that barrier methods have been too long neglected and recommends that the important issues beyond efficacy of these methods i.e., protection against venereal disease and cervical neoplasia, receive special attention in future studies.

f. The Team recommends that IFRP's unique data set of female sterilizations be nourished by organized efforts at follow-up and continuing analysis.

g. The Team considers the long-term effects of vasectomy in the developing world a priority issue and recommends that IFRP undertake an organized research initiative.

h. The Team commends IFRP on the development of its new osmotic cervical dilator and recommends early clinical evaluation. If successful, longer term comparative studies with laminaria and other means of dilation will be necessary.

E. Technology Transfer and Training

1. The Team believes that IFRP interest in providing mini-computers for FRP's and the necessary software packaging and training required for their effective use is timely and worthwhile and therefore recommends its continuation.

2. The Team recommends that IFRP conduct more short-term formal, training courses in developing world settings. The objective is to provide more systematic and regular opportunities for contributors and potential contributors to improve their research skills.

F. Information Dissemination

1. The Team commends the energy of IFRP in making findings from its studies, and those of its contributors, available quickly to its scientific audience and recommends continuation of these efforts.

2. The Team also finds Network an especially useful publication in presenting short accurate summaries of scientific information. This publication may become even more stimulating if more contributions are solicited from principal investigators and if issues are translated into key local languages and distributed more widely by the FRP's. The Team recommends these new activities.

G. Board of Directors

1. The Team recommends the addition of new members to the Board with expertise in biomedical sciences, social sciences, and program administration with a major effort to involve individuals from the local academic community.

2. The Team recommends continued efforts by the Board to remain completely conversant with all of the elements of the IFRP in order to exert maximum effectiveness in policy and fiscal matters.

3. The Team recommends continued fund-raising efforts by the various Board members in order to diversify, insofar as possible, IFRP's financial base.

H. Technical Advisory Committee

The Team strongly recommends that all research proposals be subject to thorough and rigorous review by a revitalized and reoriented TAC.

I. Financial Considerations

1. The Team recommends that future funding to IFRP be allocated after a careful and thorough analysis of actual and potential programs.

2. The Team recommends that sufficient funds be made available to obtain the services of staff members and consultants needed to raise the level of competence in specifically-noted areas.