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OF THE  
JOHNS HOPKINS PROGRAM FOR INTERNATIONAL  
EDUCATION IN GYNECOLOGY AND OBSTETRICS  
(JHPIEGO)

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July 1, 1974 - June 30, 1975

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OF THE  
FIRST ANNUAL REPORT  
OF THE  
JOHNS HOPKINS PROGRAM FOR INTERNATIONAL EDUCATION  
IN GYNECOLOGY AND OBSTETRICS (JHPIEGO CORPORATION)

JULY 1, 1974 - JUNE 30, 1975

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PIEGO Programs

Dr. Harry Woolf

President, JHPIEGO Corporation  
Provost, Johns Hopkins University

SECTION I. GENESIS OF A PROGRAM FOR INTERNATIONAL  
EDUCATION IN GYNECOLOGY AND OBSTETRICS

## SECTION I. GENESIS OF A PROGRAM FOR INTERNATIONAL EDUCATION IN GYNECOLOGY AND OBSTETRICS

In 1972, the Agency for International Development funded two 3-year projects within the Department of Gynecology and Obstetrics, Johns Hopkins School of Medicine, both of which were designed to develop training programs for physicians from the developing nations. These projects were assigned AID contract numbers.

The International Sterilization Training Project (ISTP), headed by Dr. Clifford R. Wheelless, Jr., began operation in April 1972. The purpose of this project was to organize teams of gynecological and technical maintenance consultants for the purpose of establishing laparoscopic sterilization centers in developing nations desiring family planning and fertility control services. The necessary equipment would be provided to selected hospitals and/or clinics, as would thorough instruction in its use and maintenance. Follow-up visits to established clinics were planned to provide further technical advice, supply spare and replacement parts as needed, and collect data on procedures performed. It was anticipated that the local team would utilize their experience and the established sterilization facility as a training center for other physicians in the country and neighboring countries.

During the first fourteen months of operation (4/1/72-6/30/73), the ISTP established 22 laparoscopic sterilization clinics in 17 countries, training 27 physicians.

The second project, also funded in 1972, was entitled the Simplified Techniques of Fertility Control. Directed by Dr. Theodore M. King, Professor & Chairman of the Department of Gynecology and Obstetrics this program has as its objectives (1) to establish a clinical unit for the development and evaluation of simplified fertility control techniques suitable for use in developing nations and (2) to coordinate all of the required clinical components of a fertility control education program which would effectively disseminate current knowledge of fertility control to participating physicians from lesser developed countries (LDC).

Didactic and practical experience in modern fertility control techniques was provided, with emphasis on the transmittal of clinical skills that would enable the trainees to implement effective population control programs in their respective countries.

Following completion of the clinical unit, the 4-week educational program commenced in November of 1972. In its first 8 months of operation (11/1/72-6/30/73) 41 physicians from 24 countries were trained in "Advanced Techniques for Management of Fertility".

The activities of the International Sterilization Training Project and the Advanced Techniques for Management of Fertility program were integrated in 1973, with ISTP becoming the seventh project in the overall AID grant, but continuing to be separately funded.

The response to these two programs from institutions and physicians in the developing nations which participated clearly demonstrated (1) that there was a tremendous demand for such training; (2) that the advanced techniques could be taught effectively; and (3) that physicians completing the program could be assisted in establishing these new techniques in service delivery clinics through intensive continuing education programs.

As a consequence of the strong indications of success achieved in these initial programs, the Agency for International Development in FY '73 funded three additional pilot educational centers in order more adequately to meet the demands for this kind of training. These centers were the Washington University School of Medicine in St. Louis; the University of Pittsburgh Graduate School of Public Health, in association with the Western Pennsylvania Hospital in Pittsburgh; and the American University of Beirut Hospital in Beirut, Lebanon.

On June 29, 1973, the Agency for International Development made a one-year planning grant to The Johns Hopkins University (AID/CM/pha/G-73-34) to (1) plan and organize a university-based international organization to support and coordinate a network of centers around the world to teach and equip LDC Ob-Gyn specialists and other surgically qualified personnel to use the most advanced techniques for fertility management, and (2) to operate interim Central Admissions and Testing and Equipment Supply Units to serve already funded ATMF Training Centers.

To carry out the provisions of the grant, The Johns Hopkins University established, in June 1973, the Johns Hopkins International Project for Advanced Education in Gynecology and Obstetrics (JHIPAEGO). As a demonstration of the importance which the University attached to the project, Dr. Harry Woolf, the Provost of the University, assumed the role of Project Director, and the project was administered from his office. Project Development and Planning were carried out by an internal University Advisory Committee under the chairmanship of Dr. Howard W. Jones, Jr., Professor, Department of Gynecology and Obstetrics, The Johns Hopkins School of Medicine. Assisting the Internal Advisory Committee was an External Advisory Committee whose members were drawn from the international professional community and which reflected the geographic scope of the project. (A list of the members of these Committees follows this summary.)

Pursuant to the terms of the above-mentioned grant, a "Study for the Creation of an Organization for International Education in Gynecology and Obstetrics" was carried out during the period July 1 through November 30, 1973. The study was designed to determine the needs and the climate for cooperation among existing resources for advancing the level of training among the obstetricians and gynecologists and other qualified professionals to deal with health problems related to reproduction. In the course of the survey 11 countries were visited and 61 leaders contacted. The final version of the Study which included additional supporting documentation obtained in December 1973 and January 1974, was submitted to the Agency for International Development on February 28, 1974.

The results of this study were presented to the External Advisory Committee of International Experts referred to above, who met with the University Advisory Committee in December 1973. The Committee concurred in a number of recommendations, including the following:

- (1) A Program for International Education in Gynecology and Obstetrics (PIEGO) should be organized.
- (2) This program (PIEGO) should be administered through a corporation affiliated with The Johns Hopkins University and that the necessary steps be initiated to design its structure and its by-laws.
- (3) The four institutions already conducting courses in Advanced Techniques for Fertility Management (The Johns Hopkins University, the University of Pittsburgh, Washington University of St. Louis, and the American University of Beirut) should comprise PIEGO initially and that additional institutions and individuals who will enter the Program be chosen by the criteria and procedures set up for this purpose by the new organization.

In April 1974 a proposal was submitted to the Agency for International Development for a grant of funds to provide support over a period of four years to a corporation (JHPIEGO), affiliated with The Johns Hopkins University, for a Program for International Education in Gynecology and Obstetrics (PIEGO), whose purpose would be to advance internationally the application of medical knowledge to health problems related to reproduction.\*

In accordance with the proposal to A.I.D., the affairs of the corporation were to be managed by a Board of Trustees appointed by the President of The Johns Hopkins University; the Articles of Incorporation of JHPIEGO and the By-laws would provide for:

- The Officers of the Corporation to include a President, Secretary-General and Treasurer.
- The President to be the Chief Executive Officer of the Corporation, elected by and responsible to the Board of Trustees of JHPIEGO for the administration of the Corporation's business and affairs.
- An International Council of Experts to be appointed by the President of JHPIEGO to provide program and policy advice and assistance.

In implementing the organizational aspects of the Proposal, Dr. Howard W. Jones, Jr., who had served as Chairman of the JHIPAEGO Advisory Committee, was selected to be Secretary-General and to head up the Secretariat which implements PIEGO policy and carries out its operational functions. A Council of Associates consisting of the Directors of the four cooperating institutions referred to above, was established to serve as the advisory body to the Secretary-General.\*\* The Treasurer, who is the third key officer of the corporation, has charge and custody and is responsible for all the funds and securities of the corporation. Mr. Robert C. Bowie, Vice President of The Johns Hopkins University for Business Management, serves in that position.

\* For a statement relative to the Scope of the Program as contained in the JHPIEGO Corporation proposal to A.I.D., see Attachment.

\*\*The Council of Associates was later designated to act as an Equipment Committee. As such it determines any change in equipment used in the Advanced Techniques for Management of Fertility (ATMF) programs.

Members of the Johns Hopkins University Advisory Committee

Involved in the JHIPAEGO Project

Dr. Harry Woolf, Provost of the University, Project Director

Dr. Howard W. Jones, Jr., Professor, Department of Gynecology and Obstetrics, School of Medicine and Chairman of the Internal Advisory Committee

Dr. Russell H. Morgan, Dean of the School of Medicine and Vice President for Health Divisions

Dr. Ralph Gibson, Emeritus Director of the Applied Physics Laboratory

Dr. Theodore M. King, Director of the Department of Gynecology and Obstetrics, School of Medicine

Dr. Lonnie S. Burnett, Associate Professor, Department of Gynecology and Obstetrics, School of Medicine

Dr. Hugh J. Davis, Associate Professor, Department of Gynecology and Obstetrics, School of Medicine

Dr. Clifford R. Wheelless, Assistant Professor, Department of Gynecology and Obstetrics, School of Medicine

\*Dr. Carol Johns, Associate Professor, Department of Medicine, School of Medicine

Dr. Ernest Stebbins, Professor Emeritus of International Health and Dean Emeritus of the School of Hygiene and Public Health

Dr. Carl Taylor, Professor of International Health, School of Hygiene and Public Health

\*Resigned

Members of the External Advisory Committee Consulted

in Connection with the JHIPAEGO Project

Dr. Henry van Zile Hyde, Executive Director of the World Federation for Medical Education, Washington, D.C.; Director of the Division of International Medical Education for the Association of American Medical Colleges from 1961-1972

Dr. B. N. Purandare, Dean, Wadia Maternity Hospital, Bombay, India

Dr. Keun-Yung Rha, Professor and Chairman, Department of Obstetrics and Gynecology, College of Medicine, Seoul National University, Seoul, Korea

Dr. Keith Russell, President of The American College of Obstetricians and Gynecologists, The Moore-White Medical Clinic, Los Angeles, California

Dr. Frederick T. Sai, Assistant Secretary-General in charge of Medical and Biological Sciences, International Planned Parenthood Federation, London headquarters

**Dr. Howard C. Taylor, Senior Consultant, Population Council, New York**

**Dr. Benjamin Viel, Executive Director, International Planned Parenthood Federation, New York headquarters**

**Dr. Jorge Villarreal, Chairman, Administrative Committee of the Federation of Latin American Medical Schools, Bogota, Colombia**

**Professor P. O. Hubinont, Fellow and Past President of the Royal Belgium Society of Gynaecology and Obstetrics; Fellow and President of the French Speaking Gynaecologists of Belgium**

**Professor Stanley Clayton, President of the Royal College of Obstetricians and Gynaecologists; Professor of Obstetrics and Gynaecology, University of London at King's College Hospital Medical School**

## SCOPE OF PROGRAM

The mission and scope of the program known as The Program for International Education in Gynecology and Obstetrics (PIEGO) were organized under the following six headings:

- (1) Organize and conduct a program of medical education to provide physicians and their assistants throughout the world with the knowledge, skills, and techniques found effective in the detection, diagnosis, treatment, and prevention of health problems related to reproduction, with special attention to the differing mix of problems and needs in each geographical area.
  - a. Since unwanted and uncontrolled pregnancies constitute probably the greatest menace to the health of women, with disastrous individual and social consequences, particular attention will be given to the area of fertility management. This requires that the policies of the program be based on a realistic knowledge of mores, beliefs, and political structure of the countries involved, so that the educational programs and practices based on them are truly and stably acceptable. It is therefore necessary that the policy guidance of the program be provided by a widely representative group of Ob-Gyn leaders and medical statesmen and that local programs be carried out on a fully collaborative basis. [See SECTION II.D.: MEETING OF JHPIEGO INTERNATIONAL COUNCIL]
  - b. As part of the educational effort it is anticipated that post-graduate courses modeled on the courses in advanced technology of fertility management now in operation at Johns Hopkins and several cooperating universities will be continued at Johns Hopkins and cooperating institutions in the United States and overseas. [See SECTION II.A.1.: COOPERATING INSTITUTIONS]
- (2) Organize an admissions unit for post-graduate candidates to assure an equitable distribution to cooperating institutions of such candidates for training. [See SECTION II.A.3: ADMISSIONS UNIT]
- (3) As lack of equipment at home institutions has been found to be a major deterrent to the application of acquired post-graduate education, a means of supporting the educational program with appropriate equipment for the detection, diagnosis, and treatment of health problems related to reproduction is to be organized. Efforts will be made to ensure the compatibility of this equipment with local conditions and customs. [See SECTION II.A.4: EQUIPMENT UNIT]
- (4) Organize a follow-up, testing and contact system to provide a feedback for the improvement of the educational program, but also to do what can be done to assure that the graduate has the administrative backing and equipment support to apply acquired knowledge. Such a follow-up would be designed also to assure that a graduate has access to current developments. [See SECTION II.A.5: FIELD TEAM TRAINING UNIT AND SECTION II.F: HISTORY & EVALUATION UNIT]

- (5) Sponsor and offer opportunities to collaborating institutions to participate in clinical trials which emphasize comparative testing to improve the prevention, diagnosis, and treatment of female disorders.
- (6) Organize such other programs and activities as may be necessary and desirable to accomplish the general purpose and aims of PIEGO.  
[SEE SECTION II.A.6; SPECIAL ATMF TRAINING PROGRAMS, SECTION II.B: JHPIEGO/KOREA TRAINING PROGRAM, SECTION II.C: SPECIAL WORKSHOPS, AND SECTION V: PROGRAM PLANS FOR FY '76]

While there are major deficiencies in preventive measures in gynecology and obstetrics in many areas of the world, it is exceedingly important that this educational effort not be limited to a restrictive interpretation of fertility management. In many instances the cultural and social background of a developing country is such that recognized establishment leaders in obstetrics and gynecology have not considered the preventive measures of fertility management as part of the specialty. There is a general body of opinion among obstetrician and gynecologists in the developing countries that information concerning preventive measures in obstetrics and gynecology would be more effectively transmitted and more generally accepted, certainly in some areas, if it were part of a broadly-based educational program encompassing advances in oncology, infertility and endocrinology, prenatal medicine and other sub-specialties, as well as in preventive measures.

The fact is that in many countries of the world, including the United States preventive measures often have appealed only to those on the periphery of academic gynecology and obstetrics. If we are to be successful in advancing the application of fertility management, establishment leaders must be involved.

SECTION II. DESCRIPTIVE REPORT OF FY '75 OPERATIONS

## SECTION II.A. COOPERATING INSTITUTIONS

### 1. PIEGO Training Centers

As noted in Section I, as a result of the success of the Simplified Techniques of Fertility Control Program as carried out by The Johns Hopkins University Department of Gynecology and Obstetrics under Grant AID/Csd-3627, three additional training centers were funded by AID to offer physicians from lesser developed countries intensive didactic and clinical training programs and to prepare them to use advanced technology for fertility management. These new centers were the University of Pittsburgh, Washington University of St. Louis and the American University of Beirut. (Annual Reports on the operation of the ATMF programs at these institutions have been submitted to AID since these programs were funded directly by AID to cover costs through May and June 1975)

Towards the end of FY '75, the JHPIEGO Corporation awarded subgrants to each of the four Centers to cover their costs for training through May and June 1976. This initiated the JHPIEGO subgrant program to the Cooperating Institutions. Program descriptions were developed for each institution defining scope of work and relationships; General Provisions were developed to govern the use of the grant funds; a system for advancing funds and reimbursing these institutions was designed, and each subgrant was negotiated with the authorized officials of each University. The monitoring of these subgrants is the responsibility of the Secretariat.

### 2. The Council of Associates

While the above-mentioned Centers were originally funded separately by AID, a close cooperative relationship has been maintained between these institutions and JHPIEGO through the establishment of a Council of Associates.

The Council members consist of the Directors at the four cooperating institutions: Co-directors John C. Cutler, Ph.D., Professor, Graduate School of Public Health, the University of Pittsburgh, and Leonard E. Laufe, M.D., Division of Obstetrics and Gynecology, Western Pennsylvania Hospital; Arpad I. Csapo., M.D., Ph.D. (h.c.), Professor of Obstetrics and Gynecology, Washington University of St. Louis; Theodore M. King, M.D., Ph.D., Professor and Chairman of the Department of Obstetrics and Gynecology, The Johns Hopkins University; and Samir N. Hajj, Chairman, Department of Obstetrics and Gynecology, the American University Hospital of Beirut, Lebanon.

Sessions of the Council are usually chaired by Howard W. Jones, Jr., M.D., Professor of Gynecology and Obstetrics at The Johns Hopkins University and Secretary General of JHPIEGO. Both Dr. Gerald Winfield, Chief of the Manpower and Institutions Division of the AID Office of Population, and Dr. John Edlefsen, AID Program Manager for the JHPIEGO Program, normally attend these meetings.

The role of the Council of Associates is provided for in each subgrant. The Council Meetings serve as a forum for the exchange of program experience and for the discussion and agreement of course curriculum and training programs to be adopted by the Centers, and new technical advances in the field of fertility management.

The Council also acts as an Equipment Committee, As such it determines the equipment to be used in the Program.

The Directors of the Training Centers also serve as members of the JHPIEGO Selection Committee which meets in conjunction with the meetings of the Council of Associates. The Committee reviews and evaluates the applications of candidates desiring to participate in the courses conducted at the four cooperating institutions and assigns them to one of the institutions.

During FY '75 three regular sessions of the Council of Associates were held as follows: at the University of Pittsburgh (September 12, 1974); at the Johns Hopkins University (November 13, 1974); and at Washington University of St. Louis (March 13-14, 1975). The minutes of these meetings follow.

Meeting of the Council of Associates of  
the Johns Hopkins Program for International Education  
in Gynecology and Obstetrics

September 12, 1974  
Pittsburgh

Participants

Dr. Howard W. Jones, Jr., Chairman	Dr. John C. Cutler
Dr. Leonard E. Laufe	Ms. Charlotte G. Ellis
Dr. Arpad I. Csapo	Mr. Henry B. Cox

Dr. Howard W. Jones, Jr., Secretary General of JHPIEGO, opened this first session of the Council of Associates of JHPIEGO by describing the objectives and the organizational structure of the JHPIEGO Corporation, and delineated the responsibilities of the International Council of experts and those of the Council of Associates. He described the latter group, consisting of the heads of the programs of the cooperating institutions, as the core of the PIEGO program.

Dr. Jones recommended that the sessions of the Council of Associates (COA) be scheduled in conjunction with the quarterly meetings of the Selection Committee. There was general agreement that this be done in order to avoid the time and expense of separate scheduling of COA meetings.

Dr. Jones reminded COA members that new grants would have to be negotiated with JHPIEGO by the University of Pittsburgh, Washington University of St. Louis and the American University of Beirut when their present A.I.D. grants expire. Dr. Jones indicated that applications from the institutions should be forwarded to JHPIEGO by the first of 1975 for presentation to the International Council for its review and subsequently for approval by the trustees of the JHPIEGO Corporation.

Ms. Charlotte G. Ellis, Assistant to the President of JHPIEGO, informed the group that Mr. Gerald P. Gold, A.I.D. Contract Officer, had indicated that A.I.D. might audit the Pittsburgh, St. Louis and AUB programs prior to the expiration of the present grants.

Dr. Jones stated that PIEGO had designed an exhibit for use at international medical conferences. The exhibit should be completed and ready for use in the near future. Dr. Laufe and Dr. Cutler stressed

the necessity for assuring that the format and contents of the exhibit take into account the policies and sensitivities of the countries where it is placed. Dr. Laufe suggested that arrangements be made for COA members to view the exhibit when they meet in Baltimore. Dr. Jones will see that this is done.

Dr. Laufe informed the group that the Iranian Government is planning a two-year basic medical school program. He suggested that JHPIEGO might be in a position to assist Iran in the establishment of clinics.

Referring to a letter addressed to Dr. Gerald Winfield (A.I.D.) by Dr. Elton Kessel, Director, International Fertility Research Program (IFRP), Chapel Hill, North Carolina, criticizing current selection procedures, Dr. Jones expressed the view that the method of selecting participants in the upcoming Mexican ATMF courses might offer an alternative method of selection applicable to the overall ATMF program.

On the question of adding new cooperating institutions to the JHPIEGO program, Dr. Csapo expressed the view that this should not be done in the immediate future. He suggested that it would be preferable to review and evaluate the existing programs before additional ones are undertaken. In this connection Dr. Laufe pointed out that the current level of applications would not justify additional programs, adding that a situation should be avoided in which participating institutions would find themselves competing for fellows.

Dr. Jones stated that, while it would be inappropriate for PIEGO to solicit applications for ATMF courses, there was no reason why "announcements" concerning the program could not be placed in some of the more influential journals. Mentioned in this connection were Lancet, Journal of Obstetrics and Gynecology of the British Commonwealth, Journal of the Royal Society of Health.

Dr. Cutler offered to distribute PIEGO pamphlets to a number of organizations, e.g., the International Committee of AVS; the Pan American Health Organization; and WHO. He requested that 400 - 500 copies of the pamphlet be sent to him. Dr. Jones welcomed the offer

and assured him that the pamphlets would be forwarded to him.

Dr. Csapo reported that he had received a letter dated July 22, 1974 from Dr. Gordon T. M. Cummins of the Delaware Medical Center in Barbados asking whether he (Csapo) could give a two-week on-the-spot course in reproductive biology in December for seven full-time participants divided into two groups. The course would involve lectures plus OR and labor room training.

Dr. Jones pointed out that Barbados was a very low priority country and stated that he would be reluctant to proceed without A.I.D. approval. However, Dr. Jones agreed to convey to Dr. Edlefsen of A.I.D. the favorable consensus of the group that the course be approved.

A discussion ensued concerning the question of consultation fees to be paid to American and foreign physicians engaged in training visits. It was finally agreed that, in order to avoid invidious comparisons or apparent discriminatory treatment, "all formal consultants, whether American or foreign, should receive \$100.00 per diem". Residents participating in training visits should receive \$50.00.

Dr. Laufe stated that he believed it would be useful to have a session in Baltimore in order to achieve a rationalization of all of the ATMF programs.

Dr. Jones suggested that this could be done at the December 13 meeting since hopefully JHPIEGO would by then have a draft application form for use by Pittsburgh and St. Louis.

Dr. Csapo suggested that the next Selection Committee meeting be held in St. Louis the first week in February, 1975. This was agreed.

HBC:bf

9/17/74



Program for International Education  
in Gynecology and Obstetrics  
A Program of the JHPIEGO Corporation

Harry Woolf, Ph.D.  
President  
Howard W. Jones, Jr., M.D.  
Secretary General  
Henry S. Cox  
Administrator

Meeting of the  
JHPIEGO Council of Associates  
November 13, 1974  
Sheraton Inn of Baltimore

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2. Prospects for Establishment of New Centers or Supplemental Programs  
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3. Exploratory trip to Korea, Singapore and Indonesia by Drs. Jones, Randall and Edlefsen - Dr. Jones
4. PIEGO Directives for Donation of Equipment - Dr. Csapo
5. Implications for PIEGO of Laufe Experience - Dr. Laufe
6. Status of JHPIEGO Grant Award Application - Mr. Cox

HBC/jyc

Meetings of JHPIEGO Council of Associates  
March 13-14, 1975  
Washington University of St. Louis

(Note: The conclusions and decisions set forth below were approved by the Directors of the Centers.)

Thursday, March 13 - 9:00 to 10:00 a.m.

Principal Officers in Attendance: Dr. Howard W. Jones, Jr. (PIEGO); Dr. Clyde L. Randall (PIEGO); Dr. Theodore M. King (Johns Hopkins); Dr. John C. Cutler (University of Pittsburgh); Dr. Arpad I. Csapo (Washington University); Dr. Samir N. Hajj (American University of Beirut); Mr. Henry B. Cox (Secretary, COA); Dr. Gerald Winfield (AID/Washington).

1. The directors were informed by Dr. Howard W. Jones, Jr., Secretary General of JHPIEGO, that the possibility of organizing additional regional conferences would be explored. In this connection Dr. Harry Wolf, President of the JHPIEGO Corporation and Dr. Jones will visit Indonesia following the May 19-23 Korean conference with a view to exploring the possibilities of scheduling a Korean-type program in that country.
2. With reference to the training situation in the Philippines, it is probable that, due to the fact that the Government of the Philippines, more specifically, the Population Commission, has assumed a major role with respect to family planning activities in general and laparoscopic training in particular, no further applicants for ATMF courses will be accepted from the Philippines once those already selected have been trained.
3. With respect to future program planning, a Central American conference patterned after the special Mexican program will be held in September. In addition, a special conference involving gynecologists and obstetricians from Bolivia and Paraguay is a very real possibility. This conference will be scheduled for January 1976.
4. The results of the Mexican program were discussed in some detail and an evaluation made of the content of the course, the administrative arrangements, the social aspects of the program, etc. It was agreed that the Mexican program experience will serve as a useful guide in the planning and execution of future special programs.
5. A conference of Arab physicians will be held in Geneva in November with faculty participation from all three U. S. centers.

Thursday, March 13 - 3:00 to 5:00 p.m.

Principal Officers in Attendance: Dr. Howard W. Jones, Jr. (JHPIEGO); Ms. Charlotte G. Ellis (JHPIEGO); Dr. Clyde L. Randall (PIEGO); Dr. Theodore M. King (Johns Hopkins); Dr. John C. Cutler (University of Pittsburgh); Dr. Arpad I. Csapo (Washington University); Dr. Samir N. Hajj (American University of Beirut); Mr. Henry B. Cox (Secretary, COA); Dr. John Lesinski (Johns Hopkins);

Dr. Saroj Wadhwa (University of Pittsburgh); Dr. James Warren (Washington University); Dr. Ernst Friedrich (Washington University); Dr. Gerald Winfield and Dr. John Edlefsen (AID/Washington).

1. There was a thorough discussion of matters relating to the various ramifications of the ordering and provision of laparoscopic equipment. The following are the principal conclusions of the discussion:
  - a. Equipment recommendations made by Training Centers should certify as to the competence of the Fellow to use effectively, and safely the major equipment items. Taking into consideration such other factors as equipment already in place, country laws/policy, etc., relating to sterilization and abortion, the final equipment authorization will then be made by Dr. Jones.
  - b. The letter sent to the Fellows by the Centers should be phrased to indicate that the final equipment recommendation is dependent on factors other than competency to handle the equipment and be sufficiently imprecise regarding equipment to allow flexibility. Aspiration equipment should not be listed in the letter. It was also emphasized that those Fellows willing to buy equipment personally should be encouraged to do so.
  - c. PIEGO will draft a model letter to be used by all training centers as their standard with individualization as necessary. Copies of all letters issued must be sent to AID/Washington as well as the PIEGO Admissions Unit.
2. The Johns Hopkins Unit is considering switching entirely to the Yoon procedure. (October, 1974 will mark one full year of the Yoon procedure, 350 cases; October, 1975 will mark the first year's follow-up with no reported pregnancy; 600-800 cases have been done in Seoul and Manila.) While it was the consensus that the program will in the future switch to a non-cautery technique (Hulka clip or Yoon band), the decision as to which will be the primary method used cannot be determined at this point in time, due to both medical and mechanical problems with the instrumentation. It was noted that non-cautery equipment is much less expensive than a laparoscope.
3. Non-cautery equipment cannot be supplied to graduated Fellows until all the follow-up team consultants have gained expertise in the procedure. A transition period will be needed since we cannot suddenly switch completely to teaching and using a new method exclusively. The second and third Fellows from a given institution should be trained in the Yoon procedure, not the first Fellow. We should train 50-50 in cautery and non-cautery procedures. Preparatory to making the decisions relative to the timing and method to be used in the future, a one-day clinical meeting will be scheduled at Johns Hopkins Hospital by Dr. King with representative faculty from the other three U. S. Centers in attendance who are authorized to make a decision for their institutions. Following use of the equipment with at least 10 patients, a conclusion on the Yoon band will be made.
4. There is no present need to change the current specifications for heat laparoscopes.

5. The PIEGO Equipment Manager presented a summary of the present status of equipment, quantities estimated for F.Y. '76, and estimated cost list of falope-ring applicator system components for review by the training centers.
6. The effect of the Helms Amendment on the PIEGO program was reviewed. It was pointed out that it is internal AID policy, not the Helms Amendment per se that bars the purchase and distribution of suction equipment. Therefore, PIEGO cannot in the future purchase, nor can it deliver powered aspiration units for use in family planning procedures. The relevant language of the amendment is whether such equipment is for "family planning" or general medical use. The former is prohibited under the Amendment. Any specs drafted must, therefore, make clear that suction is designed for general medical use. The specs must be channeled through AID for approval. In the meantime, units already purchased may be sent but reference to suction units should be deleted from the training center equipment letter to avoid any misunderstanding.

Fellows can obtain menstrual regulation kits from IFRP. They must do this themselves. PIEGO cannot purchase them from Kessel for distribution.

7. There was a general agreement on the necessity and value of attending pre-departure briefings in Baltimore, at least the first time a team member is going to a particular country. It was asked that material on the current medical situation in the countries visited be added to briefing materials now being furnished. This material is presumably available from a number of government sources as well as from field training visit reports.
8. All agreed that it would be useful to provide a briefing in Baltimore for all newly appointed AID Population officers. Some preliminary groundwork to get those officers going through their orientation course in the near future to come to Hopkins for such a briefing has been laid by the AID Office of Population. It was suggested that at least 2-3 days of orientation, arranged in advance, would be needed. In this connection an up-dated description of the program, interpreted for non-medical personnel, is needed. Such a description could then be sent in a letter over Ravenholt's signature to all AID mission officers.

An airgram is to be circulated to all the AID missions which will include brochures relating to the PIEGO program and application forms.

9. With reference to the problem of occasional AID prohibitions on sending training visit teams to certain countries or last-minute cancellations of approvals for such visits, AID/Washington representatives indicated that it would continue to be necessary to clear on-site visits with affected American embassies through AID/Washington. It may become possible at some later date to shift to a procedure of notifying the embassies of planned visits, rather than obtaining their approval.

Friday, March 14 - 10:00 a.m. to Noon

Principal Officers in Attendance: Dr. Harry Wolf (JHPIEGO); Dr. Howard W. Jones, Jr. (JHPIEGO); Dr. Clyde L. Randall (PIEGO); Dr. Theodore M. King (Johns Hopkins); Dr. John C. Cutler (University of Pittsburgh); Dr. Arpad T. Csapo (Washington University); Dr. Samir N. Hajj (American University of Beirut); Mrs. Ann R. Wurzberger (Acting Secretary, COA); Dr. John Lesinski (Johns Hopkins); Dr. Saroj Wadhwa (University of Pittsburgh); Dr. Gerald Winfield (AID/Washington).

1. There was a general discussion of the concept of a broader educational effort by PIEGO and appropriate language to be used in the future to describe what is now referred to as the Contemporary Reproductive Biology Course, with a view to making the main message of PIEGO more acceptable to the OB/GYN community worldwide. The term "Reproductive Health" was finally agreed upon as the future course designation following development of the course content by the training center directors. Johns Hopkins Hospital (Dr. King) will develop a curriculum for this purpose.
2. A second PIEGO brochure will be designed for the broadened course. This brochure will be distributed initially along with the ATMF folder in order to build upon and broaden the current program. In the meantime, the present ATMF format and brochure will be maintained, but revised to include emphasis on the dual nature of the program (follow-up team visits an integral part of the experience) and a shift of emphasis from being a laparoscopic training course only.
3. The representative of the University of Pittsburgh indicated that Pittsburgh wished to confine its activities to the present ATMF course format and content.
4. The program for the Arab Conference will be circulated to the training center chiefs for comments and suggestions regarding participating faculty within the next two weeks. The program will be entirely academic and any clinical demonstrations will be through the use of audio-visual materials.
5. Plans for the Korean orientation conference (May 19-23) were briefly reviewed. Nine faculty members from the U. S. will participate in the didactic session with an equal number of Korean faculty, all of whom have been tentatively identified. Letters of invitation have been sent to the U. S. participants and their confirmations are being received. During the course of the next year, participants will receive three weeks of practical training at one of the five mini-centers in Seoul. The purpose of the May conference is to indicate PIEGO's interest and to provide orientation.
5. The next three agenda items were discussed together: Puerto Rico Grant Proposal; Puerto Rico and Costa Rica as Training Sites for Latin American Fellows; ATMF Course Content (Practical Training).
  - a. There was a brief discussion of the fact that, for a variety of reasons the three U. S. training centers face a lack of clinical

instruction material. This situation points up the discrepancy between what training the Fellow expects to receive from the brochure description, and what he actually receives during his period of training. It was agreed that the identification and development of foreign subsidiary clinical training centers such as Puerto Rico or Costa Rica, would do much to fulfill our obligation with respect to practical training. The program parts can be divided as follows: Didactic Instruction (U.S. centers); Instruction in Technical Procedures (U.S. centers + foreign clinical training centers); Practical Experiences In-Country (Follow-up teams - this must be emphasized in the brochure).

- b. The Puerto Rico proposal met with somewhat negative response. No final decision was made.
  - c. It was unanimously agreed that regional training was a very important aspect of the overall PIEGO/ATMF program and a conference with the directors of such area centers should be held in order to obtain a generalized statement of agreement. In the meantime, we should move rapidly on the utilization of Costa Rica by initiating correspondence with Dr. Prado at Hospital Mexico to confirm their willingness to participate.
  - d. Arrangements for additional clinical training would be made while the Fellow is in the U. S. training program. The option to support for 7-10 days of training would be picked up by the ATMF centers. If necessary, the Fellow could return home and take the training in Costa Rica at a later date.
7. A brief status report was presented on the past and projected activities of the Field Training Unit. With specific references to the Mexican program, PIEGO has fulfilled its obligation to Dr. Septien's group (administrators who had no expectation of receiving equipment). The equipment recommendations have been finalized for Dr. Castelazo's group, and it has been agreed that a conjoint follow-up training program will be held in one hospital for the four graduates in Mexico City. Those graduates in outlying areas will be visited by Mexican consultants. The final equipment authorizations have not yet been made for Dr. Alvarez' group, although the follow-up will in all likelihood follow the pattern established by Dr. Castelazo's group.

It was unanimously agreed that all funds for follow-up travel should be placed in a central fund, administered by JHPIEGO.

A discussion followed on per diem rates for faculty consultants and their inadequacy to meet actual expenses. It was pointed out that this was a problem only with full time faculty. The AID representative noted that consultants could perhaps be placed on an actual cost basis but the traveller would then be absolutely required to keep all receipts. A recommendation was made that it might be easier to raise the per diem on a sliding scale. The AID representative replied that these points could perhaps be negotiated in the new grant but a waiver would have to be obtained. It was agreed that an increase in the per diem would certainly contribute to a greater participation in field team trips by the full time faculty.

It was tentatively agreed that it might be useful for JHPIEGO to approach the ECFMG to explore the possibility of having PIEGO program registered under the special short course category simply as a legal vehicle. Although each State has its individual teaching mechanism, ECFMG recognition could be used as a "backup". In addition, it could be helpful to have a "special" ECFMG-type certificate issued for each Fellow. However, Dr. Cutler pointed out that due to the high level connections of the "R+C groups" it would perhaps be wiser to make the move in this direction. Dr. Woolf concurred to a degree, saying that he would make a general inquiry requesting only an administrative statement.

8. The objectives of the History and Evaluation Unit were reviewed: to provide justification for monies expended by the program; and to provide information to all Units.

The Unit has been working on the selection criteria and will move on to course content, and then the consequences of the graduate in the field, both use of equipment and their ability to perform procedures and disseminate information. The Unit must develop a means of measuring the consequences and sampling what happens in the field as it relates to the program.

The Unit will submit a report every 6 months on the status of the program. During the next 6 months they will be working on a review and development of forms; criteria for evaluation of training outcomes; coding data collected on Fellows; developing a follow-up questionnaire. Following this, the main objective would be towards analysis of the program inputs (what happens between inquiry, selection, attendance, graduation, return to field, etc.). Part of this would be the development of a sample and subsequent contact of these graduates.

There was a brief review of problems noted or anticipated by the History and Evaluation Unit in fulfilling its mission.

9. A suggestion was made that the Newsletter should contain material and information for AVS in addition to increased input from Fellows, and should have a wider distribution than at present (i.e., circulate outside immediate PIEGO family). Consideration should be given to combining the Newsletter and PIEGOpinion.
10. The next Selection Committee - COA Meeting will be scheduled as soon as the training schedule is finalized and the lead time established.

#### Friday Afternoon Joint Meeting

Mr. Lawrence Tanner of AID/Washington reported very briefly on the results of the morning meeting with the administrators, which he found very useful to all concerned.

Meetings of JHPIEGO Council of Associates  
March 13-14, 1975  
Attendance List

JHPIEGO

Dr. Harry Woolf  
President

Ms. Charlotte G. Ellis  
Assistant to the President

AID/WASHINGTON

Dr. Gerald Winfield  
Department of State

Dr. John Edlefsen  
Department of State

Mr. Lawrence Tanner  
Grant Officer

PIEGO

Dr. Howard W. Jones, Jr.  
Secretary General

Dr. Clyde L. Randall  
Director of Education

Dr. Hugh Davis  
Field Training Director

Dr. Paul E. White  
Director, History & Evaluation Unit

Dr. Margaret Bright  
Co-Director, History & Evaluation Unit

Mr. Henry B. Cox  
Administrator

Mrs. Ann R. Wurzberger  
Admissions Unit

Mr. Dale Clapper  
Equipment Unit

Ms. Barbara G. Logan  
Field Team Training Unit

Mrs. Alice Rajkay  
Budget Fiscal Officer

Mrs. Julia Kelley  
Education Unit

Mrs. Linda Fitzgerald  
Admissions Unit

AMERICAN UNIVERSITY OF BEIRUT

Dr. Samir N. Hajj  
Department of OB/GYN

Mr. William F. Rice  
Vice-President

HOPKINS

Dr. Theodore M. King  
Program Director

Dr. John Lesinski  
Project Administrator

Ms. Jean Duncan  
ATMF Coordinator

Mr. Richard Hufnail  
Director of Sponsored Research

PITTSBURGH

Dr. John C. Cutler  
Co-Director, ATMF Program

Dr. Saroj Wadwa  
Clinic Director, ATMF Program

Mrs. Peggy Gross

Ms. Nancy Kirkwood  
Research Accounting

ST. LOUIS

Dr. Arpad I. Csapo  
Program Director

Dr. James Warren  
Director, Department of OB/GYN

Dr. Ernst Friedrich  
ATMF Project Administrator

Dr. David Keller  
Department of OB/GYN

Dr. Linda S. Wilson, Assistant  
Vice-Chancellor of Financial Affairs

Ms. Magdalin M. Szabo  
Administrative Assistant

Ms. Wynne Stifel  
ATMF Coordinator

### 3. Admissions Unit

#### Selection of Candidates

As indicated in Section I, The Johns Hopkins University established in January, 1973, the Johns Hopkins International Project for Advanced Education in Gynecology and Obstetrics (JHIPAEGO) for the purpose of carrying out its responsibilities under planning grant AID/CM/pha-G-73-34. This grant included among its provisions support to the University to plan and organize an organization for international education in obstetrics and gynecology. Under Paragraph A.1 of the Program Description, the University indicated that it would undertake a program "to operate interim central Admissions and Testing, and Equipment Supply Units to service ATMF Training Centers already funded to operate at Johns Hopkins, Washington University, University of Pittsburgh and American University, Beirut.

With regard to Admissions, it was recognized that there was an immediate need for "a single system of admissions, acceptable to the Directors of four funded training Centers, designed to prevent duplication in acceptances [of candidates] and to make optimum use of all fellowship slots, and to take advantage of backlog of applications already built up at Johns Hopkins". With the effective date of the Grant AID/pha-G-1064, this Interim Admissions Unit formally became a permanent unit with the JHPIEGO Secretariat. As originally conceived, the Admissions Unit was designed to provide a focal point for the collection of information about each ATMF applicant, and to serve as the repository for all records and performance evaluations of all Fellows selected for ATMF training.

Physicians interested in ATMF training are informed of the program in many ways, such as: (1) through personal contact with ATMF graduates; (2) by reading reports on the ATMF program in such publications as Population Reports, International Medical Journals (where announcements concerning the JHPIEGO Program have been placed); (3) through contact with PIEGO Field Training Teams; (4) through contacts with other AID-funded organization, e.g., IPPF, IFRP, AVS; (5) through receipt of the ATMF brochure or viewing of the JHPIEGO Exhibit at international medical meetings; (6) by stimulating recruitment of applicants through our international contacts with the establishment leadership, through JHPIEGO sponsored International Conferences and special education programs for opinion makers.

Following initial inquiry by a physician, the Admissions Unit forwards a brochure, the individual and institutional application forms and instructions for their completion (See Appendices 1 and 2). Any applicants from the Arab world are referred to the American University of Beirut Educational Center.

When completed applications are returned, they are screened by the Admissions Officer in accordance with the criteria established for participation in the ATMF programs. Some basic criteria used in evaluating applications are:

- (1) Is the physician a trained obstetrician or gynecologist, or a skilled surgeon?
- (2) Is the physician involved in a clinical teaching program so that the advanced techniques for fertility management acquired can be taught to others?

- (3) Is the physician affiliated with a medical school and/or on the staff of a teaching hospital or clinic?
- (4) What is the patient flow in the hospital?
- (5) Is the physician head of, or involved with a family planning program or clinic?
- (6) Has the physician had prior training in fertility control? If so, where and when?

Candidates given a very low priority or placed on inactive status are: -

- (1) Physicians primarily engaged in private practice;
- (2) Physicians not affiliated with a medical school or teaching hospital so that there is not opportunity to train others;
- (3) Physicians who have very little surgical experience and are primarily administrators;
- (4) Physicians from an institution where two or three ATMF Fellows have already been trained;
- (5) Physicians who are nationals of countries which are regarded as low priority countries by the AID Office of Population.

Because there are different cultural and religious attitudes toward family planning in various countries, as well as differing medical practices, these factors must be taken into consideration during the processing of applications. In addition, current political situations and governmental attitudes towards family planning programs in the developing nations must be taken into consideration in the selection process. Continuing liaison with the JHPIEGO Project Manager in AID is maintained to ensure that JHPIEGO's information on these matters is current and reliable.

It is the responsibility of the Admissions Officer to convene periodic meetings of the Selection Committee which reviews and evaluates applications and assigns the accepted applicants to one of the four training centers. This Committee is chaired by the JHPIEGO Secretary General and is composed of the Directors of the four cooperating training centers or their designees. It also includes a representative of the AID Office of Population. While it was originally intended that the representative of AUB would function "by correspondence", this practice has been altered to provide for the attendance of the AUB representative at all Selection Committee meetings.

Since the inception of the Advanced Techniques for Management of Fertility program in November 1972, 325\* Fellows from 62 lesser developed countries have been trained in all of the ATMF Centers, through June, 1975. Of this total the largest number of Fellows trained, i.e., 208, have come from 13 countries in East Asia, including 119 who participated in the May 19-23, 1975 JHPIEGO/Korea program which is described later in this report. The next largest regional group, 109, was from 13 West Asian countries. Six (6) Central American countries and

11 islands in the West Indies have contributed a total of 56 trainees, with the largest single group consisting of 26 participants from Mexico. Of these, 18 attended the Special Mexican ATMF Program in January, 1975. Forty-nine (49) ATMF Fellows were from South American countries. Of this number, 20 were participants in a special on-site Bolivian program conducted by the Washington ATMF Training Center staff in June, 1974. Africa contributed the smallest number of Fellows trained, i.e., 22, from 11 countries, with the largest number coming from Nigeria. (See Appendix 3)

In FY '75, 168 Fellows were trained by the four ATMF centers, and of those, 121 were recommended to receive equipment necessary to practice the advanced techniques taught. Of the 325 Fellows trained since the ATMF program began, 231 (71%) have been recommended to receive equipment. The equipment evaluation is based not only on the Fellow's performance during the clinical aspects of the course, but also takes into account the individual physician's prior surgical training and experience. Another relevant factor in any equipment recommendation is the institutional affiliation of the Fellow, as well as his country's policies towards family planning programs and related clinical procedures.

A listing of all ATMF Fellows trained in FY '75 is provided in Appendix 4. The geographic distribution of all Fellows is shown in Appendix 5.

\*This does not include the 119 Korean Ob-Gyn specialists trained in the JHPIEGO/Korea Program which is described in Section II.B.

#### 4. Equipment Unit

##### General Organization and Functions

The PIEGO Equipment Unit is comprised of an Equipment Manager, an Assistant to the Equipment Manager, a Secretary and an Equipment Control Clerk.

The Equipment Unit is responsible for:

1. Establishing specifications for the items of equipment which are to be sent to the home institutions of the physicians who are trained at the four ATMF Training Centers and during some on-site training programs;
2. Developing contracts and making arrangements for the purchasing, warehousing, and shipment of all equipment sent to developing countries as designated by PIEGO;
3. Carrying out the above-mentioned functions for IP/AVS (International Project/Association for Voluntary Sterilization) and for other AID-funded programs;
4. Providing necessary spare parts or modernized components at either cost or no cost whichever in the judgement of PIEGO best achieves the purposes of the program;
5. Upon request from an organization, coordinating arrangements for training of their technicians by the supplier in the maintenance and repair of equipment.
6. Maintaining distribution logs on equipment and spare parts;
7. Arranging for the transfer of title to equipment donated by the JHPIEGO Corporation to the recipient institution.

##### Equipment Supplied by JHPIEGO

The following is a list of the equipment for which graduates of the Advanced Techniques for Management of Fertility Program (ATMF) may be evaluated:

Fertility Control Unit - originally a vertical model was supplied; more recently, a horizontal model has been supplied which is less cumbersome than the vertical model but retains all its capabilities. A picture of both is attached (See Appendix 6).

\*Vacuum Aspirator - (See Appendix 7.)

Aspiration Accessory Kit (Kit III) - Supplied with each Vacuum Aspirator - a description is attached (See Appendix 7.)

IUD Insertion Kit (Kit I) and Tubal Ligation Vaginal Approach Kit (Kit VI) - A description for each is attached (See Appendix 8).  
Kits I and VI were supplied to all Fellows as a Graduation Gift.

\*Purchased prior to enactment of the Helms Amendment.

Institutional Advanced Fertility Kit (Kit VII) - A description is attached (See Appendix 8). When the initial supply of Kits I and VI were exhausted, Kit VII became the Graduation Gift.

The decision as to what equipment each graduate of the ATMF Program is made in the following manner:

After the ATMF training is completed at one of the four PIEGO training centers, or in some instances on-site training in the developing country, the fellow trained is evaluated to receive all or a portion of the above-mentioned equipment. This evaluation is based on his performance and surgical skills. It is then reviewed by the PIEGO Secretary General who makes the final equipment authorization. The Equipment Unit then receives the equipment authorization and acts on it.

### EQUIPMENT SHIPPED AND ASSIGNED BUT NOT YET SHIPPED

In carrying out its responsibilities, during Fiscal Year 1974, the PIEGO Equipment Unit shipped a total of 80 laparoscopes, 71 vacuum aspirators, 70 aspiration accessory kits and 89 Medical Kits I and VI and Kit VII to the institutions of fellows who have been trained and evaluated to receive this equipment. (The total units shipped in Table II reflect equipment shipped for 43 fellows who were trained prior to Fiscal Year '75 as well as some who were trained during the fiscal year). Table I & II (attached) shows geographically where this equipment was shipped. Table III is a tabulation of Equipment Purchased, Shipped, Assigned and Unassigned.

Table IV (attached) shows equipment that has been "assigned but not yet shipped" through June 30, 1975. (The total assigned but not yet shipped includes equipment for fellows trained since September 1973 through June 30, 1974). Some of the reasons for the backlog of shipments are:

- a. Inability to make shipments even after notification of receipt of import licenses. (See Section IV.B. of Annual Report).
- b. Inability for certain countries to obtain import licenses within a reasonable period of time (for example, India and Colombia).
- c. Inability to secure vital spare parts due to shortage of raw materials.
- d. Necessity for the shipment of equipment to coincide with the scheduled follow-up training at the home institution of the fellow trained.
- e. Transfer of the fellow trained from one institution to another and the necessity to obtain proper paperwork from his new institution prior to shipment of equipment.

For a more detailed equipment report, see Appendix 12. This Attachment reflects totals for all equipment ordered and shipped since the PIEGO Equipment Unit began its operations in February 1974. It includes equipment ordered and shipped for PIEGO and other AID-funded programs as defined in Section H of the grant.

### EQUIPMENT BEING CONSIDERED FOR FUTURE USE

The following equipment is under consideration for possible future use:

Drainage Valculator - Specifications were presented to A.I.D. for this multi-use piece of equipment needed in any Ob-Gyn Operating Room whether a hospital or clinic.

Laparoscope - Converted to be compatible with Falope Ring<sup>TM</sup>.

Falope Ring<sup>TM</sup> Applicator - In foreseeing the possible future use of the Falope Ring<sup>TM</sup> Technique by AID-funded programs, the Equipment Unit undertook the task of maintaining distribution records and familiarizing itself with the mechanical and operational aspects of this equipment.

As requested by the JIPIEGO Secretary General, pertinent figures showing different costs systems for the Falope Ring™ equipment were worked up. (See Appendix 10.)

Suprapubic Female Sterilization Kit (Kit VIII) - Specifications for Kit VIII were developed, approved by AID, and put out on bid. A contract was awarded. This Medical Kit has already been purchased and distributed by several AID-funded programs. It is under consideration that in Fiscal Year 1976 Kit VIII will replace Kit VII as the Graduation Gift received by all participants of the ATMF Course.

#### SPARE PARTS RESPONSIBILITY

In accordance with the authorities contained under Section H of the Grant, the Equipment Unit administers a spare-parts program. Approximately 200 requests for spare/replacement parts have been made and been acted upon. (See Appendices 11, 12 and 13.)

TABLE I

## EQUIPMENT SHIPPED

SEPTEMBER 30, 1973 -- JUNE 30, 1974

REGION & COUNTRY	LAPAROSCOPE	VACUUM ASPIRATOR	ASPIRATION ACCESSORY KI.	GRADUATION GIFT (KITS I & VI and KIT VII)
CENTRAL AMERICA	<u>5</u>	5	5	2
Mexico	(1)			
Guatemala	(2)			
West Indies	(1)			
Netherlands Antilles	(1)			
SOUTH AMERICA	<u>7</u>	7	7	3
Bolivia	(3)			
Chile	(1)			
Peru	(2)			
Venezuela	(1)			
EAST ASIA	<u>11</u>	11	11	12
Korea	(1)			
Philippines	(10)			
WEST ASIA	<u>0</u>	3	3	0
TOTAL	23	26	26	17

TABLE II

## EQUIPMENT SHIPPED

JULY 1, 1974 - JUNE 30, 1975

REGION & COUNTRY	VACUUM LAPAROSCOPE	ASPIRATION ASPIRATOR	ACCESSORY KIT	GRADUATION GIFT (KITS I & VI and KIT VII)
AFRICA	<u>4</u>	3	3	4
Gambia	(2)			
Ghana	(1)			
Nigeria	(1)			
CENTRAL AMERICA	<u>17</u>	11	11	16
Mexico	(7)			
Guatemala	(1)			
Honduras	(1)			
Nicaragua	(1)			
West Indies	(7)			
SOUTH AMERICA	<u>4</u>	4	4	6
Chile	(2)			
Peru	(1)			
Guyana	(1)			
MIDDLE EAST	<u>1</u>	1	1	6
Egypt	(1)			
EAST ASIA	<u>22</u>	21	21	27
Indonesia	(3)			
Khmer Republic	(1)			
Malaysia	(5)			
New Guinea	(1)			
Singapore	(1)			
Taiwan	(3)			
Thailand	(6)			
Tonga Island	(1)			
S. Vietnam	(1)			
WEST ASIA	<u>32</u>	31	30	30
Afghanistan	(1)			
Bangladesh	(2)			
India	(17)			
Iran	(1)			
Pakistan	(7)			
Turkey	(4)			
TOTAL	80	71	70	89

TABLE III

EQUIPMENT PURCHASED, SHIPPED, ASSIGNED, & UNASSIGNED

SEPT. 1973 THROUGH JUNE 1975

	LAPAROSCOPE	VACUUM ASPIRATOR	ASPIRATION ACCESSORY KIT	GRADUATION GIFT (KITS I & VI AND KIT VII)
PURCHASED	249	150	150	374
SHIPPED	103	97	96	106
ASSIGNED	88	53 <sup>1</sup>	54 <sup>2</sup>	127
UNASSIGNED	58	0	0	141

1. To meet our needs for graduates through June 30, 1975, we need 15 additional vacuum aspirators which we do not have in stock.
2. To meet our needs for graduates through June 30, 1975, we need 14 additional aspiration accessory kits which we do not have in stock.

TABLE IV

## EQUIPMENT ASSIGNED BUT NOT YET SHIPPED

SEPT. 1973 - JULY 1975

REGION & COUNTRY	LAPAROSCOPE	VACUUM ASPIRATOR	ASPIRATION ACCESSORY KIT	GRADUATION GIFT (KITS I & VI and KIT VII)
AFRICA	<u>7</u>	4	4	7
Kenya	(1)			
Nigeria	(1)			
Sudan	(3)			
Tanzania	(1)			
Liberia	(1)			
CENTRAL AMERICA	<u>9</u>	10	10	24
Mexico	(9)			
Netherland Antilles	(1)			
SOUTH AMERICA	<u>11</u>	8	8	27
Bolivia	(2)			
Brazil	(4)			
Colombia	(3)			
Ecuador	(1)			
Venezuela	(1)			
MIDDLE EAST	<u>8</u>	7	7	10
Egypt	(5)			
Jordan	(1)			
Lebanon	(1)			
Saudi Arabia	(1)			
EAST ASIA	<u>23</u>	11	11	24
Korea	(4)			
Malaysia	(3)			
Philippines	(9)			
Taiwan	(1)			
Thailand	(6)			
WEST ASIA	<u>30</u>	27	27	35
India	(25)			
Iran	(1)			
Pakistan	(4)			
TOTAL	88	68	68	127

N.B. This table represents total equipment assigned, that is, that which we have purchased and items we do not have on hand for those trained through June 1974.

## 5. Field Training of ATMF Graduates

From the inception of the ATMF courses the field training of trainees has played a key role. The ATMF program has three phases: (1) didactic training at one of the three Stateside education centers; (2) clinical observation of laparoscopic procedures and operating experience at the U.S. Center and/or a regional training center; and (3) practical clinical training at the home institutions (hospitals or clinics) of the ATMF graduates to ensure that they are prepared to apply effectively the knowledge and skills they have acquired in the milieu in which they will normally be operating, and follow-up visits to keep graduates abreast of new knowledge and techniques in the field of fertility management and to check on their progress in sharing their knowledge and newly acquired skills with fellow physicians.

The Field Training phase is essential from the point of view of safeguarding the patients from inept surgical procedures and increasing the probability that the ATMF training has the desired multiplier effect. While each of the cooperating educational centers has been responsible for the field training of its own graduates, it has been standard operating procedure for training teams sent out by a given center to visit and train not only its own graduates but those of other centers located in the same geographic area.

It became clear from the beginning of the ATMF programs that it would be both necessary and desirable for field training visits to be coordinated. This resulted in the establishment of a field training unit within the JHPIEGO Secretariat.

It might be noted that each of the cooperating training centers had its own budget to cover the costs of the field training of its graduates during the period in which each was funded directly by A.I.D. Funds for these costs were not included in the subgrants made by JHPIEGO to the Centers in May and June 1975. These costs are to be paid directly by JHPIEGO and funds are needed for this purpose.

To supplement, under use conditions, the clinical laparoscopic training which Fellows receive during the ATMF course a team of two consulting laparoscopic surgeons or one laparoscopic surgeon and one nurse/technician is dispatched to the host institution for the purpose of training the ATMF graduate further in the operative laparoscopic techniques so that he or she can train other staff surgeons in these procedures.

Prior to the field training visit agreement is reached with the host institution that PIEGO will provide laparoscopic equipment and the team of consultants to conduct the training, with the understanding that the institutions will meet the following criteria:

1. Specific operative training experience should be restricted to no more than two gynecological surgeons, including the ATMF graduate(s) affiliated with the institutions.
2. A minimum of fifteen patients per surgeon will be available for the training.
3. They will provide those instruments used in gynecological surgery such as vaginal retractors, cervical tenacula and minor surgical instruments.
4. They will provide local anesthesia such as demerol, valium, lidocaine or their comparatives.
5. An operating room appropriate to teach gynecological surgery will be available for the 3 or 4 days during the team's visit.
6. A supply of CO<sub>2</sub> or comparable gas will be available.
7. A supply of cold sterilization solution (preferably 10% formulin) will be furnished for the instruments.
8. A slide projector will be available for use by the consultants during their lectures and slide presentations on laparoscopy.

(See Appendix 14 for logistical lists sent to institutions.)

On return from the field, the consultants submit a completed Field Training report form to PIEGO pertaining to the competency of the physicians trained in laparoscopy and his potential as a trainer of other surgeons in his medical institutions. (See Appendix 15 for report form.) If the training has been unsuccessful due to the failure of the institution to meet the above criteria, specifically items one and two, the consultants are authorized to return the laparoscopic equipment to PIEGO. Consultants are encouraged to provide comments on any matters not specifically covered in the reporting form. Following field training visits, trainees are sent a report form to be completed and returned to PIEGO. (See Appendix 16.)

Since April, 1972, a total of 159 physicians in 65 countries have received training visits from teams of consultants under the direction first of ISTP and then of PIEGO.

In FY 1972, 3 countries were visited in which three clinics were established and three doctors were trained. Two countries were in Southeast Asia: Nepal and Thailand. One country in South America: El Salvador.

In FY 1973, 14 countries received field visits in which 19 clinics were established and 25 physicians were trained. Four countries were in Southeast Asia: Malaysia, Korea, Taiwan and The Philippines. Three countries were in West Asia: India, Iran and Pakistan. Four countries were in South America: Ecuador, Costa Rica, Peru and Colombia. Three countries were in Central America/West Indies: Puerto Rico, Panama and Jamaica.

In FY 1974, 19 countries were visited in which 41 clinics were established and 61 physicians were trained. Six countries were in Southeast Asia: Korea, Indonesia, Philippines, Malaysia, Thailand and Nepal. Three countries in Near East/West Asia: Turkey, India, Jordan. Five countries in South America: Ecuador, Chile, Colombia, Peru and Bolivia. Five countries in Central America/West Indies: Curacao, Honduras, Mexico, Trinidad and Jamaica.

In FY 1975, 30 countries were visited in which 52 clinics were established and 70 physicians were trained. Eight countries were in Southeast Asia: Malaysia, Thailand, Taiwan, New Guinea, Singapore, Indonesia, Khmer Republic and Vietnam. Seven countries in Near East/West Asia: Turkey, India, Egypt, Bangladesh, Afghanistan, Iran and Pakistan. Three countries in South America: Guyana, Peru and Bolivia. Eight countries in Central America/West Indies: Guatemala, Honduras, Nicaragua, Barbados, Grenada, St. Lucia, Antigua and St. Kitts. Three countries in Africa: Gambia, Nigeria and Ghana.

(See Appendices 17 & 18 for detailed statistics and geographic distribution graphs.)

(See Appendix 19 for list of clinics established in FY 1975.)

The backlog of Fellows to be trained by PIEGO Field Training consultants is as follows: FY 1972: 1; FY 1973: 10; and, FY 1974: 38. The reasons for the delay in carrying out training visits are principally due to:

1. The problems encountered in the obtaining of import licenses for the receipt of equipment by the ATMF graduates from India.
2. Political situations overseas resulting in A.I.D. withholding of permission to ship equipment or send field teams to certain countries, e.g., Thailand, the Philippines, Chile, Brazil. (See Section IV, B.)

In several instances ATMF graduates have changed institutions or moved to other countries, and explicit information relative to their location or institutional affiliations has been unattainable. The 10 graduates in the Indian area who have now received import licenses and to whom equipment has been shipped will receive field visits beginning October 1974.

For FY 1975 there are 47 ATMF graduates who are eligible to receive laparoscopic equipment and field visits. Of the 47, 7 are from India; 7 are

from the Philippines; 5 from Thailand; and 14 from the Central or South American countries in which we are confronted with governmental prohibitions.

JHPIEGO intentions for FY 1976 are to:

1. Complete field training obligations to those graduates not yet visited in those countries in which we are permitted entry and in which the graduates can be located. (See Appendix 20)
2. Develop in-country consultants who will be joined by one United States consultant, where necessary, for the purpose of field training other surgeons in the same or nearby countries.
3. Try to find means to complete the training of ATMF graduates from the problem countries and thereby fulfill PIEGO's commitment for the total training of the graduates.

#### 6a. ATMF Training Course in Barbados.

During the period January - December, 1974, the staff of the Washington University ATMF Educational Center conducted 10 advanced courses in gynecology and obstetrics for physicians from LDCs. Among these courses was one on-site course conducted at the Queen Elizabeth Hospital of Bridgetown, Barbados.

The special Barbados course, which was considered as one of a series of ATMF training courses conducted by the Washington University Training Center during FY '75, was held December 2-14 and was attended by 16 gynecologists from Barbados and neighboring island in the West Indies. In addition to Barbados, participating physicians came from Antigua, Aruba, Curacao, the Dominican Republic, Grenada, Guyana, Haiti, St. Kitts and St. Lucia. The teaching staff consisted of eight members of the Department of Obstetrics and Gynecology of the Washington University School of Medicine. A. I. Csapo, M.D., Ph.D., Director of the ATMF Center and Professor of Obstetrics and Gynecology, organized and directed the training.

During 10 clinical sessions of 5 hours duration, a total of 39 procedures was performed, and 20 academic lectures were presented, followed by discussion sessions. Equipment kits were provided by JHPIEGO for use by the course participants.

For a complete report on the Barbados training course see Appendix 21.

## 6b. Mexico

In December 1974, the Council of Associates approved development of a program designed for gynecologists-obstetricians from Latin America, specifically Mexico, where the laws had recently been changed to allow contraception. The possibility of mounting such a course was explored with physicians in key positions in the University and Social Security systems, as well as the Ministry of Health. (See following correspondence.) Their response was enthusiastic, and planning of the program commenced, with considerable input from the Mexican professors as to the interests and needs of the profession in their country.

As finally designed, the "Contemporary Reproductive Biology" program consisted of a week of didactic sessions followed by a week of clinical training. Two courses were conducted for two groups of 9 physicians per course who were identified by the respective directors of the aforementioned health-care systems. Each didactic week was hosted by one ATMF educational center; the clinical experience was shared by all 3 ATMF centers, each training a group of 3 physicians during the program's second and fourth weeks.

This special educational program was held in January 1975 in lieu of a regular ATMF course. The didactic weeks were hosted by the Johns Hopkins and Pittsburgh centers respectively. A schedule and description of lectures given, in Spanish, during the first didactic week (hosted by the Johns Hopkins Center), and a schedule of clinical activities, follows.

At the completion of each course, the participants were evaluated with regard to their eligibility to receive fertility management equipment, with the exception of that group of trainees selected by Dr. Septien, Director of Maternal and Child Health in the Ministry of Health. This was not done, at his request.

Preliminary arrangements for field training of the graduates in Mexico by a PIEGO team of consultants were also initiated at this time. The visit was to coincide with the delivery of equipment in late July 1975. However, PIEGO was officially informed in late June 1975 that due to recent political developments in Mexico, clearance would not be granted by the U.S. Embassy in Mexico for the shipment of equipment and the entry of training teams into Mexico at that time. A copy of the letter reflecting the Embassy's position from Dr. Gerald Winfield, Chief of the Manpower and Institutions Division of the AID Office of Population, to Dr. Harry Woolf, President of JHPIEGO Corporation, is attached. Thus, PIEGO was unable to fulfill its commitments for the final phase of this educational program.

(For a detailed discussion concerning the conception and implementation of the Special Mexican Program, see Appendix 22).



Johns Hopkins International Project for Advanced Education in Gynecology and Obstetrics

Harry Woolf, Ph.D.  
Project Director  
and Provost of the University

December 12, 1973

Howard W. Jones, Jr., M.D.  
Chairman  
Advisory Committee  
and Professor of Gynecology  
and Obstetrics

Dr. Victor Ruiz-Velasco  
Hospital de Gineco-Obstetricia Num. 3  
Calzada Vallejo y Zaachila  
Mexico 15, D.F.

Dear Dr. Ruiz-Velasco:

I wish to acknowledge your letter of November 27th, 1973 in response to mine to you about the course in Advanced Techniques for Management of Fertility. Under separate cover, I am sending to you some Individual and Institutional Application forms for this particular course.

During our conversation in Mexico, I think I told you that we were considering establishing a course that would be designed especially for our Latin American friends, particularly those in Mexico, which would differ from our present course in advanced techniques in that it would de-emphasize termination of pregnancy and would include basic information about fertility management including contraception, clinical organization and a certain amount of demography. It seemed, from our discussions in Mexico, that such a course, as just described, would be more useful than the present course in Advanced Techniques of Fertility Management.

I think this latter course can be organized for October and November of 1974 and would probably be held at the University of Pittsburgh where they have particularly good facilities for the public health aspect of the course, together with the capability of giving it in Spanish, or having it simultaneously translated. The purpose of my letter to you at this time is to inquire of the real interest in such a course, and to find out from you what the reasonable expectation would be of enrollment of individuals from your hospital and, indeed, from other hospitals in Mexico, both in Mexico City and elsewhere. If there seems to be a reasonable demand for such a course, we can, indeed, organize it in the proper fashion.

It would be anticipated that the course would be tuition free, and it would be possible to supply scholarships for a certain number of "fellows", if this seemed to be necessary. I would value your comments about the latter necessity.

I hope that you will give this your earnest consideration and let me have your best thoughts in the very near future.

With best wishes, I am

Sincerely yours,

HWJ:kf

Howard W. Jones, Jr., M.D.



Johns Hopkins International Project for Advanced Education in Gynecology and Obstetrics

Harry Woolf, Ph.D.  
Project Director  
and Provost of the University

December 12, 1973

Howard W. Jones, Jr., M.D.  
Chairman  
Advisory Committee  
and Professor of Gynecology  
and Obstetrics

Dr. Alfonso Alvarez Bravo  
Seforles 343  
Mexico 5, D.F.

Dear Alfonso:

At the delightful luncheon which you were so good to arrange on the trip to Mexico I made with Hugh Davis some weeks ago, we discussed the possibility of organizing a course under the aegis of JHIPAEGO, which would be especially oriented to our Latin American friends, particularly those in Mexico, where the law has recently been changed to allow contraception which previously, of course, was not in vogue.

I think it would be entirely possible for us to have a course under the aegis of JHIPAEGO probably held at the University of Pittsburgh, and this course would be given in Spanish or with simultaneous translation. The course content would concern itself with advanced techniques in fertility management, but would differ from the present course which addresses itself to sterilization and abortion. The new course would concern itself with the basic considerations for contraception, including the physiology of menstruation and the influence on this of oral contraceptives. It would concern itself with techniques and application of various types of mechanical contraception and would concern itself with the demographic implications of the present population situation. Of course, it would also at least expose the individual to the available techniques for sterilization and the treatment of incomplete abortion.

I do not know what the interest would be of faculty members in your department at the University of Mexico in attending such a course, but it would be very useful in the planning of this course if you could express an opinion about its possible application and appeal.

The plan is to have this course in October, and possibly repeated in November, if the demand is great enough. It would be from 4 to 6 weeks in length. It would be tuition free, and there probably would be available some scholarships for some of the "fellows", if this should prove to be useful.

Dr. Alfonso Alvarez Bravo

December 12, 1973

I have written to Dr. Luis Castelazo Ayala to let him know about this, as the Social Security system may also have some interest in such a course. I would be grateful to you, if you could let me have your reaction to the organization of this course and, if you think it is a useful and feasible procedure, it would be very nice to have your input with regard to a practical length of the course, the necessity for scholarship assistance and any other things that you think would be appropriate.

I would like to take this opportunity to express to you our very best wishes for the holiday season and the coming New Year and to say that Georgeanna joins with me in wishing you and Amada the best of everything.

With kindest regards, I am

Sincerely yours,

HWJ:kf

Howard W. Jones, Jr., M.D.



Johns Hopkins International Project for Advanced Education in Gynecology and Obstetrics

Harry Woolf, F.H.D.  
Project Director  
and Provost of the University

December 12, 1973

Howard W. Jones, Jr., M.D.  
Chairman  
Advisory Committee  
and Professor of Gynecology  
and Obstetrics

Dr. Luis Castelazo Ayala  
Av. de Los Andes 320  
Mexico 10, D.F.

Dear Luis:

Following our conversations in Mexico concerning the overall objectives of JHIPAEGO, I mailed to you a few folders on the course currently being given under the aegis of JHIPAEGO called Advanced Techniques in the Management of Fertility.

At that time, we discussed the possibility of another type of course that might be more suitable for our Latin American friends, particularly those from Mexico. This matter has been discussed by all concerned, and I think that it is entirely feasible that such a course could be provided. Indeed, we are going ahead with plans for such a course for October and November 1974.

This course would differ from the current course in advanced techniques in that it would de-emphasize those things that are not suitable in Latin America, such as abortion, and would include a good bit more material on demography, clinic organization for fertility management, contraceptive techniques, physiology of menstruation and how it was disrupted by oral contraceptives, and such basic matter.

The current thinking is that this course might be at the University of Pittsburgh where the School of Hygiene is particularly strong in Latin American matters and where the course would be given either in Spanish or where there would be simultaneous translation. This course would be tuition free, and, if appropriate, we probably could arrange for some scholarships that would cover the basic costs of the "Fellow". The present thinking is that such a course would be six weeks in length, although it is possible that the material could be compressed into four weeks.

It would greatly help us in our thinking about organizing this course, if you could let me know whether you thought there would be general interest from physicians in your organization in attending such a course and, if so, what numbers of physicians would, indeed, be interested. We would greatly value your view about the necessity for providing some scholarship aid for at least some of the Fellows, and we would also value any other general thoughts you had about the organization of such a program.

Dr. Luis Castelazo Ayala  
Av. de Los Andes 320  
Mexico 10, D.F.

December 12, 1973

As considerable lead time in establishing this course would be necessary, I hope that you will have the opportunity to give this matter your consideration in the not too distant future.

With my very kindest personal regards and greetings of the season, I am

Sincerely yours,

Howard W. Jones, Jr., M.D.

## MEXICAN EDUCATION PROGRAM-SCHEDULE AND DESCRIPTION OF LECTURES

Monday, January 6, 1975

8:30 - 9:30 a.m. - Introductory Remarks - Dr. King (English)

Orientation - Dr. Lesinski (English) and Dr. Arthes (Spanish)

9:30 - 9:45 a.m. - Demography I - Dr. Arthes (Spanish)

The main objective of the first lecture in demography is to familiarize the physicians with the basic concepts, and terminology used in this field. Birthrate, death rate, total fertility rate and doubling time will be discussed and explained in a simple manner trying to avoid the mathematical part as much as possible. The reasons for the population explosion will be included. Through this lecture the physician will get a clear understanding of how and why the population is exploding.

9:45 - 10:00 a.m. - Questions and answers

10:00 - 10:15 a.m. - Coffee break

10:15 - 11:00 a.m. - Demography II - Dr. Arthes (Spanish)

The second lecture deals mainly with the results that should be expected from the population explosion. The lecture deals with food production in spite of the Green Revolution, the effect of health and medical manpower on education and other aspects. Each factor will be explained in relationship to the working force and industrialization. It will include the problem of the migration from rural areas to the city, the impact on urbanization and other problems. Population factors in relation to national planning will also be discussed.

11:00 - 11:15 a.m. - Questions and answers

11:15 - 12:00 p.m. - Film presentation - "Countdown to Collision"

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12:00 - 2:00 p.m. - Lunch

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2:00 - 2:45 p.m. - Survey of Contraceptives in Use Today - Dr. Hugh J. Davis (Spanish)

The topic will be discussed in two parts. Part one will deal with oral contraceptives and injectables. Part two with intrauterine devices, chemical and mechanical barriers. The materials presented will include the experience to date with each of these, the extent of use and the degree of use effectiveness in the world. Also, factors in selection of contraceptives, actual prescription of these, and utilization of physicians, midwives and nurse-practitioners and eventually other type of personnel, will be the subject of the discussion, as well as their associated complications and future development.

2:45 - 3:00 p.m. - Coffee break

3:00 - 3:45 p.m. - Lecture continued

3:45 - 4:00 p.m. - Questions and answers

(2)

4:00 - 5:00 p.m. - Film presentation - "Insertion and Removal of IUD"  
"Embarazo No Deseado"  
"La Sortija De Compromiso"

Tuesday, January 7, 1975

8:30 - 9:15 a.m. - Family Planning, Program Organization, Operation, Evaluation -  
Dr. Cutler (Spanish)

This lecture again will be presented in two parts. Part one will include considerations of the concepts of a program for family planning based on maternal and child health services, and of a program related to other health services programs. Pros and cons of both concepts will be discussed. Part two will include the discussion of the following: Manpower, physical facilities both for family planning and for infertility management, training facilities, transport, supply and equipment, as well as economic relevance of the program. Strong emphasis will be put on the evaluation of family planning programs with respect to both: a) The ability of the organization as planned to deliver the specified services; b) The results of the operation in terms of health improvement (mortality and morbidity), family planning acceptance and continuation, fertility changes and the cost-benefit results.

9:15 - 9:30 a.m. - Questions and answers

9:30 - 9:45 a.m. - Coffee break

9:45 - 11:45 a.m. - Lecture continued

11:45 - 12:00 p.m. - Questions and answers

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12:00 - 2:00 p.m. - Lunch

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2:00 - 2:45 p.m. - The Endocrinology of Reproduction - Dr. Georgeanna S. Jones  
(English)

Problems will be discussed which are related to the neuro-endocrine regulation of fertility and recent method of diagnosis and treatment of insufficient or defective fertility. This will constitute the general canvas for understanding of some mechanisms of contraception in the discussion which will follow.

2:45 - 3:00 p.m. - Questions and answers

3:00 - 3:15 p.m. - Coffee break

3:15 - 4:00 p.m. - Surgical Aspects of Infertility - Dr. Howard W. Jones, Jr.  
(English)

Topics of surgical treatment of infertility will be discussed, such as endometriosis, fallopian tube occlusion, polycystic ovaries, congenital abnormalities of the uterus, uterine myomas, cervical incompetence, etc. Some aspects of surgical techniques and the obtained results will be considered.

Film presentation - "Cornual Implantation of Fallopian Tubes"  
"Reconstruction of the Fimbriae"

(3)

4:00 - 4:45 p.m. - Pathological Aspects of Infertility - Dr. Rafael Garcia-Burnuel  
(Spanish)

Pathological aspects of infertility will present a review of pathology causing reproductive failures.

4:45 - 5:00 p.m. - Questions and answers

Wednesday, January 8, 1975

8:30 - 9:15 a.m. - Family Planning Program Development - Dr. R. T. Ravenholt - (English)

9:15 - 9:30 a.m. - Questions and answers

9:30 - 9:45 a.m. - Coffee break

9:45 - 10:30 a.m. - Comprehensive Genetic Health - Dr. Edmond A. Murphy (Spanish)

In times of planned family, increasing attention should be paid to the quality of progeny. Different approaches will be discussed related to the comprehensive, complete and continuous care of reproductive efficiency of male and female with the use of modern technology and advanced knowledge. Preconceptional, antenatal, natal and interconceptional approach will be presented with discussion of prenatal diagnosis and genetic counseling.

10:30 - 10:45 a.m. - Questions and answers

10:45 - 11:00 a.m. - Film presentation: "Heredity and Birth Defects"  
"Prenatal Diagnosis by Amniocentesis"

11:00 - 11:45 a.m. - Epidemiology and the Use of Contraceptives - Dr. Federico Arthes  
(Spanish)

The main purpose of this lecture is to familiarize the physicians with the type of studies which are used in this problem. A brief description will be given of studies in oral contraceptives thromboembolism, breast cancer and cervical cancer. This will acquaint them with this type of research. Ongoing research programs will be presented for discussion. The need for proper and systematic data collection will be stressed.

11:45 - 12:00 p.m. - Questions and answers

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12:00 - 2:00 p.m. - Lunch

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2:00 - 2:45 p.m. - Management of the Incomplete Abortion - Dr. Lonnie S. Burnett (English)

This is, of course, a major problem in any country and particularly in that in which there are restrictive abortion laws. The use of blood and antibiotics will be discussed as well as the timing of the evacuation of the uterus.

2:45 - 3:00 p.m. - Questions and answers

3:00 - 3:15 p.m. - Coffee break

3:15 - 4:00 p.m. - Menstrual Regulation - Dr. Lonnie S. Burnett - (English)

This lecture will emphasize the great importance and role of menstrual regulation equipment in the management of the incomplete abortion, and in some areas of the world management of fertility also because of its reduced cost. Menstrual regulation will be looked upon as an adjunct to the recruitment of patients for family planning services.

4:00 - 4:15 p.m. - Questions and answers

4:15 - 5:00 p.m. - Film presentation: "The Missed Period"  
"Uterine Aspiration"  
"Menstrual Induction"  
"First Trimester Abortion"

Thursday, January 9, 1975

8:30 - 9:15 a.m. - Health Impact of Family Planning - Dr. John Lesinski (English)

This lecture will be devoted to an examination of both national and international health consequences of human reproduction which will address itself to the question: What health hazards can arise from too many, too frequent, poorly timed, and unwanted pregnancies? Individual and community aspects for the impact of family planning will be presented.

9:15 - 9:30 a.m. - Questions and answers

9:30 - 9:45 a.m. - Coffee break

9:45 - 10:30 a.m. - Current Status of Venereal Disease - Dr. Federico Arthes (Spanish)

This lecture is thought to be important because the family planning clinic has become one of the main weapons in detecting this asymptomatic patient. The importance of the systematic survey of women in family planning clinics will be discussed and epidemiology, distribution, and clinical features of gonorrhea and syphilis will be presented, emphasizing the problems in diagnosis, culture medium and the detection of the symptomatic patient and the provision of treatment. Statistical data will be presented and a brief discussion of future needs, including prophylaxis, will follow.

10:30 - 10:45 a.m. - Questions and answers

10:45 - 11:45 a.m. - Experience with Laparoscopy in Guadalajara - Dr. Luis C. Uribe-Ramirez (Spanish)

Dr. Uribe has been a fellow and trained with a group in ATMF. He will share his experience with laparoscopy in Guadalajara.

11:45 - 12:00 p.m. - Questions and answers

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12:00 - 2:00 p.m. - Lunch

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2:00 - 2:45 p.m. - Voluntary Sterilization of Males and Females - Dr. Godofredo Herzog

This lecture will discuss voluntary sterilization. The subject will be presented in two parts, of which the first will be a general survey of all methods available for sterilization of males and females; part two will bring the discussion of particular methods like: vasectomy, postpartum tubal ligation, laparoscopy, including both cauterization and clip approach, as well as the silastic band approach. Colpotomy, mini-laparotomy, culdoscopic and transuterine procedures will also be presented.

2:45 - 3:00 p.m. - Questions and answers

3:00 - 3:15 p.m. - Coffee break

3:15 - 5:00 p.m. - Film presentation - "Vasectomy Techniques"  
 "Colpotomy"  
 "Esterilization Culdoscopy"  
 "Mini-Laparotomy"  
 "Technique of Laparoscopic Sterilization"

Friday, January 10, 1975

8:30 - 9:15 a.m. - High Risk Concept in Maternity Care: Clinical Considerations -  
 Dr. John W. C. Johnson, Jr. - (English)

9:15 - 9:30 a.m. - Questions and answers

9:30 - 9:45 a.m. - Coffee break

9:45 - 10:30 a.m. - High Risk Concept in Maternity Care: Public Health Considerations -  
 Dr. Lesinski (English)

This lecture will include discussion of the first priority in obstetrics at the present and perhaps in the future. Clinical and public health aspects of high risk pregnancy will be presented. The magnitude of the problem will be shown, consequences of high risk pregnancy to the mother, the child and the family will be discussed as well as the criteria for high risk identification and high risk screening systems. Logic for separation of women into high risk groups will be mentioned and discussed, along with such problems as setting priorities, allocating resources (human, physical, economic), planning community based programs, assessing accomplishments, etc. Special attention will be given to the prevention of high risk pregnancy.

10:30 - 10:45 a.m. - Questions and answers

10:45 - 12:00 p.m. - Film presentation: "Hacio Un Futuro Mejor"  
 "Speak They Are Listeining"

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12:00 - 2:00 p.m. - Lunch

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2:00 - 2:45 p.m. - World and U. S. Experience with Elective Abortion - Dr. Theodore King - (English)

This will be a presentation of methods available for pregnancy termination during first and/or second trimester of its duration. Suction, curettage, utlilation prostaglandins (vaginal, extra-ovular and intra-amniotic administration), saline and urea will be discussed. Design and implications of abortion studies; data

(6)

collection and interpretation will be briefly presented.

2:00 - 3:00 p.m. - Questions and answers

3:00 - 3:15 p.m. - Coffee break

3:15 - 4:00 p.m. - Lecture continued

4:00 - 4:15 p.m. - Questions and answers

4:15 - 5:00 p.m. - Film presentation: "Second Trimester Abortion"  
"Prosta glandins: Tomorrow's Physiology?"

Saturday, January 11, 1975

9:00 - 10:00 a.m. - Grand Rounds in the Department of Gyn/Ob for all of the course participants.

10:00 a.m. - The trainees who will stay at Hopkins for the second week of practical training, Dr. Ramiro Beltran-Suarez, Dr. Roberto Ruiz-Lopez and Dr. Efrain Vazquez will meet in Room 117 Pathology Building for the lecture - Introduction to Laparoscopy - Dr. Ronald Burkman - (English)

There will be a simultaneous interpretation given in Spanish for those lectures which are given in English.

DR. RAMIRO BELTRAN-SUAREZ  
 - DR. ROBERTO RUIZ-LOREZ  
 - DR. EFRAIN VAZQUEZ

JANUARY 1975

MONDAY - 16	TUESDAY - 14	WEDNESDAY - 15	THURSDAY - 16	FRIDAY - 17
<p><u>a.m.</u></p> <p>7:45 OBSERVATION OF GYN PROCEDURES (GYN OPERATING ROOM, 6TH FLOOR)</p> <p>8:30 FERTILITY CONTROL CLINIC (ROOM 101)</p> <p>7:30 FERTILITY CONTROL UNIT (3RD FLOOR, B-SIDE)</p>	<p><u>a.m.</u></p> <p>7:45 ABC - LAPAROSCOPY DR. IN BAE YOON, INSTRUCTOR (GYN OPERATING ROOM, 6TH FLOOR)</p>	<p><u>a.m.</u></p> <p>7:45 ABC - LAPAROSCOPY DR. IN BAE YOON, INSTRUCTOR (GYN OPERATING ROOM, 6TH FLOOR)</p>	<p><u>a.m.</u></p> <p>7:45 ABC - LAPAROSCOPY DR. IN BAE YOON, INSTRUCTOR (GYN OPERATING ROOM, 6TH FLOOR)</p>	<p><u>a.m.</u></p> <p>8:30 A - FERTILITY CONTROL CLINIC (RM 101)</p> <p>7:45 B - OBSERVATION OF GYN PROCEDURES (6TH FLOOR)</p> <p>7:30 C - FERTILITY CONTROL UNIT (3RD FLOOR)</p>
<p><u>p.m.</u></p> <p>1:00 ADOLESCENT CLINIC (OBSTETRICAL CLINIC, 3RD FLOOR, DISPENSARY BLDG.)</p> <p>1:00 FERTILITY CONTROL UNIT (3RD FLOOR)</p> <p>1:00 COFLAC CLINIC (JEFFERSON &amp; CHESTER STREETS)</p> <p>4:00 GYN ONCOLOGY CONFERENCE (CMSC, ROOM 406) (OPTIONAL)</p>	<p><u>p.m.</u></p> <p>1:00 A - FERTILITY CONTROL UNIT (3RD FLOOR)</p> <p>1:00 B - OBSERVATION OF GYN PROCEDURES (GYN OPERATING ROOM, 6TH FLOOR)</p> <p>1:30 C - FERTILITY CONTROL CLINIC (ROOM 101)</p> <p>4:00 ABC - CERVICAL CORRELATION CLINICAL (ENT CLASSROOM, 4TH FLOOR, DISPENSARY BLDG) (OPTIONAL)</p>	<p><u>p.m.</u></p> <p>1:00 A - LAPAROSCOPY INTAKE CLINIC (OB CLINIC, 3RD FLOOR, DISPENSARY BLDG.)</p> <p>1:00 B - HIGH RISK OBSTETRICAL CLINIC (OB CLINIC, 3RD FLOOR, DISPENSARY BLDG.)</p> <p>1:00 C - OBSERVATION OF GYN PROCEDURES (GYN-OPERATING ROOM, 6TH FLOOR)</p> <p>4:00 ABC - OB-PEDIATRICS CONFERENCE (CMSC, RM 206) (OPTIONAL)</p>	<p><u>p.m.</u></p> <p>1:00 A - COFLAC CLINIC (JEFFERSON AND CHESTER STREETS)</p> <p>1:00 B - FERTILITY CONTROL UNIT (3RD FLOOR)</p> <p>1:00 C - ADOLESCENT CLINIC (OB CLINIC, 3RD FLOOR, DISPENSARY BLDG.)</p> <p>4:00 ABC - GYN ENDOCRINOLOGY CONFERENCE (CMSC ROOM 406) (OPTIONAL)</p> <p>6:30 - DINNER AT HOPKINS CLUB - MEET IN REED HALL LOBBY</p>	<p><u>p.m.</u></p> <p>1:00 A - FERTILITY CONTROL UNIT (3RD FLOOR)</p> <p>1:30 B - FERTILITY CONTROL CLINIC (ROOM 101)</p> <p>1:00 C - OBSERVATION OF GYN PROCEDURES (GYN OPERATING ROOM, 6TH FLOOR)</p> <p>6:00 ABC - VASECTOMY CLINIC PLANNED PARENTHOOD 610 N. HOWARD STREET</p> <p>SATURDAY</p> <p>9:00 a.m. - GRAND ROUNDS (RM 116, PATHOLOGY)</p>

*101. Howard J. 760*

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

June 5, 1975

Dr. Harry Woolf  
President, The JHPIEGO Corporation  
Room 254 Garland Hall  
Homewood Campus  
Baltimore, Maryland 21218

Dear Dr. Woolf:

This letter is to inform you of a serious problem that has arisen in the execution of the PIEGO program in Mexico and to discuss possible ways of overcoming the difficulty.

We have been officially informed by the U.S. Embassy in Mexico City that they will not give clearance for PIEGO teams using U.S. Government funds to come to Mexico for the purpose of delivering laparoscopes or training Mexican doctors in female sterilization. The Embassy does not question the potential medical benefits to be derived from the JHPIEGO program. Their decision to refuse clearance for the follow-up activities is based on a series of politically sensitive factors.

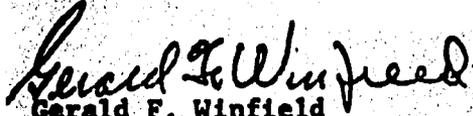
Mexico's new and still somewhat insecure family planning program does not include sterilization as one of its approved procedures. In recent months influential and extreme leftist newspapers have repeatedly printed damaging allegations that the U.S. Government has been involved with the sterilization of women in Puerto Rico and among Chicano groups in the U.S. Political groups are beginning to prepare for a presidential election 18 months hence and so are not going to change policy positions with respect to sterilization. U.S. Government involvement in this sensitive issue, if seized upon by any of several political groups, could cause damage to the budding Mexican family planning program and to U.S. Mexican relations.

The problem in a nut shell is that the U.S. Government cannot use its funds to support these specific activities at this time.

This case strongly emphasizes the great desirability, as was envisioned in the Corporation concept, of JHPIEGO having private resources free of the political liability that the U.S. Government carries in this type of situation. Perhaps it, and the parallel situations in Brazil and Peru, can be made the occasion for seeking private support for institution to

institution action by PIEGO which would be acceptable.

Sincerely yours,



Gerald F. Winfield  
Chief, Manpower and Institutions Division  
Office of Population

cc:

Dr. Howard Jones  
Dr. Clyde Randall  
Dr. Hugh Davis

CM/COD:Lawrence Tanner  
PHA/POP/FPS:Andrew Wiley

## SECTION II.B. THE JHPIEGO/KOREA PROGRAM

As a result of correspondence from ranking Korean obstetricians and gynecologists who had participated as Fellows in Advanced Techniques for Management of Fertility (ATMF) courses at The Johns Hopkins University and other U. S. educational centers, Dr. Howard W. Jones, Jr., Secretary-General of JHPIEGO; Dr. Clyde L. Randall, JHPIEGO Director of Education; and Dr. I. J. Park, Assistant Professor of OB/GYN at The Johns Hopkins University, visited Seoul, Korea from December 1 to 8, 1974. They were accompanied by Dr. John Edlefsen, AID Program Manager for the JHPIEGO Program. Their purpose was to explore the need for and the feasibility of carrying out a didactic and clinical training program in the field of reproductive health for the benefit of Korean obstetricians and gynecologists.

Discussions were held initially with the heads of Departments of OB/GYN of the universities of Seoul who had on their faculties Fellows who had attended Advanced Techniques for the Management of Fertility (ATMF) courses in the United States, concerning the development of a post-graduate academic course supplemented by specific clinical training. These universities included Seoul National University, Yonsei University, Korea University, Ewha University, and the National Medical Center. In addition to this group, advice was sought from OB/GYN departmental heads from a number of other universities located both in and outside of Seoul.

As a result of these discussions there was general agreement that such a course was both feasible and desirable.

It was further agreed that a JHPIEGO/Korea organization should be established to conduct the program and that this organization, headed by a Director, should not be associated with a particular university. Dr. Park, Chan Moo, former head of the Department of OB/GYN at the National Medical Center, was chosen to serve as Director. To assist the latter in determining the educational content of the program and its administration, an Education Committee was created consisting of Dr. Park and the Chairmen of the departments of OB/GYN of the above-mentioned five institutions which would be serving as educational centers. In addition, the Minister of Health would be represented in an ex-officio capacity by the Director of the Family Planning Section of the Bureau of Maternal and Child Health. A broader input to administrative policy would be assured by twice-yearly meetings of the Director of JHPIEGO/Korea and members of the Education Committee with an Advisory Committee consisting of the chiefs of obstetric-gynecological services of all 14 of the medical schools in Korea and, when considered desirable, a representative of the staffs of the public health hospitals in Korea.

The Korean Institute for Family Planning graciously provided office space for JHPIEGO/Korea in its building. On the basis of discussions with U. S. Embassy and Korean Government officials it was decided to operate the JHPIEGO/Korea program from JHPIEGO headquarters in Baltimore rather than to create a small corporation to administer the program.

Cooperation on the part of the Government of the Republic of Korea has been excellent from the outset of the JHPIEGO/Korea program. Officials of the Ministry of Health and Social Affairs, in particular those in the Bureau of Maternal and

Child Health, endorsed the concept of the program and actively assisted with the identification and nomination of gynecologists and obstetricians for participation in the program. From a group of 125 candidates nominated by the Ministry of Health the JHPIEGO/Korea Educational Committee selected the physicians who would participate in a conference scheduled for the week of May 19-23. Emphasis in the selection process was focused on obstetricians and gynecologists from the provincial areas of Korea.

The liaison arrangements with the Korean Government as well as the administrative and program content aspects of the JHPIEGO/Korea program were finalized during a visit to Seoul in February by Mr. Henry B. Cox, JHPIEGO Administrator, and Dr. In Joo Park, PIEGO Consultant on Korea.

The May 19-23 conference, which had as its theme, "The Biology of Human Reproduction", and constituted the first phase of a planned three-stage JHPIEGO/Korea training program, was attended by 119 Korean gynecologists and obstetricians. The comprehensive program presented consisted of daily morning plenary session lectures followed by five daily afternoon seminars. Participating faculty and seminar discussion leaders were drawn from both Korean and U. S. institutions. Reactions to the conference on the part of both participants and faculty were uniformly positive. While there appeared to be a number of reasons for the success of the training session, three were perhaps of foremost significance: (1) the fact that the conference was held in Korea with Korean OB/GYN specialists playing an important role; (2) the fact that the concentration of a systematic course presented over a period of a week constituted an innovation in Korean post-graduate medical education; and (3) the fact that the course contained a great deal of information concerning the latest advances in the field of reproductive health.

Following the conference, agreement was reached with the Directors of the five universities mentioned at the beginning of this summary for the scheduling of the clinical or second phase of the training program. Beginning in September, 1974, these "national clinical training centers" will provide two weeks of training for the physicians who participated in the conference in groups of 15 Fellows with each trainee guaranteed experience with 15 sterilization procedures. It is anticipated that these training sessions will be completed in February, 1976.

As in the case with the ATMF courses, laparoscopic equipment will be donated to physicians who successfully complete the training. The selection of those to receive equipment will be based on recommendations made by the Director of the training center, USAID/Korea and JHPIEGO/Baltimore.

(For a more detailed discussion of the origin and development of the JHPIEGO/Korea Program; the curriculum of the May session; and the list of participating Korean Fellows, see Appendices 23-26).

## SECTION 11.C. SPECIAL WORKSHOPS

Under the sponsorship of the JHPIEGO Corporation, three workshops were held at JHPIEGO headquarters and the Johns Hopkins ATMF Training Center in the course of FY '75.

1. On November 13, 1974 a Joint Meeting on Fertility Management was held in Baltimore for representatives of organizations engaged in advanced fertility management techniques in the developing countries. The purpose of the meeting was to review briefly those activities of each organization related to training and the supplying of equipment, and to explore avenues of coordination and cooperation among the various organizations with a view to avoiding overlapping and duplication of effort.

Organizations represented included the International Project of the Association for Voluntary Sterilization (AVS), Pathfinder Fund, Family Planning International Assistance (FPIA), and the International Fertility Research Program.

The Directors of the three U.S.-based ATMF Educational Centers participated in the meeting, as well as representatives of key divisions in the AID Office of Population. A report on this meeting is contained in Appendix 28.

2. A special workshop was held in December 13, 1974 in Turner Auditorium of The Johns Hopkins Medical Institutions, for the gynecologists and obstetricians who serve as Field Training consultants to PIEGO and conduct the clinical training of ATMF Fellows at their home institution.

Chaired by Dr. Howard W. Jones, Jr., Secretary-General of JHPIEGO, the workshop featured presentations by Dr. Clifford Wheelless, Director of PIEGO Field Training; the JHPIEGO Equipment Manager; the PIEGO Administrator, PIEGO geographic area consultants; and other members of the staff of the JHPIEGO Secretariat. The afternoon session was devoted to an exchange of views and experiences among the consultants. Some excellent recommendations were made for the improvement of travel arrangements for consultants, the handling of equipment shipments and other aspects of the Field Training program. The report on this workshop is contained in Appendix 29.

3. A meeting was held at Johns Hopkins Hospital on May 27, 1975 for the purpose of demonstrating the use of a Closed Circuit TV system developed by KLI, Incorporated in connection with the teaching of laparoscopic techniques. Those in attendance included representatives of the four ATMF Training Centers, a number of PIEGO Field Training consultants and several visiting foreign specialists.

The camera system was demonstrated by Dr. Bruce Thompson of the Walter Reed Army Hospital who is a PIEGO consultant.

A brief report on the workshop is included in Appendix 30.

SECTION II.D. MEETING OF THE JHPIEGO INTERNATIONAL COUNCIL

To assure that the Program for International Education in Gynecology and Obstetrics reflects the views of the international leadership, the By-laws of the JHPIEGO Corporation specify that an International Council will be appointed to provide assistance to the President in the conduct of the program.

The first meeting of the International Council was held in Geneva, Switzerland on July 7 and July 8, 1975.

The advice and guidance of the Council was sought for program content and strategy.

A summary of the meeting prepared by Dr. Theodore M. King, Secretary of the Board of Trustees, follows, as does the agenda and the list of participants

## SUMMARY OF MEETING IN GENEVA, SWITZERLAND

Monday, July 7 and Tuesday, July 8, 1975

The meeting was brought to order by Dr. Woolf, Provost of the Johns Hopkins University. The participants were introduced: Secretary-General, Dr. Howard W. Jones, Jr., Director of the Division of Education, Dr. Clyde L. Randall. Other participants included Dr. Gerald Winfield, Chief, Manpower Institutions, Division of Office of Population, Agency for International Development, Miss Charlotte G. Ellis, Assistant to the President of the JHPIEGO Corporation, Mrs. Bette Palmer, Recorder, the Johns Hopkins University and Dr. Theodore M. King. Members of the International Council: Professor O. J. Ojo, representing Africa, Dr. Fred T. Sai, representing the Far East, Dr. Charanpat Israngkun, India, Dr. M. K. Krishna Menon, Latin America, Dr. Jorge Villarreal, world-wide, Professor P. O. Hubinont. Representatives from the United Nations Fund for Population Activities, Mr. Halvor Gille, and a United Nations observer a man who is an Armenian; I simply cannot recall his name.

The program design and immediate goals of PIEGO were presented by Dr. Howard W. Jones. Dr. Clyde Randall provided a description of the training program for the 325 Fellows. Following a summary of the curriculum by Dr. Theodore M. King, there was a discussion of the selection of Fellows, existing equipment problems, particularly maintenance and the need for evaluation of the productivity of the participants following completion of their training program.

Dr. Randall and Dr. Jones summarized a variety of programs that have been designed and implemented. These include Korea with the development of the clinical mini-centers, the Mexican program, and the forthcoming November North African Professors and Directors of service conference. The proposed center at the Islamic University in Egypt was presented.

Following a wide discussion that noted there were few examples, if any, of effective continuing education programs for trained physicians, it was viewed that the educational programs described could effectively fill a much needed role in developing countries about the world.

Dr. Sai noted that the program for international education had two functions: one of advocacy and consultation to groups responsible for reproductive health, and secondly, the provision of actual service by education of physicians in the acquisition of current information and surgical skills.

The International Advisory Committee viewed that the education program should be broad-based, incorporating maternal and child health and family health. Ideally the training programs should be extended to individuals who are not trained specialists in obstetrics

and gynecology, as well as developing programs which would be suitable for non-physician personnel. The third kind of educational program could be the development of short courses for health administrators, individuals that set health policies.

It was clear that there is a need in developing countries for the training and provision of medical technicians in the area of medical equipment service and repair.

Dr. Ojo and Dr. Sai then summarized the position of health in Africa. It is clear that the family planning programs to be accepted in Africa must be interested in maternal and child health. (See attached statement) There is a great need for the training of technicians in such areas as cytology, and certainly in equipment management. Finally, there is a need for the development of regional training centers that might either be developed on a geographic basis of West, East and Central Africa or on a cultural basis. The point was made that the individuals who are training in the United States in maternal and child health programs in schools of public health should be aware of the individuals that have participated in the ATMF project, so that there could be a possibility of effective interaction between these groups.

Professor Hubinont described a project in maternal and child health which is based on a family health program that his department is developing in Tunisia. This program will have a very well developed clinical family planning component. The program is in its formative stage, thus Professor Hubinont was unable to present any results, since the program has only started up within the last six months.

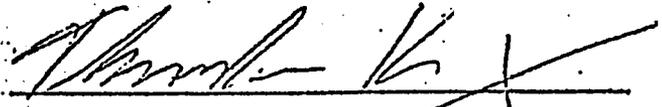
The Far East was summarized by Dr. Israngkun. He stressed the importance of local national training centers because of the familiarity of the surroundings to the participants, and particularly the need to get this training to physicians who are going to provide large volumes of service. The second advantage that the local training centers have is the great availability of patient material.

In India, Dr. Menon told of the great strides that had been made and of the efforts that were recently accomplished in Delhi in family planning. He pointed out that in India, there is not a clinical center that is prepared to provide both high risk pregnancy care and intensive care for newborns, and that it would be a great help to Indian maternal and child health scene if such centers were developed.

The problems in South and Central America were presented by Dr. Jorge Villarreal, who summarized in some detail the development of the education materials that have been developed by the Pan-American Association of medical schools. He pointed out a number of problems with the existing Hopkins program in that there seems to be little correlation between the number of individuals trained with the needs of a country. Dr. Villarreal has great interest in

seeing maternal and child health concepts introduced in a more vigorous manner into the medical student's curriculum. Dr. Villarreal punctuated the need for equipment maintenance and pointed out the problems with equipment breakdown resulting in clinics not functioning in an active manner.

The other aspect of education that was really stressed was the need for meaningful follow-up for a continued updating and evaluation of what the ex-trainees are doing since this would assist in making their work more effective as well as in the identification of future physicians for training.



Theodore M. King, M. D., Ph. D.  
Secretary, JHP/IEGO Corporation

Professor and Chairman  
Department of Gynecology  
and Obstetrics  
The Johns Hopkins University  
School of Medicine

## SECTION II.E. COMMUNICATIONS MATERIALS

### PIEGO Newsletter and PIEGOpinion

On March of 1974, the JHIPAEGO (Johns Hopkins International Project for Advanced Education in Gynecology and Obstetrics) Newsletter was initiated. This Newsletter, later renamed PIEGO Newsletter, was to be circulated on a monthly basis to physicians within the Department of Gynecology and Obstetrics and others in related departments of the Johns Hopkins Medical Institutions to keep them informed of the activities and development of the JHIPAEGO program. Twelve issues of the Newsletter were published over the course of the following year, covering a wide range of topics, including profiles of staff members, reports on field team training visits, reports on conferences, meetings, as well as information on past and present ATMF Fellows. A popular feature was the interviews with ATMF Fellows and special visitors to the program. In these interviews the situations in their countries with regard to population program activities, governmental attitudes and policies on family planning, fertility management and related subjects were reviewed.

The circulation of the Newsletter was approximately 380 at the time of its last issue. The publication PIEGOpinion was launched in September 1974, having as its objective the maintenance of continuous communication between former ATMF Fellows and Faculty. This quarterly publication was circulated to an international audience including past Fellows, those Fellows entering the program within three months of the issue and directors of the institution and departments with which they were affiliated, PIEGO consultants, AID Pop officers, as well as faculty of the participating educational centers and other population programs. Each issue focused on one ATMF center, profiling the faculty and briefly reviewing the particular emphasis of their educational program. Reports on special educational programs, conferences and meetings were included as well as names and institutional affiliations of recent ATMF graduates. Material was solicited from Fellows in the form of letters, articles or activity reports in an effort to establish a communication network. Circulation of this publication reached 875 by its last issue.

In April 1975, it was decided to merge the two publications, with the resulting publication to be issued 6 times a year, with a circulation drawn from both mailing lists, but being primarily intended for an international audience.

Sample issues of the Newsletter and PIEGOpinion are to be found in Appendix 31.

### EXHIBITS

#### First Exhibit

In the early summer of 1974, it was agreed that PIEGO would assemble an exhibit to display at appropriate conferences as a means of publicizing the ATMF program. The cooperating education centers were asked to contribute photographs of professional staffs in action: in clinic settings or in the OR, as well as photographs

illustrating typical training activities, e.g., laparoscopy, menstrual induction, lectures, a seminar family planning clinic, etc. These materials were then assembled as a film strip and the exhibit put together at the direction of the Department of Art Applied to Medicine of The Johns Hopkins Medical Institutions.

The exhibit was developed as a four-panel unit which could be folded into a specifically constructed carrying case for transportation.

The panel to the left was used as a display indicating the site of each of the four educational centers, which were also illustrated by representative photographs. The center panel included concise statements of the purpose of the PIEGO programs, the course content with a listing of the subjects of the didactic and clinical instruction which make up the course content. Again, illustrative photographs were placed in this panel to indicate the emphasis on practical methods and the on-the-job training type of instruction. Built into the center panel was also a small screen on which were projected the slides and titles comprising an approximately 30 slide film strip.

The third panel featured a large map of the world with the developing countries of the world from which trainees would be welcomed indicated by color coding. Below the map was a listing of the professional qualifications and interests that are considered essential to qualify for acceptance as a JHPIEGO trainee.

The exhibit, as initially prepared, was taken in November, 1974 to the VII World Congress of Fertility and Sterility in Buenos Aires; in April, 1975 to the XII International Endoscopy Congress in Konstanz, Germany; and in July, 1975 to the meeting of the International Advisory Council in Geneva. At that time, Fred Sai, Assistant Secretary General of the International Planned Parenthood Federation, asked to take the exhibit to the Federation's International headquarters in London, where he plans to place it on exhibit for viewing the next few months by visitors to the international offices.

## SECOND EXHIBIT

The fact that JHPIEGO's first exhibit is to be in London for a time, plus the impressiveness and effectiveness of Dr. Winfield's presentation of "Reproductive Health" as an expression of the long range objectives of the PIEGO programs were readily combined to suggest the desirability of developing a second exhibit. Whereas the purpose of the first had been to illustrate and publicize the PIEGO programs, the purpose of the second exhibit is to verbalize the basic theme of reproductive health. Whereas the first exhibit was obviously promotional, the second will be more educational and is being designed to emphasize educational objectives in a manner that should prove to be more universally acceptable than the promotional image which made acceptance of the first exhibit questionable in some countries.

The second exhibit will be a duplication of the first only from a physical standpoint. It will again be a four-paneled unit that will fold into a carrying case with illustrative photographs that can be changed easily, and an educational film strip emphasizing the objectives recognized and towards which program development should be directed in order for the world to achieve reproductive health, as defined. The cassettes carrying the sound track to accompany the film strip will be provided in English, Spanish and French. It is planned to have the new exhibit and the sound track in Spanish available early in the Fall of 1975. Currently, consideration is being given to taking the second exhibit to the 1975 Congress of Obstetricians and

Gynecologists in Ecuador, and to the OAS meeting of obstetrical and gynecological societies of the Latin American countries to be held in Havana the last week in January, 1976.

A photograph of the first PIEGO Exhibit is included as Appendix 32.

## SECTION II.F. HISTORY, FOLLOW-UP AND EVALUATION

Recognizing that a continuing review and evaluation of any education program is essential if modifications and improvements in the program are to be made in the interest of maximizing its impact, provision was made for the inclusion of a History and Evaluation Unit in PIEGO.

In its initial year of operation, the Unit, which actually began its work on a full-time basis in September, has concentrated on assembling the requisite data on which an evaluation of program effectiveness or the need for modifications in program content and procedures, could be based. This has involved detailed discussions with members of the PIEGO staff to determine their methods of operation; the examination of such matters as the criteria and procedures for the selection of Fellows to participate in the ATMF courses; the system of evaluating the capability of fellows to use the laparoscopic and other equipment donated to their institutions; the use to which such equipment has been put; the method of evaluation the institutions scheduled to receive equipment; etc.

Interviews of program participants on the basis of scientifically prepared questionnaires, as in the case of the JHPIEGO/Korea training program, also constitute a useful method of judging program effectiveness.

Since the influence of political and socio-cultural factors is considerable with the relation to the conduct and results of a program such as the PIEGO program, the Unit has given considerable weight to these factors in conducting its program evaluation.

A detailed report on the activities of the History and Evaluation Unit covering the period September 1, 1974 to June 30, 1975, is included in Appendix 33.

SECTION III. SUMMARY OF MAJOR POLICY AND OPERATING CHANGES

### SECTION III. SUMMARY OF MAJOR POLICY AND OPERATING CHANGES

#### A. Rationale for Clinical Training Centers

It has been from the beginning the concept of PIEGO to establish several international training centers outside of the limits of the United States. One plan that merits serious consideration is the concept of national clinical training centers of appropriate number to serve a single nation.

The basic reasons are (1) nationalistic trends seem to be as strong in medicine as they are in the out-and-out clinical areas, and (2) the details of the educational and the training requirements for gynecologists of individual nations are quite different and often in a state of rapid change as legal and social attitudes in a particular country toward sterilization and abortion change, and (3) instruction in the local language is necessary in many places for efficient training, especially for those residing away from the largest urban centers.

For these reasons, the concept of national clinical training centers of appropriate number to serve a single nation is attractive. However, as medical faculties of developing countries are often of limited capability with respect to experience and capability at post-graduate training in general, such national centers, at least for the foreseeable future, are likely to be most useful for short-term applied training sessions in particular techniques. Thus, PIEGO may more and more find it appropriate to organize training for a particular country in the local language in phases, as, for example, was done in Korea, where Phase I consists of an academic session in a particular country, or perhaps in the U.S., but in the native language, and where Phase II and III would be carried out in the country with Phase II being practical training at a national clinical center and Phase III, if necessary, would be field training at the trainee's home institution.

For such a program, a critical mass of previous trained personnel (as for example, in Korea) are needed in country as a cadre to operate Phases II and III of the program as described above.

Such an approach might be particularly useful in countries which are thought to be sensitive to foreign influences, as, for example, Brazil, Indonesia, etc.

#### B. Establishment of Subsidiary Clinical Training Centers

An important consequence of the special program for Mexican physicians was the development of the concept of clinical training centers either regional or national, that would supplement the clinical experience gained in the primary training centers in Baltimore, Pittsburgh, St. Louis and AUB.

An important reason to consider an expansion of the clinical training phase of the PIEGO programs was the evident desirability of making both the educational and the training phases available to candidates who would not be able to effectively assimilate didactic material or technical training when presented in the English language. While translations of lectures solve one phase of the communication problem in an expensive but satisfactory manner, it was soon evident that clinical training and technical directions would be more effective if given in the trainees' native language. With the expectation that Latin American countries would become the source of increasing numbers of trainees, there seemed good reasons to consider that the clinical training experience in the U.S. centers at Baltimore, Pittsburgh and St. Louis might better be regarded as a basic instruction and demonstration experience, while the actual performance of technical procedures repeated for practice and the development of confidence on the part of the individual trainee would be deferred until the individual trainees' time in a "regional training center", where added experience doing the procedures could be gained in an institution operating within the more familiar surroundings of the trainees' own mores and language.

Considering the desirability and the possibilities of a regional training center for Latin American trainees, the Hospital Mexico in Costa Rica immediately came to mind, particularly so because Dr. Hugh Davis, Director of the PIEGO Field Training Unit, has been so favorably impressed, not only with that Hospital's clinical facilities and patient load, but also with the leadership and personal competence of Dr. Carlos Prada Diaz, Director of the Costa Rican Social Security System.

On May 27, Ms. Charlotte Ellis and Drs. Davis and Randall discussed the feasibility of such a training center in Hospital Mexico with Dr. Prada in the JHPIEGO offices in Baltimore. At that time, Dr. Prada's statements indicated that Hospital Mexico and other Costa Rican hospitals have residents from other Latin American countries rotating through their clinical services. He emphasized that the Costa Rican government has in the past offered no objection to training foreign physicians in Costa Rican hospitals. During our discussion of implementation, Dr. Prada proposed that a documented agreement providing for JHPIEGO cooperation and support of a regional training center in Hospital Mexico should be an expression of agreement between JHPIEGO and the Research and Educational section of the Social Security System of Costa Rica. He indicated that such an agreement would be more appropriate than a documented agreement between JHPIEGO and the administration of Hospital Mexico.

Since that meeting, it is planned (1) that Dr. Prada would supervise the second phase of training of selected Latin American obstetricians and gynecologists at Hospital Mexico, (2) that JHPIEGO would schedule candidates for this training not more frequently than one per week, (3) that each trainee's travel to Costa Rica and per diem would be provided by JHPIEGO as support of the supplemental training phase of the individual's program. It has also been recommended that JHPIEGO approach the Social Security System in Costa Rica or the Hospital Mexico, with an offer to compensate the Hospital on a tuition basis for the cost incident to the instruction and technical experience to be provided each trainee.

The concept of a regional training center for Latin Americans in Costa Rica has paralleled developments of the clinical training phase of the PIEGO program in Korea, which is to be conducted by the five centers previously proposed for development in Seoul as preferable sites in which all future Korean trainees are to receive technical instruction and gain clinical experience.

Recognition of an institution as a potential "clinical training center" primarily depends upon the availability of technically competent, well-informed professional personnel who have demonstrated interest in conducting such a program and seem capable of providing the instruction necessary. Hardly less important, however, is assurance of an adequate number of patients, the all-important "patient flow" that can readily be recognized as essential to the development and maintenance of a training program. While JHPIEGO has had the resources to subsidize the development of such regional training centers as are currently developing in Seoul and being planned in Costa Rica on a "tuition per trainee" basis of compensating the institutions in which the training occurs, JHPIEGO has not been willing to compensate a hospital on the basis of "cost per patient" hospitalized. This policy appears defensible in that the operation of a regional training center does provide population in the area with professional services that might not otherwise be available, and develops professional competence within the profession of the area which in the longrun, will accrue to the lasting benefits of the institution and the community. JHPIEGO's willingness to compensate the institution for the cost of developing a cadre of competent professionals is in fact based on the expectation that the patient flow and the provision of clinical services will continue as a self sustaining operation long after PIEGO's initial support has been discontinued.

#### C. Development of Programs Responsive to Specific Country Needs

The conduct of ATMF courses involved a somewhat more uniform curriculum during the months when all trainees were coming to a U.S. training center in Baltimore, Pittsburgh or St. Louis. As the field training teams visited countries repeatedly and became more familiar with institutions with evidently differing problems, and while working with professional personnel with rather widely varied orientations and practices, inevitably JHPIEGO's interests were increased in the possibilities and the desirability that PIEGO programs might well be varied considerably, and be more meaningfully planned to meet the evidenced needs of a specific population.

The need for such adaptability is currently evidenced by the varying degrees of interest now being shown in the utilization of mini-laparotomy as a means of female sterilization. While this procedure appears to be far simpler and an altogether desirable technique in those countries in which the majority of women have thin abdominal walls and a relatively compact pelvic anatomy, the procedure is not equally simple in those populations in which the majority of women have relatively thick abdominal walls, relatively large anterior-

posterior pelvic dimensions and not infrequently descensus and retrocession of the uterus and adnexa. A predominance of patients relatively poorly suited to the mini-laparotomy technique among patients seen in the Baltimore, Pittsburgh and St. Louis populations accounts for a lack of enthusiasm for this technique among the professionals providing much of the current instruction in JHPIEGO programs. Recognition of the advantages of the mini-laparotomy technique in several of the developing countries whose population problems are a major interest to JHPIEGO is, however, being taken into account in the development of the educational programs for trainees in those countries.

It has always been the intention of the professional staff in the PIEGO programs to familiarize each trainee with a variety of procedures and skills. Skill acquired as a result of learning a single technique is likely to provide only capability that will not always be applicable to all individuals. People can be expected to assume they will benefit equally from the services of health personnel. When clinical services are being provided by technicians lacking in familiarity with a variety of procedures, the patients served may be denied the benefits by which professional judgement assures the individual of an effective procedure and a safer result. Education for competence obviously becomes more time-consuming and expensive than mere instruction in the performance of a single procedure.

There is no question but that mini-laparotomy offers an inexpensive, relatively simple, safe and dependable technique. It must also be recognized, however, that in some countries in which fertility management is an equally demanding problem, to insist upon utilization of only the mini-laparotomy technique, in all countries and for all populations, would be to subject many patients to greater risks and involve professionals in more technical difficulties than will be experienced by competent use of the laparoscopic techniques of sterilization when circumstances are not favorable for mini-laparotomy.

The basic concept of highly personalized instruction in certain essential technical skills, as developed during the conduct of the ATMF courses, will continue to be emphasized as the major component of the educational program and technical experience presented each and every trainee being prepared to provide clinical services and instruction of other professionals.

Experience in presenting, in the Spring of 1973, to the professors of obstetrics and gynecology in Latin American medical schools a didactic course providing considerations of basic demography, contemporary reproductive physiology and modern methodologies of fertility control is now recognized as an effective means of providing essential orientation for educational leaders who may not personally be providing the clinical services needed but whose understanding and support will be essential to the ability of others to provide the services needed in their respective communities.

In our August, 1974 discussions in Mexico City with the professional leaders whose understanding and support is considered essential to the initiation and development of the objectives of JHPIEGO in Mexico, it became evident there would be particular need for a similar type of orientation and basic educational week of instruction for a number of physicians in Mexico who have significant

administrative responsibilities but little or no need to learn the technical skills emphasized in the ATMF courses. While there will be need for a similar week of orientation for each of the trainees preparing to provide the clinical services relating to fertility control, it now seems important to also recognize there will be need in virtually every country to provide orientation and basic information to a group of administrators, educators and professionals whose understanding and support will be essential if effective services are to be provided the population by the trainees.

The third type of program now recognizable in courses being conducted by JHPIEGO really represents only modifications of the methodologies developed by the ATMF and the orientation courses. The initial concepts by which the ATMF courses were presented called for repetition of the didactic and orientation portions of the program to each of the small groups of trainees beginning their four or six weeks of instruction (usually two or three trainees per class in each of the participating institutions). It was soon recognized that the type of orientation being considered for administrative officers in Mexico could very well be presented to much larger groups than the numbers of trainees per class previously attending the ATMF courses.

Primarily because of the decision to present the orientation and educational phases of the program for the Mexicans in Spanish, a somewhat different approach was developed in the programs for the groups of trainees from Mexico scheduled in Baltimore, Pittsburgh and St. Louis during January 1975. For these courses three trainees were scheduled as usual for each of the three participating hospitals during a second week of virtually one to one instruction involving both technical procedures and clinical experience. However, rather than have the first didactic week of orientation and basic instruction presented simultaneously in each of the three institutions to three groups of three trainees, all nine trainees received their first week of instruction in but one of the hospitals. This arrangement permits an advantageous pooling of faculty, which is an obvious advantage when, as in the Mexican program, it seems desirable to present instruction in the native language of the trainees.

There is no intent to decrease the emphasis on fertility control in JHPIEGO programs. We are convinced, however, that the methodologies of fertility control will in at least some countries be better accepted if the programs presented by JHPIEGO also provide help in the areas where help is most needed. In Korea, for instance, although there are 14 medical schools, none has to date had the interest and the resources to develop laboratory services capable of the endocrinologic assays upon which much of modern and effective control of human fertility depends. Several weeks before our December 1974 visits to the medical schools in Seoul, Dr. Lee, S. J., Chairman of the Department of Obstetrics and Gynecology at Korea University had written Dr. Howard Jones to express his conviction that the greatest need of obstetricians and gynecologists in Korea at the present time was related to the lack of anything approaching an endocrinology unit. There are no assay services in the available laboratories in Korea. There can be no doubt that the development of such critically needed laboratories would greatly improve the care of women with endocrinologic and dysfunctional problems related to fertility and the control of fertility. This need is so evident and the services are so essential that JHPIEGO is likely to continue to invest both time and personnel in the investigation of possible sources of support for such a facility, as a recognized and highly important objective of JHPIEGO in Korea.

There is every reason to expect the presence of JHPIEGO programs in the medical schools of the developing countries will result in a local profession much better able to assure the reproductive health of the women of those countries, in addition to the management of their fertility.

Utilization of an orientation type first week for the trainees in an ATMF type of training course also has the additional advantage of now making it practical to use experienced American faculty members in the presentation of similar orientation for groups of trainees being scheduled for instruction in the new training centers now being organized in or adjacent to developing countries at considerable distances from the United States, where technical skills and clinical experience can be gained in a training center wherein language and social milieu are similar or identical to that of the trainee's home country.

SECTION IV. UNRESOLVED POLICY AND OPERATIONAL PROBLEMS

## SECTION IV. UNRESOLVED POLICY AND OPERATIONAL PROBLEMS

### A. Introduction to Techniques of Fertility Management

#### 1. Falope Ring™

Any education program in medicine is useful only if its teaching is contemporary. During the past year, the Falope Ring™ technique of laparoscopic sterilization came into use first at Johns Hopkins and later in other centers, on a trial basis. Preliminary reports have seemed to indicate that this would be a most useful addition to the laparoscopic technique of sterilization.

At the St. Louis meeting of the Council of Associates in September 1974, the matter of the introduction of teaching laparoscopic sterilization by the Falope Ring™ was considered at some length. It was decided by the Council that it was premature at that time to make a definitive decision and that heat 'scopes should continue to be the standard method of instruction, at least until the matter was further considered at the next subsequent meeting of the Council which will be held in December 1975.

At this time, it might be anticipated that there will still be some difference of opinion about whether the instruction at the PIEGO centers should be entirely with Falope Ring™, or whether heat capability should be retained, even in centers that are using the Falope Ring™. Such dual capability would serve to take care of complication with Falope Ring™ applications, as for example, bleeding.

It seems likely at this moment that the most suitable resolution of this particular problem would be to provide 'scopes that would have capability both of coagulation and of the application of the Ring.

This matter can be resolved entirely within the terms of the grant as originally written, but is recorded as an unresolved operating problem which will probably be solved within the coming 12 months.

### B. Implementation of a Broader Program Content

While the termination of fertility might be an understandable objective in a program developed primarily to avoid the consequence of over-population, such single-mindedness on the part of the health professionals has increasingly been soundly and frequently condemned in recent years in expression of both professional and lay opinions. This is true partly because of the many people who object to the basic concept of measures designed to control human fertility. More reasonably perhaps, it has been condemned because of the many who favor more positive objectives like "improving the health and welfare of peoples", rather than the simpler and effective but relatively "negative" objective of limiting the reproduction of mankind.

Once we accept the broader, positive and perhaps more desirable objective of "improving health", it becomes increasingly difficult to support educational programs which are admittedly focused on one factor, as important as it may be.

Once committed to "improve health", we can no longer expect approval if we concentrate interests and efforts on one objective, to the neglect of other factors of seemingly equal importance. Nowhere do such generalities appear to be more evidently true than in a program designed to improve the health and welfare of women. It has been repeatedly emphasized that one can not design and conduct efforts to improve the conduct of human reproduction, without at the same time first recognizing and attempting to improve provisions for nutrition as well as measures to reduce the disabilities due to pelvic inflammatory disease, and/or malignant neoplasia.

In view of the foregoing it becomes evident that efforts on the part of PIEGO programs to emphasize concepts considered essential to the achievement of reproductive health might well be presented in a curriculum reflecting interest and knowledge of the multiple present day factors believed to account for maternal health. This basic concept accounts for the variety and breadth of the subject matter currently included in the didactic first phase of the PIEGO programs.

PIEGO's most valued asset is its capability as a University affiliate to provide information as well as instruction in techniques relating to fertility control in the broad context of continuing post-graduate education in gynecology and obstetrics.

This is important for a variety of reasons: (1) specific program-directed education is often unacceptable for social or political reasons in some developing countries, (2) specific program-directed education is too likely to be only of minimal interest to many specialists in gynecology and obstetrics who must implement and make these techniques available to women, (3) the problems of limiting population can probably be solved only in the solution of the total problem of reproductive health, as defined in the JHPIEGO grant.

Broad continuing post-graduate education constantly renewed its appeal to leaders in gynecology and obstetrics in the developing countries as in all countries. They can be expected to cooperate to the fullest extent in such a program, whereas their interest in specific, more limited programs emphasizing only techniques will often be minimal. PIEGO's approach is certain to involve what may be referred to as the gynecological and obstetrical establishment in every country, and when broader interests in both education and techniques relating to population are included, the approval and support of the gynecologic and obstetric leaders can be expected. Their support, moreover, is absolutely necessary for a successful program.

Continuing education in gynecology and obstetrics, as known in the English speaking countries, is often not available in the developing countries. PIEGO can capitalize on its ability to provide this setting for education about fertility management only if its resources can be freely used to provide education and training in the broadest sense.

C. Inability to Complete Field Training of Fellows Due to Denial of Entry into Country

One of the serious problems which has been encountered in the conduct of the JHPIEGO program has been our inability in certain instances to carry out the on-site field training of ATMF Fellows in their home countries due to Embassy refusal to permit training teams to enter these countries, for political reasons. (A chronological summary of problem cases follows this statement.)

Since Fellows who have participated in the ATMF courses are initially trained to use equipment under conditions which may not be similar to those in their own institutions, it is essential that their capabilities to use the techniques learned be observed under local conditions. We therefore consider follow-up, on-site training indispensable so that we may ensure, to the extent possible, that the equipment furnished will be used properly by the graduates and that the requisite logistical back up support systems are available.

While the training of the foreign physician is being augmented in the milieu in which he will be operating, the follow-up, on-site training also provides an opportunity to train paramedics, stress the need for sterilization procedures, and to teach support personnel in the handling and maintenance of equipment.

It is recommended that consideration be given to amending the language of Grant AID/pha-G-1064 to provide that once clearance has been obtained from AID/Washington for the acceptance of foreign physicians for participation in Advanced Techniques for Management of Fertility (ATMF) courses no further formal clearance be required to complete the training of participants through the scheduling of field training visits. PIEGO would, however, be expected to inform the JHPIEGO Program Monitor of the identity and travel plans of physicians scheduled to conduct field training.

INABILITY TO COMPLETE FIELD TRAINING OF FELLOWS  
DUE TO DENIAL OF ENTRY INTO COUNTRY

BRAZIL:

December 27, 1974-----Letter of Approval sent to AID/Washington on  
Dr. Mario de Meelo Marques, Rio de Janerio

January 8, 1974-----Letter of Approval returned by AID/Washington  
with notation to allow ample time to get mis-  
sion O.K.

April 2, 1974-----Letter of Approval sent to AID/Washington to  
have equipment shipped without field visit to  
Dr. Estellita-Lins.

April 9, 1974-----Received telephone call from AID/Washington  
referring their needs to acquire additional  
information regarding the use of Title 10  
funds in Brazil by U.S.AID.

June 16, 1974-----Letter from AID/Washington to Dr. Jones "Can  
use U.S. funds to bring trainees to U. S. or  
third country for training and ship equipment  
provided that no U. S. funds are involved in  
non-Brazilian nationals setting-up and utili-  
zation of equipment - No follow-up team visits."

There are no Brazillians trained or Field Visits  
to Brazillians.

Number of Brazillians  
to be serviced-----2

(2.)

COLOMBIA, S.A.:

- December 18, 1974-----Travel Approval sent to AID/Washington requesting permission to make Field Visits to Popayan and Medellin, Colombia.
- January 14, 1975-----Travel Approvals returned from AID/Washington with note "Trip not authorized by U.S. Embassy due to strong opposition by Cardinal Primate and others in Colombia."  
  
Advised by AID/Washington to wait 90 days for a re-check of Colombian situation.
- June 9, 1975-----Memo sent to AID/Washington to re-check Colombian situation.
- June 16, 1975-----Reply to 6/9/75 received - "Prohibition against use of U.S. Government funds for sterilization and abortion programs still remains. Suggest getting funds from private donors for use in training and supplying of equipment to Colombia."

Number of Colombians  
to be Serviced-----2

ECUADOR:

December 27, 1974-----Letter of Approval sent to AID/Washington  
on Dr. Chiwak requesting permission to make

January 1975-----Letter of Approval signed and returned by  
AID/Washington.

Held off Field Visit until it could be  
combined with another country in South  
America.

June 11, 1975-----Received a memo from Admissions Unit referring  
telephone call from AID/Washington to the  
effect that there would be no field visits to  
Ecuador until further notice. On same date -  
letter sent to John James, Population Officer  
to investigate the situation in Educador. To  
date there has been no reply.

Number of Ecuadorians to be serviced: 1

(4.)

KOREA:

No real problems. Field Training to four Koreans who graduated from ATMF courses in the U.S. held up until the finalization of the formation of JHPIEGO/Korea.

Received letter from Dr. Park, Chan Moo that Field Visits to the above four are to be conducted in September 1975 by Dr. Kwak and himself.

Number of Koreans to be serviced: 4

**MEXICO:**

- January 1974-----Letter of invitation from University Autonoma, de Nuevo Leon, Monterrey to have team visit to lecture on and demonstrate the use of operative laparoscopy for a Diagnostic Laparoscopy graduate course to be held last week of Feb. or first of March 1974. Affirmative reply sent on Jan. 14, 1974.
- January 26, 1974-----Another letter from Mexico informing of exact dates of the course.
- February 14, 1974-----Call received from AID/Washington to inform us that the American Embassy/Mexico would not concur with visit unless the Mexican University obtained written permission from the Ministry of Health/Mexico for a team visit.
- Mexico was informed of this and a cable was sent to us from Dr. Renaldo Guzman Orozco, Sub-Secretary De Salubridad inviting the U.S. team. AID/Washington was sent a copy and the Travel Approval was signed and returned to us by AID/Washington.
- March 29, 1974-----U.S. team departed for Mexico arriving the same day.
- March 30, 1974-----U.S. officials in Mexico requested that the U.S. team leave and not conduct any laparoscopic demonstrations.
- April 2, 1974-----Plans were formulated to use private funds for a return mission to Mexico in order to save-face and rebuild the credibility of the Mexican physicians who organized the course and had rec'd tuitions from those interested Mexican physicians.
- April 26, 1974-----Communication sent to Chairman Ob/Gyn JHH & JHU from AID/Washington stating U.S. Embassy would not give clearance for entry into Mexico of newly constructed U.S. team. However, since private, and not U.S. government funds were being utilized, the team proceeded as planned and also utilized the expertise of one of the Mexican physicians who had completed the JH/ATMF course.
- September 16, 1974-----Travel Approval was sent to AID/Washington requesting permission for a Field Visit to an August 1974 graduate which would be combined with a visit, at the invitation of the Mexicans, of two U.S. consultants. The response from AID/Washington via telephone to PIEGO Administrator was that the Population Officer reported that due to flurry of critical stories appearing in Mexican National Press concerning alledged sterilization of

(6.)

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minority groups in California (including Mexican-Americans), all visits by U.S. physicians involving sterilization and/or abortion activities should be avoided at this time due to the fact that such activities might seriously jeopardize the special Mexican ATMF program scheduled for January 1975. The ruling applied whether the visit was funded by U.S./AID or from private sources.

- January 24, 1975-----New Letter of Approval sent to AID/Washington on the same Mexican ATMF graduate as in above. Letter of Approval signed and dated 1/30/75, and returned by AID/Washington with note "Need long lead time to get mission reply."
- February 26, 1975-----Letter of Approval sent to AID/Washington for Field Visit and equipment shipment to six of the January 1975 Special Mexican ATMF course.
- April 8, 1975-----Telephone call from AID/Washington to PIEGO Education and Field Training Units stating that no Field Training or equipment shipment activity is to be carried out in Mexico until a letter is received from the directors of the Medical Institutions in Mexico requesting such activity. The director of the Mexican institutions was contacted via telephone and the request letter was agreed upon.
- May 8, 1975-----A requisition letter for Field Visit and equipment shipping was received at PIEGO from Dr. Luis Castelozo Ayala, General Director IMSS Medical Area, Mexico. A copy of the letter was sent to AID/Washington.
- May 12, 1975-----Received a telephone call from AID/Washington stating U.S. Embassy/Mexico will permit equipment shipping and Field Visits if properly notified. However, AID/Washington will need long lead time, follow-up plans must be explicit to include exact dates of arrival, name of consultant team and length of stay.
- May 15, 1975-----Field Training plans were made for July 27 - August 2, 1975, and, equipment shipping and travel plans were sent to AID/Washington for approval.
- June 3, 1975-----Received a 2nd letter of invitation from the Ministry of Health/Mexico for Field Visitation and equipment.
- June 4, 1975-----PIEGO Education Unit received a telephone call from AID/Washington advising JHPIEGO not to make Field Visits to Mexico until after the Presidential election to occur approximately 18 months hence, and that it was also advisable for PIEGO to seek funding from sources other than U.S. Government in order to gain Field Training entry in Mexico and other Latin American countries. Dr. Woolf will be sent a letter to that effect.

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June 9, 1975-----A copy of the above mentioned letter was received in PIEGO which strongly advised the obtaining of funds from private sources to be utilized in such cases as this.

Number of Mexicans

- to be serviced-----
- 1 - ATMF graduate - regular course
  - 1 - To receive equipment without follow-up (has received equipment)
  - 6 - January 1975 Special Course - IMSS Group
  - 10- Additional January 1975 Special Course

PERU

- November 8, 1974-----Letter of Approval sent to AID/Washington regarding permission to begin plans for Field Visits and equipment shipping to ATMF graduate from Lima in connection with a revisit to ATMF graduate in Arequipa who had received equipment but did not attend the Field Training Session in Peru in June 1974.
- November 20, 1974-----Received a telephone call from AID/Washington regarding O.K. to make Field Visit, team to contact Population Officer/Peru, first, on arrival.
- November 22, 1974-----Letter of Approval returned from AID/Washington with authorization signature.
- November 26, 1974-----Letter and cable sent to Medical Institutions/Peru informing them of names and approximate arrival time of team.
- November 27, 1974-----Received second telephone call from AID/Washington to stress importance of November 20, 1975 telephone call. Copy of cable from American Embassy/Peru sent to PIEGO indicating the same.
- December 3, 1974-----Travel Approval (back up for Letter of Approval) sent to AID/Washington with final travel plans and indication that equipment for Lima would be hand-carried by the team.
- Received telephone call from AID/Washington informing us that we would have to receive a letter of invitation for Field Visits and equipment from the Medical Institutions in Peru before American Embassy/Peru would permit the Field Visit, a copy of the cable to be sent to U.S. AID Mission/Peru by December 6, 1974 or the Field Visit would have to be cancelled. This was telephoned to Lima to the Director of the Institutions.
- December 5, 1975-----Cable received from Director of Medical Institution in Lima Peru; copy sent to U.S. AID Mission/Peru; AID/Washington was informed via telephone followed by a copy to them, and the Field Visit proceeded as scheduled.
- December 11, 1975-----Travel Approval returned with AID/Washington's authorized signature.

PHILIPPINES

- July 30, 1974-----Sent Letter of Approval to AID/Washington on Philippine ATMF graduate which was not returned.
- September 18, 1974-----Received telephone call from AID/Washington informing Field Training Unit that Philippines on hold until AID/Washington checked with FPOP, Philippines.
- December 6, 1974-----Sent Letter of Approval to AID/Washington on two Philippine ATMF graduates.
- January 9, 1975-----Received telephone call from AID/Washington regarding holding Letter of Approval until report is received from Dr. van der Vlugt on FPOP operations and Laparoscopy situation in Philippines due to the fact that Dr. van der Vlugt wanted a hand in arranging the Field Visit.
- April 2, 23, 28 and  
30, 1975-----Letter of Approval sent to AID/Washington covering request for Field Visits and equipment shipment to six Philippine ATMF graduates (including repeats of those previously sent on 7/30/74 and 12/6/74), which were signed by AID/Washington and returned to Field Training Unit.
- May 5, 1975-----Received copy of cable from American Embassy/Manila requesting Curriculum Vitae on members of the U.S. team to Philippines in order to get G.O.P. permission.
- Letters (including logistics) sent to five Philippine ATMF graduates; 1 letter to Director of Institution of 1 Philippine graduate recommended to receive equipment without follow-up. Waited for replies before beginning Field Visit arrangements, which filtered in one by one.
- June 6, 1975-----Letter sent to PIEGO Equipment Unit from Dr. van der Vlugt referring Philippine ATMF graduates will have to be certified by the Sterilization Certification Board before receiving equipment and Field Training Visits (Field Training Unit received copy of letter end of June 1975)
- July 3, 1975-----Request to ship equipment without Field Visit for 1 Philippine ATMF graduate, sent to AID/Washington and has not been returned to date.
- July 7, 1975-----Letter sent to PIEGO Area Consultant to the Philippines suggesting that he contact Dr. van der Vlugt to resurvey the situation and ask what he (Dr. van der Vlugt) suggests should be

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July 7, 1975 con't-----done regarding honoring PIEGO's commitments to the Philippine ATMF graduates.

In the same vein, a letter is going out to Dr. van der Vlugt from the Field Training Director pointing out the non-feasibility in having the Philippine ATMF graduates certified by the Sterilization Certification Board before receiving a Field Visit.

Number of Philippine  
Graduates to service---7

THAILAND

- August 14, 1974-----Sent Letter of Approval to AID/Washington on five Thai ATMF graduates.
- August 24, 1974-----Received a call from AID/Washington to inform us that Letters of Approval's on Thai graduates were being held, but gave no explanation as to why.
- October 1974-----Inquiries made to AID/Washington regarding releasing above Letters of Approval's.
- November 12, 1974-----Received call from AID/Washington to again inform us that Letters of Approval's were being held in order to avoid jeopardizing the possibility of setting up a training center in Thailand, the decision of which would be determined following Dr. Jones' return from Thailand.
- December 6, 1974-----Repeated above Letters of Approval's to AID/Washington. Indication was made by Field Training Unit of Field Visit plans.
- January 3, 1975-----Received a call from AID/Washington stating that Field Visits to Thailand would be approved if Dr. Levinson would be team leader, however, specific dates would be needed. This information was passed on to Dr. Levinson who informed me he would pick his team, decide on definite dates, map out the route of travel to include Saigon and Nepal, and call the Field Training Unit with plans following his discussions with AID/Washington.
- January 24, 1975-----Called AID/Washington to inquire regarding the disposition of the December 6, 1974 Letters of Approvals. Received them signed and dated January 30, 1975 with notation "With ample lead time should get mission O.K."
- January 31, 1975-----Received call from Dr. Levinson regarding Field Visit dates, his intentions to contact other team members for availability, and the suggested plans to include a follow-up to Nepal along with initial visits to Saigon and Thailand. However, he would get back with the Field Training Unit for finalization of plans and inform AID/Washington via telephone.
- February 4, 1975-----Received call from Dr. Levinson informing us that he had talked with AID/Washington who had asked him to tour Vietnam. Dr. Levinson also gave me the names of four additional team members; the date for departure; the dates they would be in Nepal (to check the 25 laparoscopes), Thailand (to set-up 4 clinics and service 5 Thai graduates), and Saigon; and, that he would call the Field Training Unit's

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February 4, 1975 con't-----travel agent to map out the flight routes by February 26, 1975 following his meeting with Drs. Jones and Davis on the same date.

In the meantime, two of the originally selected consulting team members withdrew from the Field Visit, and two other consultants were chosen, one of which was Dr. John Yang, Bangkok, Thailand. Dr. Levinson corresponded with Dr. Yang for his concurrence.

February 6, 1975-----Received a call from AID/Washington to the effect that AID/Washington would not authorize the visit to Nepal. This information was passed on to Dr. Levinson by the Field Training Unit who said he would get back to us when plans were reformulated.

February 10, 1975-----Received a call from AID/Washington to inform the Field Training Unit that Dr. Levinson could go to Saigon to service the one Saigon ATMF graduate, and survey the area and the two additional Saigon physicians that had been selected to attend the ATMF course later in the year. This information was passed on to Dr. Levinson by the Field Training Unit.

February 27, 1975-----Dr. Jones (during PIEGO Staff Meeting) informed us of Dr. Levinson's meeting and that the plans would be for Field Visit in March, and on return submit a report on the usefulness of the PIEGO Program in Thailand.

March 3, 1975-----Received final travel plans from Dr. Levinson and Travel Approval request were sent to AID/Washington for entry into Thailand on March 3, 1975.

March 20, 1975-----Two days prior to the departure of the team to Saigon/Thailand received call from AID/Washington regarding a cable delayed on route (dated March 17, 1975) from U.S. Embassy/Thailand stating that Dr. Levinson was not to conduct any training programs in Thailand due to new Thai Government policy.

Dr. Levinson was informed, and asked the Field Training Unit to send cablegrams to the four Medical Institutions and five ATMF graduates to the effect that he (Dr. Levinson) will be in the area to check on-going programs but must cancel scheduling of new clinics due to change in Government policy.

March 21, 1975-----Cablegrams sent to Thai ATMF graduates.

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March 26, 1975-----Reply received from Ratburi Hospital, Ratburi, Thailand "Sorry about your telegram, clinic cannot be cancelled. Dr. Levinson welcomed as our guest."

AID/Washington was informed and instructed the Field Training Unit to cable Dr. Levinson in Bangkok regarding the above cablegram and indicate that AID/Washington suggest that he contact Ratburi but must not interfere with AID Mission appointment.

Cable to Dr. Levinson was sent.

Note: Equipment to the four Thai institutions had been shipped and POD's received by PIEGO Equipment Unit.

April 15, 1975-----Received report on Dr. Levinson's visit to Thailand which related to meetings with USOM and Thai doctors which indicated that the Thai's wanted to first approve country programs to avoid overlapping. A committee of Thai physicians were recommended to serve as an umbrella to advise and plan use of out of country resources and work through the Thai Ministry of Health which would work through USOM to implement programs. The Thai's agreed and planned to get advice on coordination from Mr. Scott Edmonds, USOM Family Planning Director.

It was suggested by Dr. Levinson that PIEGO and U.S.AID/Washington should coordinate and agree on goals.

April 24, 1975-----Letter sent to Dr. Levinson from Field Training Director requesting recommendations on how PIEGO can complete its obligations to the Thai ATMF graduates.

April 28, 1975-----Received a letter from Dr. Levinson in which he enclosed explanation letters to the Thai ATMF graduates (which were sent by Field Training Unit over Dr. Levinson's signature) and format of a letter to be sent to Thai individuals who were to be named by Dr. Vanderhoof (list was not sent to Dr. Levinson and therefore could not be passed on to PIEGO).

May 12, 1975-----Letter to Dr. Levinson from Field Training Director informing him of three additional Thai ATMF graduates to be added to the list of those whom PIEGO is obligated to service.

THAILAND CON'T:

June 3, 1975-----Received call from Dr. Levinson regarding not receiving feedback from Thai physicians which caused hesitancy in Dr. Levinson to act. Suggested that AID/Washington send PIEGO a statement of their understanding of Thai feelings and recommend what should be done in regards to USOM's outline.

June 24, 1975-----Letter to AID/Washington from Dr. Levinson requesting counsel on the handling of the Thai problem.

July 2, 1975-----Letter from AID/Washington to Scott Edmonds USOM/Thailand inquiring into the plans for PIEGO's completion of obligations to Thai ATMF graduates.

Number of Thai ATMF  
graduates to be serviced--9

AFRICA:

Kenya-----Two former ATMF graduates of 1973:  
One in private practice and not eligible or  
interested in laparoscopy.  
One in Ministry of Health and his boss is  
anti-sterilization.

Nigeria-----One former ATMF graduate of 1973 who cannot  
be located by any of the PIEGO Unit.

Other recent ATMF fellows from Africa - notified of eligibility and  
we are waiting replies.

INDIA:

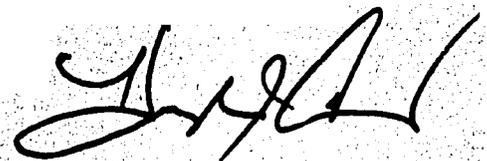
No problems as far as AID/Washington. Problems have been in the  
Indians obtaining import licenses. Field Visits to those Indian  
ATMF graduates to begin September/October 1975 under co-ordination  
of in-country consultant.

CHILE:

Two ATMF graduates pending. Field Visits being coordinated with  
in-country consultant.

VENEZUELA:

One ATMF graduate from 1973. Field Visits held up due to continuous  
postponing by graduate and his institution. Once Field Visits  
materializes, will be conducted by Latin American Consultants.



From: Hugh J. Davis, M.D.  
Field Training Director

HJD/jyc

SECTION V. PROGRAM PLANS FOR FISCAL YEAR 1976

## SECTION V. PROGRAM PLANS FOR FISCAL YEAR 1976

### A. Central American Training Program

Development of a special program for obstetrician-gynecologists in the Central American countries was suggested to Dr. Federico Arthes, PIEGO Area Coordinator for Latin America, while he was attending the meeting of the Pan American Health Organization (PAHO) in Washington, D.C. in the Fall of 1974. While attending that meeting, Dr. Arthes spoke with health officers of several of the Central American countries. Shortly thereafter during a trip to Latin America Dr. Arthes explored with the Ministers of Health of the Central American countries the question of the demand for and usefulness of a special Central American educational training program.

As a result of the enthusiastic response of the Ministers and following considerable discussion among JHPIEGO personnel, a special program for Central American countries was proposed to the Council of Associates at the March 1975 meeting. As approved, courses for Central Americans were to be scheduled for September 1975. During the selection of ATMF candidates, none was scheduled for Johns Hopkins or Washington University in September in order to accommodate trainees in the special programs for the Central American countries. Since the University of Pittsburgh operates on a six week training schedule there seemed reason to schedule the Central American program in St. Louis and in Baltimore so as not to compound the scheduling of ATMF candidates in Pittsburgh.

Following the St. Louis meeting of the Council of Associates in March it was agreed that, in general, the program for Central America should be developed in a manner similar to the program presented to the two groups of Mexican physicians in January 1975.

The training to be provided participants in the Central American program will be carried out in three phases: (1) a one-week didactic phase at Johns Hopkins and Washington University, focused on orientation and instruction in modern concepts of reproductive health; (2) one week of demonstration and observation of clinical techniques, also conducted at the U.S. training centers; and (3) one week of actual practice and experience in laparoscopy which will be conducted at Hospital Mexico in San Jose, Costa Rica, a regional training center. While it is anticipated that this third phase will be regarded as completing the training of the Central American participants, supplementary on-site training at the participants' home institutions may be undertaken in a few instances. Decisions on the need for on-site training will be made by the Director of PIEGO Field Training on the basis of recommendations received from the Director of the Costa Rica regional training centers.

### B. Bolivian Training Program

A separate program for Bolivian obstetrician-gynecologists became a consideration because of the interest and enthusiasm with which Dr. Percy Boland, President of the 1975 Bolivian Conference of the Society of Obstetricians and Gynecologists, and Dr. Morales, President of the Bolivian Society of Obstetricians and Gynecologists had discussed the desirability of such a program.

with Dr. Federico Arthes during their conversations at the PAHO Conference concerning the possibilities of PIEGO programs in Latin America.

Following the interest expressed to Dr. Arthes by representatives of the obstetricians and gynecologists in Bolivia, during the month of February we received letters from Dr. Jorge Navarro, the Minister of Health of Bolivia, as well as letters from Dr. Morales and Dr. Boland and from Dr. Adolfo Saavedra, Director of the Bolivian National Center for Family Planning, all evidencing interest in the development of programs by JHPIEGO for the obstetricians and gynecologists in Bolivia. These developments and interests are summarized in a memorandum dated March 5, 1975 from Dr. Arthes to Dr. Howard W. Jones, Jr., a copy of which is included in Appendix 34.

At the present time, the program for Bolivian obstetricians and gynecologists is in the preliminary planning and exploratory stages. Letters have been written to the Minister of Health as well as Drs. Boland and Morales for the purpose of indicating JHPIEGO's interest and consideration in developing such a special program and also for the purpose of asking for their recommendations in regard to the procedure that might be followed in the selection of trainees in order to assure the selection of physicians who would not only be interested in but would also be in a position to influence the teaching of obstetrical and gynecological care in Bolivia.

Following his participation in the 1975 Bolivian Congress of Obstetricians and Gynecologists in early August, Dr. Arthes visited Paraguay and Uruguay where he consulted with a number of leading obstetricians and gynecologists for the purpose of determining the extent of interest within the OB/GYN community in a PIEGO-sponsored conference type training program in Bolivia. Following a review and evaluation of Dr. Arthes' findings and recommendations in the JHPIEGO Secretariat and by officers of the JHPIEGO Corporation, a decision will be made on the desirability and feasibility of organizing a training program in Bolivia.

A copy of Dr. Arthes' report on the results of his trip to Bolivia is also included in Appendix 34.

### C. Special Education Program for Health Administrators

Since the discussions Drs. Arthes and Randall had with Drs. Bravo Castelazo and Septien in Mexico City in August, 1974, increasing consideration has been given to recognizing the desirability of designing specific PIEGO programs for the varied types of professionals needed for the development of effective population programs in several of the developing countries. It was recognized that in Mexico there was a significant group of physicians involved in public health and the administration of family planning programs who were not personally involved in the provision of clinical services. Obviously, physicians with such interest and responsibilities would not have need of training and clinical experience in a utilization of modern techniques. It is also unlikely that the professionals who are personally involved in the provision of clinical services could develop effective programs unless the administrative officers with whom they are working have an understanding of modern concepts and current techniques of fertility management. Because of those who provide services must have the support of their supervising administrative officers, special courses for health administrators and health educators who will not personally be providing health services would seem likely to meet an essential need in many developing countries.

With these needs in mind, Dr. Theodore M. King and Dr. John Lesinski of the Johns Hopkins ATMF Center have proposed a course for physicians who are in education and administration. The course was designed with the apparent needs of a number of African countries in mind because of the assumed importance of acquainting health administrators in countries not now inclined to welcome population control, with some of the modern concepts of maternal welfare and child health with the expectation that recognition of the factors which have improved the quality of life in many areas of the world usually results in recognition of the importance of programs designed to aid in the management of human fertility.

The course as proposed involves (1) four weeks of didactic lectures, (2) visits to institutions and facilities providing important health services and (3) observation of the operation of modern clinical facilities designed to assure a maternal health and improved child care as a result of fertility management. While the duration of the course may prove a deterring factor because of the time it would involve away from the individuals responsibilities at home, it is thought that the importance of a thorough indoctrination of public health officials justifies an adequate educational experience. If a course of this proposed duration does not seem to be of considerable interest, then the curriculum can be condensed into a shorter, more intensive course. A copy of the program as proposed by Drs. King and Lesinski is attached in Appendix 35. The proposed program will be reviewed by the Corporation prior to implementation.

#### D. Arab Conference

Interest in the development of a Middle East or Arab Conference seems to have grown out of the successful conduct and encouraging effects of the June 1973 course at the Johns Hopkins Hospital for the Latin American professors of obstetrics and gynecology. In mid June, 1974, Dr. Clifford Wheelless proposed a meeting to consider a development of a similar conference type course for professors of obstetrics and gynecology and chiefs of obstetrics-gynecologic services in the larger teaching hospitals in the Middle Eastern Arab countries bordering the Mediterranean. Preliminary planning was discussed in mid July and such a conference-type program was recommended by Dr. Wheelless in a July 30 letter to Dr. Howard W. Jones, Jr., Secretary General of JHPIEGO.

In the earliest discussions within PIEGO, because of the desirability of scheduling Middle East trainees for the ATMF center at the American University of Beirut (AUB) there was agreement regarding the importance of involving AUB in the earliest planning for the proposed conference. Correspondence with Dr. Samir N. Hajj, Director of the ATMF Program at AUB in Beirut, resulted in a meeting in Stockholm on September 2, 1974 of Drs. Woolf, Jones and Randall with Drs. Hajj and Karam Karam, ATMF Project Administrator. On that occasion, Drs. Hajj and Karam agreed there would probably be considerable interest in a five day conference-type program developed in an effort to stimulate both interest and participation in JHPIEGO programs by obstetrician-gynecologists in the Arab nations.

In early October, Dr. Jones suggested that Dr. Theodore A. Baramki of the Hopkins faculty and Dr. Karam Karam of the Beirut program together team-up to visit PIEGO trainees Gamal Serour in Cairo and Abel Enin in Alexandria, particularly since such a trip would well serve the dual purpose of a field training visit and at the same time provide Dr. Baramki with an opportunity to interview a few individuals in regard to the probabilities of interest in an Arab Conference.

In the earlier phases of the planning, there was considerable interest in conducting an Arab Conference in the Johns Hopkins University Bologna Center. Primarily to explore this possibility, on November 5, 1974, Dr. Federico Arthes visited Dr. Serfaty at the Johns Hopkins Center in Bologna. Although Dr. Arthes' report of November 12, 1974 indicated his approval of the Center as an ideal site for such a conference, Arthes' report also enumerates reasons that he (Arthes) concluded during his visit that the Center at Bologna would not be a desirable site in which JHPIEGO should plan to present the type of program planned for the Arab Conference. In mid November 1974, Joel Montague of the POP Council, New York (Regional Director for the Near East and Africa), indicated by letter his interest in what he had heard was to be an Arab Conference, suggesting again the effectiveness of the proverbial grapevine as a predictable means of communication. Some time was required however, in arriving at an agreed upon date that would fit in satisfactorily with the teaching schedules at AUB as well as the schedules of JHPIEGO personnel.

By early January, 1975, it had been agreed that the Conference would be scheduled for the week beginning November 17, 1974, and would be held at the Geneva headquarters of the World Health Organization. With the site and date settled, Dr. Baramki, appointed Coordinator for the Arab Conference, immediately began arranging the program to be presented. It was again agreed that the subject matter should not be limited to the problems and techniques of managing human fertility, but that the curriculum should be broadened to include currently significant considerations related to reproductive health and maternal welfare and the program, as now planned, will be a presentation entitled "Contemporary Reproductive Biology". Attached as Appendix 36 is a copy of the preliminary five day program, indicating the subjects being considered for both the lectures in the forenoons and the seminar-discussion periods in the afternoons.

Invitations have been sent to 39 gynecologists and obstetricians in the Arab nations ringing the Mediterranean. For the most part, this group includes Chairmen of the Departments in the medical schools in which obstetrics and gynecology has departmental status. In other countries, particularly in the French speaking African nations in which some of the medical schools do not accord departmental status to obstetrics and gynecology, the Chiefs of obstetrics and gynecology in the major teaching hospitals were invited. As of the due date of this report, 33 have indicated their intentions to attend.

A copy of the Preliminary Program is attached in Appendix 36.

#### E. Mediterranean Center

Interest in the development of a clinical training center in the facilities of Al-Azhar University, Cairo, was initiated during a visit on May 9 by Professor Froud Hefnawi, Chairman of the Department of Obstetrics and Gynecology in Al-Azhar University, Cairo.

Professor Hefnawi has been designated by the United Nations Fund for Population Activities as Director of Maternal and Child Health Activities for the North Africa and Middle East nations. Hefnawi is also Director of the newly established International Islamic Center for Population Studies and Research now being developed in Al-Azhar University. Professor Hefnawi had been at the United Nations in New York, then made a visit to the AID offices in Washington, at which time Dr. John Edlefsen phoned and made a date for Hefnawi to visit the JHPIEGO offices in Baltimore.

Dr. Clyde L. Randall, PIEGO Director of Education, met with Dr. Hefnawi on May 9. Dr. Hefnawi is fluent in English and his concept of modern maternity care, family planning, and population studies indicated that he personally was well informed and current in regard to the type of programs in which PIEGO is interested and involved. Professor Hefnawi had gained the impression that USAID support of his Islamic Center at Al-Azhar would be possible only if his Center became involved in PIEGO programs, or at least in PIEGO-type programs.

During the discussion, Professor Hefnawi emphasized his belief that if JHPIEGO wanted to develop effective programs in the Islamic countries, consideration should be given the fact that Moslem physicians regard Al-Azhar University as the focal point of Islamic interests, mores and studies. For this reason he believes that education programs based at Al-Azhar University would be of great interest to Moslems in many countries and more importantly, that the objectives of programs based in Al-Azhar would be accepted in the Islamic world more readily than if they were not to have the support of the Islamic Center.

Dr. Randall pointed out to Professor Hefnawi that the JHPIEGO Council of Associates had at no time discussed the possibility or the desirability of developing programs with and for any specific religious or cultural group; that it was, therefore, not possible to indicate the interest that JHPIEGO might have in the development of a clinical training center at Al-Azhar until the significance and desirability of such a development could be given due consideration.

Professor Hefnawi volunteered that the physical facilities at Al-Azhar were not attractive and not an adequate or desirable setting for an academic center emphasizing surgical techniques. He indicated, however, that he believed support for buildings and facilities would come to Al-Azhar in the form of adequate donations if there was evidence that needed and attractive educational programs were being developed and their continuation and improvement required improved facilities. Professor Hefnawi also indicated that what he hoped to obtain from JHPIEGO would be (1) help with the development of educational programs, (2) help with the identification of competent instructors and (3) possibly financial support of such instruction until the program has been started and the interest of Moslem physicians had been demonstrated to the degree that Hefnawi expects (and seems confident) would generate adequate support from Arab sources, once the Center had demonstrated its ability to provide the education and training necessary to develop effective programs for the populations of the Islamic world.

At the present time, consideration of the possibilities of developing a center at Al-Azhar is being deferred until such time as priorities have been agreed upon and there has been opportunity, during the November 1975 Arab Conference to discuss the possibilities again with Professor Hefnawi, who will be attending the Conference.

#### F. Undergraduate Education in Turkey

In February of 1975, JHPIEGO was approached by Dr. Husnu Kisnisci, Director of the Institute of Population Studies at Hacettepe University, Ankara, with a request that we participate in a review of the teaching of human reproduction in the undergraduate curriculum of medical schools in Turkey. Following such a review, recommendations would be made as to the redesign of the curricula of these Departments of Ob-Gyn to include instruction in contemporary fertility management techniques. The International Advisory Council of the JHPIEGO Corporation has expressed interest in this proposal, and the matter is therefore being further considered by the President and Secretary General of the Corporation.

#### G. Educational Training Program: Pakistan

PIEGO has been informed by the Office of Population in AID/Washington that both the Government of Pakistan and the USAID Mission in Pakistan would look with favor on the organization by PIEGO of an intensive laparoscopic training program for qualified obstetricians and gynecologists in that country.

It is contemplated that this program would be conducted in Pakistan and would in general be patterned after the didactic training session for 119 Korean gynecologists and obstetricians held in Seoul, Korea May 19-23, 1975 which represented the first phase of a three-stage training program. Preliminary estimates are that approximately 50 Ob-Gyn specialists would participate in such a training program. Preparatory discussions will be undertaken by PIEGO in the near future to lay the groundwork for the program.

PIEGO's educational and training role in Pakistan is based upon the fact that USAID/Islamabad has included in its Pakistan Program Agreement provision for the purchase of laparoscopes which are to be distributed by the Mission to institutions having on their staffs Ob-Gyn personnel adequately trained to handle this equipment. PIEGO is being requested to provide such training and certification of physician competence as well as institutional capability. It is expected that similar situations will arise in which USAID Missions in other developing countries will purchase laparoscopic equipment from country funds predicated upon the assumption that PIEGO will provide the necessary educational and training program for qualified physicians.

#### H. Educational Training Program: Indonesia

In its priority listing of countries for the development of assistance programs the Agency for International Development has placed Indonesia in second place. It was therefore logical that PIEGO should review the situation in Indonesia to determine whether or not PIEGO could make a meaningful contribution in the general field of reproductive health including training in fertility management.

Following a preparatory exchange of correspondence Dr. Harry Woolf, Provost of the Johns Hopkins University and President of the JHPIEGO Corporation, and Dr. Howard W. Jones, Jr., Secretary General of JHPIEGO, spent four days in Djakarta (June 1-4) consulting with ranking Indonesia Ob-Gyn specialists concerning the situation in that country relating to the field of gynecology and obstetrics and the status of fertility management programs.

On June 2, 1975 Dr. Muki Raksotrodjo, President of the Indonesian Society of Obstetrics and Gynecology, convened a meeting with the heads of the departments of obstetrics and gynecologists from most of the medical schools in Indonesia. The Society is a quasi-official body in that it has been assigned by the Indonesian Ministry of Health as the examining and certifying body for candidates for specialization in the Ob-Gyn field. Its functions correspond to those of the American Board of Gynecology and Obstetrics.

A special meeting of the Society was also convened at which the priorities in the general field of obstetrics and gynecology in Indonesia were reviewed. These discussions revealed that Indonesia's greatest need at this time is for more qualified obstetricians and gynecologists. In response to a query as to whether JHPIEGO could be of assistance in developing Ob-Gyn specialists it was pointed out that this type of activity was not consistent with JHPIEGO's mission.

In discussing the priorities in Indonesia in the general field of obstetrics and gynecology there was virtual unanimity that fertility management had the greatest priority. A number of graduates of ATMF training who were present at the session praised the program and recommended it highly. Unfortunately, there has to date been no multiplier effect resulting from this ATMF training since the ATMF Fellows have restricted their training activities to their own institutions. Interest was, however, expressed in assistance in organizing such activity.

While there has been some reluctance on the part of USAID/Indonesia to permit follow-up training visits to Indonesia, Indonesian law does not forbid sterilization. Moreover, Indonesia is a signatory to an international declaration urging that high priority be given to family planning. Additionally, a Presidential Decree of April, 1974 stated that families should be limited to three wanted children. While not officially countenanced, there is a considerable amount of sterilization in Indonesia.

At a meeting on June 3, the heads of the departments of obstetrics and gynecology expressed to Drs. Woolf and Jones an interest in having PIEGO offer a post-graduate course immediately prior to the Indonesian Congress of Obstetrics and Gynecology, which is scheduled to be held in Medan, North Sumatra, June 7-11, 1976, or in organizing a seminar-type session. A formal proposal was solicited.

In assessing the situation in Indonesia with specific reference to the role JHPIEGO might play, the following conclusions have been reached:

1. At this point, JHPIEGO's contribution should be confined to encouraging the participation of more Indonesians in ATMF courses, particularly from areas of the country which have not sent candidates.
2. During the 1976 or 1977 fiscal years, attention should be focused on developing mini-centers capable of training other Indonesians.
3. The final step should be the planning of a JHPIEGO/Korea type three-phase training program, consisting of one week of didactic training, two weeks of clinical training, and on-site visits to the institutions with which the participating Fellows are affiliated.

With reference to all three steps Dr. Raksotrdjo indicated that JHPIEGO would have his full cooperation and that of the Indonesian Society of Obstetrics and Gynecology.

Further details relating to JHPIEGO's exploration of the Indonesian situation are included in the report on Dr. Woolf and Dr. Jones' visit to Djakarta, which is attached as Appendix 37.

#### I. North African Program

The noticeable failure of the obstetrician-gynecologist in the French speaking North African countries to indicate interest in their invitations to attend the JHPIEGO sponsored Arab Conference, scheduled to be held in Geneva during the week of November 17, 1975, parallels the absence to date of representatives of those same countries among ATMF trainees in the United States

and at American University of Beirut ATMF Training Center. It should be remembered, however, that these same countries are beginning to develop family planning programs. Tunisia particularly has organized an office for family planning, partially in response to the interests and the attendance of Tunisian faculty and medical students in a 6-hour course on the administration of family planning programs conducted in June, 1975 in the Rennes School of Public Health.

Invitations to attend the Arab Conference were mailed to the chiefs of obstetrics and gynecologic services in the larger hospitals in the North African Francophone countries, hoping they come, but with the thought that if there seemed a significant lack of response that PIEGO should attempt to follow up the program at Rennes with a didactic training conference featuring lectures and seminar discussion on contemporary reproductive biology. Where and when such a course could be presented will require a careful approach, but the possibilities will receive careful considerations if additional programs of this type are going to be supported by AID in the next two fiscal years.