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AGENCY FOR INTERNATIONAL DEVELOPMENT
1988 ANNUAL MEETING OF THE
OFFICE OF POPULATION'S
COOPERATING AGENCIES:
SUMMARY OF PROCEEDINGS

January 19-21, 1988
Rosslyn Westpark Hotel

by

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SPECIAL NOTE

The upcoming retirement of Betty Case, Program Officer, Office of Population after 26 years with A.I.D. was announced at the conference. She was praised for her great competence and honesty, and for being a friend and colleague of all the Cooperating Agencies over the years.

She was presented a plaque that read:

For all of your Straight Shooting,
Hard Driving, Problem Solving,
Morale Boosting, Truth Talking
and Miracle Working

Our very special thanks

The Cooperating Agencies
January 19, 1988

GLOSSARY

AED	Academy for Educational Development
AFR	Bureau for Africa
AIDS	Acquired immune deficiency syndrome
ANE	Bureau for Asia and the Near East
CA	Cooperating Agency
CPR	Contraceptive prevalence rate
CSM	Contraceptive social marketing
DFA	Development Fund for Africa
DHS	Demographic and Health Surveys
DR	Development Resources
FHI	Family Health International
FHI II	Family Health Initiatives II (project)
H	Office of Health
HIV	Human immunodeficiency virus
HPN	Health, Population, and Nutrition
ICTF	Informed Choice Task Force
IEC	Information, education, and communication
INTRAH	Program for International Training in Health
IT	Information and Training (division)
LAC	Bureau for Latin America and the Caribbean
LDC	Less developed country
MCH	Maternal and child health
OR	Operations research
OYB	Operating year budget

PPC/PDPR/RP	Bureau for Program and Policy Coordination/Office of Policy Development and Program Review/Resource Policy Division
PDD	Policy Development Division
POP	Office of Population
PVO	Private voluntary organization
R	Research (division)
ST	Bureau for Science and Technology
TFR	Total fertility rate
TR	Technical Resources
SMP	Social Marketing Program
SPI	Sahel Population Initiatives
VSC	Voluntary surgical contraception
WFS	World Fertility Survey
WHO	World Health Organization

INTRODUCTION

The fifth annual meeting of the Office of Population's Cooperating Agencies (CA) took place January 19-21, 1988 at the Rosslyn Westpark Hotel in Arlington, Virginia. The meeting provided a forum for state-of-the-art presentations on topics of broad professional interest as well as for dialogue on matters of special interest to A.I.D.'s population program.

More than 200 participants attended the meeting. They included staff of A.I.D.'s Office of Population, representatives of A.I.D. regional bureaus and the State Department, five A.I.D. Mission population officers, and representatives of the organizations that receive A.I.D. funding to carry out A.I.D.'s worldwide population program. Representatives of other donor organizations and other non-A.I.D.-funded organizations also participated in the meeting (see Appendix A).

The agenda for the plenary sessions of the meeting, January 19 and 20, addressed major current issues in the program: the overall program and budgetary situation, regional programs and strategies, child spacing, program sustainability, AIDS, the environment, and informed choice (see Appendix B). On the afternoon of January 20, following these plenary sessions, each division of the Office of Population convened a separate session to meet with CAs to discuss issues concerning their particular functional areas. On January 21, issues of concern to the geographic regions were discussed in separate sessions convened by the regional bureaus. (This report covers only the plenary sessions held on January 19-20.)

A highlight of the meeting was the luncheon address on January 19 by Lester Brown, President of Worldwatch Institute. Dr. Brown's address and the lengthy discussion that followed examined important relationships between population growth, the environment, and political stability.

This year's CA meeting was coordinated by Anne Aarnes, Chief of the Office of Population's Information and Training Division, with a Steering Committee representing each division in the office. Members of the Steering Committee included Marilyn Schmidt and Clayton Vollan, Information and Training Division; Dawn Liberi, Family Planning Services Division; Carl Hemmer, Commodities and Program Support Division; Ginny Poole, Policy Development Division; and Jeff Spieler, Research Division. The committee received assistance from many other staff of the office, in particular Earle Lawrence and Charlotte Ureksoy (Information and Training Division) and Carol Dabbs (Research Division). Logistical arrangements for the meeting were handled by the Centre for Development and Population Activities (CEDPA) under the direction of Cheryl Truchan. The proceedings of the meeting were prepared by Dorothy Wexler of the International Science and Technology Institute.

SUMMARY OF PROCEEDINGS¹

1. POPULATION AND SUSTAINABLE DEVELOPMENT

Nyle C. Brady, Senior Assistant Administrator for Science and Technology (ST)

An issue of growing concern to A.I.D. is the increasing disparity between growing populations and the sustainable resources needed to support them. Increasingly, the natural resource base that supports food production is eroding, resulting in the prospect of "low output development, not sustainable development."² A.I.D.'s concern is to achieve "sustainable development, not sustainable stagnation." Population is "a critical issue that must be factored in. Most experts agree that unless high rates of population growth are reduced in developing countries, solutions to environmental problems, however imaginative, will become increasingly difficult and costly, and may be doomed to fail."

Examples abound of rates of population outstripping resources: Demand for food is leading to overgrazing and over-cultivation, which in turn result in erosion; demand for fuelwood is leading to deforestation, erosion, and desertification; rapid urbanization is leading to air pollution; and need for water is leading to competition and depletion of resources. Studies show that slowing population growth would allow more time for less developed countries (LDC) to develop policies to protect the environment.

Since 1976, A.I.D. has had an environmental policy that requires that all projects be looked at from the viewpoint of their effect on the environment. Funding for environmental programs averages about \$155 million annually. A.I.D.'s 1987 Environmental Sector Strategy states that "renewable natural resources of developing countries are currently subject to stresses of unprecedented magnitude. These pressures are brought about in large part by rapid population growth, which results in increasing numbers of poor people struggling for food, fuel, and other necessities of life."

¹The opinions expressed in this report are those of the individual participants. They do not necessarily represent the policies of the U.S. Agency for International Development.

²All remarks are summarized or paraphrased except for those in direct quotation marks.

2. POPULATION PROGRAM UPDATE

2.1 Duff Gillespie, Agency Director for Population

The population program has had an interesting, challenging year and 1988 promises to be even more stimulating. Three areas explored at last year's meeting will need greater attention in the future: AIDS (acquired immune deficiency syndrome), informed choice, and birth spacing and timing. Two other issues of growing concern are sustainability and population and the environment.

o AIDS

The time has come to move from discussion of policy on AIDS to implementation. This conference will provide opportunity to learn what A.I.D. and CAS are doing to support global efforts to prevent the spread of this tragic disease and to explore our future role.

o Informed Choice

Ideally, all couples receiving A.I.D. assistance for family planning should have full information so they can make the choices that are right for them. The Informed Choice Task Force report indicates that we are doing well in this area but can still do better. We must be ever vigilant to ensure that our actions match our rhetoric and that A.I.D.'s policies are being implemented in the field.

o Birth Spacing and Timing

Thanks largely to the World Fertility Survey (WFS), it is now possible to document what clinically and logically has been known for some time--that births, too many, too close, too soon, and too late, adversely affect the health of mothers and infants.

It is important that programmatic strategies and tactics maximize the potential health impact. Family planning does not automatically lead to longer birth intervals or alter timing. Training and information, education, and communication (IEC) are the main tools for making sure developing country families receive the full health benefits of family planning.

o Sustainability

A fourth issue of concern is the sustainability of

family planning programs. Budget constraints and increasing the role of the for-profit sector in family planning--two topics that received considerable attention last year--are major factors in sustainability.

o Population and the Environment

The complex, often subtle relationship between environmental problems and population will also be a focus of this year's meeting. Within the limitations of existing resources, several actions can be taken: by policy dialogue, information dissemination, and raising of awareness about the environment. The Office of Population's work in this area must not detract from its major function, but the population community could play a role in environmental initiatives. This conference can make a contribution to determining what should and can be done.

A.I.D.'s population program--indeed, family planning in general--has always been characterized by conflict and controversy. This state of affairs is unlikely to change in the near future. In fact, the situation may become more intense.

The field has also been characterized by many accomplishments. There have been dramatic changes in attitudes and behavior that few thought possible 20 years ago. Family planning is now accepted. Not long ago the countries where one could openly talk about family planning--not necessarily provide it--were the exceptions. Now they are the rule.

Much of what has been accomplished is due to the hard work and insight of individuals at this conference. Few people have the chance to see their work have such a concrete and important impact on one of the world's most serious problems.

A few examples of those concrete accomplishments are these "success stories":

- Demographic and Health Surveys (DHS)/Westinghouse is building on the groundbreaking work of the WFS and making major additions to knowledge on fertility, use of contraception, health, and other issues of interest to the population community.
- Johns Hopkins has been truly innovative in its use of commercial and artistic talents in the production of pop videos under the Population Communication Services project.

- John Short and John Snow are developing family planning projects with the for-profit sectors--including subsidiaries of such corporate giants as Unilever, ISI, and Chevron--that not only offer new avenues for providing family planning but do so in a sustainable fashion.
- The Futures Group--through RAPID and OPTIONS--has played a pivotal role in establishing population policies in Togo, Sudan, Senegal, Madagascar, Burkina Faso, Zaire, Nigeria, and several other countries.
- The Pathfinder Fund continues its role as not only a pathfinder but a sustainer of family planning in places like Turkey, Egypt, and Zimbabwe.
- Biomedical Successes:
 1. The Population Council and its network of collaborators are moving quickly to get FDA approval of NORPLANT^R.
 2. Thanks largely to the Population Council and private efforts, the IUD will be soon available in the United States.
 3. Family Health International (FHI) launched large-scale clinical trials of the Agency's new injectable, NET 90 day. FDA approval is expected by the early 1990s.
- Eighty-five percent of African medical schools have had faculty trained by JHPIEGO.
- Columbia University, Population Council, University Research Corporation, and Tulane have over 60 projects testing new ways of doing business.
- FPPIA and SOMARC have developed synergistic ways of relating to the pharmaceutical industry.
- INTRAH, Development Associates, and RONCO have trained tens of thousands in family planning.

Most importantly, collectively the CAs provide the largest, most comprehensive source of expertise, funds, and contraceptives for family planning anywhere in the world. The significance: Voluntary family planning is more available,

prevalence is rising, and birth and growth rates are declining because of these programs.

Together what has been accomplished is quite awesome, particularly in light of the many obstacles to progress. For example,

- Philosophical differences concerning family planning do exist. In the U.S. this is a political reality that must be recognized.
- Budget constraints continue; there is less money relative to opportunities and needs.
- Changes in competitive procurement procedures can affect programs.
- The impact of bilateral and regional programs, buy-ins, and the Development Fund for Africa (DFA) is unknown.

Working together, united by common goals, the Office of Population and the CAS can overcome these challenges. Alternative approaches can be found not only for receiving but also for using funds.

Intellectual and programmatic growth is essential, however. Innovative and different approaches are crucial to bring about the constructive changes that will be required to continue the success that has characterized these programs to date.

2.2 Discussion

This year's population budget is still uncertain, with the appropriation for the Office of Population only \$85 million, compared to last year's operating year budget (OYB) of \$115 million. One of the complicating factors is the \$500-\$550 million Development Fund for Africa (DFA), of which Congress suggests 10 percent should go to population, but for which implementation plans are still very unclear. Although the total spent on population is always larger than the allocation to the Office of Population (last year the "shadow budget" appropriated by Congress for population activities was \$230 million), never before have central programs been so underfunded. As a result, the Office is exploring new funding mechanisms; for instance, for new solicitations, the Office is exploring whether it can borrow from one project for another [Gillespie].

3. FAMILY PLANNING FOR CHILD SPACING

3.1 Introductory Remarks

Jeffrey Spieler Bureau for Science and Technology/Office of Population/Research Division (ST/POP/R)

A.I.D.'s Child Spacing for Child Survival Strategy reflects the importance of child spacing on the health of the family and the need to prevent high-risk pregnancies: that is, the "four toos" pregnancies--too young, too old, too frequent, and too many.

Child spacing is one of four lifesaving interventions in the Agency's Child Survival Strategy. The others are diarrheal disease control, immunization, and selected nutrition interventions.

3.2 Child Spacing, Fertility, and Infant Mortality

Martin Vaessen, Westinghouse Institute for Resource Development

The DHS, together with the WFS, is providing data that show how child spacing and child mortality and some of their determinants have changed over the last decade. On the basis of WFS and DHS data from Colombia, Senegal, and Sri Lanka, it can be shown that there have been substantial increases in contraceptive use in all three countries. The data also show that although reducing potential fertility is increasingly due to the use of contraceptives, the natural barriers against childbearing, such as postpartum infecundity due to breastfeeding, are still the major fertility-limiting factors in both Senegal and Sri Lanka.

Studies have also focused on contraceptive use among high-risk groups for child mortality (younger than 18, 35 and older, six or more births, and 15 or fewer months since previous birth). In all countries, the proportion of women with high parity and with potentially short birth intervals has declined over time, and contraceptive use has increased among all high-risk groups of currently married women.

Mortality rates for children under five years have declined in all countries, although they remain high, particularly in Senegal, where they are four times higher than those of the other two countries. Along with family planning, health interventions must be playing an important but undetermined part in the improvement of child survival. The higher levels of mortality observed in high-order births, in births with a short previous intervals, and in those with a short subsequent intervals, show that interventions geared toward lengthening the birth intervals and bringing down fertility will

have a beneficial effect on infant and child mortality. Overall, there is "some evidence that A.I.D.'s work in child survival has been very effective."

3.3 Breastfeeding in Family Planning Programs

Miriam Labbok, Georgetown University, Institute for International Programs in Natural Family Planning

Breastfeeding can be credited with a significant role in child spacing and child survival. The effect of lactation on fertility is well documented. It is believed to result from nipple stimulation, which in turn stimulates development of opioid neuropeptides, which results in interactions that suppress ovulation. To contribute maximally to postpartum infecundity and reduced levels of infant disease, breastfeeding should be on demand and unsupplemented, particularly during the first six months. Perhaps the most exciting finding in the area of breastfeeding promotion is that such programs appear highly "do-able" and can have a dramatic effect on breastfeeding practices.

The use of formula, the increase of women in the workplace, and the promotion of early supplementation due to irrelevant growth charts, all frequently consequences of Western development efforts, have often resulted in shortened periods of breastfeeding. The short pregnancy interval that results often endangers the life of the baby who is rapidly weaned because of the pregnancy, and of the next baby as well. Where the median duration of breastfeeding drops, doubling or even tripling of contraceptive prevalence may be necessary to maintain fertility levels.

In some countries, lactational amenorrhea remains the major component of the birth interval. In Bangladesh, for instance, where Western influences on breastfeeding patterns have been minimal, the average birth interval is only about two years. Moreover, about 5-10 percent of women will become pregnant during lactational amenorrhea, and the majority of women will have birth intervals of less than two years. It is important that program planners not be misled by high levels of breastfeeding into ignoring high risk groups.

Integrating breastfeeding into family planning programs should involve the following: Family planning managers must actively promote full breastfeeding as part of program planning; introduce appropriate family planning methods during breastfeeding; and provide appropriate and complementary primary health care interventions.

3.4 Family Planning for Maternal Health

Allan Rosenfield, Center for Population and Family Health,
Columbia University

Maternal mortality is one of the most neglected areas in the public health care field. The World Health Organization (WHO) estimates that there are some 500,000 pregnancy-related deaths annually (compared with 40-50,000 total deaths from AIDS since it was first identified). Data, however, are poor and difficult to obtain. The media have paid little attention to the tragedy of maternal mortality, and the obstetrical/gynecological profession has been notably disinterested.

Delivery at home has been identified as a major risk; some 2 billion at-home births are expected between 1980 and 2000. It is hoped that the World Bank will take the initiative to develop a program to provide access to services for the 40-90 percent of women who do not have access, but implementation of this strategy will, at best, take 25 to 35 years. High-risk groups are primarily women under 18 and or over age 35 and those with parity 4-5 or greater. In the short run, the provision of family planning for these groups, as well as for others who do not want more children, provides the greatest promise of impact on the problem. Further, family planning services can have a significant preventive effect on the high incidence of illegal abortion (which is believed to cause 30 to 40 percent of all pregnancy-related deaths). As a part of a family planning service delivery program, easing restrictions on delivery of hormonal methods, particularly the pill, will help to make family planning more easily and widely available at the village level, particularly in sub-Saharan Africa.

3.5 Discussion

Ninety-nine percent of all maternal mortality is in the Third World, and more women will die of maternal mortality between now and the end of the century than ever in world history up to now. In Egypt, the overall maternal death rate per births is lower than in Indonesia because access to services is better, but in Indonesia, the death rate is lower per high-risk age group because family planning programs are better [Potts].³ The DHS program is considering incorporating maternal mortality into its surveys [Vaessen]. If feasible, "zero maternal mortality" as a goal might capture media attention, just as has "zero population growth" [Piotrow]. The best that can be expected, however, is 7 to 8 deaths per 100,000 births [Rosenfield].

³ Full names and affiliations of all conference participants are provided in Appendix A.

The interest in breastfeeding as a family planning measure is relatively new, and its wider acceptance even now is limited by the "tyranny of contraceptive prevalence," that is, the practice of measuring success for family planning programs by contraceptive prevalence rates (CPR). It is important to develop new ways to measure effectiveness of breastfeeding as a family planning strategy [Gillespie]. Measurement of cost effectiveness of natural family planning and breastfeeding will be one focus of an upcoming meeting in Pittsburgh [Labbok].

Most growth charts are based on bottlefed babies, but UCLA in cooperation with FHI is beginning to develop growth charts for breastfed babies in LDCs. A small study in Indonesia indicates that hospital-based efforts to promote breastfeeding may not be working as well as the rhetoric would suggest [Williamson].

Integration of child spacing into child survival strategies is proving difficult for some CAs. At an international conference in late March on child survival, family planning is one of three issues to be considered, along with diarrheal diseases and immunization [Dumm].

4. REGIONAL PROGRAMS AND STRATEGIES

4.1 Introductory Remarks

John Dumm, Deputy Agency Director for Population

Because of the anticipated resource gap, the Office of Population will need more than ever to work cooperatively with the regional bureaus. Of last year's total of \$20 million in buy-ins for population programs, \$19 million came from the regions.

4.2 LAC Programs and Strategies

Maura Brackett, Bureau for Latin America and the Caribbean/
Office of Development Resources/Population (LAC/DR/POP)

In the context of a foreign policy commitment to voluntary family planning, the LAC bureau's strategy is to work primarily through the private, nonprofit, and commercial sectors and to allocate regional resources through bilaterals, with the CAs focusing on the nonbilateral "advanced developing countries" (Mexico, Colombia, Brazil, and Paraguay).

Because LAC region-wide prevalence is a high 55 percent, the strategy now is to focus on the underserved pockets, stressing use of mass media and contraceptive sales (particularly

through pharmacies). The objective is sustainability. The underserved include two main groups. The largest is the "informal sector," the entrepreneurs outside the formal economic sector whose importance has been brought to light by economist Hernando deSoto. Representing perhaps 60 percent of the population, this group is dynamic and has buying capacity. What are needed now are ways to involve these entrepreneurs in family planning delivery. The other underserved group is males, who should be reachable through the concept of "responsible parenthood." Recent surveys show there is a large unmet demand, among males, especially for access to voluntary surgical methods.

In light of current financial problems, various possibilities for creative financing should be explored. These include debt exchange that involves buying the debt of LAC countries in exchange for land or a building that could be used, for example, as a site to offer family planning programs, or selling products in free market zones. Also, CAS should consider using creative graphics (based on computer-based interactive video systems) to simplify complex demographic issues for policy dialogue.

4.3 ANE Programs and Strategies

Charles Johnson, Bureau for Asia and the Near East/Technical Resources/Health, Population, and Nutrition (ANE/TR/HPN)

Despite improvements in CPR and total fertility rates (TFR) in Thailand and Indonesia, many countries remain in the low and midrange, with CPRs in the high 20s to the 40s. The strategy for the 1990s will include a new look at approaches combining health, population, and nutrition (HPN), a closer look at the CPRs and fertility rates, and work through the private sector.

Although there is no example of a country that has achieved high CPRs through private efforts alone, delivery through private voluntary organizations (PVO) is expected to be the wave of the future in countries with bilaterals. In Indonesia, for example, the trend is toward privatizing the successful government program. Buy-ins to support private efforts may present some problems, however, as government approval is necessary for all buy-ins. Therefore, CAS should lay the groundwork in-country for buy-ins.

Although Asia remains important, only 25 percent of the Office of Population's budget is now allocated to family planning programs in that region.

4.4 AFR Programs and Strategies

Jack Thomas, Bureau for Africa/Technical Resources/Health, Population, and Nutrition (AFR/TR/HPN)

The past year has seen a great deal of activity, including the new project in Nigeria, the largest population project in Africa. There have been numerous national conferences on national population policies, including in Sudan, Togo, Cameroon, and Botswana. Contraceptive social marketing (CSM) activities have either begun or are under development in nine African countries. Two new HPN Officers have been added to African USAID missions, and four new bilateral projects are expected to commence this year.

The Development Fund for Africa (DFA), newly authorized by Congress in the FY 88 Continuing Resolution, does away with functional accounts for population, health, agriculture, and so on. Missions now are to be given a total budget level each fiscal year, and missions will divide their budgets among sectors as they see fit. Under this arrangement there will be no regional monies available for programming under Family Health Initiatives II (FHI) or the Sahel Population Initiatives (SPI) projects. Previously, the REDSOs were able to program their regional funds quickly for missions without bilateral population activities or for regional activities such as training. Henceforth any mission that wishes to use this mechanism must budget at the beginning of the fiscal year from the funds available to them. They then would buy into the FHI project (the SPI project will be subsumed by FHI II) for buy-ins to the CAs. This will reduce considerably the flexibility of our REDSO officers.

Keys MacManus, A.I.D. Affairs Officer in Nigeria, is to be reassigned after five years of coordinating all A.I.D.-funded programs there. She will be replaced by Henry (Hank) Merrill, Assistant Director, Program Analysis and Budget Division, Office of Development Programs, Bureau for Africa.

Art Danart, Regional Economic Development Support Office/East and Southern Africa (REDSO/ESA)

From a field perspective, the outlook for population in the near future is worrisome. The FHI II program, which last year provided \$3 million worth of buy-ins to support population efforts throughout Africa, this year will support only regional activities and country activities funded by A.I.D. mission budgets. The DFA greatly reduces flexibility, because traditionally mission directors have put a low priority on population. With only seven HPN officers in the ESA region, there will be insufficient pressure on mission directors to use

the new money from the Fund for population, particularly in view of the expected decrease in mission OYBs. It is important that the AFR Bureau more than ever emphasize the importance of population, especially at a time when many African governments have adopted or are developing national population policies.

4.5 Discussion

Although concern was expressed that funding for Africa appears to be dropping, the level and distribution of funds have not yet been finally decided, and there are indications that funding levels will be as high or higher than last fiscal year.

Activities for young adults were discussed. With 50 percent of the population in Latin America 20 or younger, it is important that family planning programs not ignore this age cohort [Brackett].

5. PROGRAM SUSTAINABILITY

5.1 Overview

Barbara Kennedy, Associate Agency Director for Population

Clearly, it is highly desirable for project efforts to continue after outside assistance terminates; moreover, budget constraints have heightened the need for increased program efficiency and more effective use of funds. Achieving the capacity for sustainability, however, is difficult as A.I.D. has little control over the host country conditions and priorities that are essential to program existence.

A working definition of sustainability is "the capacity to continue valued results of development of population and family planning activities." A.I.D.'s experience can be segmented into three overlapping areas: program efficiency, cost recovery/cost containment, and self-sufficiency.

With respect to program efficiency, A.I.D. has been attempting to improve the efficiency of family planning programs for some time, particularly through improvement of management skills for program managers, training for logistics management, and operations research (OR). Questions remain whether these efforts have been sufficient, particularly those to disseminate findings from OR, to improve data for cost-effectiveness evaluation, and to train researchers and managers.

Cost recovery and cost containment, which can be achieved both by reducing costs and by generating income, must be addressed from the beginning, at the program design stage. CAs

have had considerable experience here and have experimented with a number of methods to cover costs (e.g., selling contraceptives, charging fees for services). These approaches, however, have not been problem-free: Questions that have arisen include how to determine and adjust prices; how to ensure that charging fees does not bar access of the poor to needed contraceptive services; and whether it is advisable to continue to provide "donated contraceptives," which to date have been essential if costs are to be recovered.

Self-sufficiency, or total financial independence of institutions with recurrent costs met by operating revenues, is a new area for A.I.D., because even private sector programs have involved financing recurrent costs and/or subsidizing commodities. Although A.I.D. has had some success in convincing for-profit businesses to provide family planning, more attention is needed to ensure that these private efforts complement public sector and PVO initiatives.

Although sustainability poses difficult problems for donors and developing countries and may not always be an appropriate goal for all A.I.D. population efforts, some things should be remembered: Self-sufficiency in the private sector has a great chance to promote investments and sustainability, cost recovery should continue to be pursued, and all programs should address efficiency issues to make better use of existing resources.

[Barbara Kennedy's remarks set the stage for two follow-up activities: 1) Participants divided into four smaller groups to discuss specific aspects of sustainability and make recommendations to A.I.D., and 2) Jane Bertrand presented a summary of the small group discussions. Although Jane Bertrand's summary was presented at a later point in the conference, the three phases of this portion of the conferences are presented together here.]

5.2 Small Group Discussions

The following four topic areas were discussed and specific questions addressed:

- o Program Efficiency: Operations Research

Statement: Family planning resources are not infinite, and it is important that family planning program managers utilize resources to maximize outputs. For the purpose of this subgroup on sustainability, program efficiency was defined as using inputs to maximize outputs.

Questions to be Addressed:

- How can the efficiency of planning and organizing family planning programs be increased?
- How can the efficiency of staffing, directing, and controlling family planning programs be increased?
- How can program efficiency be measured/monitored?

o Program Efficiency: Management and Training

Statement: For the purposes of this group discussion on management and training issues, program efficiency was defined as the ratio of quantifiable and nonquantifiable program outputs to program inputs.

Questions to be Addressed:

- What are practical and informative measures of program efficiency and sustainability?
- How do we promote commitment to program efficiency and sustainability among the various entities involved, for example, CAS, A.I.D., and the beneficiary local agencies?
- What are the factors/practices that contribute to the objectives of program efficiency and sustainability, and what factors/practices may promote one objective but impede the other?

o Cost Recovery/Cost Containment:

Statement: Cost recovery is defined as a mechanism to recover recurrent costs incurred during program implementation, thus reducing the subsidy provided by A.I.D. to a given project. Cost containment refers mainly to program planning that enables governments and organizations to maximize benefits (programmatic outputs) from investments.

Questions to be Addressed:

- What types of programs will best leverage A.I.D. funds by taking advantage of existing infrastructures? (Design, specific inputs, policy preconditions)
- How can we balance cost recovery (fee-for-service or sale of contraceptives) with the mandate to serve the poor?

- What types of income generation/business ventures could be proposed for NGO cost recovery, and how might A.I.D. facilitate these?

- o Self-Sufficiency

Statement: Self-sufficiency is defined as total financial independence, wherein recurrent costs are met by operating revenues. This involves offering family planning services and financing them without use of donor and government funds. Self-sufficient family planning programs must necessarily be market based and most often occur in the "for-profit" private sector.

Questions to be Addressed:

- How do A.I.D.'s contraceptive supply policies affect self-sufficiency in the private sector? How can these policies be improved?
- What are the constraints within the A.I.D. system to developing self-sustaining private sector programs? How can these constraints be alleviated?
- Who should we target for self-sufficient family planning programs? What types of inputs are required? Under what circumstances should we support recurrent costs in the for-profit private sector?

5.3 Summary of Recommendations

Each small group produced a report of its discussions and recommendations, the texts of which are contained in Appendix D. The following is a summary of these recommendations.

- o With regard to Program Efficiency and Operations Research, lessons learned from OR should be disseminated more effectively, and emphasis should be placed on addressing the following issues related to delivery of family planning services: program design, economic and financial concerns, program management, and population policy climate.
- o The group looking at Program Efficiency and Management and Training indicated that the degree of institutionalization of training can be measured by the percentage of family planning content in the curriculum of medical and nursing schools. In order to promote commitment to program sustainability, greater CA and

host country participation is needed in A.I.D. country planning and project design, including training.

- o Concerning the issue of Cost Recovery/Cost Containment, the group indicated that cost recovery should be planned from the beginning, that better analysis of existing resources in each country can facilitate leveraging, and that A.I.D. should be flexible to allow the in-kind exchange that is essential to leveraging. Recommendations included the following: A.I.D. should support some programs that fund advertising and promotion, A.I.D. and CAs should establish loan funds to finance activities that might not qualify for grants, and PVOs should look into brokering medical services or establishing joint partnerships with private businesses, preferably in the health area.

- o The group on Self-Sufficiency had many divergent viewpoints regarding the relationship between self-sufficiency and the role of donors, as well as the role of self-sufficiency in a public health intervention like family planning. The move toward self-sufficiency was seen to involve a number of options, including the following: side revenue generation programs, charges for users, improving operational efficiency to reduce costs, having companies pay costs instead of donors, or having host governments assume payment for programs. Although evidence suggests that users and companies do pay certain costs of services, controversy still exists regarding their willingness and ability to pay.

A.I.D. will review the recommendations from the small group discussions and determine those that might be put into effect to assist in the move toward program sustainability.

6. ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

6.1 Introductory Remarks

John Dumm, Deputy Agency Director for Population

Considerable progress has been made over the past year in defining Agency policy toward AIDS and initiating program actions. This includes major initiatives of the S&T Bureau, including the new AIDSTECH and AIDSCOM projects, as well as the many activities being supported through Office of Population CAs. The Agency can be proud of its rapid response to the AIDS epidemic, though clearly much more needs to be done.

6.2 Overview

Jeff Harris, Bureau for Science and Technology/Office of Health (ST/H)

Although A.I.D.'s current policy is much the same as it was last year, including WHO leadership, selected interventions, and research linked to interventions (not basic research), its program now is greatly expanded. It includes provision of goods and services, particularly through the AIDSTECH program of FHI, which is providing technical assistance to help prevent disease spread; AIDSCOM, a communication support program run by the Academy for Educational Development (AED); and continued provision of condoms through the Office of Population.

6.3 AIDSTECH Project

Malcolm Potts, Family Health International

Worldwide, some 100,000 persons now have AIDS, and between 5 and 10 million are believed to be infected with the AIDS virus. The AIDS virus is "complicated" and programs to combat AIDS will continue to focus on prevention. Under the worst case scenario, the number of cases could double over the next year or two.

To respond to specific country requests for assistance in combatting the spread of the disease, AIDSTECH is providing technical assistance, training for all levels of personnel, applied research, dissemination of information at the policy level, and equipment and commodities for diagnosis. In high-prevalence developing countries, the policy will be to mount nationwide campaigns to halt the spread of the disease. These will be expensive and have a high political profile. In low-prevalence countries, such as Nigeria, the effort will most likely be to control the spread of the disease by prostitutes, who are the main source of infection.

Generally, governments have preferred to adopt the "softer" interventions, such as cleaning up the blood supply, which are the least aggressive, least controversial, and least effective. What is needed instead is to target sexual behavior. This is difficult, however, because currently the groups in the most need of the information are those who are furthest from the norm, and messages to them tend to offend the majority. As with early family planning programs, the best starting point may be through the private sector, with the expectation that the government will follow if the programs are working and appear acceptable. African prostitutes tend to be mothers with children and are not on drugs or controlled by pimps. Experimental efforts in Accra have shown they are very receptive to using

condoms. Further experiments are now being initiated in Cameroon and Mali. Overall in Africa, however, condoms are not well accepted, with only 1 percent of Africans using condoms.

Much more could be done if more funds were available. Some \$500-800 million could be effectively used over the next year, compared with the \$130 million available.

6.4 AIDSCOM Project

Mary Kilby, Academy for Educational Development

AIDSCOM is working closely with AIDSTECH to mount long-term AIDS prevention programs in emphasis countries and provide short-term assistance in others. Building on A.I.D.'s successful experience with social marketing and public health communication, AIDSCOM is helping develop messages to change high-risk behavior, to involve a broad spectrum of support for this effort, and to evaluate the success of programs. Although the focus will be on high-risk behavior, not high-risk groups, the strategy will be to segment audiences into reachable groups. The message, which will be developed for radio, TV, and other mass media, will probably not be based on fear, although further research will be undertaken to determine the most appropriate message for each audience. Both counseling and marketing of condoms will be important, but questions remain on how to treat the family planning use of condoms in juxtaposition with their use as a prophylactic.

6.5 AIDS and Family Planning

James Shelton, Bureau for Science and Technology/Office of Population/Research Division (ST/POP/R)

Family planning CAS are supporting a commendably large variety of AIDS activities. These include provision of condoms (including supporting logistics), operations research, training, IEC, social marketing, new condom/viricide development, epidemiology, service delivery including counseling, reinforcement of sterile technique procedures, and demographic and animal modeling.

Although AIDS appears destined to have a devastating impact on certain regions of Africa, AIDS by no means obviates the need for family planning and indeed probably increases the need. In the first place, even worst case scenarios project only a moderate effect of AIDS on population growth. Indeed, because AIDS tends to affect productive-aged people, the dependency ratio increases in such projections. Second, large segments of the population will be largely AIDS free, even in high-prevalence

countries. Third, women who are HIV positive will have a particularly strong rationale to contracept. Finally, the prospect of AIDS makes all the health benefits of family planning even more important.

More studies are needed on transmission, particularly in relation to contraceptive use. A study of Nairobi prostitutes found that 80 percent of those using oral contraceptives became infected with HIV, whereas 57 percent of those who did not use OCs became infected. The study had serious methodological problems but should be taken seriously and warrants further study. Another area needing study is the spermicide nonoxynol-9. This is a detergent that kills viruses, but there is no decent clinical data showing that it works against AIDS. The Nairobi study also found that a high 32 percent of those who used condoms became infected with HIV (82 percent of those who did not become infected). Other data support the effectiveness of condoms in preventing HIV transmission. Efforts should be resumed to develop condoms made of plastic. Compared with rubber, modern plastics are potentially cheaper, longer lasting, and thinner and could vastly improve the usefulness of the condom both in combatting AIDS and for family planning.

6.6 Discussion

The funding level for FY 1989 for AIDS is not yet known. During the current year, A.I.D. allocated some \$30 million to activities associated with AIDS, including \$15 million to WHO. Although considerable research remains to be undertaken on the epidemiology of the disease, enough is known to get moving programmatically [Harris].

Correct condom usage may be the key variable in the effectiveness of condoms [Huber]. This is a "complicated message to communicate" [Kilby]. When condom use is to prevent death, people may try harder to use them correctly [Spieler]. The best hope for now is to turn a self-sustaining general epidemic into "clusters of cases of people who die" [Potts].

7. POPULATION AND ENVIRONMENT

7.1 Introduction

Elizabeth Maguire, Bureau for Science and Technology/Office of Population/Policy Development Division (ST/POP/PDD)

PDD is working on a draft strategy that looks to new ways to incorporate the issue of the interrelationship of population growth and environmental degradation in its programs. This strategy has three objectives: 1) to promote awareness of

the relationships between population, the environment, and sustainable development; 2) to strengthen the rationale for A.I.D.'s population program; and 3) to increase understanding of and commitment to population issues among policy makers. Recent program efforts supported by A.I.D. include a National Academy of Sciences study that indicated that population growth has a negative effect on renewable resources, four studies by A.I.D.'s Bureau for Policy Program and Coordination (PPC), and the RAPID initiatives projection analyses. New approaches might include additional research (such as including environmental questions in the DHS), additional RAPID modeling efforts, increased dissemination, and stronger links with other donor and environmental groups.

7.2 Effects of Population Growth on the Environment and Natural Resources

John Stover, The Futures Group

An important goal in linking population growth to the environment is to make the efforts of the population and environmental communities synergistic, so their limited resources may be more effective. Through RAPID III, The Futures Group has prepared a four-part presentation that illustrates the important impacts of rapid population growth on the maintenance of ecosystems in many LDCs. The major systems that support human life--land, water, and air--are being depleted in country after country, and population pressures are dangerously diminishing the time available and needed for these resources to renew themselves.

The complicated environmental dynamic is evident, for instance, in Honduras, where the estimate is that by 2010 the arable land will support only half the population (2.5 million). Another 1 million people will be clearing the forest, which is not really suitable for cultivation, and the other 1.5 million will have no land at all. In Botswana, like many countries in the Middle East and Asia where the population depends on cattle, sheep, or goats, all available pastureland, including protected lands, is expected soon to be in use. Overgrazing is becoming a major problem and is leading to erosion and desertification. Forests are endangered, particularly in Africa, where half the continent is expected to be experiencing an acute shortage of fuelwood by the year 2000. Migration of tribes to follow the remaining supplies, anticipated for instance in Burkina Faso, may lead to political upheavals as one group encroaches on another's territory. Jordan, one example of a country with limited water resources, is expected to be tapping all sources of water by 1990. With regard to the atmosphere, the rapid increase in numbers of cities (with populations over 5 and 10 million) is resulting in increased emissions of carbon dioxide, which will in

turn increase the world temperature, the ultimate effect of which is still not known.

7.3 Population and the Environment

Jeff Schweitzer, Bureau for Program and Policy Coordination/
Office of Policy Development and Program Review/Resource Policy
Division (PPC/PDPR/RP)

The effects of population growth on the environment should be viewed in perspective; it is only one of the many causes of environmental degradation. The developed world, where population growth has stabilized, is now consuming most of the world's resources. With only 17 percent of the population, for instance, developed countries consume over 57 percent of the world's total production of wood.

In LDCs, the main factor in environmental problems may be poverty. In Brazil, for example, land shortages are the result of unequal land distribution (16 percent of the population owns 87 percent of the arable land).

Often, A.I.D.'s efforts in population assistance are not directly supportive of its work in the environment, as for example in such activities as assessing biological resources or park management training. Nevertheless, population pressures and environmental degradation are linked in many complex ways, and projects addressing the two areas should be encouraged.

7.4 Population and Environment: A Policy Partnership

Patricia Baldi, National Audubon Society

Until recently, environmentalists tended to avoid alliances with the population community, finding its projections too "controversial." Presently, however, as the threats to the environment are becoming overwhelming, the environmental community, with its six million activists, is beginning to incorporate the population message in its activities.

The National Audubon Society has had a population program since 1979, and its allies on behalf of policy and legislation now include the Sierra Club, the National Wildlife Federation, the Environmental Policy Institute, and the Natural Resources Defense Council.

International environmental organizations are also beginning to incorporate support for family planning, most notably the International Union for the Conservation of Nature and Natural Resources and the United Nations Environment Program.

The Conservation Foundation and the United Nations Fund for Population Activities (UNFPA) are cosponsoring a meeting in 1988 to encourage United Nations organizations to take a coordinated approach to programs dealing with the environment and population. Over the next 10 years, three approaches must be taken to policy development: 1) New policies must be formulated that recognize the interrelatedness of population and the environment; 2) environmental grassroots groups must incorporate concern about population on their agenda; and 3) CAs should look for ways to combine conservation efforts with family planning where appropriate.

7.5 Discussion

CODEL [Coordination and Development, a consortium of Christian-related agencies involved in various development activities] is planning to sponsor a workshop in New York City to discuss how to combine efforts in development, the environment, and population [Groot]. Although links exist between population and the environment, efforts to combine conservation efforts and family planning service delivery at the programmatic level have had a mixed history [Gillespie]. Population and environmental groups have much to learn from each other, as both are attempting to make politicians focus on costly activities that have important long-term consequences but may not pay off during their terms of office [Stover].

8. INFORMED CHOICE

8.1 Introductory Remarks

Marilynn Schmidt, Bureau for Science and Technology/Office of Population/Information and Training Division (ST/POP/IT)

The purpose of this session on informed choice is twofold: to provide a forum both for clarification of the recommendations of the Informed Choice Task Force (ICTF) and for discussion of their implementation; and to present the work of CAs that specifically addresses informed choice.

The ICTF of the Office of Population has completed 18 months of work and has produced a report that summarizes its thinking, findings, conclusions, and recommendations. The report is to be considered a working document. It is neither exhaustive of the subject nor the final word.

Three conditions were identified by the ICTF as necessary for an informed choice:

1. provision of information on a range of family planning methods;
2. provision of information on the advantages and disadvantages of available methods; and
3. efforts to ensure that a range of methods is actually available to the user, either through the service provider or through referral to another agency.

The ICTF differentiated between informed consent and informed choice in terms of context, method of expression, and parameters. The task force then focused its deliberations on those issues that are more accurately characterized as informed choice.

The ICTF report's principal conclusion was that A.I.D. is at the forefront of the international population assistance community with respect to formulating policies and procedures on informed choice. Nevertheless, there is need to continue to implement the principles of informed choice even more fully and to study how A.I.D. and its CAS can do an even better job worldwide.

The task force developed eight recommendations to guide future efforts in this area. The Office of Population will form a CA Task Force to work on the various recommendations.

8.2 Client-Provider Interactions: Operations Research (OR)

Sidney Schuler, Bureau for Science and Technology/Office of Population/Research Division (ST/POP/R)

In accordance with the ICTF report recommendation that A.I.D. support studies on the implementation of informed choice principles, A.I.D. has already supported or is supporting a number of such OR studies.

One focus has been on situations where little attention is directed to providing informed choice. In Nepal, for example, lower-caste clients were found to be reluctant to ask questions of counselors and as a result were not well informed regarding alternative options for family planning.

Another area of concern has been the amount of interaction between family planning clients and service providers and improvement of the quality of this interaction. For example, PROFAMILIA in the Dominican Republic is testing different counseling approaches in two types of clinics to assess differences in information acquired by clients, client satisfaction with contraceptive method, complications during and

after a voluntary surgical contraception procedure, and correct use of method. The results will determine the most effective counseling format for social workers to use with clients to enhance their information base.

In another example, PROFAMILIA in Colombia studied the knowledge of contraceptive methods of community-based contraceptives distributors. The data suggested that training has a significant impact on distributors' knowledge about the contraceptives they supply and that on-the-spot training when delivering resupplies to distributors is more cost effective than bringing together distributors for short courses. Because seniority as a distributor is directly related to knowledge, provision of information to clients might be improved through incentives for individuals who work for longer periods of time as distributors.

In Bangladesh, study findings strongly suggest that program performance improves when informed choice improves--i.e. when clients and potential clients have information about the problems as well as the benefits of available methods of contraception.

Another study soon to begin in Bangladesh will seek to establish whether reimbursement payments to providers and clients in conjunction with voluntary surgical contraception act as deterrents to informed choice.

8.3 IEC Approach to Informed Choice

Phyllis Piotrow, Population Information Program/Population Communication Services, The Johns Hopkins University

Just as war is too important to be left to generals, so informed choice is too important to be left exclusively to a busy health care provider. There is no way a provider can tell a client or a couple all they need to know about family planning in 10 or 15 minutes. It is true that the provider is the last stage--and a crucial stage--in the path to informed choice of a specific family planning method. There are, however, many other opportunities to tell people about sexual responsibility, about family planning, and even about the advantages and disadvantages of specific methods before they meet directly with a provider.

The Population Information Program has developed a spiral illustration [see page 26] which shows how other IEC activities can feed into the one-on-one counseling process that ends with informed choice. Informed choice is represented by the smiling couple at the bottom, a symbol borrowed from the family planning logo used in Peru. Other channels of communication include:



Note: A slide presentation of this talk is available from ST/POP/IT or the Population Information Program.

- o group communication in or out of the clinic,
- o clinic-based outreach programs,
- o community outreach,
- o influential health and political figures, and
- o mass media.

In this scenario, at every stage, through pamphlets, posters, wall charts, individual and group workers, national and local leaders, and radio, press, and television, potential family planning users can find out what their choices are and whether family planning can help them. This knowledge will help them to have a good idea what to ask the health care provider and how to choose the method that is best for them, whether it be temporary or permanent, male or female, clinic-based, community-based, or commercially supplied. Ideally, the messages must be consistent; if information is confused and contradictory, couples will not be able to make informed decisions.

8.4 Discussion

Part of the informed choice approach must be to eliminate "uninformed choice." With VSC, in particular, people may regret having had "non-choice" [Potts].

In the Task Force report, perhaps too much attention is given to the subtle distinctions between informed choice and informed consent [Hoogenboom]. Because most of the literature concerns informed consent, the Task Force took care to distinguish carefully between informed choice and informed consent [Schmidt].

9. FINAL REMARKS

Duff Gillespie, Agency Director for Population

As a consequence of the formal and informal discussions at this conference, new light has been shed on the five issues that were identified at the start of the conference as of special concern. New ways have been suggested to approach each issue, attesting to the dedication and creativity of all the CAs here. This dedication and creativity will remain critical in light of the progress that will need to be made with existing or fewer resources.

Key points with respect to the five issues include these:

- o AIDS

Whereas the principal responsibility for AIDS rests with WHO and the Agency's Office of Health, important work remains for the population program. CA initiatives in supporting efforts to deal with this public health challenge are commendable.

o Informed Choice

This issue will remain a major concern of the Office of Population. Informed clients can be expected to use family planning methods for longer periods. The plan is to move ahead on mechanisms to make sure A.I.D.'s policy is implemented thoroughly in all population programs.

o Birth Spacing and Timing

The comprehensive discussion of this vital issue will help focus training and IEC projects on efforts to ensure that birth spacing and timing are used to enhance the health of mothers and children worldwide. Periodic evaluations should measure progress on this important front. It may be necessary to develop new measures of success in addition to increases in prevalence.

o Sustainability

This challenge is one of the most difficult that was addressed at this conference. It is encouraging, however, to learn in greater detail about the initiatives already under way and the array of plans for working on sustainability in many areas of the population program.

o Population and the Environment

From a preliminary analysis of this topic, it appears that a judicious investment in increasing awareness and communication on the interrelationship between population and the environment could produce some important returns for the population program. Again, the creativity of the CAs will be crucial in finding ways of using existing resources to achieve this important goal.

The hard work and insight of individuals at this conference have produced a truly remarkable record of achievement. CA participant contributions to this conference have demonstrated similar commitment and energy. In the future, these qualities should go far in overcoming the difficulties that exist in implementing the common goals of A.I.D.'s Office of Population and its CAs.

APPENDIX A
LIST OF PARTICIPANTS

APPENDIX A

S&T/POP
Annual Meeting of Cooperating Agencies
January 19-21, 1988

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Agency for International Development
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Held January 19-21, 1988

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Bureau for Science & Technology, Nyle C. Brady

S&T, Brad Langmaid, Dennis Brennan

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Agency for International Development
Participants for Cooperating Agency Meeting
Held January 19-21, 1988

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USAID/Peru Gloria Nichtawitz

STATE DEPARTMENT
OES/CP

Pamela Bridgewater
Nancy Ostrander

APPENDIX B
CONFERENCE AGENDA

Appendix B

CONFERENCE AGENDA

PROGRAM

Agency for International Development, Office of Population
Meeting of Cooperating Agencies
Westpark Hotel, Rosslyn, Virginia
January 19-21, 1988

TUESDAY, JANUARY 19, MORNING

8:00am Promenade Area

Meeting Registration

Distribution of packets, name tags (coffee & pastries available)

8:50am Rosslyn "B"

Opening SessionJohn Dunn, Deputy Agency Director for
Population

Welcome, Announcements

-Anne Aarnes, SI/POP/IT

Introduction of Dr. Brady

-John Dunn

Population & Sustainable Resources

-Nyle Brady, Senior Assistant
Administrator for Science and
Technology, A.I.D.

9:40am Rosslyn "B"

Population Program UpdateDuff Gillespie, Agency Director for
Population

10:30am Rosslyn "B"

Break (coffee available)

10:50am Rosslyn "B"

Family Planning for Child SpacingJeff Spieler, SI/POP/RChild Spacing, Fertility, and Infant
Mortality-Martin Vaessen, Westinghouse
Institute for Resource Development

Breastfeeding in Family Planning

-Miriam Labbok, Georgetown

Programs

University, Institute for
International Programs in Natural
Family Planning

Family Planning for Maternal Health

-Allan Rosenfield, Center for
Population and Family Health,
Columbia University*
DISCUSSION (15 minutes)

TUESDAY, JANUARY 19, AFTERNOON

12:15pm Rosslyn "A"
Luncheon: Population, Resources, and Political Stability -Lester Brown, President, Worldwatch Institute

2:30pm Rosslyn "B"
Regional Programs and Strategies John Dunn
LAC Programs and Strategies -Maura Brackett, LAC/DR/POP
AFR Programs and Strategies -Jack Thomas, AFR/TR/HPN, and Art Danart, REDSO/ESA
ANE Programs and Strategies -Charles Johnson, ANE/TR/HPN
DISCUSSION (15 minutes)

3:45pm Rosslyn "B"
Break (coffee available)

4:00pm Rosslyn "B" and breakout rooms (see below)
Program Sustainability Barbara Kennedy, Associate Agency Director for Population
Overview -Barbara Kennedy

- Group Discussions
1. Program Efficiency/
Operations Research Shenandoah "A"
 2. Program Efficiency/
Management and Training Shenandoah "B"
 3. Self-Sufficiency Shenandoah "C"
 4. Cost Recovery/Cost Containment Dogwood

5:45pm Rosslyn "A"
RECEPTION

WEDNESDAY, JANUARY 20, MORNING

8:15am Promenade Area
Registration of new participants (coffee & pastries available)

9:00am Roeslyn "B"
Acquired Immune Deficiency Syndrome
(AIDS)
AIDSTECH Project
AIDSCOM Project
AIDS and Family Planning
DISCUSSION (15 minutes)

-Brad Langmaid, Deputy Assistant
Administrator for Research, AID/ST
-Jeff Harris, ST/H, and Malcolm Potts,
Family Health International
-Mary Kilby, Academy for Educational
Development
-Jim Shelton, ST/POP/R

10:00am Roeslyn "B"
Break (coffee available)

10:20am Roeslyn "B"
Population and Environment
RAPID presentation
DISCUSSION with Panel (15 minutes)

Elizabeth Maquire, ST/POP/PDD
-John Stover, Futures Group
-Jeff Schweitzer, PPC/PDPR/SP and
Pat Baldi, Audubon Society

11:15am Roeslyn "B"
Informed Choice
Client-Provider Interactions:
Operations Research
The IEC Approach

Marilynn Schmidt, ST/POP/IT
-Sidney Schuler, ST/POP/R

-Phyllis Plotrow, Population
Information Program/Population
Communications Services, The Johns
Hopkins University

DISCUSSION (15 minutes)

12:00m Roeslyn "B"
Summary of Program Sustainability
Recommendations

Jane Bertrand, Tulane University

12:15pm Roeslyn "B"
Wrap-up Session

Duff Gillespie

WEDNESDAY, JANUARY 20, AFTERNOON

12:30pm
Lunch (Open)

Division Meetings (see room assignments below)

2:30pm	Information & Training	Dogwood	Anne Aarnes
2:30pm	Research (Biomedical)	Shenandoah "C"	Jim Shelton
3:30pm	Research (Operations)	(Separate program)	
2:30pm	Policy	Shenandoah "B"	Elizabeth Maguire
2:30pm	Family Planning Services	Rosslyn "A"	John Rogosch
2:30pm	Commodities & Program Support	Shenandoah "A"	Carl Hammer

Coffee will be available in the meeting rooms.

It is planned that these sessions will end at about 5:30pm.

THURSDAY, JANUARY 21

Regional Meetings (see room assignments below)

9:00am	Africa	Dogwood	Jack Thomas
9:00am	Asia/Near East	Shenandoah "A"	Charles Johnson
9:00am	Latin America/Caribbean	Shenandoah "B"	Maura Brackett

Coffee will be available in the meeting rooms.

It is planned that these meetings will adjourn at about noon.

FRIDAY, JANUARY 22

9:00am Room 1107, Department of State (22nd and C Sts., N.W.), Washington, DC
POPLAC PC Users Group RSVP to Tawanna Williams, 202/647-9489

APPENDIX C

CONTENTS OF INFORMATION
PACKET PROVIDED TO
CONFERENCE PARTICIPANTS

CONTENTS OF PACKAGE

Program Materials

Overall Agenda

Division Meeting Agendas

Regional Meeting Agendas

AID/S&T/Directorate for Population 1988 Resource Allocation Plan

Family Planning Operations Research in Indonesia: Testing Approaches to Program Sustainability

Program Sustainability/Material for Small Group Discussion

Report of the Informed Choice Task Force of the Bureau for Science and Technology/Office of Population

Scope of Work Checklist for Evaluation Exercises

Evaluation forms

AIDS Information

AIDS and the Agency for International Development
What the Agency is doing

A.I.D. Policy guidance on AIDS

AIDS: Award Cables of AIDSTECH and AIDSCOM Projects

Other

List of Participating CAs

List of AID Participants

Poplac P.C. Users Group Meeting Agenda

Restaurants in Rosslyn

Map of Rosslyn

Westpark Hotel Information

APPENDIX D

SUMMARY OF PROGRAM SUSTAINABILITY RECOMMENDATIONS

APPENDIX D
Summary of Program Sustainability Recommendations

PROGRAM EFFICIENCY: OPERATIONS RESEARCH
SUMMARY

Note: The scale on which the group has analyzed this issue is at the national level.

A. How can the efficiency of planning and organizing family planning programs be increased?

1. Disseminate O.R. lessons more effectively.
 - Use more case studies, visits, scientific literature.
2. O.R. should be focused on planning strategies based on prior experience.
3. Use more case studies - qualitative/anthropologic, not just formal O.R. (quantitative).
4. Recognize the time and resources needed for planning and problem-analysis.
5. The following O.R. issues should be addressed:
 - Program design issues:
Who? How? etc.
 - Economic and financial issues:
Cost recovery, financial management.
 - Program Management:
How to control, evaluate.
 - POP Policy Climate (national policy and impediments to implementation).
6. Assure that expertise is available in institutional development and training (which may necessitate outside T.A.).

B. How can the efficiency of staffing, directing and controlling family planning programs be increased?

Recommendation: use D.R. to investigate the following:

1. Assure that objectives are clear re:
 - organization.
 - functions of the sub-units.
 - need of the client.
2. Develop intermediate performance indicators.
3. Focus not only on efficiency (cost considerations) but also

effectiveness (impact on specific target groups).

4. Share project results and build on other project results.
5. Provide business management skills to improve organizational issues.
6. Stimulate healthy competition among FPO's (based on their effectiveness).
7. Adopt a client-oriented definition of efficiency:
 - quality of provider-client interaction.
 - client-oriented indicators.
8. Evaluate human resources/training programs.

C. How can program efficiency be measured/monitored?

1. Invest in improving/strengthening MIS, and training managers to use it.
2. Integrate cost estimates consistent with the MIS.
3. Measure other, non-family planning outputs, such as health impact.
4. Develop quality of care measures beyond CYD outputs.
5. Combine elements of prospective and retrospective research.
6. Construct all projects as time series, incorporating a monitoring system to pick up unanticipated outcomes.
7. Develop and use multiple measures (quantitative and qualitative), especially those relating to the program objectives.
8. Conduct multiple replications.

PROGRAM EFFICIENCY: MANAGEMENT AND TRAINING
SUMMARY

- A. What are practical and informative measures of program efficiency and sustainability?
1. Need to look at movement toward sustainability.
 - financial trends of local.
 - benefits to client - trends.
 2. Degree of institutionalization of training can be measured by percentage of family planning content in curriculum of medical and nursing schools.
 3. For some program components, e.g., training, external assistance is consistent with sustainability, e.g., follow-up technical assistance important for sustainability.
 4. Planned assistance is both efficient and enhances sustainability whereas crisis management may be efficient in the short-term but doesn't promote sustainability.
 5. Efficiency measure can include:
 - cost per acceptor.
 - CYP.
 6. Quality measures:
 - percentage of continuity of service use.
 - percentage of provider attrition.
 7. Sustainability measures:
 - availability of commodities consistent with client needs - no stock outs.
 - favorable public policy towards family planning.
 - existence of a plan for continued funding of a project which includes increasing percentage of local organization-generated funds.
 - the greater the diversity of modes of service delivery, the more likelihood service access will be sustained.
 - the greater the commercialization and privatization of services, the greater the sustainability.
 - the greater the integration of family planning with health services, the higher the likelihood of sustainability.
- B. How do we promote commitment to program efficiency and sustainability among the various entities involved, e.g., CAs, AID, the beneficiary local agencies?
1. Greater CA participation in AID program and country planning, strategies.

2. Greater host country participation in project design, including training.
3. Increase host country financial contribution to projects.
4. Greater flexibility WRT:
 - time.
 - pipeline.
5. Build efficiency criteria into project design and procurement.
6. Need to think about rewards for efficiency.

C. What are the factors/practices which contribute to the objectives of program efficiency and sustainability and what factors/practices may promote one objective but impede the other?

1. Maturity of a program and of the recipient organization enhance efficiency.
2. Since efficiency can be a short-term measure, it is important to include a plan for sustainability into a project from the beginning with donor and recipient organization involvement.
3. Clear measurable objectives must be jointly agreed upon by donors, CAs and recipient organizations from the beginning and they must reflect local needs -- this will enhance commitment to outcomes and sustainability.
4. Need to build good personnel practices from start-up with sustainability in mind and avoid short-term low-cost approaches.
5. Dynamic leadership and Boards which involve community members promote sustainability.
6. Development of local capacity to carry out programs and flexible, sound management systems promote sustainability but require higher short-term investment and may increase overhead costs.
7. Spend-or-lose mentality of donors impedes efficiency.
8. Policy towards family planning and political environment will impact sustainability of a program; programs which may be most sustainable may not necessarily focus on neediest populations or countries.

SELF-SUFFICIENCY SUMMARY

The questions addressed in this session were:

- A. How does AID's contraceptive supply policies affect self-sufficiency in the private sector? How can these policies be improved?
- B. What are the constraints within the AID system to developing self-sustaining private sector programs? How can these constraints be alleviated?
- C. Who should we target for self-sufficient family planning programs? What types of inputs are required? Under what circumstances should we support recurrent costs in the for-profit private sector?

There was a divergence of views on the relationship between self-sufficiency and the role of donors, as well as on the role of self-sufficiency in a public health intervention like family planning. There was consensus on the legitimacy of self-sufficiency as a goal of family planning programs. The extent to which programs should be self-financing was controversial, however.

The issues of major concern were diverse, reflecting in part the complexity of the topic and the uneven documentation regarding self-sufficiency experience and attainment in LDC family planning programs. That also helps to explain the reason so little consensus evolved on these topics. Among the major issues were the following:

1. Can governments afford to take over donor-supported programs, or must a wider source of financial resources be considered?
2. Can and will people or other entities pay for services? Evidence from Brazil, Egypt, Zaire and Peru suggests that users and companies are willing to cover costs in some cases. Controversy continues on willingness to pay, however.
3. How to move toward self-sufficiency involves a number of options:
 - side revenue generation programs;
 - charges for users;
 - improving operational efficiency to reduce costs;
 - getting companies to pay instead of donors; or
 - having host governments take over programs.

Controversy exists on the ideal mix and preferred emphasis of these options.

4. A policy conflict exists regarding AID's different program objectives. Circumstances have arisen where AID's assistance to promote public and private activity has come into conflict (for example, companies able to purchase wholesale buying subsidized products from other AID programs). Similarly, private activity is often inhibited by local government policies and constraints.

COST RECOVERY/COST CONTAINMENT
SUMMARY

- A. What types of programs will best leverage AID funds by taking advantage of existing infrastructures? (Design, specific inputs, policy preconditions).
1. Donated contraceptives are a tremendous source of leverage.
 2. A good commercial product (e.g., a music video) can leverage a lot of commercial money.
 3. It is easier to leverage in-kind resources than cash.
 4. Better analysis of existing resources in each country (excess human or physical resources) can facilitate leveraging.
 5. The kind of leveraging possible is region-specific, and program-specific.
 6. TA on potential leveraging should be provided from outset.
 7. Agencies should look for natural alliances (quid pro quo).
 8. AID should be flexible to allow the kind of in-kind exchange that is key to leveraging.
 9. CAs should better document the in-kind contributions, and their true market value.
- B. How can we balance cost recovery (fee-for-service or sale of contraceptives) with the mandate to serve the poor?

Design suggestions:

1. Determine target market:
 - who to sell to?
 - who will benefit.
2. Determine costs.
 - what is price situation in country.
3. Cost recovery should be planned from beginning.
 - includes commodities.
4. Project designs should build in determination of how to keep up with inflation.
5. Project should experiment with product differentiation: